Northern Ireland Ambulance Service

Health and Social Care Trust

2011/12 Annual**Report**

Northern Ireland Ambulance Service
Health and Social Care Trust

Contents

Belfast

Northern Ireland Ambulance Service

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 co operation 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.

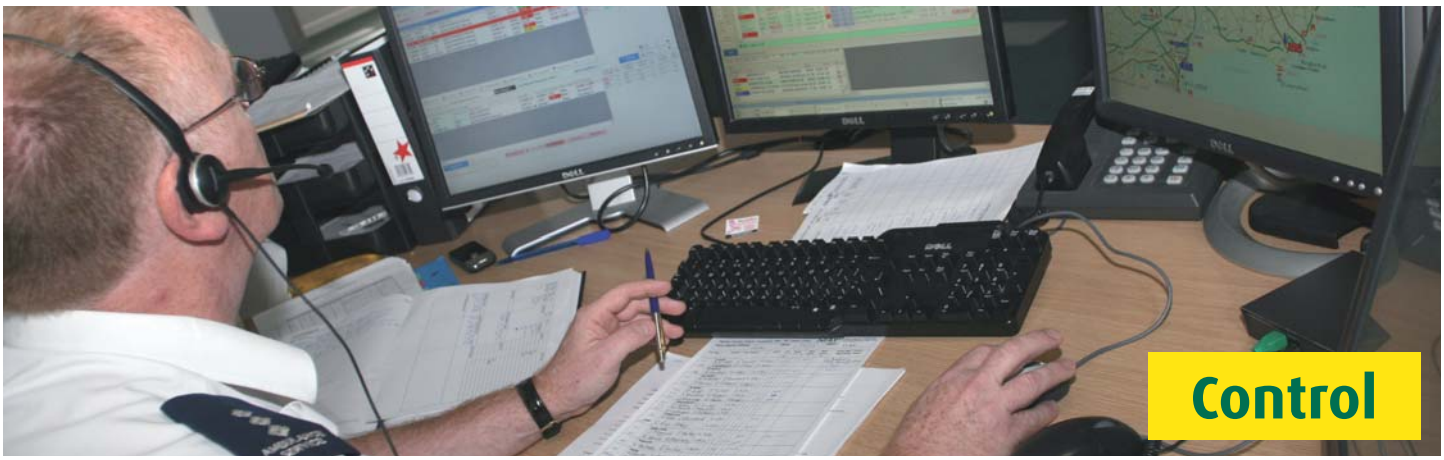
Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.

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 Personal 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 providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.



Chairman's Preface

This is the 4th Annual Report which I have had the privilege to preface and once more I am very pleased to report that despite continuing increases in demand for all ambulance services and with an operating budget which remains under severe pressure the Trust has improved performance and achieved financial break-even. All credit must be passed to operational and administrative staff who have had to accommodate change resulting from the significant budget cut backs in the 3 years to March 2011 but still managed to improve emergency performance on last year.

This has not been an easy year despite more favourable weather conditions in mid winter compared with last year's big freeze. The demand for ambulance services continues to increase especially due to the significant growth in the number of people aged 65 and over, which is forecast to increase by a quarter in the years between 2010-2020. On top of this we have to provide the capacity to support the reconfiguration of hospital services which other Trusts make, in particular changes to Accident and Emergency units. The Service also has had to manage longer turn-around times for ambulances at A&E centres because an ambulance in a queue is not available to respond to an emergency call.

Among the many highlights of the year was the medal ceremony recognising long and distinguished service by ambulance personnel and the launch in Northern Ireland by the Chief Medical Officer of the Hazardous Area Response Team (HART). This is a multi-agency response to a particularly difficult emergency, such as a person or persons requiring emergency care in an inaccessible situation, for example in a chemical or radiological contaminated area or in a cave or at the bottom of a cliff etc. In these situations the ambulance service works alongside the appropriate agency such as the NI Fire and Rescue Service, police, coastguard or mountain rescue team. Ambulance staff have volunteered and been trained to enable HART response capacity to be firmly embedded within our service.

During the year Mr Sean McKeever, Non Executive Director, resigned from the Board to take up a full time post within NHS in England for which we offer him all success. Mr McKeever was also a member of the Audit and Assurance Committees and I appreciate the additional strain this puts on the other Non Executive Directors to provide cover until a replacement is appointed.

Looking forward, the Trust issued its strategic Corporate Plan for 2011-14 and also made some significant proposals to the Compton Review of Health and Social Care in Northern Ireland. Its report, titled "Transforming Your Care", was issued in December 2011 and recommends the changes which will be necessary across health and social care over the next 5 years to meet increasing demand and further budget constraint and at the same time improve efficiency and patient experience. I was very pleased to note that the report recognised the key role of the NI Ambulance Service to ensure that people are treated in the right place at the right time. As a result we now have a real opportunity to bring our expertise to help reshape community based services that will avoid unnecessary admission to hospital in future and deliver better outcomes for patients. This includes referral to urgent care services or to GPs or other care pathways when this would be more appropriate than taking the patient to an acute hospital. Our proposals also included an alternative to calling 999 for requests which are not life threatening or an emergency but which may be urgent. This would be similar to the '111' service which is now being operated in parts of England as a supplementary service to 999. During the year Emergency Ambulance Control received 21,000 emergency calls which on arrival at the scene were neither life threatening or serious and even some were frivolous. On top of this I am concerned about the level of physical and verbal abuse which a number of front-line staff received from some callers to 999. Consequently I sincerely hope that plans for an alternative and supplementary number to 999 will be commenced soon. This measure would also help to alleviate the current increasing pressure on A&E centres.

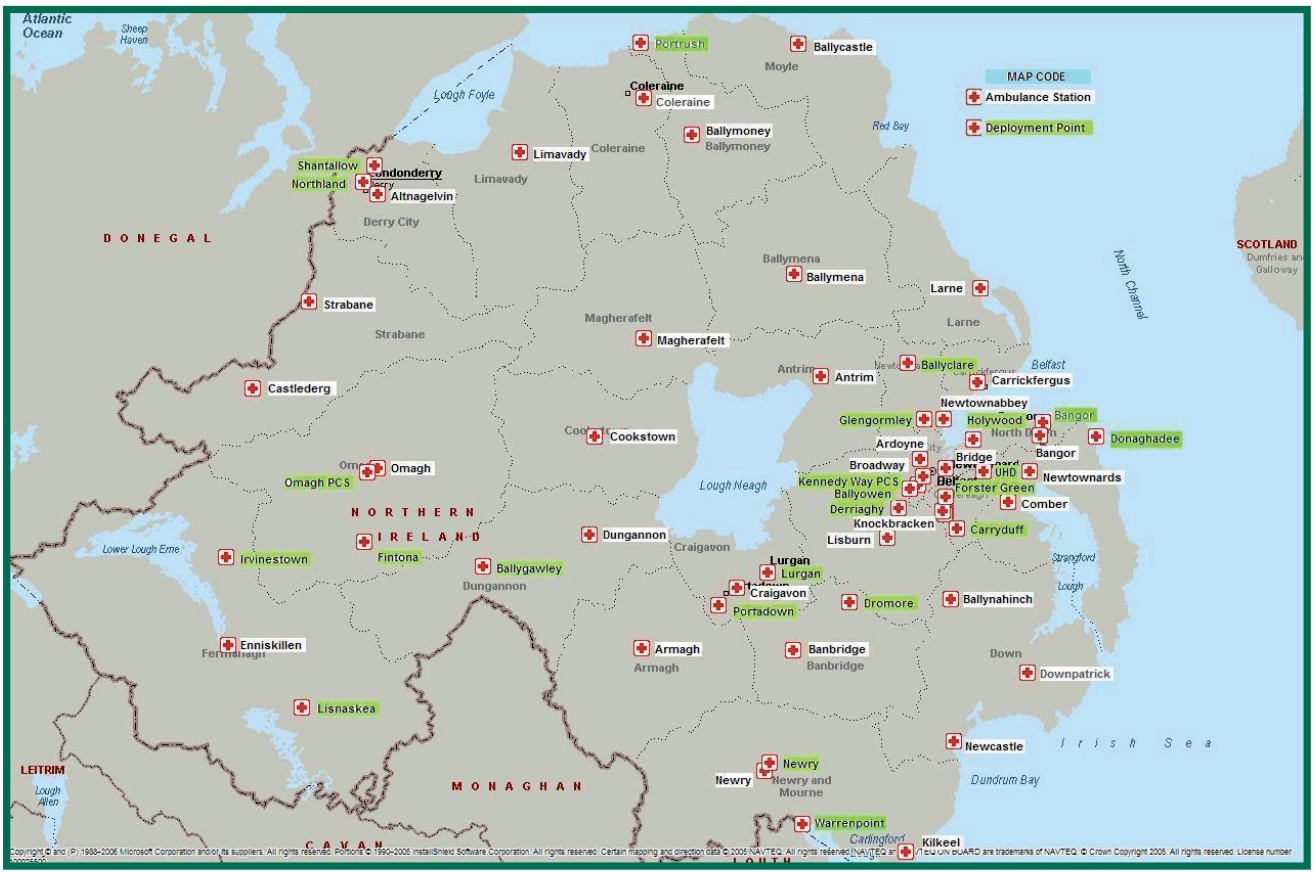
In conclusion, my thanks and appreciation go out to all staff for meeting another challenging year and for the valuable support which I received from my fellow Board members.

Mr P Archer
Chairman
14th June 2012

NIAS Organisational Overview

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 1.7 million people in the pre-hospital environment. It directly employs over 1,100 staff, across 57 ambulance stations/deployment points, two Ambulance Control Centres (Emergency and Non-Emergency), a Regional Training Centre and Headquarters. NIAS has an operational area of approximately 5,450 square miles, serviced by a fleet of over 300 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.



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 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 N Ireland and beyond in an effort to ensure seamless movement of patients with specialist health needs such as organ transplant and access to critical/intensive care facilities.
- Education and training of ambulance professionals. We are solely responsible for the recruitment and training of ambulance professionals up to and including Health Professions Council registered paramedics in N Ireland.
- 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.
- Community engagement and education. We seek through engagement with the public and specifically our community education programme to raise awareness of the role we play in society, ensure that our service is recognised and valued, and support and educate the public on how they can access and use the service effectively. In addition, we seek to build and maintain confidence in the ambulance service.

Trust Board

The Trust Board is made up of six Non-Executive Directors, and five Executive Directors. The Trust Board meets bi-monthly (generally on the third Thursday) in public venues across Northern Ireland and an annual general meeting is held in September. Arrangements for public meetings are published in the local press and Trust website to encourage public attendance and the agenda is widely circulated.

The Trust Board members are:

Non-Executive Directors

Mr Paul Archer	Chairman
Professor Mary Hanratty, CBE	Non-Executive Director
Mr Seamus Shields	Non-Executive Director
Mr Norman McKinley	Non-Executive Director
Ms Angela Paisley	Non-Executive Director
Mr Sean McKeever	Non-Executive Director (to Nov 2011)

Executive Directors

Mr Liam McIvor	Chief Executive
Mr Brian McNeill	Director of Operations
Dr David McManus	Medical Director
Mrs Sharon McCue	Director of Finance and Information Communications Technology
Ms Roisin O'Hara	Director of Human Resources & Corporate Services

Non-Executive Directors form the membership of the three Trust Board Committees:

The Remuneration Committee

This committee makes recommendations to the Trust Board on remuneration, terms and conditions of service of the Chief Executive and Directors.

The Audit Committee

This committee provides assurance of effective internal financial controls including the management of associated risks.

The Assurance Committee

This committee provides assurance of effective controls in non-financial matters including the management of associated risks.

Membership and attendance is summarised below:

Non-Executive Board Members	19/05/11	26/05/11	21/07/11	15/09/11	17/11/11	19/01/12	15/03/12
MR P ARCHER	✓	✓	✓	✓	✓	✓	✓
PROF M HANRATTY	Apol	✓	✓	✓	✓	✓	✓
MR N McKINLEY	✓	✓	✓	✓	✓	Apol	✓
MR S SHIELDS	✓	✓	✓	Apol	Apol	✓	Apol
MS A PAISLEY	✓	✓	✓	✓	✓	✓	✓
MR S McKEEVER (to November 2011)	Apol	Apol	Apol	✓	Apol	Left	
Executive Board Members							
MR L McIVOR	✓	✓	✓	✓	Apol	✓	✓
MS R O'HARA	Apol	✓	✓	✓	✓	✓	✓
MRS S McCUE	✓	✓	✓	✓	✓	✓	✓
DR D McMANUS	Apol	✓	✓	✓	✓	✓	✓
MR B McNEILL	✓	✓	✓	✓	Apol	✓	✓

REMUNERATION COMMITTEE			
Non-Executive Board Members	18/07/11	14/12/11	26/03/12
MR P ARCHER	✓	✓	✓
MR S SHIELDS	✓	Apol	Apol
MS A PAISLEY	✓	✓	✓

ASSURANCE COMMITTEE				
Non-Executive Board Members	17/06/11	02/09/11	04/11/11	12/03/12
PROF M HANRATTY	✓	✓	✓	✓
MR N MCKINLEY	✓	✓	Apol	✓
MS A PAISLEY	✓	✓	✓	✓
MR S MCKEEVER	✓	✓	✓	Left

AUDIT COMMITTEE					
Non-Executive Board Members	26/05/11	17/06/11	02/09/11	17/10/11	12/03/12
PROF M HANRATTY	✓	Apol	✓	✓	✓
MR N MCKINLEY	✓	✓	✓	✓	✓
MR S SHIELDS	✓	✓	Apol	Apol	✓
MR S MCKEEVER	Apol	✓	✓	✓	Left
MS A PAISLEY (from March 2012)					✓

Audit & Assurance

A declaration of board members interests has been completed and is available on request from the Chief Executive's Office, Northern Ireland Ambulance Service, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG.
The responsibility for audit of the Trust rests with the Northern Ireland Audit Office and was delivered by KPMG. The accounts include a non-cash charge of £22, 240 for the statutory audit of the 2011/12 annual accounts (Public and Charitable Funds). No other audit or non audit services were provided to the Trust in 2011/12.

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 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 Chief Executive and relevant committees have confirmed that the Trust's auditors have been made aware of any relevant audit information available.

The Trust is not aware of any significant personal data related incidents during 2011/12.

A full Statement on Internal Control (SIC) is included as part of the full accounts which are also available on request from the Director of Finance at The Northern Ireland Ambulance Service, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG and the accounts will also be made available on the Trust website (www.niamb.co.uk).

Equality & Good Relations

The Northern Ireland Ambulance Service is committed to the promotion of equality of opportunity and good relations in fulfilment of its duties under Section 75 of the Northern Ireland Act 1998 and other equality legislation.

In compliance with Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006) the Northern Ireland Ambulance Service's Disability Action Plan outlines the Trusts plans to:

- Promote positive attitudes to disabled people and
- Involve disabled people in public life.

The Trust is involved with regional work streams with other HSC Trusts and representative groups from the disability sector to implement these duties and continues to engage with these and the Equality Commission in respect of the further development of work in this area. In addition the Trust is fully committed to complying with its duties under the Disability Discrimination Act to make reasonable adjustments as appropriate for employees who have a disability.

Chief Executive's Report & Management Commentary

The first section of this report sets out the revised purpose, mission, vision and values of the Northern Ireland Ambulance Service reflected in our Corporate Plan 2011-2014. These are very important and powerful statements which direct our actions and intentions. However at its core is a simple and straight forward message...

"NIAS seeks to provide safe, high quality ambulance services that meet the needs and expectations of the people of Northern Ireland as effectively as possible within the resources available".

We continue to highlight within this report the financial constraints within which we operate – we spend less than ten pence per person per day on our ambulance service in Northern Ireland. While this clearly does not reflect the value which the Northern Ireland community place on their ambulance service, it is one indication of the priority placed on our collective health and well-being. As we move deeper into a difficult financial environment, 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.

The Northern Ireland Ambulance Service 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. NIAS has changed greatly from the organisation of five or ten years ago. We have invested heavily in our ambulance personnel by bringing in new staff, increasing the number of paramedics we employ and training them in new clinical skills and interventions. Ambulance vehicles are equipped with the best clinical and technology systems to improve the care we provide to patients. We now offer pre-hospital cardiac thrombolysis to the whole of Northern Ireland for the first time as every paramedic is trained and equipped to provide this life saving intervention.

We have also invested in our capacity to take 999 calls, establish the clinical urgency of the call, and quickly dispatch an appropriate ambulance resource to respond. 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 ensures that all ambulances are visible to the Control Centre at all times. The ambulance fleet has been upgraded by replacing ageing vehicles on a fairly regular basis over the years with new purpose built state of the art ambulances and rapid response cars.

The speed of response is a key measure of performance for any organisation, particularly so for an emergency ambulance service. We are getting to more patients more quickly than ever before. We have improved the speed of response to life threatening 999 calls throughout Northern Ireland, (not just in the major cities and large towns) year after year. We averaged a sub 8 minute response to these life threatening calls in 72.8 % of cases throughout Northern Ireland in the last financial year. We are absolutely committed to continuing to improve 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.

The whole healthcare system has changed greatly in recent times, particularly the configuration of hospitals and acute services. The Ambulance Service has engaged directly and positively with other providers, commissioners and the Department of Health to ensure that the consequences of these changes 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 our ambulance response bases. We have moved ambulances and ambulance stations further into local communities by developing response bases such as Lurgan, Lisnaskea, Shantallow, Ballyclare, Derriaghy and Comber.

We have grown as an organisation over this period and this is reflected in expenditure on ambulance services which now exceeds £62m per annum. The additional funds have supported change and consolidated 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. In an uncertain and volatile economic

environment the need to choose wisely is greater than ever.

The report which follows describes what we have done this year in pursuit of our aims. Key themes come to the fore - safe, high quality services; value for money and probity; investing in the present to secure the future; and dealing with the unexpected as well as the norm. We remind ourselves throughout the report of the positive difference we can make and the value attached to our efforts by patients and carers, by sharing their compliments and experiences in their own words. Each compliment received is acknowledged with a letter of thanks to the author and the ambulance personnel involved. We acknowledge also the complaints which illustrate that we may not always get it right, but we do always seek to learn from and put right our mistakes to prevent us from repeating them.
Within the Ambulance Service, it is the people providing the service who define that service. It is they who go out in all weathers, in all conditions, anytime day or night to provide ambulance care and transportation to the people of Northern Ireland. Through this report I pay tribute to their commitment and dedication and their application of clinical and non-clinical skills to meet 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.

Mr L McIvor
Chief Executive
14th June 2012

Ambulance Response to Unscheduled and Scheduled Demand

For some time the speed of response particularly to Category A, potentially life threatening calls, has been used as a proxy for quality of ambulance response in the absence of discrete clinical measures of performance as a means of assessing the quality of the service delivered. Speed or timeliness of ambulance response is an important measure of performance, not least in relation to meeting the expectations of the caller. However it is not enough in itself and taken out of context can be damaging and disruptive. One thing is clear, however, no one has ever complained to the ambulance service that the ambulance arrived too quickly!

A key goal for any ambulance service therefore must be to provide a timely response to those who request assistance. We all know and recognise however that of all the 999 calls received only a proportion are actually clinically urgent. Our challenge therefore is to quickly identify those calls which are potentially life threatening and afford them the highest priority in terms of speed of response while also giving due consideration and priority to a timely and appropriate response to the rest of the calls which are not life threatening. To this end we differentiate between 999 calls which are potentially life-threatening (Category A) and those which are not (Category B & C). NIAS response performance to Category A, potentially life-threatening 999 calls is subject to scrutiny against targets established by the Health Minister. NIAS performance against targets in Northern Ireland, measured and reported at Local Commissioning Group (LCG) level, is illustrated in the table below.

Response Performance
Category A "potentially life-threatening" 999 calls with a sub-8 minute response

Location	2011-12		2010-11	2009-10	2008-09
	Target	Actual	Actual	Actual	Actual
N Ireland	72.5%	72.7%	69.7%	71.5%	67.5%
Belfast	65.0%	87.2%	83.6%	85.6%	83.9%
North	65.0%	64.3%	62.2%	62.7%	56.8%
South East	65.0%	68.0%	68.2%	68.7%	65.3%
South	65.0%	67.7%	62.8%	65.3%	59.1%
West	65.0%	70.0%	64.9%	68.7%	63.6%

Category A ambulance response performance improved this year compared to last and targets set were achieved in all areas except Northern LCG.

Demand for ambulance services continues to grow year after year. To set the performance in context there has been a 4.7% increase in the volume of 999 calls this year responded to, which amounts to 6,000 extra calls per year – 16 extra 999 responses on average each day. Another key factor influencing ambulance capacity was the impact of increased demand and service pressures in our acute hospitals. During 2011/12 we saw increased numbers of patients waiting longer than before for admission to Accident & Emergency (A&E) units. This delayed the handover of ambulance patients to hospital staff which, in turn, led to queuing of ambulance personnel in A&E with their patients. We recognise and accept that not all ambulance patients who are taken to hospital have a high clinical priority in the A&E department and other patients may have more urgent clinical needs. However, a further consideration to take into account is that an ambulance waiting at an A&E department is not available to respond to the next 999 call in the community.

The performance management regime established in previous years has been maintained to ensure a focus on providing the best possible response to those who need it most and we continue to review our practice to identify measures to continually improve performance in all areas (not simply timeliness of response).

In spite of the challenges faced and met, NIAS got to more 999 calls more quickly than ever before. This in itself is a commendable performance which reflects the hard work, dedication and commitment of the whole ambulance team and an over-riding desire to get to those who need our services as quickly as possible and provide quality care.

Managing Demand

It is well recognised that the Ambulance Service is demand led. We respond promptly to requests for assistance. We differentiate between requests based on information secured from the caller, to prioritising and categorising calls based on clinical urgency and perceived need. We respond most quickly to those in greatest need. We also offer alternatives to those who may not require either ambulance attendance or transportation to hospital.

During 2011/12 NIAS experienced a 3.8% increase in emergency calls received, resulting in our dealing with an average of 389 emergency 999 calls per day. Overall there was an increase of 1.3% in ambulance journeys undertaken as we transported 351,997 patients – equivalent to one person in five of the population of Northern Ireland. The changes to the configuration of acute services over the years, with the closure of emergency units and the changes to location of some specialist services means that these patients are also spending more time in ambulances in the care of ambulance professionals as a direct result of the longer journeys required.

While we are a demand led service, we seek to manage that demand. We employ doctors in our emergency control room to identify and offer alternatives to patients as outlined above. Our primary focus in this initiative is to offer and provide an appropriate alternative to

patients whose 999 call was neither life threatening nor urgent which as well as providing patients with a more appropriate journey through the Health Service also allows emergency resources to remain available for more serious calls. The number of calls triaged by our doctors has risen by 13.2% with the numbers of patients receiving an alternative outcome to the traditional 999 response also increasing by 25.6%. In addition callers provided with an alternative, after the arrival of an ambulance has increased from 258 to 637 – almost 150% improvement over the previous year.

Developing and Improving Clinical Services

We have signalled in previous reports that the ambulance service is much more than a patient transport service. NIAS has a statutory duty of quality in respect of the services we deliver. We have invested heavily in our staff and our equipment to provide quality, clinical assessment, care and intervention to the people of Northern Ireland. We will continue to develop the skills and scope of practice of ambulance staff to enable them to meet the growing and developing needs of patients. One example of this, worthy of mention, is our contribution to the management of stroke patients in Northern Ireland. A key element in the effective management of stroke is early detection and alerting the hospital team to prepare for rapid diagnostic investigation and in-hospital treatment. Patient outcomes are directly linked to the speed of diagnosis and early intervention. Ambulance personnel have a key role to play:-

- Call takers interrogate the caller and use the FAST test (Face, Arms, Speech, Time to call 999) over the telephone to identify potential stroke patients and pre-alert responding emergency ambulance crews.
- Responding ambulance crews perform a further FAST test on arrival with the patient and, if positive, prepare the patient for rapid transportation to the nearest hospital with facilities to manage the stroke patient effectively. Hospital staff are pre-alerted to prepare for the patient's arrival.
- Hospital staff use in-hospital diagnostic tools such as CAT scans to confirm stroke diagnosis and administer thrombolysis if appropriate.

Clinical audit of our activity over the year has demonstrated that the FAST Test which improves assessment and management of ischaemic and haemorrhagic stroke was performed on all qualifying patients. The measurement of blood glucose improved from 63% to 75% of patients and is an area where further improvement will be sought. Other key indicators of performance – blood pressure measurement, airway management and the measurement of Glasgow Coma Scale (GCS) remained consistently high at 99%; thereby supporting effective management of stroke patients. We continue to prioritise the rapid transportation of stroke patients to designated stroke centres to support interventions such as thrombolysis within the relevant clinical timeframes. We also continue to seek improvement in the management of patients with hypoglycaemia, measuring the administration of oxygen to increase cerebral perfusion and glucagon to increase levels of consciousness. Our goal is to improve blood glucose levels, where possible to a level where patients can be safely maintained at home rather than being taken to a hospital emergency department. Our clinical audits have recorded improvements in each of these indicators and we have increased the proportion of patients managed at home by 3% in the most recent audit (from 27% to 30%).

Education Training and Clinical Supervision

We are rightly proud of the clinical advances we have made and the positive impact they are having on patient outcomes. The ongoing investment in education, training and clinical supervision of our ambulance staff is a corner stone for effective delivery of safe, high quality care. During 2011/12 we have continued to recruit and train new ambulance personnel to support and sustain our service. At the end of the year, a total of 55 staff were in the Paramedic In Training programme. Two temporary and three bank paramedics were appointed.

We have also issued a clinical skills workbook to staff supported by annual assessment and demonstration of proficiency of front line staff in core clinical skills. This represents a positive development in the means by which we educate and train our staff. It also represents a significant shift away from direct one-to-one training to the greater emphasis in education.

In support of this we will continue to enhance our clinical supervision through our Clinical Support Officers (CSOs). A key area of attention for CSOs during 2011/12 has been the audit of compliance with hygiene best practice with a particular emphasis on hand hygiene. Performance has been reported through our Assurance Committee and in public at our Trust Board meetings. Equally, if not more important, in changing practice and securing improvement on already high standards is the direct engagement between the paramedic and CSOs undertaking the audit and their ambulance colleagues delivering direct care to patients.

Maintaining and Enhancing Infrastructure

If education, training and clinical supervision are one pillar of safe, high-quality service delivery, then another is investment in the equipment and facilities which staff use to deliver that care day to day.

We maintained continued investment, not only in our fleet, but in our communication and information systems which are vital to maintaining a 999 response.

In the final quarter of 2011/12, we replaced our telephony systems with new digital switches which enhances our call-taking and call recording facilities. The new systems offer even greater levels of resilience and provide a scalable platform for future development with the potential to benefit the wider HSC system as well as meeting the immediate needs of NIAS. This is particularly important in the context of the introduction of a single telephone number for Northern Ireland to improve access to unscheduled care (as an alternative to 999 access).

The Director of Finance & ICT has been identified as the Board level champion for Information Governance. The appointment to the role of Senior Information Responsible Owner (SIRO) provides a structured approach to the Trust's legislative responsibilities in this area.

We continue to invest in training and raising the awareness of all our staff to ensure they clearly understand and respect the importance of confidentiality and information security. We have sought to deal openly and transparently with requests for information and have reviewed our systems, policies and procedures to ensure strong information governance and data protection. We have not identified any significant information related breaches, nor have any been brought to our attention.

There has been a significant increase in activity in the quantity of information requested from a wide range of stakeholders including the following: Freedom of Information (FoI) requests, Data Access Requests, Northern Ireland Assembly Questions, information requests from the media and the PSNI, the Coroner, other HSC Trusts and NIAS internal operational management.

Engaging with our Workforce

We continue to consolidate staffing rotas and adjust operational cover to match supply and demand. During 2011/12 we extended our Global Roster System (GRS) to improve the management of shifts and operational cover. This has increased both consistency and levels of cover and released highly qualified and experienced front line ambulance personnel from administrative tasks to provide emergency care. We will continue to develop this system extending to other areas such as ambulance control and non-emergency patient care services. We plan to use this system to engage with staff in developing new and more innovative approaches to providing cover which are more flexible for staff while also providing confidence and assurance of cover for managers and the community.

Another way in which we seek to enhance operational ambulance cover is by ensuring the most effective management of absence. The overall percentage of absence rose from 6.87% in 2010/11 to 7.18% in 2011/12. Attendance management is a formal item in the regular monthly operational performance management meetings which underpin the Trust's performance management regime. In addition, the attendance management policy and procedure continues to be rigorously applied by managers. We have invested to secure early access to occupational health and physiotherapy for ambulance personnel to support an early return to work and decisions on capacity to continue to work in an ambulance role. The attendance management process and initiatives to enhance capability and management are informed by ongoing benchmarking of performance and reference to national best practice information.

Regular and ongoing use of formal disciplinary, grievance and harassment procedures within an organisation is an indication that staff are aware of the means by which they can raise concerns and also that managers are identifying issues and matters of concern and investigating and addressing them through the appropriate procedures. The assurance framework presented at each public board meeting for scrutiny by Trust Board and available on our website provides evidence of the application of these various procedures and processes. During 2011/12 NIAS initiated formal disciplinary procedures on 32 occasions (representing approximately 2.8% of the workforce), suspending 3 staff and referring 12 paramedics to the Health Professions Council. During the same period staff filed 22 grievances, 9 of which were resolved informally. 7 harassment cases were filed during this period and 1 of these was resolved informally. There were 2 industrial tribunal cases naming NIAS as the defendant during the year.

Listening to and Learning from the Community

Complaints and compliments represent extremely valuable feedback to the ambulance service and to our managers and staff on the delivery of health care to patients. It is very important that we welcome and acknowledge both complaints and compliments and have processes in place to learn from them and apply that learning positively to improve future performance. Trust Board has a key role in the scrutiny of this particular feedback from those who receive our services. The assurance framework provides Board members with relevant performance information and trend data, but crucially Board members are also provided with a synopsis of every complaint and compliment describing incident, outcome and action taken. This supports a greater level of scrutiny by the board and the public and provides an opportunity to test outcomes and the application of learning to prevent recurrence of the incidents and circumstances underlying complaints.

During 2011/12 NIAS received 98 complaints, an increase of 13 on the previous year. In the same period we received 145 compliments, an increase of 33 on the previous year. (Further details are available in Trust Board papers through the NIAS Assurance Framework 2011/12.) We continue to receive positive feedback from Health and Social Care Board staff in relation to the quality and thoroughness of the complaints investigation process and our responses to complainants, and in particular our low ratios of complaints being reopened. However, having acknowledged difficulties in providing a prompt and timely response to complainants due to the time spent on investigation of the complaint we have commenced reassessment of processes and the development of escalation procedures to address this weakness which has improved responsiveness this year. One of the areas where patient experience issues were evident was in the short-notice cancellation of non-emergency transportation. In response we have revised our planning arrangements to plan further in advance and identify potential issues earlier which we seek to resolve in advance with patients and clinicians. Feedback to date has been positive with the frequency of complaints in this area falling,

We have also engaged with the public directly in assessing our services and receiving their assessment of our performance through patient surveys conducted by hospital-based colleagues for patients arriving by ambulance. This has been part of our Personal and Public Involvement (PPI) strategy which has also included engaging with the Patient and Client Council plus issuing our strategy for consultation, and developing and introducing observation of practice in the ambulance environment.

In addition we have met with public representatives and interest groups throughout Northern Ireland over the year, explaining how we operate and the constraints within which we provide services, and seeking to identify ways to meet the aspirations and expectations of the communities they represent.

Managing Unexpected Events

NIAS provides services 24/7 which have been outlined elsewhere in this report and which challenge our staff to respond promptly and effectively to demand and expectations. In addition however, we are often called upon to deal with the unexpected. This can range from chemical incidents, major transport incidents, natural disasters, and, unfortunately in our world, terrorist incidents.

While we have plans and processes in place to deal with such unexpected incidents, we do not maintain separate discreet or distinct resources to respond solely to those incidents while we continue to deal with the ongoing demand for ambulances for clinical response. Rather we redistribute existing resources and supplement them with operational managers to direct, manage and co-ordinate the ambulance response and liaise with other emergency services and hospitals.

It is important that we invest to maintain capacity to deal with existing and emerging threats. In response to this we participated in 23 multi-agency emergency planning exercises over the year. We also continued to invest in the development of a Hazardous Area Response Team (HART) capacity for Northern Ireland. This has been achieved by training ambulance rapid response paramedics and operational managers in additional skills and equipping them to deal with incidents such as rope rescue, hot zone working with Northern Ireland Fire & Rescue Service colleagues, chemical incidents, radiation incidents, and urban search and rescue. We will continue to invest in this area to maintain and develop our response capacity with the funds available to us. We are particularly pleased to record the formal launch of our HART service in Northern Ireland by the Chief Medical

H.A.R.T. NI

Officer on 26 October 2011. This was a significant milestone and an opportunity to both showcase our skills and capability, and thank and recognise the contribution of our own ambulance HART personnel and all who have contributed to this service development.

During 2011/12 our plans have been tested on a number of occasions and the response from ambulance personnel has been second to none. A sample of some of the incidents managed in this way is available in our Assurance Framework Report. On 14 August 2011 we declared a major incident in response to a double-decker bus overturning in Belfast City Centre. More than 30 people sustained injuries at the scene and the incident was well attended by ambulance personnel and effectively managed by HART paramedics who were first on scene. This was a clear example of the value of our emergency planning and training, not least our approach to the position of HART in Northern Ireland.

Business continuity, and the capacity of an organisation to establish and maintain it, is key to any service. Put simply, it is about putting plans and processes in place to maintain services when some elements of the service fail and re-establish full service provision as soon as possible. During 2011/12 we engaged in reviews of business continuity arrangements. Plans are being revised to reflect and take account of recommendations made. In the interim however we were tested on nine separate occasions on specific business continuity arrangements, and our IT systems including our emergency ambulance control. Some of the most significant tests of our business continuity planning took place in October and November 2011 with two separate days of industrial action. We worked with the rest of the HSC organisations and engaged positively with Trade Union colleagues to maintain and protect the provision of emergency and clinically critical services.

Controls Assurance

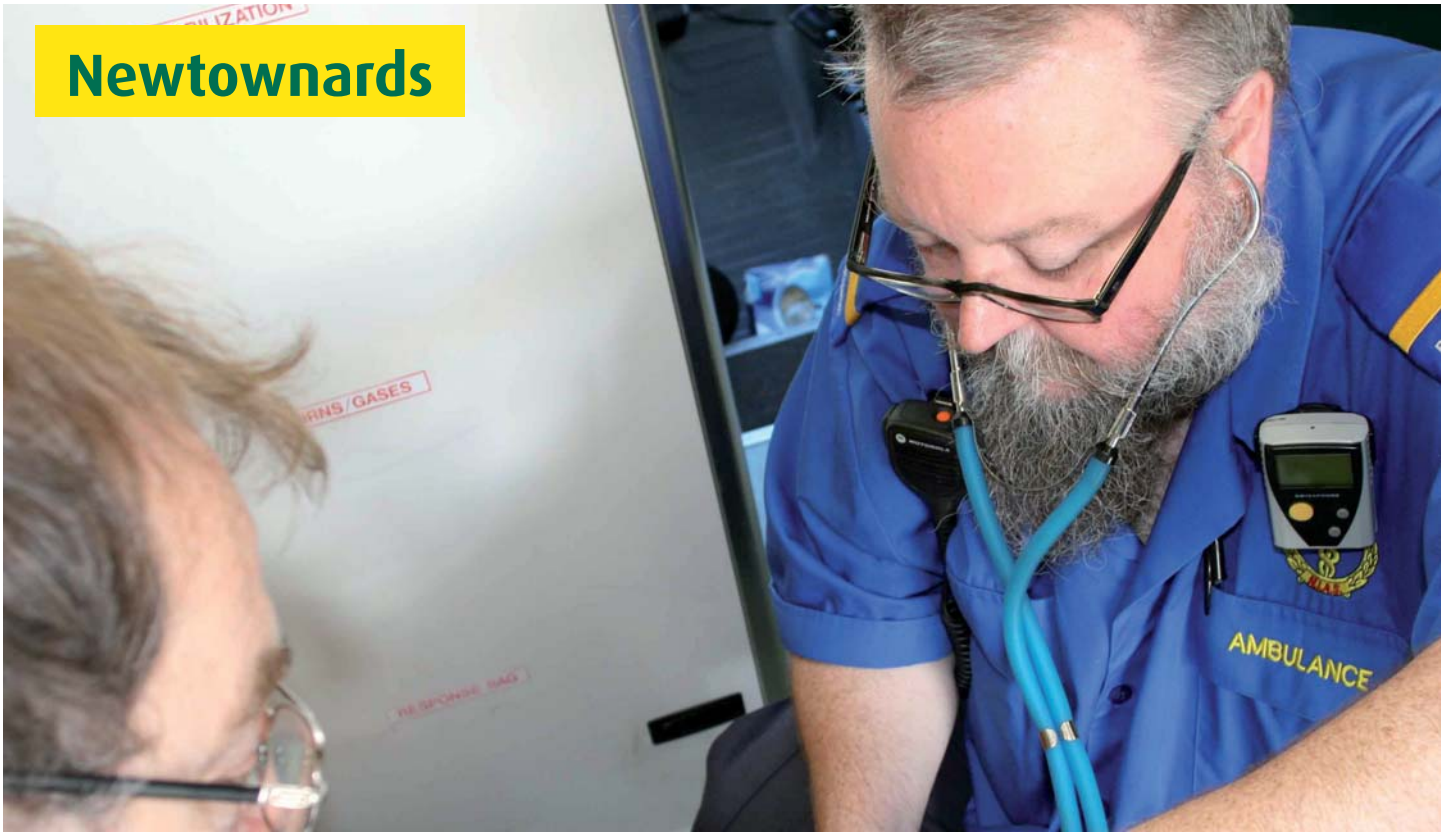
Controls assurance is a process designed to provide assurance that Health and Social Care (HSC) organisations are doing their reasonable best to manage themselves, so that objectives to protect patients, staff, the public, equipment and assets, against risks of all kinds are met. There are a total of 22 Controls Assurance Standards which have been developed by the Department of Health Social Services and Public Safety for Northern Ireland to support the embedding of governance and risk management throughout the organisation. Each standard requires a narrative, a compliance score and an action plan along with evidence to substantiate this information.

An integral part of the controls assurance process is an annual report of compliance covering each of the 22 standards, which is made in support of the annual Statement on Internal Control. The 2011-12 controls assurance process indicates that the Trust has met the required level of substantive compliance against all 18 standards applicable to the ambulance service. This reflects the extensive ongoing work throughout the organisation to embed processes covered by these standards. The Trust continues to develop systems and processes to ensure compliance with controls assurance standards.

Principle Risks and Uncertainties

Principal risks relating to corporate performance are managed in line with our risk strategy which complies with DHSSPS guidance and assurance of the identification and management of risks is delivered through the Audit and Assurance Committees reporting to NIAS Trust Board.

Belfast



The operating environment was complicated by ongoing changes in the provision of acute hospital services throughout Northern Ireland in areas such as Lagan Valley and Belfast. Changes in clinical practice also impacted upon the provision of ambulance services necessitating a pro-active response on our part to changes elsewhere. NIAS has engaged fully with the architects of acute service change supporting agreed proposals with innovative and highly responsive solutions to manage the change in a way which maintains provision of safe, high quality services to patients. Such changes present a significant challenge particularly when financial and staff resources are stretched.

The Trust continues with the agreed process of Agenda for Change in partnership with Trade Unions. However, there remain uncertainties over the outcome of the process and the Trust cannot predict what the final outcome will be or when the process will be completed. The Trust will continue to fulfil its obligations under the agreed Agenda for Change process. The Trust Board has also signalled concern in respect of retention and succession planning for executive directors and has engaged directly with DHSSPS officials in this area. Trust Board continues to closely consider risks associated with Business Continuity; Vehicle Cleaning and delivering Optimal Clinical Experience in Patient Care and manage through the corporate risk register.

The future remains challenging, 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 in this area as it is identified.

Environment, Sustainability and Corporate Responsibility

The Trust is aware of its responsibilities in respect of sustainability and the environment. The planned replacement of ambulances through the year has enabled the Trust to avail of the most modern technologies to improve the efficiency of the fleet and reduce emissions. Where available, the service looks to utilise renewable energy sources, such as wind, to provide electricity.

We continue to develop and maintain systems to reduce waste and increase recycling, for example with the secure and safe disposal of computer equipment and consumables. The Trust also operates a Cycle to Work scheme as part of the Government's Green Transport Plan which not only aims to reduce environmental pollution and promote healthier lifestyles but also make cycling to work a cost-effective option for employees. The Trust is a member of Business in the Community with whom it regularly engages in the implementation of its Corporate Responsibility agenda. The Director of Human Resources and Corporate Services has been identified as a Board level champion of Corporate Responsibility.

A Corporate Responsibility Action Plan is in place which reflects key priorities, linked to the Trusts strategic objectives, under themes of Corporate, Sustainability, Workplace, Community and Communications. In addition progress is included in reporting to Trust Board through the Assurance Framework. Examples of work undertaken under this agenda has included participation in Business in the Community schemes such as Silver Surfers and Carers.

Financial Performance

NIAS, in common with the rest of the Health and Social Care system, continues to face an increasingly difficult challenge – that of dealing with increasing demand for our services while, at the same time, experiencing a reduction in funds. As part of the Comprehensive Spending Review, NIAS delivered cash efficiency savings of 9%. This represented a reduction in our funding of £4.5 million, whilst emergency calls increased in 2011/12 by 4.7%. Costs rose during the year, in particular in terms of fuel, rent and rates. The Trust continued to be committed to value for money and to fulfil its responsibilities to achieve financial balance and live within these reduced resources through effective financial management. The Trust managed to report a balanced financial position at 31 March 2012 (we returned a small surplus of £77,000). It is an important indicator of a Trust's performance to be able to return a balanced position (i.e. spend no more or no less than the money provided to the Trust) and this is likely to become increasingly difficult to achieve as public sector funds come under increasing pressure.

The Trust spent over £62 million in 2011/12- the vast majority of this money being provided by the Health and Social Care Board who commission our services. For a population of 1.7 million this represents less than 10p per person per day spent on NIAS. The vast majority of our money (77%) is spent on our workforce – £48 million this year. The remainder is used to pay for the running costs of the vehicles, equipment, accommodation and training which enables staff them to carry out their role whether they are front line patient care or support as finance, human resources, IT or other operational staff.

Health and Social Care Trusts, in common with other public sector bodies, draw down cash directly from the Department to cover both revenue and capital expenditure. Cash held by the Trust is minimised and any interest earned is repaid to the Department. As such, there are no effects of interest costs on the outturn and no potential impact of interest rate changes.

The Trust also invests each year in the vehicles, estate and equipment. The Trust has secured approval for an ongoing fleet replacement programme. This will enable NIAS to plan for regular replacement of around £3 million each year leading to a fleet of younger and more modern vehicles. In 2011/12 NIAS received just over £3.4 million which, in addition to vehicles, allowed the Trust to secure IT infrastructure to enhance its disaster recovery plans. The Trust is provided with a Capital Resource Limit which represents the limit of its available funds for this capital expenditure programme. With careful management of these funds NIAS achieved this wide range of capital projects within budget.

During the year, NIAS has been actively participating in securing a new finance and HR system, which is intended to provide enhanced and more timely information to aid management decision making. Health and Social Care Trusts, in common with other public sector bodies, draw down cash directly from the Department to cover both revenue and capital expenditure. Cash held by the Trust is minimised and any interest earned is repaid to the Department. As such, there are no effects of interest costs on the outturn and no potential impact of interest rate changes. There are no post balance sheet events which have a material effect on the accounts.

In terms of the treatment of pension liabilities, there is a detailed note in the annual financial statements (note 3.3) which, together with the information given on pages 25 to 30 of this Annual Report, provides full disclosure.

The summary financial statements have been prepared in compliance with new accounting directions and taking account of those International Financial Accounting Standards which have been adopted by the public sector during the year.

Summary Financial Statements

STATEMENT OF COMPREHENSIVE NET EXPENDITURE	2012	2011
	£000	£000
Expenditure	(62,290)	(54,624)
Income	1,708	1,657
Net Expenditure	(60,582)	(52,967)
Revenue Resource Limit	60,659	52,978
Surplus against RRL	77	11

STATEMENT OF FINANCIAL POSITION	£000	£000
Non Current Assets	24,973	24,595
Current Assets	655	747
Current Liabilities	(10,196)	(9,831)
Non Current Assets plus/ less Net Current Assets/ Liabilities	15,432	15,511
Non Current Liabilities	(5,111)	(5,459)
Assets less Liabilities	10,321	10,052
Taxpayer's Equity	10,321	10,052

STATEMENT OF CASHFLOWS	£000	£000
Net Cash Outflow from Operating Activities	(55,706)	(53,135)
Net Cash Outflow from Investing Activities	(4,632)	(2,087)
Net Financing	60,335	55,224
Net Increase (Decrease) in Cash & Cash Equivalents in the period	(3)	2
Cash & Cash Equivalents at the beginning of the period	98	96
Cash & Cash Equivalents at the end of the period	95	98

The notional cost of the audit for the year ended 31 March 2012, which pertained solely to the audit of the accounts was £22,240. No other audit or non-audit services were provided in 2011/12.

THE TRUST PERFORMANCE AGAINST STATUTORY FINANCIAL TARGETS FOR THE YEAR IS:

TARGET	ACHIEVED
Breakeven annually on income and expenditure	Income exceeded Expenditure by £77,000
Remain within the Capital Resource Limit	Underspend of £1,000

Related Party Transactions

None of the directors of the Trust hold company directorships with companies that are likely to do business with the HSC.

During the year, none of the 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.

TRUST MANAGEMENT COSTS

	2012 £000	2011 £000
Trust Management Costs	3,792	3,766
Total Income	62,181	53,872
% of Total Income	6.10%	6.99%

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

A one off reduction in the Revenue Resource Limit decreased total income and as income is the denominator in the calculation of management costs the headline management cost as a percentage of total income increased. Prior to this change the headline management cost figure for 2010/11 as a percentage of total income was 6.34%.

PUBLIC SECTOR PAYMENT POLICY - MEASURES OF COMPLIANCE

The Department requires that Trusts pay their non HSC trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Trust's payment policy is consistent with the CBI prompt payment codes and Government Accounting rules and its measure of compliance is:

	2012		2011	
	Number	£000	Number	£000
Total bills paid	15,081	16,640	15,137	13,128
Total bills paid within 30 day target or under agreed payment terms	14,700	16,285	14,764	12,838
% of bills paid within 30 day target or under agreed payment terms	97.5%	97.9%	97.5%	97.8%

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. 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.

This Summary Financial Statement does not contain sufficient information for a full understanding of the activities and performance of the Trust. For further information the full Annual Accounts and Auditor's Report for the year ended 31 March 2012 should be consulted. These accounts have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

Copies of the full accounts are available from myself at the following address: Northern Ireland Ambulance Service, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG, and will also be made available on the Trust's website (www.niamb.co.uk).

Mrs S McCue
Director of Finance
14th June 2012

Mr L McIvor
Chief Executive

Mr P Archer
Chairman

Remuneration Report For The Year Ended 31 March 2012

Scope of the report

Article 242B and Schedule 7A of the Companies (Northern Ireland) Order 1986, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about director's 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 reports 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 7 of this report and also overleaf. The tables on pages 27 and 29 outlining senior employees remuneration are part of the remuneration report.

Remuneration Committee

The membership the Remuneration Committee is comprised of non-executive directors as outlined previously in this report and the committee is chaired by the Chair of Trust Board. Executive director attendance is restricted to Chief Executive and Director of Human Resources and Corporate Services who absent themselves at appropriate points in the meeting to prevent any conflict of interest.

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 'Senior Executives Performance Management Scheme'.

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 to incorporate them within its Service or Trust Delivery Plan.
- The Remuneration Committee oversees the performance management process.
- The Chairman agrees the Chief Executive's performance objectives and undertakes review of performance and objectives and completes final report.
- The Chief Executive agrees individual performance objectives of Executive Directors and 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 the Executive Director's contribution towards the achievement of key targets included in the Trust's Strategic and Trust Delivery Plan. A similar approach is used by the Chairman for the Chief Executive. Performance pay would be considered within the total pay limit determined by the DHSSPS.

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 2011/12 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.

With the exception of the Trust Medical Director, all Executive Directors within the NIAS are on contract provisions issued by the Department and effective from 1 April 2002. Directors total remuneration package is performance related.

Directors

Non-Executive Directors

Mr Paul Archer	Chairman appointed on 16 October 2008 for a period of four years.
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 Seamus Shields	Non-Executive Director appointed on 1 May 2009 for a period of four years.
Mr Norman McKinley	Non-Executive Director appointed on 1 May 2009 for a period of four years.
Ms Angela Paisley	Non-Executive Director appointed on 1 December 2010 for a period of four years.
Mr Sean McKeever	Non-Executive Director appointed on 1 December 2010 for a period of four years. (Resigned 21 November 2011)

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.

Duration of Contract

Permanent Contracts of Employment with continuation subject to satisfactory performance.

Notice Periods

A three-months' 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 2011/12.

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.

Retirement Benefits Cost

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. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme 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.

In respect of Directors, there are no provisions for the cost of early retirement included in the 2011/12 accounts.

As per the requirements of the Financial Reporting Manual (FReM), 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. The most recent valuation as at 31 March 2008 will be used in the 2011/12 accounts.

Premature Retirement Costs

Section 16 of the Agenda for Change Terms and Conditions Handbook (issued on 14 February 2007 under cover of the Department's Guidance Circular HSS (AfC) (4) 2007) sets out the arrangements for early retirement on the grounds of redundancy and in the interest of the service. Further Circulars were issued by the Department HSS (AfC) (6) 2007 and HSS (AfC) (5) 2008 setting out changes to the timescale for the operation of the transitional protection under these arrangements.

Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook individuals who were members of the HPSS Superannuation Scheme prior to 1 October 2006, are over 50 years of age and have at least 5 years membership of the HPSS Superannuation Scheme qualify for transitional protection. Staff who qualify for transitional protection are entitled to receive what they would have received by way of pension and redundancy payment had they taken redundancy retirement on 30 September 2006. This includes enhancement of up to 10 years additional service (reduced by the number of years between September 2006 and the actual date of retirement) and a lump sum redundancy payment of up to 30 weeks' pay (reduced by 30% for each year of additional service over 6 2/3 years).

Alternatively, staff made redundant who are members of the HPSS Pension Scheme, have at least two years' continuous service and two years' qualifying membership and have reached the minimum pension age currently 50 years can opt to retire early without a reduction in their pension as an alternative to a lump sum redundancy payment of up to 24 months' pay. In this case the cost of the early payment of the pension is paid from the lump sum redundancy payment however if the redundancy payment is not sufficient to meet the early payment of pension cost the employer is required to meet the additional cost.

In respect of Directors, there are no provisions for the cost of premature retirement included in the 2011/12 accounts.

Mr Liam McIvor
Chief Executive
14th June 2012

Craigavon

Senior Employees' Remuneration (Audited)

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

	2011-12				2010-11				2011-12				
Name	Salary £000s	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Total £000	Salary £000s	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Total £000	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 31/03/11 £000s	CETV at 31/03/12 £000s	Real increase in CETV £000s
Non – Executive Members													
P Archer	20-25	-	-	20-25	20-25	-	-	20-25	-	-	-	-	-
M Hanratty	5-10	-	-	5-10	5-10	-	-	5-10	-	-	-	-	-
F Hughes (until 30 Nov 2010)	-	-	-	-	0-5 (5-10*)	-	-	0-5 (5-10*)	-	-	-	-	-
S Mullan (until 21 Jul 2010)	-	-	-	-	0-5 (5-10*)	-	-	0-5 (5-10*)	-	-	-	-	-
N McKinley	5-10	-	-	5-10	5-10	-	-	5-10	-	-	-	-	-
S Shields	5-10	-	-	5-10	5-10	-	-	5-10	-	-	-	-	-
A Paisley (appointed 01 Dec 2010)	5-10	-	-	5-10	0-5 (5-10*)	-	-	0-5 (5-10*)	-	-	-	-	-
S McKeever (appointed 01 Dec 10 until 21 Nov 11)	0-5 (5-10*)	-	-	0-5 (5-10*)	0-5 (5-10*)	-	-	0-5 (5-10*)	-	-	-	-	-

*Denotes full-year salary


Patient Care Service

	2011-12				2010-11				2011-12				
Name	Salary £000s	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Total £000	Salary £000s	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Total £000	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 31/03/11 £000s	CETV at 31/03/12 £000s	Real increase in CETV £000s
Executive Members													
L McIvor	75 - 80	0 – 5	-	75 - 80	75 - 80	0 - 5	-	75 - 80	0 - 2.5 + lump sum of 0 - 2.5	20 – 25 + lump sum of 65 -70	348	400	52
S McCue	60 – 65	0 – 5	-	60 – 65	60 – 65	0 - 5	-	60 – 65	0 - 2.5 + lump sum of 0 - 2.5	5 – 10 + lump sum of 20 - 25	137	160	23
R O'Hara	60 – 65	0 – 5	-	60 – 65	60 – 65	0 - 5	-	60 – 65	0 - 2.5 + lump sum of 0 - 2.5	15 – 20 + lump sum of 50 – 55	246	294	48
D McManus	100-105	-	-	100-105	100-105	-	-	100-105	0 - 2.5 + lump sum of 5 - 7.5	50 – 55 + lump sum of 150 -155	870	1005	135
B McNeill	60 – 65	0 – 5	-	60 – 65	55-60	0 - 5	-	55-60	0 - 2.5 + lump sum of 0 - 2.5	20 – 25 + lump sum of 60 – 65	340	383	43
Highest Earner's Total Remuneration (£'000)					100-105			100-105	* Denotes full-year salary				
Median Total Remuneration					£33,793			£32,465					
Ratio					3.0			3.2					

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 organisation's workforce.

The banded remuneration of the highest-paid director in the Northern Ireland Ambulance Service HSC Trust in the financial year 2011/12 was £100 - £105k (2010/11, £100 - £105k). This was 3.0 times (2010/11, 3.2) the median remuneration of the workforce, which was £33,793 (2010/11, £32,465).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

This year (2011/12) is the second year of the two year public sector pay freeze for HSC Senior Executive Staff. Throughout the period of the pay freeze however, HSC employers are still required to meet contractual liabilities for all staff. The Departments legal advice is that Senior Executive Staff on contracts entered into before 23 December 2008 continue to have a contractual entitlement to pay progression, based on performance, for the duration of the pay freeze. 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 2011/12 relate to performance in 2010/11 and the comparative bonuses reported for 2010/11 relate to the performance in 2009/10.

As Non-Executive members do not receive pensionable remuneration, there will be 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 and framework 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.

NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST

STATEMENT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

I have examined the summary financial statements for the year ended 31 March 2012 set out on pages 21 to 22.

Respective responsibilities of the Northern Ireland Ambulance Service, Chief Executive and Auditor

The Northern Ireland Ambulance Service and Chief Executive are responsible for preparing the summary financial statements.

My responsibility is to report to you my opinion on the consistency of the summary financial statements within the Annual Report with the full annual financial statements, and its compliance with the relevant requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services and Public Safety directions made thereunder.

In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited summary financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

Basis of audit opinions

I conducted my work in accordance with Bulletin 2008/03 'The auditors' statement on the summary financial statement in the United Kingdom' issued by the Auditing Practices Board. My report on the Northern Ireland Ambulance Service full annual financial statements describes the basis of my audit opinions on those financial statements and the part of the Remuneration Report to be audited.

Opinion

In my opinion, the summary financial statements are consistent with the full annual financial statements of the Northern Ireland Ambulance Service for the year ended 31 March 2012 and complies with the applicable requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services and Public Safety directions made thereunder.

KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
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25th June 2012

Northern Ireland Ambulance Service

Health and Social Care Trust

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