Northern Ireland Ambulance Service
Health and Social Care Trust

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Annual Report and Accounts

For the year ended 31 March 2016

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This publication is also available for download from our website at www.nias.hscni.net.

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Chairman's Preface

It has been my privilege to provide a Preface for the Annual Report for the last 7 years and as I now approach the completion of my 2nd and final term as Chairman this may well be my last opportunity.

As Chairman for the last 7½ years (at 31 March 2016) I have witnessed significant change. There has been growth in demand for ambulance services year-on-year as the population of Northern Ireland steadily grows and particularly the elderly population who require more frequent medical intervention. There has been a reduction in the number of hospitals with 24/7 Emergency Departments (EDs) and the concentration of some medical specialisms onto fewer sites. In addition, most patients suffering a heart attack are now taken direct to the cardiac units at the Royal Victoria Hospital or Altnagelvin and stroke patients will generally be admitted direct into specialised stroke units, all of which means longer ambulance journeys. Pre-hospital diagnosis and treatment by ambulance crews for patients with heart attacks or stroke to allow direct entry avoiding congested EDs has resulted in much improved outcomes for these patients.

Rapid response ambulances, which operate in many areas and which are crewed by a single paramedic but which do not convey patients to hospital contribute greatly by getting to seriously ill patients very quickly and stabilising the patient until the conveying ambulance arrives shortly after. The rapid response ambulances are then free to respond to another emergency as the conveying ambulance has often to wait at very busy EDs until the patient is handed over to care by the hospital.

These developments are being achieved despite reductions in core budget each year as pressure on the Province's health budget intensifies and it is a proud achievement that the Service has now achieved financial break-even for 12 consecutive years.

Other recent developments which have significant benefits for patients are 10 new alternative care pathways which have been introduced over the past two years. These mean patients can be treated safely at home, conveyed to a place of care other than an ED (such as Minor Injury Units, Elderly Care Units or Medical Assessment Units), or referred to a specialty or to primary care depending on what is appropriate for their condition. Services which NIAS paramedics can now refer to include Community Nursing, Diabetes Specialists, Respiratory Specialists, Falls teams, and Palliative Care. This means that patients can be referred straight to the service appropriate to their need. During 2015-16 in comparison to the same period in 2013-14, an additional 7,245 patients were not conveyed to hospital by NIAS following a 999 call, and an additional 1,389 patients were safely conveyed to alternative destinations. These pathways give us access to

a wide range of services in order to best meet the needs of patients.

On the down side we have been struggling to meet emergency 999 response time targets. This has been a constant battle since 2012 and receives much attention from the Board. Essentially the growth in demand over the years has not been fully funded by the Commissioners and it was good that some demography funding to tackle the areas of the Province which provide the greatest challenge was made available in 2015-16. We also hope to convince Commissioners that targets should include clinical outcomes for patients rather than solely measuring the speed of ambulance response.

Looking forward, it was very pleasing that the Minister of Health, announced in March 2016 the provision of a Helicopter Emergency Medical Service initially funded by the Treasury. This will provide a consultant and paramedic response and will be operated by the Northern Ireland Ambulance Service. We look forward to this important development which will require some infrastructure provision at appropriate hospitals before it comes into operation.

There have been a number of changes to the membership of the Trust Board during the year. Three Non-Executive Directors were appointed by the Minister to replace two time served appointments and one resignation and I welcome Trevor Haslett, William Abraham and Alan Cardwell on board and thank them for the valuable contributions they are making. The Chief Executive, Liam McIvor, left the Board in April 2016 to become Chief Executive of the Business Services Organisation. I personally wish to thank Liam for his good leadership of the Service since 2003 and prior to that as Director of Operations since 2001. During those 15 years there have been many challenges and many positive changes to take the Service to the modern, highly skilled and highly responsive critical component of the Province's Health and Social Care system that it is today. I wish Liam all the success in his new position.

Finally, I wish to record that Northern Ireland ambulance personnel providing direct patient care have a profound impact on those who receive that service and the outcomes they ultimately experience. Our staff operate in difficult conditions at all hours of the day or night, over weekends and during holidays to provide ambulance care and transportation to the people of Northern Ireland and are highly regarded as a result. This report pays tribute to their commitment and dedication and their application of clinical and non-clinical skills to meet, and often exceed, the needs and expectations of their patients. I hope that, you, the reader, will be better able to judge our performance as an ambulance service through this report. I hope, also, that you will approve of, and appreciate our efforts to provide safe, high quality ambulance services to meet the needs and expectations of the people of Northern Ireland.

I have much pleasure and pride in presenting the Annual Report for 2015-16.

Mr Paul Archer
Chairman
16 June 2016

Performance Report

Performance Overview

Chief Executive Overview of Performance

In this Annual Report we again emphasise and highlight the Purpose, Mission, Vision and Values of the Northern Ireland Ambulance Service (NIAS). These key statements direct our actions and intentions.

NIAS has achieved a great deal in recent years which provides a strong stable platform on which to build the Service to meet the challenges we face. We continue to invest in our ambulance personnel by bringing in new staff, increasing the number of clinicians we employ and training them in new skills and interventions. We have developed and delivered a series of Alternative Care Pathways which provide a different option to the traditional response of transport to hospital for patients. As a result we are treating and caring for more patients at home, accessing alternative destinations and are continuing to work with our staff, patients and other stakeholders to extend this development. By the end of March 2016, in comparison to the same period in 2013-14, an additional 7,245 patients were appropriately not conveyed to hospital by NIAS following a 999 call, and an additional 1,389 patients were safely conveyed to alternative destinations.

We acknowledge, with regret, our inability to achieve the targets set in regard to providing a sub 8 minute response to 72.5% of Category A (life threatening) calls. However, increasing demand for emergency response has impacted heavily on our capacity to respond promptly. We delivered a sub 8 minute response to these life threatening calls in 53.5% of cases throughout Northern Ireland in 2015-16. We remain committed to improving the speed of our response to the most clinically urgent patients while providing timely and appropriate services, including alternatives to hospital attendance, to those whose need is less immediate.

Ambulance vehicles are equipped with the best clinical and technology systems to provide the best possible care to patients. We continue to invest in our capacity to take 999 calls, establish the clinical urgency of the call and quickly dispatch an appropriate ambulance resource to respond.

Our Quality Assurance regime demonstrates that more than 95% of 999 calls are appropriately triaged on the basis of clinical urgency in line with internationally accredited standards. Operating from a single emergency Control Centre for the whole of Northern Ireland means that these benefits are felt by all equally and the recent investments in mobile technology ensure that the location of ambulances are clearly presented to the Control Centre officers at all times. The securing of DHSSPS capital resource funds has supported ambulance fleet and estate upgrade by replacing ageing infrastructure on a regular basis.

We have faced significant industrial relations issues and challenges during 2015-16 including an overtime ban in May 2015, and Trade Union withdrawal from the Agenda for Change Partnership Job Evaluation processes in the

latter half of the year. The Trust continues to fulfil its obligations under the agreed process in partnership, however, Trade Union withdrawal from job evaluations has also presented challenges to service modernisation. NIAS continues to press for resolution of this issue through established channels. We continue to work with Trade Union colleagues and our staff to address those issues where we have the capacity to make changes, and to highlight to DHSSPS wider regional and national concerns. NIAS still awaits a final outcome of the job evaluation process for Emergency Medical Technicians (EMT), Paramedics and Rapid Response Vehicle (RRV) Paramedics. Job Evaluations for NIAS Paramedics, RRV Paramedics and EMT posts within NIAS remain ongoing. In December 2015 NIAS received Partnership correspondence from the Regional Job Evaluation (JE) Leads indicating that conclusions on the three posts had been reached in that the EMT (Band 4); Paramedic (Band 5) and RRV Paramedic (Band 5) posts remained unchanged. It was advised that these outcomes require validation through the production of a Job Evaluation Report. NIAS are supporting the Regional Quality Assurance (RQA) team in the production of this report by providing access to the related IT system. Once provided the report will be issued to all affected staff, who will have the right to request a review of the outcome. All affected staff were advised of this position in December 2015 and will be formally notified of the outcome of their job evaluation process following completion of the Job Evaluation Report. We continue to press the Regional Trade Union and Management leads for an outcome to this process.

The Ambulance Service has engaged directly and positively with other providers, Commissioners and the DHSSPS to ensure that the consequences of changes in the wider healthcare environment have been recognised and taken account of. This has resulted in investment which has increased ambulance cover in affected areas and we have also increased the number of our ambulance response bases in operation. We were pleased this year to receive confirmation of recurrent funding in respect of some of these changes which allowed us to fill posts on a permanent rather than temporary basis. We were particularly pleased to secure additional funding related to demographic changes impacting on NIAS, and will continue to press for additional funding to reflect increasing pressures on service delivery.

Expenditure on ambulance services this year was in excess of £70 million (including non-cash items). We have deployed our finances to support change and consolidate service delivery. We have also reduced expenditure in key areas over the period to create greater efficiency and secure value for money. We will continue to critically review our expenditure to drive further efficiencies which we hope will continue to be used to improve patient care. We continue to highlight within this report the financial constraints within which we operate. Given the difficult financial environment facing us, we will have even more cause to consider the value we place on our ambulance service and the investment we wish to make in pre-hospital care.

Looking ahead it is clear that the near future offers no indication of respite from the challenges we face, particularly increasing demand, rising expectations and less funding. The clear signal in our Modernisation Programme, echoed by the wider healthcare system, that the ambulance service has a continuing and pivotal role to play in future service delivery is welcomed, but we

must press continually for its realisation. We are keen to play a full and influential role in both shaping and delivering healthcare in the future. We recognise the necessity to address immediate pressures and challenges such as timely response, ambulance turnaround at hospital, providing appropriate alternatives to Emergency Department (ED) attendance, achieving financial balance with sound procurement processes, prompt payment and staff issues including sickness absence, missed mealbreaks and grading. We remain committed to working with all parties and stakeholders to address these issues from a patient-centred perspective focused on the provision of safe, effective, high-quality care within available resources.

The Trust continues to manage the principal risks relating to corporate performance in line with our risk management strategy and governance structures.

I am pleased to report there was a slight drop in sickness absence levels in the reporting year. However, I acknowledge that staff attendance rates are a concern and a priority for the immediate future. NIAS will continue to explore best practice to identify measures not currently in place to improve attendance rates, and build on workforce stabilisation plans which have significantly increased staff numbers this year.

NIAS will continue to provide a clinically safe service. Ambulance staff will be trained and equipped to provide safe care and our systems and procedures will be geared toward providing timely, safe and appropriate responses to those in need, with the highest priority attached to the most clinically urgent cases. However, growth in demand which is not matched by additional ambulance resources to meet that demand reduces our capacity to respond promptly to patients. This continual narrowing of the gap between the supply of ambulances and the demand for ambulances reduces, in particular, our capacity to deal with surges in demand such as pressures within the wider Health and Social Care (HSC) system in meeting Emergency Department (ED) targets.

NIAS has signalled a growth in demand to Commissioners and identified associated pressures on response capacity highlighting the impact on service delivery where this capacity is reduced. We will engage with Commissioners to explore the extent of the problem and develop proposals to address issues identified. Key among these and reflected on the risk register is the development of a funding model which links demand growth to funding. We have submitted a bid for the resources necessary to undertake demand/capacity analysis to support this.

The continuing financial pressure associated with the delivery of annual efficiency savings presents challenges leading to uncertainty on how this can be delivered in future without directly impacting on patient services. NIAS will continue to explore all opportunities with Commissioners and highlight pressures and concerns accordingly.

While NIAS remains engaged in the implementation of Transforming Your Care, we share concerns expressed in relation to the pace and scale of change. We have also signalled issues in respect of regional implementation of change and developed measures to reflect these concerns to the relevant stakeholders.

We welcome the recent Ministerial commitments to support Helicopter Emergency Medical

Services, Trauma Network and Community Resuscitation, and the responsibility for delivery which has been assigned to NIAS in these significant regional developments. We also welcome the continuation of funding for the embedding, enhancement and further development of Alternative Care Pathways linked to our ongoing Modernisation Programme.

We have expressed some concerns in relation to the changes to commissioning of healthcare services, particularly a plea that regional commissioning of ambulance services is maintained and enhanced through the process. Our recent successes in introducing regional Alternative Care Pathways across the five HSC acute/community Trusts are testimony to the value of this regionally consistent approach. We have also expressed concerns in relation to the expansion of shared services, highlighting the importance of real-time, line-of-business technical support to maintaining our 999 telephony and associated infrastructure.

These current and future changes continue to be a significant challenge to the Trust, particularly in relation to available resources and configuration of services. We are fully engaged with the DHSSPS, the HSCB, and provider organisations such as HSC Trusts and will continue to work with them in order to manage the risk and opportunity in this area as it is identified. The future continues to remain positive but challenging within a financially constrained environment.

The performance overview and analysis which follows provides a fuller and deeper description of our efforts this year in pursuit of our strategic aims and objectives.

Paramedics Raymond McClelland, Michael Henry & Annmarie Fearon getting ready to engage with members of the public about the changing face of the Northern Ireland Ambulance Service.

Purpose and Activities of the Trust

The Northern Ireland Ambulance Service (NIAS) was established by the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995 as amended by the Health and Social Services Trusts (Establishment) (Amendment) Order (Northern Ireland) 2008 and Section 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. NIAS responds to the needs of a population in Northern Ireland in excess of 1.8 million people in the pre-hospital environment. It directly employs in excess of 1,100 staff, across sixty one ambulance stations/ deployment points, two Ambulance Control Centres (Emergency and Non-Emergency), a Regional Education & Training Centre and Headquarters. NIAS has an operational area of approximately 5,450 square miles, serviced by a fleet of 313 ambulance vehicles. We provide ambulance care, treatment and transportation services to the people of Northern Ireland twenty four hours per day, seven days per week, and three hundred and sixty five days per year.

Alanna Casement from Castlewellan met up with Paramedics Brian Lynn & Mark Quigley who helped save her life after a bike incident when she lost a lot of blood and had to be airlifted to hospital.

The principal ambulance services we provide are:

- **Emergency response to patients with sudden illness and injury.** In addition to providing timely ambulance response and transportation to hospital we offer clinical triage and advice to non- emergency callers and offer alternatives to hospital attendance and emergency ambulance response;

- **Non-emergency patient care and transportation.** The journeys undertaken cover admissions, hospital outpatient appointments, discharges and inter-hospital transfers and we seek to prioritise these on the basis of clinical condition with high priority accorded to cancer, renal and terminally-ill patients;

- **Specialised health transport services.** We liaise directly with clinical professionals in Northern Ireland and beyond in an effort to ensure the seamless movement of patients with specialist health needs such as organ transplant and access to critical/intensive care facilities; and

- **Co-ordination of planning for major events and response to mass casualty incidents and disasters.** We have a defined role to play in the assessment of major events and in co-ordinating the health response to major incidents.

Purpose...

"The Northern Ireland Ambulance Service is highly valued by the people of Northern Ireland. It exists to improve their health and well being, and applies the highest levels of human knowledge and skill to preserve life, prevent deterioration and promote recovery. The Ambulance Service touches lives at times of basic human need, when care and compassion are what matter most."

Mission...

"The Northern Ireland Ambulance Service will provide safe, effective, high-quality, patient-focussed care and services to improve health and well-being by preserving life, preventing deterioration and promoting recovery."

Vision...

"Improved health and well-being for the Northern Ireland community through safe, effective, high-quality care and services provided by the Northern Ireland Ambulance Service as an integral part of the whole healthcare system."

Values...

Our values provide common ground for cooperation to achieve shared aspirations. In adopting and endorsing these values, the Northern Ireland Ambulance Service commits to "living" those values every day in our engagement with patients, public and colleagues providing healthcare services.

Respect and Dignity

We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

Commitment to quality of care

We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

Compassion

We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

Improving lives

We strive to improve health and well-being and people's experiences of the health service. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

Working together for patients

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals within and outside the health service. We put the needs of patients and communities before organisational boundaries.

Everyone counts

We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

Strategic Aims...

To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective.

To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity.

To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services.

Strategic Objectives...

Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.

Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.

Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.

Promote and develop an open, transparent and just culture focussed on patients and patient safety.

Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.

Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.

Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.

Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/ assessed needs and expectations.

Work with all stakeholders, in particular regional and local commissioners and other providers of health and social care services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

Performance Analysis

Directorate Analysis

Strategic Aim 1: To deliver safe high quality Ambulance Services providing emergency and non-emergency clinical care and transportation which is appropriate accessible timely and effective.

The Trust delivers this strategic aim through the Directorate objectives and prioritised work streams.

Operations Directorate

The Operations Directorate contributes to this strategic aim through delivering on the following objectives and Key Perfromance Indicators (KPIs) in its Emergency and Non-Emergency Control Centres, Frontline Services and Fleet and Estates Department.

Emergency and Non-Emergency Control Centres

The objectives and performance for this area of business are as follows:

Objective 1: Receive emergency, Healthcare Professional and routine calls.

Telephone calls are received via Automatic Call Distribution (ACD) which is a call handling system. We receive three types of telephone call; 999 calls; Healthcare Professionals (HCP) calls and Routine calls. When a telephone call arrives at our telephone switchboard, the system delivers it automatically to the first available and suitable call-taker and the whole process occurs within 2 seconds.

During 2015-16 the Emergency Ambulance Control (EAC) team handled telephone calls as follows:

Number	Type of Phone Call
200,272	999 Calls
141,129	Routine Calls
40,315	Healthcare Professional Calls
323,607	Outgoing Calls
705,323	**Total**

The figure for 999 calls represents a 2.8% increase in 999 calls over 2014-15.

Key Performance Indicator: Answer 95% of 999 calls within 2 seconds.

92% of calls were answered in two seconds.

Objective 2: Provide on-line advice to callers as appropriate. Record information, prioritise work- load and plan Ambulance dispatch.

Emergency Medical Dispatchers (EMDs) who take the 999 calls are required to remain on the line for certain health critical situations. The purpose of them remaining on the line is to provide support and advice to callers until one of our operational Ambulance resources

is in attendance at the scene. Our EMDs have available to them a selection of advice on subjects ranging from detecting ineffective breathing to delivering Cardio Pulmonary Resuscitation (CPR), managing a choking patient to supporting callers in the process of childbirth.

The average telephone call time is around 4 minutes and the longest times can be in the region of an hour. In some instances the EMD stays on the line to provide assistance and advice until an ambulance arrives

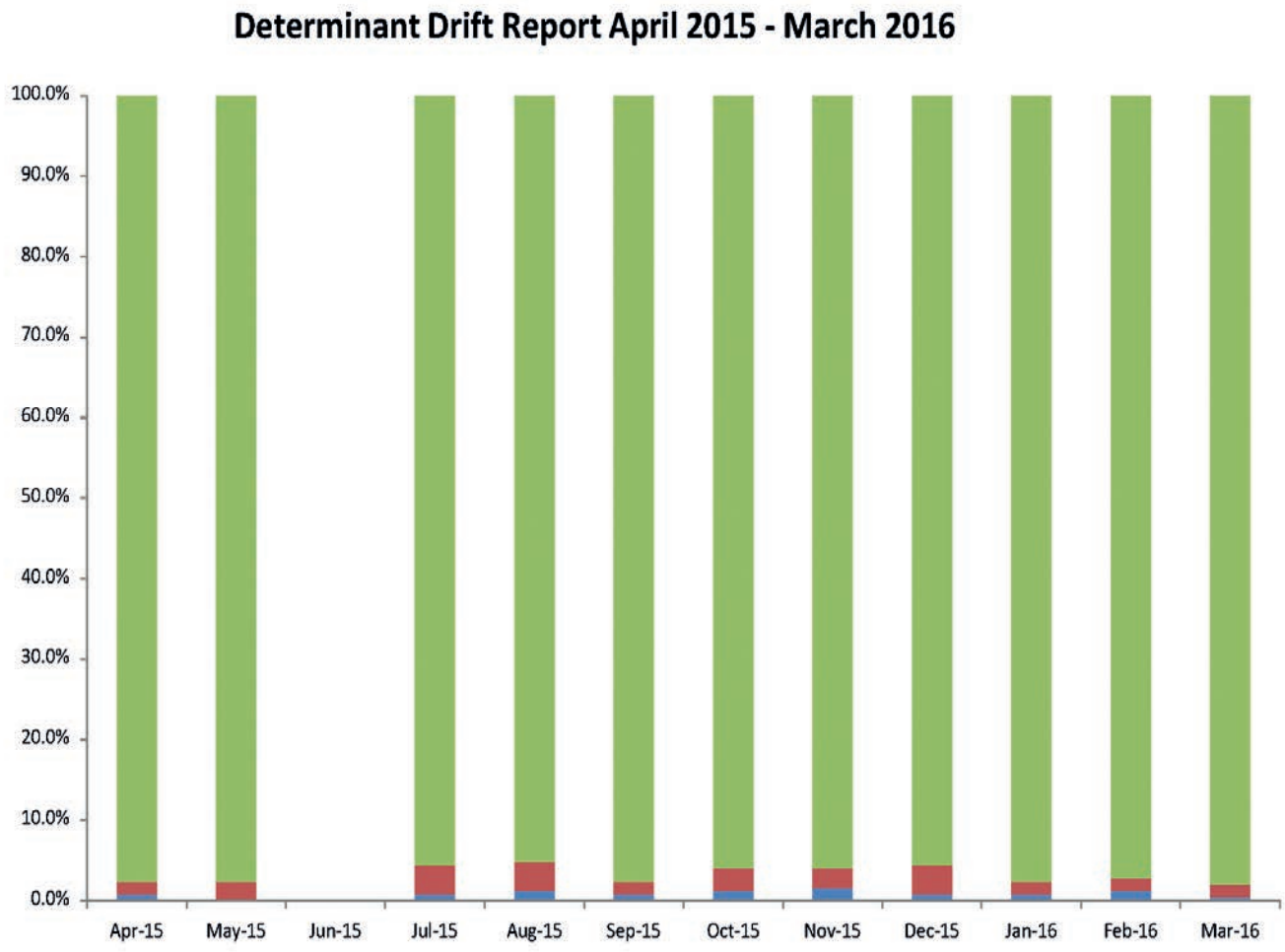
All 999 calls are processed through a Medical Priority Dispatch System (MPDS), which is an international system accredited by the International Academy of Emergency Medical Dispatchers (IAEMD). This system enables Emergency Medical Dispatchers (EMD) to take the caller through a set of questions. These questions allow the EMDs to quickly evaluate the patient status and scene conditions and then categorise the call by chief complaint / incident type and set a determinant level i.e. identify the severity of the patients' condition in terms of Minor through to Immediately Life Threatening. The protocols enable a trained and certified EMD to assist the caller in immediately helping the patient. MPDS also includes treatment sequence protocols covering cardiac arrest, choking, and childbirth. The MPDS codes allow emergency medical systems to determine the appropriate response mode (i.e. routine or "lights and sirens") and resources to be assigned.

During the 2015-16 year we embedded a dedicated Call-taking Quality Improvement Team within the department. NIAS is committed to reviewing a percentage of 999 calls in line with annual call volume. For 2015-16 this equated to approximately 2.71% of 999 calls or approximately 60 calls per week. Calls are measured across seven areas including customer service and final coding to ensure the highest standards of patient care are provided.

Health Minister Simon Hamilton paid a visit to the Control Room where he met with staff including Leeroy Simpson & Isabelle Owens

Key Performance Indicators: Achieve compliance with the protocol standards for 999 call taking. No more than 5% of calls audited should be either under or over prioritised.

There has been consistent progress in Quality Assurance since September 2014 with full audit volume met since April 2015. Feedback from the auditors on the randomly selected calls is now available for EMDs the following day ensuring minimum delay in recognising professional competency and identifying any areas for improvement / risk. The overall trend has seen a reduction in deviations across all areas. This minimises risk and waste in terms of response and increases the quality of standardised patient care. NIAS now exceeds IAEMD standards in six of the seven areas of protocol compliance and progress in the remaining area is steadily improving.



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Correctly Prioritised	97.6%	97.6%		95.6%	95.2%	97.6%	96.0%	96.0%	95.6%	97.6%	97.2%	98.0%
Under-Prioritised	1.6%	2.4%		3.6%	3.6%	1.6%	2.8%	2.4%	3.6%	1.6%	1.6%	1.6%
Over-Prioritised	0.8%	0.0%		0.8%	1.2%	0.8%	1.2%	1.6%	0.8%	0.8%	1.2%	0.4%

(Data from June 2015 is not available as the International Academies undertook the analysis during that month - the results are retained by that organisation and discounted in relation to accreditation).

Front line Services

The objective for this area of the business is to provide emergency and non-emergency response, care and transportation to patients.

NIAS applied a number of performance improvement measures to achieve this objective and related Key Performance Indicators which included:

Develop and implement a response Performance Improvement Plan (PIP) The Plan was designed to distribute actions across four key Objectives:

- Increasing Response Capacity;
- Improving tactical deployment of resources;
- Improving timeliness of response in key elements of the Call timeline; and
- Addressing Staff Issues.

NIAS was required under the Commissioning Direction Plan to formally report to the Health and Social Care Board (HSCB) on performance indicators for Category A performance and turnaround times at Emergency Departments. The Trust had set a range of internal performance indicators focusing on response times associated with the category or coding of the call.

Key Performance Indicator: Resources are deployed in line with the Category/Code and measured through Key Performance Indicators.

When the call taking process is completed calls are categorised for Deployment as follows:

Call Type	Category / Code	Key Performance Indicator
999 Life threatening	A (Purple / Red)	< 8 minutes
999 Serious, but not life threatening	B (Amber)	< 21 minutes
999 Neither life threatening nor serious	C (Green)	< 60 minutes
Healthcare Professional (HCP) Calls (GPs who 'book' an ambulance after seeing a patient and deciding they need to be admitted to hospital within a set time frame	HCP Calls	1 hour
		2 hours
		3 hours
		4 hours
Routine	Routine	As agreed between caller and call taker

The following table describes the performance against these KPIs for the year 2015-16:

KPI	Belfast Division	S East Division	North Division	South Division	West Division	Regional	RAG
By March 2016 Cat A calls to be responded to < 8 mins Regionally 72.5% LCG 67.5%	64.3 %	47.6%	46%	48.9%	58.2%	53.5%	R
95% of Category B response < 21 mins	82.1%	74.9%	79.1%	79.1%	84.9%	80%	R
95% of Category C Non-Health Care Professional < 60 mins	88.3%	88.9%	92.9%	95%	95.6%	91.8%	A
Category Health Care Professional (formerly GP Urgent) within agreed target of either 1, 2, 3 or 4 hrs	62.8%	61.1%	70%	66.8%	72.7%	66.3%	R
Average of 95% of Category A have a conveying resource < 21 mins	75.4%	67.2%	74.2%	71.5%	78.6%	73.5%	R
RAG	Red - not achieved, Amber - partially achieved, Green - achieved						

NIAS staff, Terry O'Neill, Martin Campbell & Sean Martin, participated in Emergency Services Road Safety Demonstration at Belfast City Hall to educate Sixth Form students from local schools on the dangers they may face as they begin to drive.

Challenges to Achieving Response Time KPI's

Key Performance Indicator: By March 2016, 72.5% of all Category A (life threatening calls) should be responded to within eight minutes, 67.5% in each Local Commissioning Group (LCG) area.

Underachieving against the ambulance response key performance indicators is due to a number of pressures that include an increase in demand. Since 2011-12 when NIAS last achieved the target there has been a 14% growth overall in the number of emergency and urgent calls (on average 6,000 additional calls per year).

999 Calls and Urgent Journeys/Card 35 HCP

	2015/16			2014/15			2013/14			2012/13		2011/12	
Location	Actual	% Growth since 2014/15	% Growth since 2011/12	Actual	% Growth since 2013/14	% Growth since 2011/12	Actual	% Growth since 2012/13	% Growth since 2011/12	Actual	% Growth since 2011/12	Actual	% Growth since 2011/12 to 2015/16
N Ireland	202,325	1.5%	14.0%	199,252	4.6%	12.3%	190,941	2.6%	7.6%	185,585	4.6%	177,412	14.0%
Belfast	52,774	-0.1%	12.5%	52,808	6.1%	12.5%	49,790	1.7%	6.1%	48,957	4.3%	46,922	12.5%
North	48,242	3.9%	13.6%	46,418	3.7%	9.3%	44,774	0.2%	5.4%	44,683	5.2%	42,480	13.6%
South East	36,150	0.7%	11.7%	35,882	5.7%	10.9%	33,958	1.7%	4.9%	33,375	3.1%	32,357	11.7%
South	34,369	0.3%	15.0%	34,275	4.5%	14.7%	32,814	5.8%	9.8%	31,004	3.7%	29,895	15.0%
West	30,790	3.1%	19.5%	29,869	0.9%	16.0%	29,605	7.4%	14.9%	27,566	7.0%	25,758	19.5%

NB: 999 Calls in 2015-16 includes Cat C HCP Calls as does 2014/15 from 16 June 2014

During 2014/15 (from 16 June 2014), a reclassification of Urgent activity was undertaken and now classified as Card 35 activity. 2014/15 activity therefore includes Cat A, B, C calls along with Urgent completed journeys up to 16 June 2014 and then Card 35 calls thereafter. 2015/16 data is based on A, B, C and Card 35 calls. Source KA34.

The following table describes Category A activity and performance since 2011-12:

Year	Number of Cat A calls resulting in an emergency response which arrives at the scene of incident	Number of Cat A calls resulting in an emergency response which arrive at the scene of the incident within 8 mins	Category A life-threatening calls - % Sub 8 Minute Response
2011-12	45,714	33,224	72.7%
2012-13	49,624	33,887	68.3%
2013-14	50,913	34,422	67.6%
2014-15	56,934	32,862	57.7%
2015-16	56,256	30,101	53.5%

Other challenges that have impacted on the ability to achieve the target include the following:

- Being under resourced to deal with demand over the whole 24/7 period with significant pressures between 20:00 hours and 08:00 hours and at weekends;
- Experiencing longer on scene times due to implementation of more complex care pathways for patients;
- Continued loss of available response hours due to requests for Diverts, increase in number of multiple responses to incidents e.g. Road Traffic Collisions (RTC's), increases in travel time particularly in urban and city areas due to congestion;
- Winter and seasonal pressures;
- Impact of Major incidents and special events on service delivery; and
- Delayed Ambulance turnaround times continue to be a challenge for NIAS. Congestion at Emergency Departments (ED's), impact on ambulance crews being able to hand patients over in a timely manner to ED and hospital staff for care and treatment as well as delaying the time available to make the ambulance ready for the next call. The performance indicator agreed with Commissioners is that ambulances should turnaround at ED within 30 minutes. In 2015-16, 50.2% of all ambulance arrivals at hospitals resulted in ambulance turnaround time greater than the standard 30 minutes. This is an improvement from the previous year; however it is the equivalent of losing 6.2 ambulances each day. NIAS has been working closely with hospital staff to facilitate timely patient flows across the Emergency Department. NIAS has appointed four Hospital Ambulance Liaison Officers to assist with patient flow and improve patient turnaround performance.

Stephen Murphy with mother and daughter after roadside delivery on A1. Stephen was assisted on the call by Martin Campbell & Olivia Espie, who was the call taker on the day.

Key Performance Indicator: Ambulance turnaround at Emergency Departments within 30 minutes.

SUMMARY OF PERFORMANCE AGAINST KPI WITHIN ACUTE HOSPITALS - Totals and Percentages					
Hospital Attended	**Under 30 min Total**	% Under 30 min	**Over 30 min Total**	% Over 30 min	**Overall Total**
Altnagelvin Hospital	10,332	66.62%	5,176	33.38%	**15,508**
Antrim Area Hospital	13,153	58.47%	9,344	41.53%	**22,497**
Belfast City Hospital	2,049	46.18%	2,388	53.82%	**4,437**
Causeway Hospital	5,841	65.32%	3,101	34.68%	**8,942**
Craigavon area Hospital	10,091	52.00%	9,313	48.00%	**19,404**
Daisyhill Newry	5,452	65.29%	2,898	34.71%	**8,350**
Mater Infirmorum	3,314	41.57%	4,659	58.43%	**7,973**
Royal Victoria	12,218	38.25%	19,726	61.75%	**31,944**
South West Acute Hospital	5,515	66.84%	2,736	33.16%	**8,251**
Ulster Hospital	6,405	29.08%	15,624	70.92%	**22,029**
Total	**74,370**	**49.80%**	**74,965**	**50.20%**	**149,335**

Key Performance Indicator: Provide non-urgent transport of patients across Northern Ireland through its Patient Care Service (PCS) to locally agreed specifications.

The NIAS Patient Care Service is targeted at patients requiring limited clinical interventions but with high substantial mobility needs who are attending Outpatients appointments, being discharged from the acute setting or being transferred to an alternative healthcare facility.

In 2015-16 the PCS carried out 204,199 non-urgent calls which is the equivalent of 558 calls every day. The PCS is supported by the Voluntary Care Service (VCS) which is made up of volunteers across the region who transport individual PCS patients to a variety of healthcare facilities predominantly Renal and Cancer facilities, though there are no KPIs associated with this service. Their contribution is an invaluable NIAS constituent to meeting demand for non-urgent services, and protecting capacity on emergency and urgent services in meeting unscheduled demand.

Fleet and Estate Department

The objectives and performance for this area of business are as follows:

Fleet

Objective 1: To provide a professionally managed, safe and reliable ambulance fleet which supports the operational model for service delivery.

Key Performance Indicator: Replace around 20% of fleet annually.

During 2015-16 the annual fleet replacement cycle continued, a total of 23 Accident and Emergency (A&E) vehicles, 22 Patient Care Service (PCS) vehicles and 13 cars were purchased. In addition, specialist vehicles were also purchased including a replacement Mobile Command and Control and an additional specialist ambulance to enhance the paediatric/ neonatal service.

Dr David McManus being interviewed by the media following the ministerial announcement on the Helicopter Emergency Medical Service.

Key Performance Indicator: Age of fleet should be less than 5 years old. Compliance with the age of fleet key performance indicators is described as follows:

% Fleet Profile 2015/16 (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	78.4	78.4	78.4	87.1	89.7	95.7	96.6	96.6	96.6	96.6	96.6	91.4
Non-Emergency Ambulances	94.3	94.3	87.7	86.8	83.0	83.0	83.0	83.0	83.0	84.9	85.8	68.9
Rapid Response Vehicles	73.8	73.8	73.8	76.2	83.3	85.7	85.7	88.1	88.1	85.7	85.7	69.0
Support Vehicles	36.7	36.7	36.7	40.0	40.8	40.8	44.9	44.9	42.9	44.9	44.9	38.8

With the Commissioner support, NIAS achieved a high compliance in the fleet replacement programme. The variation in non-emergency ambulances will be addressed from April 2016 when new vehicles are commissioned into service.

The fleet continues to adopt the latest technologies in safety such as Telemetry and CCTV and minimising the vehicles environmental impact, with the latest A&E vehicles meeting Euro 6 emissions legislation.

The vehicle fleet and equipment continue to improve allowing the Trust to procure more user friendly equipment to assist with manual handling. Some examples of these are:

- Hydraulic stretcher trolleys reducing the need to lift patients;
- Vehicle tail lifts allowing bariatric patient carrying capacity in A&E ambulances in addition to the existing capacity in PCS fleet thereby providing access to services for a greater range of patients;
- The A&E vehicles are Mercedes 519 Euro 6 which are all capable of carrying bariatric stretchers and patients, thus increasing the availability of vehicles suitable for the increasing number of bariatric cases requiring emergency care;
- Over 40% of A&E vehicles are now equipped with telemetry which allows remote monitoring of vehicle data and supports fleet management decisions with key data;
- PCS vehicles were changed in configuration to focus on stretcher, single and double wheelchair PCS vehicles. Three distinct configurations will assist in matching vehicles to patient needs and the configurations of future vehicles will be reviewed annually to ensure best fit with demand; and
- Four off road 4x4 cars were purchased to maintain an off-road capability within the total of 13 cars that were purchased in 2015-16.

Objective 2: Responsible fleet management including environmental considerations.

Key Performance Indicator: Compliance with Euro 6 standards.

NIAS's fleet replacement vehicles are compliant with Euro 6 standards. These emission standards set the acceptable limits of exhaust emissions on new vehicles. The standards are laid out in European Union Directives and have become increasingly stringent over the years. The latest stage, Euro 6, will be a mandatory requirement for all light commercials from September 2016, and will reduce Nitrogen dioxide by more than 55%. They control the harmful constituents of exhaust gases, namely nitrogen oxides (NOx), total hydrocarbon (THC), non-methane hydrocarbons (NMHC), carbon monoxide (CO) and particulate matter (PM). All our new A&E vehicles are compliant with Euro 6 and this means less carbon and other pollutants are produced by our fleet, which in total travels in excess of 7 million miles annually.

Estate

Objective 1: Commission and build an Ambulance Station and Divisional Headquarters in Ballymena.

Key Performance Indicator: To deliver project milestones as per plan.

The Ambulance Station and Divisional Headquarters in Ballymena completed in spring 2016. Project plan achieved.

Objective 2: Commission and build a replacement Ambulance Station in Enniskillen.

Key Performance Indicator: To deliver Project milestones as per plan.

Planning permission was granted for the replacement Enniskillen Station on the site of the former Erne Hospital. NIAS have decanted from their old premises which have been demolished and are in new modular accommodation adjacent to the development site. This will enable the replacement station to be completed with no disruption to ambulance services during construction. Project on target.

Objective 3: To provide Corporate Social Responsibility in Estates planning and delivery, prioritising Environment and Community.

Key Performance Indicator: To meet BREEAM (Building Research Establishment Environmental Assessment Methodology) excellence which incorporates factors of environmental impact, energy efficiency and sustainability. BREEAM is a widely recognised sustainability assessment tool for new building construction and other projects. It challenges developers to make effective use of resources and focus on sustainable value and efficiency.

Assessments are carried out by independent, licensed assessors and certified on a scale of Pass, Good, Very Good, Excellent and

Health Minister Simon Hamilton and MLA Mervyn Storey met with Area Manager Gareth Tumelty on a visit to the new Area Headquarters at Ballymena. ***Photo courtesy of David Shaw Photography***

Outstanding. NIAS building programmes are designed to achieve BREEAM Excellent in accordance with Central Procurement Department (CPD) Health Project Policy. In achieving that rating the Ballymena Ambulance Station and Divisional Headquarters design considered issues such as low impact design and carbon emissions reduction; design durability and resilience; adaption to climate change; and ecological value and biodiversity protection.

Key Performance Indicator: To provide NIAS Estate Services whilst protecting the environment around patients and staff.

NIAS took part in the 17th Annual Arena Network Environmental Benchmarking Survey. The Survey aims to ensure that environmental issues are on the Board agenda and measures the extent to which organisations are managing environmental issues.

NIAS demonstrated practices that protect and improve the environment around our patients and staff and received a Gold Award in this regard.

Human Resources & Corporate Services Department

The Trust also delivers Strategic Aim 1 through the Human Resources and Corporate Services Directorate supported by the Human Resources Department and the Education, Learning and Development Department.

The NIAS Human Resources Strategy (2011-2016) outlines the strategic direction for the Human Resources and Corporate Services Directorate and supports a vision for people management, management capability and capacity and sustaining the workforce to ensure that NIAS meets the challenges ahead. Key Strategic Themes inform the Directorates Key Performance Indicators (KPIs) and, following ratification by Trust Board, provide a basis for assessing delivery of the Directorates key objectives.

Modernisation and Reform

Key Performance Indicator: To manage the implementation of the Business Services Transformation Programme within NIAS.

The Human Resources Payroll Travel and Subsistence (HRPTS) system has been in operation within NIAS since March 2014. Regionally, Human Resources staff continue to contribute to the identification and implementation of system enhancements to ensure full benefits realisation both within NIAS and the wider Health and Social Care (HSC) environment. Locally, Human Resources staff continue to support managers and staff in optimising the use of Manager Self Service (MSS) and Employee Self Service (ESS) and plans are being developed to further extend deployment of the new system.

In March 2015 NIAS transferred its payroll processing function to the Payroll Shared Services Centre (PSSC). Following successful transition, close liaison continues with PSSC to ensure any payroll issues are resolved promptly and appropriately. The transition of the NIAS Recruitment function to Recruitment Shared Services is now planned for Autumn 2016.

Shaping and Developing Future Workforce

Key Performance Indicator: To develop and

implement workforce strategies and plans which integrate effectively with service and financial planning and through which NIAS can meet changing needs and continue to provide high quality, effective, responsive and safe patient care.

During 2015-16 the Trust continued with its Workforce Stabilisation Programme, which commenced in June 2014. This programme has focused on an aggressive recruitment campaign to fill front-line Ambulance Care Assistant (ACA), Emergency Medical Technician (EMT) and Paramedic vacancies together with the re-profiling of its Station Supervisor operational tier of front- line management.

As a result of the rigorous recruitment, selection and training of staff during 2015-16, the number of front-line vacancies within NIAS reduced by 74% (this reduction was inclusive of a 2.19% uplift in funded establishment).

Supporting Staff to Achieve High Quality Performance

Key Performance Indicator: To improve or maintain sickness absence rates on 2014-15 levels.

Sickness absence within NIAS continues to be managed in line with the Trust's Health and Wellbeing Attendance Management Action Plan and Human Resources staff continue to provide professional advice and support to managers in managing attendance. The management of sickness absence continued to present a challenge to NIAS during 2015-16. Whilst NIAS was successful in meeting its sickness absence target "to improve or maintain sick absence rates on 2014-15 levels", sickness absence for 2015-16 was significant at 10.43%. A programme of work linked to issues which were signalled as potentially contributing to non-attendance was ongoing in 2015-16 and shall continue to be addressed in 2016-17.

Partnership and Employee Engagement

Key Performance Indicator: To proactively manage industrial relations to deliver enhanced working practices and environment.

During 2015-16 NIAS continued to face significant industrial relations challenges. During the month of May 2015 Trade Unions engaged in a period of industrial action in the form of an overtime ban. Issues of dispute leading to this action related to regional and national concerns specifically in respect of pensions and pay. More recently, in July 2015 Trade Unions withdrew from all involvement in Job Evaluation processes citing concerns linked to the ongoing Job Evaluation processes for the posts of Rapid Response Vehicle (RRV) Paramedic, Paramedic and Emergency Medical Technician (EMT). Management continues to engage with Trade Unions in an attempt, where possible, to bring resolution to such issues with minimum disruption to patients and to staff. In addition, ongoing consultation and negotiation continues with Trade Unions via the Trusts established industrial relations machinery where progress has been made on issues such as allocation of meal breaks, late finishes and allocation of annual leave.

Complaints

Key Performance Indicator: To manage

complaints in line with the Trusts Complaints Policy and Procedure and related Departmental guidance.

NIAS continues to manage complaints in line with its Complaints Policy and Procedure which is reflective of the HSC Standards & Guidelines for Resolution & Learning in the management of complaints.

All complaints are acknowledged within two working days and the Trust aims to respond to all complaints within 20 working days.

During 2015-16 NIAS received a total of 160 complaints. This figure represents a decrease of 30% on the number of complaints received during 2014-15 which was 229. The nature of complaints most prevalent include ambulances being late or not arriving 49%; staff attitude 41%; quality of treatment and care 7%; and suitability of equipment/vehicle 1.9%. There were two complaints referred to the Northern Ireland Public Services Ombudsman during 2015-16.

Further details regarding complaints received is accessible on the NIAS website www.nias.hscni.net.

Compliments

During 2015-16 NIAS received a total of 182 compliments. The majority of compliments related to Accident & Emergency Services received.

Whistleblowing

NIAS continues to promote the existence of its Whistleblowing Procedure in line with the Public Interest Disclosure Order. During the reporting period no complaints were received under the NIAS Whistleblowing Procedure.

Education, Learning and Development Department

The strategic objective for this area of business is to build and maintain a high performing, appropriately skilled and educated workforce,

November 2015 saw a batch of ACA recruits graduating with trainers Jonny Noble & Martin Mullan.

suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.

The Regional Ambulance Training Centre (RATC) produces and delivers a comprehensive annual Education, Learning and Development (ELD) Plan which supports Trust priorities, modernisation and reform programme and shaping and developing the future workforce.

Key Performance Indicators:

- Maintaining a competent and professional workforce to enable staff to deliver optimum patient safety and care through the promotion of a life-long learning culture and delivery of effective Education, Training and Development programmes; and

- Modernising Education, Training and Development, seeking new and innovative ways for staff to learn, ensuring reflective practice and transfer of learning.

The above KPIs were met during what was a particularly challenging year for the RATC, with a high volume of activity. The primary focus was on clinical priorities and stabilising the workforce, in particular the provision of core clinical and driver training programmes for external and internal recruitments and the delivery of a comprehensive post-qualification assessment, training and development programme for existing frontline operational staff.

The RATC's Clinical Training Officers and Clinical Support Officers continue to make a significant contribution to meeting professional and regulatory body requirements, clinical supervision of frontline staff, the clinical governance agenda, and not least the Trust's new quality improvement programme. A key component of 2015-16 entailed the participation in national task and finish groups with a remit to develop new and regulated national ambulance training programmes in ambulance driving and for future new EMT recruits.

EMT recruits who graduated in February 2016 with trainers Mickey Hughes & Glenn O'Rorke

In delivering the strategic aim and related objectives, the RATC has a large portfolio of ongoing quality improvement and development work which will be crucial to the Trusts success during 2016-17. This work includes:

- Quality Improvement Programme;
- Transition to regulated ambulance clinical and driver training programmes;
- Collaboration with DHSSPS regarding pre-registration Paramedic Programme;
- Transforming Your Care initiatives;
- Exploitation of HRPTS Learning and Development function;
- Progress towards Investor in People recognition; and
- Review of Statutory and Mandatory Training.

Strategic Aim 2: Deliver to achieve the best outcomes for patients using all resources wile ensuring high quality corporate governance, risk management and probity.

The Trust delivers this strategic aim through the Directorate objectives and prioritised workstreams.

Medical Directorate

The Medical Directorate contributes to this strategic aim through delivering on the following objectives and KPI's.

The strategic objectives for this area of business include:

1. Establish and develop agreed outcome based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes; and

2. Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.

In keeping with the Commissioning Plan Direction that NIAS will continue to put in place Alternative Care Pathways which avoid unnecessary hospital attendances. NIAS has built on the work of previous years to further develop a system whereby patients in the community are assessed by ambulance staff and referred directly to a specialised service, rather than following the traditional model of bringing every patient to a local Emergency Department. This has required extensive engagement with other Trusts and Integrated Care Partnerships in order to develop a range of Alternative Care Pathways which can be applied regionally.

During 2015-16 Alternative Care Pathways for referral of elderly patients who fall and diabetic patients who experienced a hypoglcaemic event have been rolled out regionally. Further Alternative Care Pathways are now in place for the direct referral, and in some areas the direct admission, of suitable patients, particularly frail, elderly patients to medical assessment units and enhanced care at home services, direct referral

to palliative care services in order to provide the highest quality of end-of-life care, referral to minor injuries units, district nursing services and General Practitioner (GP) out-of-hours providers.

Patients with a known diagnosis of epilepsy are now more likely to remain at home following a seizure, and patients with chronic respiratory illness are now being referred to community respiratory teams who are familiar with their ongoing condition and can provide tailored treatment plans that can reduce the need for hospitalisation.

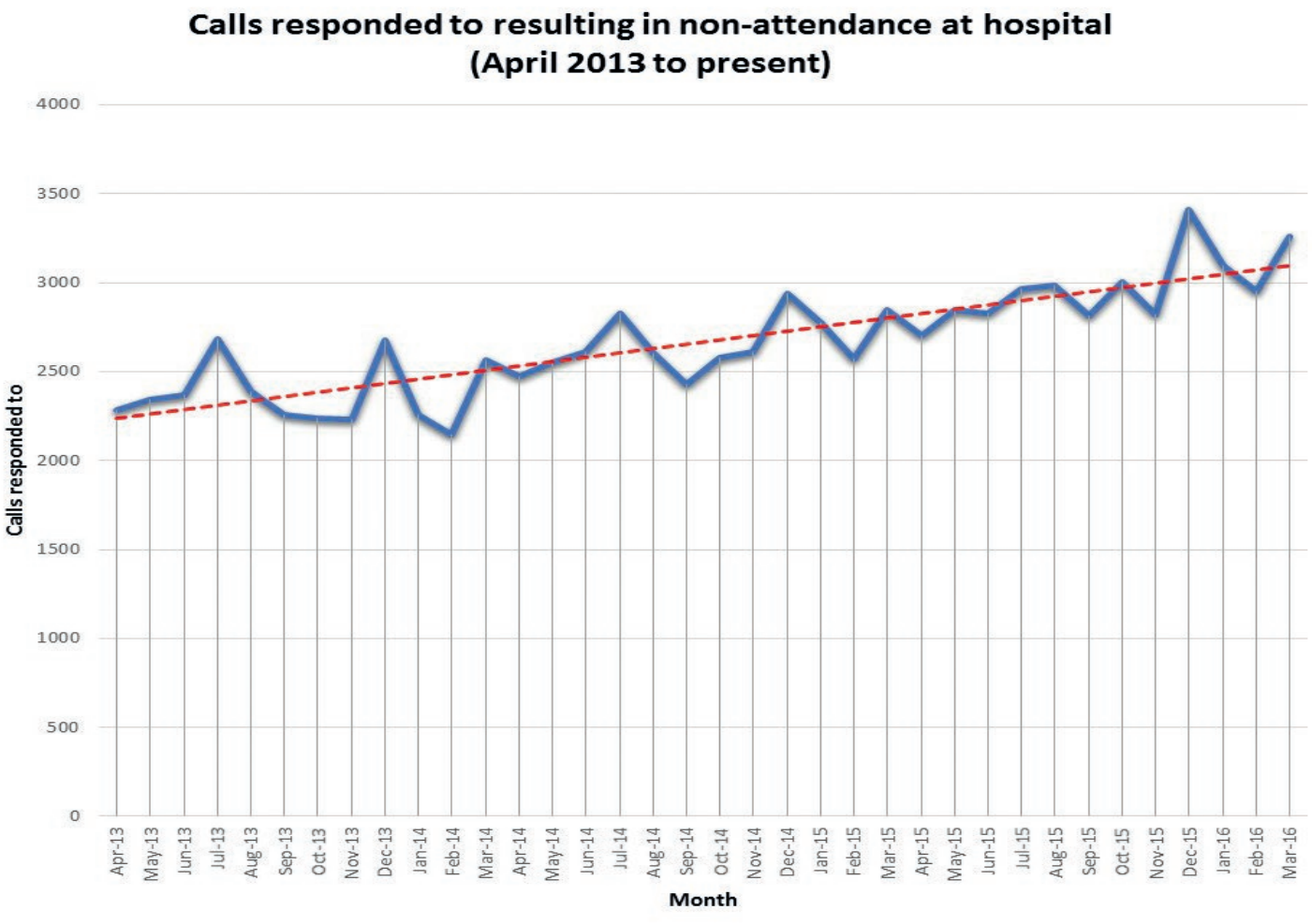
The Trusts Transformation and Modernisation programme is led by the Director of Human Resources and Corporate Services as Senior Responsible Officer for this workstream. It delivers on both Strategic Aims 1 and 2. The KPIs linked to the Transformation and Modernisation Programme objectives are as follows:

Key Performance Indicator: Commission the introduction of 10 new response models during the next three years (to 2015-16), with at least 5 in 2013-14.

All 10 pathways were in place at the end of 2015-16 which built on the 5 introduced in 2013-14.

Key Performance Indicator: Reduce conveyance to Emergency Departments by NIAS by 10% by March 2016.

In comparison to 2013-14, an additional 7,245 patients were not conveyed to hospital in 2015-16 by NIAS following a 999 call, and an additional 1,402 patients were safely conveyed to alternative destinations.



Paramedics Yvonne Craig, Sean Martin & Stephen Murphy at one of our roadshows in the Kennedy Centre, Belfast.

Key Performance Indicator: Have in place a Directory of Services to support new response models, coordinated by NIAS in collaboration with the other five HSC Trusts by June 2014.

A NIAS Directory of Services went live in Emergency Control on 2 December, 2015 and contains details of all the services highlighted above, and services can be identified by postcode, town or using maps. It also contains links to the clinical protocols so that information can be provided to frontline operational staff on request. NIAS continues to expand the Directory of Services to support staff and improve the service to patients.

The Trust has also progressed work on the Primary Percutaneous Coronary Intervention (Primary PCI) pathway and stroke referral pathways with a recent review of the care of patients suffering an acute heart attack indicating that performance in Northern Ireland is already on a par with that in England and Wales where the same approach has been in use for several years. Through collaboration with the regional cardiology network, a wider range of patients are now being accepted for direct admission to one of Northern Ireland's two Primary PCI centres, fast-tracking those patients who require a time-critical intervention to limit or completely reverse the effects of the blocked arteries that give rise to a heart attack.

Key Performance Indicator: Develop the Ambulance Service component of the Regional Primary PCI referral pathway

+ To ensure that 90% of patients accepted for Primary PCI have a drive time from location of incident to Primary PCI Centre of less than 90 minutes.
  - NIAS have achieved this objective with 100% performance.

+ 90% of patients accepted for Primary PCI have an initial call for ambulance response to receipt of Primary PCI (call to balloon time) of less than 150 minutes.
  - NIAS achieved this KPI with a 95.76% performance.

During 2015-16, 448 patients with an acute heart attack were transported directly for Primary PCI with an average call to intervention time in the 425 patients where this is recorded of 1 hour 38 minutes.

This is illustrated in the following tables:

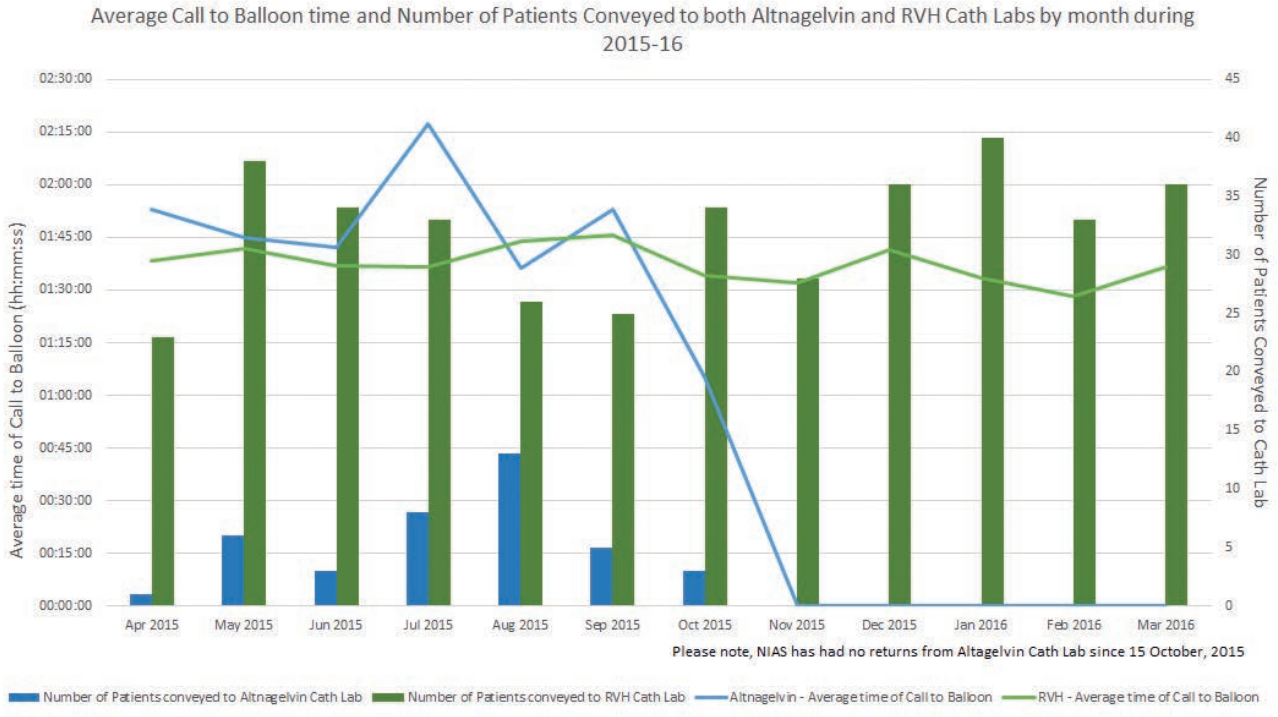
KPI 4 and KPI 6, Average Call to Balloon Time and Number of Patients Conveyed to Both Altnagelvin and RVH Cath Labs by Month During 2015-16

KPI 4 - Percentage of Patients accepted for pPCI with drivetime of less than or equal to 90 mins
KPI 6 - Percentage of Patients accepted for pPCI with a Call to Balloon time of less than 150 mins
Please note, these totals do not include Inter-Hospital Transfers

	KPI 4				KPI 6				
Cath Lab Attended	**Within 90 mins**		**Over 90 mins**		**Within 150 mins**		**Over 150 mins**		**Total**
Altnagelvin Hosp	45	100.00%	0	0.00%	40	88.89%	5	11.11%	45
Royal Victoria	403	100.00%	0	0.00%	389	96.53%	14	3.47%	403
Total	**448**	**100.00%**	**0**	**0.00%**	**429**	**95.76%**	**19**	**4.24%**	**448**

Please note, of the 448 incidents shown above, there were 23 incidents where a handover time was not recorded.
These have not been counted in the following totals.
Please note further, these totals do not include Inter-Hospital Transfers.

Cath Lab Attended		**Apr 2015**	**May 2015**	**Jun 2015**	**Jul 2015**	**Aug 2015**	**Sep 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**Mar 2016**	**Total**
Altnagelvin Hosp	Average time of Call to Balloon	01:53:00	01:45:00	01:42:00	02:17:30	01:36:18	01:53:00	01:05:20	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	01:46:43
	Number of Patients Conveyed	1	6	3	8	13	5	3	0	0	0	0	0	39
Royal Victoria	Average time of Call to Balloon	01:38:16	01:41:43	01:37:01	01:36:39	01:44:01	01:45:46	01:34:18	01:31:54	01:41:25	01:33:28	01:28:21	01:36:27	01:37:12
	Number of Patients Conveyed	23	38	34	33	26	25	34	28	36	40	33	36	386
Total Average time of Call to Balloon		**01:38:52**	**01:42:09**	**01:37:25**	**01:44:37**	**01:41:26**	**01:46:58**	**01:31:57**	**01:31:54**	**01:41:25**	**01:33:28**	**01:28:21**	**01:36:27**	**01:38:04**
Total Number of Patients Conveyed		**24**	**44**	**37**	**41**	**39**	**30**	**37**	**28**	**36**	**40**	**33**	**36**	**425**



Similarly, patients who suffer an acute stroke are transported directly to hospitals with a specialist stroke centre and those that can provide thrombolysis, if appropriate. Ambulance dispatch protocols and early communication with the receiving stroke teams have reduced the time from receiving the 999 call until treatment is initiated.

A planned review of NIAS by the Regulation and Quality Improvement Authority (RQIA) during the year acknowledged the work undertaken by NIAS in the development of care pathways and indicated their support for the ongoing development of a Clinical Support Desk to supplement the existing system of secondary triage undertaken by doctors working in the NIAS Emergency Ambulance Control Centre. Every day, NIAS receives many 999 calls which can be directed to other more appropriate services such as a patient's own General Practitioner, district nursing services, GP out-of-hours providers and other community support services. The doctors and control room staff can also monitor and review patients through a system of call-backs to patients who are waiting for non-emergency ambulances for less urgent conditions, and offer support and advice as appropriate. Work continues on the development of the Clinical Support Desk with the intention to provide paramedic staff who can assist operational crews by facilitating direct referral to local services using a Directory of Services and decision support software.

Nationally, NIAS is represented on the groups charged with developing and updating clinical care guidelines and the systematic triage of 999 calls to ambulance services in order to prioritise critical care.

Objective: Work with all stakeholders, in particular regional and local commissioners and other providers of health and social care services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

Key Performance Indicator: Lead and achieve milestones in the implementation of the Community Resuscitation Strategy.

NIAS is charged with leading the implementation of the Northern Ireland Community Resuscitation Strategy, and the Implementation Group chaired by the NIAS Medical Director continued to meet during the year. Progress reports from various sub-groups, including CPR training, automatic external defibrillators / public access defibrillation, communication and data and information sub-groups were received and considered. Meetings involving the Medical Director have taken place with British Red Cross, St John Ambulance, Order of Malta and a range of other first aid training providers to engage them in the implementation process. There have also been meetings with a number of government departments regarding the placement of defibrillators in government and public buildings, schools, local council offices, leisure and sports facilitates as well as with a large commercial organisation who have commenced the placement of automatic defibrillators for public access on all of their premises. NIAS continues to engage with them to provide support and advice regarding this initiative. Representation from relevant Northern Ireland Government Departments on the Implementation Group has also been agreed. The Trust will engage with the new Northern Ireland Departmental structures that will be introduced in 2016-17.

An electronic form for the “registration” of defibrillators has been developed and placed on the NIAS website for use by members of the public. Work is ongoing to enhance the mapping of defibrillator locations in Emergency Ambulance Control with agreement to participate in the development of a national Automatic External Defibrillator (AED) register and out of hospital arrest outcome study.

NIAS has facilitated the activation of two further Community First Responder Groups during the year bringing the number of responder groups supported by NIAS to twelve and is currently liaising with a number of other groups, local councils, sporting organisations, government departments and other emergency services regarding the establishment and further development of public access defibrillator and co-response schemes.

During the year the progress of implementation of the strategy was significantly constrained as confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) was not received for 2015-16 and existing funding to support training initiatives already in place ended in September 2015. Following ongoing engagement with DHSSPS, funding for the establishment of a regional team of CRDOs within NIAS was announced by the Minister in March 2016 which will enhance the implementation of the strategy moving forward.

Key Performance Indicator: Contribute to the development of Helicopter Emergency Medical Service (HEMS).

During the year the Health Minister announced his commitment to the establishment of a Helicopter Emergency Medical Service (HEMS) in Northern Ireland following which a public consultation in which NIAS participated extensively was held over eight weeks from 23 November 2015 until 22 January 2016. Following this, on 21 March 2016 the Minister formally announced that a HEMS would be established in Northern Ireland which would be implemented by the Northern Ireland Ambulance Service as the Trust with the lead responsibility for delivering the service working closely with the other five Health and Social Care Trusts.

The proposed operational model is one that is publicly funded and commissioned through the Northern Ireland Ambulance Service supported by a charity partner. The service will operate in daylight hours and will be physician-led supported by paramedics to provide advanced life- saving interventions at the scene of the most serious incidents across Northern Ireland, before delivering the patients directly to a major trauma

centre that provides the necessary specialties to improve the patient's survival and recovery. The service will provide a primary response role initially and develop into a secondary response role at an appropriate time in the future. The process of specification, procurement, and recruitment have now commenced.

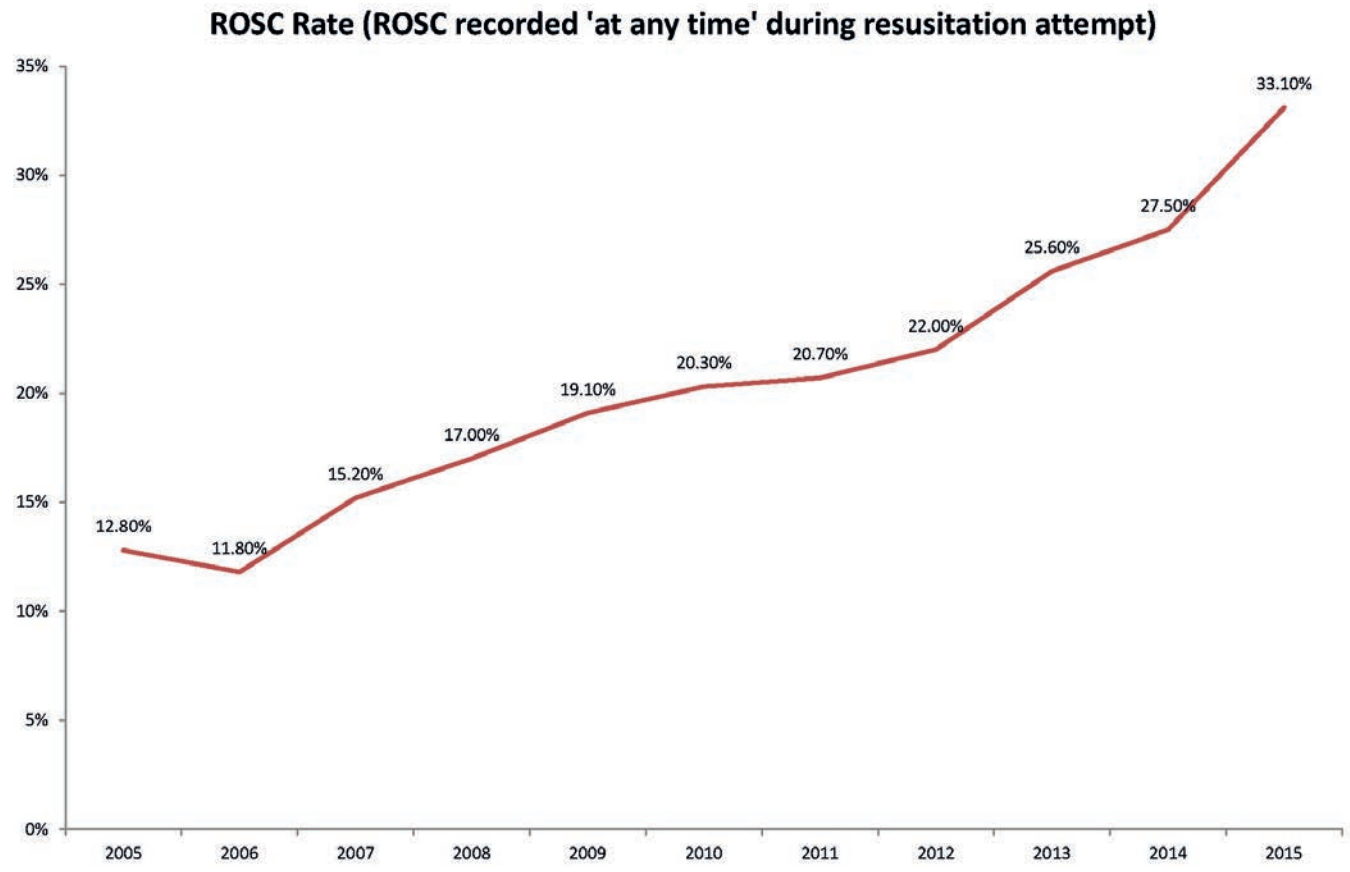
Objective: Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.

The Trust has continued to engage with DHSSPS and Commissioners regarding the development of a range of Quality Outcome Measures and Clinical Performance Indicators. These include consideration of performance measures in relation to the management of patients with an acute stroke, cardiac arrest, myocardial infarction and diabetes. These will support the quality and safety of clinical care and permit benchmarking with other ambulance services for a range of clinical conditions.

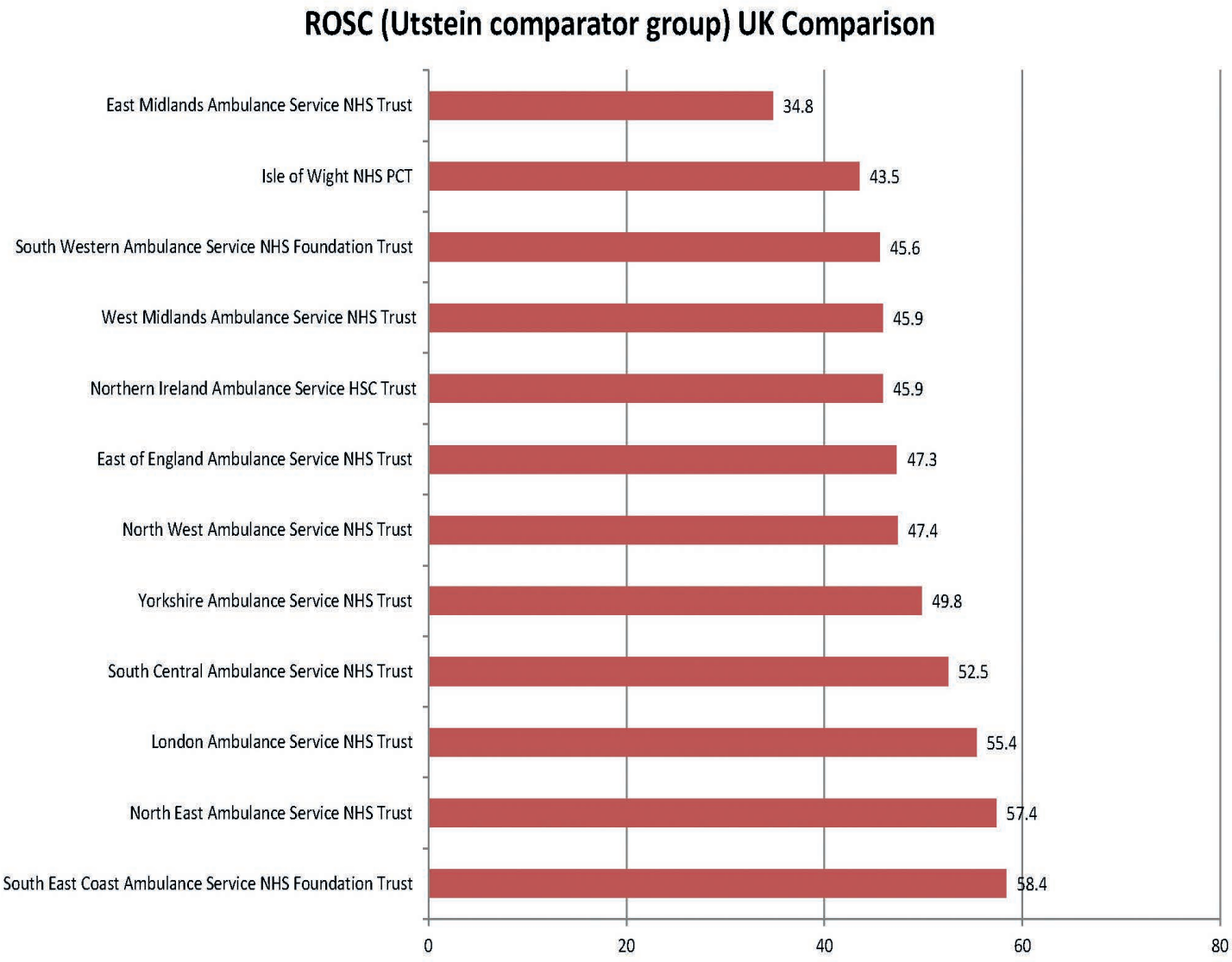
Key Performance Indicator: The percentage of cardiac arrest patients who suffer an out of hospital cardiac arrest who have return of spontaneous circulation on arrival at hospital.

This is a measure of the number of patients who have suffered an out of hospital cardiac arrest, but as a result of life-support started or continued by the Ambulance Service, had a pulse again by the time they arrived at hospital.

The data below demonstrates a significant rise (20%) in NIAS successful 'at any time Return of Spontaneous Circulation (ROSC)' occurrences over the 10 year period from 1 January 2005 to 31 December 2015.



During the year performance in this regard for the so-called “Utstein comparator group of patients” is similar to the performance of other ambulance services. This sub-group of patients are those who suffer a witnessed cardiac arrest and who have a heart rhythm disturbance that is amenable to treatment by defibrillation, and is illustrated below:



Key Performance Indicator: Develop a revised Patient Report Form (PRF) to support clinical quality and safety.

A revised PRF to reflect new clinical guidelines, referral pathways and regional early warning scores was successfully introduced during the year with positive feedback being received from staff.

The timely collation, audit and reporting of clinical data and sharing of relevant clinical information to support the quality and safety of our clinical care and the further development of care pathways and integration with other clinical services and healthcare professionals is significantly constrained by the current manual clinical recording systems in use within the Trust. This would be greatly enhanced by the introduction of an electronic Patient Report Form (ePRF). Further progress of the Business Case submitted for ePRF has not been supported

during the year and will now be considered within the development of a business case for a regional Electronic Healthcare Record (EHCR).

The development of an ambulance ePRF, as part of or integrated with the EHCR, will enhance communication with our colleagues in primary and secondary care in order to provide seamless care for patients, to provide "whole system" statistics to better inform regional developments in health care provision, and to provide timely feedback to crews on their management of acute emergencies.

Key Performance Indicator: Align medical equipment processes to ensure compliance with current clinical guidelines.

Through the work of the Trust's Medical Equipment Group a number of items of new medical equipment were introduced during the year to ensure compliance with current clinical guidelines and best practice. This included new chest decompression devices, chest seals, laryngoscope handles and blades, haemostatic trauma dressings and tourniquets. A standardised list of ambulance equipment was developed and the process to replace the current cardiac monitor defibrillators commenced.

Key Performance Indicator: Comply with DHSSPS Medicines Management Standards.

The Medical Equipment Group also oversees the Trust's Medicines Management, particularly of scheduled drugs and engages with the DHSSPS who undertake regular formal unannounced inspections of our arrangements. The outcome of such inspections are reported to Trust Board through the Assurance Committee and no significant issues or problems were identified during the year.

Key Performance Indicator: Work with stakeholders to develop responsive integrated health services.

NIAS continues to be represented on a large number of regional groups including palliative care services, stroke services, cardiology networks, the regional trauma group and mental health interface groups. The Trust led on a series of educational events aimed at giving a better understanding of how best to engage our services. These include training days during which all junior doctors in Northern Ireland spend time with the Ambulance Service in order to gain a better understanding of our capabilities and resources, induction lectures for final year medical students at Queen's University, life support training for the staff of the Public Health Agency and GP registrars and closer cooperation with our colleagues in the Police Service of Northern Ireland, Northern Ireland Fire and Rescue Service, HM Coastguard, Mountain and Cave Rescue Teams and Voluntary Ambulance Services.

Key Performance Indicator: Provide assurance on compliance with Infection Prevention and Control Policies and Procedures

The Infection Prevention and Control Group continues to advise the Trust on matters relating to infection prevention and control, and the reduction of the risk to patients of healthcare-acquired infection, as well as the safeguarding of staff and patients from other infections. Activity in this regard is reported to Trust Board through the Assurance Committee. No healthcare acquired infections (HCAIs) were reported within the Trust during the year.

The Trust's Infection Prevention and Control (IPC) Policies and Procedures were updated during the year and issued to staff.

The importance of this was highlighted during the Ebola virus outbreak in late 2015 and NIAS was involved in the development and implementation of protocols to ensure the safe transport of potentially infected patients in order to reduce the risk to the patient, our own staff, the wider healthcare system and to the public in general. This necessitated the procurement of a number of specialised isolation transport devices.

An audit of Personal Protective Equipment for use in the management of patients with a significant infection was commenced and a program of fit testing for all new operational ambulance staff is ongoing. The group continue to monitor key performance indicators in relation to infection prevention and control including compliance with infection control procedures such as hand-washing and cannula insertion, compliance with clinical waste policy, decontamination of vehicles and equipment, vehicle and station cleanliness and compliance with the controls assurance standard.

During the year a Quality Improvement Plan following a planned Regulation and Quality Improvement Agency (RQIA) Infection Prevention and Contol Inspection Governance Progress Report was developed and progress against actions reported to the Trusts Assurance Committee.

Management of Incidents

The Trust has a number of systems and procedures in place for the reporting and management of incidents. Incidents are graded according to severity and include a range of incidents such as patient safety incidents, staff safety incidents, health and safety related incidents, vehicle incidents, incidents involving medicines and incidences involving medical devices. Between 1 April 2015 and 31 March 2016 there were a total of 2,213 reported incidents; this is a reduction of approximately 10% on the previous year.

There were 349 incidents of violence and aggression against ambulance service staff; this figure is exactly the same as the previous year. There were 372 health and safety related incidents. These include manual handling incidents, sharps incidents and slips, trips and falls. This is a decrease of 6 incidents from last year. Of the 372 health and safety related incidents, 22 were reportable to the Health and Safety Executive for Northern Ireland (HSENI) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), which is an increase of 6 on last year. There were a further 155 vehicle related incidents, mostly of a minor nature.

There were 681 infrastructure and resource incidents compared to 690 in the previous year. These incidents involved resources, non-medical equipment, IT and the environment.

There were 136 incidents reported involving medical devices. This was an increase of one from last year. All incidents were categorised as minor. There were no incidents where patients were harmed as a result of an incident involving a medical device.

In terms of incidents involving medicines, there were 75 reported incidents. This is a decrease of 26% on last year. Of the 75 incidents the majority

were categorised as insignificant and minor.

There were three incidents categorised as moderate, two of these incidents involved the documentation aspects of the administration of controlled drugs, and the third incident involved the incorrect route for the administration of a medicine. On this occasion this was a minor incident and there was no harm to the patient. In all of these cases appropriate remedial action was taken including measures to reduce the likelihood of a recurrence. The incidents involving controlled drugs were reviewed by the DHSSPS Drugs Inspection Unit who were content with the outcomes and actions taken.

There were 381 incidents reported in respect of communication. These would involve communication both internally and externally with other Health Care Professional (HCP's) and with patients. This is slight decrease on last year, however overall the figures do not indicate any significant trends.

During this period NIAS reported one potential Serious Adverse Incident (SAI) which was subsequently de-escalated. NIAS is involved in a further 22 Serious Adverse Incidents raised by other Trusts and the Health and Social Care Board. In the majority of these, NIAS has been involved in the transportation or a particular aspect of care of a patient at some point when an SAI has subsequently been raised regarding aspects of their overall care. In such cases NIAS fully participates in the multi-agency incident review and investigation by contributing information such as timelines, statements and Patient Report Forms to assist the investigation being carried out by other Trusts. NIAS adopts relevant learning from these incidents.

NIAS reported one interface incident to the Health and Social Care Board. A satisfactory response has been received from the particular Trust involved and learning implemented. In this case additional training and awareness updates for staff were provided as part of the local Trusts Patient Safety Forum.

In January 2016 a system was set up to formally record information and investigation requests from other Trusts. These requests can range from basic information requests such as Patient Report Forms and timelines to a request for a formal investigation into the incident with feedback to the Trust involved. These investigations may also be escalated to an SAI or Safeguarding Investigation. For the three month period from January to March 2016, there were 38 requests for information and assistance. As this system has only recently been implemented, it is anticipated that such requests will increase significantly in the coming year.

In the same period (January to March 2016) NIAS raised 4 incidents with other Trusts where it was felt that there was learning from a particular event, but the incident did not meet the SAI criteria. In each of these cases correspondence was received from other Trusts and updates on the appropriate use of NIAS resources disseminated within the Trust. Arrangements are also in place to review learning from other organisations and from a variety of external sources, for example national and regional alerts, newsletters, medical device alerts and medication alerts.

Emergency Preparedness and Business Continuity

During the year the Trust's Major Incident Plan

was reviewed, revised and updated as part of a regular cycle of ongoing review. The revised Major Incident Plan was approved by Trust Board, reprinted and reissued both in hard copy and electronic format. The Trust's Major Incident Plan is compliant with the requirements of the Handling Major Incidents: an Operational Doctrine, the Northern Ireland Civil Contingencies Framework, the Emergency Preparedness for Health and Social Care Organisations and other relevant guidance.

During the year NIAS responded to 17 potential major incidents and 3 declared major incidents, as well as 9 airport alerts.

A major incident was declared when a vehicle struck a large crowd of people at speed. Resources tasked to the scene included eight Emergency Ambulances, three Rapid Response Vehicles, one Intermediate Care Ambulance, two Hazardous Area Response Vehicles, four Officers, one Doctor, the Emergency Equipment Vehicle and the Mobile Control Vehicle. A receiving hospital was designated and a Hospital Ambulance Liaison Officer (HALO) deployed. Six seriously injured patients were transported to hospital and the incident stood down one hour and ten minutes later.

Twenty two Business Continuity Incidents were reported and successfully managed. These included the need to evacuate ambulance stations due to civil disturbance, flooding, power failures, vehicle and other infrastructure issues.

One such incident of note occurred when the telephone system in the Emergency Ambulance Control Centre failed. The contingency plans were enacted immediately with the calls being diverted to Scotland and they in turn passed the calls to NIAS on mobile phones. The radio system, MIS and C3 remained operational throughout the telephone failure. An Incident Control team was established and briefed by the IT Manager. The fault was established and the system restored to normal functionality in a planned manner over the subsequent two hours. During the incident, due to the contingencies in place, no calls were lost or ambulance responses delayed. As part of the subsequent debrief a number of issues were identified, addressed and incorporated into future contingency planning.

During the year, NIAS participated in 26 emergency preparedness exercises and 106 training sessions.

The Hazardous Area Response Team (HART) responded to over 400 calls including 33 deployments involving Breathing Apparatus skills or Hazardous Materials (HAZMAT), one restricted space, two firearms incidents, two incidents at height, and one rope rescue.

Finance Department

The Trust also delivers Strategic Aim 2 through the Finance and ICT Directorate supported by the Finance Department, the Information Technology Department and the Information Department.

The objectives for this area of business are as follows:

1. Regular review and enhancement of financial systems and procedures to promote the efficient and economical conduct of the business and safeguard financial propriety and regularity; and

2. Legislative and Departmental Directives and

Circulars are adopted and implemented.

Key performance indicators used to measure success during 2015-16 include:

1. Financial Position on a monthly basis reported to HSCB, DHSSPS and at Trust Board;

2. Delivery of Efficiency Savings reported to HSCB, DHSSPS and at Trust Board;

3. Performance by Directorate against Budget reported to Trust Board;

4. Capital Expenditure comparison with Capital Resource Limit reported monthly to DHSSPS and at Trust Board; and

5. Prompt Payment of invoices reported monthly to DHSSPS and to Trust Board.

The Performance for the period under review is highlighted in the Financial Resources and Performance section of this report. More detail is contained in the Annual Accounts.

Related developments and trends likely to affect future performance or positioning are also described in the Financial Resources and Performance Section of this report. Some of these developments include:

+ The embedding of shared services, new systems and associated processes and procedures;

+ The application of new directives from DFP and DHSSPS;

+ The implementation of DHSSPS Procurement Strategy at Trust Level;

+ Development and ongoing maintenance of a database of all Trust contracts;

+ Coordinating the progression of internal audit recommendations across the Trust; and

+ Development of a team structure to manage changing and increasing responsibilities at both Trust and regional level.

Health Professionals from Finland visited NIAS Headquarters in February 2016.

Information Communication and Technology (ICT) Department

The objective for this area of business is as follows:

To maintain and strengthen the infrastructure, enabling change and supporting the introduction of ICT innovations which improve the delivery of patient care.

Key Performance Indicators

1. Demand on ICT services as managed through the IT Help Desk; and
2. Types of calls.

Performance for the period under review is reported as follows:

Demand on ICT services is increasing year on year as the team delivers new technologies and improves access to ICT systems to users both locally and at remote Ambulance Stations. This increase in demand is illustrated below:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year	Avg Calls Per Month
2013/14	720	795	727	736	687	793	870	709	631	803	1055	814	9340	778
2014/15	825	784	747	683	730	987	1089	1010	1010	1145	1083	1020	11113	926
2015/16	969	969	1157	1025	984	1255	1364	1396	1180	1372	1299	1123	14093	1174

Despite the growing demand on ICT services the team continues to meet performance targets. A breakdown of calls responded to by category of call for each month of 2015-16 is shown below.

	Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar	
Target to respond to 95%	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**	**No of Call**	**% Met**
Immediate	16	100	16	100	20	95	12	100	16	100	6	100	7	100	16	100	6	100	5	100	9	100	11	100
Urgent	18	100	11	100	10	100	29	100	38	100	34	100	36	100	45	100	40	100	54	98	51	96	44	100
High	31	100	31	100	31	97	21	100	9	100	19	100	30	100	23	100	22	100	7	100	6	100	10	100
Medium	272	99	258	97	488	97	395	98	420	97	512	99	535	99	518	97	466	96	467	97	439	97	422	98
Low	632	100	653	100	608	100	568	100	501	100	684	100	756	100	794	100	646	100	839	100	794	100	636	100
Total	**969**		**969**		**1157**		**1025**		**984**		**1255**		**1364**		**1396**		**1180**		**1372**		**1299**		**1123**	

***Immediate 4 Hours, Urgent 1 Day, High 2 Days, Medium 3 Days, Low 7 Days**

The following developments and trends may affect future performance:

+ The pace of refresh and change is unrelenting as today's ICT environments experience ever increasing pressures and demands across the technology spectrum; and

+ This year the ICT team upgraded the network infrastructure to meet the expected increased demand on network service traffic from ambulance stations for the coming years. The types and number of applications required to operate over the network is also expected to change to facilitate the roll out of new services such as:
  - Intranet services;
  - Access to the Electronic Healthcare Care Record (EHCR); and
  - Access to the Rostering System.

Information Department

At all times the patient is our focus together with the need to ensure information governance - confidentiality, security and accuracy.

The objectives for this area of business are as follows:

1. Provide a central source of information management for areas including Data Protection, Records Management, Freedom of Information Act, Access to Health Records, Police Service of Northern Ireland Enquiries, Police Ombudsman, Coroners Service, Solicitor enquiries, Court Orders, Summons for Staff, Assembly Questions, Lost Property etc for Northern Ireland, along with information releases to other HSC bodies;

Throughout 2015-16 NIAS TYC team engaged with many stakeholder groups.
Presentations were delivered by Sarah Williamson & Ciaran McKenna

2. Develop policies and procedures and act as a centralised point of contact for Service users requesting information or seeking guidance on information governance responsibilities;

3. Develop a training programme for staff in the area of Information Governance using a combination of face-to-face, e-learning, workbooks and regional materials;

4. Manage the development, production and delivery of complex statistical and qualitative and quantitative reports on emergency and non-emergency corporate activity for NIAS Trust Board, Executive Directors, Senior Managers and externally to Health and Social Care Organisations such as DHSSPS, Health and Social Care Board and Trusts;

5. Dealing with all associated proactive and ad hoc requests which relate to operational performance, acute service modernisation projects e.g Transforming your Care. Information extracted and manipulated supports performance management across the organisation; the wider HSC and includes monitoring of how quickly we are getting to patients, types and categories of calls we have received, how quickly we are turning around at Hospital, diverts that may have affected patient flows etc. This data provides key information for strategic planning, decision making and statutory reporting requirements; and

6. Managing the Clinical Audit function within the Trust, receiving and scanning on average 16,000 Patient Report Forms on a monthly basis; supporting the development of Clinical Performance and Quality indicators to support the Medical Directorate including cardiac, diabetes, stroke and asthma indicators; update and redesign of the Patient Report Form; ad hoc processing to support Core Professional Development of operational staff and Primary PCI monitoring returns.

Key Performance Indicators

1. Controls Assurance Standards validated by Internal Audit and reported to Audit Committee, Assurance Committee and Trust Board;

2. Compliance with Responses to Freedom of Information requests reported to Trust Board; and

3. Compliance with Responses to Data Protection – Subject Access Request reported to Trust Board.

Performance for the period under review is reported as follows:

1. The Information Management Controls Assurance Standard was assessed at Substantive (75%) compliance and was independently reviewed by Internal Audit; and

2. Freedom of Information Act

   The Freedom of Information Act (2000) relates to any information held in an electronic or manual format and can be accessed by anyone who requests it. Exemptions are limited and unless they specifically apply, information must be released.

KPI: Legislative Requirement - 20 working days

Freedom Of Information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total (2015 - 16)	Total (2014 - 15)
Number Of Requests Received	4	11	11	8	6	15	19	9	6	13	14	14	**130**	163
Number Of Questions Received	20	32	64	48	31	43	52	14	33	39	33	69	**478**	555
Completed Requests Processed Within 20 Days Or Less	4	8	8	7	4	11	15	5	5	11	8	6	**92**	125
Completed Requests Exceeding 20 Days	0	3	2	1	1	4	1	4	1	1	1	3	**22**	37
Requests Still Being Processed	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
Requests Still Being Processed (Outside 20)	0	0	1	0	1	0	2	0	0	1	2	5	**12**	
Stood Down	0	0	0	0	0	0	1	0	0	0	2	0	**3**	
Number Of Records Fully Disclosed	20	25	53	43	27	43	27	14	33	33	21	34	**373**	
Vexatious Requests	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
Number Of Records For Which Records Not Held	0	0	0	4	0	0	0	0	0	2	0	0	**6**	
Requests Where Exemptions Wholly / Partially Applied	0	7	3	1	0	0	1	0	0	0	0	0	**12**	
Questions Stood Down	0	0	0	0	0	0	9	0	0	0	9	0	**18**	
Questions Still Being Processed	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
Questions Still Being Processed (Outside 20)	0	0	8	0	4	0	15	0	0	4	3	35	**69**	
Referrals For Independent Review	1	1	0	0	0	0	0	0	0	0	0	0	**2**	
Appeals To The Information Commissioner	0	0	0	0	2	0	0	0	0	0	0	0	**2**	

%age completed within 20 working days	
2015/16	70.77%
2014/15	76.69%

3. Data Protection Act 1998 – Subject Access Monitoring

The Data Protection Act 1998 allows an individual to have the right to see and/or receive a copy of personal data held about them in both electronic and manual records and to have any incorrect data amended or deleted.

KPI: Legislative Requirement - 40 Calendar Days

Data Protection Act 1998 - Section 7, Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 15-16
Number Of Requests Received	2	4	2	1	3	1	1	2	3	2	2	2	25
Completed Requests Processed Within 40 Days Or Less	2	2	1	0	1	1	1	1	3	1	1	1	15
Completed Requests Exceeding 40 Days	0	1	0	1	-	0	0	1	0	1	1	1	6
Identity Not Confirmed And Therefore Could Not Be Further Processed	0	1	1	0	2	0	0	0	0	0	0	0	4
Patient	0	1	1	0	2	0	0	1	2	1	0	1	9
NIAS Staff Member	2	2	1	1	1	0	1	1	1	1	1	1	13
External Agency	0	1	0	0	0	1	0	0	0	0	1	0	3
Relative Of Patient	0	0	0	0	0	0	0	0	0	0	0	0	0

In 2015-16, 71% of Subject Access Requests were processed within 40 calendar days (this is based on the requests that were fully processed, i.e. identity and fee received).

Reports are generated from a range of data sources but primarily from information held in Command and Control and Clinical Audit Systems. Proactive reporting occurs on a daily, weekly and monthly basis and is shared extensively with HSCB and HSC colleagues. We issue these reports in a timely manner to ensure that necessary remedial measures can be taken. Daily reports are issued by 11:00 hours each day which support performance management across the organisation and the wider HSC and include monitoring of how quickly we are getting to patients, types and categories of calls we have received, how quickly we are turning around at Hospital, diverts that may have affected patient flows etc.

This data provides key information for strategic planning, decision making and statutory reporting requirements. During 2015-16 the Department has also fully supported Transforming your Care informatics workstreams. We have monitored the introduction of new pathways and protocols being adopted by the Trust including areas of diabetes, falls referrals, Minor Injuries Units, Belfast City Direct to support the reduction of patient flows to Emergency Departments.

The Department also provides Monitoring returns issued to Hospital Information Branch, DHSSPS in line with Commissioning Plan requirements.

In December, kind hearted NIAS HQ staff donated Christmas gifts to the SVP and Salvation Army.

The Information Governance Steering Group oversees all aspects of information governance. It also leads and fosters an information governance culture and is chaired by the Director of Finance and ICT as the Trusts nominated Senior Information Risk Owner (SIRO). The Medical Director is the Trusts nominated Caldicott Guardian and Personal Data Guardian is also a key member of this group.

We process on average 170 requests each month from different stakeholders and aim to comply with legislative standards or local KPI's that have been put in place.

Related developments and trends likely to affect future performance or positioning of this service include the following:

- Developing project evaluations for Transforming Your Care initiatives;
- Embedding the ongoing monitoring and extension of service development initiatives;
- Extending the scope and scale of clinical performance indicators whilst recognising the constraints of existing manual patient report forms; and
- Development of a team structure to manage changing and increasing responsibilities at both Trust and regional level.

Strategic Aim 3: To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services.

The Trust delivers this strategic aim through the Directorate objectives and prioritised workstreams.

The Human Resources and Corporate Services Directorate contributes to this strategic aim through delivering on the following strategic objectives:

- Work with all stakeholders, in particular regional and local commissioners and other providers of health and social care services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services;
- Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives; and
- Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/ assessed needs and expectations.

Equality, Personal and Public Involvement (PPI) and Patient Experience Department

This department delivers on this strategic aim and objective through the following areas of business:

1. Equality and Human Rights;

2. Person and Public Involvement;

3. Patient and Client Experience; and

4. Corporate Social Responsibility.

Equality and Human Rights

In delivering Equality and Human Rights priorities, the key aims for the Trust are reflected in its Human Resources Strategy. These are:

- To promote and embed a culture of equality of opportunity and human rights in the provision of patient care, within the workforce and in the development of Trust policy; and

- To promote a culture of engagement, ensuring involvement with representative groups and individuals.

Key Performance Indicator: To support the Trust in complying with statutory obligations associated with Trust policy and decision making.

Key Performance Indicator: To work to mainstream Equality and Human Rights considerations in service delivery, policy development and strategic planning through screening and engagement and consultation processes.

During 2015-16 performance against these objectives and key performance indicators was monitored by the Trust's Equality and PPI Steering Group. Partnerships with other HSC organisations and Section 75 and staff groups had a central role in the delivery of this work.

Performance against the related objectives and key performance indicators:

- Monitoring of the provision of telephone interpreting services for those accessing the 999 system who are not fluent in English;

- Collaborative working with other HSC Trusts to review equality schemes and engage with the Equality Commission for Northern Ireland in relation to the delivery of statutory duties within Health and Social Care;

- Development and implementation of Alternative Care Pathways – work was undertaken during 2015-16 to engage with Section 75 representative groups to ensure involvement of those impacted by changes to service delivery. This included, during this period, Autism NI, Diabetes UK, Epilepsy Action and Age NI; and

- Participation in PRIDE – in 2015 The Trust promoted and participated in Pride Events in Belfast and Derry/Londonderry. Trust staff were involved in these events alongside staff from across HSC and the Public Health Agency HSC Lesbian, Gay, Bisexual and Transgender (LGBT) Staff Forum. This was part of the Trust's work to promote equality of opportunity for our staff and to engage with the LGBT community in respect of service delivery.

Personal and Public Involvement (PPI)

Key Performance Indicator: To ensure those who use our services and their representatives have an ability to influence

and shape policy and service delivery decisions.

Mainstreaming of PPI into key policy development processes and to this end staff attended events and engaged with service users and their representatives around development of a number of policy areas from service delivery considerations to the implementation of PPI itself within the Trust.

In addition to outlined work streams associated with the Trust's Transformation and Modernisation work streams such as Alternative Care Pathways, PPI systems were a key focus. Engagement and Communication Plans were produced to ensure involvement of key stakeholders impacted by changes such as service users and their representatives. Implementation of these plans included:

+ Service user focus groups;

+ Engagement with representative groups; and

+ Development of a public awareness campaign including visits to shopping centres through Northern Ireland.

This ensured input of service users and their representatives to the development of the Trust's Transformation and Modernisation agenda. Performance against delivery of these plans was monitored by the Trust's Transformation and Modernisation Programme Board. The Trust continued to participate in regional PPI work with other HSC organisations to ensure a collaborative approach across HSC. This included contribution to the development of PPI Standards for HSC and related training and awareness programmes for staff.

Patient and Client Experience

Key Performance Indicator: To mainstream the Minister's Patient and Client Experience Standards; Dignity, Respect, Attitude, Behaviour and Communication.

Key Performance Indicator: To obtain feedback from service users on their experiences of our services.

This work presents a particular challenge in an ambulance operating environment. The Trust worked in partnership with the Public Health Agency to deliver this objective by developing an ambulance appropriate methodology. This included undertaking surveys, completion of observations of practice and gathering patient stories as part of the regional 10,000 Voices project. Progress against the patient experience standards is monitored by the Trust's Equality and Personal and Public Involvement Steering Group and the Trust Board.

A review of the systems for undertaking the Patient/Client Experience Standards methodology was undertaken to mainstream the standards within core clinical practice. This included a review of systems of observations of clinical practice to include monitoring of the standards. Observations of practice continued during 2015-16, providing further evidence of positive patient experience as well as identifying areas for improvement. The information gathered from observation of practice was used to complement that obtained through the use of other patient experience tools and methodologies. The outcome of observations helped managers and staff to identify gaps and put in place arrangements to improve practice and deliver more person-centred care.

In the main results from feedback have been very positive and reflect patient satisfaction in terms of compliance with the standards. Learning related to a minority of individual experiences which did not meet our required standards related to delays in ambulance arrival and staff attitude. These reflect themes included in Trust complaints and work has been undertaken in terms of relevant training programmes to address issues around attitude and behaviour. It is important to recognise that these issues are in the minority in terms of results obtained.

Corporate Social Responsibility

Key Performance Indicator: To mainstream Corporate Social Responsibility actions across directorates through the development and implementation of an action plan.

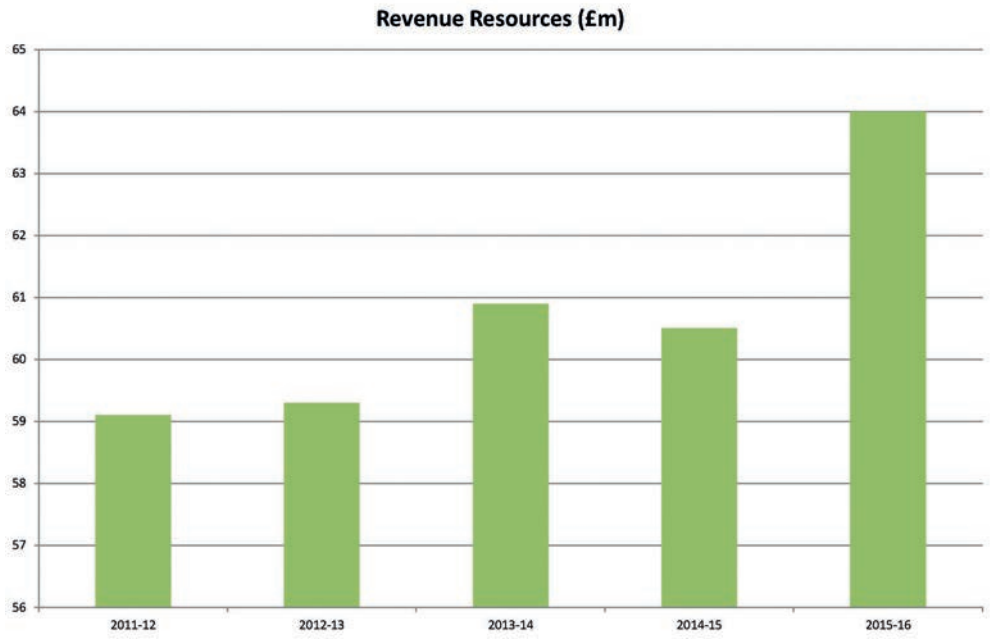
The Director of Human Resources and Corporate Services is the Trust Board champion for Corporate Social Responsibility and works to ensure responsibilities are mainstreamed across directorates. The Trust has a Action Plan in respect of Corporate Social Responsibility which outlines actions to fulfil its commitment to operate responsibly in the context of Business In The Community (BITC) themes of People Planet and Place. Key actions within 2015-16 have included environmental awareness schemes, implementation of a Health and Wellbeing Action Plan for staff and participation in the BITC Cares programme with a NIAS team participating in voluntary work.

Financial Resources and Performance

Revenue Resources

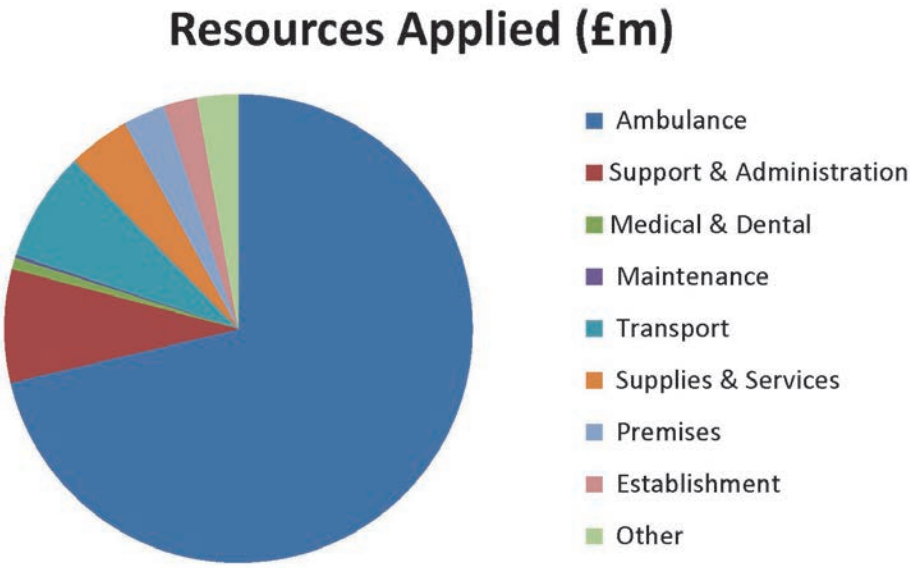
The Health and Social Care Board provide the majority of the revenue resources available to the Trust through the Service and Budget Agreement. This sets the service activity and outcomes to be delivered within the Revenue Resource Limit that is made available to meet the Health and Social Care needs of the population. The total revenue resources available to the Trust for the last five years are shown below.

The resources available each year can vary due to a number of factors, for example supported developments, support for unavoidable costs pressures and the level of cash releasing efficiency savings required. The increase in 2015-16 is due to a number of supported developments, for example investment in additional ambulance provision linked to demography changes, Transforming Your Care and Winter Pressures. The Trust also received an additional allocation to support increased employer pension contributions.



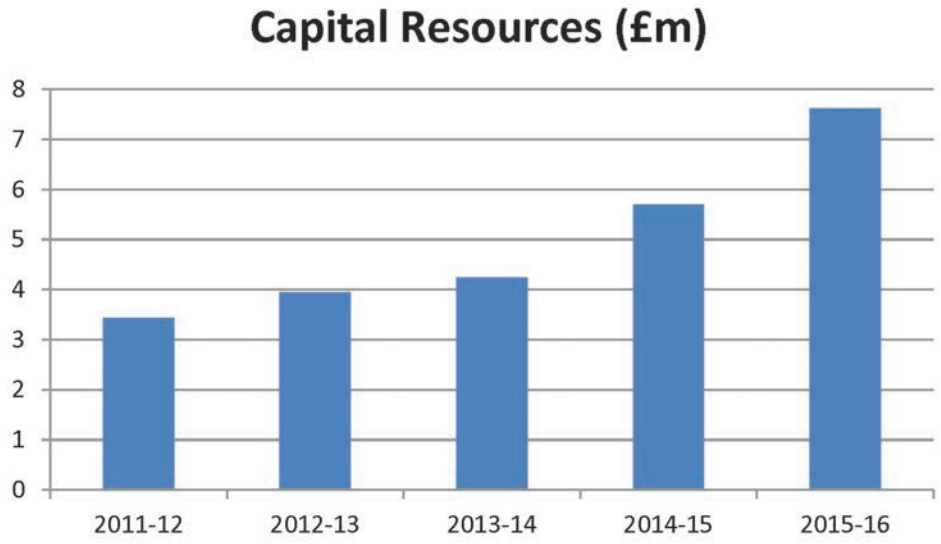
Revenue Expenditure

These resources are applied to provide the full range of services provided by NIAS. Over £51m (80%) of total expenditure in the ambulance service is on staff costs and nearly £46m (90%) of this is spent on front line ambulance service provision. Non pay expenditure of £12.7m is largely made up of the costs of running the ambulance fleet, clinical and non-clinical services and supplies and premises and establishment costs. The breakdown of expenditure between these areas in 2015-16 is shown overleaf.



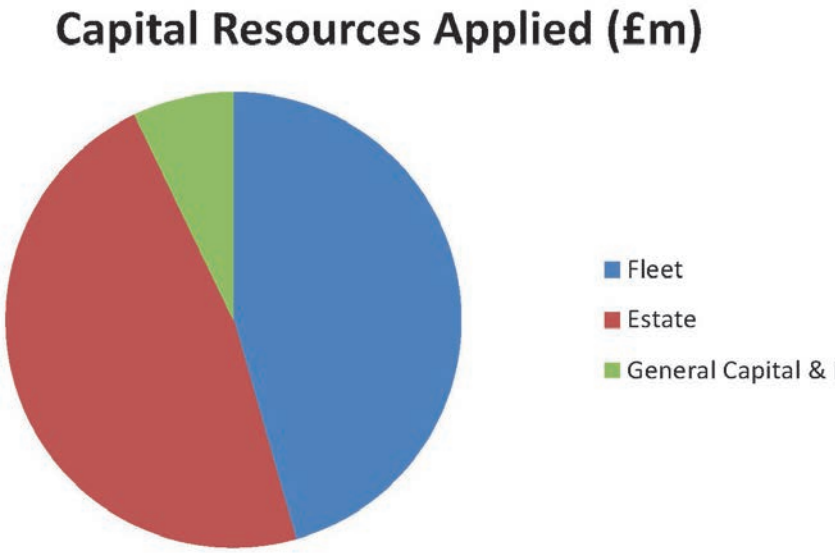
Capital Resources

The DHSSPS provide the majority of the capital resources available to the Trust through the Capital Resource Limit. This is based upon a number of factors, including overall resources available and the prioritisation of schemes across all Health and Social Care and Public Safety bodies. The total capital allocations made to the Trust for the last five year are shown below.



Capital Expenditure

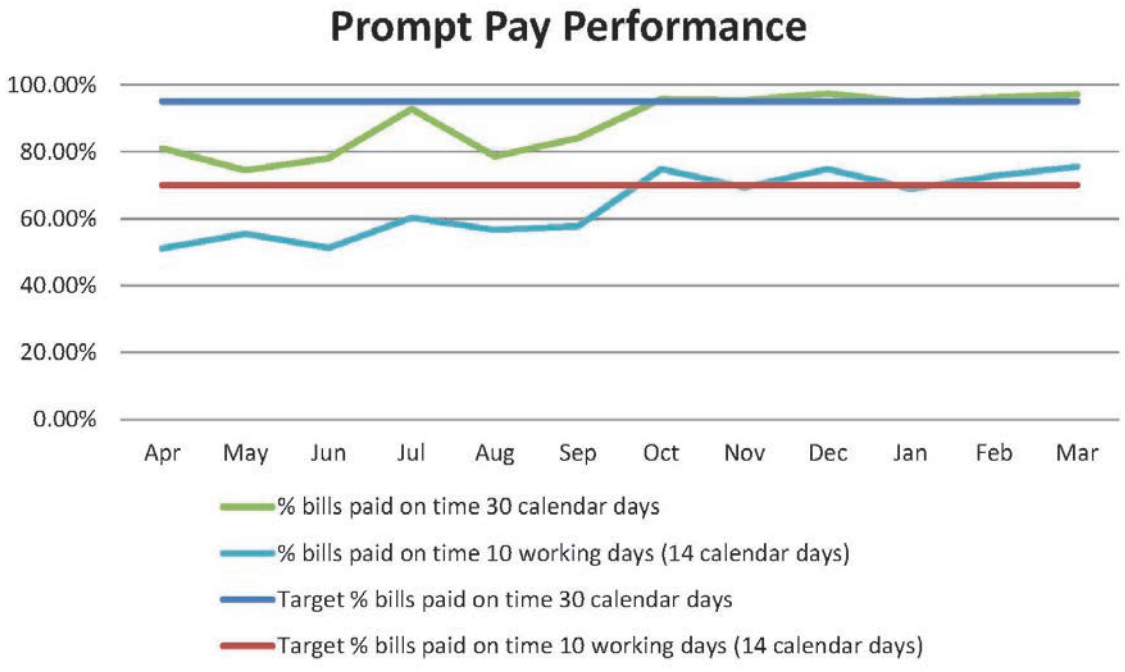
These resources are applied broadly across the areas of Fleet, Estate and General Capital and Information Technology and Communications. Of the £7.6m available in 2015-16 the breakdown of expenditure between these areas is shown below. Significant schemes during the year included the completion of the new Ambulance Station and Divisional Headquarters in Ballymena. The Trust has also been able to maintain investment in replacing the ambulance fleet in a managed cycle.



Prompt Payment of Invoices

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

The Trust implemented a range of plans to improve and maintain performance in this area which resulted in sustained improvements in the last half of the year. The performance for each month is shown below. Though cumulative targets for the year were not achieved, performance for the last six months of the year exceeded the targets. The Trust will continue with efforts to maintain this level of performance in 2016-17. Performance by number and value of invoices is shown in the Annual Accounts.



Financial Performance

In common with the rest of the Public Sector and with the Health and Social Care system, 2015-16 has been another year of challenge. The Trust has delivered against a range of statutory and regulatory financial duties during the year. Overall, expenditure levels were over £70 million (including non-cash items – see note 4.1 of the accounts), though this was against a backdrop of financial savings. Cumulative savings of an additional £1.2 million were required from NIAS for the 2015-16 financial year. The Trust will continue to work with all stakeholders to achieve these savings while maintaining safe and effective care to patients.

With the support of the HSCB, the Trust also delivered a significant investment plan of £2.2 million, mostly in response to changes in service delivery both in NIAS and in the wider Health and Social Care system. Overall, the Trust delivered a small surplus of £52k.

The Trust also benefited from £7.6 million of capital investment. This included the replacement of ambulance vehicles and investment in the ambulance estate, particularly in respect of the replacement ambulance station and divisional headquarters in Ballymena. Investment was also made in the NIAS Information and Communications Technology platform.

Looking ahead, the Trust faces a range of financial pressures, for example increased employers national insurance costs as a result of legislative changes to defined benefit pension schemes. These are in addition to the increased employer pension contributions in 2015-16. The consolidation and introduction of a range of developments, for example the Alternative Care Pathways, the Helicopter Emergency Medical Service and Community First Response, will have financial implications for the Trust. There will also be further requirements to deliver cash releasing efficiency savings. Levels of capital investment will also need to be maintained in order to maintain fleet, estate and technology to appropriate standards.

The Trust is grateful for the support of the HSCB and DHSSPS in securing the levels of investment in the ambulance service in 2015-16 and previous years. Trust will continue to work with all HSC partners to build on this and continue to provide safe, effective and quality care within available resources.

NIAS, in common with other HSC Trusts, draws down cash directly from the DHSSPS to cover both revenue and capital expenditure. Cash deposits held by the Trusts are minimal and any interest earned is repaid to the DHSSPS. As such, there are no effects of interest costs on outturn and no potential impact of interest rate changes. NIAS accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel's Financial Reporting manual (FReM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern

Ireland) Order 2003.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to HSC Trusts. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the HSC Trust for the purpose of giving a true and fair view has been selected. The HSC Trust's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. There have been no significant changes to accounting policies in the year.

Control Manager Alan McAuley and Paramedic Richard Allen welcomed Lindsay Reimer, EMS Suptd, from Manitoba, Canada to NIAS Control Centre in May 2015.

Principal Risks and Uncertainties

The Trust continues to manage the principal risks relating to corporate performance in line with our risk management strategy and governance structures. This complies with DHSSPS guidance and assurance regarding the identification and management of risks which is delivered through the Audit and Assurance Committees reporting to NIAS Trust Board. The Trust's Assurance Framework continues to be revised to reflect levels of assurance and risks linked to delivery of NIAS strategic objectives. The Trust continues to develop compliance measures to ensure that appropriate risk management processes are adopted at all levels and in all activities, and supports initiative and innovation whilst learning from mistakes and taking responsibility. The Trust is committed to the further development of a culture where people are encouraged to challenge and expect to be challenged about how and why they do things in the interest of their patients, staff, the Trust and the public. The Trust is committed to the proportionate management of risk that ensures the Trust discharges its duty of care to our patients, staff and those who may be affected by our activities. The Trust complies with the relevant Regional Serious Adverse Incident Reporting and Follow-up Procedure and participated in the review and implementation of the process within the year. NIAS continues to review and engage with the other HSC Trusts in relation to the investigation and reporting of Serious Adverse Incidents which are reported to the Trust Board and the Assurance Committee as a standing agenda item.

The Trust Board has signalled its concern through the Corporate Risk Register in respect of the following risks:

1. There is a risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise the delivery of safe, high quality care due to the absence of a means of linking planned/approved budget to demand;

2. There is a risk to all aspects of service delivery including the risk to the safe delivery of patient care from ballot for Industrial Action (i) in the form of strike action or (ii) in the form of action short of a strike; and

3. There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.

These continue to be managed through the Corporate Risk Register.

In managing the risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise the delivery of safe, high quality care due to the absence of a means of linking planned / approved budget to demand. NIAS will continue to provide a clinically safe service within available resources. Ambulance staff will be trained and equipped to provide safe care and related systems and procedures will be geared toward providing timely, safe and appropriate response to those in need, with the highest priority attached to the most clinically urgent cases. However, growth in demand, which is not matched by additional ambulance resources to meet that demand, reduces our capacity to respond promptly to patients. This continual narrowing of the gap between the supply of

ambulances and the demand for ambulances reduces, in particular, our capacity to deal with surges in demand such as pressures within the wider Health and Social Care system in meeting Emergency Department targets. NIAS has signaled a growth in demand to Commissioners and identified associated pressure on response capacity highlighting the impact on service delivery where this capacity is reduced. We will engage with Commissioners to explore the extent of the problem and to develop proposals to address issues identified. Key among these and reflected on the risk register, is the development of a funding model which links demand growth to funding. We have submitted a bid for the resources necessary to undertake demand/ capacity analysis to support this.

The continuing financial pressure associated with delivery of annual efficiency savings also presents challenges leading to uncertainty on how this can be delivered in future without directly impacting on patient services. NIAS will continue to explore all opportunities with Commissioners and highlight pressures and concerns accordingly.

In managing the Industrial Relations risk NIAS continues to press for resolution of the issues through established channels. We continue to work with trade union colleagues and our staff to address those issues where we have the capacity to make changes, and to highlight to DHSSPS wider regional/national concerns.

There was a continuation of industrial action in the form of an overtime ban during 2015-16, and events unfolding nationally would suggest that this is likely to continue and potentially increase. This represents a significant concern and NIAS has established processes to inform and engage with DHSSPS and other stakeholders to manage the implications of such action, while also seeking to address any underlying staff issues.

The Trust continues to fulfil its obligations under the agreed Agenda for Change process in partnership with Trade Unions, however, Trade Union withdrawal from all job evaluation processes in the latter half of the year has presented significant challenges, particularly to service modernisation and new job roles. The inability to agree job descriptions and to job evaluate posts in partnership, through due process, will impact on the timeliness and ability to recruit new post to support such developments as the Community Resuscitation Strategy and the Helicopter Emergency Medical Service (HEMS).

NIAS still awaits a final outcome for the job evaluation process for Emergency Medical Technicians (EMT), Paramedics and Rapid Response Vehicle (RRV) Paramedics. In 2013, following exhaustion of internal Partnership processes, these three Job Evaluations were passed to the HSC Regional Management and Trade Union Leads, who in partnership referred the posts to the Regional Quality Assurance (RQA) team to consider further in under the NHS Job Evaluation Scheme. The RQA is a partnership group comprising Trade Union and Management. The process sits out with NIAS Trust authority and NIAS is not represented in the RQA Team. In December 2015 NIAS received Partnership correspondence from the Regional Job Evaluation (JE) Leads indicating that conclusions on the three posts had been reached in that the EMT (Band 4); Paramedic (Band 5) and RRV Paramedic (Band 5) posts remained unchanged. It was advised that these outcomes require validation through the production of a Job Evaluation report. NIAS are supporting the RQA

team in the production of this report by providing access to the related IT system. Once provided the report will be issued to all affected staff, who will have the right to request a review of the outcome. All affected staff were advised of this position in December 2015 and will be formally notified of the outcome of their job evaluation process following completion of the Job Evaluation Report. NIAS continues to press the Regional Trade Union and Management leads for an outcome to this process. The Trust recognises the potential for significant non recurrent and recurrent costs in relation to Agenda for Change and will continue to work through due process with Commissioners and DHSSPS to address any potential cost issues with future reviews or job evaluations if they arise.

Some of the local industrial relations issues for NIAS link to the risks identified in the Corporate Risk Register. The divergence between resource availability and demand (highlighted in risk 1) presents as a staff welfare issue in respect of non-provision or disturbance of planned rest periods, late finishes by ambulance personnel and meeting demand for fulfilling leave requirements of ambulance personnel. Engagement with staff and their Trade Union Representatives took place during 2015-16 with improvements to existing processes/protocols having been identified and implemented to support staff welfare. Engagement will continue in this regard to identify ongoing further improvements and will continue in an effort to identify solutions which balance appropriately competing duties of care to patients and staff.

In managing the risk to achieving financial balance, NIAS will continue to actively engage with Commissioners and DHSSPS to track emerging financial pressures and their impact on the Trust. The Trust has returned a break-even position for 2015-16 with a small surplus of £52k.

Cumulative savings of an additional £1.2 million were delivered in the 2015-16 financial year through a range of recurrent and non recurrent measures. The Trust will continue to work with all stakeholders to achieve any further required savings while maintaining safe and effective care to patients. There are a range of challenges expected in 2016-17 and achieving savings and delivering financial balance is an increasing challenge. The current political and economic environment, internationally, nationally and locally, has the potential to add significantly to the financial challenges ahead.

Recently retired members of staff, John Hanna, Eddie Taylor & Ian Ferguson returned to NIAS in December to undertake new roles as ACAs.

Other areas of risk and uncertainty for NIAS include:

Electronic Patient Care Report Form (EPRF)

Currently NIAS uses a paper-based system which significantly constrains the structure and content of our clinical records as well as our clinical audit process. The Trust was successful in obtaining permission to submit an outline business case for an electronic clinical record which would greatly enhance our integration with the Electronic Care Record (ECR), Key Information Summary (KIS) and other HSC records as well as facilitating a number of alternative care pathways, referral pathways, clinical performance monitoring, quality improvement, quality assurance and clinical audit.

This development was not supported during the year and NIAS is the now the only Ambulance Service within the UK that either has no electronic clinical record or no commitment to progress to one. The Trust will continue to work with DHSSPS and the HSC Board to progress this essential modernisation agenda.

HSC Structural Change

The announcement of structural change in the HSC identifying the replacement of the HSC Board with revised commissioning and performance management arrangements raises concerns of a return to the disparate and less regionally co-ordinated arrangements which prevailed in the previous four-board system. NIAS is anxious to retain the regional focus on service developments and improvements developed under the current arrangements and build on this to support initiatives such as the Alternative Care Pathway Programme introduced over recent years with support and endorsement from across the HSC system, contributing to enhanced system working, reduced attendances at ED and better care for patients.

A further element of structural change under consideration is the extension of shared services into ICT, Business Information, Medical/Nurse/AHP Bank and Occupational Health services. NIAS is anxious to ensure that core line-of-business systems and processes are appropriately supported and secured in any change proposals.

While NIAS remains engaged in the implementation of Transforming Your Care, we share concerns expressed in relation to the pace and scale of change. We have also signalled issues in respect of regional implementation of change and developed measures to reflect these concerns to the relevant stakeholders.

These current and future changes continue to be a significant challenge to the Trust, particularly in relation to available resources and configuration of services. NIAS is fully engaged with the DHSSPS, the HSCB, and provider organisations such as HSC Trusts and will continue to work with them in order to manage the risk and opportunity in this area as it is identified. The future continues to remain positive but challenging within a financially constrained environment.

Ms Roisin O'Hara
Chief Executive (Interim)
16 June 2016

Accountability Report

Corporate Governance Report

Directors Report

The Trust Board is made up of six Non-Executive Directors, and five Executive Directors. The Trust Board meets bi-monthly in public venues across Northern Ireland and one annual general meeting is held. Arrangements for public meetings are published in the local press and Trust website to encourage public attendance and the agenda is widely circulated. Non-Executive Directors form the membership of the three Trust Board Committees: the Remuneration Committee, the Audit Committee and the Assurance Committee.

The Remuneration Committee provides advice and assurance to the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Senior Executives. The Audit Committee provides assurance of effective internal financial controls including the management of associated risks. The Assurance Committee provides assurance of effective controls in non-financial matters including the management of associated risks.

NIAS Trust Board undertook an annual Governance assessment to test structures and processes based on a DHSSPS audit tool. This will be subject to futher follow up and development to provide further assurance in this area.

The Long Service Medal and Retirement Recognition presentations took place in March 2016. The awards were presented by Richard Pengelly, Permanent Secretary for Health.

Membership of Trust Board and Committees & Record of Attendance of Members

Member	Designation	Trust Board	Audit Committee	Assurance Comittee	Remuneration Committee
Mr Paul Archer	Chairman	8 out of 8	*	*	3 out of 3
Mr Norman McKinley	Non-Executive Director	6 out of 8	4 out of 4	2 out of 4	*
Professor Mary Hanratty	Non-Executive Director (to 31 July 2015)	2 out of 3	2 out of 2	1 out of 1	*
Dr James Livingstone	Non-Executive Director	5 out of 8	2 out of 2	4 out of 4	2 out of 2
Mr William Abraham	Non-Executive Director (from 18 May 2015)	5 out of 7	2 out of 2	*	*
Mr Trevor Haslett	Non-Executive Director (from 18 May 2015)	4 out of 7	*	4 out of 4	2 out of 2
Mr Alan Cardwell	Non-Executive Director (from 1 August 2015)	5 out of 5	*	*	1 out of 1
Mr Liam McIvor	Chief Executive	7 out of 8	* 1 out of 4	* 2 out of 4	* 3 out of 3
Mr Brian McNeill	Director of Operations	3 out of 8	*	* 2 out of 4	*
Dr David McManus	Medical Director	7 out of 8	*	* 4 out of 4	*
Mrs Sharon McCue	Director of Finance and Information Communications	8 out of 8	* 4 out of 4	* 4 out of 4	*
Ms Roisin O'Hara	Director of Human Resources & Corporate Services	3 out of 8	*	* 2 out of 4	*
Mrs M Lemon	Acting Director of HRCS (from 1 August to 30 September)	1 out of 8	*	* 1 out of 4	*
Mr J Wright	Acting Director of Operations (from 1 August to 31 December)	3 out of 8	*	* 2 out of 4	*

***Not a Committee member – In attendance only as required.**

NB – Dr James Livingstone and Mr William Abraham were appointed to the Audit Committee in June 2015.

A declaration of board members interests has been completed and is available at www.nias.hscni.net or on request from the Chief Executive's Office, Northern Ireland Ambulance Service, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG.

The Trust is not aware of any reportable data breaches or any significant personal data related incidents in 2015-16.

All directors have confirmed that, to the best of their knowledge, there is no relevant audit information of which the Trust's auditors are unaware. They have confirmed that they have taken steps as directors in order to make themselves aware of any relevant audit information and to ensure that auditors are aware of that information.

The responsibility for the audit of the Trust rests with the Northern Ireland Audit Office. The accounts include a non-cash charge of £24,000 (2015: £24,900) for the statutory audit of the 2015-16 annual accounts (Public and Charitable Funds). No other audit or non-audit services were provided to the Trust in 2015-16. (In 2014-15 the Trust received services from the Northern Ireland Audit Office to the value of £1,173 in respect of the fees for the National Fraud Initiative 2014-15 exercise).

NIAS staff participating in a Road Safety demonstration in Belfast City Hall.

Statement Of Accounting Officer Responsibilities

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health, Social Services and Public Safety has directed the Northern Ireland Ambulance Service HSC Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the Northern Ireland Ambulance Service HSC Trust, of its income and expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual (FREM) and in particular to:

- Observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FREM have been followed, and discloseand explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Northern Ireland Ambulance Service HSC Trust will continue in operation;
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Northern Ireland Ambulance Service HSC Trust; and
- Pursue and demonstrate value for money in the services the Northern Ireland Ambulance Service HSC Trust provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Principal Accounting Officer for Health and Personal Social Services Resources in Northern Ireland has designated the Chief Executive of the Northern Ireland Ambulance Service HSC Trust as the Accounting Officer for the Trust. During the 2015-16 financial year Mr L McIvor was Chief Executive and left the Trust on 24 April 2016. Ms R O'Hara was appointed as the Interim Chief Executive from 25 April 2016. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Northern Ireland Ambulance Service HSC Trusts assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

Certificates Of Director Of Finance, Chairman And Chief Executive

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 103 to 146) which I am required to prepare on behalf of the Northern Ireland Ambulance Service HSC Trust have been compiled from and are in accordance with the accounts and financial records maintained by the Trust and with the accounting standards and policies for HSC bodies approved by the DHSSPS.

Mrs Sharon McCue
Director of Finance
16 June 2016

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 103 to 146) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.

Mr Paul Archer
Chairman
16 June 2016

Ms Roisin O'Hara
Chief Executive (Interim)
16 June 2016

Governance Statement

1. Introduction and Scope of Responsibility

The Board of the Northern Ireland Ambulance Service HSC Trust (NIAS) is accountable for internal control. As Accounting Officer and Chief Executive, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health, Social Services and Public Safety (DHSSPS).

In essence, the role of Accounting Officer is to see that the Trust carries out the following functions in a way that ensures the proper stewardship of public money and assets:

- To enter into and fulfil Service Level Agreements with Health and Social Care Commissioners;
- To meet statutory financial duties; and
- To maintain and develop relationships with patients, the local community, Commissioners, other HSC bodies and suppliers.

The Trust is directly accountable to the DHSSPS for the performance of these functions.

The Trust works in partnership with the DHSSPS, the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) through groups such as the Performance Management and Service Improvement team at HSCB. The Trust also works closely with other partner organisations through the establishment and representation on various working groups, all with a view to improving the quality, safety, effectiveness and efficiency of services. These arrangements continue to be reviewed and updated in response to changes in the structure of Health and Social Care across Northern Ireland.

2. Compliance with Corporate Governance Best Practice

NIAS applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. NIAS does this by undertaking continuous assessment of its compliance with Corporate Governance best practice and applying such principles and processes where applicable.

The Trust Board is engaged in an ongoing process of self-assessment against the Board Governance Self-Assessment Tool issued by DHSSPS. The assessment covers four key areas: Board composition and commitment; Board evaluation, development and learning; Board insight and foresight; and Board engagement and involvement. Executive and Non-Executive Directors are engaged to develop and progress action plans arising from the self-assessment exercise.

The Trust's Audit Committee annually reviews its

effectiveness and application of good practice through the Audit Committee Self-Assessment checklist, issued by the National Audit Office.

Areas of improvement are highlighted for consideration through this process. This checklist and process has been used as a framework for a similar self-assessment exercise for the Assurance Committee with plans being developed to address areas for improvement in the coming year.

3. Governance Framework

The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- a schedule of matters reserved for Board decisions;
- a Scheme of Delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers; and
- Standing Orders and Standing Financial Instructions, including the establishment of an Audit Committee, an Assurance Committee and a Remuneration Committee.

The Audit Committee's primary role is to independently contribute to the Trust Board's overall process for ensuring that an effective internal financial control system is maintained.

The Assurance Committee is responsible for assuring the Trust Board that effective and regularly reviewed arrangements are in place to support the implementation, maintenance and development of governance (clinical and non-clinical) and risk management and that such matters are properly considered and communicated to the Board.

The Remuneration Committee's primary role is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors employed by the Trust.

Membership of the Trust Board and committees and also the record of attendance of members are shown on page 64 of the Accountability Report.

The Audit Committee met on four occasions during the year and membership is comprised of Non-Executive Directors only. The Audit Committee completes the National Audit Office Audit Committee Self-Assessment Checklist on an annual basis as part of the assessment of its effectiveness. The results are submitted to the DHSSPS each year and an action plan developed to address any areas for improvement. No significant performance related issues were identified during this review. Additionally, each year the Chair of Audit Committee provides the Trust Board with an Audit Committee Annual Report.

The Assurance Committee met on four occasions during the year and membership is comprised of Non-Executive Directors only. The Assurance Committee also completed a self-assessment against relevant areas of the National Audit Office Audit Committee Self-Assessment Checklist and an action plan developed to address any areas for improvement. No performance related issues were identified during this review.

The Remuneration Committee met on three occasions during the year and membership

is comprised of Non-Executive Directors only. The Chair of the Trust Board is the Chair of the Remuneration Committee.

4. Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and Ministerial priorities are properly reflected in the management of business at all levels within NIAS.

The Board identifies the strategic and corporate aims and objectives and risks and monitors the achievement of these in the public interest. It has established a framework of prudent and effective controls to manage these risks, underpinned by core controls assurance standards. Decisions are taken by the Board within a framework of good governance to build a successful organisation, which is always striving to achieve excellence.

Business Planning

The Trust's Corporate Plan sets the strategic direction for the Trust in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which direct action consistent with Ministerial priorities. Key strategic aims are identified through this process which leads to the development of strategic objectives which contribute to delivery of those aims.

NIAS develops an Annual Business Plan and Trust Delivery Plan in support of the Corporate Plan to take account of available resources and outline Trust priorities in terms of actions and activity to secure objectives for the year.

Risk Management

The Board of the Northern Ireland Ambulance Service HSC Trust has established an Assurance Committee, which is a committee of the Board, and is responsible for overseeing all aspects of risk management within the organisation. The Assurance Committee meets at least three times a year and reviews the Risk Registers, compliance with Controls Assurance Standards and the report of Untoward Incidents as standing items, as well as other health and safety and risk management issues. The meetings are recorded and the minutes are reported to the Trust Board. The Trust's Medical Director has been given delegated responsibility for the oversight of risk management with a Risk Manager to support the process.

The Trust Board continues to review the arrangements in place with reference to DHSSPS guidance and advice in order to strengthen the arrangements for Risk Management. The Trust's Risk Management Strategy, which was reviewed, updated and approved by the Trust Board in 2013-14, specifies a number of reactive and proactive ways in which risk can be identified. The means of identification include, although not exclusively, untoward incident reporting, serious adverse incident reporting, complaints management, risk assessment, horizon-scanning at Trust Board level, claims management, controls assurance, benchmarking and consultation with staff and service users. The Strategy also places upon all Trust employees the responsibility to be aware of and to report any and all risks to which they or the Trust are exposed. A short practical guide was produced in 2014-15, with Trust Board approval, to support and embed the risk assessment process throughout the Trust. The Risk Management

Strategy will be updated in 2016-17.

This process enables identified risks to be recorded on the Risk Register, evaluated and, if necessary re-evaluated, in line with the Australia/ New Zealand Standard (AS/NZS 4360) Risk Management Standard. In accordance with the Trusts Risk Management Strategy, this takes into account the likelihood and potential impact on the Trust's patients, employees, environment, reputation and resources. This evaluation then prompts the development of individual risk treatment plans against which progress is monitored through the Trust's Risk Register.

Corporate Risks are those that impact on the organisation as a whole or which cannot be resolved immediately or adequately reduced by treatment at a local level. They are recorded on the Corporate Risk Register, which is reviewed on a continual basis.

Local Risks are those which have a localised impact and which can be reduced to an acceptable level by treatment at a local level. These are recorded on the Local Risk Register and are the responsibility of the Trusts line management. Local Risk Register updates are forwarded to the relevant Directors for distribution and review at local level on a regular basis. The Trust further developed the mechanisms for the review of Local Risk Registers by ensuring they are formally reviewed by the Senior Executive Management Team, the Assurance Committee and Trust Board. The Trust continues to develop a risk appetite statement in relation to its current risk profile.

The Trust continues to develop policies, processes and audit function in relation to Infection Prevention and Control. During the year, the Regulation and Quality Improvement Authority (RQIA) conducted an announced inspection of the Trust. Overall the inspection team found evidence that the Trust is working 'from Board to Ward' to prevent the development and transmission of infection.

5. Information Governance

In NIAS, information governance is the framework of legislation and best practice guidance that regulates the manner and way in which we collect, obtain, handle, use, share and disclose information. The Trust holds information obtained from our patients, clients, suppliers, Police, Solicitors, Coroners and other stakeholders, as well as from our staff. We use this information to provide assurance on the level of care and service provision we deliver to our patients and for planning and business continuity. Good quality information forms the basis of high quality care. We are very aware of the importance of keeping personal data in a secure and confidential manner and train all staff to support this culture.

The Director of Finance and ICT has been appointed as Senior Information Risk Officer (SIRO) to ensure a well-defined information governance structure is in place. This role is supported by Information Asset Owners who are Senior Managers who have been trained and are accountable for information governance in their own work areas within the Trust. During 2015-16 we have continued to embed an information governance framework within the Trust including the development of new policies and procedures along with reviews of existing policies. In addition, the Trust's Information Governance Steering Group reviews the management of all information risks and information governance

arrangements within the Trust and reports to the Assurance Committee.

The Medical Director has been appointed as the Trust's Caldicott Guardian and Personal Data Guardian with particular responsibility for access to, and the use of, person identifiable patient information. The Medical Director also has a representative role on the UK Council of Caldicott Guardians. The Caldicott Guardian and the SIRO support the Trust Board in recognising the importance of best practice in relation to the broader information governance agenda.

Data loss or mismanagement does occasionally happen and while these breaches are relatively minor in nature, nevertheless the Trust continues to use the learning from such incidents to inform and develop good practice. There have been no significant information related breaches brought to the attention of the SIRO during 2015-16.

6. Public Stakeholder Involvement

Engagement with and involvement of service users and their representatives has been a key focus for the Trust during 2015-16. Work was undertaken during this period to mainstream such considerations in respect of key policy work. Of particular note in this regard is the engagement and communication work in respect of the Trust's Transformation and Modernisation agenda and related work streams. This has included engagement around changes to service delivery and provision of opportunities to service users and their representatives to input into new ways of working including identification and management of any related risks. Focus groups were held in different locations in the East and West of the province for service users to meet directly with managers responsible for the delivery of services. In addition co-ordinated meetings were held with groups representing those particularly impacted by changes to the delivery of ambulance services. This has included engagement with, among others, Age NI, Diabetes UK and Autism NI.

Monitoring and analysis of feedback on patient experience and ensuring appropriate learning takes place also continued during 2015-16. This further supported the Trust in identifying any associated risks in respect of service delivery related to patient experience. Patient stories through the 10,000 Voices programme, were provided to public sessions of the Trust Board and shared with relevant managers and staff. The key focus in this respect is ensuring identification and application of learning and ultimately improving practice and patient experience.

7. Assurance

The Trust has an Assurance Framework based on DHSSPS guidance 'An Assurance Framework: A Practical Guide for Boards of DHSSPS Arm's Length bodies'. This framework is regularly updated and submitted to the Assurance Committee for approval. This identifies the assurances provided to NIAS by its governance structure and highlights any gaps in assurance. This supports improvements in the level of assurance and underpins the challenge function of the Trust Board.

A further important source of Assurance is provided by internal audit whose audit plans are based on key risks and systems within the organisation. As part of the annual audit programme internal audit carried out a review of Risk Management (Including Management

of Assurances) and provided satisfactory assurance.

The Trust endeavours to continually improve its structures and processes of assurance through self-assessment exercises and resultant improvement plans. The Trust Board has been engaged in an ongoing process of self-assessment using the Board Governance Self-Assessment Tool issued by DHSSPS. Similarly the Audit Committee annually tests its application of good practice using a Self-Assessment checklist, issued by the National Audit Office. A similar self-assessment exercise is undertaken by the Assurance Committee.

As a regional service, the Trust Board is committed to holding its public board meetings in locations across Northern Ireland. It also takes the opportunity to engage with front line staff and gain informal insight and assurance in various ambulance facilities prior to public Trust Board meetings. The Trust also contributes to both Mid-Year and Year End Accountability Meetings with DHSSPS and HSCB which are designed to provide assurances on the Trust's systems of internal control.

Controls Assurance Standards

The Trust assessed its compliance with the applicable Controls Assurance Standards which were defined by the Department and against which a degree of progress is expected in the year. The Department expected all HSC bodies to achieve a Substantive overall level of compliance for each applicable standard Departmental Guidance HSS (PPM) 1/2005 includes standards which are not applicable to the Trust. These are excluded from the table above. The new extended Information Management standard remains a significant challenge, however a significant programme of work in relation to Information Governance was carried out during the year. For the first time the Trust was able to achieve overall substantive compliance in this area. This was verified independently by internal audit.

The Trust continues to develop systems and processes to deliver compliance with Controls Assurance Standards. An action plan will be developed for any areas of non-compliance within controls assurance standards and progress against the plan will be monitored throughout the year.

The Trust recognises that the overall assessment for each controls assurance standard is based on a number of criteria. While there may be significant internal control issues identified by internal audit that are reflected in the self-assessment against specific criteria, overall substantive compliance has been achieved. Areas identified by internal audit as significant internal control issues are considered overleaf.

NIAS attended a number of careers days throughout 2015-16. Martin Campbell photographed with two students from St Louise's Comprehensive College, Belfast

The Trust achieved the following levels of compliance for 2015-16:

Standard	Expected Level of Compliance	Trust Level of Compliance	Reviewed By
Buildings, land, plant and non-medical equipment	75% - 99% (Substantive)	80% (Substantive)	Self-Assessment
Emergency Planning	75% - 99% (Substantive)	91% (Substantive)	Self-Assessment
Environmental Management	75% - 99% (Substantive)	80% (Substantive)	Self-Assessment
Financial Management (Core Standard)	75% - 99% (Substantive)	89% (Substantive)	Internal Audit
Fire Safety	75% - 99% (Substantive)	90% (Substantive)	Self-Assessment
Fleet and Transport Management	75% - 99% (Substantive)	84% (Substantive)	Self-Assessment
Governance (Core Standard)	75% - 99% (Substantive)	80% (Substantive)	Internal Audit
Health & Safety	75% - 99% (Substantive)	86% (Substantive)	Self-Assessment
Human Resources	75% - 99% (Substantive)	81% (Substantive)	Self-Assessment
Infection Control	75% - 99% (Substantive)	84% (Substantive)	Self-Assessment
Information Communication Technology	75% - 99% (Substantive)	82% (Substantive)	Self-Assessment
Information Management	75% - 99% (Substantive)	75% (Substantive)	Internal Audit
Management of Purchasing	75% - 99% (Substantive)	75% (Substantive)	Self-Assessment
Medical Devices and Equipment Management	75% - 99% (Substantive)	88% (Substantive)	Self-Assessment
Medicines Management	75% - 99% (Substantive)	88% (Substantive)	Internal Audit
Risk Management (Core Standard)	75% - 99% (Substantive)	84% (Substantive)	Internal Audit
Security Management	75% - 99% (Substantive)	83% (Substantive)	Self-Assessment
Waste Management	75% - 99% (Substantive)	84% (Substantive)	Self-Assessment

8. Sources of Independent Assurance

The Northern Ireland Ambulance Service obtains Independent Assurance from the following sources:

- Internal Audit;
- Business Services Organisation; and
- Regulation and Quality Improvement Authority (RQIA).

The Trust also relies on other significant assurance functions, both internal and external to the organisation, and considers the implications of any relevant findings for the governance of the organisation. These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DHSSPS commissioned bodies, the Medicines Regulatory Group and other professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health and Care Professions Council (HCPC), Royal Colleges and other accreditation bodies).

Internal Audit

The Northern Ireland Ambulance Service utilises an internal audit function (commissioned from the Business Services Organisation - BSO), which operates to defined standards and whose work is informed by an analysis of risk to which the Trust is exposed and annual audit plans which are based on this analysis. In 2015-16 Internal Audit reviewed the following systems:

Audit Assignment	Overall Level of Assurance
Financial Review	Satisfactory - Non Pay Expenditure, Bank and Cash and Charitable Trust Funds Limited - Payments to Staff in relation to HRPTS processes (Five Priority 1 Findings)
Budgetary Control (Including Forecasting)	Satisfactory (No Priority 1 Findings)
Efficiency Savings and Reform	Satisfactory (One Priority 1 Finding)
Fleet Management	Limited (Three Priority 1 Findings)
Performance Management and Reporting	Satisfactory (One Priority 1 Finding)
Review of Management of Marked Cars	Limited (Seven Priority 1 Findings identified in 2014-15. Recommendations reviewed in 2015-16 - one had been implemented, five partially implemented and one not implemented)
Risk Management and Management of Assurances	Satisfactory (One Priority 1 Finding)
Board Effectiveness	Satisfactory (One Priority 1 Finding)
Stock Taking	Satisfactory (No Priority 1 Findings)

In her annual report, the Head of Internal Audit reported that there is a satisfactory system of internal control designed to meet the organisations objectives for the year ended 31 March 2016.

Limited Assurance has, however, been provided in the area of Fleet Management, in particular in respect of contracts and procurement, governance and oversight and also administration.

The Management of Ambulance Service Marked Cars was subject to audit in 2014-15 and the need to strengthen arrangements to allocate, manage and monitor their use was emphasised. This area was reviewed in 2015-16 and the overall level of assurance remains limited as only one of the seven recommendations has been fully implemented. The Trust continues to work to bring these issues to a satisfactory conclusion.

In addition, overall satisfactory assurance was provided in relation to non-pay expenditure, bank and cash and charitable trust funds. However, specific limited assurance was provided in respect of payments to staff in relation to HRPTS processes. A number of Priority One findings were identified in relation to system administration, role allocation, the transfer of approval rights and the reporting of overpayments.

Recommendations to address these control weaknesses have been considered by the Audit Committee and have been or are currently being implemented. Progress on implementation will continue to be reviewed by Internal Audit and considered by the Audit Committee.

9. Review of effectiveness

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, Audit Committee and Assurance Committee. A plan to address weaknesses and ensure continuous improvement to the system is in place.

10. Internal Governance Divergences

Progress on prior year significant internal control issues

Internal Audit also carried out a follow up review on previous audit recommendations. Progress has been made and 114 (63%) of the 181 recommendations examined were fully implemented, a further 57 (31%) were partially implemented and 10 (6%) were not yet implemented at the time of review. Of the 59 partially implemented recommendations 4 (7%) are partially dependent on input from another HSC organisation in order to fully implement the recommendation.

The recommendations not yet implemented were in respect of Information Governance; revised arrangements in respect of the new

FPL and Human Resource, Payroll, Travel and Subsistence (HRPTS) systems; Marked Cars and Fleet Management.

In terms of Information Governance, an analysis of Information Governance Risks is yet to be carried out and incorporated into an appropriate Risk Register and an Information Asset Register compiled following completion of a data flow exercise across the organisation.

It has been recognised by internal audit that a comprehensive data flow exercise to identify instances where data is transferred outside of NIAS in particular in response to Freedom of Information requests, subject access requests and other sensitive information has commenced, but remains to be completed for all Directorates.

During 2014-15 work commenced to pilot this exercise in the Finance and ICT Directorate. Once completed for all Directorate areas, a full analysis of information governance risks for inclusion in the appropriate risk register will be carried out and an Information Asset Register compiled. This area has been and will remain a priority area for development.

In terms of FPL and HRPTS, system administration and controls and procedures to confirm roles and responsibilities will continue to develop as the new systems and ways of working are embedded.

Some progress has been made in relation to the management of the allocation of marked cars, however, a review of the delivery of an out of hours response service is still required. This is dependent upon a comprehensive review of business continuity and on call arrangements for the Trust. A significant programme of work in relation to business continuity was delivered in 2015-16 that will inform this review.

Contracts and Contract Management issues also remain a challenge but a priority for the Trust. The length of time to fully implement recommendations has been highlighted within the Trust. This is against a backdrop of pressures and limited resources and also a recognition that external factors can impact on the Trust ability to implement recommendations in a timely fashion. A significant amount of work has been completed during the year to progress all audit recommendations and plans are in place to consolidate this progress in 2016-17.

Prior year control issues which are considered resolved

Financial Position 2015-16

An increasingly difficult financial environment continued during 2015-16. The Trust delivered breakeven with a small surplus of income over expenditure. In addition, the Trust delivered cash releasing efficiency savings of £1.2million and a capital programme £7.6 million, which was within the Capital Resource Limit (CRL) set for the Trust by the DHSSPS.

Pandemic Flu

Pandemic flu will always remain a potentially significant risk to business continuity and the delivery of strategic objectives. The risk and plans remain in place and there is an ongoing programme of equipment replacement and renewal, Fit Testing and training for new and existing staff. There was no requirement to implement these plans during 2015-16.

Prompt Payment of Invoices

Significant progress in relation to the prompt payment of invoices was made during the year. The Trust paid a cumulative 88.4% of invoices by volume within 30 days, or other agreed terms.

While this is below the cumulative target of 95% for the full year, performance for the last six months of the year met or exceeded the 95% target. Performance against the ten working day (fourteen calendar days) target was 63.81% cumulatively for the year which exceeded the agreed local (50%) and regional (60%) targets set. The Trust will continue to focus on this area with a view to maintaining improved performance throughout 2016-17.

Board Effectiveness and Cohesion

The Trust continues with the process of the self-assessment of board effectiveness. The Trust Board confirmed, as part of that process, that they are broadly satisfied with the quality of the information received at Board level.

The Chairman has worked with DHSSPS and three non-executive directors were appointed during the year to fill vacancies on the NIAS Trust Board. NIAS is currently operating with a full complement of non-executive directors.

Throughout the year the Board used a series of workshops to explore a number of strategic themes which helped cement the commitment to board cohesion, creative thinking and collaborative leadership.

Restructuring of Acute Services

NIAS continues to address the impact of changes in the wider acute sector health care system which necessitated the revision and enhancement of ambulance resources to compensate for the reconfiguration of some acute services and changes in some specialties. The primary impact of this was in providing additional cover, at short notice, often on a temporary basis and against a backdrop of increasing activity and delays in patient handover at emergency departments.

NIAS continues to address uplifts in cover through its recruitment plans filling vacancies which have been funded recurrently by Commissioners.

Prior year control issues which continue to be considered control issues

Management of Contracts

During 2014-15 an audit was carried out to consolidate the findings from a series of audit assignments in this area dating back to 2011-12. Significant progress has been made and arrangements in respect of vehicle maintenance contracts have been largely addressed.

However, arrangements for facilities management and works (e.g. maintenance, repair and minor works) also require formalisation. NIAS has been actively engaged with BSO Procurement and Logistics to specify and implement such new contracts. However, it is not expected that this exercise will be completed until well into the 2016-17 financial year.

Agenda for Change

Job Evaluations for NIAS Paramedics, RRV

Paramedics and EMT posts within NIAS remain ongoing.

In 2013, following exhaustion of internal Partnership processes, these three Job Evaluations were passed to the HSC Regional Management and Trade Union Leads, who in partnership referred the posts to the Regional Quality Assurance (RQA) team to consider further under the NHS Job Evaluation Scheme. The RQA is a partnership group comprising Trade Union and Management. The process sits out with NIAS Trust authority and NIAS is not represented in the RQA Team.

For each of the Job Evaluation Questionnaires, RQA submitted questions to both Management and Trade Union side representatives requesting a set of agreed answers signed off by both Management and Trade Union side for each individual job. Agreed, signed off, answers were submitted to RQA for the post of RRV Paramedic. Following a significantly protracted period of time, however, it was necessary to submit separate responses from both the Postholder and Management Representatives for the posts of Paramedic and EMT. These separate responses were accepted by the RQA team in late 2014.

In December 2015 NIAS received Partnership correspondence from the Regional Job Evaluation (JE) Leads indicating that conclusions on the three posts had been reached in that the EMT (Band 4); Paramedic (Band 5) and RRV Paramedic (Band 5) posts remained unchanged. It was advised that these outcomes require validation through the production of a Job Evaluation report. NIAS are supporting the RQA team in the production of this report by providing access to the related IT system. Once provided the report will be issued to all affected staff, who will have the right to request a review of the outcome. All affected staff were advised of this position in December 2015 and will be formally notified of the outcome of their job evaluation process following completion of the Job Evaluation Report.

The Trust recognises the potential for significant non recurrent and recurrent costs in relation to Agenda for Change and will continue to work through due process with Commissioners and DHSSPS to address any potential cost issues with future reviews or job evaluations if they arise.

Business Services Transformation Programme & Shared Services

NIAS continues to participate in the Business Services Transformation Programme (BSTP) which is a programme of replacing aged Finance and Human Resources systems for all Health and Social Care bodies in Northern Ireland. The new Finance, Procurement and Logistics (FPL) system was implemented in June 2013 and the new Human Resources, Payroll, Travel and Subsistence (HRPTS) system was implemented in March 2014. This was a significant achievement and created exceptional demands upon NIAS and the HSC as a whole. 2015-16 was the first full year of accounts payable, accounts receivable and payroll services being provided to NIAS in a shared service environment by the Business Services Organisation (BSO). The Trust continues to work with BSO to make improvements and to realise the expected benefits of the new systems.

A number of audits have been conducted in BSO Shared Services as part of the BSO Internal Audit plan. This includes a follow up on Shared Service

Audits in 2015-16.

While progress has been made in many areas during the year, there are a number of areas where weaknesses have been identified. Limited assurance has been provided in respect of the BSO Payroll Shared Service Centre and a significant number of priority one findings and recommendations have been reported. These include the report relating to management of overpayments, authorisation of manual payments, processing manual payments, maternity payments, variance monitoring, pensions and system access controls.

BSO have advised that all recommendations in the 2015-16 internal audit reports have been accepted and action plans are in place to assist with the implementation of these recommendations.

The recommendations in these Shared Service audit reports are the responsibility of BSO Management to take forward and the reports have been presented to the BSO Governance and Audit Committee.

There are also a number of regional issues, for example the movement to a single pay frequency, and local issues, for example the full utilisation of system functionality, that also require addressing. NIAS will continue to work with BSO Shared Services to improve controls in this area.

In the interim, the Trust has retained an element of processing in relation to travel and expenses within NIAS and has put additional controls in place to mitigate and minimise any effect of these weaknesses.

BSO have also advised that the transition of the recruitment shared service has been put on hold. There are no plans for further roll out to a number of HSC organisations, including NIAS, until at least Autumn 2016.

In September 2015 NIAS recruited and trained a number of EMDs for the Control Room who are pictured here with trainers Heather Lyons, Johnny McMullan & Tracey McFerran.

Category A Response Performance

Category A response targets have not been achieved in 2015-16 and continue to present a significant challenge for the immediate future. Efforts will continue, and be increased, to maximise the use of existing resources to achieve Category A targets without compromising our overall commitment to respond promptly and appropriately to all 999 and non 999 requests for ambulance assistance.

NIAS will continue to engage with HSC Commissioners to secure additional investment to address annually increasing demand for ambulance services. NIAS have engaged with Commissioners and secured support in principle to complete a capacity analysis in order to determine if and how existing resources could be used to: a) to meet continued trend of increasing demand, generated from Unscheduled Care (i.e. 999 calls, Health Care Professional/Doctors Urgent Calls) and b) the level of uplift that would be required to achieve performance within a range of planning scenarios including potential acute service reconfigurations. Funding has yet to be identified to support the project.

Employee Relations

NIAS continued to face significant industrial relations issues and challenges during 2015-16. A period of industrial action, in the form of an overtime ban, took place in May 2015. The issues of dispute leading to this action related specifically to regional and national concerns in areas such as pensions and pay.

More recently, in July 2015, Trade Union Side entered into dispute with NIAS regarding issues relating to Job Evaluation, specifically issues relating to the outstanding Job Evaluations on the posts of RRV Paramedic, Paramedic and EMT. Trade Unions verbally notified Management in July 2015 of their withdrawal from all job evaluation processes. Management is continuing to try to resolve this issue.

Transforming Your Care

As part of the Transforming Your Care Programme, NIAS developed and implemented a Transformation and Modernisation Programme.

This includes significant changes to traditional Ambulance Response models through the introduction of new appropriate care pathways. The Trust has worked across the Health and Social Care community to implement these changes and also to respond to changes implemented in other areas. NIAS will continue to engage at all levels throughout the HSC system and seek to maintain coherence from a NIAS perspective in relation to this programme of change.

Staff Welfare

The divergence between resource availability and demand (highlighted previously) presents as a staff welfare issue in respect of non-provision or disturbance of planned rest periods, late finishes by ambulance personnel and meeting demand for fulfilling leave requirements of ambulance personnel.

Engagement with staff and their Trade Union Representatives took place during 2015-16 with improvements to existing processes/protocols having been identified and implemented to support staff welfare. Engagement will continue in this regard to identify ongoing further

improvements and will continue in an effort to identify solutions which balance appropriately competing duties of care to patients and staff.

Attendance Management

NIAS sickness absence target for 2015-16, as established by the DHSSPS, was to "improve or maintain sick absence rates on 2014-15 levels" NIAS were successful in achieving this target by delivering a 1% reduction on their 2014-15 absence rates.

Attendance Management continues to present a challenge to NIAS albeit with robust application of procedures being maintained.

In 2015-16 the NIAS workforce stabilisation programme continued to progress with the recruitment and training of staff to frontline vacancies. In addition, the NIAS Attendance Management Policy/Procedure is currently under review with a view to implementation of a revised Policy/Procedure, coupled with appropriate Management training, during 2016. The revised NIAS Attendance Management Policy/Procedure is compliant with the HSC Framework for Managing Attendance.

As previously highlighted, staff welfare issues which have been signalled as potentially contributing to non-attendance will be addressed.

Mid Staffordshire NHS Foundation Trust Public Enquiry (Francis Report)

The Trust has reviewed this report and has a time-bound action plan in place to address the recommendations relevant and appropriate to an Ambulance Service. This plan has been considered and approved by Trust Board.

Progress against the plan was reported through the Assurance Committee and subsequently Trust Board. The vast majority of actions directly applicable to NIAS having been implemented. During 2016-17 the Trust will continue to focus on addressing any outstanding actions and will continue to report progress to Assurance Committee and Trust Board.

Serious Adverse Incidents (Donaldson Review – The Right Place, The Right Time)

The Trust continues to engage with other HSC organisations in Serious Adverse Incidents (SAI's) reporting and reviews and has applied any learning relevant to NIAS from these cases. Procedures have been updated to reflect regional guidance, which includes engagement with families and carers. SAI's involving NIAS continue to be reported through the Assurance Committee to the Trust Board. This reporting includes learning outcomes, recommendations and action plans as appropriate. The Trust continues to develop this area further to draw together learning from SAI's, complaints, litigation, national guidance and other relevant sources. This continues to represent a significant challenge to NIAS as a small regional organisation.

Issues in the current year and anticipated future issues

Financial Position 2016-17

Cumulative savings of an additional £1.2 million were delivered in the 2015-16 financial year through a range of recurrent and non-recurrent measures.

The Trust will continue to work with all stakeholders to achieve any further required savings while maintaining safe and effective care to patients.

There are a range of challenges expected in 2016-17 and achieving savings and delivering financial balance is an increasing challenge. The current political and economic environment, internationally, nationally and locally, has the potential to add significantly to the financial challenges ahead.

HSC Structural Change

The announcement of structural change in the HSC identifying the replacement of the HSC Board with revised commissioning and performance management arrangements raises concerns of a return to the disparate and less regionally co-ordinated arrangements which prevailed in the four-board system. NIAS is anxious to retain the regional focus on service development and improvement developed under the current arrangements and build on this to support initiatives such as the Appropriate Care Pathway Programme introduced over recent years to support and endorsement across the HSC system, contributing to enhanced system working, reduced attendances at ED, and better care for patients.

A further element of structural change under consideration in the extension of shared services into ICT, Business Information, Medical/Nurse/AHP Bank and Occupational Health Services. NIAS is anxious to ensure that core line-of-business systems and processes are appropriately supported and secured in any change proposals.

Consideration is being given to the mechanisms for recruitment of senior HSC executives, with PHA leading on behalf of DHSSPS. Consideration must be given to reflecting NIAS concerns and issues in light of potential for backfill requirements at Chief Executive and Director level.

NIAS will continue to engage at all levels throughout the HSC system to secure a resolved position which safeguards ambulance priorities in the revised arrangements.

Helicopter Emergency Medical Service (HEMS)

During the year, the Minister announced his commitment to a Helicopter Emergency Medical Service (HEMS) and also a Northern Ireland Trauma Network. The HEMS will be implemented by the Northern Ireland Ambulance Service as the Trust with lead responsibility for delivering the service, who will work closely with the five other Health and Social Care Trusts. NIAS has contributed to the consultation on these developments and will continue to work with the DHSSPS, HSC and other relevant partners in the implementation of this ambitious programme of work.

Electronic Patient Care Report Form (EPRF)

Currently NIAS uses a paper-based system which significantly constrains the structure and content of our clinical records as well as our clinical audit process. The Trust was successful in obtaining permission to submit an outline business case for an electronic clinical record which would greatly enhance our integration with the Electronic Care Record (ECR), Key

Information Summary (KIS) and other HSC records as well as facilitating a number of appropriate care pathways, referral pathways, clinical performance monitoring, quality improvement, quality assurance and clinical audit.

The Trust received funding in 2015-16 to develop the outline business case and this was submitted during the year. However, the case was not supported and has not progressed any further. NIAS is the now the only Ambulance Service within the UK that either has no electronic clinical record or commitment to progress to one. The Trust will continue to work with DHSSPS and the HSC Board to progress this essential modernisation agenda.

Community Resuscitation Strategy

The NIAS continues to lead on the implementation of the Regional Community Resuscitation Strategy. Some progress has been made, however a key element of this strategy is the establishment of a team of Community Resuscitation Development Officers. The Trust continues to work to support this development and is hopeful that this priority will be resourced and progressed in 2016-17.

11. Conclusion

The NIAS Trust has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in and required by Managing Public Money Northern Ireland.

Further to considering the accountability framework within the Trust and in conjunction with assurances given to me by the Head of Internal Audit, I am content that NIAS has operated a generally sound system of internal control and governance during the period 2015-16 that supports the achievement of policies, aims and objectives.

Ms Roisin O'Hara
Chief Executive (Interim)
16 June 2016

Remuneration and Staff Report

Remuneration Report

Section 421 of The Companies Act 2006, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about directors' remuneration. The Remuneration Report summarises the remuneration policy of the Northern Ireland Ambulance Service Health and Social Care Trust and particularly its application in connection with senior managers. The report must also describe how the Trust applies principles of good corporate governance in relation to senior managers remuneration.

Senior managers include the Chief Executive and the four Executive Directors who operate at Board level and are listed on page 64 of this report and also overleaf.

Remuneration Committee

The membership the Remuneration Committee is comprised exclusively of Non- Executive Directors and the Committee is chaired by the Chair of the Trust Board.

Executive Director attendance is restricted to the Chief Executive and the Director of Human Resources and Corporate Services who absent themselves at appropriate points in the meeting to prevent any issues such as an actual or perceived conflict of interest arising.

Remuneration Policy

The policy on the Remuneration of Directors and Senior Managers for current and future periods is governed and administered on the basis of the DHSSPS Departmental Directives and Circulars on HSC Senior Executive Salaries. NIAS applies the Senior Executive Performance Management Scheme as set out within Departmental Circular HSS(SM) 1/2003.

The circular sets out the following requirements which are applied within the Trust:

- The Board determines the strategic and operational corporate objectives of the Trust for the year ahead taking into account the parameters established by the Department and incorporating them within its Service or Trust Delivery Plan;
- The Chairman agrees the Chief Executive's performance objectives, undertakes review of performance and objectives, and completes final report;
- The Chief Executive agrees individual performance objectives of Executive Directors, undertakes review of performance and objectives, and completes final report;
- Senior Executives agree performance objectives with the Chief Executive, participate in reviews and take responsibility for personal development;

- Performance objectives are linked to Trust Delivery Plan and Strategic Plans. Performance objectives are clearly defined and measurable;

- Each Director's performance is reviewed by the Chief Executive on an annual basis. The approach adopted is based on assessment of the Executive Director's contribution towards the achievement of agreed objectives aligned to the Trust's Strategic and Trust Delivery Plan. A similar approach is used by the Chairman for the Chief Executive. Performance pay wouldbe considered within the total pay limit determined by the DHSSPS;

- The Remuneration Committee encourages effective appraisal of staff and scrutinises objectives for consistency, robustness and alignment with priorities. The Committee also ensures that a robust process has taken place and monitors for consistency of assessment before recommending overall banding and award for senior executives;

- The Remuneration Committee recommendations are presented to Trust Board for consideration and approval; and

- The Remuneration Committee has yet to meet in order to make recommendations in respect of senior executive salaries related to performance related pay for 2015-16.

Service Contracts

The Trust Medical Director is employed under a contract issued in accordance with HSC Medical Consultant Terms and Conditions of Service (Northern Ireland) 2004. All of the other Senior Executives in the year 2015-16 were on the pre 23 December 2008 Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circulars HSS (SM) 2/2001.

Directors

Non-Executive Directors

Mr Paul Archer, Chairman appointed on 16 October 2008 for a period of four years (extended from 16 October 2012 to 15 October 2016).

Professor Mary Hanratty CBE, Non- Executive Director, appointed on 1 August 2007 for a period of four years (extended from 1 August 2011 to 31 July 2015).

Mr Norman McKinley, Non-Executive Director, appointed on 1 May 2009 for a period of four years (extended from 3 April 2013 to 7 April 2017).

Dr Jim Livingstone, Non-Executive Director, appointed on 1 November 2012 for a period of four years.

Mr William Abraham, Non-Executive Director, appointed on 18 May 2015 for a period of four years.

Mr Trevor Haslett CBE, Non-Executive Director, appointed on 18 May 2015 for a period of four years.

Mr Alan Cardwell, Non-Executive Director, appointed on 1 August 2015 for a period of four years.

The terms and conditions applicable to Non-Executive Directors are issued by the DHSSPS.

Executive Directors

Mr Liam McIvor, Chief Executive, appointed on 1 October 2004.

Mr Brian McNeill, Director of Operations, appointed 1 June 2005.

Dr David McManus, Medical Director, appointed 1 May 2003.

Mrs Sharon McCue, Director of Finance and Information Communications Technology, appointed 4 March 2002.

Ms Roisin O'Hara, Director of Human Resources & Corporate Services, appointed 1 March 2002.

Mr John Wright, Director of Operations-Acting, appointed 1 August 2015 to 31 December 2015.

Mrs Michelle Lemon, Director of Human Resources & Corporate Services-Acting, appointed 1 August 2015 to 30 September 2015.

Duration of Contract

All Senior Executives are on permanent Contracts of Employment with continuation subject to satisfactory performance.

Notice Periods

A three-month' notice period is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Termination Payments

Statutory provisions only as detailed in contract. There were no payments made to directors in respect of compensation for loss of office during 2015-16.

Retirement Age

Currently, employees are required to retire at age 65 years; occupational pensions are normally effective from age 60 years. With effect from 1 October 2006 with the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees can ask to work beyond age 65 years.

Senior Management Remuneration (Audited)

The salary, pension and the value of any taxable benefits in kind of the most senior members of the Trust were as follows:

	2015-16					2014-15				
Name	**Salary £000s**	**Bonus / Performance Pay £000**	**Benefits in Kind (Rounded to nearest £100)**	**Pension Benefits £000s**	**Total £000s**	**Salary £000s**	**Bonus / Performance Pay £000**	**Benefits in Kind (Rounded to nearest £100**	**Pension Benefits £000s**	**Total £000s**
Non-Executive Members										
P Archer	20-25	-	-	-	20-25	20-25	-	-	-	20-25
M Hanratty (until 31 Jul 2015)	0-5 (5-10*)	-	-	-	0-5 (5-10*)	5-10	-	-	-	5-10
N McKinley	5-10	-	-	-	5-10	5-10	-	-	-	5-10
A Paisley (until 30 Nov 2014)	-	-	-	-	-	0-5 (5-10*)	-	-	-	0-5 (5-10*)
J Livingstone	5-10	-	-	-	5-10	5-10	-	-	-	5-10
R Mullan (until 30 Apr 2014)	-	-	-	-	-	0-5 (5-10*)	-	-	-	0-5 (5-10*)
W Abraham (from 18 May 2015)	5-10	-	-	-	5-10	-	-	-	-	-
J Haslett (from 18 May 2015)	5-10	-	-	-	5-10	-	-	-	-	-
A Cardwell (from 01 Aug 2015)	0-5 (5-10*)	-	-	-	0-5 (5-10*)	-	-	-	-	-
Executive Members										
L McIvor	80-85	0-5	-	10	95-100	80-85	0-5	-	10	90-95
S McCue	70-75	0-5	-	10	80-85	70-75	0-5	-	10	80-85
R O'Hara	65-70	0-5	-	9	75-80	65-70	0-5	-	8	75-80
D McManus	100-105	-	-	(33)	65-70	100-105	-	-	45	145-150
B McNeill	70-75	0-5	-	8	80-85	70-75	0-5	-	8	75-80
J Wright ***	25-30 (60-65*)	0-5	-	59	85-90	-	-	-	-	-
M Lemon ***	10-15 (60-65*)	0-5	-	19	25-30	-	-	-	-	-
Highest Earners' Total Remuneration (£'000)			100-105					100-105		
**Median Total Remuneration ** **			£34,193					£36,235		
Ratio			3.0					2.8		

Please note that the salary bandings for each board member within the remuneration table are reflective of estimated salary increases for the Senior Executive pay award payable from 1 April 2015. Approval in respect of the senior executive pay award for 2015-16 was not received by the date of the accounts being prepared and as such the CETV values noted overleaf have been calculated using pre adjustment salary figures.

Bonuses are based on performance levels attained and are made as part of the appraisal process. Bonuses relate to the performance in the year in which they become payable to the individual. The bonuses reported in 2015-16 relate to performance in 2014-15 and the comparative bonuses reported for 2014-15 relate to the performance in 2013-14.

The Single Total Figure of Remuneration includes the salary, bonus / performance pay, benefits in kind as well as pension benefits.

The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights.

* denotes full-year equivalent salary

** In accordance with Circular Reference: HSC(F) 23/2013 Amendment on Disclosure of Highest Paid Director and Median Remuneration, (Hutton Fair Pay review Disclosure) staff pay in March (excluding severance payments) should be annualised. In the March 2015 and March 2016 salaries, staff who were on the top of their pay scale on 31st March 2015 and 2016 received a 1% non-recurrent pay award. In accordance with the circular this payment included in the March Gross Pay has been annualised for both financial years.

*** During the financial year there were a number of additions to the membership of the Board. Mr J Wright (Assistant Director of Operations - Control & Communications) was acting Director of Operations from 01 August until 31 December 2015. Mrs M Lemon (Assistant Director of Human Resources - Equality, PPI and Patient Experience) was acting Director of Human Resources and Corporate Services from 01 August until 30 September 2015. The remuneration information disclosed above reflects the directors' salaries on a pro-rata basis.

Banbridge heart attack victim meets with NIAS staff, David Gribbons, Mark Anderson, Dee Baker & Raymond Lappin to say thank you.

Senior Management Pensions (Audited)

Name	Real increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/15 £000s	CETV at 31/03/16 £000s	Real increase in CETV £000s
Executive Members					
L McIvor	0 - 2.5 + lump sum of 2.5 - 5	25 - 30 + lump sum of 85 - 90	531	568	18
S McCue	0 - 2.5 + lump sum of 2.5 - 5	10 - 15 + lump sum of 35 - 40	263	292	19
R O'Hara	0 - 2.5 + lump sum of 0 - 2.5	20 - 25 + lump sum of 70 - 75	403	430	14
D McManus	(0 - 2.5) + lump sum of (0 - 2.5)	65 - 70 + lump sum of 195 - 200	1,382	1,413	(18)
B McNeill	0 - 2.5 + lump sum of 0 - 2.5	25 - 30 + lump sum of 80 - 85	535	568	15
J Wright	0 - 2.5 + lump sum of 7.5 - 10	20 - 25 + lump sum of 60 - 65	338	405	55
M Lemon	0 - 2.5 + lump sum of 0 - 2.5	10 - 15 + lump sum of 25 - 30	134	151	13

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines prescribed by the institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (Including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Median Remuneration

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisations workforce.

The banded remuneration of the highest paid Director in the Northern Ireland Ambulance Service HSC Trust in the financial year 2015-16 was £100k - £105k (2014-15: £100k - £105k). This was 3.0 times (2014-15: 2.8 times) the median remuneration of the workforce, which was £34,193 (2014-15: £36,235). In accordance with Circular Reference: HSC(F) 23/2013 Amendment on Disclosure of Highest Paid Director and Median Remuneration, (Hutton Fair Pay review Disclosure) staff pay in March (excluding severance payments) should be annualised. In the March 2015 and 2016 salary, staff who were on the top of their pay scale on 31st March 2014 and 2015 received a 1% non-recurrent pay award. In accordance with the circular this payment included in the March 2015 and 2016 Gross Pay has been annualised. This has resulted in a significant movement in the workforce median salary.

Gavin Flynn receiving his Non-Cardiac Lifesaver award from Chief Executive Liam McIvor & Contol Training & Quality Assurance Officer, Heather Lyons.

Staff Report

Number of Senior Staff By Band

(Senior Staff defined as Level 3 staff and above i.e. Assistant Director Level and above)

Band / Grade	Number
Consultant	2
Senior Executive Directors	4
Non-Executive Directors	6
AfC Band 8c	2
AfC Band 8b	9
Total	**23**

The information above is taken from the Human Resources Payroll & Travel System (HRPTS) and reflects the position of staff in post on 31 March 2016.

Staff Costs (Audited)

Staff costs include £nil (2015: £nil) relating to the Charitable Trust Funds.

Staff Costs exclude £23k charged to capital projects during the year (2015 £30k).

The Trust participates in the HSC Superannuation Schemes. Under these multi-employer defined benefit schemes both the Trust and employees pay specified percentages of pay into the schemes and the liability to pay benefit falls to the DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the schemes on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for HSC Pension Scheme Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the Pension Scheme 2015-16 accounts.

	2016			2015
	Permanently employed staff £000s	**Others £000s**	**Total £000s**	**Total £000s**
Wages and salaries	41,892	591	42,483	41,464
Social security costs	3,414	0	3,414	3,426
Other pension costs	5,348	0	5,348	4,386
Sub-Total	**50,654**	**591**	**51,245**	**49,276**
Capitalised staff costs	(23)	0	(23)	(30)
Total staff costs reported in Statement of Comprehensive Expenditures	**50,631**	**591**	**51,222**	**49,246**
Less recoveries in respect of outward secondments			0	0
Total Net Costs			**51,222**	**49,246**

Average Number of Persons Employed (Audited)

The average number of whole time equivalent persons employed during the year was as follows:

The number of persons employed include nil (2015: nil) relating to the Charitable Trust Funds.

	2016			2015
	Permanently employed staff No.	Others No.	Total No.	Total No.
Medical and dental	2	0	2	2
Nursing and midwifery	0	0	0	0
Professions allied to medicine	0	0	0	0
Ancillaries	0	0	0	0
Administrative and clerical	86	20	106	106
Ambulance staff	1,057	5	1,062	1,048
Works	3	0	3	3
Other professional and technical	0	0	0	0
Social services	0	0	0	0
Other	0	0	0	0
Total average number of persons employed	**1,148**	**25**	**1,173**	**1,159**
Less average staff number relating to capitalised staff costs	(1)		(1)	(1)
Less average staff number in respect of outward secondments	0		0	0
Total net average number of persons employed	**1,147**	**25**	**1,172**	**1,158**

Staff Composition (by Gender)

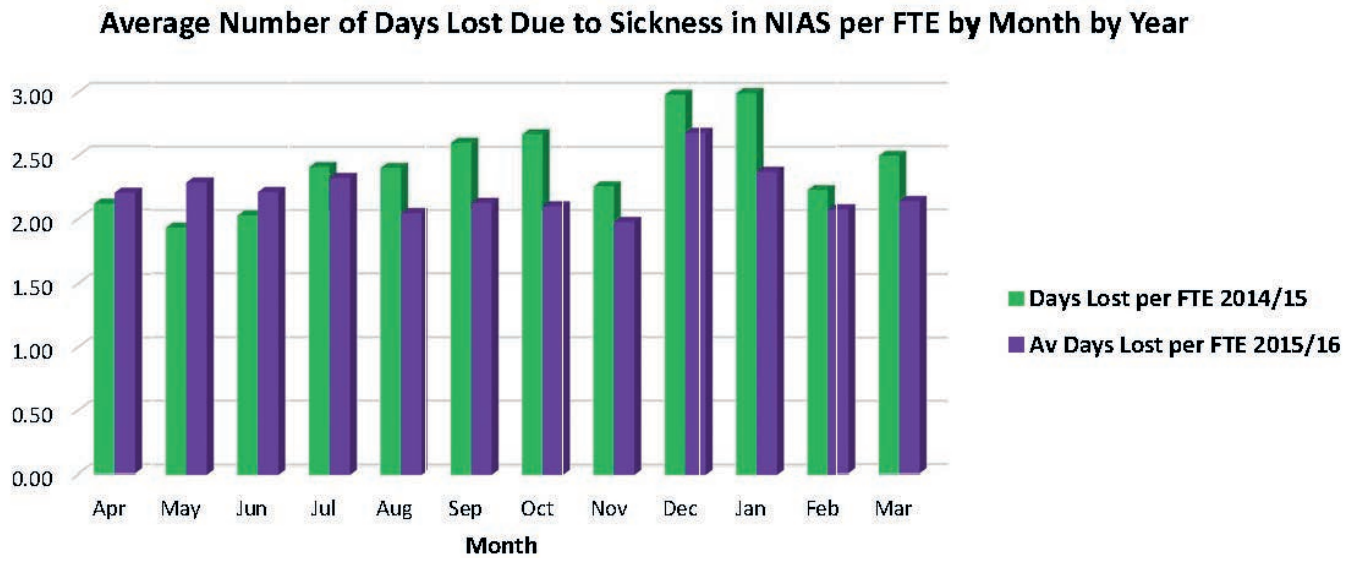
	Male	Female	Total
Senior Executive Directors	2	2	4
Non-Executive Directors	6	0	6
Senior Staff*	6	5	11
Employees	870	340	1,210
Total	**884**	**347**	**1,231**

The information above is taken from the Human Resources Payroll & Travel System (HRPTS) and reflects the position of staff in post on 31 March 2016.

*(Senior Staff defined as Level 3 staff and above i.e. Assistant Director Level and above)

Sickness Absence Data

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total (15/16)
No. of days lost 14/15	2,400	2,191	2,299	2,731	2,725	2,943	3,019	2,560	3,374	3,388	2,526	2,828	32,984
Days lost per FTE 2014/15	2.12	1.93	2.03	2.41	2.41	2.60	2.66	2.26	2.98	2.99	2.23	2.50	29.12
No. of days lost 15/16	2,535	2,720	2,670	2,820	2,472	2,568	2,572	2,415	3,268	2,887	2,514	2,628	**32,068**
Headcount	1,150	1,188	1,206	1,213	1,207	1,207	1,224	1,221	1,221	1,216	1,213	1,229	**1,208**
Av days lost per FTE 2015/16	2.20	2.29	2.21	2.33	2.05	2.13	2.10	1.98	2.68	2.37	2.07	**2.14**	**27**



Staff Policies Applied During 2015-16

During the reporting period 2015-16, a total of 38 applications (7 NIAS employees) were received from applicants who declared a disability. In this regard NIAS continued to meet its statutory responsibilities under the Disability Discrimination Act (NI) 1997 (DDA) by making reasonable adjustments both to the selection process itself and the appointment processes.

NIAS also continues to support students attending training at the Regional Ambulance Training Centre (RATC) in respect of disabilities declared. On average a total of 2 students, per intake, present with a disability and the Trust makes appropriate reasonable adjustments to both learning and examination requirements.

During the same period NIAS engaged with a total of 2 employees to agree the provision of reasonable adjustments to their post/employment circumstances, under DDA, enabling their continued employment with the Trust.

Off-payroll Engagements

There were no 'off-payroll' engagements at a cost of over £58,200 per annum in place during 2015-16. There was no expenditure on consultancy in 2015-16.

Reporting of Early Retirement and Other Compensation Scheme - Exit Packages (Audited)

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at Note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Exit Package Cost Band	Number of Compulsory Redundancies		Number of Other Departures Agreed		Total Number of Exit Packages by Cost Band	
	2016	2015	2016	2015	2016	2015
<£10,000	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	2	0	2	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
£200,001 - £250,000	0	0	0	0	0	0
£250,001 - £300,000	0	0	0	0	0	0
£300,001 - £350,000	0	0	0	0	0	0
£350,001 - £400,000	0	0	0	0	0	0
Total Number of Exit Packages by Type	**0**	**0**	**2**	**0**	**2**	**0**
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Total Resource Cost	**0**	**0**	**78**	**0**	**78**	**0**

Staff Benefits

The Northern Ireland Ambulance Service HSC Trust paid £nil staff benefits in 2016 (2015 £nil).

Trust Management Costs

	2016 £000s	2015 £000s
Trust Management Costs	**4,353**	**4,153**
Income:		
RRL	70,057	61,274
Income per Note 4	495	571
Non cash RRL for movement in clinical negligence provision	0	(14)
Less interest receivable	0	0
	70,552	61,831
Less adjustments as detailed in HSS (THR) 2/99	(301)	(440)
Total Income	**70,251**	**61,391**
% of Total Income	**6.2%**	**6.8%**

The above information is based on the Audit Commission's definition "M2" Trust management costs, as detailed in HSS (THR) 2/99.

The denominator in the calculation of the management cost percentage is total income, which includes non-cash items. This can vary significantly between years, largely due to changes in provisions, but also movements in other non-cash items, such as impairments. With the effect of these movements removed, the headline management cost percentage for 2015-16 is 6.4% (2014-15 6.4%).

Retirements Due to Ill-Health

During 2015-16 there was 1 early retirement from the Trust, agreed on the grounds of ill-health (2015: 4). The estimated additional pension liabilities of this ill-health retirement will be £12k (2015: £42k). These costs are borne by the HSC Pension Scheme.

Accountability And Audit Report

Funding Report

Regularity of Expenditure (Audited)

The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Northern Ireland Ambulance Service HSC Trust's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

The Chief Executive discharges these responsibilities through a governance framework that is tested regularly and on which annual independent assurances are obtained. This framework and the assurances obtained are set out in the Governance Statement for 2015-16 on pages 68 to 84.

The Comptroller and Auditor General provides an annual opinion to the Northern Ireland Assembly which includes an opinion on regularity. The full Certificate and Report of the Comptroller and Auditor General is set out on pages 100 to 102.

Fees and Charges (Audited)

The Northern Ireland Ambulance Service HSC Trust did not pay any fees or charges during the year (2015: £nil).

Remote Contingent Liabilities

In addition to contingent liabilities reported within the meaning of IAS37, the Northern Ireland Ambulance Service HSC Trust also reports liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of contingent liability.

The Trust continues with the agreed process in respect of Agenda for Change in partnership with Trade Unions. However, at this stage, there remain uncertainties over the outcome of the process and the Trust cannot establish the extent to which claims that could be made, nor can it make a reliable estimate of any potential claims under employment legislation that may arise (see Note 21.1 of the Accounts).

Losses and Special Payments

Type of loss and special payment	2015-16 Number of	2015-16 £	2014-15 £
Cash losses			
Cash Losses - Theft, fraud etc	0	0	0
Cash Losses - Overpayments of dalaries, wages and allowances	0	0	0
Cash Losses - Other causes	0	0	0
	0	**0**	**0**
Claims abandoned			
Waived or abandoned claims	0	0	0
	0	**0**	**0**
Administrative write-offs			
Bad debts	0	0	0
Other	0	0	0
	0	**0**	**0**
Fruitless payments			
Late Payment of Commercial Debt	0	0	0
Other fruitless payments and constructive losses	9	2,211	0
	9	**2,211**	**0**
Stores losses			
Losses of accountable stores through any deliberate act	0	0	0
Other stores losses	1	3,858	0
	1	**3,858**	**0**
Special Payments			
Compensation payments			
— Clinical Negligence	1	4,361	2,476
— Public Liability	0	0	21,250
— Employers Liability	10	40,609	9,443
— Other	0	0	0
	11	**44,970**	**33,169**
Ex-gratia payments	**5**	**817**	**404**
Extra contractual	**0**	**0**	**0**
Special severance payments	**0**	**0**	**0**
Total	**26**	**51,856**	**33,573**

Losses and Special Payments over £250,000

The Northern Ireland Ambulance Service HSC Trust did not make any individual payments for losses and special payments over £250k during the year (2015: £nil).

Special Payments

The Northern Ireland Ambulance Service HSC Trust did not make any special payments or gifts during the year (2015: £nil).

Other Payments

The Northern Ireland Ambulance Service HSC Trust did not make any other payments during the year (2015: £nil).

Ms Roisin O'Hara
Chief Executive (Interim)
16 June 2016

Sean Martin, represented NIAS at the installation of a public access defibrillator at the King's Street premises of Belfast Taxi ICI in January 2016

The Certificate and Report of the Comptroller and Auditor General to the Northern Ireland Assembly

I certify that I have audited the financial statements of the Northern Ireland Ambulance Service Health and Social Care Trust and its group for the year ended 31 March 2016 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise the Consolidated Statements of Comprehensive Net Expenditure, Financial Position, Changes in Taxpayers' Equity, Cash Flows, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration and Staff Report and Accountability and Audit Report within the Accountability Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the group's and Northern Ireland Ambulance Service Health and Social Care Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Northern Ireland Ambulance Service Health and Social Care Trust; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on financial statements

In my opinion:

- The financial statements give a true and fair view of the state of the group's and of Northern Ireland Ambulance Service Health and Social Care Trust's affairs as at 31 March 2016 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and

- The financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health (formerly Department of Health, Social Services and Public Safety) directions issued thereunder.

Opinion on other matters

In my opinion:

- The parts of the Remuneration and Staff Report and the Accountability and Audit Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and

- The information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- Adequate accounting records have not been kept; or
- The financial statements and the parts of the Remuneration and Staff Report and Accountability and Audit Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- The Governance Statement does not reflect compliance with Department of Finance's (formerly Department of Finance and Personnel) guidance.

Report

I have no observations to make on these financial statements.

KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

27 June 2016

Annual Accounts

Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2016

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

		2016		2015	
	NOTE	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Income					
Income from activities	4.1	385	385	390	390
Other operating income	4.2	110	114	181	182
Deferred Income	4.3	0	0	0	0
Total Operating Income		495	499	571	572
Expenditure					
Staff costs	3.1	(51,222)	(51,222)	(49,246)	(49,246)
Purchase of goods and services	3.2	(3,014)	(3,014)	(2,752)	(2,752)
Depreciation, amortisation and impairment charges	3.2	(6,216)	(6,216)	(4,134)	(4,134)
Provision expense	3.2 / 15.2	(542)	(542)	2,789	2,789
Other expenditures	3.2	(9,506)	(9,507)	(8,480)	(8,484)
Total Operating Expenditure		(70,500)	(70,501)	(61,823)	(61,827)
Net Operating Expenditure		**(70,005)**	**(70,002)**	**(61,252)**	**(61,255)**
Finance income	4.2	0	0	0	0
Finance expense	3.2	0	0	0	0
Net Expenditure for the Year		**(70,005)**	**(70,002)**	**(61,252)**	**(61,255)**
Revenue Resource Limit (RRL)	24.1	70,057	70,057	61,274	61,274
Add back charitable trust fund net expenditure		0	(3)	0	3
Surplus / (Deficit) against RRL		**52**	**52**	**22**	**22**

OTHER COMPREHENSIVE EXPENDITURE

		2016		2015	
	Note	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Items that will not be reclassified to net operating costs:					
Net gain / (loss) on revaluation of property, plant and equipment	5.1-2 / 8.1	798	798	576	576
Net gain / (loss) on revaluation of intangibles	6.1-2 / 8.1	0	0	0	0
Net gain / (loss) on revaluation of charitable assets		0	0	0	1
Items that may be reclassified to net operating costs:					
Net gain / (loss) on revaluation of investments		0	0	0	0
Total Comprehensive Expenditure for the year ended 31 March 2016		**(69,207)**	**(69,204)**	**(60,676)**	**(60,678)**

The notes on pages 108 to 146 form part of these accounts.

Consolidated Statement of Financial Position as at 31 March 2016

This statement presents the financial position of the Trust. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

		2016		2015	
		Trust	Consolidated	Trust	Consolidated
	NOTE	£000s	£000s	£000s	£000s
Non Current Assets					
Property, plant and equipment	5.1-2	29,969	29,969	27,299	27,299
Intangible assets	6.1-2	482	482	627	627
Financial assets	7.1	0	9	0	10
Trade and other receivables	12.1	0	0	0	0
Other current assets	12.1	0	0	0	0
Total Non Current Assets		**30,451**	**30,460**	**27,926**	**27,936**
Current Assets					
Assets classified as held for sale	9.1	13	13	0	0
Inventories	10.1	71	71	103	103
Trade and other receivables	12.1	586	586	546	546
Other current assets	12.1	264	264	330	330
Intangible current assets	12.1	0	0	0	0
Financial assets	7.1	0	0	0	0
Cash and cash equivalents	11.1	112	112	95	95
Total Current Assets		**1,046**	**1,046**	**1,074**	**1,074**
Total Assets		**31,497**	**31,506**	**29,000**	**29,010**
Current Liabilities					
Trade and other payables	13.1	(12,050)	(12,050)	(11,695)	(11,699)
Other liabilities	13.1	0	0	0	0
Intangible current liabilities	13.1	0	0	0	0
Provisions	15.1-5	(530)	(530)	(568)	(568)
Total Current Liabilities		**(12,580)**	**(12,580)**	**(12,263)**	**(12,267)**
Total Assets Less Current Liabilities		**18,917**	**18,926**	**16,737**	**16,743**
Non Current Liabilities					
Provisions	15.1-5	(2,770)	(2,770)	(2,443)	(2,443)
Other payables > 1yr	13.1-2	(2,261)	(2,261)	(2,261)	(2,261)
Financial liabilities	7.1	0	0	0	0
Total Non Current Liabilities		**(5,031)**	**(5,031)**	**(4,704)**	**(4,704)**
Total Assets Less Total Liabilities		**13,886**	**13,895**	**12,033**	**12,039**
Taxpayers' Equity and Other Reserves					
Revaluation reserve		6,377	6,377	5,651	5,651
SoCNE reserve		7,509	7,509	6,382	6,382
Other reserves - charitable fund		0	9	0	6
Total Equity		**13,886**	**13,895**	**12,033**	**12,039**

The notes on pages 108 to 146 form part of these accounts.

The financial statements on pages 104 to 107 were approved by the Board on 16 June 2016 and were signed on its behalf by:

Mr Paul Archer
Chairman
16 June 2016

Ms Roisin O'Hara
Chief Executive (Interim)
16 June 2016

Consolidated Statement of Cash Flows for the year ended 31 March 2016

The Statement of Cash Flows shows the changes in cash and cash equivalents of the Trust during the reporting period. The statement shows how the Trust generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the Trust Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the Trust's future public service delivery.

	NOTE	2016 £000s	2015 £000s
Cash Flows from Operating Activities			
Net surplus after interest / Net operating cost		(70,002)	(61,255)
Adjustments for non cash costs		6,562	1,331
(Increase) / decrease in trade and other receivables		26	(12)
Less movements in receivables relating to items not passing through the NEA			
Movements in receivables relating to the sale of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Movements in receivables relating to PFI and other service concession arrangement		0	0
(Increase) / decrease in inventories		32	(13)
Increase / (decrease) in trade payables		351	1,411
Less movements in payables relating to items not passing throught the NEA			
Movements in payables relating to the purchase of property, plant and equipment		142	24
Movements in payables relating to the purchase of intangibles		624	(624)
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		0	0
Use of provisions	15.1-5	(253)	(205)
Net Cash Outflow from Operating Activities		**(62,518)**	**(59,343)**
Cash Flows from Investing Activities			
(Purchase of property, plant and equipment)	5.1-2	(7,760)	(5,108)
(Purchase of intangible assets)	6.1-2	(624)	0
Proceeds of disposal of property, plant and equipment		264	44
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Drawdown from investment fund		0	0
Share of income reinvested		0	(1)
Net Cash Outflow from Investing Activities		**(8,120)**	**(5,065)**
Cash Flows from Financing Activities			
Grant in aid		70,655	64,395
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		0	0
Net Financing		**70,655**	**64,395**
Net Increase / (Decrease) in Cash & Cash Equivalents in the Period		**17**	**(13)**
Cash & Cash Equivalents at the Beginning of the Period	11.1	**95**	**108**
Cash & Cash Equivalents at the End of the Period	11.1	**112**	**95**

The notes on pages 108 to 146 form part of these accounts

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2016

This statement shows the movement in the year on the different reserves held by the Trust. The Statement of Comprehensive Net Expenditure Reserve represents the total assets less liabilities of the Trust, to the extent that the total is not represented by other reserves and financing items. The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The Charitable Fund Reserve reflects the total value of charitable donations received by the Trust which have yet to be utilised.

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund Reserve £000s	Total £000s
Balance at 31 March 2014		2,989	5,300	8	8,297
Changes in accounting policy		0	0	0	0
Restated Balance at 1 April 2014		**2,989**	**5,300**	**8**	**8,297**
Changes in Taxpayers Equity 2014-15					
Grant from DHSSPS		64,395	0	0	64,395
Transfers between reserves		225	(225)	0	0
(Comprehensive expenditure for the year)		(61,252)	576	(2)	(60,678)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3.2	25	0	0	25
Balance at 31 March 2015		**6,382**	**5,651**	**6**	**12,039**
Changes in Taxpayers Equity 2016-16					
Grant from DHSSPS		70,655	0	0	70,655
Transfers between reserves		72	(72)	0	0
(Comprehensive expenditure for the year)		(70,005)	798	3	(69,204)
Transfer of asset ownership		381	0	0	381
Non cash charges - auditors remuneration	3.2	24	0	0	24
Balance at 31 March 2016		**7,509**	**6,377**	**9**	**13,895**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1 Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel's Financial Reporting manual (FReM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to HSC Trusts. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the HSC Trust for the purpose of giving a true and fair view has been selected. The HSC Trust's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

1.1 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

1.2 Currency and Rounding

These accounts are presented in UK pounds sterling. The figures in the accounts are shown to the nearest £1,000.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise: Land, Buildings (excluding Dwellings), Transport Equipment, Plant & Machinery, Information Technology, Furniture and Fittings, and Assets under Construction.

Recognition

Property, plant and equipment must be capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and
- The item has a cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building or station, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation – Professional Standards in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance and Personnel (DFP). The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

Land and buildings used for the Trust’s services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; and

+ Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to noncurrent assets.

Modern Equivalent Asset

DFP has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. LPS have included this requirement within the latest valuation.

Assets Under Construction (AUC)

Assets in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the Revaluation Reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

No depreciation is provided on freehold land, since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

The following asset lives have been used:

Asset Type	Asset Life
Freehold Buildings	15 - 70 years
Leasehold Property	Remaining period of lease
IT Assets	3 - 10 years
Intangible Assets	3 - 10 years
Other Equipment	3 - 15 years

1.5 Impairment Loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the Revaluation Reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the Revaluation Reserve.

1.6 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure, which meets the definition of

capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the Trust's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible Assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, patents, goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to

the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value. Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.8 Non-current Assets Held for Sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses. Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the Revaluation Reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a

reasonable approximation to fair value due to the high turnover of stocks.

1.10 Income

Operating Income relates directly to the operating activities of the Trust and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Grant in Aid

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.11 Investments

The Northern Ireland Ambulance Service HSC Trust does not have any investments.

The Charitable Trust Funds are invested on behalf of the Northern Ireland Ambulance Service HSC Trust by the NIHPSS Common Investment Fund (see Note 1.24).

1.12 Other Expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.13 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the

inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus / deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

The Trust as Lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.15 Private Finance Initiative (PFI) Transactions

The Northern Ireland Ambulance Service HSC Trust has had no PFI transactions during the year.

1.16 Financial Instruments

+ Financial Assets

Financial assets are recognised on the balance sheet when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services

have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

+ Financial Liabilities

Financial liabilities are recognised on the balance sheet when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

+ Financial Risk Management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within Trusts in creating risk than would apply to a non public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities. Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

+ Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

+ Interest Rate Risk

The Trust has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

+ Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

+ Liquidity Risk

Since the Trust receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

1.17 Provisions

In Accordance with IAS 37, provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using DFP's discount rate of: short term (up to and including 5 years) -1.55% (negative real rate); medium term (after 5 and up to 10 years) -1.00% (negative real rate); and long term (10 years and over) -0.80% (negative real rate). Unfunded public service pension schemes and employee early departure obligations use a discount rate of +1.37% in real terms for all periods.

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the affect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the

restructuring and not associated with ongoing activities of the entity.

1.18 Contingencies

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

In addition to contingent liabilities disclosed in accordance with IAS 37, HSC Trusts should disclose for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

1.19 Employee Benefits

Short-term Employee Benefits

Under the requirements of IAS 19 Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave (including untaken flexi leave) that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a representative sample to ascertain leave

balances as at 31 March 2016. It is not anticipated that the level of untaken leave will vary significantly from year to year.

Retirement Benefit Costs

The Trust participates in the HSC Superannuation Schemes. Under these multi-employer defined benefit schemes both the Trust and employees pay specified percentages of pay into the schemes and the liability to pay benefit falls to the DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the schemes on a consistent and reliable basis. Further information regarding the HSC Superannuation Schemes can be found in the HSC Superannuation Schemes Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

The costs of early retirements are met by the Trust and charged to the Statement of Comprehensive Net Expenditure at the time the Trust commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2015-16 accounts.

1.20 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets.

Charitable Fund Reserve

The Charitable Fund Reserve reflects the total value of charitable donations received by the Trust which have yet to be utilised.

1.21 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.22 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 23 to the accounts.

1.23 Losses and Special Payments

Losses and special payments are items that the Northern Ireland Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments in the Assembly Accountability section of the Annual Report is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.24 Charitable Trust Account Consolidation

The Government's Financial Reporting Manual (FReM) consolidation accounting policy requires the Trust's financial statements to consolidate the accounts of controlled charitable organisations and funds held on trust. The Trust has accounted for these transfers using merger accounting as required by the FReM.

It is important to note however the distinction between public funding and the other monies donated by private individuals still exists.

The Board of the Northern Ireland Ambulance Service HSC Trust as corporate trustee has

delegated responsibility to manage the internal disbursements of Charitable Trust Funds to the Director of Finance & ICT. The director ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

1.25 Accounting Standards that have been Issued but have not yet been Adopted

Under IAS 8 there is a requirement to disclose those standards which have been issued but not yet adopted.

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12), that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards have an effective date of January 2013, and EU adoption is due from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A review of the NI financial process is currently under discussion with the Executive, which will bring NI departments under the same adaption. Should this go ahead, the impact on DHSSPS and its arms length bodies is expected to focus around the disclosure requirements under IFRS 12.

The impact on the consolidation boundary of NDPB's and trading funds will be subject to review, in particular, where control could be determined to exist due to exposure to variable returns (IFRS 10), and where joint arrangements need reassessing.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 2 SEGMENTAL ANALYSIS

2.1 Analysis of Net Expenditure by Segment

For operational purposes, the services provided by the Northern Ireland Ambulance Service are broadly divided into emergency and non-emergency services. The Executive Directors along with Non Executive Directors, Chairman and Chief Executive form the Trust Board which coordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. As the Trust Board of the Northern Ireland Ambulance Service in its capacity as the 'Chief Operating Decision Maker' receives financial information for the Trust as a whole and makes decisions based on the provision of an ambulance service for the whole of Northern Ireland, it is appropriate that the Trust reports on a one operational segment basis

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 3 STAFF COSTS AND OPERATING EXPENSES

3.1 Staff Costs

Staff Costs comprise:

	2016			2015
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	41,892	591	42,483	41,464
Social security costs	3,414	0	3,414	3,426
Other pension costs	5,348	0	5,348	4,386
Sub-Total	**50,654**	**591**	**51,245**	**49,276**
Capitalised staff costs	(23)	0	(23)	(30)
Total staff costs reported in Statement of Comprehensive Expenditure	**50,631**	**591**	**51,222**	**49,246**
Less recoveries in respect of outward secondments			0	0
Total Net Costs			**51,222**	**49,246**

Staff costs include £nil (2015: £nil) relating to the Charitable Trust Funds.

Staff Costs exclude £23k charged to capital projects during the year (2015 £30k).

The Trust participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for HSC Pension Scheme Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the Pension Scheme 2015-16 accounts.

NOTE 3 STAFF COSTS AND OPERATING EXPENSES

3.2 Operating Expenses

	2016		2015	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Purchase of care from non-HSC bodies	0	0	0	0
Revenue grants to voluntary organisations	0	0	0	0
Capital grants to voluntary organisations	0	0	0	0
Personal social services	0	0	1	1
Recharges from other HSC organisations	384	384	776	776
Supplies and services - Clinical	1,826	1,826	1,359	1,359
Supplies and services - General	511	511	397	397
Establishment	1,467	1,467	1,295	1,295
Transport	4,843	4,843	4,926	4,926
Premises	1,709	1,709	1,561	1,561
Bad debts	0	0	0	0
Rentals under operating leases	161	161	176	176
Rentals under finance leases	0	0	0	0
Finance cost of finance leases	0	0	0	0
Interest charges	0	0	0	0
PFI and other service concession arrangements service charges	0	0	0	0
BSO services	277	277	207	207
Training	405	405	177	177
Professional fees	16	16	13	13
Other charitable expenditure	0	1	0	4
Miscellaneous expenditure	1,117	1,117	358	358
Non Cash Items				
Depreciation	4,974	4,974	4,101	4,101
Amortisation	145	145	8	8
Impairments	1,097	1,097	25	25
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(220)	(220)	(39)	(39)
(Profit) on disposal of intangibles	0	0	0	0
Loss on disposal of property, plant & equipment (including land)	0	0	0	0
Loss on disposal of intangibles	0	0	0	0
Provisions provided for in year	522	522	(2,820)	(2,820)
Cost of borrowing of provisions (unwinding of discount on provisions)	20	20	31	31
Auditors remuneration	24	24	25	25
Add back of notional charitable expenditure	0	0	0	0
Total	**19,278**	**19,279**	**12,577**	**12,581**

During the year the Trust purchased no non audit services from its external auditor (the Northern Ireland Audit Office) (2015: £1,173 this was in respect of fees for the National Fraud Initiative 2014-15 exercise).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 4 INCOME

4.1 Income from Activities

	2016		2015	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
GB/Republic of Ireland Health Authorities	0	0	0	0
HSC Trusts	0	0	2	2
Non-HSC:= Private patients	0	0	0	0
Non-HSC:- Other	385	385	388	388
Clients contributions	0	0	0	0
Total	**385**	**385**	**390**	**390**

4.2 Other Operating Income

	2016		2015	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Other income from non-patient services	110	110	181	181
Seconded staff	0	0	0	0
Charitable and other contributions to expenditure by core trust	0	0	0	0
Donations / Government grant / Lottery funding for non current assets	0	0	0	0
Charitable income received by charitable trust fund	0	4	0	1
Investment income	0	0	0	0
Profit on disposal of land	0	0	0	0
Interest receivable	0	0	0	0
Total	**110**	**114**	**181**	**182**

4.3 Deferred Income

	2016		2015	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Income released from conditional grants	0	0	0	0
Total	**0**	**0**	**0**	**0**
TOTAL INCOME	**495**	**499**	**571**	**572**

NOTE 5 CONSOLIDATED PROPERTY, PLANT & EQUIPMENT

5.1 Consolidated Property, Plant & Equipment - Year Ended 31 March 2016

	Land £000s	Buildings (Excluding dwellings) £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation								
At 1 April 2015	1,535	7,690	4,369	5,535	19,611	2,264	142	41,146
Indexation	0	686	0	67	138	0	1	892
Additions	0	0	5,068	27	2,018	505	0	7,618
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0
Reclassifications	0	0	(2,864)	0	2,718	0	0	(146)
Transfers	0	381	0	0	0	0	0	381
Revaluation	75	0	0	0	0	0	0	75
Impairment charged to the SoCNE	0	0	(1,097)	0	0	0	0	(1,097)
Impairment charged to the revaluation reserve	0	0	0	0	0	(1)	0	(1)
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(4,013)	(78)	0	(4,091)
At 31 March 2016	**1,610**	**8,757**	**5,476**	**5,629**	**20,472**	**2,690**	**143**	**44,777**
Depreciation								
At 1 April 2015	0	254	0	4,611	7,965	981	36	13,847
Indexation	0	36	0	60	73	0	0	169
Reclassifications	0	0	0	0	(134)	0	0	(134)
Transfers	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	(1)	0	(1)
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(3,969)	(78)	0	(4,047)
Provided during the year	0	213	0	408	3,952	394	7	4,974
At 31 March 2016	**0**	**503**	**0**	**5,079**	**7,887**	**1,296**	**43**	**14,808**
Carrying Amount								
At 31 March 2016	**1,610**	**8,254**	**5,476**	**550**	**12,585**	**1,394**	**100**	**29,969**
At 31 March 2015	**1,535**	**7,436**	**4,369**	**924**	**11,646**	**1,283**	**106**	**27,299**
Asset Financing								
Owned	1,610	8,254	5,476	550	12,585	1,394	100	29,969
Finance leased	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0
Carrying Amount At 31 March 2016	**1,610**	**8,254**	**5,476**	**550**	**12,585**	**1,394**	**100**	**29,969**

Any fall in value through negative indexation or revaluation is shown as an impairment.

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £nil (2015: £nil).

During the year the Trust had no assets funded from donations, government grants or lottery funding.

The carrying amount as at 31 March 2016 includes £nil (2015: £nil and 2014: £nil) relating to the Charitable Trust Funds.

NOTE 5 CONSOLIDATED PROPERTY, PLANT & EQUIPMENT

5.2 Consolidated Property, Plant & Equipment - Year Ended 31 March 2015

	Land £000s	Buildings (Excluding dwellings) £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation								
At 1 April 2014	1,082	8,426	1,380	5,473	20,724	1,621	242	38,948
Indexation	0	0	0	93	0	0	0	93
Additions	45	74	3,304	15	999	646	0	5,083
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0
Reclassifications	0	0	(315)	(7)	322	0	0	0
Transfers	0	0	0	0	(949)	0	0	(949)
Revaluation	408	0	0	0	0	0	0	408
Impairment charged to the SoCNE	0	(24)	0	0	0	0	(1)	(25)
Impairment charged to the revaluation reserve	0	(786)	0	0	0	0	(99)	(885)
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	(39)	(1,485)	(3)	0	(1,527)
At 31 March 2015	**1,535**	**7,690**	**4,369**	**5,535**	**19,611**	**2,264**	**142**	**41,146**
Depreciation								
At 1 April 2014	0	1,006	0	4,134	7,262	698	77	13,177
Indexation	0	0	0	76	0	0	0	76
Reclassifications	0	0	0	0	0	0	0	0
Transfers	0	0	0	(7)	(942)	0	0	(949)
Revaluation	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	(982)	0	0	0	0	(54)	(1,036)
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	(39)	(1,480)	(3)	0	(1,522)
Provided during the year	0	230	0	447	3,125	286	13	4,101
At 31 March 2015	**0**	**254**	**0**	**4,611**	**7,965**	**981**	**36**	**13,847**
Carrying Amount								
At 31 March 2015	**1,535**	**7,436**	**4,369**	**924**	**11,646**	**1,283**	**106**	**27,299**
At 1 April 2014	**1,082**	**7,420**	**1,380**	**1,339**	**13,462**	**923**	**165**	**25,771**
Asset Financing								
Owned	1,535	7,436	4,369	924	11,646	1,283	106	27,299
Finance leased	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0
Carrying Amount At 31 March 2016	**1,535**	**7,436**	**4,369**	**924**	**11,646**	**1,283**	**106**	**27,299**
Asset Financing								
Owned	1,082	7,420	1,380	1,339	13,462	923	165	25,771
Finance leased	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0
Carrying Amount At 1 April 2014	**1,082**	**7,420**	**1,380**	**1,339**	**13,462**	**923**	**165**	**25,771**

NOTE 6 CONSOLIDATED INTANGIBLE ASSETS

6.1 Consolidated Intangible Assets - Year Ended 31 March 2016

	Software Licenses £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Payments on Account & Assets under Construction £000s	Total £000s
Cost or Valuation						
At 1 April 2015	709	0	30	0	0	739
Indexation	0	0	0	0	0	0
Additions	0	0	0	0	0	0
Donations / Government grant / Lottery funding	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
At 31 March 2016	**709**	**0**	**30**	**0**	**0**	**739**
Amortisation						
At 1 April 2015	85	0	27	0	0	112
Indexation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Provided during the year	142	0	3	0	0	145
At 31 March 2016	**227**	**0**	**30**	**0**	**0**	**257**
Carrying Amount						
At 31 March 2016	**482**	**0**	**0**	**0**	**0**	**482**
At 31 March 2015	**624**	**0**	**3**	**0**	**0**	**627**
Asset Financing						
Owned	482	0	0	0	0	482
Finance leased	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0
Carrying Amount At 31 March 2016	**482**	**0**	**0**	**0**	**0**	**482**

Any fall in value through negative indexation or revaluation is shown as an impairment.

During the year the Trust had no assets funded from donations, government grants or lottery funding.

The carrying amount as at 31 March 2016 includes £nil (2015: £nil and 2014: £nil) relating to the Charitable Trust Funds.

NOTE 6 CONSOLIDATED INTANGIBLE ASSETS

6.2 Consolidated Intangible Assets - Year Ended 31 March 2015

	Software Licenses £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Payments on Account & Assets under Construction £000s	Total £000s
Cost or Valuation						
At 1 April 2014	85	0	30	0	0	115
Indexation	0	0	0	0	0	0
Additions	624	0	0	0	0	624
Donations / Government grant / Lottery funding	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
At 31 March 2015	**709**	**0**	**30**	**0**	**0**	**739**
Amortisation						
At 1 April 2015	82	0	22	0	0	104
Indexation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Provided during the year	3	0	5	0	0	8
At 31 March 2015	**85**	**0**	**27**	**0**	**0**	**112**
Carrying Amount						
At 31 March 2015	**624**	**0**	**3**	**0**	**0**	**627**
At 1 April 2014	**3**	**0**	**8**	**0**	**0**	**11**
Asset Financing						
Owned	624	0	3	0	0	627
Finance leased	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0
Carrying Amount At 31 March 2015	**624**	**0**	**3**	**0**	**0**	**627**
Asset Financing						
Owned	3	0	8	0	0	11
Finance leased	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0
Carrying Amount At 1 April 2014	**3**	**0**	**8**	**0**	**0**	**11**

NOTE 7 FINANCIAL INSTRUMENTS

7.1 Financial Instruments

As the cash requirements of the Northern Ireland Ambulance Service HSC Trust are met through Grant-in-Aid provided by the Department of Health, Social Services and Public Safety, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trust's expected purchase and usage requirements and the Trust is therefore exposed to little credit, liquidity or market risk.

The Trust did not have any financial instruments as at 31 March 2016 (2015: £nil).

The Charitable Trust Funds has a share in the NIHPSS Common Investment Fund.

	Investments	
	2016 £000s	2015 £000s
Balance at 1 April	10	7
Additions	3	1
Disposals	(4)	0
Revaluations	0	2
Balance at 31 March	**9**	**10**
Trust	0	0
Charitable trust fund	9	10
	9	**10**

7.2 Market Value of Investments as at 31 March 2016

	Held in UK £000s	Held outside UK £000s	2016 Total £000s	2015 Total £000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	9	0	9	10
Investments in a Common Deposit Fund or Investment Fund	0	0	0	0
Unlisted securities	0	0	0	0
Cash held as part of the investment portfolio	0	0	0	0
Investments in connected bodies	0	0	0	0
Other investments	0	0	0	0
Total Market Value of Fixed Asset Investments	**9**	**0**	**9**	**10**

NOTE 8 IMPAIRMENTS

8.1 Impairments

	2016		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	1,097	0	1,097
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Impairments Charged / (Credited) to Statement of Comprehensive Net Expenditure	**1,097**	**0**	**1,097**

	2015		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	(126)	0	(126)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	151	0	151
Impairments Charged / (Credited) to Statement of Comprehensive Net Expenditure	**25**	**0**	**25**

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

9.1 Assets Classified as Held for Sale

	Transport	
	2016 £000s	2015 £000s
Cost		
At 1 April	2,619	2,365
Transfers in	326	1,074
Transfers out	(179)	(125)
(Disposals)	(2,278)	(695)
Impairment	0	0
At 31 March	**488**	**2,619**
Depreciation		
At 1 April	2,619	2,365
Transfers in	134	1,074
Transfers out	0	(125)
(Disposals)	(2,278)	(695)
Impairment	0	0
At 31 March	**475**	**2,619**
Carrying Amount at 31 March	**13**	**0**

Non current assets held for sale comprise non current assets that are held for resale rather than for continuing use within the business.

At 31 March 2016 non current assets held for resale comprise A&E Ambulances and other support vehicles.

Due to the specification of ambulance vehicles, their age and high mileage, the resale market is uncertain and most vehicles are sold through auction houses or a contract with the Ministry of Defence.

During the year ended 31 March 2016, vehicles with a fair value (less costs to sell) of £nil (2015: 5,366) and general equipment with a fair value (less costs to sell) of £nil (2015: £nil) and IT equipment with a fair value (less costs to sell) of £nil (2015: £nil) were sold.

The assets are valued at the lower of their carrying value (representing net book value) and fair value (less costs to sell).

NOTE 10 INVENTORIES

10.1 Inventories

	2016		2015	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Pharmacy supplies	0	0	0	0
Theatre equipment	0	0	0	0
Building & engineering supplies	0	0	0	0
Fuel	18	18	17	17
Community care appliances	0	0	0	0
Laboratory materials	0	0	0	0
Stationery	8	8	11	11
Laundry	0	0	0	0
X-Ray	0	0	0	0
Stock held for resale	0	0	0	0
Orthopaedic equipment	0	0	0	0
Heat, light and power	0	0	0	0
Medical & surgical equipment	36	36	63	63
Other	9	9	12	12
Total	**71**	**71**	**103**	**103**

NOTE 11 CASH AND CASH EQUIVALENTS

11.1 Cash and Cash Equivalents

	2016		2015	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Balance at 1st April	95	95	108	108
Net change in cash and cash equivalents	17	17	(13)	(13)
Balance at 31st March	**112**	**112**	**95**	**95**

The following balances at 31 March were held at:

	2016		2015	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Commercial banks and cash in hand	112	112	95	95
Balance at 31st March	**112**	**112**	**95**	**95**

NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

12.1 Trade Receivables, Financial and Other Assets

	2016		2015	
	Trust	Consolidated	Trust	Consolidated
	£000s	£000s	£000s	£000s
Amounts Falling Due Within One Year				
Trade receivables	0	0	7	7
Deposits and advances	0	0	0	0
VAT receivable	530	530	472	472
Other receivables - not relating to fixed assets	49	49	59	59
Other receivables - relating to property, plant and equipment	7	7	8	8
Other receivables - relating to intangibles	0	0	0	0
Trade and Other Receivables	**586**	**586**	**546**	**546**
Prepayments and accrued income	264	264	330	330
Current part of PFI and other service concession arrangements prepayment	0	0	0	0
Other Current Assets	**264**	**264**	**330**	**330**
Carbon reduction commitment	0	0	0	0
Intangible Current Assets	**0**	**0**	**0**	**0**
Amounts Falling Due After More Than One Year				
Trade receivables	0	0	0	0
Deposits and advances	0	0	0	0
Other receivables	0	0	0	0
Trade and Other Receivables	**0**	**0**	**0**	**0**
Prepayments and accrued income	0	0	0	0
Other Current Assets Falling Due After More Than One Year	**0**	**0**	**0**	**0**
TOTAL TRADE AND OTHER RECEIVABLES	**586**	**586**	**546**	**546**
TOTAL OTHER CURRENT ASSETS	**264**	**264**	**330**	**330**
TOTAL INTANGIBLE CURRENT ASSETS	**0**	**0**	**0**	**0**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**850**	**850**	**876**	**876**

The balances are net of a provision for bad debts of £nil (2015 £nil).

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

13.1 Trade Payables and Other Current Liabilities

	2016		2015	
	Trust	Consolidated	Trust	Consolidated
	£000s	£000s	£000s	£000s
Amounts Falling Due Within One Year				
Other taxation and social security	1,261	1,261	1,090	1,090
VAT payable	0	0	0	0
Bank overdraft	0	0	0	0
Trade capital payables - property, plant and equipment	3,975	3,975	4,117	4,117
Trade capital payables - intangibles	0	0	624	624
Trade revenue payables	1,242	1,242	1,434	1,434
Payroll payables	3,213	3,213	2,112	2,112
BSO payables	36	36	354	354
Other payables	860	860	646	650
Accruals and deferred income	1,463	1,463	1,318	1,318
Accruals and deferred income - relating to property, plant and equipment	0	0	0	0
Accruals and deferred income - relating to intangibles	0	0	0	0
Trade and Other Payables	**12,050**	**12,050**	**11,695**	**11,699**
Current part of finance leases	0	0	0	0
Current part of long term loans	0	0	0	0
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	0	0	0	0
Other Current Liabilities	**0**	**0**	**0**	**0**
Carbon reduction commitment	0	0	0	0
Intangible Current Liabilities	**0**	**0**	**0**	**0**
Total Payables Falling Due Within One Year	**12,050**	**12,050**	**11,695**	**11,699**
Amounts Falling Due After More Than One Year				
Other payables, accruals and deferred income	0	0	0	0
Trade and other payables	0	0	0	0
Clinical negligence payables	0	0	0	0
Finance leases	0	0	0	0
Imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	0	0	0	0
Long term loans	2,261	2,261	2,261	2,261
Total Non Current Other Payables	**2,261**	**2,261**	**2,261**	**2,261**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**14,311**	**14,311**	**13,956**	**13,960**

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

13.2 Loans

When the Trust was established in 1995 it was funded by originating capital known as Public Dividend Capital (PDC) and also by a loan known as Interest Bearing Debt (IBD). After a change in the way the Trusts were financed in 2007-08 the PDC Reserve and the Income and Expenditure Reserve were replaced by what is now known as the Statement of Comprehensive Net Expenditure Reserve. The IBD balance for NIAS was retained / frozen as at 31 March 2007 with no further payments of interest or principle.

	Government Loans	
	2016	2015
Amounts Falling Due:	**£000s**	**£000s**
In one year or less	0	0
Between one and two years	0	0
Between two and five years	2,261	2,261
In five years or more	0	0
Total	**2,261**	**2,261**

	2016	2015
	£000s	**£000s**
Wholly repayable within five years	2,261	2,261
Wholly repayable after five years, not by instalments	0	0
Wholly or partially repayable after five years by instalments	0	0
Total	**2,261**	**2,261**
Total repayable after five years by instalments	0	0
Loans wholly or partially repayable after five years	0	0

Terms of payment	**Interest Rate**
Originating Capital Debt	8.75%

NOTE 14 PROMPT PAYMENT POLICY

14.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that Trusts pay their non HSC trade creditors in accordance with applicable terms and appropriate Government Accounting guidance. The Trust's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	2016 Number	2016 Value £000s	2015 Number	2015 Value £000s
Total bills paid	17,241	44,066	14,639	14,684
Total bills paid within 30 days of receipt of an undisputed invoice*	15,248	42,130	12,952	11,168
% of bills paid within 30 days of receipt of an undisputed invoice	**88%**	**96%**	**88%**	**76%**
Total bills paid within 10 day target	11,002	36,295	6,078	5,838
% bills paid within 10 day target	**64%**	**82%**	**42%**	**40%**

* New late payment legislation (Late Payment of Commercial Debts Regulations 2013) came into force on 16 March 2013. The effect of the new legislation is that a payment is normally regarded as late unless it is made within 30 days after receipt of an undisputed invoice.

From 1 April 2015 the scope of the prompt payment compliance measurement increased to take account of all categories of supplier payments made by Trusts, with the only exception being payments made to other organisations within the broader HSCNI.

14.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payment(s) being late	0
Amount of interest paid for payment(s) being late	0
Total	**0**

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

15.1 Provisions for Liabilities and Charges - 2016

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2016 £000s
Balance at 1 April 2015	0	0	92	2,919	3,011
Provided in year	0	0	7	589	596
(Provisions not required written back)	0	0	0	(74)	(74)
(Provisions utilised in the year)	0	0	(4)	(249)	(253)
Cost of borrowing (unwinding of discount)	0	0	(7)	27	20
At 31 March 2016	**0**	**0**	**88**	**3,212**	**3,300**

Provisions have been made for six types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, Procurement and Industrial Tribunal. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Superannuation Branch. For Clinical Negligence, Employer's and Occupier's claims, as well as Procurement and Industrial Tribunal claims the Trust has estimated an appropriate level of provision based on professional legal advice.

The Trust has no provisions relating to either the Review of Public Administration or the Comprehensive Spending Review.

15.2 Comprehensive Net Expenditure Account Charges

	2016 £000s	2015 £'000
Arising during the year	596	379
Reversed unused	(74)	(3,199)
Cost of borrowing (unwinding of discount)	20	31
Total Charge within Operating Expenses	**542**	**(2,789)**

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

15.3 Analysis of Expected Timing of Discounted Flows - 2016

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2016 £000s
Not later than one year	0	0	14	516	530
Later than one year and not later than five years	0	0	19	563	582
Later than five years	0	0	55	2,133	2,188
At 31 March 2016	**0**	**0**	**88**	**3,212**	**3,300**

The provision in respect of other liabilities and charges comprises £495k for Employer's and Occupier's Liability, £nil for Procurement and £2,717k for Injury Benefit.

15.4 Provisions for Liabilities and Charges - 2015

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2015 £000s
Balance at 1 April 2014	0	0	102	5,903	6,005
Provided in year	0	0	13	366	379
(Provisions not required written back)	0	0	(6)	(3,193)	(3,199)
(Provisions utilised in the year)	0	0	(24)	(181)	(205)
Cost of borrowing (unwinding of discount)	0	0	7	24	31
At 31 March 2015	**0**	**0**	**92**	**2,919**	**3,011**

15.5 Analysis of Expected Timing of Discounted Flows - 2015

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2015 £000s
Not later than one year	0	0	14	554	568
Later than one year and not later than five years	0	0	18	424	442
Later than five years	0	0	60	1,941	2,001
At 31 March 2015	**0**	**0**	**92**	**2,919**	**3,011**

The provision in respect of other liabilities and charges comprises £438k for Employer's and Occupier's Liability, £14k for Procurement and £2,467k for Injury Benefit.

NOTE 16 CONTRACTED CAPITAL COMMITMENTS

16.1 Contracted Capital Commitments at 31 March not otherwise included in these Financial Statements

	2016 £000s	2015 £000s
Property, plant & equipment	28	3,083
Intangible assets	0	0
	28	**3,083**

NOTE 17 OPERATING LEASES

17.1 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

Obligations under Operating Leases comprise:

	2016 £000s	2015 £000s
Land		
Not later than 1 year	0	0
Later than 1 year and not later than five years	0	0
Later than 5 years	0	0
	0	**0**
Buildings		
Not later than 1 year	167	114
Later than 1 year and not later than five years	318	168
Later than 5 years	29	38
	514	**320**
Other		
Not later than 1 year	0	0
Later than 1 year and not later than five years	0	0
Later than 5 years	0	0
	0	**0**

Obligations under operating leases for Ambulance Stations are recorded fully under Buildings, as the leases do not split the lease cost between land and buildings.

NOTE 17 OPERATING LEASES

17.2 Finance Leases

The Northern Ireland Ambulance Service HSC Trust has not entered into any finance leases as at either 31 March 2016 or 31 March 2015.

17.3 Operating Leases - Lessor Agreements

The Northern Ireland Ambulance Service HSC Trust has not entered into any lessor agreements as at either 31 March 2016 or 31 March 2015.

NOTE 18 COMMITMENTS UNDER PFI & OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

18.1 PFI Contracts

The Northern Ireland Ambulance Service HSC Trust has not entered into any PFI contracts as at either 31 March 2016 or 31 March 2015.

NOTE 19 OTHER FINANCIAL COMMITMENTS

19.1 Other Financial Commitments

The Northern Ireland Ambulance Service HSC Trust has not entered into any non cancellable contracts (which are not leases or PFI and other service concession arrangements contracts) as at either 31 March 2016 or 31 March 2015.

NOTE 20 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

20.1 Financial Guarantees, Indemnities and Letters of Comfort

The Trust has not entered into any of the following: quantifiable guarantees, indemnities or provided letters of comfort. None of these are a contingent liability under the meaning of IAS37, since the likelihood of a transfer of economic benefit in settlement is too remote. They therefore fail to be measured following the requirements of IAS39. Managing public money requires that the full potential costs of such contracts be reported.

NOTE 21 CONTINGENT LIABILITIES

21.1 Contingent Liabilities

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle any possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2016 £000s	2015 £000s
Clinical negligence	34	20
Public liability	0	0
Employers' liability	0	0
Accrued leave	0	0
Injury benefit	0	0
Other	0	0
Total	**34**	**20**

The Trust continues with the agreed process in respect of Agenda for Change in partnership with Trade Unions. However, at this stage, there remain uncertainties over the outcome of the process and the Trust cannot establish the extent to which claims that could be made, nor can it make a reliable estimate of any potential claims under employment legislation that may arise.

NOTE 22 RELATED PARTY TRANSACTIONS

22.1 Related Party Transactions

The Trust is required to disclose details of transactions with individuals who are regarded as related parties consistent with the requirements of IAS24 - Related Party Transactions. This disclosure is recorded in the Trust's Register of Interests which is maintained by the Office of the Director of Finance and is available for inspection by members of the public.

Mr Norman McKinley, Non Executive Director, also holds a position as the Executive Director of UK Operations for The British Red Cross. During 2015-16 the Trust had transactions with The British Red Cross to the value of £220,837 (2015: £53,734) for the provision of non emergency patient transport to NIAS during periods of exceptional demand.

During the year, none of the other board members, members of the key management staff or other related parties has undertaken any material transactions with the Northern Ireland Ambulance Service HSC Trust.

The Northern Ireland Ambulance Service HSC Trust is an arms length body of the Department of Health, Social Services and Public Safety and as such the Department is a related party and the ultimate controlling parent with which the Trust has had various material transactions during the year. During the year the Northern Ireland Ambulance Service HSC Trust has had a number of material transactions with other entities for which the Department is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the other five HSC Trusts and the Business Services Organisation.

NOTE 23 THIRD PARTY ASSETS

23.1 Third Party Assets

The Trust held £nil cash at bank and in hand at 31 March 2016 which relates to monies held by the Trust on behalf of patients (2015: £nil). The Trust does not hold any monies on behalf of patients due to the nature of the service provided.

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend.

The Revenue Resource Limit (RRL) for the Northern Ireland Ambulance Service HSC Trust is calculated as follows:

	2016 £000s	2015 £000s
HSCB	63,490	59,943
PHA	5	0
SUMDE & NIMDTA	0	0
DHSSPS (excludes non cash)	0	0
Other Government Departments	0	0
Non cash RRL (from DHSSPS)	6,562	1,331
Total agreed RRL	**70,057**	**61,274**
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	0	0
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	**70,057**	**61,274**

24.2 Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2016 £000s	2015 £000s
Gross capital expenditure	7,618	5,707
Less charitable trust fund capital expenditure	0	0
(Receipts from sales of fixed assets)	0	(5)
Net capital expenditure	7,618	5,702
Capital Resource Limit	7,658	5,703
Overspend / (Underspend) against CRL	**(40)**	**(1)**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.3 Cumulative Break Even Performance

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25 % of RRL limits.

	2016 £000s	2015 £000s
Net Expenditure	(70,005)	(61,252)
RRL	70,057	61,274
Surplus / (Deficit) against RRL	52	22
Break Even cumulative position (opening)	738	716
Break Even Cumulative Position (Closing)	**790**	**738**

Materiality Test:

	2016	2015
Break Even in year position as % of RRL	0.07%	0.04%
Break Even cumulative position as % of RRL	1.13%	1.20%

The Department recognises a material surplus or deficit as 0.25% of RRL. The in year break even position is therefore not considered material for any of the last 5 years. The cumulative position at 31 March 2016 is £790k (1.13% of total revenue), which is considered material. This amount is the cumulative effect of non material surpluses building each year since the inception of the Trust.

NOTE 25 POST BALANCE SHEET EVENTS

25.1 Post Balance Sheet Events

There are no post balance sheet events having a material effect on the accounts.

Date Authorised for Issue

The Accounting Officer authorised these financial statements for issue on 28 July 2016.

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