NORTHERN IRELAND AMBULANCE SERVICE TRUST

TRUST BOARD - THURSDAY 24 AUGUST 2023 AT 10AM

Lecture Theatre, Multi-Disciplinary Education Centre (MDEC)

Altnagelvin Hospital Site, Glenshane Road,

Londonderry **BT47 6SB**

Agenda

1 Welcome, Apologies & Declarations of Conflict of Interest

For Information

2 Minutes of the previous meeting held on 22 June 2023

For Approval

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3 Matters Arising

For Noting

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4 Chair's Update

For Noting

5 Chief Executive's Update

For Noting

6 Update on Helicopter Emergency Medical Services (HEMS) and Advanced Paramedics Critical Care

For Noting

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7 Amendment to NIAS Standing Orders

For Approval

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8 Performance Report (August 2023)

For Noting

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9 Finance Report (Month 4)

For Noting

9 - NIAS Finance Report Month 4 2023-24.pdf ***Page 51***

10 NIAS Annual Report & Final Accounts for the year ended 31 March 2023 - see separate attachment

For Noting

11 Committee Business:

- PFOD Cttee - minutes of meeting on 20 April 2023 & report from meeting on 4 July 2023

For Noting

- ARAC - report from meeting on 22 June 2023.

12 Date & venue of next meeting: Tuesday 24 October 2023 at 10am. Venue to be confirmed.

Please note Tuesday 24 October 2023

13 Any Other Business

Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 22 June 2023 at 10am in the Conference Room, NIAS North Division HQ, 121-125 Antrim Road, Ballymena BT42 2HD

Present:	Mrs M Larmour	Chair
	Mr D Ashford	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Director of HR & OD
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Dr N Ruddell	Medical Director
Apologies:	Mr W Abraham	Non Executive Director
	Mr J Dennison	Non Executive Director
	Ms R Byrne	Director of Operations
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Mrs C Mooney	Board Secretary
	Mr M Cochrane	Assistant Director Operations (rep Ms Byrne)
	Ms A M McStocker	Health & Wellbeing Lead (for agenda item 6 only)
	Mr D Flanagan	Head of Safeguarding (for agenda item 10 only)
	Mr J Wilson	Boardroom Apprentice

1 Welcome, Introduction & Apologies

The Chair welcomed members to the meeting and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The meeting was declared as quorate.

2 Previous Minutes (TB22/06/2023/01)

The minutes of the previous meeting held on 11 May 2023 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Bloomfield.

3 Matters Arising (TB22/06/2023/02)

Ms Lemon referred to the action around updating the Board in relation to vacant posts and confirmed that specific information would be shared with members today.

She alluded to succession planning and advised that the Trust took account of turnover and age profile of staff as well as the outturn of students from the BSc programme. Ms Lemon indicated that she intended to raise the risks of not funding paramedic recruitment with the Workforce Policy Branch in the DoH and reminded colleagues that the DoH funded the BSc programme.

Members **NOTED** the Matters Arising.

4 Chair's Update

Commencing her update, the Chair advised that she had had further engagement with the Permanent Secretary as part of her induction. She said that their discussions had covered the budget and the challenges associated with achieving efficiencies; the importance of collaborative working across Trusts with a view to ensuring one part of the system did not disadvantage another.

The Chair indicated that the current terms of office for two Trust NEDs were due to cease on 17 August. She pointed out that the current NED recruitment exercise would close on 30 June and added that it would be unrealistic to expect new NEDs to take up post any earlier than September. With this in mind, she said she had suggested that the current terms of office should be extended by three months to ensure continuity of governance and accountability arrangements. The Chair said that, in her discussions with the Permanent Secretary, she had stressed the vulnerability of the Trust should extensions not be given.

She added that she had also taken the opportunity to raise the CRM business case and the need for DoH approval to the business case should transformational funding become available.

Continuing, the Chair said she was very conscious of the continuing challenges in terms of delayed handovers outside EDs. She said she had had the opportunity to meet with Mr J Patton, Chair of the SEHSCT, and had taken the opportunity to discuss with him the increasing delays at the Ulster Hospital. The Chair said Mr Patton was committed to working collaboratively with NIAS to identify potential solutions.

The Chair said that, following this meeting, she had spent some time with NIAS crews outside the Ulster Hospital which she had found insightful and helpful. She added that many of the issues raised by staff had also been raised by Directors in briefings. The Chair said she had briefed the Chief Executive on a number of the issues and added that she intended to visit other EDs to meet with staff.

Continuing her update, the Chair reported that she had attended the Public Sector Chairs' Forum as a Committee member and alluded to an event focussing on protecting services in a challenging fiscal environment.

The Chair said that, having just been appointed as Chair, she had been given the opportunity to 'buddy' with Ms Erskine, Chair of the BSO, and would meet her on a regular basis.

She advised that she had completed Accountability and Governance training as well as attending meetings of the Trust's Safety and Audit and Risk Assurance Committees. The Chair said she had found these helpful as part of her induction programme.

The Chair noted that she had recently attended the NHS Confederation Conference and had taken the opportunity to meet with Ms Pillin and Ms Parry from the Association of Ambulance Chief Executives (AACE).

The Chair advised that she had attended the second meeting of HSC Chairs with the Permanent Secretary where discussions had focussed on the need to live within financial envelopes whilst ensuring quality of care as well as recent service reconfigurations.

The Chair said she had made the point that such reconfigurations had a significant impact on NIAS when one took account of the impact of the 25% capacity lost at EDs. She said Chairs had also received a briefing from Mr Wilkinson on the reconfiguration plan and strong assurances around the key role played by NIAS and their involvement in discussions.

Continuing, the Chair said that there had been a request for a regional workforce approach but that this had been countered by the Permanent Secretary who put forward the view that the focus should be utilising the current workforce more effectively.

Concluding her report, the Chair conveyed her deepest sympathies and those of the Board to Mr Bloomfield on the recent loss of his Father.

Members **NOTED** the Chair's update.

5 **Chief Executive's Update**

Mr Bloomfield reported that he had met with the Head of the National Ambulance Service in the Republic of Ireland at the end of May to explore potential areas of collaboration, with a particular focus on specialist response services. He reminded the meeting of the key role the NIAS HART had played in the Creeslough tragedy in terms of the recovery of individuals from the explosion and administering life-saving treatment.

Mr Bloomfield said that, given the infrequency of such incidents, both services were exploring the potential to have an all-Ireland response where specialist teams from both sides of the border could be deployed to incidents. He noted that a possible source of funding had been identified but that it would be important to explore all areas in the first instance.

Continuing, Mr Bloomfield advised that, at the end of May, SMT had met with two DoH Deputy Secretaries, Mr Toogood and Mr Wilkinson, as part of a series of visits being undertaken by the DoH colleagues to gain a better understanding of the challenges facing Trusts. He said NIAS had presented a number of transformation initiatives including the work of the Complex Case Team and initiatives aimed to increase the level of non-conveyance to hospital

through enhanced skills and access to patient care pathways. Mr Bloomfield added that Mr Toogood and Mr Wilkinson had also met with EAC staff and heard at first hand of the challenges they face in their day-to-day work.

During the discussion, Mr Bloomfield said that SMT had raised issues relating to the CRM business case which had been resubmitted to the DoH in February 2023 as well as delayed handovers and the fact that these were now increasing. He said that Directors had taken the opportunity to highlight Trust concerns around Emergency Planning, Resilience and Response and he reminded the meeting that these had been raised in late 2022 when he and the former Trust Chair had met with the Permanent Secretary. Mr Bloomfield explained that these issues would also be discussed at the Ground Clearing meeting attended by Directors and senior DoH colleagues ahead of the formal Accountability Review meeting with the Permanent Secretary in early autumn.

Moving on, Mr Bloomfield reminded colleagues that some issues around relationships with Trade Unions had been highlighted at the previous Board meeting. He advised that he and Ms Lemon had met with Trade Union colleagues to discuss how working relationships might be more effective and, at the meeting, had confirmed the Trust's commitment to partnership working as well as discussing areas of shared interest. It had also been agreed that regular meetings would be held moving forward.

Mr Bloomfield said the Chair had alluded to service reconfiguration in her remarks and he referred to the recent media coverage of meetings between the SHSCT and community and elected representatives following reductions in consultant staffing which had put a range of services under pressure. Mr Bloomfield pointed out that, while efforts continued to stabilise services at Daisy Hill Hospital, with effect from 31 May stroke services had been suspended on that site and NIAS had to put in place bypass arrangements. Mr Bloomfield explained that this bypass now necessitated NIAS conveying approximately one patient per day to Craigavon and he indicated that this meant that one emergency vehicle was out of area while the transfer was taking place. He said that there could be greater impact on NIAS as further service reconfigurations take place. Mr Bloomfield explained to members that it was the cumulative nature of such reconfigurations which impacted on NIAS and said he appreciated the Chair discussing this

point with the Permanent Secretary. He advised members that Trust officers were involved in ongoing discussions with the Southern Trust and others about how the situation might be stabilised and had continually made the point that, in order to mitigate against these changes, there must be appropriate investment in NIAS to increase capacity. Mr Bloomfield said he would keep members informed.

The Chair alluded to recent discussions Ms Paterson had had with Dr O'Kane, Chief Executive, SHSCT, around paramedic recruitment.

Ms Paterson clarified that, in her discussions, Dr O'Kane had alluded to the potential for the SHSCT to invest in paramedic workforce in-house. However, Ms Paterson said that she had pointed out that such a move had the potential to de-stabilise the paramedic workforce and had emphasised that the preferred option would be for the SHSCT to invest in NIAS to allow NIAS to increase its capacity.

Mr Bloomfield said that he would agree with the approach suggested by Ms Paterson and said it would be inevitable that any recruitment by the SHSCT for paramedics would attract NIAS staff. He advised that the focus of discussion at Trust Chief Executive meetings had been on the need to ensure consultant cover and agreed that stabilisation of services was important but should be done in partnership with NIAS. Mr Bloomfield said he would discuss this point further with Dr O'Kane.

Dr Ruddell said he would also discuss the issue with Dr Austin, his counterpart in the SHSCT. He emphasised the role played by NIAS not just around hospital service reconfiguration but also in the community and he said it would be important that the potential repercussions of any actions on another part of the system were understood.

Mr Bloomfield reminded the meeting that the response times within the Southern area were already well below the expected standard and said this had been raised on many occasions by elected representatives in the area. He said he was aware that the SHSCT had given consideration to using independent ambulance providers to undertake onward private transfers to relieve the pressure on NIAS. Mr Bloomfield said that he welcomed this proposal.

Mr Nicholson indicated that the financial elements related to service reconfiguration had been included in the Trust's Financial Plan. He alluded to the service changes in the South West Acute Hospital (SWAH) and said the NIAS estimation had been that NIAS would need to provide an additional two 24/7 emergency vehicles and said this was not an insignificant requirement. Mr Nicholson said he was mindful of discussions at the Trust's Audit and Risk Assurance Committee in relation to handover delays as well as lost capacity and the unintended consequences of these delays. He explained that currently around three 24/7 emergency vehicles operated in the area, and to provide an additional two 24/7 emergency vehicles was a significant additional requirement. Mr Nicholson also referred to the impact on staff and their health and wellbeing in terms of their availability for cover and noted that a number of service reconfigurations had potential to have a greater financial impact than others.

Mr Bloomfield agreed that having only three ambulances in the area each day to convey patients to other hospitals for periods of three hours would have a significant impact on the Trust's ability to respond to calls in the community. He referred to the unplanned nature of the service changes and said investment in additional capacity in response to these had not yet been made available.

The Chair suggested that it would be important, in her discussions with the Permanent Secretary and other HSC Chairs, to widen the discussion and narrative and make clear the cumulative impact on NIAS was around the 25% lost capacity at EDs as well as the knock-on effect of service reconfigurations and the level of overtime required to facilitate these.

Ms Lemon noted that Ms McStocker would join the meeting later to present an update on the Health and Wellbeing Strategy and said the challenges of introducing a Strategy which focussed on health and wellbeing at this time should not be underestimated. She pointed out that staff were not finishing their shifts on time due to extended waits at EDs and, as a result, other staff were busier in terms of responding to calls in the community and had a higher level of proportionate exposure to trauma. Ms Lemon pointed out that, while the Trust would make every effort to address absence management, it was clear that there were other causation factors to absence.

The Chair emphasised the nature of the cumulative impact and said she would find it helpful to have some narrative to inform ongoing discussions.

Continuing his report, Mr Bloomfield advised that, in the first King's Birthday Honours, Mr Brian Maguire, RRV paramedic received the King's Ambulance Medal, while Mr Johnny McArthur received the MBE for his contribution towards the planning of the King's visits to NI.

The Chair congratulated Mr Maguire and Mr McArthur on behalf of the Board and suggested they should be invited to meet with members ahead of a Board meeting to mark their awards.

Mr Bloomfield concluded his report by reminding the meeting that the graduation ceremony for the 4th and final cohort of NIAS trained paramedics would take place on 28 June in the Ulster University, York Street. He pointed out that future cohorts of paramedics would be trained through the BSc route in the University.

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

6 **'Healthy People, Healthy Place' update on year one of the Health and Wellbeing Strategy (TB22/06/2023/03)**

The Chair welcomed Ms Ann Marie McStocker, Health and Wellbeing Lead, to the meeting and invited her to update members on the first year of the Health and Wellbeing Strategy as well as the developments in the model of delivery for Critical Incident Stress Management/Peer Support.

Responding to a comment from Mr Ashford around the costs of procuring supervision, Ms McStocker advised that supervision arrangements were currently in place for the three individuals who delivered debriefs. She explained that debriefs after any major incident took place on a face-to-face basis and usually within five days of the incident.

Ms Lemon indicated that these were supplementary arrangements and said the Trust also received support from Inspire and the PSNI support services. She explained that, prior to the introduction of the

Strategy and the peer support model, staff would have received a phone number to contact when experiencing difficulties. Ms Lemon said that there had been a marked improvement in the approach and ethos of supporting staff.

In terms of how the model worked, Ms Lemon explained that there were a number of pathways around peer support. However, the Critical Incident Stress Management (CISM) model helped identify where further pathways might be necessary, including access to a clinical psychologist to provide supervision and oversee the delivery of the model. She said the model allowed the Trust to adopt a proactive approach and added that the data from Inspire would evidence a huge increase in work.

Ms Lemon was of the view that a huge proportion of peer support related to legacy issues and explained that there were staff who had never had exposure to peer support previously. She advised that there could be occasions, for example the anniversary of an event, which may cause retrospective trauma and staff having to seek peer support for the first time.

The Chair agreed with the point made by Ms Lemon in relation to how anniversaries of legacy incidents could potentially act as a trigger for individuals. She invited views from Mr Cochrane as to the difference being experienced by operational staff because of the peer support service.

Mr Cochrane acknowledged that the service had initially been viewed with a certain degree of suspicion by staff. However, the peer support service had since become integral to everyone's thinking and part of 'normal service'. He alluded to the fact that peer support officers very often spent time with staff in the Emergency Control Room (EAC) as staff here were the first point of contact for traumatic and stressful calls.

Ms McStocker explained that a different approach was adopted in terms of the provision of peer support services to staff within the EAC in that peer support services were in the room with staff when receiving calls. She advised that this approach was in line with other UK ambulance services and said it was important for support to be available at the time of the call. However, Ms McStocker indicated that, in terms of operational staff on the road, it was advisable that peer support was provided following the call.

Ms Lemon said there was a need for a more detailed understanding of the high absence figures within EAC and whether there were any trends or patterns evident from the peer support referrals, for example a high incidence of exposure to trauma or culture within the room. She advised that Inspire would also be present within the room on a regular basis and said charitable funds had been used to provide a hub for staff to be able to leave the room to decompress.

Mr Cochrane enquired whether this support would also be available to colleagues who had been exposed to trauma, for example through a Serious Adverse Incident.

Ms Charlton advised that there had been discussion at the national Quality Improvement, Governance and Risk Directors group (QIGARD) around staff in non-patient facing roles who might require intervention because they were continually exposed to adverse incidents. She added that this would apply to those staff looking after SAIs, complaints and safeguarding. Ms Charlton said there was a recognition of the need for frameworks and support and consideration was being given to this issue on a national basis and internally.

Ms Lemon said it was clear that there were variations in the levels of exposure to trauma by different staff groups. However, she pointed out that exposure was not always about a major traumatic incident but the impact on a member of staff could have come about as a result of cumulative exposure to trauma.

The Chair queried whether there was a different approach to deal with staff who presented with cumulative exposure to trauma.

Ms McStocker explained that a trauma informed approach was a general progression of moving from critical incident and clinical psychology support towards being genuinely trauma informed. She said that training in stress management and incident stress management had been provided and aimed to produce better outcomes for organisations responding to trauma from different levels. Ms McStocker added that a number of pilots were currently underway advocating this approach.

She said that Inspire had confirmed that a high proportion of its referrals had related to cumulative trauma and Inspire had also

advised that NIAS was in line with other organisations who had opened up referral pathways. She added that, when there was improved accessibility, it was likely that the Trust would see an increase in referrals due to cumulative exposure which individuals had managed for long periods of time.

Continuing, Ms McStocker said that it would be important to increase accessibility and acknowledged that there was still a level of fear and stigma amongst staff.

The Chair agreed that huge stigma remained around having to seek support and suggested that, on occasions, organisational culture was to blame. She queried whether a referral had to be made through an individual's line manager.

Ms McStocker confirmed that a member of staff could self-refer. She advised that 78% of staff coming through the process had made changes and experienced significant improvements which meant that individuals were now well. She said that staff had been able to develop skills which could be used at times of pressure.

Ms McStocker said this represented investment in an evidence-based approach which would ultimately increase resilience and allow staff to develop skills which they could employ throughout life.

Ms McStocker referred to the NIAS/UNISON survey which had been conducted in 2017-18 and said that, in terms of how staff cope, only 9% of staff had indicated they would approach their line manager. She said that she would like to see this figure increase.

The Chair said that now the data was available, it would be important for the Trust to challenge itself and query what mechanisms could be put in place to improve the position for staff. She referred to the late finishes and acknowledged that this had remained an issue for staff for some time. The Chair said there was real tension in terms of experiences of staff at the frontline and asked what measures there would be within the Trust's influence to alleviate these issues.

Mr Bloomfield accepted that late finishes remained the single biggest issue for staff. He alluded to the use of crew relief teams to allow those staff waiting for extended periods of time at EDs to finish on time. However, he said there were not enough crew relief

teams to allow all staff delayed at EDs to finish their shift on time and accepted further improvement was required.

Mr Bloomfield said there continued to be positive feedback from staff in relation to peer support and added that it would be important to build on this.

Ms Charlton alluded to late finishes and said that the impact was not only on the individual member of staff but potentially on relationships with partners and children. She referred to the narrative of DATIX reports submitted by staff around late finishes and suggested that the Trust Board would find such reports powerful.

Mr Haslett thanked Ms McStocker for her presentation and said she was clearly very passionate about progressing the Strategy and further embedding the peer support model. He referred to the earlier comment from Ms McStocker that 78% of staff had experienced significant changes as a result of peer support input and queried the remaining 22% which potentially had not benefited from support. He asked if there were any trends in terms of gender access.

Ms McStocker advised that there was research and evidence to support the linkages between quality of life, gender and how individuals manage in terms of connections with other people. She said that, in speaking with those staff who had experienced delayed handovers at EDs, they had indicated they felt better coming to work as other colleagues had gone through similar experiences.

The Chair thanked Ms McStocker for her presentation and said her passion for the subject had provided reassurance to members.

The Board **NOTED** the 'Healthy People, Healthy Place' update on year one of the Health and Wellbeing Strategy'.

Ms McStocker withdrew from the meeting at this point.

7 Draft NIAS Corporate Plan 2023-24 (TB22/06/2023/04)

Ms Paterson reminded the meeting that an early draft had been discussed at the May Trust Board and members' comments had been taken on board. She explained that the Trust would use the

Corporate Plan to assess delivery of the Trust Strategy 'Our Strategy to Transform 2020-2026' and said that the Plan set out a summary of key objectives for public information.

Ms Paterson indicated that the objectives within the Plan were very much underpinned by specific Directorate objectives which would be reported on via the internal accountability meetings. This reporting would be supplemented by scrutiny through the Trust Committee structure.

In terms of the process followed, Ms Paterson explained that Directors had reviewed their respective actions as a number of them had appeared in previous Corporate Plans to either re-prioritise them or confirm that the action would be completed in-year.

Ms Paterson advised that the Board would receive an update on progress once the first round of internal accountability meetings had taken place. The update would include a summary of those actions deemed at risk for delivery and the corresponding mitigations Directors would put in place. She pointed out that, in addition to these meetings, an enhanced assurance framework would be implemented for monitoring purposes to ensure the Board had a complete view of all actions being progressed by Directors.

Mr Haslett welcomed the latest iteration of the Corporate Plan and said it was concise and clear.

Mr Ashford agreed with these comments.

The Chair acknowledged that, although Ms Lemon was leading on the work in relation to absence management, the responsibility for absence lay with all Directors.

Ms Lemon confirmed that this was the case and acknowledged that, while the vast majority of staff were within the Operations Directorate, she and Ms Byrne had agreed that delivering on attendance management would be a priority.

The Board **APPROVED** the NIAS Corporate Plan 2023-24.

8 **NIAS Quality Strategy (TB22/06/2023/05)**

The Chair said she was conscious that there had been detailed discussion re the Strategy at the recent Safety Committee meeting on 8 June and she invited Mr Ashford, as Committee Chair to comment.

Mr Ashford said the Committee had received the Strategy and said he was content that it had been discussed in detail.

Ms Charlton pointed out that the Trust, in its 'Strategy To Transform 2020-26' had committed to the development of a new Quality Strategy which would reaffirm the Trust's commitment to quality improvement (QI) and collate all Trust activities aimed at improving the quality and safety of the care it delivered.

She explained that the purpose of the Strategy was to set out the quality improvement goals and measures for NIAS in providing high quality urgent and emergency care and treatment as well as scheduled, non-emergency patient transport services over the next three years. Ms Charlton advised that, in line with other UK ambulance services, the definition and framework for quality had been based on the regulatory model used by the Care Quality Commission (CQC) which includes five key quality domains:

i. Safe
ii. Effective
iii. Compassionate
iv. Well led
v. Responsive

Ms Charlton advised that, for each of the five domains, key priorities/aims for improvement had been identified and key projects/areas of work included.

The Chair said she very much appreciated the work which went into developing the Strategy and thanked those involved.

The NIAS Quality Strategy was **APPROVED** on a proposal from Mr Haslett and seconded by Mr Ashford.

9 **NIAS Involvement & Co-Production Strategy 2023-26 (TB22/06/2023/06)**

As with the Quality Strategy, the Chair noted that the Involvement and Co-production Strategy had been discussed in detail at the Safety Committee.

She commented on the relatively small number of people who had contributed to the development of this Strategy and asked what plans were in place to increase this participation.

Responding, Ms Charlton explained that, within the Strategy itself, there were actions to be progressed with one immediate action relating to establishing a NIAS Service User Forum. She confirmed that the Trust had held service user engagements in shopping centres and had had some success with these. However, Ms Charlton said that Mr Gillan had been in post as Head of Co-production for a year and added that members would now begin to see a demonstrable increase in the number of service user engagements.

She stressed the importance of having service users involved in the work of the Trust and said there were plans to ensure the involvement of service users progressed through the spectrum of co-production to co-design.

The NIAS Involvement and Co-Production Strategy 2023-26 was **APPROVED** on a proposal from Mr Haslett and seconded by Mr Ashford.

10 **NIAS Safeguarding Trust Position Report (TB22/06/2023/07)**

The Chair welcomed Mr Des Flannagan, Head of Safeguarding, to the meeting and invited him to present the NIAS Safeguarding Trust Position report.

Mr Flannagan advised that, during the reporting period 2022-23, substantial work had been undertaken to raise the profile of safeguarding, both within NIAS and with key partner agencies. He said that this focus was consistent with the principle that safeguarding was everybody's responsibility, necessitating a commitment from all Directorates in NIAS to develop a culture of continuous learning and improvement to promote the safety and

welfare of adults and children at risk of harm and in need of protection.

Mr Flannagan reported that NIAS requested and supported a peer review into the NIAS Safeguarding Service undertaken in March 2023 by the Head of Safeguarding from London Ambulance Service (LAS) and the Welsh Ambulance Service (WAS). He indicated that this review reinforced a number of the areas for improvement identified in previous position reports, including resourcing of the safeguarding service, staff training, and risks associated with the pathways for making safeguarding and welfare referrals to HSC Trusts.

Continuing, Mr Flannagan reported that there had been specific focus on agreeing a standardised approach to reporting safeguarding referrals from NIAS. In particular, he said that significant efforts had been made to seek HSC Trust engagement in improving NIAS welfare referral pathways across the region. Mr Flannagan acknowledged that this work had been ongoing for a number of years without having reached a resolved position.

Mr Flannagan reported that the Trust had continued to progress collaborative working with SPPG and HSC Trusts and had engaged with DoH colleagues regarding safeguarding within NIAS with the aim of achieving the improvements required.

He advised that a welfare referral pathway pilot had commenced with the BHSCT in March 2023 with the pilot following quality improvement methodology and said that the Trust's Quality and Service Improvement Lead was currently providing support to the pilot which was expected to run to July 2023.

Mr Flannagan pointed out that a key objective for the coming year would be the development of a NIAS Safeguarding Allegations Policy which would sit alongside safe recruitment procedures. He believed that it was likely this work would increase into specific areas of safeguarding for staff and patients including Sexual Safety Charter for staff and students in the workforce, a NIAS Domestic Abuse Policy and a Chaperone policy.

Ms Charlton alluded to the RQIA Improvement Plan in place from December 2019 which specifically referred to welfare pathways for out-of-hours referrals. She acknowledged the importance of making

referral pathways as straight forward as possible for staff to navigate and said there had been some resistance from other Trusts for direct welfare referrals which was, she believed, a testament to how overwhelmed other services were currently and potentially the need for assurance re thresholding within NIAS.

Continuing, Ms Charlton pointed out that NIAS was a significant outlier when compared with other ambulance Trusts' referral rates, with the current referral rate within NIAS approximately 0.25% compared to other ambulance Trusts' referral rates of between 2.5-3%.

Ms Charlton said she had expressed concern at the lack of progress in terms of welfare pathways and the failure to reach a resolved position. She added that NIAS was due to meet again with SPPG/DoH and Trust colleagues in August and, if no resolved position was forthcoming, NIAS may have to unilaterally determine the way forward. She explained that currently NIAS staff had to finish their shift and return to station to make a DATIX referral. Ms Charlton believed that the absence of a clear process had potentially contributed to under-reporting and said there was a need to improve the process for staff and make it easier for them to make referrals. She added that the full implementation of REACH would assist staff in making electronic referrals but these needed to be supported by other Trusts.

Mr Bloomfield expressed his agreement for the approach described by Ms Charlton and commented that it was necessary to demonstrate a greater level of collaborative working.

Ms Charlton was of the view that lack of clear processes would discourage staff from making referrals and acknowledged that this was one factor contributing towards the Trust's low referral rate.

The Chair suggested that the public would not be supportive of a potential defence by Trusts that they were under pressure should it transpire that a safeguarding issue had been identified and not progressed.

Ms Charlton said that NIAS could not continue to accept this position either and added that the Trust was keen to see a definitive resolution to this issue in partnership with other Trusts. She advised that Mr Flannagan had been instrumental in designing a

module for the REACH programme which aimed to assist staff in making the right decision around the threshold to make a referral. Ms Charlton indicated that she intended to raise the issue of safeguarding at the DoH Ground Clearing meeting on 27 June with senior SPPG/DoH officials.

Mr Flannagan acknowledged that there were risks relating to staff training and explained that some staff who had been in the service for a long time had had very little or no face-to-face safeguarding training. He said that, when one considered the referral profiles of staff, it was usually younger staff coming into the service who tended to refer onwards. Mr Flannagan said one could also see areas of excellent practice amongst staff.

The Chair asked whether safeguarding was engrained in staff practice or whether staff felt uncomfortable about making a referral.

Responding, Mr Cochrane pointed out that there was evidence to show that safeguarding was not fully understood by staff and he acknowledged the need to increase awareness using whatever means possible. He referred to REACH and said there had been some issues in relation to the reliability of the system.

Ms Paterson accepted that there had been reliability issues with the REACH devices a number of years ago but said that the project had since been supplemented with additional devices. She said that uptake and completion of ePCR remained low and believed that this had been due to training having been provided some time ago and it was now necessary to provide further training.

Continuing, Ms Paterson advised that there had been discussion at SMT around mandating the use of ePCRs and said that the issue of mandating its use focussed more on encouraging staff to identify the need for further training. She added that the Health and Care Professions Council (HCPC) had also mandated the use of ePCRs. Ms Paterson said it would be important for frontline staff to identify any issues as the full implementation of REACH was being rolled out across the region. She pointed out that the supplementary devices were also available in vehicles and these were currently being piloted in Belfast and the West as well as in a number of RRV vehicles. Ms Paterson agreed to bring a further update to Trust Board.

Ms Charlton agreed that mandating the use of ePCRs would encourage staff to access the necessary training. However, she believed that there were also some human factors which needed to be taken into consideration when providing support to staff.

Mr Bloomfield agreed that it would be important to ensure staff received the necessary support in the use of ePCRs and said that the decision to mandate the use of ePCRs would be helpful in this regard.

The Chair said that, from her perspective, she had observed that the Trust was lagging behind somewhat in the use of technology and added that it would be important for progress to be made and to bring staff along on that journey. She said she agreed with the decision to have a definitive date for the use of ePCRs and believed the use of REACH to be an investment by the Trust in its staff and one which the Trust would support and train staff in its use.

Mr Cochrane said that the Trust had been proactive in terms of offering training to staff but agreed that a cut-off date for the use of ePCRs would be helpful.

The Chair queried the level of safeguarding training provided to staff and said that other Trusts appeared to have attained Level 3.

Mr Flannagan said that some other ambulance Trusts had indicated they had achieved Level 3 training and added that the Intercollegiate Documents for Safeguarding Roles and Competencies for Health Care Staff (2018) stated that paramedics should be trained to Level 3. He indicated that the target was to have all paramedic staff trained to Level 3 but this would involve at least a half day face-to-face training while Level 2 could be provided virtually. He clarified that if staff undertook Level 3 training in the first instance, it would not be necessary to achieve Level 2.

Ms Charlton said there was a recognition in the Trust that, unlike other ambulance services, safeguarding had never been mandated in NIAS. She reminded the meeting that the Safeguarding Strategy had been written prior to the appointment of a Head of Safeguarding. Ms Charlton pointed out that the Training and Education Strategy had alluded to starting at Level 2 training in recognition that the Intercollegiate Documents asked for Level 3 and the Trust had anticipated moving to Level 3 in 2022. She indicated

that, in 2022, clinical staff had been released for REACH training only. However, Mr Flannagan was providing Level 3 training to the BSc and AAP students.

Ms Charlton pointed out that NIAS staff responded to medical emergencies as their priority while, at the same time, had to take cognisance of the potential need for safeguarding.

Continuing, Ms Charlton referred to the peer review undertaken by the LAS and the WAS and said that those undertaking the review had identified a number of concerns and the fact that the Trust was not meeting its training KPIs as well as identifying that some staff had not undertaken any training in safeguarding at all. She said that she was currently liaising with Dr Ruddell to ensure that Mr Flannagan was assured of a training slot on any education days for which operational staff were released.

Ms Lemon commented that it was easy to focus on what needed to be done and said that, since Mr Flannagan's appointment, the Trust had made significant progress. She said she appreciated that there was more to do but said it would be important to acknowledge the progress which had been made.

Mr Flannagan explained that an issue which had concerned him related to the management of allegations within the Trust and he said that he had alluded to this in the Position Report in terms of recent reports from the ambulance service and the Metropolitan Police. He said that the development of procedures and processes was a priority for the Trust in terms of how allegations would be handled and understood around perpetrator behaviour. Mr Flannagan was of the view that there were key elements of information threaded throughout the reports and that these should be taken into account.

Mr Wilson referred to page 6 of the Position Report and Mr Flannagan undertook to revisit the graphs.

Following this discussion, the Safeguarding Position Report was **APPROVED** on a proposal from Mr Ashford. This proposal was seconded by Mr Haslett.

The Chair thanked Mr Flannagan for his attendance and he withdrew from the meeting.

11 **Performance Report (June 2023) (TB22/06/2023/08)**

The Chair asked Directors to highlight the salient points from the Performance Report.

Ms Lemon advised that work was ongoing to review the available HR information and how it might be best reported to Trust Board. She indicated that the first meeting of the Attendance Management Project Board had been held on 20 June and discussion had taken place about the importance of drilling down into the information to determine the 'hot spots'. Ms Lemon pointed out that there would be a particular focus on the Southern Division and EAC where there were high absence levels and said there would be some dedicated resource to supporting managers in those areas.

She alluded to the earlier presentation by Ms McStocker around mental health and acknowledged that another area of concern was that of musculo-skeletal (MSK) injuries which was a contributory factor to staff absence. Ms Lemon said that members of the Trust's Safety Committee had been briefed on the inability of the Trust to provide certain training and she cited the example of Manual Handling training.

Continuing, Ms Lemon confirmed that the new redeployment process was now in place and said that work had been carried out to reinforce the key role of line managers in the management of absence and provide support to enable them to have a leadership approach.

Ms Lemon acknowledged the complexity of managers' workloads but said it would be important to ensure that staff leadership was key. She undertook to bring further information to PFOD Committee around the targeted actions being taken forward.

The Chair believed that the PFOD Committee would welcome this reassurance.

Mr Cochrane commented that, as an Operational team, it was clearly understood that this was a top priority. He added that in the last quarter, the Operations Directorate had released managers to attend a workshop around improving attendance management.

The Chair noted that a number of performance areas clearly sat within the remit of the Operations Directorate and asked how the Directorate was managing the capacity and demand issues in terms of staff waiting outside EDs and whether there were any apparent trends in relation to handover delays.

Responding, Mr Cochrane acknowledged that initially the backstop agreed by all Trusts had been effective but that waiting times outside EDs had now started to increase. He noted that EDs had been reporting higher number of walk-ins and said that this still impacted on NIAS staff waiting outside EDs.

Ms Paterson referred to the Operational Improvement Plan and said that there was a number of regional and internal actions underway to try to address any levers around efficiency and productivity. She added that progress would be reported at Trust Board with regard to the assurance framework.

Mr Bloomfield reminded colleagues that, in the recent past, the NIAS performance in Cat 2 and Cat 3 performance was significantly better than the English average. However, he acknowledged that this gap had since narrowed. He pointed out that the NIAS Cat 2 mean response was 31 minutes against an English average of 32 minutes. Mr Bloomfield advised that response times for Cat 3 were similar when compared against the target of two hours. He reported that NIAS Cat 3 mean response was three hours 16 minutes against an English average of four hours 12 minutes and said it was clear that actions taken in England had improved their performance. However, Mr Bloomfield said it was still encouraging to see that NIAS was not an outlier compared to English Trusts as had been the case prior to the pandemic.

Mr Haslett referred to the variation in waiting times at hospitals throughout the region.

Mr Bloomfield pointed out that the Ulster Hospital remained an outlier in terms of its handover times and would regularly be longer than three hours.

Mr Cochrane pointed out that the Ulster Hospital was transferring to a new ED facility which had less capacity and said this was concerning as the Trust had reduced beds in the ED.

Ms Charlton indicated that the standard response target was 18 minutes for Cat 2 calls and said that a significant number of patients waiting in the back of ambulances outside EDs were Cat 2 patients. She expressed disappointment that NIAS staff were striving to achieve the standard response time of 18 minutes only to have to wait outside EDs for protracted periods. Ms Charlton said that the Trust was undertaking some analysis around the types of patients waiting outside EDs to gain further understanding regarding the patient safety risk.

The Chair said there was clarity around where the pressures were in the system and believed that everyone had a responsibility to make a difference where possible and work with colleagues.

The Performance Report was **NOTED** by members.

12 **Finance Report – verbal report**

Mr Nicholson commenced his update by advising that the Trust had recently received formal notification from the SPPG of its allocation and drew members' attention to the correspondence from Ms Gallagher dated 14 June 2023.

Continuing, Mr Nicholson took members through the detail of the allocation letter and explained that the Trust allocation had been divided into sections which would aid members' understanding. He pointed out that the prior year savings targets had been removed and reminded the meeting that the Trust was now required to save £1.975 million which was its share of the overall £60 million to be saved by Trusts. He indicated that £1.975 million had been retracted from the baseline recurrently.

Mr Nicholson said that the Trusts had been directed by the DoH to implement their low and medium impact savings plans. He explained that NIAS hoped to be able to deliver £1 million through continuing slippage on non-frontline and non-clinical vacancies and said there was a need to explore how the Trust might deliver the balance of the £1.975 million required.

Mr Nicholson pointed out that savings described as high impact were not being requested by the DoH at this point.

Referring to the allocation, Mr Nicholson reported that the Trust had received significant support for general non-pay inflation as well as a specific increase in funding to cover heat, light and power. He added that a significant cost pressure for NIAS was the cost of fuel and he confirmed that the Trust had received an allocation in this respect on the understanding that, should costs not increase as expected, the resource will be returned to the DoH.

Mr Nicholson welcomed the significant allocation of £7 million in respect of Covid-19 support and reminded the meeting that early indications had been that no additional support would be available to support Covid-19.

Mr Nicholson said that the Trust continued to experience significant pressures, most notably in respect of the lost hours of operational cover. He indicated that the allocation letter acknowledged this pressure and an allocation of £4 million had been provided. Mr Nicholson confirmed that, within the Trust's Financial Plan, it would be important to reference the extended ED turnaround times.

He added that the Financial Plan would also allude to the wider HSC service reconfigurations and for which NIAS was required to provide additional cover on a 24/7 basis to address the pressures and ensure ambulance cover was maintained.

Mr Nicholson advised that the SPPG would have a real focus on the reduction of agency spend and sickness absence and said members would be aware of the Trust's efforts in this regard.

Continuing, Mr Nicholson welcomed the improved position compared to the start of the calendar year. He said that Trust staff would now work to develop the Financial Plan with a view to seeking Trust Board approval ahead of its submission to the SPPG by 30 June.

Mr Bloomfield said it would be important to alert Trust Board that it was highly unlikely that the Trust would be in a position to forecast a breakeven position for the year. He reminded members of the DoH's instruction to Trusts to proceed to implement low and medium impact savings proposals. He pointed out that it would not be straightforward to implement these proposals and suggested that for some service users, low impact proposals could potentially have a detrimental effect.

Mr Bloomfield said it would be difficult for the Trust to forecast a breakeven position without having to implement its high impact savings proposals. However, he appreciated that such decisions would ultimately be made by the Trust Board and assured members that Trust officers would make every effort to identify sufficient savings to avoid the implementation of any high impact proposals.

The Chair suggested that an extraordinary Trust Board should be convened before 30 June to allow members to consider the draft Financial Plan. She referred to the potential for withdrawal of services and the need to take account of Section 75 statutory responsibilities in terms of any adverse impacts on population groupings.

Ms Paterson clarified that the Circular around the withdrawal of services allowed for progressing the implementation of low and medium impact savings proposals at the same time as any consultations around change in services.

Ms Charlton was of the view that, from a public perspective, such an approach would be disingenuous and not in keeping with the Trust's statutory responsibilities.

Mr Haslett queried why the £4 million allocation had been referred to in the covering letter from Ms Gallagher and not in the accompanying table.

Mr Nicholson said he believed the allocation would be included at a later date.

The Chair welcomed the clarity of the in-year budget. However, she alluded to the uncertainty around the additional allocation of £4 million for service delivery and the fact that it had not been included in the table setting out the Trust's overall allocation.

Continuing, the Chair indicated that the requirement upon the Trust to deliver approximately £2 million of savings would prove extremely challenging despite the positive budget outcome. She noted that most of the efficiencies she had been briefed on related to savings which could be made without impacting on patients and care.

She said that, as a Board, she was uncomfortable with being advised it was unlikely that the Trust would be able to meet its statutory responsibility to achieve a breakeven position. She alluded to the need to take account of the requirement for public consultation, the potential impact on individuals who needed the Trust's services and on the safety and quality of the services and believed that the Board had a shared responsibility to take what would be potentially difficult decisions.

The Chair welcomed the candour of the discussion and assured Directors that the Board considered this issue to be of the utmost importance. She commented that the extraordinary Board meeting would provide the opportunity for members to clearly understand the risks involved and the measures that may have to be considered in order to balance the statutory responsibility of ensuring a breakeven position.

The Board **NOTED** the Finance Report as presented by Mr Nicholson.

13 **Committee Business:**

- **Audit & Risk Assurance Committee – minutes of meeting on 30 March 2023 & report from meeting on 18 May 2023;**
- **Safety Committee – minutes of meeting on 28 February 2023 & report from meeting on 8 June 2023 (TB22/06/2023/09)**

Members **NOTED** the Committee minutes and reports of meetings.

14 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 24 August 2023 at 2pm. Venue to be confirmed.

15 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.15PM.

SIGNED: _____

DATE: _____

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD – 22 JUNE 2023

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Service reconfigurations and impact on NIAS: - keep members updated; - discuss with Dr O'Kane/Dr Austin issue of paramedic recruitment; - narrative for the Chair re cumulative impact to inform ongoing discussions	MB MB/NR MB	Ongoing Ongoing Ongoing
2	Arrange for Mr Maguire & Mr McArthur, recipients in the King's Birthday Honours, to meet with members ahead of a Board meeting	CM	To be arranged when Board is meeting in/ near HQ
3	REACH – further update to be provided at August Trust Board meeting	MP	Update to be provided under Matters Arising
4	Information re targeted actions to address absence management to be provided to PFOD Committee	ML	Discussed at PFOD Cttee on 4/7/23
5	Late finishes – consideration to be given to how the narrative around late finishes DATIX could be shared with members	LC	Arrangements being made for member of staff to attend Trust Board in December

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	24 August 2023
Title of paper:	Update on Helicopter Emergency Medical Services (HEMS) & Advanced Paramedics Critical Care
Brief summary:	NIAS has embedded an Advanced Paramedics Critical Care (APCC) programme as part of the HEMS service. Glenn O'Rorke, HEMS Lead, will join the meeting to present an update on HEMS and the APCC programme.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	SMT – 25/7/23
Prepared and presented by: **Date:**	Glenn O'Rorke, HEMS Lead 17 August 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	24 August 2023
Title of paper:	Amendment to NIAS Standing Orders
Brief summary:	The NIAS Standing Orders, Reserved and Delegated Powers and Standing Financial Instructions provide a comprehensive business framework for the Trust and allow the organisation to discharge its functions. At its meeting on 7 May 2020, the Board approved a temporary provision within the Standing Orders not to admit members of the public to Board meeting. This reflected the Government guidance at that time. This guidance has since been removed and Board approval is sought to revert to admission of the public to Trust Board meetings.
Recommendation:	**For Approval** ☒ **For Noting** ☐
Previous forum:	SMT – 25/7/23
Prepared and presented by: **Date:**	Carol Mooney, Board Secretary Maxine Paterson, Director of Planning, Performance & Corporate Services 17 August 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

AMENDMENTS TO NIAS STANDING ORDERS

- Changes to the Standing Orders will be approved by the Board and brought to the attention of the Audit and Risk Assurance Committee thereafter.

- It is proposed that these measures will take effect immediately.

SO Number	Heading/sub Heading	Proposed Change
3	Meetings of the Trust Board	Remove reference to *'In order to meet the social distancing requirements of Covid-19, the Board is unlikely to meet in person for the foreseeable future and so will meet by virtual means. As a result of this, members of the public, the Trust will make alternative arrangements for public and staff involvement by virtual means'.*
3.17	Admission of the public and the press	Remove reference - see point 3 above
4.8	Committees established by the Trust Board	Remove reference to: *'Trust Board Committee meetings will be held by virtual means for the foreseeable future.'*

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	24 August 2023
Title of paper:	Trust Performance Report August 2023
Brief summary:	This paper is presented to Trust Board for noting This paper outlines the Trust performance across key metrics up to and including 31 July 2023.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	SMT – 15/8/23
Prepared and presented by: **Date:**	Neil Walker, Head of Performance Maxine Paterson, Director PPCS 17 August 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST PERFORMANCE REPORT

NORTHERN IRELAND AMBULANCE SERVICE

August 2023

for July 2023 Data and Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

Resource Escalation Action Plan (REAP)

- At the time of writing of this report the Trust is in REAP 3 Major Pressure, though building pressures would indicate at the higher level of Reap 3. Action short of strike was extended for the period until end July 2023, with indication of probability to extend beyond this period.

Clinical Safety Plan (CSP)

- In keeping with National Ambulance Trusts, NIAS has implemented a Clinical Safety Plan (CSP) to operationally support the REAP position of the trust.
- The simple and dynamic plan is used in situations of excessive call volume or reduction in staff numbers enabling NIAS to respond in a timely and appropriate manner to increased service pressure, enabling a response as soon as identified triggers are met.
- Implementation of the plan has been enacted on a number of periods since last performance report at times of spikes in pressures , and required the re-profiling of existing resources with input from senior management and clinical support with good effect
- Previous Trust Board Performance Report noted following review of CSP escalation actions operations senior management and senior clinical directorate staff had reviewed and revised the order of escalation actions to prioritise welfare calls to prioritise patient safety with a the focus on the longest waiting patients out of standard. This mitigation remains in place and is embedded in practice within EAC
- The effectiveness of the procedure is monitored by the EAC Senior Leadership Team and colleagues from the Clinical Team from the medical directorate identified to support

Demand

- Demand for our services remains at a steady state, when comparing a year to date position between 2022 and 2023, we see a 4% decrease in demand levels. July 23 however as seen a small decrease from June 23, with EAC answering 611 calls per day on average.

Response Times

- Response time continue to demonstrate a steady state of underperforming against national targets for all Categories. Category 1 Mean was just over 10mins with Category 2 mean just over 37mins.

Clinical Hear & Treat and See & Treat

- The Clinical H&T rate for July 23 was 4%, which was an decrease from June 23. Clinical See & Treat saw no change in July 23 remaining at 14.8%

Handover

- July 23 saw the trust lose >8.4k hours with handover delays>15mins. There were 95 patients per day within July, that waited >60mins to get into Hospital.
- The 2hr Backstop is still not showing any signs of improvement in some trusts and the trend through July continues to illustrate a process out of control.

Patient Care Service

- Patient facing KPIs continue to show progress when compared against the same period last year, with the new dispatch guidance having a positive impact on arrivals and departures to and from Hospital sites.
- Productivity and efficiency in July 2023 is staring to show signs of improvement, showing an increase in the average number of patients per shift improving to 3.9 in July 2023.

Serious Adverse Incidents, Complaints, Compliments and Care Opinion

- There have been 18 potential SAIs reviewed, with the Trust being notified of 2 during June 2023.
- The trust has currently got 7 SAIs open and they are all at level 1 review.
- During May the Trust received 16 complaints and 32 compliments.
- There were also 16 stories submitted via care opinion during June 23

Northern Ireland Ambulance Service
Health and Social Care Trust

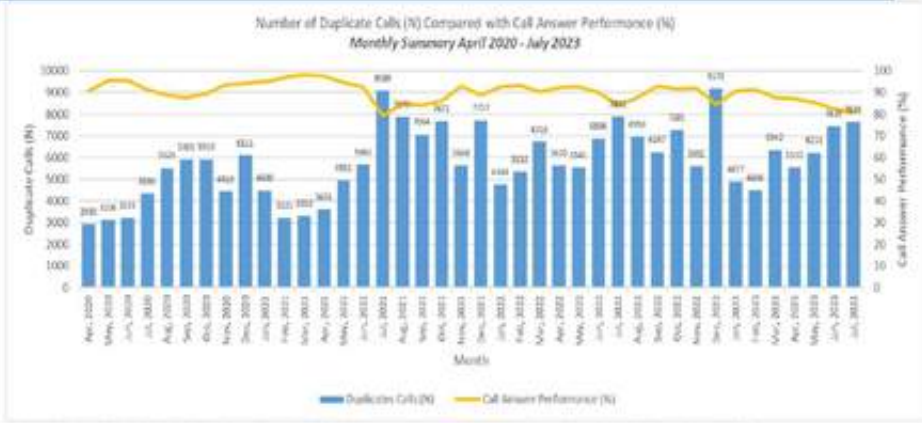
Our Patients | Emergency Demand Performance | Operational Demand

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

The analysis below describes: Calls Answered and Call Answering Performance

999 Calls Answered

Call Answering Performance and Duplicate Calls



- **July 23** has seen a **4% decrease** in demand levels within our control room compared to **July 22.** Year to Date 2023-24 has saw a decrease in demand of 4% when compared to same period 2022-23. In the same period, **Incidents** the trust has had to respond to have **increased 1%** comparing Year to date 2023-24 to 2022-23.
- **July 23** saw an decrease in the call demand from June 23, this was around 4 calls per day into EAC and this increase was mirrored across ambulance services in England.
- **Call Answering performance** continued to be a challenge through July 23 as staffing challenges within the control room particularly at weekends caused performance to drop **below 60%** on occasion. **July 23 call answering performance** was **80.7%** for the month. There is currently a training course running in the trust to address some of these challenges with a further course to commence September 23.
- **Duplicate Calls** continued to increase at over 7,600 for July 2023, which is a rise of 2% from June 2023. Year to date, the volume of duplicate calls grew 3% on the same period last year.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | 999 Response Time Performance | Response Times Scorecard

Latest Month	Jul-23

	Target	Current Performance: Latest Month	Current Performance: YTD (from April)	Current Performance: Rolling 12 Month	Benchmarking (Latest Month): National Data	Benchmarking (Latest Month): Best in Class	Benchmarking (Latest Month): Ranking (out of 12)
Category 1 response - Mean	8 Minutes	00:10:59	00:10:27	00:10:46	00:08:21	00:07:01	12
Category 1 response - 90th Centile	15 Minutes	00:21:10	00:20:21	00:21:17	00:14:59	00:12:09	12
Category 1T response - Mean	19 Minutes	00:14:15	00:13:48	00:13:48	00:10:23	00:07:49	11
Category 1T response - 90th Centile	30 Minutes	00:26:53	00:27:42	00:27:46	00:19:06	00:14:00	11
Category 2 response - Mean	18 Minutes	00:38:14	00:34:45	00:37:01	00:31:50	00:21:32	12
Category 2 response - 90th Centile	40 Minutes	01:24:14	01:15:27	01:20:41	01:07:53	00:40:44	12
Category 3 response - Mean	Not a target	01:51:24	01:33:33	01:34:38	01:50:09	00:49:08	7
Category 3 response - 90th Centile	2 Hours	04:40:32	03:48:00	03:51:39	04:21:53	01:52:58	7
Category 4 response - Mean	Not a target	03:32:12	03:02:07	02:31:34	02:21:19	01:12:04	12
Category 4 response - 90th Centile	3 Hours	10:12:14	07:53:42	06:43:58	05:32:05	02:03:42	12

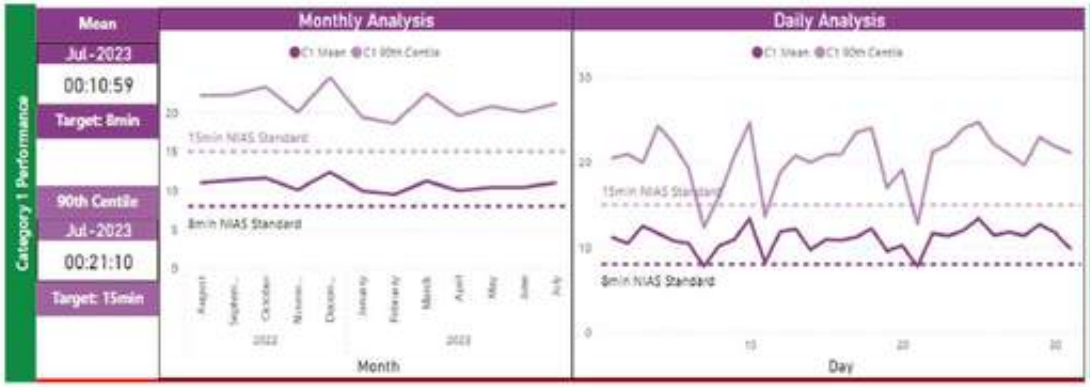
Please be aware. Benchmarking Data for the previous month is not released until the middle of the current month, and so data may not always be available.

Northern Ireland Ambulance Service
Health and Social Care Trust

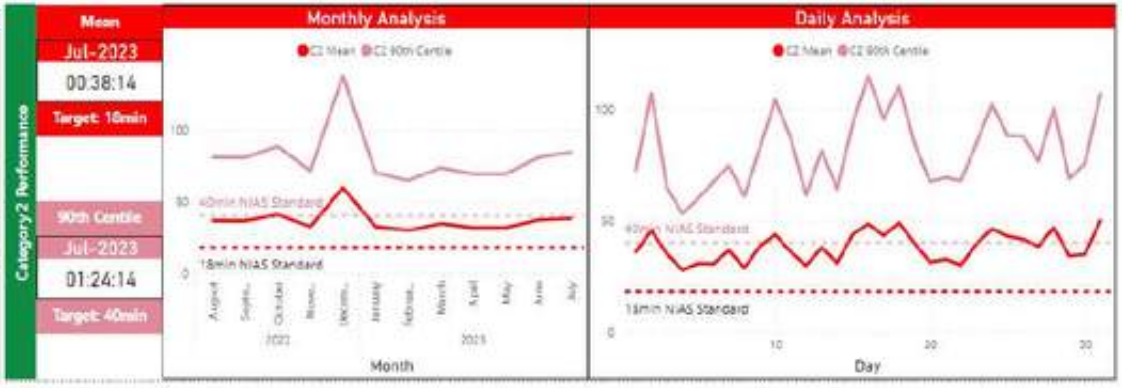
Our Patients | 999 Response Time Performance | Response Times

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

CATEGORY 1 Performance



CATEGORY 2 Performance



Category 1

- July 23 Category 1 mean response time was 10 minutes 59seconds; while the Category 1 90th centile was 21 minutes 10 seconds.
- July 23 saw the Category1 mean response time remain static from June 23. The 90th Centile Response time increase from June 23 as the response time increased by over 1 minute

Category 2

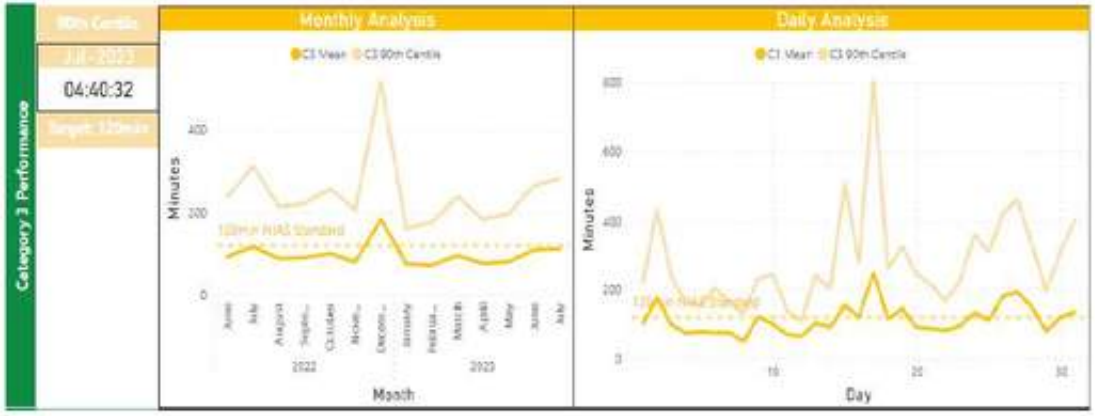
- July 23 Category 2 mean response time was 38 minutes 14 seconds; While the Category 2 90th Centile was 1hour 24 minutes and 14 seconds.
- The Mean Category 2 mean response time increased through July 23 when compared with June 23. The mean response time increased by 1 minute, whilst the 90th Centile increase by 4 minutes.

Northern Ireland Ambulance Service
Health and Social Care Trust

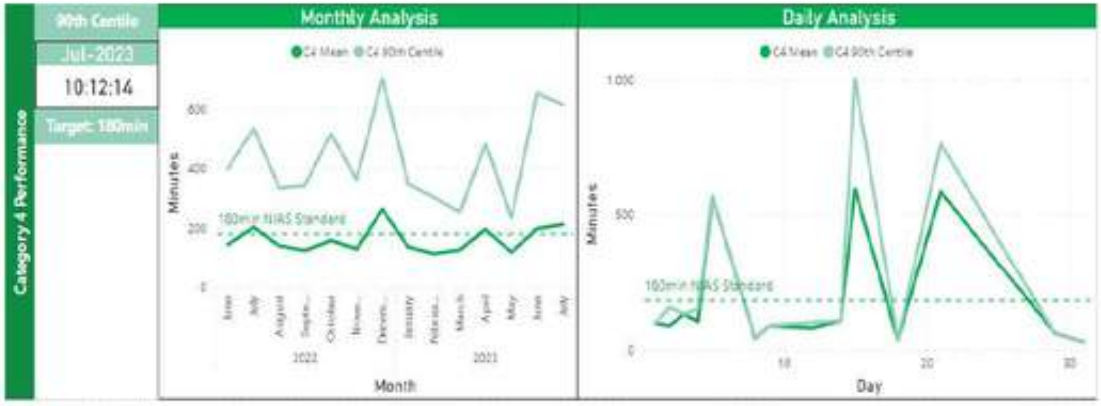
Our Patients | **999 Response Time Performance** | **Response Times**

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

CATEGORY 3 Performance



CATEGORY 4 Performance



Category 3

- July 23 Category 3 mean response time was 1 hours 51 minutes 24 seconds; while the Category 3 90th centile was 4 hours 40 minutes 32 seconds.
- July 23 saw a steady state in category 3 mean response time when compared to June 23. However, the greatest impact for deterioration was seen within the 90th Centile Response time. July 23 saw decline of just over 18minutes from June 23.

Category 4

- July 23 Category 4 mean response time was 3hour 32 minutes 12 seconds; While the Category 4 90th Centile was 10hours 12 minutes and 14 seconds.
- It must be noted that the volume of Category 4 calls received by NIAS is very low and response times can be impacted significantly on a daily basis.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | Emergency Demand Performance | Clinical Response

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

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

Clinical Hear & Treat

The targets for both Hear & Treat and See and Treat will be re-baselined for 2023-24. This is to support the organisations focus on Clinical Decision making in these areas. The targets will be adjusted in line with the Service Delivery Plans (SDP) submitted to SPPG in April 2023.

To support this, we have developed a revised dashboard which will support an quality and improvement approach to Hear and Treat outcomes.

Clinical Support Desk recruitment has been challenging and recruitment is ongoing. The team at present has 15 of 21 posts filled.

Improvement trajectory is to increase Hear and Treat by a further 1.5% by 31st March 2024.

Clinical See & Treat

As with Hear and Treat, a revised See and Treat dashboard has been finalised, which will allow for analysis of practice down to station level.

NIAS has developed a suite of care pathway and alternative destinations to provide a range of alternatives to the Emergency Department referral pathway.

Increasing see and treat use will require education and support of clinicians to support safe and effective changes in practice. A supportive education package is being developed.

Improvement trajectory to increase see and treat by a further 1.5% by 31st March 2024.

Northern Ireland Ambulance Service
Health and Social Care Trust

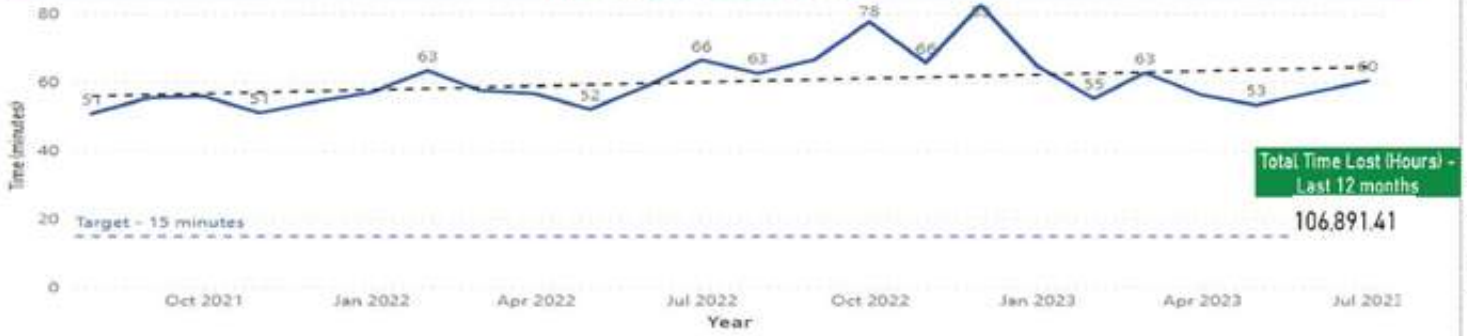
Our Patients | Emergency Performance | Hospital Handover Performance

Our operational efficiency is critical to our success and whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.

Arrival at Hospital to Patient Handover last month

Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 15mins	% Over 15mins	Total Time Lost (Hours)	Average Handover Time (Minutes)
ULSTER	1349	1349	1286	95.33%	2,368.67	120.16
CRAIGAVON AREA	1375	1375	1267	92.15%	1,476.56	79.14
ALTNAGELVIN	1262	1262	1185	93.90%	959.55	60.35
CAUSEWAY	619	619	554	89.50%	397.74	53.17
DAISYHILL	513	513	464	90.45%	315.54	51.50
ROYAL GROUP	2509	2509	2300	91.67%	1,529.32	51.18
ANTRIM AREA	1933	1933	1755	90.79%	862.16	41.43
MATER	620	620	547	88.23%	269.08	40.61
LAGAN VALLEY	78	78	48	61.54%	26.24	33.82
SOUTH WEST	602	602	519	86.21%	190.35	33.36
DOWNE	22	22	18	81.82%	3.65	24.32
RBSC	115	115	71	61.74%	19.94	23.07
BELFAST CITY	46	46	34	73.91%	6.62	22.04
Total	**11043**	**11043**	**10048**	**90.99%**	**8,425.42**	**60.40**

Monthly Handover Times



In July 2023, NIAS experienced a total of 8,425 lost hours. This is the equivalent of 22 shifts per day, with crews waiting with patients outside EDs, 20% of our planned capacity. These lost hours were experienced from 10,048 instances where our crews waited longer than 15mins to handover their patient at ED. 2,970 handover took longer than 60mins in July 2023

In July 23, >75% of the 8,425 lost hours occurred at the four ED sites listed below in order of volume of hours lost:
Ulster Hospital
Craigavon Hospital
Royal Victoria
Altnagelvin

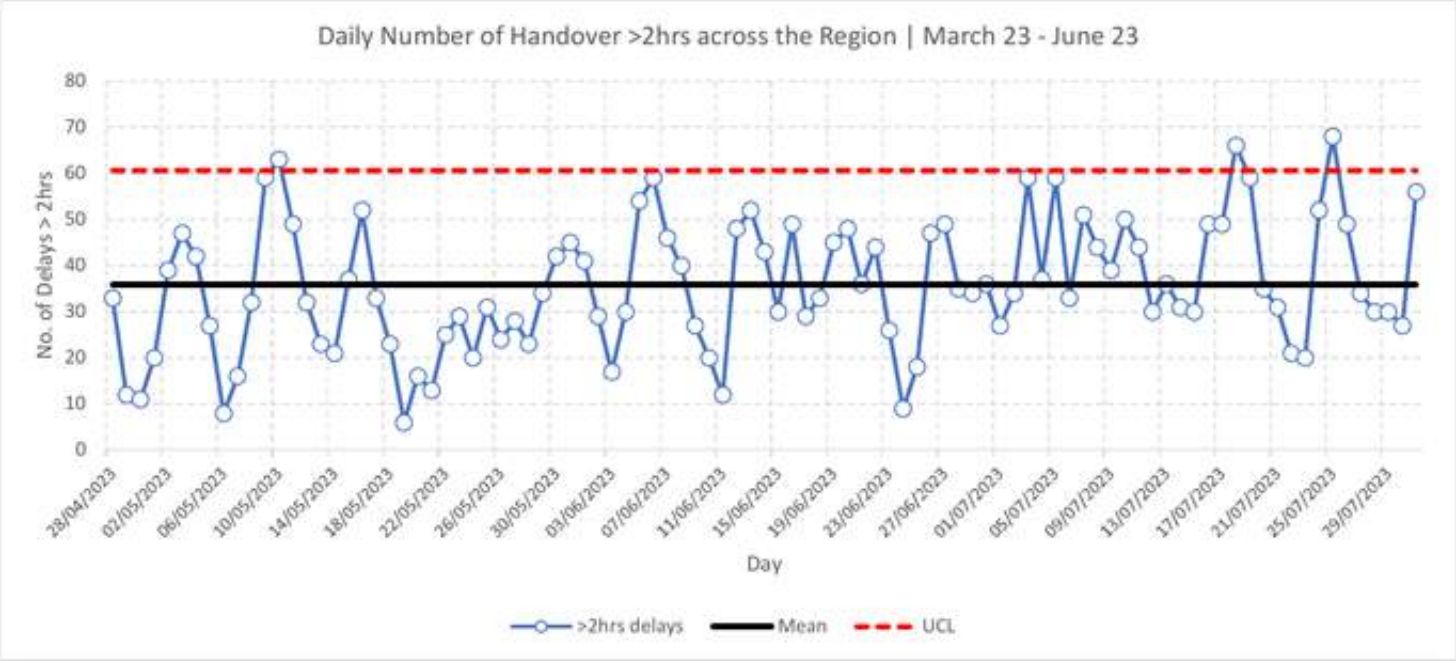
In the last 12 months (August 2022–July 23), >90% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 106k hours lost. The lost hours experienced in July 23 is an increased of 9.6% from June 23, whilst the number of instance of delayed handovers also increased by 1% in the same period.

The 8,425 operational hours being lost (eq. to 702 12-hours shifts per month or 22 12h shifts per day). The number of handover delays in excess of 60mins has decreased in July 23 to 2,970 occurrences during the 31 days of July resulting in 95, 60-minute delays per day during the month.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | **Emergency Performance** | **2hr Back Stop Performance Regionally**

Our operational efficiency is critical to our success and whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.



On the 1st March 2023, all trusts committed to delivering a maximum handover delay of 2hrs.
The next slide outlines the weekly performance by receiving hospital for the 2hr Maximum handover delay.

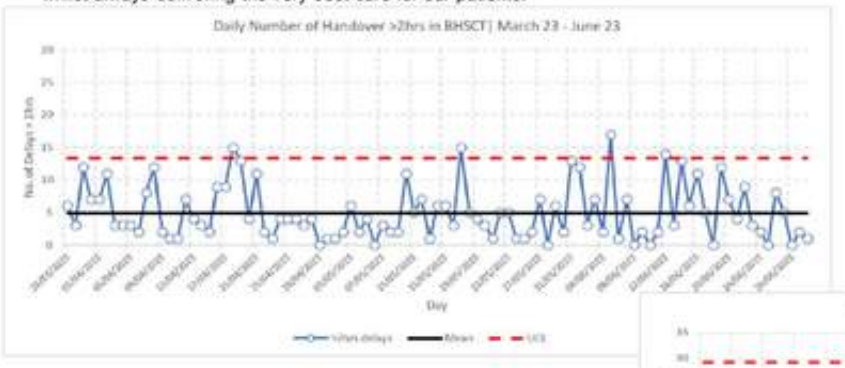
The chart to the right is a statistical Process Control (SPC) chart, outlining the variation in the handover process. On the latter days in March the system saw numerous occasions of special cause variation leading to the number of handover delays >2hrs exceeding the upper control limit.

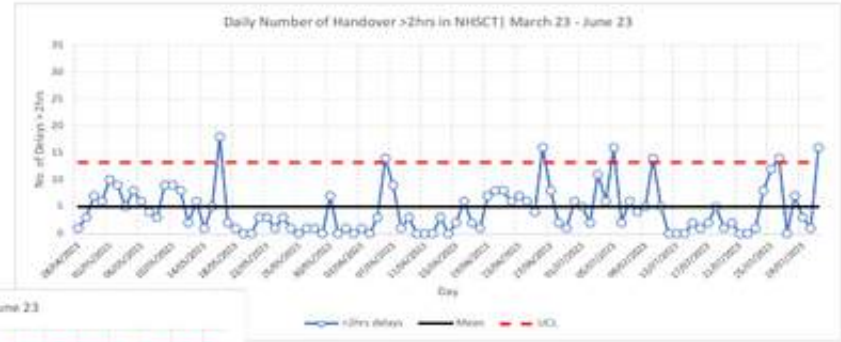
Since May 23 on the majority of days the handovers >2hrs has exceeded the centre line. July has saw a number of days either above the upper control limit (special cause variation) or very close to it. This indicates that the processes to reduce the 2hr handover delays are out of control and show no signs of improvement over the past number of weeks.
The desirable trend would be on that shows a sustained run of data points below the centre line with the outcome of sustaining no handovers >2hrs.

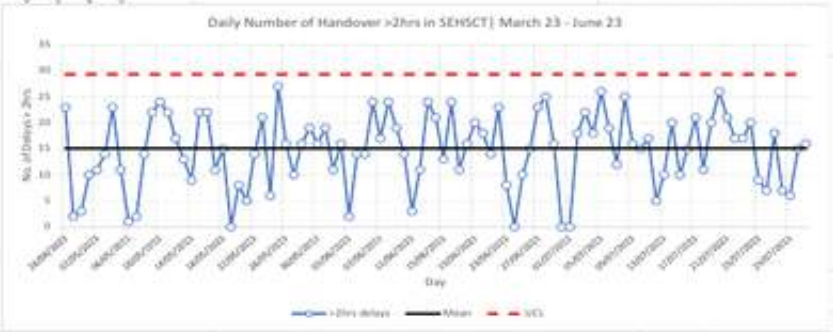
Northern Ireland Ambulance Service
Health and Social Care Trust

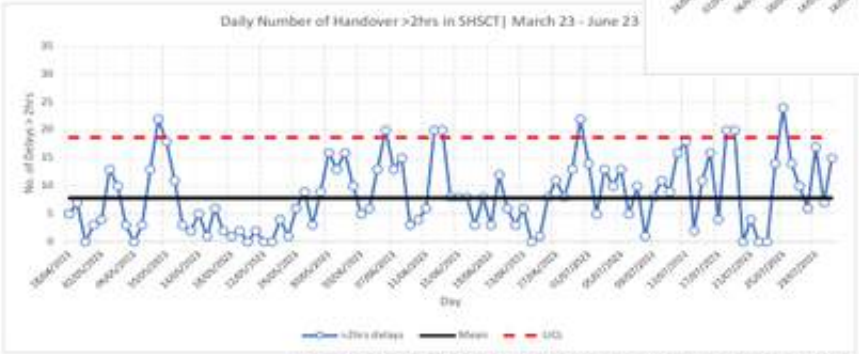
Our Patients | **Emergency Performance** | **2hr Back Stop Performance at Trusts**

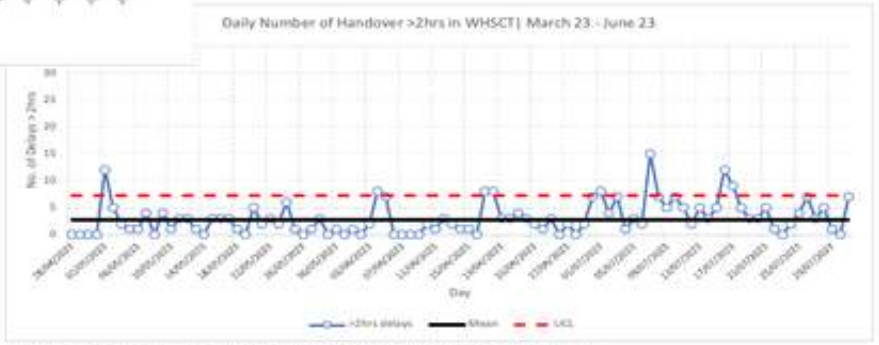
Our operational efficiency is critical to our success and whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.











Northern Ireland Ambulance Service
Health and Social Care Trust

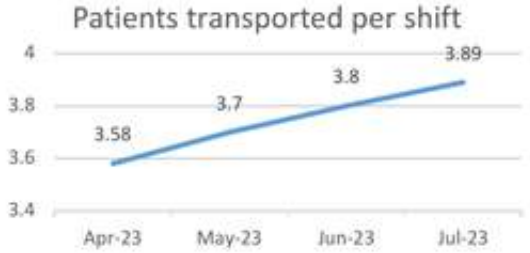
Our Patients | Non-Emergency Performance | Productivity Performance

Patient-focused KPIs

KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.
Although the compliance figure remains quite low the change in Dispatch Guidance has brought about a 10% average improvement in the first 4 months of a year on year comparison

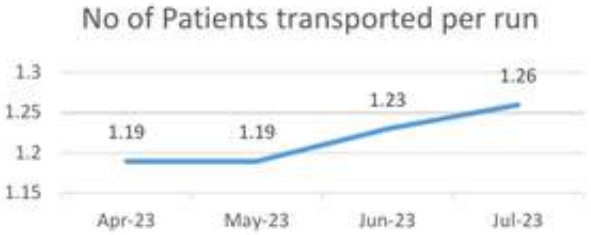
Productivity & Efficiency KPIs

KPI - Average Number of Patients Transported per Shift
This indicator of activity shows an steady increase during 2023/24. with an average for the period of 3.74. Performance across the last 2 months is above the monthly average to date.



KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital
Although the compliance figure remains below the target the new Dispatch Guidance has resulted in a significant improvement of approx. 30% in the first 4 months on a year on year comparison

KPI - Average Number of Patients Transported per Journey (Run)
Across the reporting period this indicator has shown slight improvement during 2023/24. The July figure of 1.26 patients being transported per vehicle is a little above the monthly average



Future Reporting
We don't currently have a comprehensive set of productivity indicators and while these are being worked on in the PCS Improvement Project, we will continue to report on Patients transported and Patients per journey. **NB** Due to improvements in data capture and analysis these performance figures have been retrospectively revised for 2023/24.
As the PCS Improvement Project continues to deliver measurable improvements for patient-focused KPIs, the current work of programme is focusing on delivering efficiency improvements in line with previous updates.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | Emergency Performance | Actions to improve Performance

- Through the delivering value programme, service improvements are being identified and implemented through the operational efficiencies project. Further information can be found within the Delivering value programme update.
- Work continues support arrangements to to revise the late finishes procedure in EAC to safely deploy the derogation list for Category 2 calls across both day and night shifts to support staff welfare and well being. The derogation list are group of Category 2 calls that have been identified, from a clinical perspective, as being able to be held for a length of time to prioritise crews being released at the end of shift.
- Improving CSD cover and resilience is a key priority to deliver the most appropriate care to patients, promoting patient safety and supporting staff and appropriate decision making in EAC.
- Alternative Rotas continue to be explored with operational teams on to bolster cover further into the evenings utilising the available staff.
- Improved utilisation of our data to provide enhanced planning tools across operations and to remove admin processes that take away operational hours for our station officers;
- Continued discussion between SPPG/NIAS colleagues to progress with alternatives to ED conveyance (including direct access to Urgent Care Centres/Phone First etc). Discussions with acute trusts regarding the potential to improve the functionality of their handover areas , as well as potential for their provision of "cohort" areas have been progressed
- A continued focus on Patient Care Pathways to maximise opportunities, signpost patients appropriately, and contribute to reducing conveyance rates. Work is ongoing with the Northern Trust to align the Hospital @ Home models for all Trusts.
- Following revision of the Clinical Safety Plan (CSP) a table top exercise involving EAC , Ops, EPRR teams was held on 19 June 2023. Lessons learned included the importance of consistent and robust communication of actions, and follow up on de-escalation of CSP actions once impact of actions realised to reduce pressure
- Trust Board were previously updated on the engagement of GIRFT colleagues by SPPG to undertake a regional review of Urgent and Emergency Care that would include NIAS with all other Trusts. GIRFT colleagues met with NIAS 26 May 2023 to feed back on their findings . Initial verbal feedback was positive from a NIAS perspective in highlighting where opportunities for other Trusts might inform their planning moving forward to reduce the risk for NIAS regarding prolonged handover and impact on response times.. This independent view of services across the region is welcomed, as well as the sharing of data with all. Feedback in May 2023 would indicate the GIRFT final regional report and recommendations should be imminent, and update will be provided for SMT, relevant committee/s & Trust Board in due course when available

Northern Ireland Ambulance Service
Health and Social Care Trust

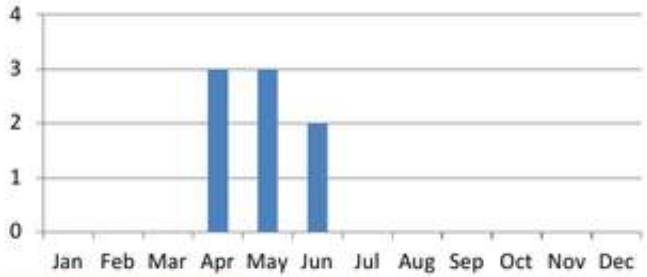
Our Patients | SAIs & Complaints

SAIs – Serious Adverse Incidents

Serious Adverse Incidents

During July 2023, the Trust reviewed 18 potential SAI's resulting in no notifications. Currently there are 7 open SAIs all of which are Level 1 reviews, which is a 50% decrease from June 2023.

SAI Notifications since April 23



Themes

The 4 key National Ambulance Risk and Safety Forum themes remain consistent as:

- Delays in call answering and dispatch
- Clinical Assessment and or treatment on scene
- Call handling and dispatch incidents
- Patient Injury

Although useful for national and regional reporting, the current NARSF and Regional themes do not provide critical information around the integral NIAS themes. The SAI team, in conjunction with the Datix administration team, have developed a range of new NIAS themes which were implemented from December 2022. The top NIAS themes are as follows:

- Misinterpretation of ECG
- Delayed response associated with a patient outcome of death
- Recognition of clinical condition

Identification of these themes will allow improved interpretation of our key themes for inclusion in future clinical training programmes, consideration within the falls response work and inclusion within any proposal for additional funding/resourcing.

Learning

Of the SAI's completed during the month of July, identified learning included:

- The requirement for increased clinical support within the EAC via recruitment to CSD and CSM
- Adherence to the duplicate call procedure
- Driving standards and completion of clinical documentation
- Management of cardiac chest pain

Complaints, Compliments & Care Opinion

During July 2023, **16 complaints** & **32 compliments** were received.

Timeliness of Process

10 complaints were closed during July 2023.

July 2023	
Timeliness of Closed Cases	Percentage
% of complaints closed within 20 day target	30%
% of complaints that took between 20 and 40 days to close	10%
% of complaints that took over 40+ days to close	60%
Timeliness of Open Cases	No. of Days
Average no. days cases(x30) open at end July 2023	42

Learning

Of the 10 complaints closed, learning outcomes included, communication, outdated practice for assessing levels of consciousness, customer service standards (999 call handling) and input to the development of the policy for handling Information Markers.

Care Opinion

During July 2023, 16 **stories** were submitted via Care Opinion. By 1st of August these stories were viewed 358 times. The main areas of feedback were:
What's good – Ambulance Crew, Paramedics, Staff,
Improvements – Discharge wait
Feelings – Grateful, Put at ease, Reassured

10K More Voices

Launched 9 June 2022, seeking experiences of those who have engaged with NIAS as part of an urgent or emergency presentation. Closed on 31st March 2023, with **141** completed surveys. An initial review of findings was completed with the Regional Lead for PCE on 1 June 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

SICKNESS ABSENCE | Our People | Absence | Sickness

A Project Board has been established to ensure direct oversight and monitoring of the Maximising Attendance Project. The project is co-led by Michelle Lemon, Director of HR & Organisational Development and Mark Cochrane, Assistant Director of Operations.

A new methodology has been established to deliver a prioritised case management approach (each case triaged to Level 1, 2, 3) to the management of sickness absence.

The Line Manager role has been established for sickness absence reporting, recording and management. Training workshops are being rolled out across all Directorates.

The Department of Health (DoH) have issued a target for sickness absence reduction in 2023/24[1]. The Maximising Attendance Project methodology includes distilling this target out to managers across the Trust to inform management and reporting.

A separate workstream has been established to develop and roll-out a sickness absence information dashboard. The roll out of this dashboard and performance management of the target is designed to ensure an information-led approach to identify hotspots and ensure appropriately prioritised and targeted interventions. This scope of this workstream includes consideration of working environment factors that have the potential to impact on sickness absence levels, eg analysis of data associated with: late finishes; rest periods and annual leave allocation; and assaults on staff.

The DoH requires an action plan for the delivery of the target to be developed and submitted to DoH by 31/08/23. This is on track for submission and will be shared with SMT and PFOD Committee Members for comment in advance of submission.

HR capacity presents a risk; however, additional capacity has been secured in the interim, with recruitment in planning.

Health and Wellbeing actions are targeted to key reasons for sickness absence, eg, the creation of mental health pathways. A request for manual handling training has been raised formally with the Clinical Training Team in order to pro-actively target MSK-related absence. A direct referral route to Physiotherapy is in place.

2023/24 Cumulative Sickness Absence by Month including Comparison with Previous Reporting Year

	Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.	Absence Target (2023/24)						11.24%[1]						
2.	Current Status against Target						14.25% ↑						
3.	Cumulative % hours lost (22/23)	10.62%	10.64%	10.88%	10.94%	10.89%	10.93%	11.12%	11.19%	11.58%	11.91%	12.07%	12.30%
4.	Cumulative % hours lost (23/24) (Total)	14.25%	14.19%	14.25%									
4.1	Cumulative % hours lost (23/24) (Non-Covid)	13.15%	13.27%	13.40%									
4.2	Cumulative % hours lost (23/24) (Covid)	1.1%	0.95%	0.85%									
4.3	Cumulative % hours lost (23/24) Short-Term	2.57%	2.20%	2.33%									
4.4	Cumulative % hours lost (23/24) Long-Term	11.68%	12.00%	11.92%									
5.	Average standard working days lost per employee per month	2.78	2.98	3.01									
6.	Average estimated cost per month (£'000)	860	859	859									

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

↑ Above target and increase from last month
↓ Above target and decrease from last month
↑ Below target and increase from last month
↓ Below target and decrease from last month

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | SPPG Service Delivery Plan | Trajectories and Performance

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

Call Answer Performance:

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
Call Answer Outturn	86.9%	85.3%	82.4%	80.7%								
Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Hear and Treat and See & Treat

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
Hear & Treat Outturn	3.5%	3.2%	4.5%	4.0%								
Hear & Treat Trajectory	4.2%	4.2%	4.2%	4.4%	4.4%	4.6%	4.6%	4.6%	4.8%	4.8%	5.0%	5.2%
See & Treat Outturn	14.0%	14.4%	14.8%	14.8%								
See & Treat Trajectory	14.2%	14.2%	14.2%	14.4%	14.4%	14.6%	14.6%	14.8%	14.8%	15%	15%	15.2%

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | SPPG Service Delivery Plan | Trajectories and Performance

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

Response Times

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
Category 1 Mean	9mins	10mins	10mins	11mins								
Cat 1 Mean Trajectory	10mins	10mins	10mins	9.5mins	9.5mins	9.5mins	9mins	9mins	9mins	9mins	8mins	8mins
Category 1 90th Centile	19mins	20mins	20mins	21mins								
Cat 1 90th Centile Trajectory	21mins	21mins	19mins	19mins	18mins	18mins	17mins	17mins	16mins	16mins	15mins	15mins
Category 1T Mean	13mins	14mins	14mins	14mins								
Cat 1T Mean Trajectory	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins
Category 1T 90th Centile	26mins	27mins	29mins	27mins								
Cat 1T 90th Centile Trajectory	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | SPPG Service Delivery Plan | Trajectories and Performance

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

Response Times

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
Category 2 Mean	31mins	31mins	37mins	38mins								
Cat 2 Mean Trajectory	36mins	36mins	32mins	32mins	28mins	28mins	22mins	22mins	20mins	20mins	18mins	18mins
Category 2 90th Centile	68mins	69mins	81mins	84mins								
Cat 2 90th Centile Trajectory	80mins	80mins	70mins	70mins	65mins	65mins	60mins	55mins	55mins	50mins	45mins	40mins
Category 3 90th Centile	183mins	196mins	262mins	280mins								
Cat 3 90th Centile Trajectory	233mins	220mins	220mins	210mins	200mins	180mins	160mins	160mins	140mins	140mins	120mins	120mins

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | SPPG Service Delivery Plan | Trajectories and Performance

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

Handover Performance

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
<=15mins	8.8%	8.8%	8.7%	9.0%								
<=15mins Trajectory	2%	4%	8%	8%	12%	15%	17%	19%	22%	25%	25%	25%
<=30mins	38.4%	36.5%	38.2%	36.1%								
<=30min Trajectory	14%	14%	20%	25%	30%	35%	35%	40%	40%	45%	55%	60%
<=60mins	74.8%	76.1%	75.6%	73.1%								
<=60mins Trajectory	59%	65%	65%	70%	70%	70%	75%	75%	80%	85%	90&	95%
>2hrs	9.2%	7.67%	9.6%	10.9%								
>2hrs Trajectory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
No of Patients >2hrs	997	881	1040	1206								
No of Patients >2hrs Trajectory	0	0	0	0	0	0	0	0	0	0	0	0

Trust Board Finance Report

July 2023 (Month 4)

Northern Ireland Ambulance Service
Health and Social Care Trust

Contents

Executive Summary

Statutory financial performance targets	RAG status
Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even	
The Trust is reporting a deficit of £0.733m at 31 July 2023 (Month 4) and forecasting a deficit of £2.2m for the year ending 31 March 2024.	
Manage within allocated Capital Resource Limit (CRL)	
The Trust has received a Capital Resource Limit (CRL) allocation of £6.849m. This includes allocations for Fleet & Estate (£5.7m), ICT (£1.123m) and Backlog Maintenance (£0.026m).	
Prompt payment target-95% of suppliers within 30 days	
Cumulative performance is 96.4% for the four months ending 30 July 2023.	

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

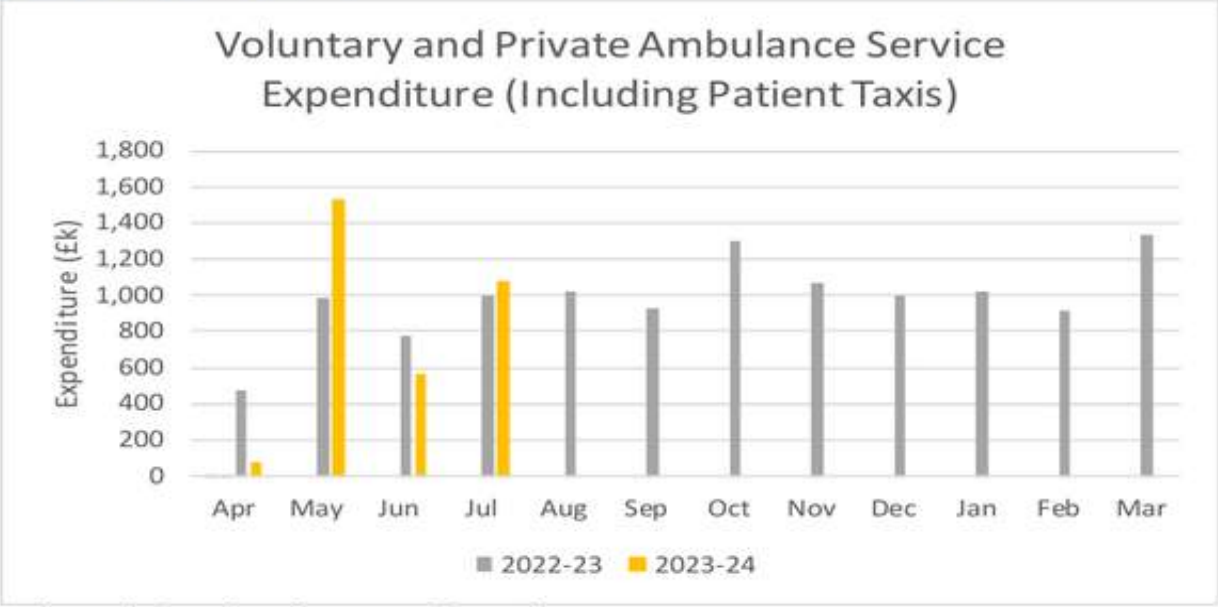
The Trust is reporting a deficit of £0.733m at 31 July 2023 (Month 4) and forecasting a deficit of £2.2m for the year ending 31 March 2024. This is in line with the summary financial plan submitted to DoH/SPPG on 30 June 2023.

There are a number of assumptions and key factors underlying this position, specifically:

* Allocations - These will be in line with those notified to the Trust as part of the financial planning process.
* Savings Plans – The Trust has been set a target of £1.975m. Initial estimates are that these will be challenging to deliver and will require specific action and monitoring during the year. Importantly, all the proposals identified are non-recurrent in nature and a number are not repeatable.
* Cost Avoidance – Expenditure during the year on third party providers and overtime will be managed within available resources.
* Accounting Treatment – Assuming no unsupported major in year changes to accounting treatment.
* Regional financial planning for 2023-24 with Trusts and DoH/SPPG continues against a backdrop of a seriously constrained financial position across the public sector.

Voluntary & Private Ambulance Services (VAS/PAS)

- The Trust has benefited from significant additional funds as part of the response to Covid-19. This funding was applied to additional support from VAS/PAS to maintain and enhance ambulance provision during this difficult period. The Trust welcomes the support that VAS/PAS has given NIAS and HSC during this time.
- Expenditure on VAS/PAS in 2019-20 was £5.2m. Expenditure in 2020-21 was £10.1m, 2021-22 was £9.7m and 2022-23 was £9.2m. This level of expenditure was affordable given operational vacancies within the Trust and also with the additional resources provided in response to the pandemic. As the output of the training school fills vacancies and the impact of the pandemic recedes, levels of expenditure should reduce.
- The sustained impact of Covid-19 has resulted in the continued reliance on VAS/PAS to maintain services. The Trust has largely been operating at the highest levels of escalation and VAS/PAS spend remains significant. In 2022-23, further costs of the order of £2.6m were also incurred for the provision of patient taxis. Monthly expenditure in 2022-23 and the year to date are shown below.



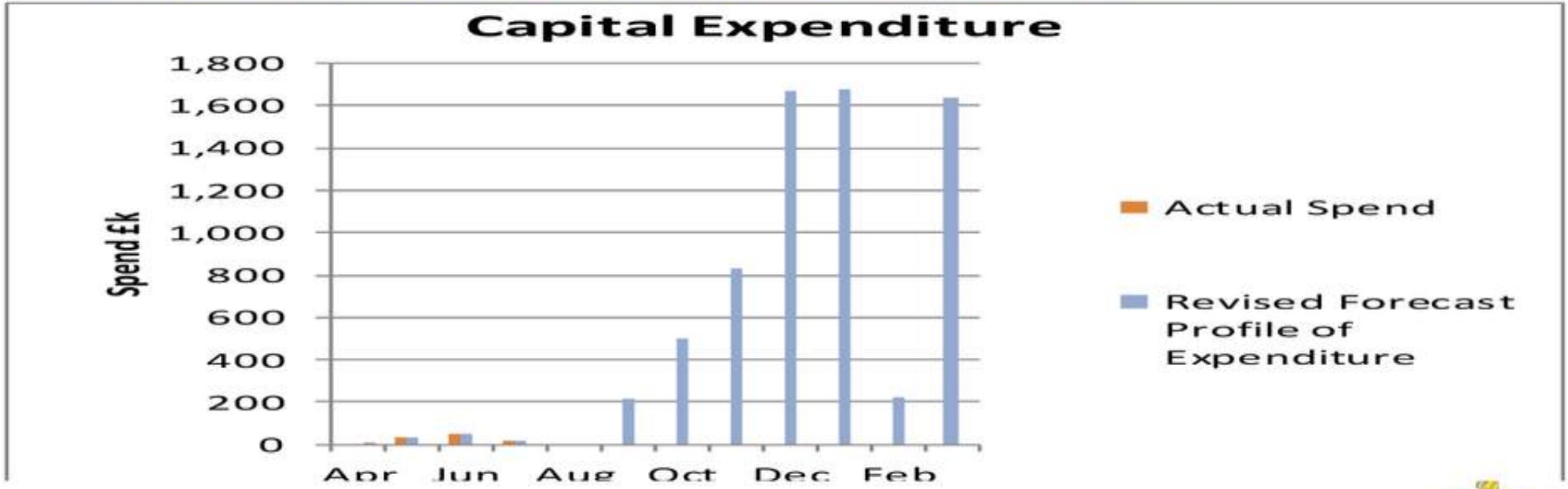
Overtime Expenditure

* The Trust relies on the use of overtime for the provision of services, predominantly for the provision of Ambulance cover. This reliance is for a number of reasons including vacancies, planned and unplanned absences and additional cover or programmes of work.
* Overtime is payable to staff in pay bands 1-7 under Agenda for Change (AfC) terms and conditions at a rate of time plus one half, with the exception of public holidays which are paid at double time.
* Overtime is paid monthly in arrears and claims should routinely be submitted within three months of the work being carried out. Staff also have the option of taking time off in lieu as an alternative to an overtime payment.
* Given the varying requirements for overtime, expenditure can vary significantly at different times in the year. This, combined with other changes between years, can mean that expenditure between years, and particularly between months between different years, may not be directly comparable.
* However, even with this variability, overall overtime has been remarkably consistent in prior years averaging circa £6m per annum. Costs in 2022-23 increased to £7.9m which was affordable with additional Covid allocations. Expenditure showed a slight downward trend for the last three months of 2022-23 (figures for March 2023 include pay award arrears estimated to be in the order of £300k). This downward trend has broadly continued for the first four months of the 2023-24 financial year. This will need to be maintained and sustained for the rest of the financial year to manage within currently available resources.
* The Trust has largely completed a programme of work to recruit substantively to positions that have historically been filled with overtime. There was a significant lead time for the recruitment and training of these staff. As the output of the training school fills vacancies and the impact of the pandemic recedes, levels of expenditure on overtime should reduce.

Overtime Expenditure

Manage within allocated Capital Resource Limit (CRL)

- The Trust has received a Capital Resource Limit (CRL) allocation of £6.849m. This includes allocations for Fleet & Estate (£5.7m), ICT (£1.123m) and Backlog Maintenance (£0.026m).
- Expenditure has traditionally been profiled towards the end of the financial year due to a number of factors, including business case approval, the availability of funds, procurement timescales, supplier capacity, internal capacity, project risks and lead times. Significantly, expenditure on fleet is profiled to the end of the financial year to maintain a smooth fleet age profile.
- These risks have been compounded recently due to a number of factors including EU exit, the global movement of goods, the global availability of raw materials and also associated costs of materials, production and delivery. The Trust continually reviews capital schemes to understand and mitigate against these risks.
- Provisional figures for expenditure at July 2023 (Month 4) is £0.1m against this allocation of £6.849m.



Prompt Payment of Invoices

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

* Performance by number of invoices paid for each of these measures is shown below. A range of measures are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.

* The Trust has achieved both the 95% and 70% targets for the last three years and continues with efforts to maintain this level of performance in 2023-24.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
Total bills paid	1,940	2,425	2,348	1,974									8,687	
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,900	2,316	2,280	1,876									8,372	
% bills paid on time 30 days	97.9%	95.5%	97.1%	95.0%									96.4%	>95%
Total bills paid within 10 working days (14 calendar days)	1,745	1,629	1,854	1,621									6,849	
% bills paid on time 10 days	89.9%	67.2%	79.0%	82.1%									78.8%	>70%
Targets			30 days	>95%	>90%	<90%		10 days	>70%	>65%	<65%			

End of Report

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY 20 APRIL 2023 IN THE BOARDROOM, NIAS HQ & VIA ZOOM

PRESENT:	Mr J Dennison	Committee Chair
	Mr T Haslett	Non-Executive Director (via Zoom)
IN ATTENDANCE:	Mr A Arandia	Asst Director of Planning & Performance
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms V Cochrane	Asst Director HR
	Ms L Gardner	Asst Director HR
	Ms P Larkin	Senior HR Advisor
	Ms M Larmour	Trust Chair
	Ms M Lemon	Director of HR & OD
	Ms C Matchett	HR Graduate Trainee
	Mrs C Mooney	Board Secretary
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Mr J Wilson	Boardroom Apprentice
	Ms S Young	HR Associate
APOLOGIES:	Ms M Paterson	Director of Planning, Performance & Corporate Services
	Dr N Ruddell	Medical Director

1 Apologies & Opening Remarks

The Chair welcomed those present to the meeting and noted that Mr Haslett had joined the meeting via Zoom.

The Chair also extended a welcome to Ms Young, Ms Larkin and Ms Matchett.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

The Chair asked those present to declare any potential conflicts of interest now or as the meeting progressed.

No declarations of conflict of interest were made.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Previous Minutes (PC20/04/23/01)

The minutes of the previous meeting held on 24 November 2022 were approved on a proposal from the Chair and seconded by Mr Haslett.

4 Matters Arising (PC20/04/23/02)

Members **NOTED** the actions points.

The Committee noted that Ms Paterson would provide an update on the usage of the Collaborative Planning tool at the next meeting.

Ms Byrne confirmed that the workshop to consider various financial planning scenarios had taken place. She acknowledged the challenging discussions which had taken place at the workshop around the potential to consider reducing the usage of VAS and PAS and the subsequent impact on service users.

Mr Bloomfield advised colleagues that the Trust initially had considered how VAS/PAS could be reduced due to the cessation of Covid-19 funding and said that the DoH correspondence had been shared with members. He said that the Trust was proceeding at risk during April and May with the agreement of the DoH. Mr Bloomfield reminded the meeting that the Trust had been asked by the DoH to

put forward various scenarios for savings target of between 3-5% and that these scenarios should consist of low, medium and high impact proposals.

Ms Cochrane advised that Ms Keating, the Trust's Risk Manager, had facilitated a risk workshop to examine all HR risks and refresh thinking on how the HR Directorate identified, assessed and put mitigation in place. Ms Cochrane said that, following this workshop, a Directorate planning day had been held to consider the annual plan and identify any additional risks emanating from the plan that would need to be included in the Directorate risk register.

Ms Cochrane confirmed that the Directorate had recently appointed a senior manager with responsibility for governance and advised the postholder would be instrumental in the development of an HR assurance framework which reflected the format of the current Board Assurance Framework. She added that it was envisaged that the framework would be completed in Quarter one of the 2023-24 year with a view to presenting it at the June meeting.

Ms Lemon said she was conscious that the Committee had not yet discussed the level of risk within the Directorate and added that the assurance framework would enable this discussion to take place.

5 **Maximising Attendance Update (PC20/04/23/03)**

The Chair welcomed Ms Young, Ms Larkin and Ms Matchett to the meeting and invited Ms Young to provide an update in relation to the Maximising Attendance Project.

By way of introduction, Ms Lemon reminded those present that, in light of the high sickness absence levels, the Trust had decided to establish a specific improvement project focus on maximising attendance and had engaged Ms Young from the HSC Leadership Centre to assist with this approach. She added that Ms Larkin, as Attendance Manager, would focus on attendance support to managers.

Ms Lemon said that the Committee had previously received a presentation outlining the remit of the project, its intended focus and outcomes. She added that Ms Young would provide an update to the Committee on the progress to date and said this issue would continue to be discussed at both Committee and Board level.

Ms Larmour acknowledged the focus on attendance management. She acknowledged that the statistics did not make for good reading and welcomed the development of a project plan to address such important issues.

Commencing her update, Ms Young thanked the Committee for the opportunity to provide an update and explained that she would be seeking members' approval to a number of issues, namely the move to HRPTS as a single source of data and the Terms of Reference for the Project Board.

Ms Young explained that, while managers preferred to use the Global Rostering System (GRS), to record staff sickness, the system was not the IT platform for which the Trust Chief Executive was accountable in terms of payroll.

Ms Young suggested that the high absence figures could cause potential difficulties for the Trust in seeking additional resources for staffing. She referred to the challenging financial period ahead and emphasised the importance of addressing sickness absence and ensuring staff were returned to work when appropriate.

Continuing, Ms Young said that the Project Board would maintain strategic links and ensure that, when focussing on absence levels, there would also be a focus on staff well-being. She emphasised that this was an important pre-cursor to the work being taken forward.

Ms Young expressed concern at the level of sickness absence and advised that, at January 2023, the level was 14.96% (cumulatively 12.01% in January 2023 for 2022-23). She added that there had been a slight increase on the previous month.

Ms Young advised that workshops had been prioritised in the Operations Directorate and advised that there had been 73% attendance by Assistant Director to Station Officer, EAC and NEAC managers. She said it was now intended to hold workshops for other Trust Directorates.

In terms of the information to be presented to the Committee, Ms Young explained that data on KPIs is intended to provide information which was as up-to-date as possible and said the

Committee would be provided with this data on a quarterly basis. Ms Young advised that the data considered the longest absentee and said that, while the Bradford Score was not to be used in discussions with individual members of staff, it was used to identify prioritisation.

The Chair sought clarification on what data using the Bradford Score would provide.

Responding, Ms Young explained that cognisance would be taken of the longest absentee as well as the highest Bradford Score in terms of frequency of absence. She said the Bradford Score proved useful in terms of being able to remind line managers of those staff who might require specific intervention.

In response to a question from the Chair on whether managers had been receptive to this, Ms Young was of the view that they had been. She noted that there had been a marked increase in the number of phone calls from managers seeking clarity on various aspects and said it were important to ensure managers clearly understood their responsibilities around the management of Level 1 absences which require minimum HR support allowing Station Officers and the HR team members to focus on Level 2 with an escalation to Level 3 as required to Area Managers and Ms Larkin.

Ms Byrne welcomed the fact that there had been an increase in phone calls and contact with staff.

Ms Larkin indicated that there was now a sense of priority in that the member of staff who had been absent the longest was now being identified as a priority whereas previously it had been very much process-driven only.

Mr Haslett expressed his concern at the high level of absenteeism. He said it was likely that, in the event of the Trust being unable to make any further savings, the DoH might point to the level of absenteeism within the Trust and seek clarification on what steps were being taken to address this. Mr Haslett questioned if a culture existed whereby an assumption of entitlement to sick leave existed.

Ms Young drew the Committee's attention to Section 3 of the update and explained that these issues had been highlighted to the Committee at its meeting in September 2022 and she described the

progress which had been made. Responding to Mr Haslett's comment re staff feeling they were entitled to sick leave, she said that short-term absence accounted for a small percentage of the overall absence figures. She added that she could not highlight specific evidence at this point which would support a sense of entitlement amongst staff as suggested by Mr Haslett and acknowledged that seasonal absence was common across the public sector.

Ms Young advised that the Belfast Trust had had a 2% increase in absences due to mental health and said that NIAS had experienced similar figures. She emphasised the need to keep wellbeing as the focus.

Ms Lemon explained that absence was multi-factoral in terms of the reasons behind staff absence. She acknowledged that management had a role to play in managing those staff who perhaps were not genuinely ill. Ms Lemon referred to the lack of uptake of annual leave within the Trust and said Internal Audit had identified this as an issue. She pointed out that ambulance staff had a disproportionately high exposure to trauma and emphasised that this needed to be recognised. Ms Lemon said there was a strong focus within the project in identifying different thresholds and ensuring there was focus where it was needed.

Continuing, Ms Lemon explained that work was also needed to empower leaders to lead and she stressed the importance of relationships with staff and engaging with them. She referred to the Health and Wellbeing Strategy 'Healthy People, Healthy Place' which had been approved by the Board in August 2022 and said the Strategy focussed on trauma response and the management of staff mental health. Ms Lemon acknowledged that sickness levels were increasing in HSC generally but said that the work being progressed through this project was focussed in stages and she reminded colleagues of the importance of connectivity with other ongoing work.

Mr Bloomfield reassured the Committee of the absolute priority the Trust attached to addressing attendance management and believed this was reflected in the membership of the Project Board. He acknowledged that, in seeking additional funding through the CRM business case for staff, the DoH could point to the Trust's high absence rates. Mr Bloomfield indicated that, through the hard work

of the Directorate of Operations, the Trust's cover was approximately 100% every shift. However, he acknowledged that a significant proportion of this was funded through overtime and said that such funding may no longer be available moving forward. Therefore, he said, it was critical that the Trust addressed its sickness levels.

Mr Bloomfield advised that he had recently attended a DoH workshop looking at workforce challenges and said the DoH was keen to understand why there were significantly more staff working in the HSC but there was less activity being delivered by those staff. Mr Bloomfield said he had been struck by the increase in sickness levels across the HSC which had increased cumulatively from around 10% to 12%. He added that there had been an overall increase of 50% in days lost through mental health issues.

Continuing, Mr Bloomfield sought assurance around the accuracy of the figures and asked if that related to the recommendation to use HRPTS as the single source of data. He welcomed the ongoing workshops and attendance of 73% by Operations staff during periods of industrial action. However, he said he would be keen to see the training now put into practice and managers would be able to identify and address the issues identified.

Responding to Mr Bloomfield's question re the accuracy of the figures, Ms Young indicated that this was dependent on managers inputting figures accurately. She pointed out that the leave data had been extracted from HRPTS and said she hoped to be able to represent this within acceptable tolerance levels. Ms Young advised that HR advisers had planned to spend time with Station Officers to show how to input data onto HRPTS accurately and added that a brief guide had also been produced.

Ms Young suggested there would always be an issue of compliance and stressed the importance of an accountability framework through the various levels of seniority, for example from Station Officer through to Assistant Director.

Ms Young acknowledged that the issue of case drift had been most concerning and explained that the introduction of Levels 1-3 had been helpful in this regard. She described in detail the definitions of each level and the thresholds for escalation between each and said that definitions had been provided to help managers. Alluding to

patterns of seasonal absence, Ms Young explained that managers had been provided with details of winter seasonal absence in order that they might address this with relevant staff in advance of the winter period. She indicated that this was a conduct issue as opposed to an issue of sickness.

Ms Lemon stressed the need to ensure the accountability framework was appropriately structured and that managers were clear on the actions they needed to deliver. She stressed the need to equip managers to manage and allow performance management to be mainstreamed.

Ms Byrne explained that the accountability framework would be through line management arrangements.

Ms Cochrane referred to a recent issue effecting the HRPTS system re the accuracy of absence figures. She advised that the issue had affected the entire HSC system and explained that it would be necessary to rerun the figures when the issue had been rectified.

Mr Haslett referred to the cumulative absence figure and noted that, while it was increasing slowly, it would take time for any reductions to be realised. He commented that, with the cessation of additional funding to cover overtime and staff substitution, there was an urgency to address sickness levels within the Trust.

The Chair sought clarification about the point at which the situation became critical.

Mr Bloomfield explained that the critical point would be when the Trust found it impossible to provide cover. He reminded colleagues that cover had been good and that this had been because of optimum planning in terms of staff availability.

Ms Lemon alluded to the need for a healthy workforce and said that an overreliance on overtime was not an ideal way to ensure cover.

Ms Young referred to the move to use HRPTS as the single source of data. She explained that this had been identified as a finding by Internal Audit and the recommendation had been for the Trust to move to using HRPTS as the single source.

Ms Lemon agreed and said this was another step in making managers more responsible for staff.

Responding to a question from the Chair around the need for a 'business as usual' plan to mainstream this work, Ms Young explained that it was intended that such a plan would be presented to the Project Board for approval by September. She assured the Committee that progress was being made in addressing the issues identified by Internal Audit.

Ms Larmour emphasised the importance of addressing the elements concerned with the workforce. She noted that the Health and Wellbeing Strategy had been approved in August 2022 and the project had commenced in September 2022. However, she commented that the first meeting of the Project Board had not yet taken place and the project was due to complete in September 2023.

Ms Young explained that her involvement in terms of achieving full implementation phase was due to cease in September. She said it was intended to have address any outstanding Internal Audit recommendations, ensure new processes had been implemented as well as having delivered the necessary training. Ms Young indicated that she would be dependent on others to develop the accountability framework and ensure this was disseminated to staff as appropriate.

Ms Lemon stressed the long-term nature of the work to address the Trust's sickness levels and said reductions would not take place immediately. She explained that the quantum of the work required and the necessary system changes were the reasons why this specific project had been established. Ms Lemon said it was intended that the work would revert to the Directorate of HR & OD and become mainstreamed. However, she acknowledged that the decision to do so would lie with the Project Board.

Ms Larmour commented that it would be important to recognise and understand the longevity of this work and stressed the importance of staff being supported by the expertise within HR. She said she would be keen to understand the causation factors which ran in parallel with administration, governance, strategy and policy for example. Ms Larmour acknowledged that there were 'softer' elements which could be progressed in parallel with governance

and accountability. She queried how the Trust might consider these causation factors in the context of trauma and leadership and whether they had a direct correlation.

Continuing, Ms Larmour referred to short-term sickness which she believed was equally as challenging for the Trust as long-term sickness and queried why the workshops had focussed on long-term sickness.

Ms Lemon acknowledged that, while short-term sickness was an issue for the Trust, long-term sickness accounted for 80% of lost capacity. She also explained that there had been challenges in arranging for staff to be released to attend the workshop and HR advisers had been advising on short-term absence.

Ms Young advised that HR dashboards were being developed to show the current position in each team and said these would also provide detail on frontline staff.

Ms Lemon pointed out that this approach was part of the business partner model and would provide a snapshot around levels of sickness, grievance and disciplinary for example within respective teams.

Mr Bloomfield acknowledged that the dashboards would prove informative.

Following this discussion, the Committee **APPROVED** the move to use HRPTS as the single source of data. The Committee also **NOTED** the terms of reference for the Project Board and the update provided by Ms Young and Ms Larkin

6 **HR Improvement Plan – progress update April 2023 (PC20/05/23/04)**

Through a presentation, Ms Cochrane provided a detailed update on the first year of the HR & OD Directorate Transformation Programme.

Mr Haslett pointed out that many of the processes had already been in place within HR and questioned why transformation had not been completed.

Responding, Ms Cochrane agreed that many of the processes were in place. However, she said, the focus was now on how these could be improved. She alluded to the outstanding Internal Audit recommendations and said it would be important for all processes to meet the requirements set by Internal Audit, thereby achieving full implementation.

Ms Lemon cited the example of the HR Directorate having 56 manual paper-based processes and said work was ongoing to transition to electronic processes.

Mr Haslett sought clarification on timescales and asked when the transformation might be completed.

In response, Ms Cochrane reminded the Committee that the HR Improvement Plan was a four-year plan which had commenced in 2022. She highlighted a number of actions which had transferred from the 2022-23 year, due to challenges in addressing these, for example, most significantly industrial action, and said these would be prioritised for completion during the first quarter of 2023-24 – one of which included a re-baselining of the Improvement Plan which would be presented to the Committee at its next meeting.

Mr Haslett queried whether the Plan covered four years due to a lack of resources.

Ms Lemon reminded members that the HR Improvement Plan originally shared with the Committee covered a period of four years and had set out both short-term and long-term actions to be taken over that time. She acknowledged that there were issues which could not be addressed within one year and cited the example of addressing culture. Ms Lemon pointed out that, while the focus tended to be on the establishment of improvement systems and structures, it was also about the investment in leadership and culture of the organisation.

Ms Cochrane indicated that the HR Improvement Plan could not be progressed in isolation and would be impacted by other developments within the Trust.

The Chair acknowledged that much of the improvement work was processed based and said he would be keen to hear what difference it would make to staff on the ground.

Responding, Ms Cochrane advised that one improvement which was of benefit to staff was the ability now to issue contracts of employment to staff electronically. Another, she pointed out, was clarity of processes and therefore a reduction in the backlog of job evaluations. She explained that this removed the psychological pressure from staff working in these functions and ultimately would make a difference to staff using the service.

Ms Lemon stressed the importance of ensuring staff in HR had the opportunity to contribute and felt part of the change to which they were contributing. She said the aim was to continue to work towards a model which resulted in HR customers engaging better with HR managers.

Mr Arandia advised that the Transformation and Performance team would be involved in re-baselining the Improvement Plan. He emphasised the need to prioritise and refocus on delivering tangible evidence that would address transformation as well. Mr Arandia commented that the Trust was on a journey towards digitising as many business as usual processes as possible in order to make workloads more manageable and was of the view that the end result would be more efficient and effective HR processes.

The Chair thanked Ms Cochrane for her update which was **NOTED** by the Committee.

7 **KPI Scorecard and Monitoring Dashboard (PC20/04/23/05)**

Ms Cochrane referred to hours lost through long-term and short-term absence and explained that, until now, the Committee had received figures on a monthly basis. However, she suggested that it might also be helpful for the Committee to receive cumulative figures, similar to those provided in the Trust Board performance report.

She advised that the figures on the HR & OD Scorecard were up to February 2023 and said she hoped to see a reduction by the next report to the Committee.

Ms Cochrane pointed out that the staff count figures did not change significantly in each reporting period.

Mr Bloomfield sought clarification on whether the fixed term figure included temporary and bank staff.

Mr Nicholson noted that this was the first dashboard developed for the Trust and work was ongoing to continue its development and ensure there was a clear understanding around the figures quoted.

The Chair noted that the usual supporting information behind the Scorecard was absent.

Ms Cochrane undertook to circulate the information to members.

Ms Young asked whether the absence percentage figures collated through HRPTS took account of bank and agency staff.

Ms Cochrane clarified that the absence reports concerned directly employed staff only.

Ms Gardner acknowledged that the number of complaint cases within NIAS was proportionately higher than other Trusts and said that the main issue was the timeframes associated with completion.

She advised that there would be further analysis of the KPI scorecard at the next Committee meeting when she would outline the plan to improve these timeframes. Ms Gardner alluded to the need to ensure the development of an accountability framework to manage this. She advised that a suite of policies and procedures in respect of disciplinary, grievance, conflict, bullying and harassment had been developed regionally and these would be brought to the Committee in due course for consideration.

The Committee **NOTED** the HR & OD Scorecard.

8 **Resources**

The Chair advised that, due to time constraints, he would defer this agenda item.

9 **Finance Update (PC20/04/23/06)**

Commenting that the 2023-24 financial year appeared bleak, the Chair invited Mr Nicholson to present his report.

Mr Nicholson advised that the report was presented in the format which had been agreed by members. He pointed out that, given the time of year, some of the information within the report was to the end of February 2023 (Month 11) while other elements provided the full-year position. He added that work was ongoing to close out the position at the end of March 2023 (Month 12) for the submission of the final monitoring return of the year due on 25 April 2023 and the production and submission of the Annual Report and Accounts on 5 May 2023.

Mr Nicholson reported that the Revenue Resource Limit (RRL) had been largely finalised for the financial year at £116.3 million. He said that a significant proportion of these funds had been allocated non-recurrently to the Trust for the 2022-23 financial year only.

Continuing, Mr Nicholson pointed out that the most substantial element of the non-recurrent funds related to Covid-19 allocations to support operational service delivery and advised that these funds had not been confirmed beyond 31 March 2023.

Mr Nicholson reported that the Trust continued to forecast a breakeven position at February 2023 (Month 11) and at year end. However, he said, this was subject to the completion of the final accounts and review by External Audit.

Moving to discuss the position for the new financial year 2023-24, Mr Nicholson confirmed that the outlook was uncertain in that it was expected to be a particularly challenging financial position in health and across the public sector. He commented that the absence of an Executive and a Minister and subsequently a budget added to this uncertainty. He said that this was the similar position across the public sector and all HSC organisations continued to work with the DoH and SPPG to take these matters forward. However, he said, in the interim, the Trust continued to provide operational cover at levels to maintain service and safety. Mr Nicholson acknowledged that the Trust had assumed some risk in doing so and said that DoH and SPPG colleagues were formally advised of this position and the risk was shared.

Turning to the Capital Resource Limit (CRL), Mr Nicholson reported a £2,000 underspend on this budget. He advised that the DoH had reduced the NIAS RRL by £100,000 in order to redistribute resources across the HSC to get as close to an overall breakeven

position as possible. Mr Nicholson acknowledged that the risks within the capital programme had been particularly difficult this year and prices had increased significantly. He drew members' attention to page 5 of the Report which set out the individual capital schemes within the Trust. He added that the Trust had experienced an inflationary increase in prices.

Mr Nicholson said the Trust had been successful in installing a Welfare Hub for staff at Antrim Hospital and said he looked forward to staff making use of these facilities. He added that the Trust had also made some improvements at Downpatrick as well in the form of a new modular building.

Commenting on the 2023-24 financial position, Mr Bloomfield indicated that the lack of certainty continued to cause concern across the health and social care system. He reminded the Committee that, at the end of January, the Trust had been asked to provide scenarios of potential 3-5% savings and subsequently Trusts had been instructed by the DoH to implement what had been described as 'low impact' savings.

Mr Bloomfield explained that the Trust only had a small number of areas where low impact measures could deliver savings. He pointed out that the Trust's savings focussed more on efficiency measures as opposed to cash savings. Mr Bloomfield said that the DoH remained of the view that no saving measures should impact on patient care and he added that the Trust's 'high impact' savings would result in reduced cover.

However, he advised that, to implement high impact savings would necessitate the Trust in having to consider public consultation around changes in services.

Mr Bloomfield reiterated Mr Nicholson's earlier point that the Trust was progressing at risk in terms of maintaining levels of expenditure without confirmation of funding. He said that there had been an exchange of correspondence between the Trust and the DoH/SPPG to alert colleagues of the Trust's actions and seek their agreement. Mr Bloomfield explained that the DoH/SPPG had been in agreement with the Trust's actions due to the fact that significant expenditure was directly linked to delayed handovers at EDs.

Mr Bloomfield said he would brief members again at the May Trust Board. He noted that, only the previous day, the Trust had received correspondence confirming the 2023-24 budget and was of the view that this demonstrated the absence of any certainty in relation to budgets.

Mr Haslett commented that the use of Covid-19 resources had helped in masking the real extent of financial pressures through the health and social care system over the last number of years and agreed that the forecast for 2023-24 was ominous.

The Chair thanked Mr Nicholson for his report which was **NOTED** by the Committee.

10 **Date of next meeting**

The next meeting of the Committee was scheduled to take place on Thursday 29 June 2023. However, it has become necessary to reschedule this and Mrs Mooney undertook to make the necessary arrangements.

11 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12 NOON.

SIGNED: _____

DATE: 4 July 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

'PEOPLE' COMMITTEE REPORT TO TRUST BOARD 24/8/23

The People, Finance and Organisational Development Committee met on Tuesday 4 July 2023.

Issues discussed included:

	Finance Update The Committee was advised on the governance arrangements being put in place to take forward the Delivering Value Programme and noted that the first meeting of the Programme Board would take place on 2 August.
	HR&OD Transformation Programme – 4-year Improvement Plan (re-baselined) The Committee noted that the Improvement Plan had been re-baselined to include proposed new timeframes for initiatives not previously delivered in 2022-23. The re-baselined plan had not removed any workstreams but existing workstreams had been amended, combined or expanded to provide further clarity.
	Maximising Attendance Update - verbal The Committee received a verbal update on the Maximising Attendance project and agreed the reporting frequency of information to the Committee.
	HR & OD KPI Scorecard – May 2023 The Committee received a progress update on the Key Performance Indicators (KPIs) covering areas such as long/short term absence; overtime/agency costs; staff count; complaints; Whistleblowing and leavers/turnover rate.

Northern Ireland Ambulance Service
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AUDIT AND RISK ASSURANCE COMMITTEE REPORT TO TRUST BOARD

The Audit and Risk Assurance Committee met on Thursday 22 June 2023 and I would like to bring the following issues to the attention of the Board in advance of the formal minutes.

1.	**ARAC Annual Report 2022-23** The Committee approved the ARAC Annual Report for 2022-23 and it is contained in the Board's papers.
2.	**Committee Self Assessments Questionnaires** The Committee approved the NI Audit Office and CIPFA Self Assessment Questionnaires, which outline a number of improvements to be taken forward over the next year.
3.	**ARAC Terms of Reference** The Committee reviewed its Terms of Reference and is not suggesting any changes.
4.	**Direct Award Contracts Register** The Committee received a verbal update on the Direct Awards Contracts Register.
5.	**Fraud Update** The Committee received a verbal update from the Assistant Director of Finance on a number of fraud cases.
6.	**External Audit – Draft Report to Those Charged with Governance** The NI Audit Office and ASM fed back on the outcome of the audit of the Annual Report and Accounts for Public and Charitable Funds for 2022-23 and took the Committee through the draft Report To Those Charged With Governance.

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7.	**Draft, Audited, Uncertified Annual Report and Accounts for the Year Ended 31 March 2023** The Committee having considered the views of External Audit agreed to recommend approval of the Annual Report and Accounts for 2022-23 to the Trust Board at its meeting to be held on 22 June 2023. **Letter of Representation for the Year Ended 31 March 2023** The Committee recommended approval of the Letter of Representation to accompany the signed Annual Report and Accounts when submitted to the NI Audit Office.
8.	**Draft, Audited, Uncertified Charitable Trust Funds Trustees Annual Report and Accounts for the Year Ended 31 March 2023** The Committee having considered the views of External Audit agreed to recommend approval of the Annual Report and Accounts for Charitable Trust Funds 2022-23 to the Trust Board at its meeting to be held on 22 June 2023. **Letter of Representation for the Year Ended 31 March 2023** The Committee recommended approval of the Letter of Representation to accompany the signed Charitable Trust Funds Annual Report and Accounts when submitted to the NI Audit Office.
9.	**Policies** The Committee approved a revised Travel Policy based on updated guidance from the Department of Health.
10.	**Corporate Risk Register** The Committee reviewed the Corporate Risk Register.

Submitted By:
William Abraham
Chair of Audit and Risk Assurance Committee

NORTHERN IRELAND AMBULANCE SERVICE TRUST

TRUST BOARD - THURSDAY 24 AUGUST 2023 AT 10AM

Lecture Theatre, Multi-Disciplinary Education Centre (MDEC)

Altnagelvin Hospital Site, Glenshane Road,

Londonderry **BT47 6SB**

Agenda

NIAS Annual Report and Final Accounts for the year ended 31 March 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	24 August 2023
Title of paper:	NIAS Annual Report & Accounts for the year ended 31 March 2023
Brief summary:	The Trust Board is asked to note these final, audited, certified, approved Annual Accounts and Reports for Public for the year ended 31 March 2023. This is the first presentation of these documents in the public domain and they will subsequently be published on the Trust website.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	Audit & Risk Assurance Committee – 18 May 2023 In Committee Trust Board – 22 June 2023
Prepared and presented by: **Date:**	Paul Nicholson, Director of Finance, Procurement, Fleet & Estate 17 August 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST

ANNUAL REPORT AND ACCOUNTS FOR YEAR ENDED

31 MARCH 2023

Back to Agenda

Northern Ireland Ambulance Service Health and Social Care Trust
Annual Report and Accounts for the year ended 31 March 2023

Laid before the Northern Ireland Assembly under Article 90(5) of the Health and Personal Social Services (NI) Order 1972 (as amended by the Audit and Accountability Order 2003) by the Department of Health on 14 July 2023

Any enquiries regarding this document should be addressed to the Director of Finance at the following address:

Northern Ireland Ambulance Service HSC Trust, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG.

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

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Chair's Preface

The Northern Ireland Ambulance Service (NIAS) is a wonderful organisation which is staffed by dedicated individuals who serve the community. I have been humbled to watch as colleagues have delivered ambulance services despite continuing challenges resulting from the Covid pandemic and other barriers created by an uncertain financial landscape.

Since taking up post in June 2018, I have witnessed the many positive changes which have taken place in NIAS and have been privileged to join with colleagues as we took decisions which contributed to this. As I step down in April 2023, I am proud to have served on a Board alongside professionals who are focused on patient care and who seek to mitigate the impact which service challenges have on staff. Thank you to everyone who has supported NIAS during my term.

I am also grateful to have worked alongside dedicated colleagues right across the organisation who are solution focused and who are determined to find paths through difficult situations to provide a necessary service. Thank you to frontline, support and managerial colleagues, who remain focused on the patient and who seek to collaborate with others to find improved ways of delivering health and social care to the public.

Over the past year, working together has seen further developments, and I am excited for colleagues in terms of the career opportunities which now exist. I have watched with interest as some newly introduced roles to NIAS, such as pharmacy and safeguarding, are improving service delivery. It is testament to the leadership demonstrated throughout the organisation, up to and including the Chief Executive, which has ensured NIAS continues to evolve in the best interests of patients and staff.

As I step down, I welcome the incoming Chair, Michele Larmour, and wish her all the very best as she begins her NIAS journey. My final word as NIAS Chair is to encourage you to remain focused on the patient, and to ask you to look out for each other. We are living and working in challenging times but the focus on patients and their families will, I believe, result in the continued delivery of services for everyone's benefit.

Mrs. Nicole Lappin
NIAS Chair
March 2023

Performance Report

Performance Overview

The purpose of the performance overview is to present the Chief Executive's perspective on the Trust's performance over the period 2022-23. It also provides a brief summary of the Trust: including its purpose and activities; our vision, values and goals; and services that we provide.

Chief Executive Overview of Performance

This Report marks the end of my fifth year as NIAS Chief Executive. It is a privilege to lead such a resilient, dedicated and effective organisation. I am tremendously proud of the team and want to take this opportunity to acknowledge the immense effort and sacrifice of our staff. This year we celebrate innovation and achievement at a time of significant pressure. When I reflect back on the year, there is no doubt it has been another extremely difficult one given the many pressures and challenges for both staff and ultimately our patients. However, I am proud of the way in which all of our staff have cared for our community, sought opportunities to work in partnership across the health system, looked after each other, and continue to innovate and transform NIAS into a modern dynamic service at the heart of the health and social care system.

This year we celebrate the many achievements of our staff with a 'Year in Honours and Awards'. Staff have been recognised locally, nationally and even received Royal recognition throughout the year! I was proud to attend graduation ceremonies of the second and third cohorts of students who were conferred with Foundation Degrees in Science in Paramedic Practice. This year also saw the fourth cohort of students complete the Foundation Degree which brings to an end over 30 years of Paramedics being trained by NIAS, with all future Paramedic education in Northern Ireland taking place through the BSc course at Ulster University. I want to thank and pay tribute to everyone who has facilitated the education of so many professional staff during those years who continue to service the community so well.

In any caring organisation, staff health and wellbeing is crucially important and this year our team strengthened our peer support process and encouraged each other to talk. Staff across stations participated in #TimeToTalk and we launched the Crisis Line for staff. The wellbeing of our staff has been a top priority for me since joining the Trust and I will continue to do whatever I can to ensure staff receive the support they need, so they can in turn support the patients we serve.

We continue to work in partnership with other agencies to innovate and increase the reach and effectiveness of NIAS. I am proud of the way in which our services continue to innovate and develop, and of how the role NIAS plays in the wider HSC transformation agenda is increasingly recognised.

We celebrated the launch of our first bespoke children's ambulance service in partnership with Children's Heartbeat Trust. Northern Ireland now has a dedicated ambulance that children can use to travel to and from specialist treatments.

We also launched a new service which will help meet the needs of frequent callers to NIAS. Through INTERACT, our Complex Case Team will work closely with the British Red Cross to put plans in place to provide appropriate support to those individuals who contact our service frequently but for whom an ambulance is not the most appropriate response, by enabling onward referral to the right services to ultimately improve their wellbeing.

We increased the reach of our Community First Responders scheme with new volunteers recruited in some of our most isolated rural areas in Northern Ireland. They provide a valuable first line of support to those communities and I am delighted to have them as part of our team.

During the year we established a Volunteer Car Scheme forum for our valued Volunteer Car Drivers. The forum's aim is to increase our interaction with volunteers ensuring we are providing the right level of support through training, equipment and governance. I would like to thank all the committed volunteers who freely give of their time to provide much needed support to our service and valuable care in their local communities.

We have increased our capability in planning, data intelligence and digital capabilities, building stronger support structures for our frontline staff.

We also continued to work in partnership with the National Ambulance Service (NAS) in the Republic of Ireland, and we were pleased to be able to offer specialist support to the terrible tragedy in Creeslough. Our colleagues in NAS are only too willing to support NIAS when asked to do so, and when the call came our teams acted with great professionalism allied with the care, compassion and dignity that the small community in Creeslough needed.

Their response on that day is what our staff train for, in the hope that they would never have to experience the scenes that they faced. I am proud of how our staff rose to the challenges faced.

As we all know, this year has been one of the most challenging on record for NIAS.

At many points along the year we lost up to 28% of our 'on the road' capacity due to delayed handovers at Emergency Departments (ED's) across the province. These delays impact not only on the quality and timeliness of the care our patients can expect to receive, but also places increasing pressure on staff providing that care in a less than ideal environment. We met with colleagues across Health and Social Care in an Unscheduled Care Summit in November 2022 to develop and agree new actions to jointly address this challenge. We still have more to do, but I am optimistic that there is commitment right across Health and Social Care to continue to address this challenge which is a symptom of pressures across the system. From our perspective, NIAS is committed to playing our part in developing an

effective integrated urgent and emergency care service, including through the continued development of Appropriate Care Pathways, where conveyance to ED is no longer the default position.

Industrial action in the latter part of the year had the potential to cause significant disruption to services, however managers and unions worked together effectively to ensure that services continued where possible for patients experiencing life threatening emergencies.

As a senior team we do not underestimate the level of planning, organisation and negotiation this entailed and we thank staff for their dedication to ensure patients were not adversely affected. We also recognise the right of staff to take industrial action and want to see them appropriately remunerated for the incredible work they do.

The lack of a functioning Executive in Northern Ireland has affected future planning for our service, creating uncertainty around financial and resource allocations. We will continue to work to mitigate as best we can any adverse impact of the forecasted financial pressures. But there is no doubt the financial position is going to present a new set of challenges and it is important we all continue to identify and implement actions we can take to further improve the efficiency and productivity of our service.

Looking forward, I am optimistic that there are strong opportunities to enable NIAS to achieve our mission of consistently showing compassion, professionalism and respect to the patients we care for. The ambition of creating an Integrated Care System (ICS) for Northern Ireland grows ever closer and I am confident that NIAS can play a central role in planning and delivering services in an integrated way for our community as part of a modernised health service in Northern Ireland.

This annual report provides only a snapshot of the services our dedicated and skilled staff have delivered throughout the year. I am tremendously proud of the role each and every member of staff has played in delivering a quality service to the community, in one of the most challenging times for health services across the UK. I look forward to continuing to work with you all and with the support of my senior team, to deliver further improvements in the year ahead for the community we serve.

A Year in Awards

April 2022

NIAS Staff Recognition Awards celebrated the tireless work of the Northern Ireland Ambulance Service staff today featuring the award winning music duo 'Band 5 and 6'.

May 2022

NIAS Chair Nicole Lappin, was delighted to have an in-person catch up with Eddie Murphy, the most worthy of recipients of the Chair's Award at the virtual awards ceremony. Nicole thanked Eddie for many years of dedicated service and congratulated him on the award.

June 2022

More Royal recognition for past and present employees in the form of retired paramedic Abe Agnew from Larne awarded a BEM for services to the environment and community; Area Manager Sean Mullen awarded an MBE for services to NIAS; and Craig Wilson Altnagelvin, awarded the Queen's Ambulance Medal.


Abe Agnew


Sean Mullen


Craig Wilson

June also saw the celebration of National Healthcare Estates and Facilities Day when we recognised the contribution of all our Domestic, Vehicle Cleaning, Porters and Estates staff without whom our service cannot operate.

July 2022

Congratulations to Jacqueline O'Neill and Barry Costello who were recognised at College of Paramedics (CoP) Honours and Competitive Awards 2022. Jacqueline's award was in the Companionship category and Barry received the Dr John Hinds Scholarship Award.

September 2022

Caitlin Mullan was awarded Exceptional Emergency Operations Control (EOC) Member at the National Ambulance Leadership Forum. Well deserved recognition for the exceptional work our Control Room staff do in such challenging circumstances.

October 2022

Congratulations to Jacqueline O Neill who was awarded the title of Companion of the College of Paramedics.

November 2022

It was great to see so many NIAS finalists at the 2022 Advancing Healthcare Awards - recognition for the incredible work being done across the service. Congratulations to Dayna Doherty for winning a Rising Star Award.

December 2022

Congratulations to James O'Callaghan and Paul McCluskey who successfully passed their aeromedical and aviation exams after a rigorous four month training schedule. Great job.

Congratulations to the Complex Cases Team won the World Health Organisation (WHO) Belfast Healthy Cities Healthy Champion Organisation category.

January 2023

Gary Alexander Health & Safety Advisor (Risk Management Team) achieved his Diploma in Occupational Health and Safety Practice in January 2023. This qualification is the highest-level competence-based Health and Safety qualification in the UK and Ireland. This is a significant achievement as National Examination Board in Occupational Safety and Health (NEBOSH) programmes are very challenging (comprising both examinations and coursework) and trying to study along with the day job is tough in the normal working environment, never mind emergency care! It truly is fantastic that Gary has taken the time to both empower himself and bring benefits to the organisation. Well done Gary.

NIAS was recognised as an Accredited Centre of Excellence in January 2023 by the International Academy of Emergency Dispatch. This provides an increased level of reassurance that NIAS Emergency Ambulance Control (EAC) are providing the best possible care for the patients we serve.

A Year in Pictures

May 2022

A group of staff from NIAS control raised almost £1,300 at the Belfast Marathon in support of our colleagues in the Helicopter Emergency Medical Service (HEMS). Well done!

June 2022

31 paramedics left the hall at the in the Academic Procession having officially graduated with their foundation degrees.

July 2022

Partnership working in action - Colleagues from Ulster University and St John's Ambulance assisted NIAS both in the control room and on the road on 12th July.

September 2022

Michael Bloomfield and Sean Mullen at Westminster Abbey representing NIAS at the State Funeral for Her Majesty Queen Elizabeth II.

The second cohort of BSc Paramedic students started this month at Ulster University (UU).

Our latest Associate Ambulance Practitioner (AAP) course continued their training at Ulster University in Coleraine. Pictured here experiencing the benefits of interagency working with the Northern Ireland Fire and Rescue Service (NIFRS) at road traffic collisions requiring extrication.

October 2022

Control Room Week provided an opportunity to thank staff who work in our control rooms doing one of the most challenging roles in the ambulance service - the first point of contact for people in distress, giving professional, expert advice and clinical support.

November 2022

Sky News spent a night getting a feeling for how current pressures impacted on staff and patients in Emergency Ambulance Control (EAC) and out on the road.

Chris Clarke presented an outline of service improvements required to meet the needs of patients at the Allied Health Professionals Conference.

Ambulance Staff in Crisis can now call The Ambulance Staff Crisis Phoneline 24/7 on 0300 373 0898. Sean from NIAS Peer Support & Ann Marie McStocker joined Angie & David from The Ambulance Service Charity (TASC) for the launch of this valuable service at the #EmergencyServicesMentalHealthSymposium.

December 2022

Twenty new Community First Responder (CFR) volunteers were trained and are now attending calls across Mid Down and Lisburn.

January 2023

New Community First Responder (CFR) volunteers were put through their paces and went live in their respective areas. We worked with Department of Education to strengthen partnership between NIAS and schools throughout Northern Ireland through our Community of Lifesavers Education Programme.

Northern Ireland's first bespoke children's ambulance was officially launched by NIAS and Children's Heartbeat Trust. The ambulance is equipped with lights, toys and sensory equipment designed to make children as comfortable as possible during a time which can be a time of high stress, anxiety and fear.

February 2023

Department of Health colleagues visited the Helicopter Emergency Medical Service (HEMS) base to meet the team and discuss potential future developments of the service.

NIAS Peer support made #TimeToTalk using the Association of Ambulance Chief Executive (AACE) Ambulance sector mental health continuum. Staff continue to raise awareness of NIAS Peer Support available 7 days a week and The Ambulance Service Charity (TASC) Ambulance 24/7 Crisis Line 03003730898. Keep talking & listening!

We increased the number of potential lifesavers across Northern Ireland by activating GoodSAM for ALL registered GoodSAM Responders on 7 February 2023. Could you be the lifesaver or the life saved? We want to increase everyone's chances of survival from an out of hospital cardiac arrest.

March 2023

Our Chief Executive participated in the annual Alliance Party Conference panel discussion along with Primary Care and nursing colleagues to discuss the challenges facing Health and Social Care and the need for transformation.

Purpose and Activities of the Trust

Our Mission is:

To consistently show compassion, professionalism and respect to the patients we care for.

Our Values:

We are committed to embedding the following shared HSC values in NIAS:

Our Goals:

The four organisational goals set out in our Strategic Plan are that:

A range of key transformation workstreams support the implementation of the NIAS Strategy and the Corporate Plan is grouped in line with these workstreams. We measure the outcomes of each of our key objectives to enable us to:

- Continuously enhance the way we are **delivering care**. This includes developing new roles, continuing to expand our care pathways, achieving seamless integration with the wider system, and improving our offer of non-emergency transport provision.
- Seek to increase the size of **our workforce** considerably, both frontline and the essential corporate functions that support them.
- Continue to develop the steps we are taking to **engage with staff**, improve their health and wellbeing, and enhance their career and personal development.
- Improve our **organisational health**, by embarking on a programme that will seek to positively change the culture we work in, engaging and empowering our staff by embedding collective and compassionate leadership at all levels.
- Develop a new **quality and safety** strategy, which will clearly define how we support staff to provide the best and most appropriate care possible. Working with colleagues in the rest of the health system, this will include measurement of the outcomes of the care we provide and patient experiences of our services, so we can continuously learn and improve.
- Focus on our **digital enablers**, upgrading out-of-date systems, increasing interoperability with the health and social care systems and embracing new technologies through a comprehensive programme of digital innovation.
- Reconfigure **our infrastructure** to facilitate our new clinical model, developing our estate and our fleet in line with our growing workforce and emerging technological advances.
- Improve our **communications & engagement** with our staff, patients, partner providers and our communities, ensuring their continuing involvement in shaping how we achieve our vision.

About the Northern Ireland Ambulance Service HSC 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.

The principal ambulance services we provide are:

- Emergency response to patients with sudden illness and injury;
- Non-emergency patient care and transportation;
- Specialised health transport services; and
- Co-ordination of planning for major events and response to mass casualty incidents and disasters.

Organisational Structure

The provision of the above services is provided and supported by the following directorates:

- Chief Executive's Office.
- Operations Directorate.
- Finance Directorate.
- Human Resources Directorate.
- Medical Directorate.
- Quality, Safety & Improvement Directorate.
- Planning, Performance and Corporate Services Directorate.
- Clinical Response Model Programme Directorate.

Performance Analysis

Overview of Organisational Performance

The Northern Ireland Ambulance Service (NIAS) exists to provide high quality ambulance services which delivers the best clinical outcomes for those patients who make use of our services. We seek to do this by having in place the necessary resources in terms of staff, fleet and estates.

However, we cannot deliver this service in isolation and we are committed to participating fully in the development and delivery of responsive integrated health and social care services through collaborative working with partners throughout the Health and Social Care system. Engaging with local communities and their representatives to address issues that affect their health is also key to the future development of our services.

This annual report examines NIAS performance during 2022-23 and identifies the challenges that NIAS has faced in doing so, especially in the context of recovering from the COVID-19 pandemic. The report outlines the measures that NIAS has taken in facing these challenges and reviews the way in which we have managed our budget in the context of these challenges during the year.

Operational Performance

Accident & Emergency Call Demand & Activity 2022-23

225,182
calls answered

NIAS activities were significantly impacted by the COVID-19 pandemic during 2020 and 2021. Throughout 2022-23, the Health and Social Care system continued to recover from the pandemic and activity during 2022-23 reflected this recovery. The call activity in 2022-23 has returned to the level we were experiencing before COVID-19, with 225,182 calls being answered by our control room in the period. These calls generated 190,825 Incidents that either required a clinician in the control room to provide advice, or a response to a scene by our ambulance crews.

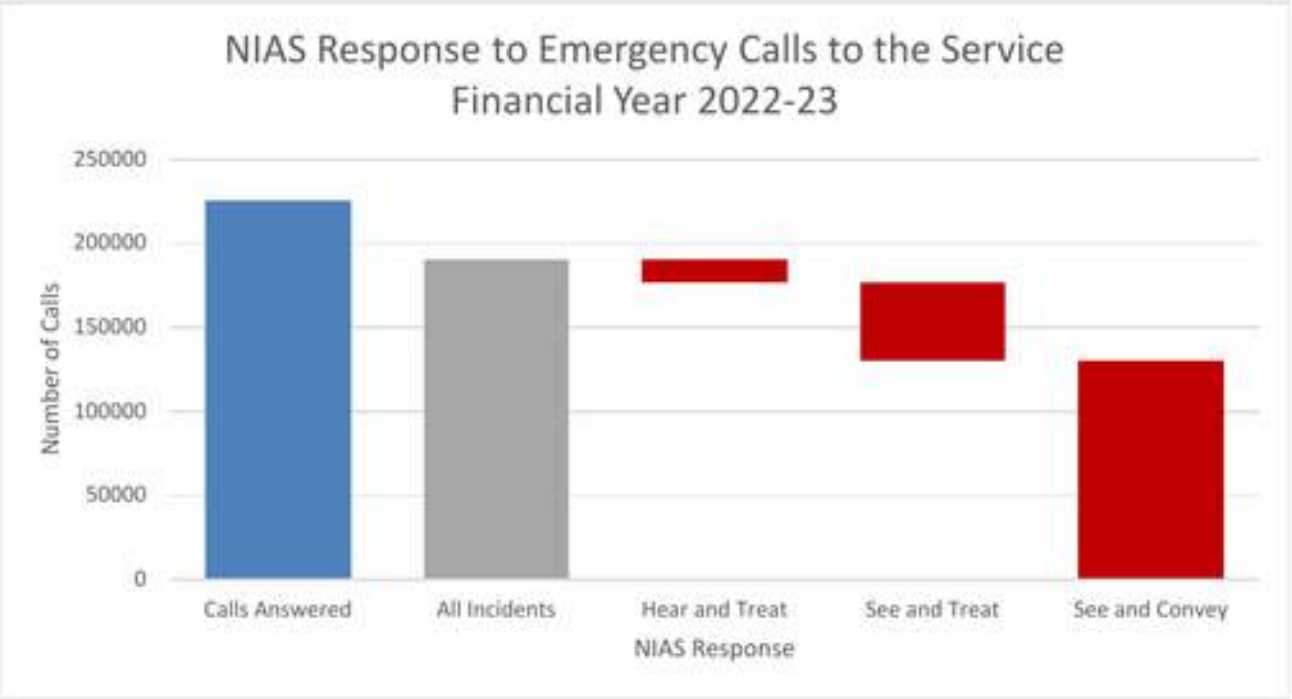
crews deployed to
176,517
incidents

There were 14,308 incidents in the year that the clinicians within our control room were able to provide clinical advice to patients and resolve their contact with the Service. 176,517 incidents reported to NIAS required the Service to deploy our crews to scene. Whilst on scene 46,022 incidents were resolved by our crews and this could have been due to our clinicians providing the necessary care to discharge the patients from our care or referring these patients to an alternative appropriate care setting within the community. This meant that 130,495 patients were conveyed by NIAS ambulance crews to a hospital setting during the Financial Year 2022-23.

The Table below, highlights these key figures from the Financial Year 2022-23:

	2022-23
Emergency Calls Answered	225,182
Emergency Incidents	190,825
Hear and Treat	14,308
See and Treat at Scene	46,022
See and Convey to Hospital	130,495

The chart below is a graphical representation of the flow of patients through our service for the Financial Year 2022-23.



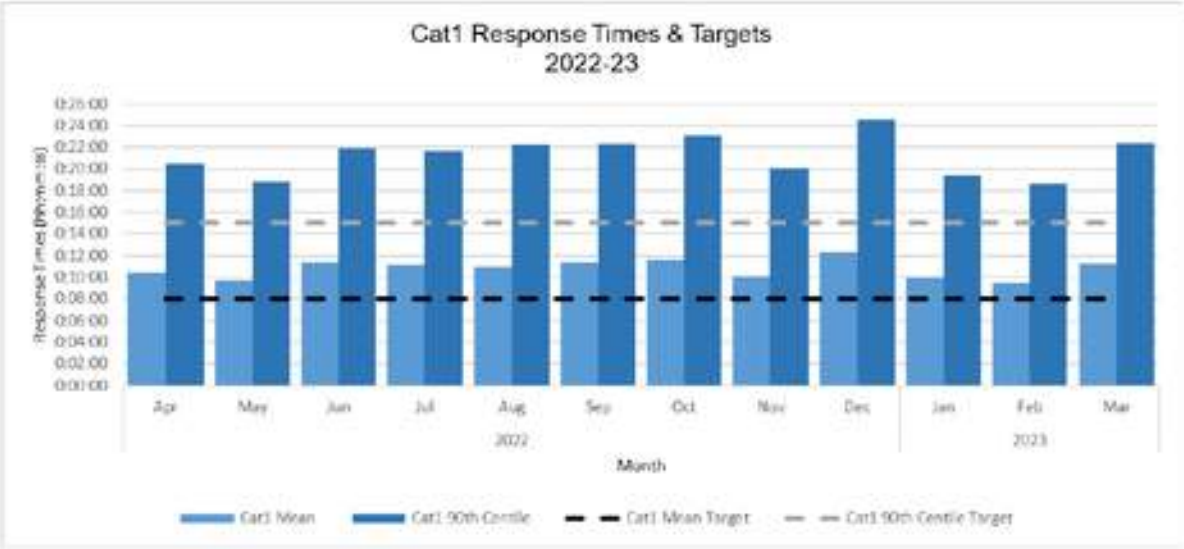
Clinical Response Model (CRM) Performance 1 April 2022 – 31 March 2023

Ambulance response time standards, indicators and measures were introduced during November 2019 as part of the Clinical Response Model (CRM). These response time standards are monitored by the Department of Health as Ambulance Quality Indicators (in line with NHS England).

Call Type Definitions	Standard
999 Immediately life threatening	Category 1
999 Emergency – potentially serious incident	Category 2
Urgent Problem	Category 3
Less Urgent Problem	Category 4

Response Times 2022-23

Category 1 Performance



The Chart above outlines NIAS's mean and 90th percentile performance by month for all calls identified as Category 1 for the period 1 April 2022 to 31 March 2023.

The below table for the period 1 April 2022 to 31 March 2023, demonstrates NIAS response performance for each of the category calls.

Clinical Response Model (CRM) Response Time Performance 2022-23

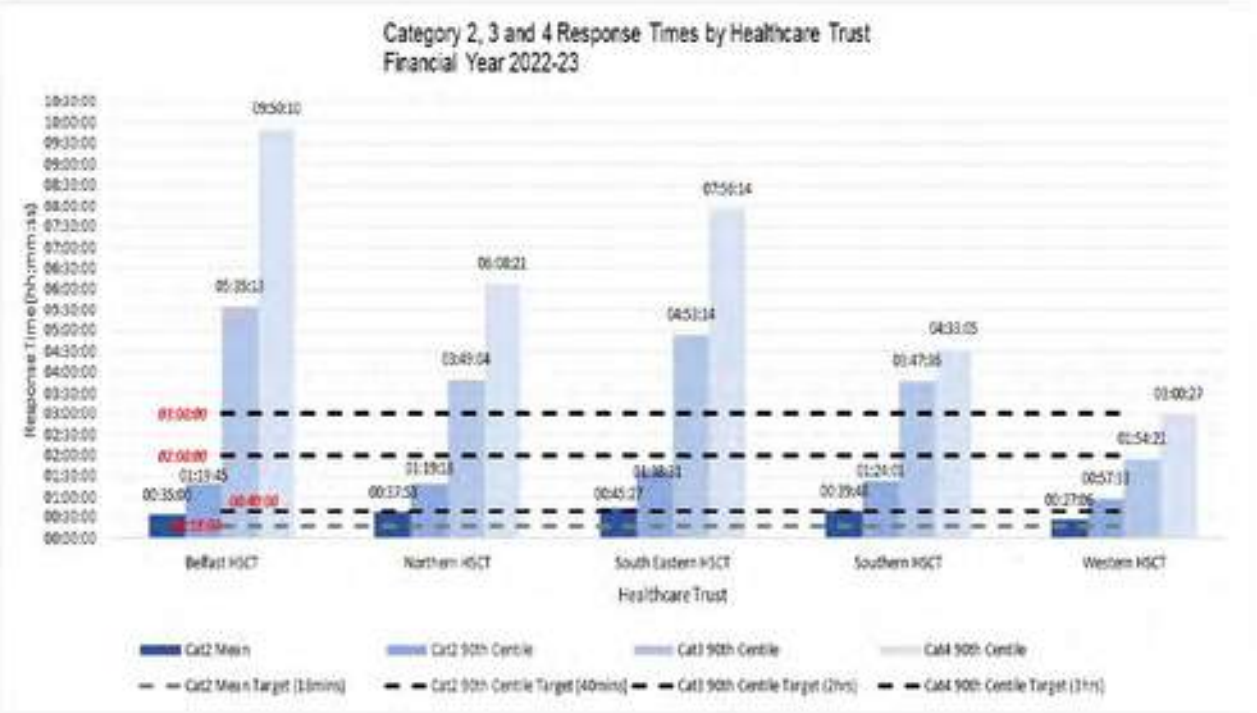
Category	Measurement	Standard	Performance
Cat1	Mean	00:08:00	00:10:51
	90th Centile	00:15:00	00:21:29
Cat1T*	Mean	00:19:00	00:13:40
	90th Centile	00:30:00	00:27:29
Cat2	Mean	00:18:00	00:36:59
	90th Centile	00:40:00	01:20:26
Cat3	90th Centile	02:00:00	03:53:18
Cat4	90th Centile	03:00:00	06:22:14

Category 1T refers to an A&E conveyance resource capable of transporting a patient to hospital. The Category does not have a formal standard but the performance above will be monitored and published by NIAS.

NIAS acknowledges that many changes are required to achieve the performance standards through the introduction of the CRM model. The outstanding challenges include the requirement for additional staff resources in frontline and support functions, the structure and skill mix of our staff coupled with response vehicle types and operational dispatch systems and protocols.

The table and chart below show the response times for each category of calls per divisional area for April 2022 to March 2023.

		Trust				
Category	**Metric**	Belfast HSCT	Northern HSCT	South Eastern HSCT	Southern HSCT	Western HSCT
Cat1	Mean	00:07:22	00:12:39	00:12:09	00:13:13	00:10:09
	Mean Target (8mins)	00:08:00	00:08:00	00:08:00	00:08:00	00:08:00
	90th Centile	00:12:46	00:24:08	00:23:56	00:25:25	00:20:26
	90th Centile Target (15mins)	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00
Cat1T	Mean	00:09:52	00:15:10	00:16:02	00:15:56	00:12:49
	Mean Target (19mins)	00:19:00	00:19:00	00:19:00	00:19:00	00:19:00
	90th Centile	00:16:58	00:28:30	00:32:21	00:31:03	00:25:57
	90th Centile Target (30mins)	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00



Category	Metric	Trust				
		Belfast HSCT	Northern HSCT	South Eastern HSCT	Southern HSCT	Western HSCT
Cat2	Mean	00:35:00	00:37:53	00:45:27	00:39:48	00:27:06
	Mean Target (18mins)	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00
	90th Centile	01:19:45	01:19:18	01:38:31	01:24:01	00:57:33
	90th Centile Target (40mins)	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00
Cat3	90th Centile	05:35:13	03:49:04	04:53:14	03:47:36	01:54:21
	90th Centile Target (2hrs)	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00
Cat4	90th Centile	09:50:10	06:08:21	07:56:14	04:33:05	03:00:27
	90th Centile Target (3hrs)	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00

The Trust has continued throughout 2022-23 to address numerous issues through internal improvement plans and working groups. However, the modelling undertaken by Operational Research in Health (ORH) Limited, based on the CRM standards implemented in NIAS in November 2019 confirmed that performance standards could not be achieved by the Trust with the resources currently available and additional investment is required to deliver the new response time measures on a consistent basis.

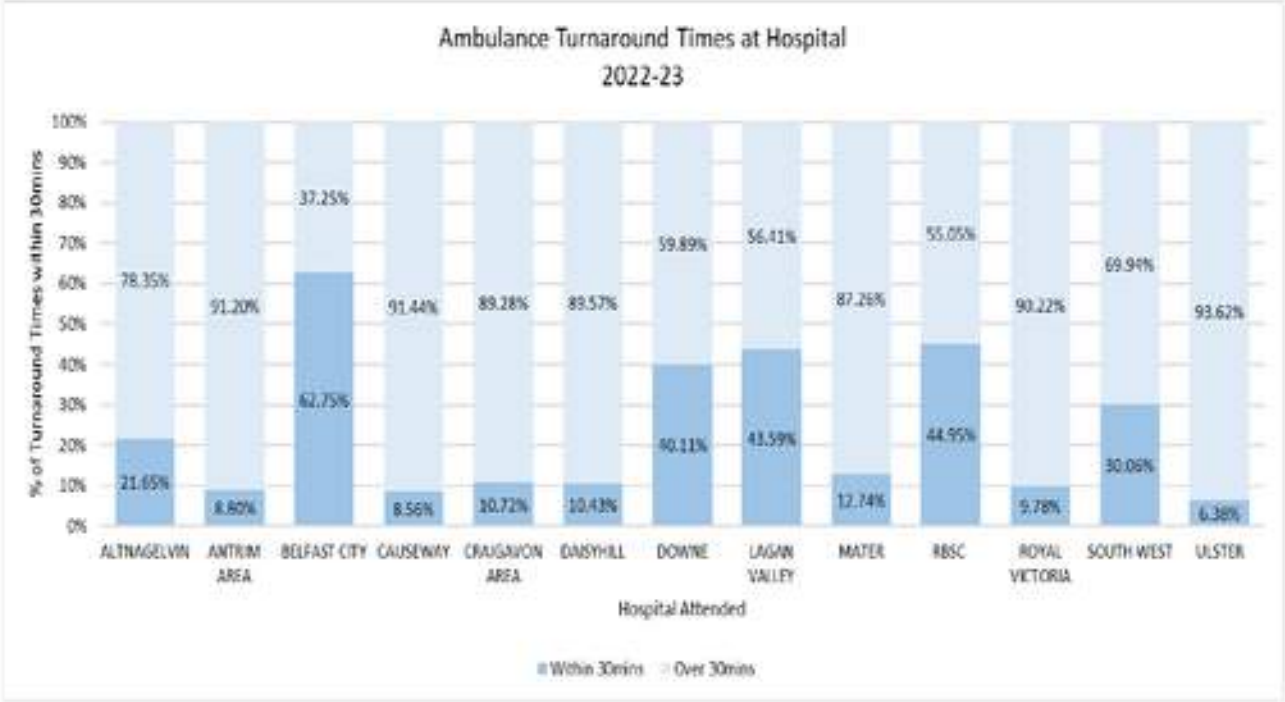
Hospital Turnaround Times 2022-23

In 2022-23, only 14% of all ambulance arriving at hospitals achieved the 30 minute turnaround standard. Of the 130,495 emergency arrivals to Acute Emergency Departments across Northern Ireland, 112,599 had a turnaround time of over 30 minutes. This equates to 103,795 total operational hours lost, the equivalent of 22% of our operational capacity being tied up in Hospital turnaround delays.

22%

operational capacity lost

Turnaround Delays	2022-23
Total Number of Turnaround Times Reported at Acute Hospitals	130,495
Total Number of Turnaround Times in Excess of 30 minutes	112,599
% of Turnaround Times in Excess of 30 minutes	86.29%
Total Operational Hours Lost to Turnaround Times in Excess of 30 minutes	103,795
Average Operational Hours Lost to Turnaround Times Delays in Excess of 30 minutes (per day)	284

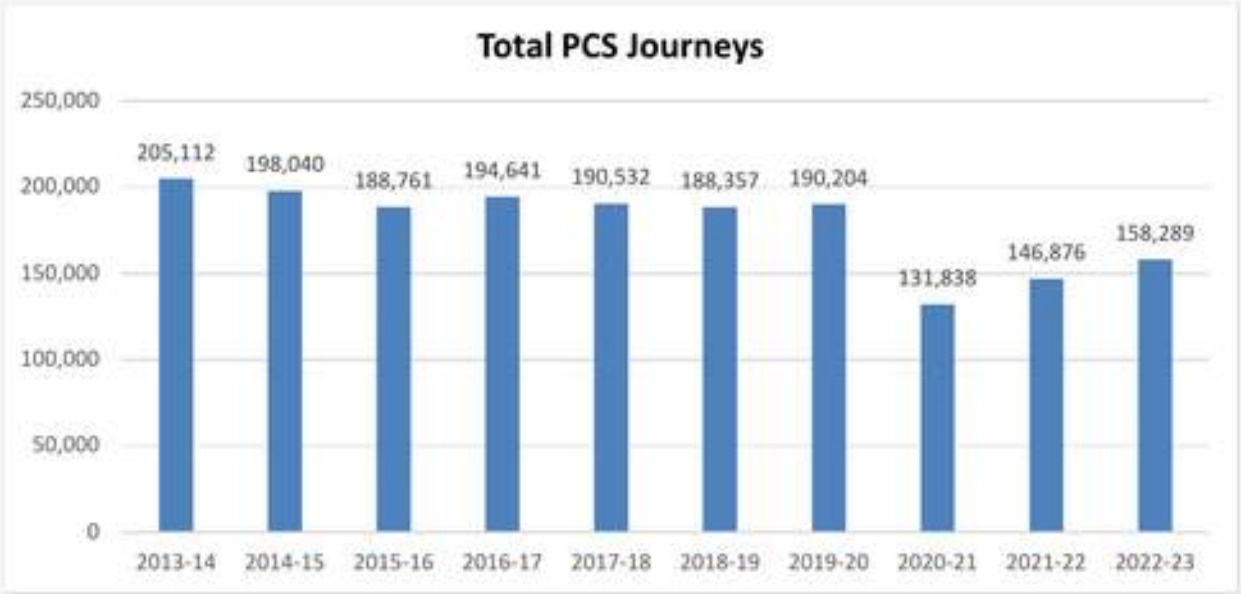


Patient Care Service 2022-23

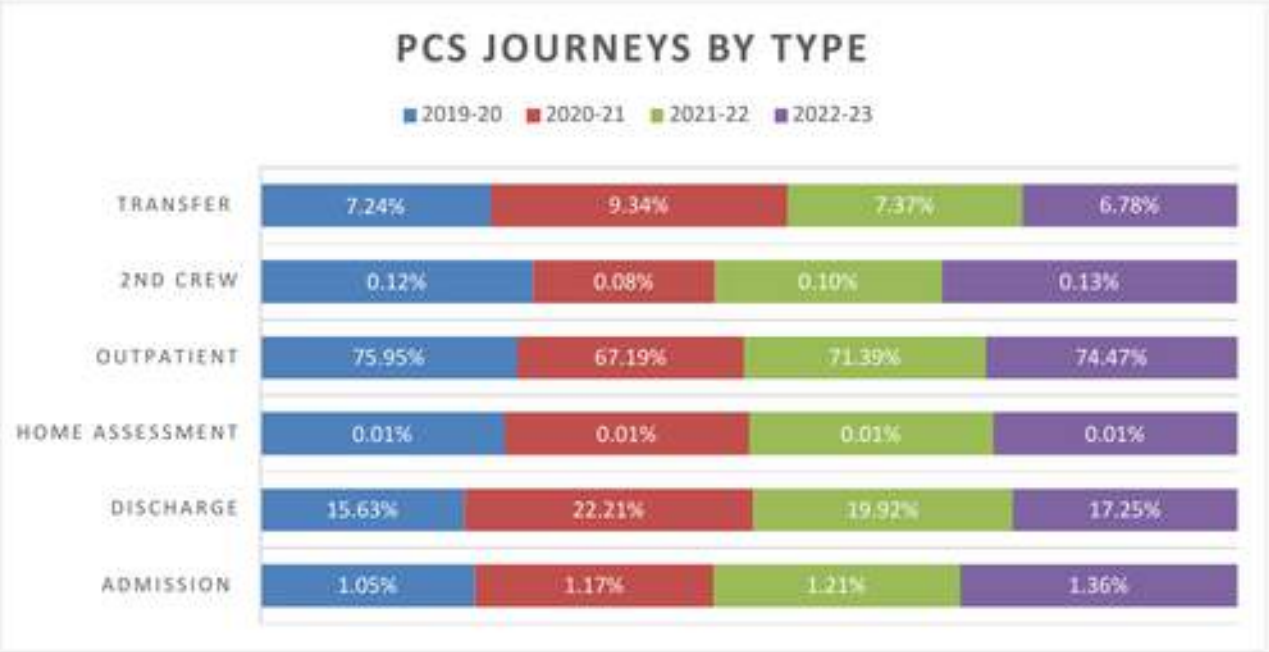
The Patient Care Service (PCS) is known as non-emergency patient transport service, (NEPTS) in other parts of the UK. It is a service highly valued by our patients and is an important part of our role as an ambulance service. Health and Social Care Trusts across Northern Ireland rely on NIAS PCS to bring patients to and from hospital or clinics, who would otherwise find healthcare very difficult to access.

In 2022-23, 158,289 journeys took place to support the transportation of non-emergency routine admissions, discharges, outpatient appointments and transfers. This is an increase in journey numbers of 7.8% (11,413) compared to 2021-22, reflecting the increasing return of hospital services to pre pandemic levels across the HSC.

158,289
non-emergency journeys



During the COVID-19 pandemic, and in response to the pressures our emergency resources experienced, NIAS took the decision to reduce our response to low acuity outpatient clinics by transferring resources to support the high acuity, urgent and emergency workload. This approach continued throughout 2022-23 whilst awaiting guidance from the Department of Health on social distancing restrictions in clinical settings. However, during 2022-23, HSC Trusts continued with increases in the volume of outpatient activity and we therefore experienced a greater demand for transportation to life sustaining and other routine outpatient clinics.



Following the Internal Audit Review, and in line with the recommendations contained in previous internal business reviews of the PCS function, a comprehensive improvement programme was established in February 2022. The PCS Improvement Programme was developed around 8 improvement themes which, once implemented, will drive performance improvement across the PCS service.

During 2022-23 the PCS Improvement Programme has:

- Developed PCS-specific Key Performance Indicators (KPIs) to be used for performance management. PCS performance is a priority to ensure appropriate assurance at all levels.
- Introduced the KPIs to independent sector ambulance providers who are performance monitored and managed via quarterly meetings.
- Developed a PCS Dashboard available via electronic portal to managers to enable proactive performance management of the non-emergency services. The portal also includes the ability to forecast demand up to 6 weeks in advance.
- Successfully piloted a new approach in relation to Dispatch Guidance in the non-emergency control room to support a more effective and efficient use of resources whilst meeting the increasing demand for non-emergency transport. These new procedures will in turn enable greater productivity and utilisation of the resources available.
- Identified and is currently in the process implementing a Web-Based Booking system through an electronic portal to be used by the booking agents across Healthcare Trusts, providing more accurate information to the planning and scheduling teams in NIAS as well as reducing the reliance on call taking.
- Engaged with Healthcare Trusts and Primary Care representatives with the aspiration of establishing a Regional PCS Forum.
- Developed performance monitoring tools such as Heatmaps to identify further improvements in the alignment of resources to demand for non-emergency services by time of day and location.

- Engaged with our voluntary drivers across the Voluntary Care Service (VCS) and developed an improvement plan to enhance the quality of the PCS service that we deliver to our patients.
- Agreed and issued new Dispatch Guidance for the Emergency Control room when using non-emergency resources for A&E Support.

Emergency Ambulance Control (EAC)

As a regional Ambulance service, NIAS operates one Emergency Ambulance Control Centre in Belfast. Every time we receive a 999 call from a member of the public or partner organisation, our call handlers or Emergency Medical Dispatchers (EMD) will use advanced bespoke software systems to assess 999 calls based on the clinical or medical information provided relating to a patient or incident. This system is known as the Advanced Medical Priority and Dispatch (AMPDS) and is used internationally and widely used by other UK ambulance services.

In August 2022, an Intelligent Routing Platform (IRP) was implemented in conjunction with the BT Emergency Operator to allow for 999 calls that are experiencing a delay in call answer by an Ambulance Service to automatically be redirected to another Ambulance Service be answered, processed and electronically sent to the appropriate Ambulance Service Control Room for ambulance dispatch. This provides additional resilience to NIAS during times of high demand and also ensures that 999 callers are provided with appropriate clinical advice and support without undue delays.

When a 999 call has been triaged, a response category and timeframe based on the Trust's Clinical Response Model (CRM) is assigned to each call. The Clinical Response Model is designed to identify patients in greatest clinical need as quickly as possible after a 999 call has been answered and then target the nearest and most appropriate ambulance resource to respond. This process ensures that all calls are prioritised and responded to on the basis of clinical need. Our systems also allow EAC staff to provide those making 999 calls with pre-arrival medical advice on dealing with a patient or incident in advance of an ambulance arriving at scene.

2022-23 was another challenging year within Emergency Ambulance Control. The volume of 999 calls being received remains at high levels. There was a slight decrease of 1.6% in the volume of 999 calls in comparison with the previous year. High 999 call demand is linked to duplicate calls following delayed responses and high abstraction rates during July, August and December 2022 were the biggest challenges within EAC in maintaining call answer performance and minimising delays.

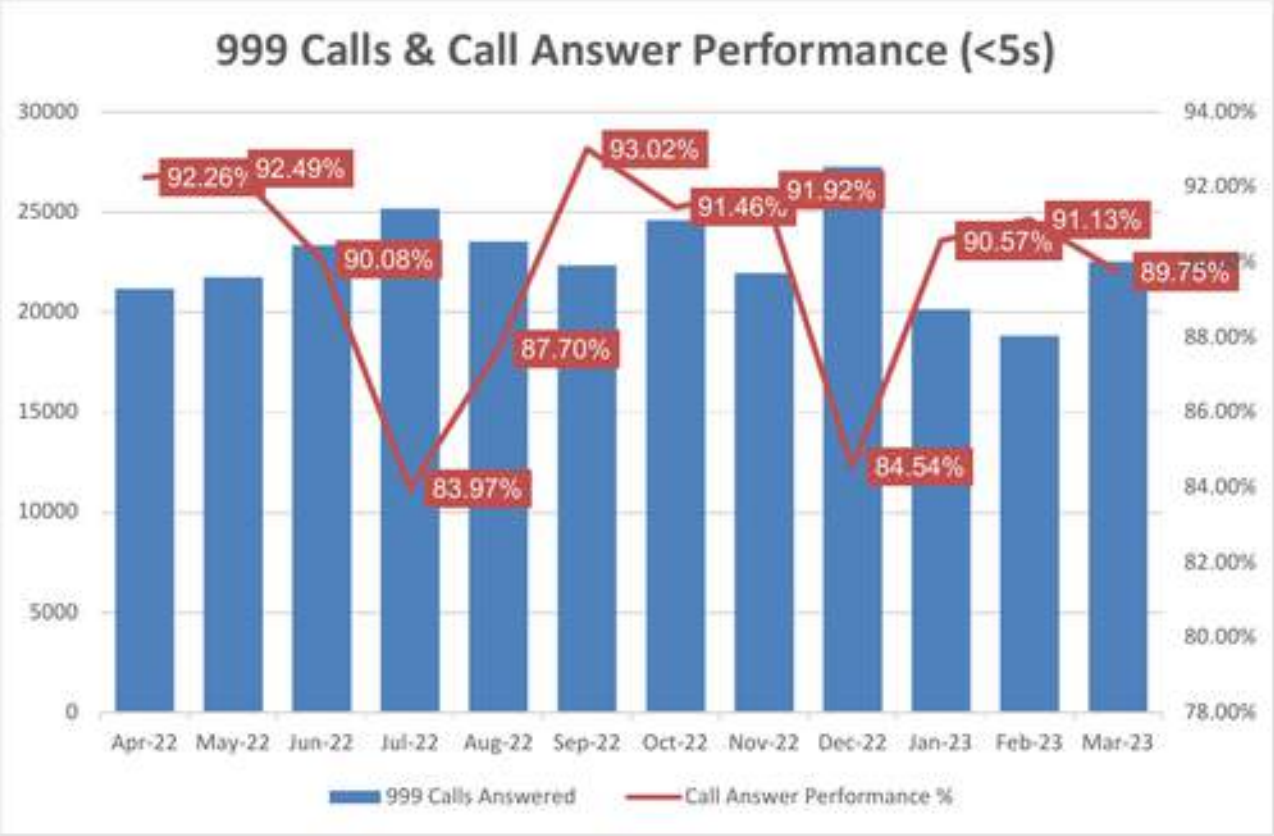
For the year 2022-23, a total of 1,999 calls were recorded as Abandoned 999 calls on the Primary 999 Line and EAC recorded 76,901 duplicate calls.

EAC Call Answer Performance

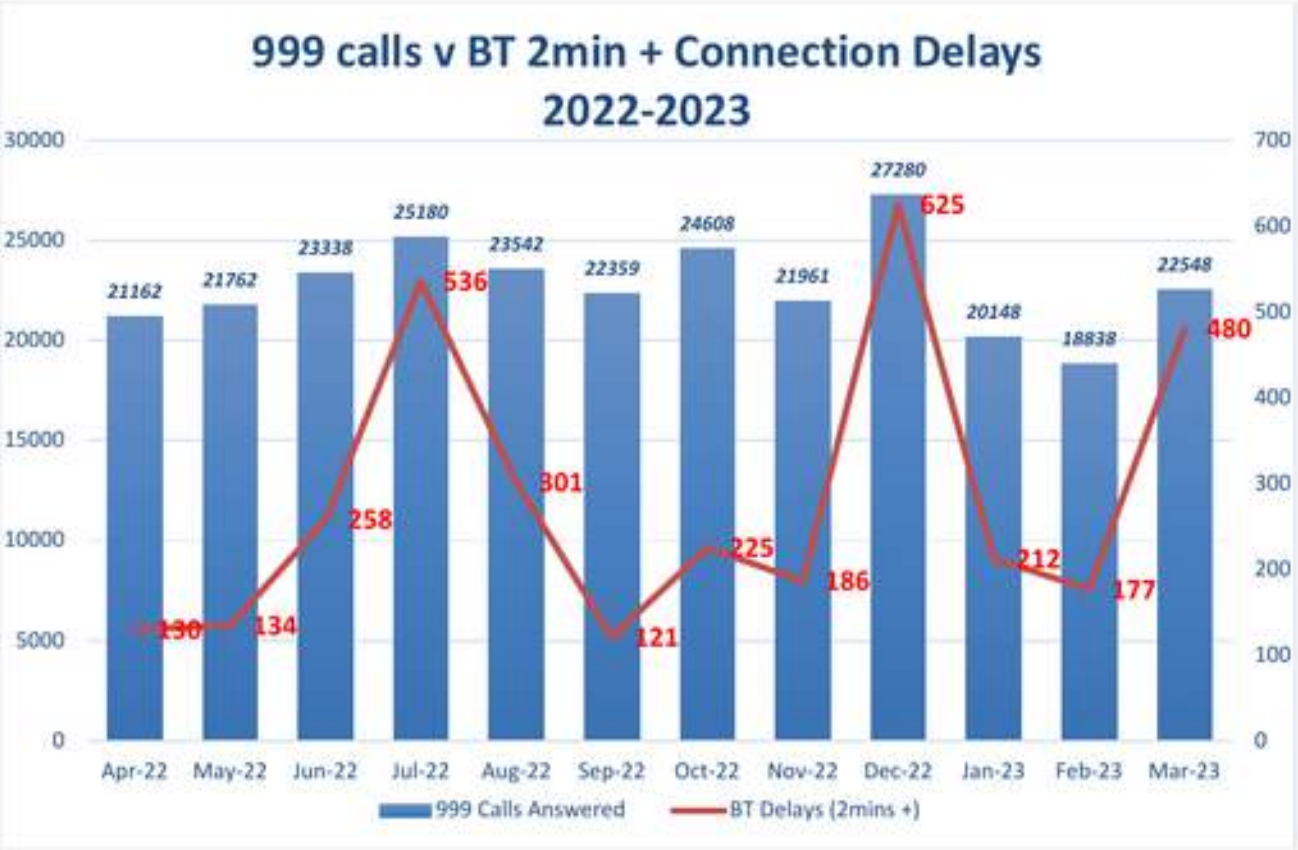
Emergency Ambulance Control aims to answer 90% of 999 calls within 5 seconds of the call being placed to NIAS by the BT Emergency Operator. From April 2022 to March 2023, 89.5% of 999 calls were answered within 5 secs.

89.5%
of calls answered within 5 seconds

The chart below illustrates the monthly 999 call demand and associated calls answer performance.



The Trust also measures the number of 2 minute plus connection delays notified by the BT Emergency Operator to call answer within EAC. The chart overleaf shows the number of 2 minute plus delays by month.



Other EAC Developments

In April 2022 a full refurbishment of the Emergency Ambulance Control Centre was completed, modernising the operating environment, providing additional work stations and ergonomic desks whilst adjusting the layout to enable a more collaborative working environment.

Within EAC a priority is to stabilise the workforce and a number of recruitment campaigns have either been completed or are under way, these include:

- Emergency Medical Dispatcher – EMD.
- Clinical Support Paramedic / Nurse x 2.
- Duty Performance Manager.
- Rostering and logistics.
- EMD Supervisor.
- Quality Assurance Auditor.
- Control Training and Quality Assurance Officer.

EAC Compliance Standards

One of the main objectives of Emergency Ambulance Control for 2022-23 was to improve the standard of care provided to patients over the phone before the ambulance arrives.

In early 2022 it was identified through 999 call internal quality assurance processes that our biggest learning trend was the accuracy of the final coding and response assigned to our patients.

NIAS began a project to increase the support and learning provided to Emergency Medical Dispatchers (EMD's) within EAC by investing in the audit team to increase audits completed and improve the quality and volume of feedback provided. Face to face feedback was increased again post COVID-19 and Continuous Dispatch Education re-commenced.

By August 2022 NIAS had improved final coding accuracy by 2%, and by February 2023, 99.3% of patients were receiving the most appropriate care in the response they were assigned. NIAS overall compliance also improved and only 4% of emergency calls fell into the non-compliance bracket.

99.3%
of patients receiving the most appropriate care

This improvement led to NIAS being recognised as an Accredited Centre of Excellence in January 2023 by the International Academy of Emergency Dispatch. This provides an increased level of reassurance that NIAS EAC are providing the best possible care for the patients we serve.

Non-Emergency Ambulance Control

We began 2022-23 continuing to operate under the COVID-19 pandemic restriction however as the year progressed we returned to the pre-pandemic operating model where social distancing guidelines were relaxed, allowing us to convey more patients, when suitable, in a single journey. During the financial year, we completed 158,067 journeys which is an increase of 11.2% on the previous year. These journeys where conveyed using NIAS and Independence Ambulance Service (IAS) resources along with taxis and voluntary car drivers.

158,067
journeys completed

Over the period a Voluntary Car Service (VCS) Forum has been established with a view to enhancing our proposition to voluntary drivers. The main purpose of this is to strengthen our relationship with the volunteers by increasing engagement to ensure they feel valued for the contribution they make to the patients and NIAS.

Non-Emergency Ambulance Control (NEAC) has seen a lot of development throughout 2022-23 in terms of the contribution to the PCS Improvement Plan and the installation of the new telephony solution.

NEAC where tasked with reviewing and implementing the dispatch model with a view to increasing productivity and utilisation of our resources. As part of the process, in October 2022 NEAC, in conjunction with our Ambulance Care Assistant (ACA) colleagues, undertook a 'trial' exercise in the Belfast and South Eastern Divisions. The results were very positive and as a result we moved to implementation in all Divisions on 4 April 2023.

Following the installation of the new telephony solution, NEAC went 'live' on 11 March 2023. Prior to that all staff underwent extensive training which enabled a fluid transition from one system to the other. The new system gives us the flexibility to manage skill sets locally resulting in an increase in call taking performance.

NEAC has also undergone a refurbishment with new sit/stand desks installed along with repainting and carpeting. This will provide the team with a modern, fit-for-purpose control room where they can work comfortably and safely.

International Control Week took place between 24 and 30 October 2022. This was marked with a serious of events providing an opportunity to celebrate and draw attention to work carried out by our staff 365 days per year. Events included visit by members of the senior management team, peer-to-peer recognition, novelty games, lunches and prizes.

Clinical Improvement Plan

NIAS has developed a clinical improvement plan to outline a tangible clinical road map to 2026. This will define the direction, workload for the developing new posts and team within the organisation. This aligns the clinical elements from the NIAS Strategy to Transform 2020-2026 and other identified areas of clinical development:

- There have been multiple new appointments to the clinical team in the past 12 months. These posts are essential to develop and deliver improvements and projects in multiples areas.

- Over the past 12 months there has been a sizable ongoing project to review clinical education in NIAS. There has been good initial progress, although further progress has been challenging due to lack of resources to support the transitional team.

- There has been ongoing development of different areas of equipment including a bespoke response bag finalised for roll out across NIAS in 2023-24, the removal of micro-vent ventilators from clinical practice and the removal of intubation from Paramedic clinical practice.

- Airway management is a contentious issue in pre hospital care. There is a changing landscape of practice across the UK. To ensure NIAS had a defined position for this and improved governance, a position statement and clinical guidance was introduced in 2021-22. This position has undergone continual review and a decision was made to remove the practice of intubation from NIAS in November 2022. A further review of equipment provision for airway management is ongoing.

- Aligning NIAS to all UK Ambulance Trusts, we have appointed a lead pharmacist. Key developments this year include the re-tagging of Paramedic packs programme to increase efficiency, patient group directives developed for multiple NIAS medications, development and introduction of new medications for HEMS and the introduction of an advanced Paramedics Critical Care medication package.

- As a key part of the clinical improvement plan, improving outcomes for our sickest and most injured patients is key. A number of initial steps have been developed including the establishment of a cardiac arrest survival group, base line of cardiac arrest performance captured and the scoping of how linked patient outcome data could be achieved.

- The measurement of clinical practice is key to the development of all aspects of clinical practice. In the past year we have developed a clinical measurement outline framework, established focused data development groups, developed initial dashboards for pathways and we are working on development of further clinical dashboards.

- Developing our own evidence base and NIAS having a Research & Development (R&D) footprint is a key part of the development of the profession. Key steps this year include appointing a R&D Manager, NIAS representation at the National Ambulance Research Steering Group (NARSG), the first NIAS R&D Strategy (2022-2025) has been drafted and presented to senior management and seven NIAS staff are being funded to undertake the online course 'An introduction to research for Paramedics' with Monash University, Australia.

- The Advanced Paramedic Critical Care programme has been launched in collaboration with the NIAS Helicopter Emergency Medical Service (HEMS) team. The team are developing through the post graduate education programme which will take two years to complete. This will see the team work as part of the HEMS team, responding to the most ill and injured patients across the region. The HEMS team have been fortunate enough to recruit two qualified Advanced Critical Care Paramedics. This has allowed for the year 3-4 benefits to be realised in year 1 of the programme. From June 2023, we aim to provide an Advanced Paramedic in Critical Care practicing independently in the greater Belfast area. This initial launch will allow us to test the concept and plan how we grow this Advanced Practice workforce.

- 5% off all 999 patients are patients who have the need to call 999 on a regular basis. At times these patients do not have acute medical issues and have complex needs which are challenging to meet through the standard ambulance response. The established NIAS complex case team manages this workload to meet with this patients and support them through multi-disciplinary teams to find them the care that they need. This support reduces the need for them to call 999 and allows NIAS to most effectively utilise their emergency resource.

- Developing the approach to professional practice is key for all aspects of the profession. Key steps taken this year include the appointment of a Head of Professional Standards, the development of Professional Standards Group, a

professional standards programme of work defined and the development of the scope of practice.

- In line with the College of Paramedic framework and the Northern Ireland Allied Health Professional (AHP) Advanced Practice Framework, NIAS is developing its career framework. Outputs this year include the appointment of Consultant Paramedics, the appointment of Advanced Paramedics in Critical Care, the appointment of a Research and Development Manager, the pending recruitment of Research Paramedic posts and developing a plan for the introduction of Advanced Paramedics in Urgent Care.

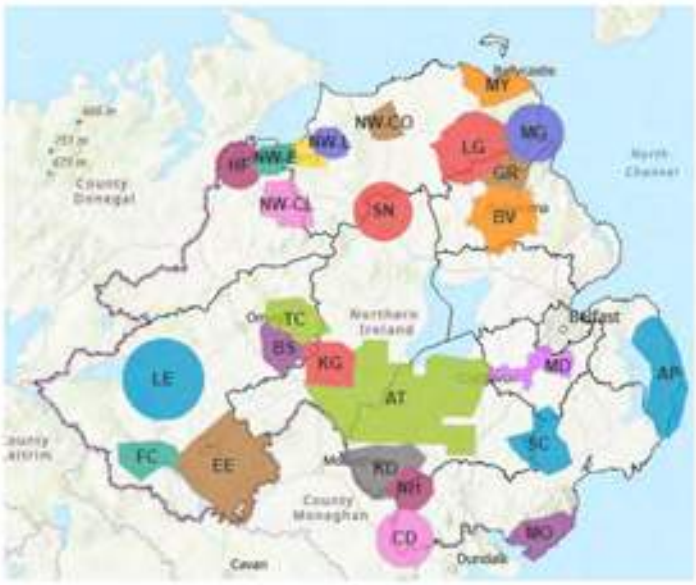
Community Resuscitation

Community First Responders

360
First Responder Volunteers

Our family of Community First Responder (CFR) Volunteers continues to grow across Northern Ireland. Currently there are over 360 CFR volunteers across 22 schemes. Four new area schemes have been established and trained – Glenravel, Moyle (Ballycastle area), Mid Down and Lisburn and Florence Court. The demand for new CFRs, within existing schemes that wish to expand or new schemes to be established, are limited by capacity and resource within the Community Resuscitation Team. There are a number of areas awaiting training throughout the coming year.

Abbrev	CFR Scheme
AP	Ards Peninsula
AT	Armagh & Tyrone
BS	Beragh & Six Mile Cross
BV	Briad Valley
CD	Crossmaglen & District
EE	Erne East
MG	Glens (Previously Mid Glens)
GR	Glenravel
HF	Heart of Foyle
KD	Keady
KG	Kileeshil & Galbally
LG	Loughiel & Dunloy
LE	Lower Erne (Includes Florence Court
MD	Mid Down & Lisburn
MO	Mourne
MY	Moyle
NH	Newtown Hamilton
NW	North West
SN	Slaughtneil
SC	SlieveCroob
TC	Termon & Carrickmore



In the past year training has been provided for 438 volunteers, 118 of which were new CFRs, within both new and existing schemes.

2022 saw the highest number of annual alerts – 5,706, this is an average of 475 alerts per month which the CFR volunteers try to attend. Their response is complementary to that of NIAS but with time playing a critical role in patient outcome, every second counts. Their arrival is advantageous to the patient and their families and friends.

5,706
CFR alerts

Automated External Defibrillators

2,700
AED's

There are now over 2,700 Automated External Defibrillators (AEDs) registered with NIAS on the Circuit National defibrillator database. There has been significant work carried out, with over 50% of our Community AEDs having an information tag attached. This will enable a bystander to return the AED to its permanent location if brought to the scene of an out of hospital cardiac arrest. The tagging process is enabling NIAS to audit Community AEDs in relation to their location and accuracy of information provided when the AEDs are registered. This information provided from the audit enabled us to shape key messages which were used in our first ever defibrillator campaign in October 2022 called 'Shoctober'. During the campaign, which ran over four weeks, over 120 new defibrillators were registered and the key messages shared with all our partners across statutory and community/voluntary organisations.

Community of Lifesaver Education Programme

In April 2022, a partnership was established with the Department of Education, Council for the Curriculum, Examinations & Assessments and the Education Authority to progress and develop resources for post primary and special needs settings. This online resource would go hand in hand with Lifesaver Ambassador training provided by the Community Resuscitation Team.

All six modules of the core programme have been developed and additional optional modules are being finalised as well as a mobile phone App for pupils to use to ensure their skills and knowledge remain current following their training. Since launch of the programme in January 2023 over 200 teachers have received Lifesaver Ambassador training.

200
Lifesaver Ambassador teachers

Northern Ireland has over 4,000 members of the public who have a minimum of Basic Life Support training and have registered to be a GoodSAM responder. These GoodSAM Responders were activated on 7 February 2023.

4,000
GoodSAM responders

Complex Case Team

Evidence shows that 5% off all 999 patients are patients who have the need to call 999 on a regular basis. At times these patients do not have acute medical issues and have complex needs which are challenging to meet through the standard ambulance response. A frequent caller is defined as 'someone who calls ambulance service 5 times in 1 month or 12 times in 3 months'. NIAS received 13,204 calls from service users who meet these criteria in 2022-23.

13,204
calls from 'frequent' callers

The NIAS complex case team manages this workload to meet with patients who call frequently and support them through multi-disciplinary teams to find them the care that they need. This support reduces the need for them to call 999 and allows NIAS to most effectively utilise their emergency resource. Key steps taken this year:

- Appointment of complex case manager
- Publication in the journal of paramedic practice
- Developing continually refined data activity dashboard
- Developing partnership with British Red Cross to support complex patients in the community

Evaluation of frequent callers programme demonstrates the potential to impact on demand. For patients included in the pilot, there has been:

- **63%** overall reduction in demand 6 months post intervention for this cohort of patients
- **60%** reduction in calls only

- **63%** reduction in ambulance responses

- **73%** reduction in ED admissions

Co-production (incorporating PCE and PPI)

In Caring today, planning for tomorrow – Our Strategy to Transform: 2020 – 2026, NIAS commits to developing its Patient Client Experience (PCE) and Personal and Public Involvement (PPI) processes and opportunities into a more comprehensive and cohesive Co-production model. Over the last 12 months we have developed and supported a range

of initiatives that enable those with lived experiences of our services to share their stories and drive sustainable and measurable service improvement.

The Trust continues to support the embedding of Care Opinion into the culture and practice of Health and Social Care in Northern Ireland and, during this 12 month period, 221 stories were published via the website. This represents a 30% increase on the figure for the previous financial year and by 31 March 2023, these stories were viewed 9,046 times.

221
stories published

On Thursday 9 June 2022, the Co-production team, in collaboration with the Public Health Agency (PHA), launched a 10,000 More Voices project, which sought to:

- Understand the lived experience of people who engage with NIAS during an urgent or emergency presentation.
- Explore experience in relation to the pathways available through NIAS.
- Identify good practice which should be enabled across the whole system.
- Seek areas for improvement, embedding the principles of coproduction and informing actions which adopt quality improvement methodology.

The project closed on Friday 31 March 2023 with 141 submissions. Partners are currently analysing the data to identify key messages and actions to be integrated into service improvement plans.

NIAS has also created a range of opportunities for front-line staff and external partners to influence service transformation. These include:

- Conducting a public consultation on the principles and practice of introducing body worn video cameras for staff.
- Evaluating the Patient Care Services' Perfect Day, during which changes to the way in which our scheduled non-emergency journeys are allocated were piloted.
- Co-producing our Quality and Safety Strategy with partners including Dementia NI's Empowerment and Support Group, the members of Age North Down and Ards (AGENDA) and Cedar Foundation's Regional User Forum.
- Working in partnership with 2 bereavement charities to co-design information literature for families that have experienced a sudden and expected death at home.
- Establishing a Research Public Involvement Committee to ensure the voice of services users, carers and members of the public are heard at all stages of the research cycle.

From 1 April 2022 to 31 March 2023, 332 individuals have been involved in the planning, delivery and evaluation of our services.

332
service users involved in planning, delivery, and evaluation of services

We also continue to build the capacity of staff to lead and facilitate co-production activities with a further 127 individuals completing Engage and Involve mandatory training and another nine completing internal PPI training.

With the reinstatement of regional monitoring processes during this financial year, NIAS continues to address the PHA's recommendations as outlined in the PPI Action Plan, with considerable progress being made under each of the five standards of leadership, governance, opportunities and support for involvement, knowledge and skills and measuring outcomes.

Infection Prevention & Control

NIAS IPC Service

The Infection Prevention and Control (IPC) Service within NIAS was formally commenced in November 2019. The team consists of a Band 6 IPC Practitioner and a Band 7 Senior IPC Practitioner and an IPC Lead Nurse will commence in 2023. Through investment in IT solutions, the IPC Service has developed to be a responsive and flexible service with capacity for 7 day per week cover, including public holidays.

Key Service achievements April 2022 to March 2023 (Non-COVID)

The NIAS Infection and Prevention Control Team (IPCT) has worked during this period to ensure that the service achievements of the team are aligned to the NIAS Strategy to Transform (2020-2026) – Caring today, planning for tomorrow. Work streams were planned in relation to the seven priority areas for transformation:

- **Delivering Care:** IPCT have ensured delivery of a high quality, evidence-based IPC service in line with agreed key performance indicators (KPIs)
- **Our Workforce:** The IPCT has and will continue to develop an IPC workforce fit to deliver a high quality, evidence-based IPC service for NIAS
- **Organisational Development:** The IPCT have contributed to QSI Directorate development and the NIAS 'Strategy to Transform 2020-2026'
- **Quality Improvement:** IPCT have begun to build QI capacity within own service and are utilising QI methodology when undertaking service improvement projects
- **Digital Enablers:** The IPCT has developed the NIAS IPC service offer by utilising digital enablers
- **Our Infrastructure:** IPCT will ensure that the team is properly constituted, adequately funded and has appropriate governance arrangements in place
- **Communication and Engagement:** IPC has increased awareness of, profile of and access to IPCT

Key Service achievements April 2022 to March 2023 (COVID)

During April 2022 to March 2023, the Trust's Quality, Safety and Improvement (QSI) Directorate continued to provide expert IPC guidance, support and advice to the organisation, to the region and nationally.

The NIAS IPCT worked with various internal and external stakeholders to provide service, support and advice related to COVID-19 during this time. Some groups have been stood down during this time period as the COVID demands changed.

The NIAS IPCT have led on and contributed to work streams arising from various groups such as the regional Personal Protective Equipment (PPE) subgroup, the regional PPE supply chain cell, the regional IPC group, the Healthcare Acquired Infection (HCAI) and COVID-19 working group and the National Ambulance Service IPC Group (NASIPCG). The IPCT has contributed to, and supported with, guidelines and resource development nationally through NASIPCG and regionally through the IPC cell and HCAI and COVID-19 working group. The IPCT has continued to develop and cascade communications in relation to COVID-19 for use within NIAS, for example in relation to the early return to work process for staff with COVID-19 or for those who are close contacts of cases of COVID-19.

The NIAS IPCT has provided leadership and input into the management of all COVID-19 outbreaks across the organisation, into the management of staff with COVID-19 and into the management of close contacts of COVID-19.

During this time the NIAS IPCT have worked closely with the NIAS Environmental and Vehicle Cleanliness team and Operational teams to ensure that all NIAS Vehicles, Equipment and facilities are effectively and properly decontaminated.

The NIAS IPCT has been responsible for developing and ensuring delivery across the Organisation of:

- COVID-19 Testing Services
- Contact Tracing Services
- COVID-19 Vaccination programme

COVID-19 guidance was removed by the PHA and replaced with Respiratory guidance supported by the IPC Northern Ireland Manual in March 2023. The NIAS IPCT have been involved in provided update education and guidance to all NIAS staff to ensure the organisation moves safely to a service that delivers a risk assessed approach to PPE following new guidance on de-escalation of COVID-19 policies.

The NIAS IPCT have provided communication to staff, assisted with the update of risk assessments and utilised as many face to face discussions with staff regarding the changes as able.

The NIAS IPCT are proud of their achievements in this period and are looking forward to the challenges that 2023-24 will undoubtedly bring.

Serious Adverse Incidents

The Trust is dedicated to improving processes which identify any areas of learning & improvement within the service in order to continually grow and develop. The Serious Adverse Incident (SAI) process is an extremely vital practice which enables us to capture, identify, address and share learning and can help to reduce risk and improve our service.

During the 2022-23 financial year, the Trust reported forty Serious Adverse Incidents (SAIs) to the Strategic Planning and Performance Group (SPPG), which was an increase of fifteen (from twenty five) compared to the 2021-22 financial year. 98% related to unexpected serious risks with the remaining 2% related to serious injury to, or unexpected/unexplained death of, a service user. This increase can be attributed in part to an improved understanding of SAI criteria and the procedures for reporting of SAIs, achieved through increased training and focus in this important area. It is also attributed in part to the ongoing pressures within the service such as extended Emergency Department (ED) turnaround times, delayed ambulance response times and ongoing resourcing issues.

The Trust recognises any delays in the completion of the SAI review process is difficult for service users, carers and families of service users as well as the impact on staff. Significant delays in SAI reviews concluding creates a risk that important learning may not be identified and acted on appropriately or in a timely manner. The Trust weekly Rapid Review Group (RRG) is attended by Directors, Assistant Directors and Senior Managers from relevant Directorates across the Trust and continues to monitor and assess the review of SAIs to maximise the potential for identifying and sharing learning as quickly as possible. This supports learning being appropriately escalated, assurance provided on action, supports disseminated early learning and minimises delays.

The Trust acknowledges that our service users, and their families, have a right to expect openness and honesty in the assessment of their care and the Trust is committed to providing candour in relation to SAI's. It is Trust policy that, when a SAI has been reported, the review officer should involve the service user/family/carer at the earliest opportunity and this has been an area of renewed focus throughout the year. Improvements against the KPI in this area have been noted in the last quarter of the year with 100% achieved.

A regional policy on 'Being Open' has been adopted for use in the Trust and was approved in November 2021. The organisation is committed to improving the safety and quality of the care we deliver to the public. This policy expresses this commitment to provide open and honest communication between staff and a service user (and/or their family and carers) when they have suffered harm as a result of their treatment.

Trust Directors have a responsibility to ensure that learning from SAIs occurring within their areas of responsibility is communicated and applied. The recent implementation of Directorate dashboards on the Trust Datix system has improved and simplified this process and has shown a marked improvement in the implementation of SAI recommendations. The SAI team have also been working to evidence completed recommendations for assurance of implementation with 57% already achieved.

SAI training is currently provided to all staff involved in the review of SAIs. A two day SAI Masterclass was provided to all staff involved in the review of SAIs in 2021. This has been supplemented this year with a Trust internal SAI training programme attended by twelve Divisional managers which focussed on Trust specific requirements. A further one day training session is planned for April 2023 with a further sixteen Divisional managers scheduled to attend.

Service User Feedback Team (SUFT) Overview

NIAS recognises the importance of feedback received from our patients, patient's relatives, carers, advocates and other service users as a driver for learning and continuous improvement. The SUFT's role is to ensure feedback received is managed appropriately and within the timeframe set by Department of Health.

Complaints, Compliments and Enquiries Received

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Service User Feedback	Complaints	17	19	18	22	22	23	17	13	15	18	14	10	208
	Formal	13	19	13	17	16	18	14	12	14	15	13	10	174
	Informal	4	0	5	5	6	5	3	1	1	3	1	0	34
	Compliments	43	33	15	28	33	20	39	58	34	32	33	38	406
	Enquiries	0	6	2	3	2	6	0	4	4	7	4	11	49
	Re-Opened Complaints	1	2	1	1	0	0	0	1	0	0	0	0	6
	NIPSO Complaints	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Cases Opened	61	60	36	54	57	49	56	76	53	57	51	59	669

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Acknowledged / Closed	Acknowledged < 2 working days	17	19	18	21	22	23	17	13	14	18	14	10	206
	% acknowledged in 2 working days	94	10	10	95	10	10	10	10	94	10	10	10	99%
	Total No. of Complaints Closed	19	23	34	23	46	31	26	11	16	13	20	15	277
	No. formally resolved	9	11	16	16	15	10	8	0	4	10	15	5	119
	No. informally resolved	9	11	18	7	32	22	18	11	12	3	3	6	152
	% closed within 20 working days	21	17	32	26	40	44	46	55	50	23	40	33	36%
	% closed within 21 to 40 working days	11	4	6	4	11	9	12	9	13	8	20	13	10%
	% closed 41 to 60 working days	5	7	12	4	6	6	0	9	25	0	10	13	8%
	% closed over 61 working days	63	72	50	66	43	41	42	27	12	69	30	41	46%
	Total No. of Enquiries Closed	0	6	2	2	3	3	1	4	3	7	3	9	43
	Total No. of Compliments Closed	43	33	15	28	33	20	39	58	34	32	33	38	406
	Total Cases Closed	62	62	51	53	82	54	66	73	53	52	56	62	726

Facts & Figures

In the year 2022-2023:

- 208 complaints were received (22% decrease on previous year). This represents a complaint rate of 0.06% of all (349,112) emergency and non-emergency ambulance attendances.
- 99% of complaints were acknowledged within 2 working days (2% increase on previous year).
- 277 complaints were closed (5% increase on previous year)
- 36% of complaints were responded to within 20 working days (19% decrease on previous year).
- The top three issues of complaint were Transport, Late or Non-Arrival/Journey Time, Staff Attitude/Behaviour and Quality of Treatment & Care.
- 406 compliments were received (8% increase on previous year).

We welcome complaints so that we can learn lessons and improve our services. Some of our notable quality improvements include:

Emergency Ambulance Control

- Role of the Mental Health Street Triage Team (MATT) in the South Eastern and Belfast HSC Trust areas provided to the clinical hub and Duty Control Managers.
- Data error from Land and Property Services rectified to ensure the Gazetteer (the geographical directory used in ambulance control systems) is accurate.
- System fault rectified and defibrillator range standardised for all community defibrillators.
- Learning letter to ensure all key information is recorded and shared with crews to assist with their response.
- Microphone mufflers sourced for Emergency Ambulance Control (EAC) call taker headsets to reduce background noise heard by callers.
- Learning shared to ensure operational staff are updated when a call originates as a Healthcare Professional (HCP) call.

Accident & Emergency Operations

- Medicines memo reinforcing the NIAS Policy and Procedures for the Management of Medicines.
- Obstetric learning article.
- Vital signs article regarding assessment of patients with learning difficulties.

Patient Care Service

- Learning for independent ambulance service provider regarding the safe handling of patients' medication.
- Ensuring restraints for securing items in the back of Patient Care Service (PCS) vehicles are present in all vehicles regionally.
- Independent ambulance service provider's social media policy updated.
- Reminder to independent providers regarding performance requirements.

The positive feedback received from compliments also helps us further enhance our performance, the patient experience and the quality of services we provide. Compliments are shared with the staff they relate to and this year we have introduced a weekly bulletin on the compliments received for all NIAS staff to be able to hear the positive feedback the organisation receives.

In addition to this the team have also provided drop in training sessions for Station Officers, reviewed and updated the Complaints Policy and procedures, developed the Complaints Procedure for Independent Ambulance Providers who contract with NIAS and engaged with the National Ambulance Service Patient Experience Group (NASPEG) to facilitate sharing and learning through concerns, complaints & compliments on a national level.

Quality Improvement

In the past year the Quality, Safety and Improvement (QSI) leads have represented the Trust at local, regional and national groups across the wider Health and Social Care (HSC) and Ambulance Service networks. As part of the regional Health and Social Care Quality Improvement Hub, there has been an opportunity to present our Falls Improvement project work as part of the 'Timely Access to Safe Care' collaborative.

Working in collaboration with our colleagues in the other HSC trusts to mitigate the risk of harm to patients resulted in the development of a regional procedure to standardise the pathway for the escalation of the deterioration in a patient's clinical condition to Emergency Department (ED) staff.

A series of visits to EDs throughout the year provided opportunities to engage with staff to seek their feedback on new initiatives, explore their ideas for improvement and to identify what matters to them. This has informed the development of QSI initiatives. We have valued their input and feedback and will continue to provide opportunities for future sessions.

We continue to support staff through QI programmes which introduce the methodology and applications of QI and how it can be integrated across all areas of work to improve outcomes for patients and staff in an evidence based and measurable way.

Seven staff were enrolled on the Quality4U programme, formerly the Safety, Quality and Experience (SQE), with a range of exciting improvement projects being established including

Standardisation of Paediatric Response Bags, Improving Vehicle Maintenance Schedules, FIT testing, Falls Response, Body Worn Cameras and Appropriate Care Pathways.

A further two staff have went on to a level three qualification with the Scottish Improvement Leaders programme. This builds upon existing knowledge and skills to allow graduates to lead projects for improvement.

A programme of mentoring and support has been established for these programmes and our ambition is to establish regular QI clinics where any member of staff can come to discuss improvement ideas or become involved in quality and safety projects.

Transformation and Improvement Programmes

Work has continued during 2022-23 on the delivery of Caring today, planning for tomorrow – Our Strategy to Transform: 2020-26.

This is an ambitious transformation strategy that sets out how we can address our current challenges, and how investment in our services will enable us to transform and bring tangible benefits to patients, the HSC system, our workforce and the communities we serve over the coming decade.

Under a governance structure led by the Strategic Improvement Group (SIG) the Strategic Transformation Portfolio is being delivered via a series of Transformation and Improvement Programmes involving elements of change and innovation across the organisation. The current Transformation/Improvement Programmes are:

Strategic Review of Clinical Education

This programme has been established to provide a comprehensive review of how clinical education, supervision and support can best prepare our staff to meet the current and evolving needs of our patients. With the aim of providing a consistent, high quality clinical care in the pre-hospital environment. Following the implementation of a new management structure for the Regional Ambulance Clinical Training Centre (RACTC), the improvement plan is being refocused to best facilitate implementation of the remaining workstreams via this new structure.

REACH

The REACH programme is mandated to drive forward the technologies that will better connect our clinicians, connect our patients, supporting quality and safe patient care through the implementation and use of ePCR (electronic Patient Care Records) and access for clinicians to NIECR (Northern Ireland Electronic Care Records).
The Development of an Electronic Patient Care Record (ePCR) is part of REACH, to date over 700 Emergency Ambulance staff have received training in this and 10 of the 14 Acute Hospitals are now equipped to receive ePCRs.

700 +
staff trained in REACH

10
hospitals can receive ePCR's

This programme is at an advanced stage with a few challenges remaining to facilitate its full implementation:

- Rolling out the ePCRs capacity to all 14 acute hospitals.
- To continue to maximise the use of ePCR amongst our staff.
- Improving significantly the creation of ePCRs on all emergency callouts.
- The use of MobiMed software for alternative care pathways other than conveyance to hospital. This work stream is developing with software upgrades expected for testing early in 2023-24.

Human Resources and Organisational Development

The aim of this Programme is to transform the HR & OD Directorate that delivers proactively and responsively to assist the Trust in delivering on its strategic objectives. The programme is currently working to a four year improvement plan that will reach key milestones during 2023-24. Key priorities within the plan include a focus on Staff Recognition and Leadership Development, modernising HR systems and delivery of a Health and Wellbeing Strategy and Culture Improvement programme.

Telephony Integrated Command and Control System (ICCS) Replacement

Delivered as part of the REACH Programme this project will replace this core technology to enable NIAS to continue to fulfil its statutory responsibilities in providing an emergency response service.

Telephony system is in the implementation phase which consists of staff training and a phased "going live". The NEAC (Non-Emergency Ambulance Control) went live with the new system in March 2023 with further roll-out milestones planned for early 2023-24.

CAD Replacement

The CAD (Computer Aided Dispatch) Replacement Project has the objective of ensuring a continuation of and smooth transition to new CAD system. The associated Business Case received approval from the Department of Health (DoH) late in 2022/23 and focus of the Project has now switched to progressing through the formal procurement processes with PALs.

Patient Care Service (PCS)

The early focus in this programme relating to Patient Care Services (non-emergency services) has been on ensuring the data was available to properly assess the demands and performance of the service and then devise potential changes to better address the needs and challenges facing the Service. The agreement of a set of Key Performance Indicators (KPIs) gave the baseline for objective evaluation of the service and identified where the ongoing focus for improvement needs to be directed.

Key to this planning stage was a trial implementation of some new planning procedures in Non Emergency Ambulance Control (NEAC) in October 2022, in an effort to improve our overall PCS performance in terms of our utilisation and productivity levels and ultimately to improve the quality of service delivered to our patients. This became known as "Perfect Day".

Evaluation of this trial which was conducted in the Belfast and South Eastern Trust areas indicated how some changes to how the booked Journeys where allocated to the PCS crews had a positive impact on:

- The number of patients that got to their appointments on time.
- The number of journeys completed by PCS.
- The length of time that patients waited in hospital to make their return journey.
- Patient satisfaction with the service they received on the day.

Moving on to the implementation phase, these new changes to how the Service operates are being rolled out on a permanent basis across the province from April 2023. Implementation of other aspects of the Improvement Plan will follow early in 2023-24.

Overall the NIAS Transformation Programme will continue to evolve and new programmes and projects will be added to the programme where required. The Transformation Team will continue to provide the support and resource to help NIAS realise its corporate ambitions as outlined in the Corporate Plan "Caring for Today Planning for Tomorrow - Strategy to Transform 2020-2026".

Information Governance Compliance

In NIAS, information governance is the framework of legislation and best practice guidance associated to the UK General Data Protection Regulation (UKGDPR)/Data Protection Act 2018, the Freedom of Information Act 2000, Access to Health Records (NI) Order 1993 and the duty of confidentiality that regulates the manner and way in which we collect, obtain, handle, use, share and disclose information.

The Trust recognises that information is required every day across the Trust to discharge our services and understands that we hold high levels of personal information. The Trust uses this information in many ways:

- To respond effectively to emergencies.
- To ensure that non-emergency patients are taken to hospital appointments.
- To ensure continuity of care for patients we are treating.
- To support clinical research.
- To support emergency planning.

We also understand that we need a defined structure for handling personal information in a confidential and secure manner to appropriate ethical and quality standards. This includes ensuring that information risks are managed in a robust way across the Trust. This is why we train staff in information governance areas, appoint specific roles across Directorates to support this, develop Privacy Notices, consider privacy impacts/risks at early stages of service change and ensure that a suite of policies and procedures exist that fully outline accountability and responsibilities.

The Trust participates in a regional forum for Governance in Health and Social Care (HSC) organisations to meet on a regular basis known as the Information Governance Network (IG Network). Its purpose is to meet the challenges of Governance in a shared and co-ordinated

way, to disseminate learning and to provide focus for discussion of Information Governance matters. The group will promote best practice standards in Information Governance.

We hold information on patients, clients, suppliers, other Trusts, Coroner Service for NI, the Police Service of Northern Ireland, the Police Ombudsman, Solicitors, Coroners, and other stakeholders, as well as our staff. The Trust uses this information in an appropriate manner 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 and we understand the importance of this.

The Trust works with the Information Commissioner's Office (ICO) to resolve any complaints received about how the Trust handles data. In accordance with legislative requirements data breaches have to be reported within 72 hours to the ICO. NIAS as data controllers continue to collaborate with HSC colleagues regarding any incidents that the Trust is alerted to and that have the potential for risk or any impact on staff, patients, information or services at NIAS.

Cyber Security remains a high priority for NIAS as the threat from hostile actions are increasing in number and becoming more sophisticated in their approach. The Trust places the utmost importance on the security and protection of data and information in order to ensure that confidential patient information is protected and that the network and applications are available to users. We continue to work in partnership with the other HSCNI organisations through the Regional Cyber Security Program Board to identify agreed areas for improvement and to prioritise resources to address these.

NIAS continue to work with Internal Audit to test compliance with the National Cyber Security Centre (NCSC) Ten Steps to Cyber Security. NIAS continues to focus on developing the capability to manage network security. Since the outbreak of COVID 19 the capacity for concurrent users working from home has increased significantly with the amount nearly tripled. Extra Licenses, Key fobs and Server Capacity to support this was made available; and policies concerning User Password Requirements/Duration have been reviewed in line with best practice and NCSC guidelines.

The challenge for NIAS and the HSC as a whole is to be prepared to minimise the impact of any cyber-attack and to ensure access to data is only available to authorised individuals and is controlled and monitored to maintain safety and confidentiality.

Workforce

Supporting Our Staff

During 2022-23 the Trust undertook engagement with staff around the development of a Health and Wellbeing Strategy and culture programme. The focus of this was to understand what was important to staff. This informed the related work during the year on Health and Wellbeing and Leadership Development.

Leadership Development

The Trust engaged HSC Leadership Centre to deliver a first cohort of a bespoke Leadership Development programme. 13 People undertook this programme which will be evaluated to inform the Trust's onward approach to Leadership Development within the organisation.

Health and Wellbeing 2022-23

The NIAS Health & Wellbeing Strategy comes at a time when we are emerging from a global pandemic, with rising health inequalities and health challenges, with restricted resources and budgets and depleted workforces. Caring for our employees has never been more critical in delivering effective services.

Central to the NIAS Healthy People, Healthy Place wellbeing strategy is the aim to deliver support services to employees with a focus on trauma prevention and support, with consideration for promoting psychological and physical wellbeing, and ensuring that services are available to provide support at times of psychological distress and mental health difficulties.

The aims of the strategy are to create and embed a culture of health and wellbeing in the organisation, maintain and develop psychological, emotional and social health, improve mental health outcomes and maintain and develop physical health. One of the key elements that emerged from colleague listening events was the importance of prevention of harm and ill-health and the promotion of health and access to services.

Aim 1-Create and embed a culture of health and wellbeing in the organisation

Promoting compassionate approaches to caring for colleagues is as central to the health and wellbeing and culture programme as it is to patient care. The Compassionate Peer Relationships (CPR) programme developed and delivered by Dr Sarah Meekin developed capacity for the approach among line managers. This was developed further through a leadership programme with the Leadership Centre that included workplace coaching and a focus on compassionate leadership. The concept of a compassionate approach to the workplace brings compassion into every grade and domain in the workplace so that regardless of grade or seniority, compassionate leadership is everyone's business.

NIAS continues to collaborate with partners across health to improve health outcomes for HSC staff as part of the Regional Workforce Wellbeing Network and the HSC Healthier Workplaces Network. Access to ambulance service specific support and resources are part of the Regional HSC staff wellbeing resource website launched this year. The healthier workplace network continues to support access to resources for all HSC staff such as the recent financial wellbeing webinar.

NIAS worked with colleagues in the Western Health and Social Care trust to host Dr Deborah Lee to share her expertise and experience of using a compassionate approach to improve staff wellbeing and patient outcomes. Over 600 colleagues across HSC registered for the webinar showing the interest in Dr Lee's research and practice at Berkshire Healthcare NHS Trust and the positive impact the approach has had over four years. Participants on the webinar heard how a compassionate approach has helped, practical solutions and staff burn out and what the challenges and enables are for embedding the approach.

600

colleagues discussed compassionate approaches to staff wellbeing and burn out

With a focus on support across the work span, this year saw the first in a series of information events to explore the formation of an association of retired personnel. Retired colleagues shared ideas about what an association could do to support staff coming up to retirement and retired staff.

Aim 2-Maintain and develop psychological, emotional and social health, improving mental health outcomes

Some of the known risk factors associated with working in emergency services includes increased risk of suicide, in particular male paramedics. Sadly, NIAS staff often are often exposed to suicide as well as bereaved families at the scene during their careers. Responding can have a direct impact on the mental health and well-being of everyone involved.

Staff confirm the outcome of extensive research that found responders can feel anxious about how to respond. NIAS staff welcomed Responding To Suicide (RTS) training supported by the Public Health Agency. The training is evidence and practice-based, and informed by the lived-experience of both emergency service personnel and those bereaved by suicide. It provides guidance for staff on how to respond to suicide more effectively, which can be applied in a practical sense.

Seventeen colleagues gained training to deliver suicide prevention 'SafeTALK' and they have delivered the training to almost 100 colleagues in the first year of the programme to increase the number of NIAS staff who are suicide alert.

100
SafeTALK trained staff

ASIST suicide intervention training supports participants to recognise when someone may have thoughts of suicide and how to work with them to create a plan that will support their immediate safety. The NIAS training team commissioned an ASIST train the trainer course to increase organisational capacity to develop intervention skills and knowledge though delivery of ASIST.

234
staff engaged in #timetotalk

As part of the 2023 Time to talk day the Wellbeing and Peer Support team & volunteers visited stations and A&E to talk and listen to colleagues about mental health using the Ambulance Mental Health Continuum. The teams visited Coleraine, Newry and Craigavon, Enniskillen, Ulster, Royal and Antrim A&E, Altnagelvin and NEAC and headquarters and EAC. Of the 234 colleagues who engaged with the Mental Health Continuum to explore how they were doing, 10% shared that they were thriving, 54 % were surviving, 31% struggling and 5% were in crisis. The day was also an opportunity to promote the recently launched Ambulance Staff Charity Crisis line and raise awareness of NIAS support.

In the past year we have contributed to the resilience of the NIAS Peer Support service by training 18 colleagues on Critical Incident Stress Management (CISM) support. The aim is to have colleagues trained across every division and Emergency Ambulance control to support peers following a critical incident. We continue to work towards NIAS being a trauma informed organisation that supports staff, volunteers, retirees and friends and family of colleagues.

Aim 3-Maintain and develop physical health

Support hubs continued operation across the trust sites to enable staff to have some time to rehydrate, rest and re-energise. In summer 2022, twenty-seven NIAS colleagues undertook a virtual Couch to 5K programme supported by the NIAS wellbeing team and a coach from Athletics NI. Almost one third of participants completed a 5K at the end of the programme with others continuing training towards the goal. Participants reported increases in both physical and psychological health because of taking part in the training programme.

In October 2022, the Public Health Dietitians group surveyed NIAS staff on aspects of nutrition. The most requested topic was nutrition for shift working. The team developed and delivered a practical workshop with lots of tips and small changes that can improve health. The Menopause café series this year also focused on nutrition, deficiencies to address in menopause, adrenal support, foods that help when working shifts and what foods help to support the transition. We also hosted an information event on NIAS on the physical, psychological, emotional and social impact of menopause.

Horticulture therapy programme at Blossoms at Larne Lough continues to benefit colleagues who attend both physically and emotionally. This year, thirty-four staff attended three eight week courses designed to develop skills in horticulture and encourage improved mental health. The comment from one participant sums it up - *'This course has taught me so much about myself, my health and my surroundings'*. This year Blossoms opened their garden to facilitate team work and welcomed teams from emergency ambulance control. The programme supported the teams to develop knowledge and 'grow' their appreciation of the impact of the environment away from the busy control room.

In 2022-23, supporting staff experiencing, or at risk of experiencing, issues such as moral distress or emotional and physical burnout was a priority. Whilst efforts to support staff to maintain or develop physical and psychological health remain high priorities the year ahead will see a renewed focus on organisational factors. As we grow our understanding of workplace health and the impact of the pandemic on people and our system future interventions and support will consider the influence of teams, leaders and managers and the impact of organisational culture on health and wellbeing outcomes.

Clinical Education and Training

Despite widespread healthcare and ambulance service pressures in 2022-23, the clinical education team continued to deliver high quality, engaging and valuable education and divisional clinical support, as outlined by the examples below. The Regional Ambulance Clinical Training Centre (RACTC) began to deliver more face-to-face clinical education as COVID-19 restrictions began to ease, which was welcomed by both tutors and students alike, and divisional education teams were able to deliver more face-to-face CPD opportunities.

Associate Ambulance Practitioner (AAP): In April and May 2022, students completed their emergency driving qualification. A further cohort of students began in May 2022 and twenty-one individuals were successful in completing the academic aspect of their programme by October 2022 and continuing to their practice placement element within division.

Paramedic: The final cohort of the Foundation Degree programme in partnership with Ulster University was completed with thirty-six successful students completing the FdSc programme and gaining entry to the Health and Care Professions Council register. A twelve month programme of support and clinical supervision was developed to empower these individuals to develop their practice and demonstrate their transition from 'novice' to 'expert'.

Newly Qualified Paramedic (NQP): In line with national principles, NIAS devised and delivered a structured programme to integrate and support NQPs into ambulance service workplace. In total 9 NQPs joined NIAS, all at various stages on their NQP journey in 2022-23.

Qualified Induction: During September & December 2022 and January 2023 orientation and local induction programmes for nineteen externally qualified paramedics were delivered.

Continuing Clinical Education (CCE): With the introduction of the new REACH digital devices in 2021-22 the education team continued to deliver the CCE training days across 2022-23 with a further 149 staff updated. One final Ambulance Care Assistant (ACA) CCE day was also provided, ensuring that all ACA staff had the opportunity to participate in this education day.

As part of a wider programme of improvement, the education team, in collaboration with NIAS clinical service improvement leads, community resuscitation team and research lead, developed the syllabus for an 'Out of Hospital Cardiac Arrest Masterclass'. This was delivered to thirty-six of the key clinical educators in NIAS and will continue to be delivered to all patient facing staff over the next ten months as part of CCE.

Continual Professional Development (CPD): Several CPD events were delivered throughout the year 2022-23. CPD events, in collaboration with HSC Trusts, focussed on learning and developing knowledge of existing patient care pathways that NIAS clinicians can directly refer patients to, for example, Regional Hospital at Home teams. The impact of these CPD events were demonstrated in the increasing number of referrals made by NIAS clinicians on these specific care pathways and the number of patients accessing appropriate and timely care, who may have otherwise presented at the emergency department.

Education team development was also a focus of 2022-23 with four clinical training officers completing their emergency driving instruction qualification (DERADI).

There were a number of 'Moving People Train the Trainer' courses provided with a total of twenty-four of the education team and four individuals from the other departments successfully completing this qualification. In addition, update training for existing Moving People Instructors were provided with a total of thirteen education team staff completing this.

Two 'Conflict resolution Train the Trainer' courses were provided and a total of ten from the education team successfully completed these.

Equipment related 'Train the Trainer' courses were provided ensuring that a further twenty-six members of the education team were able to provide expert instruction in these areas.

In conjunction with the Health and Well Being team, three clinical support officers completed the Applied Suicide Intervention Skills Training (ASIST) train the trainer course.

Management of Sickness Absence

Absence owing to sickness has continued to increase presenting daily challenges to maintain service capacity at optimum levels and mitigate risks to operational cover and the ability to respond in a timely manner.

In 2022-2023 the cumulative absence for the Trust was 12.30 %. It is also acknowledged that sickness absence levels remain higher than average than across the HSC and NHS Trusts, with NIAS at the highest levels. The percentage of short term to long term sickness absence remains 20% and 80% respectively.

NIAS recognised that although this concern has existed for a number of years, COVID-19 did impact on absence levels. However, since 1 October 2022, all Covid-related illness are recorded as any other sickness absence by all HSC organisations and paid in accordance with the Agenda for Change Occupational Sick Pay arrangements. This has helped NIAS understand the true impact of sickness absence for the first time in two years.

In September 2022, the Senior Management Team decided to tailor its approach to this issue and established a Maximising Attendance programme of work for one year (subject to a one-year review). This has resulted in a comprehensive redesign of management processes and Human Resource (HR) support. The Programme also expects improved accountability systems via line management processes. The Operations Directorate is where challenges to capacity are experienced most acutely, and this Directorate was prioritised from January to March 2023.

It is accepted that it will take time for managers to become accustomed to the new ways of working. The last quarter of 2022-23 focused on learning about the new skills, a revised format of HR support, clarity about accountability and leadership skills. The HR Maximising Attendance Team developed and introduced a bespoke system of case prioritisation and management to ensure that managers know how to focus their time on inputs that will have maximum impact and how they will be accountable for the outcomes.

The work also depends on setting health and wellbeing at the core of all interventions and the strategic approach. It is known that the level of stress and potential for trauma is high and predictable in any ambulance service and mental health as a cause of absence in NIAS

has increased. The work of managers is intended to change from procedural inputs in isolation to a more purposeful and holistic approach.

As 2022-23 ended, operational managers had completed workshops on the new approach. It will take time, practice and challenge to embed the new systems and give confidence in applying them. It has been important to retain the Attendance Adviser role who provide support in Divisions by their presence and accessibility to line managers and vice versa.

In addition to looking at the individual reasons for absence and application of related management processes the following key initiatives will be within the scope of the project:

- Leadership responsibilities and accountability across the Trust in relation to maximising attendance.
- Robust Redeployment processes for staff who are no longer able to undertake their role due to health.
- Specific focused initiatives related to the highest reasons for absence, for example mental health support and intervention.
- Review of information related to the wider causation factors within the wider working environment context that have the potential to impact on absence figures.
- Review of best practice across ambulance, emergency services and other sectors.
- Focus on extant arrangements related to occupational health provision.

Violence & Aggression

Unfortunately, incidents of violence and aggression against NIAS staff continue to increase. In 2021, The Management of Aggression Working Group (reporting to the Health and Safety Committee) developed a Violence Prevention and Reduction Strategy which will ensure that victims are central to the process and that there is adequate support for those engaging with the criminal justice system. There are a number of workstreams under the Strategy, including the implementation of Body Worn Video Cameras for operational staff at higher risk of violence and aggression. With regards to Body Worn Cameras, the Trust carried out the following:

- Regional and national benchmarking.
- Development of a business case.
- Data Protection Privacy Impact Screening and Assessment.
- Rural Needs Assessment and Equality Screening.
- Two full public consultations (including significant Trade Union engagement, staff engagement and public meetings). Easy Read Documentation made available.
- Engagement with Digital Health and Care Northern Ireland (DHCNI).
- Engagement with the Department of Legal Services.
- Engaged with Human Rights Commission and Information Commissioner Office.
- Engaged with Health Committee.
- Full review of internal assurance and governance arrangements.
- Development of Policy, Procedures and Training Package.
- Development of Job Description and appointment of Violence Reduction Lead (first role of its kind in HSC in Northern Ireland).
- Pilot at one ambulance station, followed by deployment at five further stations, followed by regional roll out.

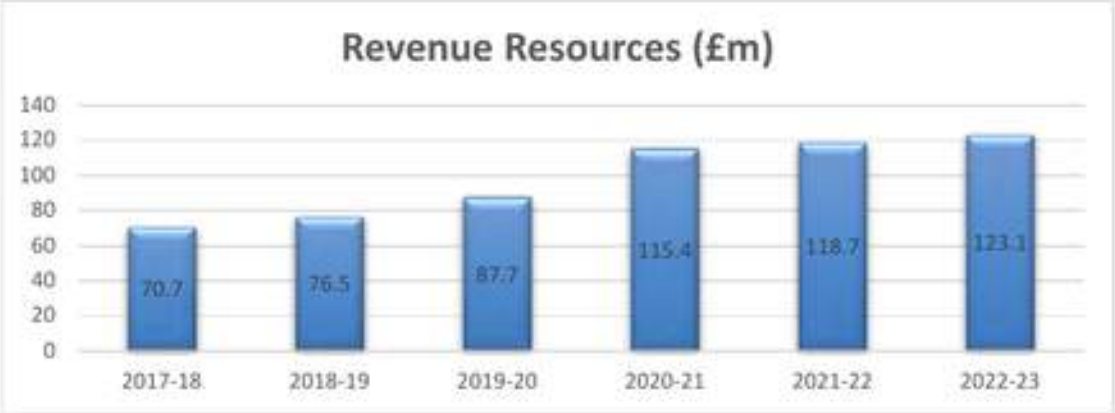
NIAS is now supporting other HSC Trusts scope their requirements with regards to Body Worn Video.

Corporate Challenges

Financial Resources and Performance

Revenue Resources

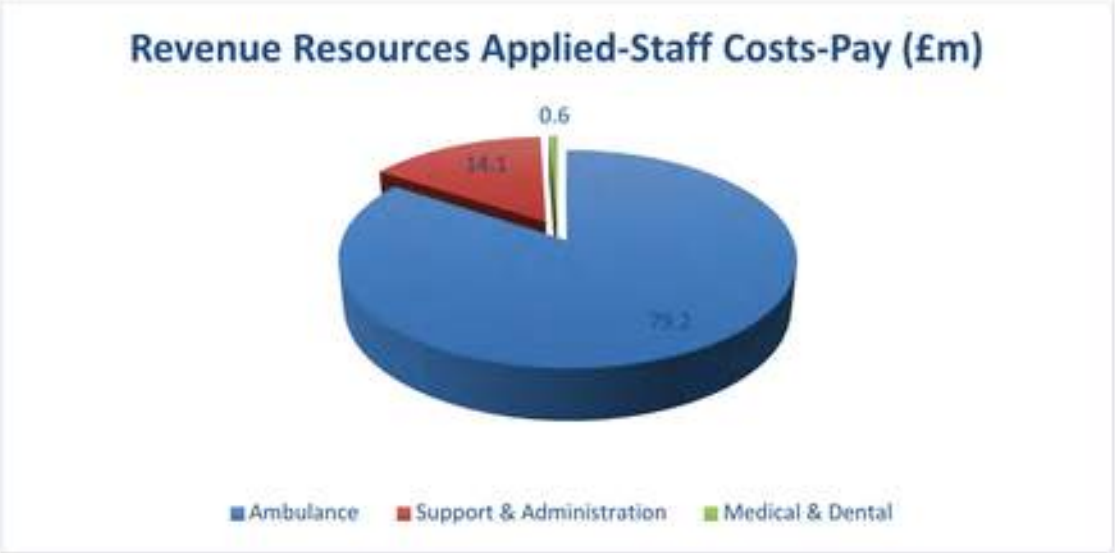
The Strategic Planning and Performance Group (SPPG, formerly The Health and Social Care Board - HSCB) provide the majority of the revenue resources available to the Trust through the Service and Budget Agreement. This sets the service activity and outcomes to be delivered within the Revenue Resource 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 six 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. This increase is due to a number of supported developments, for example continued investment in the implementation of a foundation degree programme for Paramedics and training of significant numbers of Associate Ambulance Practitioners (Emergency Medical Technicians) and Ambulance Care Assistants. This year also included significant additional allocations to support the response to COVID-19.

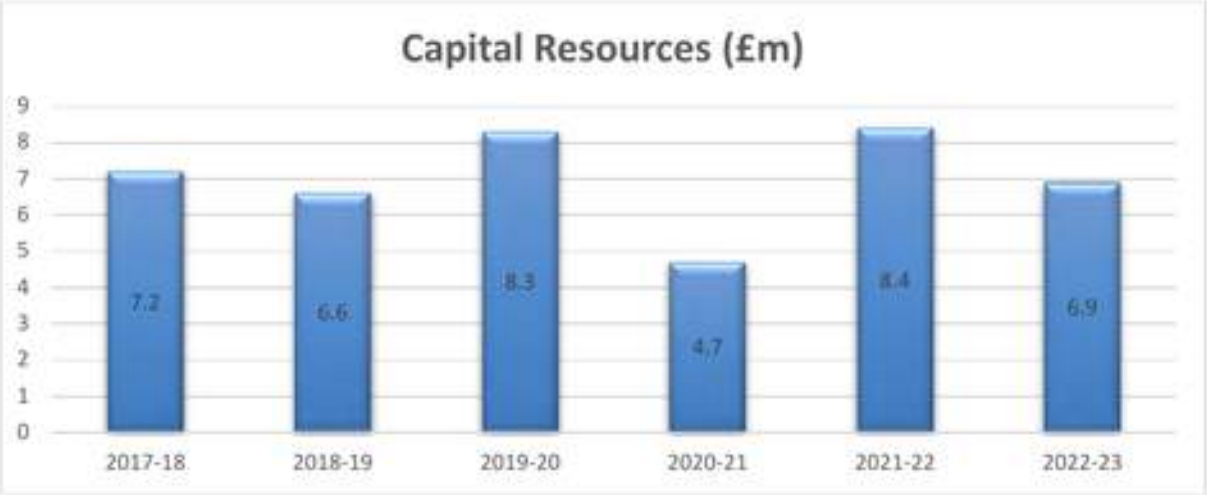
Revenue Expenditure

These resources are applied to provide the full range of services provided by NIAS. £93.9m (76%) of total expenditure in the Ambulance Service is on staff costs and the vast majority of this expenditure is on front line Ambulance Service provision. Non pay expenditure of £29.2m (24%) is largely made up of the costs of Voluntary and Private Ambulance Services, running the ambulance fleet, clinical and non-clinical services and supplies and premises and establishment costs. The breakdown of expenditure between these areas in 2022-23 is shown overleaf.



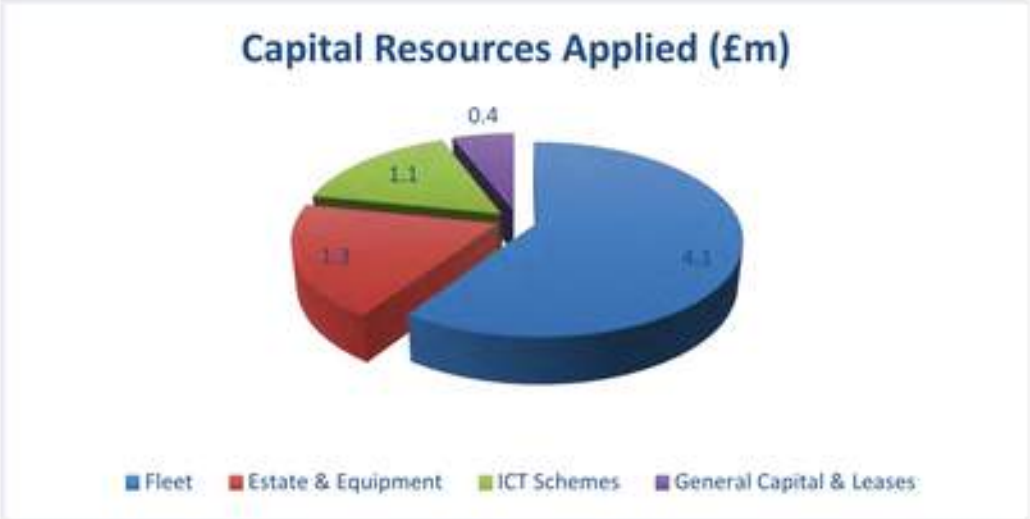
Capital Resources

The Department of Health (DoH) provide capital resources 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 bodies. The total capital allocations made to the Trust for the last six years are shown overleaf.



Capital Expenditure

These resources are applied broadly across the areas of Fleet, Estate, General Capital and IT and Information Communications and Technology. A breakdown of the £6.9m expenditure in 2022-23 between these areas is shown below. Trust was able to continue significant improvements to fleet, the ambulance estate and ICT infrastructure.

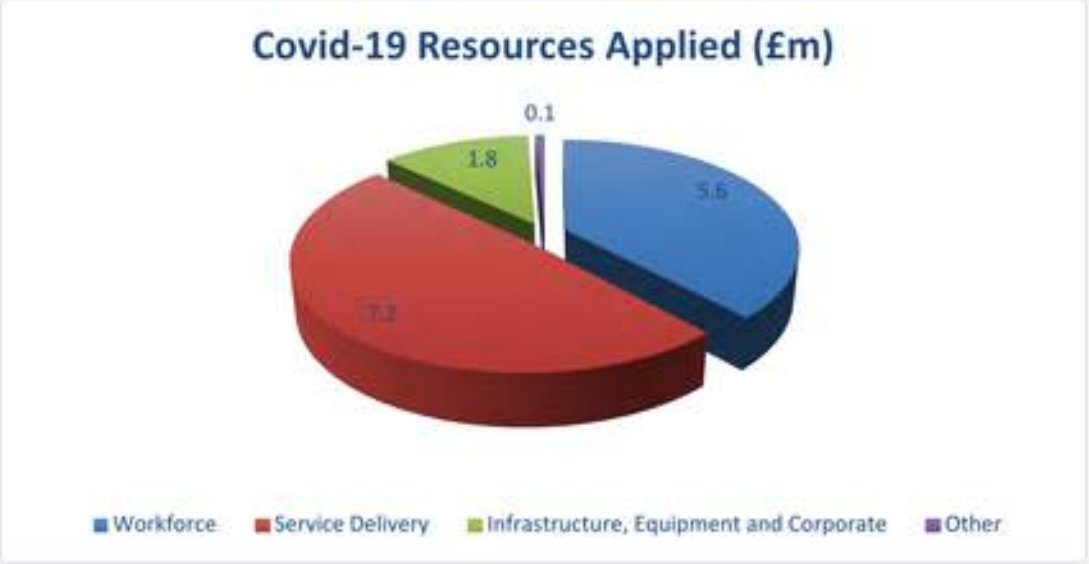


Covid-19 Expenditure

The Northern Ireland Executive and the Department of Health have undertaken major programmes of work to respond to the COVID-19 pandemic. The Trust worked collaboratively with multi-agency partners throughout the period of the pandemic to put in place a range of measures in order to protect the health of the people of Northern Ireland, to protect staff in the context of the COVID-19 emergency, to ensure that local services were maintained as far as possible and that enhanced arrangements were in place during this major event.

There was extensive engagement with other HSC organisations and SPPG/DoH in planning to meet the response to Covid-19 and identify all additional expenditure related to the response.

Included in the revenue resources outlined above is significant revenue financial support from SPPG/DoH totaling £14.7m specifically for the response to Covid-19. This was applied across a range of areas shown below.



Workforce included additional staff costs for ongoing ambulance provision, overtime, food for staff and also vehicle cleaning. Service delivery related to the additional provision of Voluntary and Private Ambulance Services. Infrastructure, Equipment and Corporate includes additional estates related costs, personal protective equipment and cleaning of premises, vehicles and equipment. Other costs are largely increased costs in relation to enhanced payments to staff agreed as part of the Regional Covid Rapid Response Payment Scheme.

In addition to these specific Covid-19 resources, much of the efforts and resources of the Trust were focused on the response to the pandemic. Where normal services could not be provided, these resources both physical and financial were redeployed to support the Covid-19 response. The Trust also benefitted from support, donations and gifts from charities, suppliers and the public during the year.

The impact of Covid-19 remained a significant pressure in this financial year and will remain an issue in 2023-24 and beyond. The response could not have been provided without the support of SPPG/DoH, colleagues across the Health and Social Care system, staff, volunteers, charities, suppliers, patients and the public.

The Trust did not incur any significant additional costs in respect of the EU Exit.

Prompt Payment of Invoices

The Trust is required to pay non-Health and Social Care trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. 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.

The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% of invoices within 10 working days (14 calendar days) is also in place. The Trust has implemented and maintained a range of plans to improve and maintain performance in this area, which has resulted in sustained improvements over recent years. This year NIAS was again able to achieve both the 70% and 95% targets. The Trust will continue with efforts to maintain this level of performance in 2023-24.

	2022-23		2021-22	
	Number	Value £000s	Number	Value £000s
Total bills paid	30,652	66,625	33,978	66,079
Total bills paid within 30 days	29,623	64,214	33,034	64,512
% of bills paid within 30 days	**96.6%**	**96.4%**	**97.2%**	**97.6%**
Total bills paid within 10 days	23,166	52,709	28,162	55,235
% of bills paid within 10 days	**75.6%**	**79.1%**	**82.9%**	**83.6%**

The Trust paid no compensation or interest as a result of payments being paid late during the financial year (2020: £nil).

Long Term Expenditure Trends and Plans

In common with the rest of the Public Sector and with the Health and Social Care system, 2022-23 has been another year of significant challenge. The Trust has delivered against a range of statutory and regulatory financial duties during the year. Overall, expenditure levels were over £131 million (including non-cash items – see Note 3 of the Annual Accounts). This was against a backdrop of financial savings. Cumulative savings of £2.6m million were required from NIAS for the 2022-23 financial year. This savings target was achieved through a range of non-recurrent measures and support from SPPG. The Trust will continue to work with all stakeholders to achieve required savings while maintaining safe and effective care to patients.

With the support of the DoH and SPPG, the Trust also delivered a significant programme of training as well as the Trust's continued response to COVID-19. Overall, the Trust delivered a small surplus of £110k, made up of an operational surplus of £24k and receipts from the sale of assets of £86k. 2022-23 is the first year that the sale of assets, consisting of end of life vehicles, has been included in the overall surplus position.

The Trust also benefited from £6.814 million of capital resources. This included the replacement of ambulance vehicles and investment in estate and information and communications technology that is more and more an integral part of modern healthcare delivery. Cumulative capital expenditure for the year was £6.812m, which represents an underspend of £2k.

Looking ahead, the Trust faces a range of financial pressures. The introduction and

consolidation of a range of developments, for example the introduction of the new Clinical Response Model (CRM), will continue to have financial implications for the Trust. There will be ongoing requirements to deliver cash releasing efficiency savings in 2023-24 and additionally, some resources provided non-recurrently during 2022-23 will need to be reviewed in 2023-24. Levels of capital investment will also need to be maintained in order to maintain fleet, estate and technology to appropriate standards. The financial impact of COVID-19 will continue to be an issue beyond the current year.

The Trust is grateful for the support of the DoH and SPPG in securing the levels of investment in the ambulance service in 2022-23 and previous years. The 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 DoH to cover both revenue and capital expenditure. Cash deposits held by the Trusts are minimal and any interest earned is repaid to the DoH. As such, there are no effects of interest costs on outturn and no potential impact of interest rate changes.

Accounts Direction

NIAS accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance 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.

Accounting Policies

The accounting policies follow International Financial Reporting Standards 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.

Anti-Bribery and Anti-Corruption

The Trust has an Anti-Bribery Policy in place, which sets out the Trust's position on bribery and context for ensuring that all Trust activities are carried out in an honest and ethical environment. The Trust is committed to maintaining an anti-bribery culture and will adopt a zero-tolerance approach to bribery and corruption where it is discovered.

Sustainability Report

This Sustainability Report highlights the various areas managed within the remit of Fleet and Estate Services to ensure that NIAS HSC Trust operates a safe, efficient and reliable service.

The Trust is also very conscious of the continuing changes in statutory environmental guidelines and eco-friendly vehicle and other technologies coupled with the advanced pre-hospital procedures to be accommodated within the service delivery model.

NIAS is committed to reviewing the current sustainability aims of the Fleet, Estate, Digital and Workforce Strategies to ensure they are fit for purpose and suitably resourced to operate efficiently and effectively in line with other UK ambulance services - for the years ahead. The Trust is also part of the DoH Sustainable Development Working Group that is developing plans to meet the statutory duty under the Northern Ireland Climate Change Acct 2022 and the development of a Climate Action Plan for Northern Ireland.

Fleet

Next Generation of Fleet

The Trust continues its commitment to reducing the environmental impact of its vehicle fleet through the procurement of Zero and Low emission vehicles and where such vehicles are not currently available the Trust continues to use proven technologies to reduce fuel usage in-line with the Trust's Fleet Strategy 2020–2025. This is only possible with substantial capital investment in the vehicle fleet that NIAS continues to benefit from due to its five year fleet replacement programme.

Low & Zero Emission Vehicles

The Trust continues to renew its fleet where possible with low or zero emission vehicles. From 2021, NIAS has only purchased low or zero emission cars. This is a total of thirty-one vehicles and is only possible with a fit for purpose vehicle charging infrastructure. Through NIAS Estates, fourteen fast vehicle charging points have been commissioned and positioned throughout the NIAS estate.

31
low and zero emission vehicles

Accident & Emergency Ambulances

Currently there are no suitable low or Zero emission type vehicles available for the role that this type of vehicle performs. Because of this, NIAS has installed additional technology to reduce the use of diesel fuel. There are two main systems used.

Solar - Fitment of high efficiency mono crystal solar panels to all Accident & Emergency (A&E) and also Northern Ireland Specialist Transport and Retrieval (NISTAR) ambulances. This project started in 2019 and it is expected that all A&E and NISTAR ambulances will be fitted with solar panels by March 2024. The Solar panels recharge the vehicles four on board batteries reducing the power requirement from the ambulance station based electrical charging systems and reducing the requirements of the vehicle engines own battery recharging system increasing the vehicles miles per gallon.

Eco Run - This system manages excessive engine idling by constantly measuring vehicle data and automatically switching off the vehicle engine when the conditions are within pre-determined tolerances. The vehicle will automatically restart the engine once these tolerances are exceeded. Since introduction the vehicles fitted with ECO Run are showing a 4.8% reduction in fuel usage due to excessive idling.

The below table shows the main vehicle types used by the Trust and where NIAS are currently reducing its environmental impact:

Vehicle Types	Zero Emission Vehicles	Low Emission Vehicles	Eco Run or Start Stop	High Efficiency Solar Panel
A&E Ambulances	0%	0%	41%	80%
NISTAR Ambulances	0%	0%	60%	60%
PCS Ambulances	0%	0%	0%	0%
Response Cars	14%	22%	32%	36%
Support vehicles	20%	0%	0%	0%

What's next?

The Trust continues to adapt to the clinical needs of our service users and implement the Department of Health's 'Health and Wellbeing 2026: Delivering Together'. To do this NIAS must innovate and continue to progress the next generation of vehicles to ensure:

- The Trust has the correct type and number of vehicles fit for the environment our clinicians will work in.
- Our fleet aligns with current and future legislation including:
    - The Department of Transport Strategy "The Road to Zero" will see the sale of new diesel or petrol vehicles banned in the UK from 2030.
    - The Northern Ireland Climate Change Bill 2022.
    - Delivering a net zero NHS.
- Embrace change utilising greener technologies to reduce our carbon footprint across all our fleet.

NIAS continues to be an active member of the National Ambulance Strategic Fleet Group and is involved in advancing the use of Electric and Hydrogen vehicles within the ambulance sector and progressing improved charging infrastructure, including the use of rapid charging facilities.

Estates

Environmental Impact

In line with the Sustainable Development Strategy 2016-2020, the Trust has undertaken joint procurement processes along with the five other local HSC Trusts and administered through the Business Services Organisation (BSO) Procurement and Logistics Service (PaLS), in relation to the supply and delivery of electricity and natural gas utilities.

NIAS actively participates in this energy Contract Adjudication Group (CAG) and the new contract came on line in April 2021 due to it being delayed by COVID-19. Through this CAG, NIAS uses Horizon Energy Group to buy all their energy and by hedging against the unusual volatility of gas prices, have offset a large percentage of the increased costs of energy experienced by commercial companies. This has been particularly challenging over recent weeks due to the uncertainty over the energy market as a result of the war in Ukraine.

This CAG with representation from each of the six HSC Trusts, incorporates a range of objectives including:

- Demonstrating corporate social responsibility (carbon off-setting).
- 100% renewable energy supply.
- Ensuring reliable affordable energy provision and reducing the carbon footprint.
- Working in partnership to mitigate the effects of climate change on the environment by implementing HSC environmental and sustainability policy to increase recycling and reduce carbon footprint and use of water and energy.

NIAS specific examples of this include:

- Energy Efficient LED lighting installed throughout Bridge End Ambulance Station during recent refurbishment.
- Energy Efficient LED lighting installed throughout Castlederg Ambulance Station during recent refurbishment.
- Energy Efficient LED lighting installed in the RATC Training Rooms and Offices in the NIAS HQ Building during recent refurbishment.
- Energy Efficient LED lighting installed to new Kitchen Restroom garage conversion at Dungannon Ambulance Station.
- New Energy Efficient LED light fittings and energy efficient water heaters installed as part of the sluice project in Coleraine, Antrim New Modular, Armagh, and Ardoyne Ambulance Station.
- New Energy Efficient replacement boilers installed at Omagh, Downpatrick & Newcastle,
- New controller installed at Omagh allowing heating to be operated more efficiently to save energy & fuel.

- Installation of new energy efficient modular Ambulance Station building fully compliant to current Building Regulations at Downpatrick Station, including Energy Efficient LED lighting.
- New Energy Efficient LED external lights installed at Craigavon HQ.
- Installation of a further three new Electric Vehicle charging points at Omagh, Foyle and HQ for new fleet electric cars.
- The Trust continue to replace any defective light fittings needing repair across the Estate with new energy efficient LED light fittings.
- Continuous energy savings with the use of Biomass Boilers in Ballymena and Enniskillen Ambulance Stations.

Responsible Waste Management

Similar to the utilities services contracts, the packaging, clinical waste and general waste management contracts are collaboratively administered through BSO PaLS along with the other HSC Trusts.

The focus of the Trust's waste management initiatives is to try to reduce the volume of waste produced within the Trust and to maximise recycling and recovery opportunities through our waste management contractors at their material recovery depots.

Methods of waste recovery used are as follows.

Energy from Waste (Incineration)

Waste is incinerated producing residues of bottom ash and lime of approximately 10% of the original volume of waste. The resulting residue is classed as recycled materials and are collected by approved contractors for reuse. The steam and heat produced by the process can be used to generate electricity or is used in local heating schemes.

Alternative Treatment

The waste is shredded and moved through a Heat Disinfection Unit (HDU) which disinfects the waste. Once cool, this shredded disinfected waste is compacted, baled and used as an alternative fuel source/solid recovered fuel (SRF).

General Waste Streams

According to data received from NIAS' General Waste Management contractor, "RiverRidge", in 2022-2023, there were 152,208 Kilograms (152.2 Tonnes) of waste collected from NIAS premises.

This waste was made up from 2 distinct waste streams:

- General Waste (101,528 Kilograms or 101.5 Tonnes) and
- Dry Mixed Recyclables (50,680 Kilograms or 50.7 Tonnes)

Of the General Waste Stream 29.97% (30,428.4 Kilograms or 30.4 Tonnes) was recycled.

The remaining 70.03% (71,099.6 Kilograms or 71.1 Tonnes) was recovered.
100%, i.e., all 50,680 Kilograms or 50.7 Tonnes of the Dry Mixed Recyclables, were recycled.

This means that 0% of the general waste streams produced by NIAS went to landfill, with 53.29% (81,108.4 Kilograms or 81.1 Tonnes) recycled and the remaining 46.71% (71,099.6 Kilograms or 71.1 Tonnes) recovered.

Clinical & Special Waste

According to data received from the regional HSC Clinical Waste Management contractor, "Stericycle", in 2022-2023, there were 37,085 Kilograms (37.1 Tonnes) of clinical waste collected from NIAS premises. None of this waste was sent to landfill, as Clinical waste is disposed of in two different ways, depending on the nature of it, as detailed above.

Of the combined total of 189,293.75 Kilograms or 189.8 Tonnes of the total Waste generated by NIAS, 100% of it was either recycled or recovered, with 0% ending up in landfill

Principal Risks and Uncertainties

The Trust continues to manage the principal risks relating to corporate performance in line with our risk management policies, strategy and governance structures. NIAS complies with Department of Health guidance and assurance processes regarding the identification and management of risk.

During the financial year 2022-23, the Trust further refined its governance framework to further increase capacity within the committee structure to enhance the identification and management of risk. This development is still in progress and has been carefully planned to ensure that the NIAS Trust Board and the effectiveness of the Committee structure is amplified. The current arrangement provides assurance through the Audit and Risk Assurance Committee; the Safety, Quality, Patient Experience and Performance Committee and the People, Finance and Organisational Development Committee with subsequent reporting to the NIAS Trust Board.

The Trust's Board Assurance Framework template has been reviewed and continues to reflect levels of assurance linked to the delivery of the NIAS strategic objectives. The Trust continues to develop compliance measures to ensure that appropriate risk management processes are adopted at all

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 makes every effort to comply with the regional Serious Adverse Incident Reporting and Follow-up Procedures and the Risk Manager participates in regional reviews as Trust Governance Lead. NIAS continues to support the other HSC Trusts in relation to the investigation and reporting of their Serious Adverse Incidents; currently these are reported to Safety, Quality, Patient Experience and Performance Committee as a standing agenda item as inter-Trust and interface incidents.

The Senior Management Team continues to focus on ensuring all risks are identified at an early stage and appropriately reflected within the Corporate Risk Register which the NIAS Trust Board continue to monitor. See Internal Governance Divergences within the Governance Statement (pages 86 to 110).

Mr Michael Bloomfield
Chief Executive
Date: 22 June 2023

Accountability Report

Overview

The purpose of the Accountability Report is to meet key accountability requirements to the Northern Ireland Assembly. The report contains three sections:

- the Governance Report;
- the Remuneration and Staff Report; and
- the Accountability and Audit Report.

The purpose of the Governance Report is to explain the composition and organisation of the Trust's governance structures and how these support the achievement of the Trust's objectives.

The Remuneration and Staff Report sets out the Trust's remuneration policy for directors, reports on how that policy has been implemented and sets out the amounts awarded to directors. In addition, the report provides details on overall staff numbers, composition and associated costs.

The Accountability and Audit Report brings together some key financial accountability documents within the annual accounts. This report includes:

- a statement of compliance with regularity of expenditure guidance;
- a statement of losses and special payments recognised in the year; and
- the external auditor's certificate and audit opinion on the financial statements.

Corporate Governance Report

Directors Report

The role of the Trust Board is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

The Trust Board normally meets bi-monthly in venues across Northern Ireland with arrangements for public meetings published in the local press and the Trust website to encourage public attendance. However, in 2022-23, to ensure governance and assurance duties could be maintained and performed safely and regularly, whilst the organisation managed unprecedented operational challenges, virtual meetings were introduced to support the Trust Board duties.

Within our current governance structure configuration, Non-Executive Directors form the membership of the four Trust Board Committees: the Remuneration Committee, the Audit and Risk Assurance Committee, the Safety, Quality, Patient Experience and Performance Committee and the People, Finance and Organisational Development Committee.

Whist the authority and duties within each committee are embedding, after a transition period, each committee's broad remit is outlined below:

- 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 and Risk Assurance Committee provides assurance of effective internal financial controls including the management of principle and associated risks;
- The Safety, Quality, Patient Experience and Performance Committee provides assurance that adequate systems and processes are in place for the delivery of high quality patient care that is safe, effective and patient focused; and
- The People, Finance and Organisational Development Committee provides assurance that all issues relating to Human Resources and Finance are effectively managed and regularly reviewed.

Trust Board and Committee Record of Attendance

TRUST BOARD AND COMMITTEE RECORD OF ATTENDANCE 2022-23						
Member	**Designation**	**Trust Board**	**Audit & Risk Assurance Committee**	**Safety Committee**	**Remuneration Committee**	**People Committee**
Mrs Nicole Lappin	Chair	7 out of 7	1 out of 7*	*	3 out of 3	4 out of 4
Mr Dale Ashford	Non-Executive Director	6 out of 7	7 out of 7	4 out of 4	*	*
Mr William Abraham	Non-Executive Director	6 out of 7	7 out of 7	3 out of 4	*	*
Mr Trevor Haslett	Non-Executive Director	5 out of 7	*	4 out of 4	3 out of 3	3 out of 4
Mr Jim Dennison	Non-Executive Director	5 out of 7	*	*	3 out of 3	3 out of 4
Mr Michael Bloomfield	Chief Executive	7 out of 7	6 out of 7*	4 out of 4*	3 out of 3*	4 out of 4*
Ms Michelle Lemon **	Director of Human Resources	4 out of 7	2 out of 7*	*	*	4 out of 4*
Dr Nigel Ruddell	Medical Director	7 out of 7	5 out of 7*	4 out of 4*	*	*
Ms Rosie Byrne	Director of Operations	4 out of 7	4 out of 7*	3 out of 4*	*	*
Mr Paul Nicholson ***	Director of Finance	7 out of 7	7 out of 7*	1 out of 4*	*	4 out of 4*
Mr Brian McNeill (retired on 31 January 2023)	CRM Programme Director	3 out of 5*	1 out of 5*	1 out of 4*	*	1 out of 4*
Ms Lynne Charlton	Director of Quality, Safety & Improvement	6 out of 7*	1 out of 7*	3 out of 4*	*	*
Ms Maxine Paterson	Director of Planning, Performance & Corporate Services	6 out of 7*	6 out of 7*	3 out of 4*	*	3 out of 4*

*Not a Board/Committee member
**Appointed as Director of HR & OD in September 2022
***Appointed as Director of Finance, Procurement, Fleet & Estates in November 2022

Interests Held by Board Members

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.

Personal Data Related Incidents

The Trust is not aware of any reportable data breaches or any significant personal data related incidents in 2022-23.

Statement of Disclosure to Auditors

The executive and senior management of the Trust, along with the Director of Finance have the responsibility for the preparation of the annual report and accounts. They have provided the auditors with the relevant information and documents required for the completion of the audit. The responsibility for the audit of the Trust rests with the Northern Ireland Audit Office (NIAO).

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 all steps as directors in order to make themselves aware of any relevant audit information and to ensure that auditors are aware of that information.

Fees Paid to Northern Ireland Audit Office

The notional cost of the audit for the year ending 31 March 2023 which pertained solely to the audit of the accounts is £33,650 made up as follows, public funds £31,300 and Charitable Trust Funds £2,350. In addition, during the year the Trust received services from the NIAO to the value of £1,314 in respect of the National Fraud Initiative 2022-23 exercise. No other audit or non-audit services were provided by NIAO to the Trust during the financial year.

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 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, Statement of Financial Position 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 and in particular to:

- Observe the Accounts Direction issued by the Department of Health 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 Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Mr Michael Bloomfield of the Northern Ireland Ambulance Service HSC Trust as the Accounting Officer for the HSC Body. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the HSC Body's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Non-Executive Directors' Report

The Non-Executive Directors' (NED) Report for 2021-22 focussed on the COVID-19 pandemic and this year NIAS was still heavily impacted by the pandemic. There have been sustained periods of REAP 4, which classifies operational pressures as 'Extreme', throughout the year. Any NED report must start by acknowledging again the hard work done by NIAS staff. Our compliments and thanks go to all of the team who have done such a great job during this difficult time.

Despite this, NIAS has been refocussing on the return to business as usual which has been a standing agenda item for the Audit and Risk Assurance Committee (ARAC). Practically, what this means is that NIAS is now able to again focus on the many non COVID-19 issues facing NIAS and what can be done to create a positive impact.

From the NEDs' perspective, leading every issue impacting NIAS is the impact of ambulances being held at hospitals due to delayed handovers. This impact was felt as 22% of lost operational capacity throughout the year.

The NEDs have kept focus on this issue and NIAS Senior Management Team (SMT) has responded by doing everything possible to address an issue which all acknowledge is not really in their ability to remedy. These actions include development of additional care pathways and see and treat models.

It is a frustration for NEDs that this issue is continuing and, while we thank everyone for their efforts, we call on all stakeholders in this process to make real progress to improve this problem in the following year.

Other issues of particular focus for NEDs include:

1. Sickness levels in NIAS remain high at 12.3% which is above normal for ambulance services. The SMT established a Maximising Attendance programme of work for one year to address continuing levels of sickness, and NEDs will be monitoring this issue moving forward.
2. As noted, ongoing focus on achieving business as usual for post-pandemic operations. This is currently being monitored by the Human Resources Directorate and reports will be reviewed on this issue in the upcoming year.
3. Internal Audit reviewed the implementation of accepted outstanding priority one and priority two Internal Audit recommendations, where the implementation date has passed, at mid-year and again at year-end. At year-end, 142 (80%) out of the outstanding 178 recommendations examined were fully implemented, a further 35 (19%) were partially implemented and 1 (1%) was not yet implemented. Whilst Limited assurance in respect of the Patient Care Service in 2022-23 was provided, significant improvements have been made to enhance the control environment from the previous unacceptable assurance audit in 2019--20.
4. NIAS is continuing with implementation of RQIA Safeguarding Quality Improvement Plan with the appointment of a Safeguarding Facilitator post and is in discussions with the DoH/SPPG in relation to strengthening safeguarding arrangements within the Trust. The Trust also participated in a peer review exercise facilitated through

the National Ambulance Safeguarding Group. There will be additional focus on the actions required to address this key issue in following years.

5. The Clinical Response Model business case was re-submitted to the Department of Health in February 2023. The focus of the business case is to deliver a clinical response model that will adjust NIAS' capacity to meet the demand and deliver CRM response times, subject to approval and affordability.
6. One of the issues facing NIAS has been a small management team for the work required. This is slowly being addressed with an expanded management team including appointments during 2022-23 of the Director of Finance, Procurement Fleet and Estate, and Director of Human Resources and Organisational Development. From a NEDs' perspective, this is welcome as it allows for better succession planning as well as the ability to deal with some of the improvements and changes required.
7. As Chair of the Trust's Audit and Risk Assurance Committee, I carried out a review of best practice of the functioning of the Committee against recognised standards set by the Healthcare Financial Management Association, the ARAC Committee Effectiveness Checklist and the Audit and Risk Assurance Handbook (NI) 2018. This review highlighted a number of improvements which have been implemented. The Committee continues to be supported by an Independent Financial Adviser from the HSC Leadership Centre and their contribution has been invaluable. Likewise, the Trust's Safety, Quality, Patient Experience and Performance Committee has benefited from the expertise of a Senior Clinical Adviser who has assisted members in their oversight of clinical matters.
8. An expanded committee structure has resulted in considerable focus by NEDs on committee interaction and governance in order to ensure that nothing "fell between the cracks." I am pleased that the Risk Manager has been focussed on monitoring this process to ensure effective operations.

These are a highlight of the matters that have held the attention of NEDs and, again, we thank the entire NIAS family for the dedication and work to make the ambulance service effective as well as to have continued improvements.

William Abraham
April 2023

Governance Statement 2022-23

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 of the Trust, 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 (DoH). 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 DoH for the performance of these functions.
The Trust works in partnership with the DoH, the Strategic Planning and Performance Group (SPPG) (formerly the Health and Social Care Board (HSCB)), the Public Health Agency (PHA) and also works closely with other partner organisations such as other Health and Social Care (HSC) Trusts and the Regulation and Quality Improvement Authority (RQIA), through the establishment of 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

The Board of NIAS applies the principles of good practice in Corporate Governance and continues to strengthen its governance arrangements. The Board of 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 DoH. The assessment covers four key areas: Board composition and commitment; Board evaluation, development and learning; Board insight and foresight; and Board engagement and involvement.

The Trust Board have been engaged in an exercise to enhance the corporate governance framework by creating additional capacity to provide a robust system of internal governance that supports the achievement of the organisation's policies, aims and objectives.

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 and Risk Assurance Committee, a Safety, Quality, Patient Experience and Performance Committee, a People, Finance and Organisational Development Committee and a Remuneration Committee.

The Audit and Risk Assurance Committee is chaired by a Non-Executive Director and membership is comprised only of Non-Executive Directors. The Audit and Risk Assurance Committee meets not less than three times per year in line with its Terms of Reference and during the year met on seven occasions. Its primary role is to independently contribute to the Trust Board's overall process for ensuring that an effective internal financial control and risk management system is maintained.

The Audit and Risk Assurance Committee completes the National Audit Office Audit Committee Self-Assessment Checklist on an annual basis as part of the assessment of its effectiveness and an action plan was developed to address any areas for improvement identified. No significant performance related issues were identified during this review. Additionally, each year the Chair of the Audit and Risk Assurance Committee provides the Trust Board with an Audit and Risk Assurance Committee Annual Report. The Committee fulfilled the requirements of its terms of reference during 2022-23.

The Safety, Quality, Patient Experience and Performance Committee is chaired by a Non-Executive Director and membership is comprised only of Non-Executive Directors. The Safety, Quality, Patient Experience and Performance Committee met on four occasions during the year. The terms of reference of the Committee require it to meet not less than three times a year. The Committee fulfilled the requirements of its terms of reference during 2022-23.

The People, Finance and Organisation Development Committee is chaired by a Non-Executive Director and membership is comprised only of Non-Executive Directors. The People, Finance and Organisation Development Committee met on four occasions during the year. The terms of reference of the Committee require it to meet not less than three times a year. The Committee fulfilled the requirements of its terms of reference during 2022-23.

The Remuneration Committee is chaired by the Chair of the Trust Board and membership is comprised of Non-Executive Directors only. The Remuneration Committee met on three occasions during the year. 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. The Remuneration Committee fulfilled the requirements of its terms of reference during 2022-23.

Though membership of all of these committees is comprised only of Non Executive Directors, other Directors would routinely attend meetings, for example the Director of Finance would routinely attend Audit & Risk Assurance Committee and the Director of Quality, Safety and Improvement would routinely attend the Safety, Quality, Patient Experience and Performance Committee. The Chief Executive, other Directors, Assistant Directors and senior managers with responsibility Committee related functions are also invited to attend as appropriate. Other attendees at Committee meetings, for example Internal and External Audit, also attend meetings either routinely or by specific invitation.

The Trust Board and Committee Record of Attendance is shown on page 81 of the Accountability Report. During the year, the appraisal processes in place did not identify any significant performance related issues of members of Trust Board or Committees. The Chair has ongoing discussions with each of the Non-Executive Directors in terms of their contribution to their respective committees and to give them an opportunity to highlight any specific concerns or issues.

The Board and its Committees returned to face-to-face meetings, when possible, in June 2022.

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, 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 a recently reviewed assurance framework. 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 Delivery Plan and Corporate Plan highlight the organisation's plans for the incoming year 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. The NIAS Trust Delivery Plan, which is subject to approval by the SPPG, takes account of available resources and outlines Trust priorities in terms of actions and activity to secure objectives for the year.

In line with Department of Health direction, in June 2020, the Trust Delivery Plan approval process for all organisations was suspended due to the impact from COVID-19. NIAS was asked to submit its corporate plan to ensure actions were consistent with Ministerial priorities.

Subsequently in March 2021, a further direction from the Department of Health outlined a review and roll forward approach of 2020-21 plans with no formal Departmental approval process other than sharing revised plans for information. This process has continued and will revert to the requirement for formal Departmental approval in 2023-24.

During 2022-23, the Trust sought to continue to implement the key enablers from the new strategy 'Caring today, planning for tomorrow - Our Strategy to Transform: 2020-2026. This is closely aligned to the Department of Health's "Health and Wellbeing 2026 – Delivering Together" document. Our strategy highlights the value of working as an integrated HSC system alongside a range of partners in local authorities, other agencies and the voluntary sector with the emphasis on person-centred care, ill-health prevention, social wellbeing and providing more diagnostics, treatment and care in the community and home settings.
Despite the impact of the pandemic, NIAS were able to implement significant key actions to provide that foundation on which to build the resilience and transformation agenda required to meet the ambition of our plans. This has been coupled with an agenda to support the HSC in the stabilisation of services impacted by the COVID-19 and the subsequent rebuilding and re-configuration of that supporting structure.

During 2022-23, NIAS has been actively engaged with other ambulance services across the UK and Ireland in the development of plans to support the embedding best practice such as business continuity and emergency planning and how NIAS can further improve the service we provide to the public, and support the wider HSC sector.

Risk Management

The Trust Board transitioned risk responsibilities to the Audit and Risk Assurance Committee in October 2021. The Audit and Risk Assurance Committee is a committee of the Board and is responsible for ensuring that an effective internal financial control and risk management system is maintained.

The Corporate Risk Register and governance arrangements for risk assurance are standing items at each Committee meeting. The Trust's Director of Planning, Performance and Corporate Services has been given delegated responsibility for the oversight of risk management and is supported in this regard by a Risk Manager.

The Trust Board continues to review the arrangements in place with reference to best practice and DoH guidance in order to strengthen the arrangements for Risk Management. The Trust Board refers to the corporate risk management policy and strategy which specifies ways in which risk can be identified; the means of identification include, although not exclusively, incident reporting, Serious Adverse Incident (SAI) reporting, complaints management, risk assessment, horizon-scanning at Trust Board level, claims management, 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.

The strategy also contains the process by which identified risks are recorded on the Risk Register. Each significant risk will be assessed individually when deciding whether it is within the Trust's risk appetite (tolerable), or whether additional controls (terminate, treat or transfer) are required. The following risk appetite principles are applied:

- Appetite for risks relating to patient safety and employee health and safety is very low, with controls required to reduce the risks so far as is reasonably practicable;
- Appetite for risks relating to regulatory compliance, fraud, and information governance is also low, requiring appropriate risk controls;

- Appetite for risks to non-critical functions and services is higher, whilst taking into account any potential impact on any strategic/business objectives; and
- Approach to risk management is designed to encourage and promote innovation and continual progress, and not to stifle or hinder growth and development, and NIAS appetite for risks to its strategic and/or directorate objectives should reflect this.

Each risk is evaluated and, if necessary, re-evaluated in line with the regional guidance and best practice. This takes into account the likelihood and potential impact on the Trust's service users, 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. The risk management processes have been in place throughout the whole financial year and up to the date of approval of the annual report and accounts.

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 monthly basis by the Senior Management Team (SMT). New risks escalated to the Corporate Risk Register in 2022-23 include: Independent Ambulance Sector – Medicines Administration; Medicines Asset Management & Governance; Derogation List – NIAS specific approach to National Response Standards; Financial Stability – Achieving Financial Balance 2022-23; Hospital Turnaround Times; Expiration of cleaning service contract; BSc (Hons) Paramedic Students from Ulster University During Practice Placement.

Directorate Risks are those which have an impact on the particular Directorate and which can be reduced to an acceptable level by treatment at a directorate level. These are recorded on the Directorate Risk Register and are the responsibility of the Trust's line management. Directorate Risk Register updates are forwarded to the relevant Directors for distribution and review at a directorate level on a regular basis. The Trust has further developed the mechanisms for the review of Directorate Risk Registers by ensuring they are formally reviewed by the Audit and Risk Assurance Committee as necessary.

In accordance with the Statutory Mandatory Training Policy, risk management training must be completed every three years. The Trust risk management e-learning package was completely refreshed in 2019 and is now incorporated with governance training in the induction provided to all new staff. The Risk Manager co-ordinates and adopts best practice with the HSC Trusts.

5. Information Governance

In NIAS, information governance is the framework of legislation and best practice guidance associated to the UK General Data Protection Regulation (UKGDPR)/Data Protection Act 2018, the Freedom of Information Act 2000, Access to Health Records (NI) Order 1993, Duty of Confidentiality etc. that regulates the manner and way in which we collect, obtain, handle, use, share and disclose information.

The Trust recognises that information is required every day across the Trust to discharge our services and understands that we hold high levels of personal information. The Trust uses this information in many ways:

- To respond effectively to emergencies;
- To ensure that non-emergency patients are taken to hospital appointments;
- To ensure continuity of care for patient we are treating;
- To support clinical research; and
- To support emergency planning.

We also understand that we need a defined structure for handling personal information in a confidential and secure manner to appropriate ethical and quality standards. This includes ensuring that information risks are managed in a robust way across the Trust. This is why we train staff in information governance areas, appoint specific roles across Directorates to support this, develop Privacy Notices, consider privacy impacts/risks at early stages of service change and ensure that a suite of policies and procedures exist that fully outline accountability and responsibilities.

The Trust participates in a regional forum for Governance in Health and Social Care (HSC) organisations to meet on a regular basis known as the Information Governance Network (IG Network). Its purpose is to meet the challenges of Governance in a shared and co-ordinated way, to disseminate learning and to provide focus for discussion of Information Governance matters. The group will promote best practice standards in Information Governance.

We hold information on patients, clients, suppliers, other Trusts, Coroner Service for NI, the Police Service of Northern Ireland, the Police Ombudsman, Solicitors, Coroners, and other stakeholders, as well as our staff. The Trust uses this information in an appropriate manner 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 and we understand the importance of this.

The Trust works with the Information Commissioner's Office (ICO) to resolve any complaints received about how the Trust handles data. In accordance with legislative requirements data breaches have to be reported within 72 hours to the ICO. NIAS as data controllers continue to collaborate with HSC colleagues regarding any incidents that the Trust is alerted to and that have the potential for risk or any impact on staff, patients, information or services at NIAS.

Cyber Security remains a high priority for NIAS as the threat from hostile actions are increasing in number and becoming more sophisticated in their approach. The Trust places the utmost importance on the security and protection of data and information in order to ensure that confidential patient information is protected and that the network and applications are available to users. We continue to work in partnership with the other HSCNI organisations through the Regional Cyber Security Program Board to identify agreed areas for improvement and to prioritise resources to address these.

NIAS continue to work with Internal Audit to test compliance with the National Cyber Security Centre (NCSC) Ten Steps to Cyber Security. NIAS continues to focus on developing the capability to manage network security. Since the outbreak of COVID 19 the capacity for concurrent users working from home has increased significantly with the amount nearly tripled. Extra Licenses, Key fobs and Server Capacity to support this was made available; and policies concerning User Password Requirements/Duration have been reviewed in line with best practice and NCSC guidelines.

The challenge for NIAS and the HSC as a whole is to be prepared to minimise the impact of any cyber-attack and to ensure access to data is only available to authorised individuals and is controlled and monitored to maintain safety and confidentiality.

Assurance that information governance and data security are managed effectively is delivered through a range of internal governance forums which report to the Audit and Risk Assurance Committee. Issues are escalated to Trust Board as required. Furthermore, these areas are subjected of review by Internal Audit and other assurance functions, for example the Network and Information (NIS) Competent Authority & Enforcement Branch.

6. Unscheduled Care and Winter Surge Planning

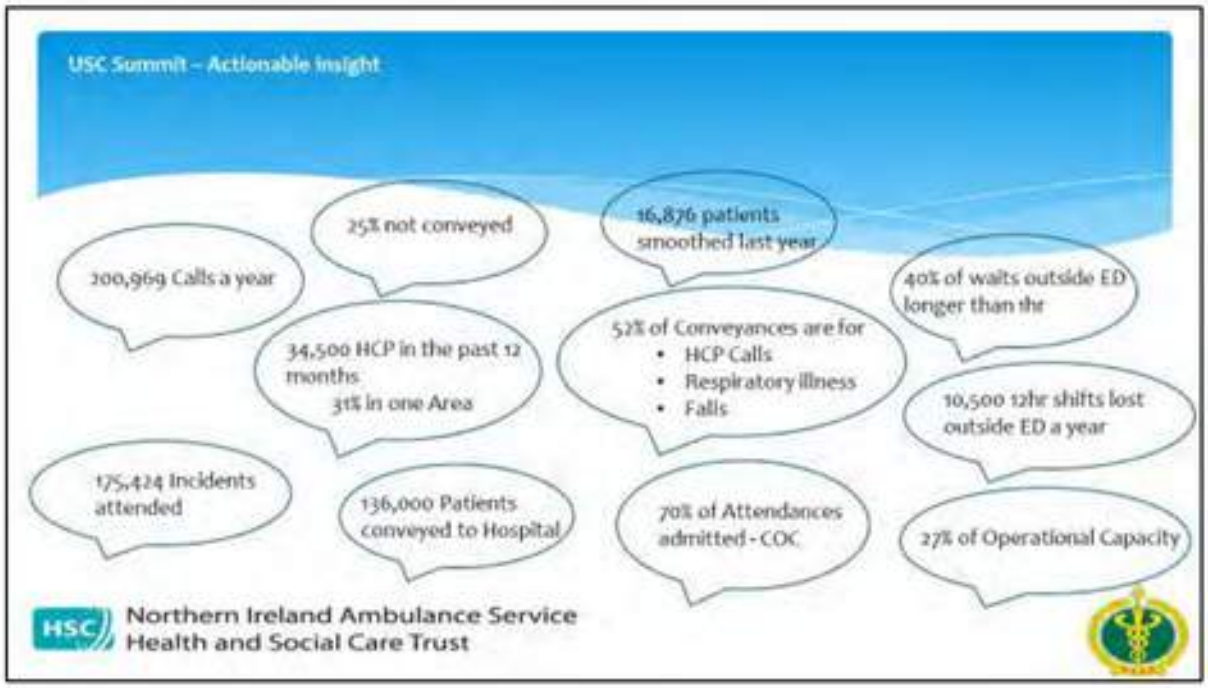
NIAS experiences significant operational challenges throughout the year due to a range of factors. The 2022-23 Winter Surge Plan focused on ongoing inter-trust focus on system wide pressures on Unscheduled Care which had a particularly strong knock-on effect on NIAS. In a statement to the Northern Ireland Assembly on 26 October 2022, the Health Minister stated:

"The health and social care system is facing another incredibly challenging winter. COVID-19 continues to circulate and we are likely to see other infections, such as winter flu, adding to pressures this winter. The ongoing cost of living crisis is also expected to impact on population health with resulting demand for Health and Social Care (HSC) services. In this difficult context, I have asked the health and social care system to comprehensively plan and prepare for what lies ahead."

The 2022-23 Winter Surge Plan therefore presented key actions agreed by NIAS in the context of inter-Trust planning, discussion and collaboration, and presented to The Strategic Planning and Performance Group (SPPG, formerly The Health and Social Care Board - HSCB) and the Department of Health (DoH) at an inter-Trust Emergency and Unscheduled Care Summit held on 9 November 2022.

The plan described the key strategic and operational actions NIAS would take during Winter 2022-23 to maintain safety, quality and performance, and contribute to the wider unscheduled care system. It was developed taking account of the experience and learning from previous winters and recent Covid-19 surge scenarios.

The winter period brings specific challenges and is a particularly busy period for the wider Health and Social Care (HSC) system, Health Care Professionals (HCP) and NIAS. Increased 999 activity, increased staff absence, handover delays at acute hospitals and reduced services in the wider health economy all affect our ability to respond to patients quickly. The figure overleaf demonstrates some of the metrics discussed at the Summit.



As the slide above shows, NIAS continued to be significantly challenged due to extensive delays in handover times at EDs across Northern Ireland. There have been a number of incidents of patients coming to harm whilst queuing in the back of an ambulance, additionally, patients have experienced harm whilst waiting on an emergency response in the community which has been delayed as a result of handover delays.

Context:

- Increased ambulance turnaround times at Emergency Departments depleted response capacity by an estimated 27%. With this depletion of NIAS capacity on a daily basis, the ability to respond to those patients waiting within our communities was significantly impacted.
- 40% of ambulance waits outside ED were longer than 1 hour.
- From April 2021 to date, 13 SAIs related to a delayed NIAS response out with standard in which the patient outcome has been death. Delayed handover times were a significant contributor to delayed community response.
- From January 2022 there were 19 reported patient safety incidents related to delayed hospital handovers.
- From January 2022 NIAS reported 4 incidents to Trusts in relation to patients deteriorating in the back of ambulances. Out of the 4 incidents the outcome was death for 3 patients. Two of these incidents were notified as SAIs by another Trust.

Key challenges:

- Whilst demand remained unpredictable, we focused on our ability and capacity to respond based on the staff we had available and the other available resources such as Voluntary and Private Ambulance capacity.
- Service delivery pressures arising as a consequence of normal winter ailments including seasonal flu prevalence were mitigated through the flu vaccination programme.

- Forecasting and planning workforce capacity throughout the winter months and assessing against forecasted demand.
- Factoring the need for staff to take planned annual leave especially in the Christmas and New Year period, and flexible working necessary to support childcare and caring commitments.
- We continued to ensure our staff were rested, felt supported and valued, and we ensured the workforce had resources required for winter surge period to maintain patient and staff safety in respect of spread of infection.
- We were mindful of our commitment to engagement and partnership working as we implemented our winter plan supporting emergency decisions needed to be taken rapidly in event of a significant surge with this new variant.
- We provided continued support to staff including those who have been clinically vulnerable, and people at risk of harm; providing Peer Support and other support services which continue to be important.

Impact of energy crisis

This year, Northern Ireland faced one of the worst energy crisis in recent history with the downturn in the global economy and impact of war in Europe. Many more households were predicted to fall deeper into fuel poverty[1]. Household energy bills were forecast to rise to over £4,200 per year from January 2023[2].

Fuel poverty and cold homes exacerbate circulatory, respiratory and mental health problems across all age groups and drive health inequalities. It was predicted that this may well lead to increased hospital admissions and demand on GP surgeries, A&E departments and social care services.

- Cold homes reduce dexterity, which increases the risk of falls - a common cause of injury, loss of independence and even death for older people[3]
- Older people are also particularly vulnerable to the effects of a cold winter with no heating at home. Because the heart has to work harder to keep the body warm when it's cold, cold homes increase blood pressure, causing heart attacks and stroke in adults and older people[4]
- Children growing up in cold, damp homes are more than twice as likely to suffer from respiratory conditions than their classmates in warm homes[5]
- The British Thoracic Society has indicated that rising costs in electricity from the 1st April 2022 will impact particularly on respiratory patients dependent on home mechanical ventilation, and in some cases will mean that they are unable to meet the costs of their electricity bills. These increases in costs have a disproportionate impact on patients who are dependent on electrical equipment to stay alive. Currently, there is no reimbursement or financial payments for electricity for ventilator dependent patients[6].

Winter Surge Response

The 2022-23 plan outlined priority actions to be implemented by NIAS over the winter months. The winter surge plan's principle aim was to protect the Trust's ability to respond to patients in most clinical need and to ensure we continue to deliver our critical functions in the face of extreme pressure on the wider HSC system. It also sought collaboration across the HSC system to ensure optimum delivery against the actions listed.

[1] In Northern Ireland, fuel poverty is defined as spending more than 10 per cent of a household's income on energy.
[2] Could the energy crisis cause a public health emergency? | NHS Confederation In Northern Ireland, fuel poverty is defined as spending more than 10 per cent of a household's income on energy.
[3] Friends of the Earth and the Marmot Review Team (2011), The health impacts of cold homes and fuel poverty. https://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pd
[4] Age Watch. Cold Weather Health Risks?, [online], accessed 18 August 2022. https://www.agewatch.net/ageing-why-and-how/cold-weather-health-risks/
[5] Bibby, J (2018), What makes us healthy?. The Health Foundation. https://www.health.org.uk/publications/what-makes-us-healthy
[6] Impact of the rising cost of electricity on home mechanical ventilation patients | British Thoracic Society | Better lung health for all (brit-thoracic.org.uk)

The NIAS Winter Surge Plan focused on 5 of the 7 key themes agreed across all Trusts[7]:

- Maintain safety and resilience at Emergency Departments and support Ambulance Services
- Enhance capacity and flow in our acute hospitals, ensuring timely discharge and support for people to leave hospital when clinically appropriate
- Plan for a Business Continuity response to potential industrial action and potential impacts of cost of living crisis
- Prepare for surges in Covid-19, RSV and respiratory challenges
- Protect staff health & wellbeing and patient / client experience

The table below provides an overview of key winter plan actions. This priority list was informed by actions which are ongoing in the Operations Improvement Plan and Unscheduled Care Action Plan and enabled NIAS to mitigate the most significant impact of the winter pressures and support the Unscheduled Care System in delivering safe care across the community and hospital settings.

2022-23 Winter Planning Theme	Initiative / Actions
Maintain safety and resilience at Emergency Departments and support Ambulance Services	Review and enhance NIAS clinical safety plan
	Review Category 1 release policy
	Contribute to Regional Escalation Policy
	Enhance Hospital Liaison Support
Enhance capacity and flow in our acute hospitals, ensuring timely discharge and support for people to leave hospital when clinically appropriate	Rapid Response Vehicle (RRV) Utilisation West Initiative
	Clinical Navigator
	Develop Clinical Support Desk (CSD) through MDT approach
	Increase Access to Patient Care Pathways
Plan for a Business Continuity response to potential industrial action and potential impacts of cost of living crisis	Advanced Ordering of IAS A&E Support Services
	Duplicate Call management/text technology
	Recruitment to stabilise area managers/SO's
	Support to vulnerable callers impacted by energy crisis/poverty.
Prepare for surges in Covid-19, RSV and respiratory challenges	Promotion of Vaccinations (30%)
	Electronic management of Covid-19 return to work
Protect staff health & wellbeing and patient / client experience	Deploy alternative shift patterns
	Review of Supervisor roles within Division
	Crew Relief team Stabilisation
	Automation of Admin Processes
	Deployment of Derogation list throughout Trust

[7] We have not included actions against two of the HSC Winter Planning Priorities against which NIAS has minimal input: 'Enhance capacity and flow in our community services'; and 'Continue to support Elective activity'

7. Fraud

In line with good practice, NIAS takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and a Fraud Response Plan to outline our approach to tackling fraud, to define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Service and provides advice to our staff on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate.

8. Public Stakeholder Involvement

The Trust aims to ensure that those who use our services and their representatives have an opportunity to influence and shape policy and service delivery decisions. Our Personal and Public Involvement Strategy outlines our commitment to involving key stakeholders and their representatives in the development of our services. Service user engagement and involvement is mainstreamed into key policy development processes. Personal and Public Involvement was included as part of the mandatory training programme for all staff during the year.

Significant developments have been introduced regionally in relation to a new online user feedback programme for all citizens and HSC Trusts in Northern Ireland that was led by the Department of Health. NIAS actively participated as a member of the Programme Board and implementation agenda around the new 'Care Opinion' online portal, which has been introduced in the first quarter of 2019-20 but has seen significant increase in usage since the HSC has promoted it extensively and continues to do so throughout 2022-23. The Trust continues to gather and analyse patient experience stories as part of the regional 10,000 Voices project, and to use 10,000 Voices as a learning and engagement tool; this work has further evolved in the context of the new Care Opinion online user feedback programme.

Despite the challenges of COVID-19, the Trust has engaged at each opportunity with our patient stakeholder group during 2022-23 to gain valuable feedback and direction on how we implement elements of our strategic plan, this insight collected from patients and service users range from feedback on our Fleet Strategy to their views and opinions on the introduction of Body Worn Video cameras to enhance staff safety.

The Trust takes into account the views of the public in relation to identifying and managing risks through, for example, the analysis of learning outcomes, complaints and untoward incident reports (UIRs) (including, if appropriate, contact with the service user(s) and/or other related stakeholders such as public sector partners). Risk identification, assessment and management is also considered if it arises from stakeholder feedback provided during the broader policy development processes and is then referred to the relevant NIAS department as appropriate.

9. Assurance

In 2020, the Trust carried out a complete review of its assurance arrangements, developing a new Corporate Assurance Strategy. The Strategy explains what 'assurance' means, sets out the arrangements required and outlines roles and responsibilities of key staff. The Strategy is integrally linked to the Corporate Risk Management Policy and Procedures and is aligned with the Strategy to Transform and Annual Business Plans. It reflects a range of current guidance and best practice (including DoH and HM Treasury Guidance).

The NIAS Assurance Model is as follows:

This framework is regularly updated and submitted to the Audit & Risk Assurance Committee (ARAC) and Trust Board 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.

In terms of independent assurance, the Trust has engaged the services of a number of external organisations in this regard, including.

- Business Services Organisation (BSO) Internal Audit whose audit plans are based on key risks and systems within the organisation. As part of the 2022-23 annual audit programme, Internal Audit carried out a review of Risk Management (including management of assurances) and provided a satisfactory level of assurance.
- International Academies of Emergency Dispatch (IAED) Centre of Excellence (Emergency Ambulance Control).
- Association of Ambulance Chief Executives (AACE) Peer Reviews (safeguarding and Emergency Planning, Risk and Resilience).

The Trust endeavours to continually improve its structures and processes of assurance through assurance mapping workshops, 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 DoH. Similarly the Audit & Risk Assurance Committee tests its application of good practice using a Self-Assessment checklist, issued by the National Audit Office.

The Trust also contributes to both Mid-Year and Year End Accountability Meetings with DoH and HSCB, which are designed to provide assurances on the Trust's systems of internal control.

These structures and processes and the sources of independent assurance outlined in this statement provide an appropriate and acceptable quality of assurance to Trust Board.

10. Sources of Independent Assurance

NIAS obtains Independent Assurance from the following sources:

- Internal Audit;
- Business Services Organisation (BSO); 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 DoH 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 Trust utilises an internal audit function (commissioned from the 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.

The 2022-23 Internal Audit Plan was completed, with the exception of the audit of Resource & Rota Management which was agreed to be deferred to 2023-24.

The 2022-23 Internal Audit assurance work is summarised as follows:

Audit Assignment	Level of Assurance
Finance Audits:	
Financial Review Audit	Satisfactory – Non Pay Expenditure, DACs, Legal payments and processes Limited – Payments to Staff (Trust Control)
Stocktake	Satisfactory
Corporate Risk Audits:	
Absence Management	Limited
Patient Care Services	Limited
Governance Audits:	
Performance Management	Limited Year End Update: The issues leading to this Limited assurance opinion in May 2022 have largely been addressed in the interim period up to March 2023. Satisfactory assurance is provided as at March 2023.
Risk Management	Satisfactory

Definition of Levels of Assurance	
Satisfactory	Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.
Limited	There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.
Unacceptable	The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

In the Financial Review audit, satisfactory assurance was provided in relation to NIAS financial processes, specifically Non-Pay Expenditure, management of DACs and legal payment processes. However, Limited assurance was provided in relation to payments to staff. Two significant findings were identified and relate to: Staff in Post (SIP) reporting and validation and Unsocial Hours payments. Some other issues remain from previous audits including the reporting of expenditure against business cases, and the level of verification controls in place. A review of current processes has commenced and action will be taken to strengthen controls in these areas.

Limited assurance was provided in the Performance Management Audit. This was on the basis that performance management reporting arrangements were not sufficiently robust and a requirement to include a wider range of performance and quality indicators. All recommendations within the report have now been implemented.

Limited assurance was provided in the Absence Management Audit. A number of significant findings were identified including: The Attendance Management Policy and Procedure was not fully fit for purpose; Extension of Pay process; Case Management of long term absence; and Recording of sick leave in the Global Roster System. While limited assurance was provided it was noted that Management had recognised many of the risks and action is progressing through the co-ordination of a HR Associate appointed through the HSC Leadership Centre.

Limited assurance was provided in relation to Patient Care Services (PCS). The scope of this audit was to review substantively the implementation of recommendations made in 2019/20. While it was recognised that a number of significant improvements have been made to enhance the control environment from the previous unacceptable assurance provided in 2019/20, further work is still required to fully embed a robust system for efficient and effective delivery of PCS. The significant findings identified in this report were: Performance Management Reporting and Inefficient utilisation of PCS crews.

Management is taking action to address the audit findings identified.

Recommendations to address all control weaknesses have been considered by the Audit and Risk Assurance Committee (ARAC) and have been, or are currently being, implemented. Progress on implementation will continue to be monitored by the Senior Management Team, reviewed by Internal Audit and considered by the ARAC.

Follow-up on previous Recommendations

Internal Audit carried out a review of the implementation of previous internal audit recommendations at mid-year and again at year-end. Progress continues to be made and at year-end, 142 (80%) of the outstanding 178 recommendations examined were fully implemented, a further 35 (19%) were partially implemented and 1 (1%) are not yet implemented.

Management are reviewing outstanding recommendations and current processes to ensure that appropriate action is taken in order to implement. All audit recommendations have been allocated an implementation date and a responsible officer.

BSO Shared Services Audits

A number of audits (summarised below) have been conducted in BSO Shared Services, as part of the BSO Internal Audit Plan. 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 & Audit Committee. BSO management accepted all recommendations in the 2022-23 internal audit reports and are working to implement improvements.

Audit Assignment	Level of Assurance
Accounts Payable	Satisfactory
Business Services Team	Satisfactory
Payroll Service Centre (PSSC)	Satisfactory – Elementary Payroll Processes Limited – SAP / HMRC RTI Reconciliation, Historic Sickness Absence, Net & Historic Overpayments and Agenda for Change 13.9 and 14.4 (previously known as Holiday Pay)
Recruitment Shared Service Centre (RSSC)	Limited – Recruitment processes

Payroll Service Centre

Whilst the overall level of assurance provided in respect of elementary Payroll processes was Satisfactory, four Significant issues remain which are deemed to be Limited. These areas relate to: whether data transferred automatically from the payroll system reconciles with HMRC data; Net & Historic Overpayments backlog, Historic Sickness absence payments and payments to staff under Agenda for Change 13.9 and 14.4.

Recruitment Shared Service Centre

Internal Audit provided limited assurance in respect of Recruitment processes on the basis that the operating challenges that were evident in last year's Internal Audit in RSSC and the wider HSC in terms of recruitment processes, remain. The eRecruit system functionality is not sufficient to meet the needs of RSSC or their customers without the multiple additional processes, controls and workarounds that are in place to facilitate the recruitment process. In some cases, this means the same information is recorded in multiple systems/places duplicating effort and increasing the risk of errors. The system deficiencies also hinder RSSC's ability to efficiently manage and monitor recruitments and to respond to some customer queries. The impact of these significant operating challenges was evidenced in performance against KPIs.

Overall Opinion

Overall, for the year ended 31 March 2023, the Head of Internal Audit has provided Overall Satisfactory assurance on the adequacy and effectiveness of the NIAS framework of governance, risk management and control.

The Head of Internal Audit acknowledged good progress has been made during the year to implement outstanding audit recommendations, including those from previous Limited/Unacceptable audit reports. In addition it was highlighted that it is important to note that Limited assurance has been provided in a number of areas in 2022-23 and continued management action is required to implement internal audit recommendations.

Regulation and Quality Improvement Authority (RQIA)

RQIA did not carry out any inspections in the Trust during the year. It is expected that a number of inspections will take place in 2023-24.

11. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of the 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 (subsequently the Safety and People Committees). A plan to address weaknesses and ensure continuous improvement to the system is in place.

12. Internal Governance Divergences

Update on prior year control issues which have now been resolved and are no longer considered to be control issues

Payments for Overtime

Agenda for Change (AfC) states that only staff at Pay Bands 1 to 7 are eligible for overtime payments. During the last two years, the Department of Health issued determinations to vary the terms and conditions specified in AfC to permit overtime to be paid to staff at Pay Band 8 and above. This was only during the period of additional pressures created by COVID-19, for work in connection with those pressures. This highlighted a practice in NIAS that for a number of years, and in some limited circumstances, overtime had been paid to staff at Band 8 and above. During 2021-22 and 2022-23 the Trust operated in line with the regional DoH determination around Band 8 overtime whilst developing related plans to address the legacy arrangements when this determination no longer applies. These plans have now been implemented and payments beyond terms and conditions should no longer be applied.

Managed Services

The Business Services Organisation (BSO) has a contractual relationship with a supplier providing the managed service for the HR, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI. A sub-contractor of this supplier provides a service incorporating servers hosted at data centres owned by this sub-contractor. The sub-contractor went into administration in late March 2022.

The matter has now been resolved with the successful sale of the sub-contractor in July 2022 and a return to business as usual.

Financial Position 2022-23

The Trust achieved a breakeven position with a small surplus of £110k, made up of an operational surplus of 24k and receipts from the sale of assets of £86k. Cumulative savings of £2.6 million were implemented through a range of non-recurrent measures. A capital programme approaching £7m was also delivered which was within the Capital Resource Limit (CRL) set by the Department of Health. The Trust received significant non-recurrent

allocations during the year, predominately as part of the response to Covid-19 and associated pressures. The impact of the pandemic continues to have a significant effect on ambulance services and resources provided non-recurrently will need to be reviewed in 2023-24.

Paramedic Education and Development

The Trust is in a transition period for paramedic education. A final cohort of paramedics completed the legacy Ulster University Foundation Degree course in December 2022. The first annual cohort of the newer BSc in paramedic science hosted by Ulster University commenced in 2021 and will graduate in 2024. Funding has also been made available for up to 10 students a year to join the BSc programme at Year 2 from the existing cohort of NIAS Emergency Medical Technicians.

Recruitment is supplemented by a rolling external recruitment programme aimed primarily at attracting both experienced HCPC-registered Paramedics from outside of Northern Ireland, and more recently a programme has been developed to also allow for recruitment and mentoring of newly-qualified paramedics (NQPs) who have more recently completed their initial training. A programme for Community/Advanced Paramedics remains in development but funding originally earmarked for this was instead diverted to the acute Trusts to support paramedic placement during training as part of the external BSc programme and funding continues to remain a risk.

The Trust has to develop plans to provide the new students with placement opportunities. The DoH Workforce Policy Directorate has agreed to support two further Placement Coordinator posts for this programme which, together with the diversion of some NIAS resources and sound planning and management of the programme of work should adequately address this risk.

Update on prior year control issues which continue to be considered control issues

Direct Award Contracts (DACs)

The pandemic resulted in ongoing and sustained challenges to service delivery. This required a dynamic response to support staff and services and included the use of Direct Award Contracts (DACs) when it was not practical or possible to follow normal procurement and tender processes. The need to respond at pace resulted in some instances when the required administration and necessary approvals was retrospective in that goods or services had already been provided. In addition, uncertainties in relation to the impact and duration of COVID-19 pressures resulted in instances when DACs were exceeded either in terms of duration or value. Finally, the availability of staff due to service pressures, absence and redeployment during the period resulted in a number of areas where the required administration and approvals were outstanding at the end of the year.

Such instances are considered by the Audit & Risk Assurance Committee and also reported to the Department of Health. As part of the recovery from the pandemic the Trust is working to ensure that any outstanding administration is completed and that the use of DACs in

subsequent years is minimised. While the number of DAC's required has reduced, there remain a number of administrative issues that still need to be resolved.

Condition of Estate

The Northern Ireland Ambulance Service operates from a total of 55 Locations throughout Northern Ireland. From these 55 locations, NIAS operate 59 facilities including 33 Ambulance Stations, 19 Deployment Points and 7 other facilities.

Of these, NIAS own 17 facilities (less than 30% of the Estate) with the remainder owned by other bodies on other HSC Trust properties, inter-body (NIFRS / DoH retained) or through commercial leases.

The majority of the NIAS Estate is in overall poor condition, as highlighted in the Building Condition Surveys conducted by Oakleaf in 2021. These surveys feed into the Annual DoH State of the Estate Report (SOTER) with functional suitability, capacity and overall building condition issues recorded at most sites.

A planned programme of works has resulted in significant improvements in statutory compliance matters, however Capacity, Age and Building Condition remain issues across the NIAS Estate. The estimated investment required to address immediate backlog maintenance liabilities is £1.7m. The Trust is working to deliver a revised Clinical Response Model (CRM) which includes the provision of a safe, fit for purpose estate to support the workforce. This is a significant programme of work that will require investment over a number of years. The Trust will work with DoH to implement the Clinical Response Model and deliver the associated improvements in Estate.

Business Services Transformation Programme and Shared Services

The Business Services Transformation Programme (BSTP) replaced aged Finance and Human Resources systems and the programme also introduced HSC wide Shared Services for all HSC organisations in Northern Ireland.

Internal Audit carry out a range of audits of shared services areas each year and a number of issues have been identified (see Section 10 BSO Shared Service Audits above).

The Trust continues to work with BSO Shared Services to make improvements and to realise the expected benefits of the new systems and structures.

Hospital Turnaround Times

As a consequence of COVID-19, the Health and Social Care system has continued to experience unprecedented and ongoing pressures. NIAS has continued to experience a significant increase in the turnaround times at hospitals which is largely due to delays in the patient handover process at Emergency Departments. It has been recognised locally and nationally that handover delays for ambulance services result in increased risk to patients and the community due to increased response times.

In the period 1 April 2022 to 31 March 2023, NIAS lost a total of 103,000 operational hours waiting outside Emergency Departments. This equates to losing 22% of operational capacity throughout the year.

This significant reduction in daily operational capacity presents a significant risk to patients having to wait longer for an ambulance response within the community, as the resources are tied up trying to get patients into Emergency Departments.

Response Performance

Demand for ambulance services is projected to increase year on year. Increasing the Pre-Triage sieve capture rate, which is an early identification of Category 1 life- threatening calls, to 60% improves the allocation time therefore can improve response times.

In the new Clinical Response Model (CRM), Category 1 calls equate to approximately 5% of calls as opposed to 30% in the previous model. The Category 1 90th percentile target is challenging in Northern Ireland, meeting this target is dependent on other standards being met within the target response times such as:

- Increasing hear & Treat rates;
- Turnaround times of 30 minutes at hospitals; and
- Increase of staffing levels within EAC and Operational front line staff.

The current standard response targets are as follows:

Category	Mean average definition	Mean standard	90th centile standard
C1	A25 = A24 / A8	8 min	15 min
C1T (indicator *)	A28 = A27 / A9	19 min	30 min
C2	A31 = A30 / A10	18 min	40 min
C3	A34 = A33 / A11		120 min [02:00:00] HH:MM:SS
C4	A37 = A36 / A12		180 min [03:00:00] HH:MM:SS

Independent modelling identified that the required performance standards could not be achieved by the Trust with the resources currently available. A business case to obtain funding for the necessary resources was submitted to the Department of Health in December 2021. An allocation of £2.5m was made available in 2021-22 in order to progress with the resource programme, however, we have no indication of additional funding for 2023-24.

Organisational Capacity

There is recognition of the central role that NIAS and its staff have to contribute to the wider transformation agenda, in particular to manage demand within the community with less reliance on secondary care. NIAS continues to add to its directory of Appropriate Care Pathways. Advice and clinical oversight of call prioritisation is provided by the paramedic

staffed Clinical Support Desk, which now operates for extended hours. The frequent caller team has expanded and has had a very beneficial effect on unnecessary calls to the ambulance service. NIAS has introduced a Clinical Safety Plan with our Emergency Ambulance Control Centre to provide escalation actions for coping with demand and response challenges.

The Clinical Response Model business case was re-submitted to the Department of Health in February 2023. The focus of the business case is to deliver a clinical response model that will adjust NIAS' capacity to meet the demand and deliver CRM response times, subject to approval and affordability.

Attendance Management

Levels of staff absence due to sickness continued to present a challenge within NIAS during 2022-23. The cumulative level of hours lost due to sickness as at end of March 2023 was 12.3%. This represents an increase from 11.7% the previous year.

Emergency Ambulance Control Telephone Contingency

Ambulance Services can experience an occasional discrepancy between the number of incoming calls and the number of available call-takers. The Trust's current mitigation arrangements are coordinated by BT Emergency Operators under a reviewed UK Telephony Network Agreement. When calls are queuing to be answered by NIAS Emergency Ambulance Control, the BT Operators can divert them to one of our nominated Network Telephony Partners who can answer and process 999 calls on our behalf then electronically pass the resulting call details onto our Computer Aided Dispatch (CAD) system. Significant work has been undertaken by NIAS and other UK Ambulance Services to connect Ambulance Control Centres allowing for the swift electronic passing of calls to be transferred back to the appropriate Ambulance Service to allow for ambulance dispatch without further delays. This arrangement has been activated on a more regular basis due to the increase in 999 call demand across the UK.

Cyber Security

The Trust continue to participate with regional colleagues on the HSCNI Cyber Security Programme. HSCNI Cyber Security is co-ordinated regionally through the Cyber Security Programme Board with senior management representation from all six Health Care Trusts and the Business Services Organisation (BSO ITS). Cyber awareness training is being carried out via MetaCompliance across HSC to enhance the regional HSC eLearning Cyber Training along with Phishing Campaigns to test users' responses.

The Information Technology Security Group (ITSG) acts as the management group for NIAS IT security and provides oversight on risk, outstanding audit recommendations, the threat landscape and any security incidents that may impact the Trust.

Patient Care Service

NIAS operates non-emergency scheduled services alongside our Accident & Emergency activity. This workload is managed by the Patient Care Service (PCS).

The 2022-23 PCS Internal Audit (completed in February 2023) which focused primarily on the outstanding recommendations from the 2019-20 PCS Audit was largely reflective of the positive trajectory of PCS through its Improvement Programme.

Though the audit provided only Limited Assurance, it is positive that the Audit has identified progression against all of the original recommendations and that several of them have now been closed down as fully implemented. It is also pleasing that confidence was expressed by the audit team in their report that implementation of the Action Plans/Sprints associated with the PCS Improvement Plan will lead to the full implementation of all of the original audit recommendations.

This is a view shared by NIAS Management. The 2022-23 Audit has endorsed the Trust's view that significant progress has been made by PCS but that some work needs to be completed to fulfil the objectives of the Improvement Plan, to deliver a more efficient and effective high-quality, patient-focused service and by doing so deliver benefits for the patient, NIAS and across the spectrum of healthcare provision.

Safeguarding

The Trust has undertaken a number of measures to improve Safeguarding systems and processes within the organisation in line with the actions on the RQIA Quality Improvement Plan. There remains a number of key areas for action and improvement, including those related to continued safeguarding training and education to enhance the level of safeguarding knowledge and skills for our workforce, in particular a focus on education for staff providing direct care for vulnerable patients.

As the Trust develops key relationships with safeguarding partner agencies in Health and Social Care, criminal justice, and community voluntary sector, this engagement will increase the demands on safeguarding resources within NIAS, particularly in respect of reporting and case reviews

Building upon the need to improve the referral process, the Trust has engaged with the other five HSC Trusts in respect of welfare pathways for adults. Safeguarding specific referral pathways have been developed for the REACH software in the new handheld digital devices. The implementation of REACH will be key to progressing improved reporting with clear safeguarding and welfare pathways for patients across Northern Ireland.

Identification of new issues in the current year and anticipated future issues

Financial Position 2023-24

While the Trust achieved a breakeven financial position in the year to 31 March 2023, it is important to note that this was achieved following the receipt of significant non-recurring funding, one off contingency measures, expenditure reductions and planned in year slippage on investment. As a result the Trust is aware of the underlying recurrent deficit position it faces, which, coupled with further in-year emergent pressures, ensure that the significant budgetary challenges continue into 2023-24. The outlook for 2023-24 is indicating the financial year's resources will also be increasingly constrained, both from a

capital and revenue perspective. In addition, there is the ongoing impact and additional expenditure that will be required in relation to COVID-19.

Given the level of the significant and ongoing financial challenges currently faced across HSC, the Trust will carry a significant recurrent and in year deficit into 2023-24. The Trust remains committed to working with the DoH in seeking to find solutions to deliver a breakeven position each year.

The Northern Ireland Budget Act 2023 was passed by Parliament and received Royal Assent on 8 February 2023 which authorised the cash and use of resources for all departments and other bodies for the full 2022-23 year, and also included a Vote on Account for the early months of the 2023-24 financial year. This will be followed by a further Budget Bill which the Secretary of State will bring to Parliament in due course, following the 2023-24 Northern Ireland Budget which he set in his Written Ministerial Statement on 27 April 2023.

The Written Ministerial Statement has enabled the Department of Health to issue opening allocations for 2023-24 which will enable essential services to continue. However, despite plans to deliver significant efficiencies, the budget allocation provided has resulted in a significant funding gap. The Department of Health and its Arm's Length Bodies are currently working on the development of further savings measures to bridge the gap. However, it is clear that, if the Department of Health does not receive significant additional funding, the implementation of high impact savings will be required, with adverse consequences for an already highly pressurised health and social care system which would be very damaging for service delivery.

Emergency Planning and Preparedness

Following an incident related to equipment safety, concerns were highlighted relating to governance and assurance arrangements within the Emergency Planning Department.

At the request of the Trust, the Association of Ambulance Chief Executives (AACE) undertook a review of the Emergency Preparedness, Resilience and Recovery functions within the Trust in 2022. This confirmed a number of gaps in existing arrangements and built on an internal draft action plan to address key areas for improvement through a number of recommendations. Work on addressing these areas is already underway under the leadership of the acting Assistant Director for Emergency Planning, and regular updates will be provided to the Trust Safety, Quality, Patient Experience and Performance Committee during the year.

Effect of Unplanned Service Reconfiguration

A number of service developments and reconfigurations in recent years have impacted on NIAS, most often through the requirement to transport patients longer distances in order to receive definitive care. Examples include the introduction of the primary Percutaneous Coronary Intervention (pPCI) network, the stroke network and the subsequent development of the regional thrombectomy service, and the introduction of the major trauma network. Only the pPCI network saw any uplift in resourcing for NIAS.

The result of these reconfigurations is that local areas, from where patients are transported to a more distant hospital (with longer journey times), may find themselves depleted of

ambulance cover for periods of time. This issue has become more significant with recent unplanned service changes such as the temporary withdrawal of emergency surgical services from Daisy Hill Hospital and the South West Acute Hospital, and the suspension of stroke services at Daisy Hill Hospital. Each of these have required bypass arrangements to be put in place or an increase in the number of transfers by ambulance.

NIAS is represented on groups considering future service reconfiguration and will continue to raise the need for adequate resourcing to be made available to mitigate against the risk which passes to NIAS with each of these changes in relation to patients in the community to whom a response is delayed if local ambulance cover is depleted.

Conclusion

The 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 Managing Public Money Northern Ireland (MPMNI).

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 the Trust has operated a sound system of internal governance during the period 2022-23. I recognise that work is required to address issues highlighted during the year including, but not limited to, the issue identified by Internal Audit.

Mr Michael Bloomfield
Chief Executive
22 June 2023

Remuneration and Staff Report

Remuneration Report for the Year Ended 31 March 2023

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 Directors who operate at Board level and are listed on pages 112 and 113 and also on page 81 of the Directors' Report.

Remuneration Committee

The membership of 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 Organisational Development who absent themselves at appropriate points in the meeting to prevent any issues such as an actual or perceived conflict of interest arising. Membership of and attendance at the Remuneration Committee is detailed on page 81 of the Directors' Report.

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 DoH 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 the Trust Delivery Plan;
- The Chair agrees the Chief Executive's performance objectives, undertakes a review of performance and objectives, and completes a final report on the Chief Executive's performance each year;
- The Chief Executive agrees the individual performance objectives of Directors, undertakes a review of performance and objectives, and completes a final report on Director's performance each year;
- 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 Plans 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 an 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 Chair for the Chief Executive. Performance pay would be considered within the total pay limit determined by the DoH;
- 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; and
- The Remuneration Committee recommendations are presented to Trust Board for consideration and approval.

HSC (SE) 1 2023 pay award 2020-21 and HSC (SE) 2 2023 pay award 2021-22 for senior executives have been issued but not paid in 2022-23. The 2022-23 pay award circular is outstanding.

Service Contracts

All Directors, except the Medical Director, in the year 2022-23 were employed on the Department of Health (NI) Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circulars HSS (SM) 2/2001, for those Senior Executives appointed prior to December 2008, and HSS(SM) 3/2008 for those Senior Executives appointed in the Trust since December 2008. The Trust Medical Director is employed under a contract issued in accordance with HSC Medical Consultant Terms and Conditions of Service (Northern Ireland) 2004.

Directors

Non-Executive Directors

Mrs Nicole Lappin, Chair, appointed 1 July 2018 for a period of four years. This term of office was initially extended from 1 July 2022 to a date not later than 31 December 2022 and further extended from 1 January 2023 to a date not later than 5 April 2023.

Mr Dale Ashford, Non-Executive Director, appointed 16 April 2018 for a period of four years and reappointed 16 April 2022 to a date not later than 15 April 2026.

Mr William Abraham, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and reappointed 18 May 2019 to a date not later than 17 May 2023. This was subsequently extended to a date not later than 17 August 2023.

Mr Trevor Haslett CBE, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and re-appointed 18 May 2019 to a date not later than 17 May 2023. This was subsequently extended to a date not later than 17 August 2023.

Mr Jim Dennison, Non-Executive Director, appointed 1 March 2019 for a period of four years and reappointed 1 March 2023 to a date not later than 28 February 2027.

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

Directors

Mr Michael Bloomfield, Chief Executive, appointed 19 March 2018.

Mr Brian McNeill, Director of Operations, appointed 1 June 2005. Mr McNeill took up the role of Programme Director Clinical Response Model on 1 May 2019. Mr McNeill retired from the Trust on 31 January 2023.

Ms Rosie Byrne, Director of Operations, appointed 7 September 2020.

Dr Nigel Ruddell, Medical Director, appointed 1 November 2018.

Mr Paul Nicholson, Interim Director of Finance, appointed 1 July 2019. Mr Nicholson was appointed Director of Finance, Procurement, Fleet and Estates on 16 November 2022.

Ms Michelle Lemon, Interim Director of Human Resources and Corporate Services, appointed 8 January 2020. Ms Lemon was appointed as Director of Human Resources and Organisational Development on 22 September 2022.

Ms Lynne Charlton, Director of Quality, Safety & Improvement, appointed 1 November 2019.

Ms Maxine Paterson, Director of Planning, Performance and Corporate Services, appointed 5 April 2020. Ms Paterson was appointed Deputy Chief Executive on 1 March 2023.

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 (Audited)

Statutory provisions only as detailed in contract. There were no payments made to directors in respect of either compensation for loss of office or early retirement during 2022-23 (2021-22: £111k).

Senior Employees' Remuneration (Audited)

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

	2022-23				2021-22			
Name	Salary £000	Benefits in Kind (rounded to nearest £100)	Pensions Benefit (rounded to nearest £1,000)	Total £000	Salary £000	Benefits in Kind (rounded to nearest £100)	Pensions Benefit (rounded to nearest £1,000)	Total £000
Non-Executive Directors								
Nicole Lappin	25 - 30	200***	-	25 - 30	20 - 25	100***	-	20 - 25
William Abraham	5 - 10	-	-	5 - 10	5 - 10	100***	-	5 - 10
Dale Ashford	5 - 10	-	-	5 - 10	5 - 10	-	-	5 - 10
Jim Dennison	5 - 10	-	-	5 - 10	5 - 10	-	-	5 - 10
Trevor Haslett, CBE	5 - 10	-	-	5 - 10	5 - 10	-	-	5 - 10
Directors **								
Michael Bloomfield	95 - 100	100***	14	110 -115	90 - 95	100***	33	125 - 130
Rosemarie Byrne	80 - 85	-	14	90 - 95	80 - 85	-	26	105 - 110
Lynne Charlton	75 - 80	-	12	85 - 90	70 - 75	-	25	95 - 100
Michelle Lemon	75 - 80	-	22	95 - 100	65 - 70	-	23	85 - 90
Brian McNeill* (to 31 Jan 2023)	80 - 85	-	16	95 - 100	75 - 80	-	8	85 - 90
Paul Nicholson	75 - 80	-	11	85 - 90	70 - 75	-	26	100 - 105
Roisin O'Hara (to 31 Mar 2022)	-	-	-	-	70 - 75	-	23	95 - 100
Maxine Paterson	90 - 95	-	14	105 - 110	80 - 85	-	28	110 - 115
Dr Nigel Ruddell	130 -135	-	55	185-190	125 -130	-	71	195 - 200

The remuneration and pension values, detailed in the above table, relate to the period of Directorship as outlined in the Remuneration Report. The following pay award circulars are reflected in the table and were paid in 2022-23: HSC (SE) 1 2022 Senior Executive Pay Award 2018-19 and HSC (SE) 2 2022 Senior Executive Pay Award 2019-20.

HSC (SE) 1 2023 pay award 2020-21 and HSC (SE) 2 2023 pay award 2021-22 for senior executives have been issued but not paid in 2022-23. The 2022-23 pay award circular is outstanding.

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 increases or decreases due to a transfer of pension rights.

The single total figure of remuneration includes salary, bonus / performance pay, benefits in kind as well as pension benefits.

* denotes full-year equivalent salary.

** The remuneration information disclosed above reflects the relevant directors' salaries on a pro-rata basis.

*** The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument. These include for example, travel and cycle to work scheme.

Senior Employees' Pension (Audited)

2022-23					
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 31/03/22 £000s	CETV at 31/03/23 £000s	Real Increase in CETV £000s
Michael Bloomfield	0-2.5 + lump sum of 0-2.5	50-55 + lump sum of 100 - 105	942	988	6
Rosemarie Byrne	0-2.5 + lump sum of 0-2.5	30-35 + lump sum of 65-70	592	625	5
Lynne Charlton	0-2.5 + lump sum of 0-2.5	25-30 + lump sum of 45-50	399	425	3
Michelle Lemon	0-2.5 + lump sum of 0-2.5	20-25 + lump sum of 35-40	337	377	4
Brian McNeill	0-2.5 + lump sum of 0-2.5	40-45 + lump sum of 115-120	933	975	12
Paul Nicholson	0-2.5 + lump sum of 0-2.5	30-35 + lump sum of 55-60	553	584	4
Roisin O'Hara	-	-	-	-	-
Maxine Paterson	0-2.5 + lump sum of 0-2.5	10-15 + lump sum of 0-5	133	154	2
Dr Nigel Ruddell	2.5-5.0 + lump sum of 2.5-5.0	40-45 + lump sum of 75-80	694	790	46

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors. In addition, no entries are provided in respect of pensions for Directors who either leave the Trust's employment or reach the applicable pensionable age during the financial year.

Cash Equivalent Transfer Value

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 include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC 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 using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

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.

Negative Results

In some cases, the real increase in CETV and the pension benefits accrued for the single total figure of remuneration can be negative – that is, there can be a real decrease. This is particularly likely to happen during periods of pay restraint and/or where inflation is higher than pay increases. The final salary pension of a person in employment is calculated by reference to their pay and length of service. The pension will increase from one year to the next by virtue of them having an extra year's service and by virtue of any pay rise during the year. Where there is no pay rise, the increase in pension due to extra service may not be sufficient to offset the inflation increase – that is, in real terms, the pension value can reduce, hence the negative values.

Fair Pay Disclosure (Audited)

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.

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 2022 (excluding severance payments) should be annualised, and the salary of the highest paid Director is taken at the mid-point of the remuneration band as disclosed in the Senior Employees' Remuneration table. 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.

The Hutton Review (in place since 2013) has now been superseded with the circular dated 2 February 2022 Revised Fair Pay Disclosures Implementation Guidance Circular Reference HSC(F) 06-22. The fair pay figures below have been also prepared on the basis of the requirements notified in DoH Circular HE1/22/60771 – Revised Fair Pay Disclosure Implementation Guidance.

The table below outlines this relationship:

	2022-23	**2021-22**
Band of Highest Paid Director Remuneration	£130k- £135k	£125k - £130k
Highest Paid Director Remuneration Band Midpoint	132,500	127,500
Highest Paid Director Remuneration Band Midpoint Percentage Change from previous year	3.92%	4.08%
Median Remuneration	£42,133	£39,417
Median Pay Ratio	3.14	3.23
Average Remuneration	£41,992	£39,333
Average Remuneration Percentage Change from previous year	6.76%	5.39%
Range of Staff Remuneration	£5,363 - £132,500	£6,406 - £127,500

The midpoint of the remuneration band of the highest paid Director in the Northern Ireland Ambulance Service HSC Trust during the financial year was £132,500 (2022: £127,500) which was a change from the previous year of 3.92%. (2022: 4.08%) This was 3.14 times (2022: 3.23) the median remuneration of the workforce, which was £42,133 (2022: £39,417).

There was a decrease in the median ratio from 3.23 in 2021-22 to 3.14 in 2022-23. The resulting lower median earnings ratio is due a general interim 3% increase in consolidated pay at all points.

The average remuneration this financial year was £41,992 (2022: £39,333) which represented a 6.76% increase (2022: 5.39%) on the average remuneration in the last

financial year.

The range of staff remuneration this financial year was £5,363 - £132,500. (2022: £6,406 - £127,500)

Fair Pay Disclosure requirements effective last financial year, in relation to the percentage change in the highest paid director banded salary and allowances are outlined below:

	2022-23	2021-22
25th percentile salary and allowances	£30,056	£27,243
Pay Ratio – Highest paid Director: 25th percentile	4.41	4.68
75th percentile salary and allowances	£50,735	£48,784
Pay Ratio – Highest paid Director: 75th percentile	2.61	2.61

The remuneration band of the highest paid director in the Northern Ireland Ambulance Service HSC Trust during the financial year was £132,500 (2022: £127,500) which was 4.41 (2022: 4.68) times the 25th percentile remuneration of the workforce, which was £30,056 (2022: £27,243) and also 2.61 (2022: 2.61) times the 75th percentile remuneration of the workforce, which was £50,735. (2022: £48,784)

The lower ratios to highest earner at the 25th percentile and median are explained by the higher rate of pay progression applied at the lower to mid salary ranges.

Increases in average remuneration is largely due to the effect of pay awards.

Off Payroll Engagements

There was no off-payroll engagement of a board member during the financial year (2022: nil). The total number of individuals on payroll that have been deemed 'board members' during the financial year is 11. (2022: 12)

Staff Report

Number of Senior Staff by Band and Gender

	Director		Non-Executive Director		Senior Staff*		Other Staff		TOTAL	
	No	As %age	No	As %age	No	As %age	No	As %age	No	As %age
Male	3	46%	4	80%	16	73%	956	64%	979	64%
Female	4	54%	1	20%	6	27%	552	36%	563	36%
Total	7		5		22		1508		1542	

* Senior staff are considered to be those operating at Assistant Director level (Band 8b and above) and excludes those operating at Senior Manager level (Band 8a and below).

The information in the above table is taken from the Human Resources, Payroll & Travel System (HRPTS) and reflects the position of staff in post on 31 March 2023. The above figures do not include bank workers or dual employments.

Staff Policies Applied During 2022-23

Achievements during 2022-23 in relation to the workforce included:

Delivery of a new Health and Wellbeing Strategy for the Trust.

The Trust has continued to recruit new staff, both in front line operations and to supporting Clinical and Corporate functions. The Trust continues to manage its workforce through the application of a range of HR policies and procedures and in accordance with its statutory responsibilities under equality and employment legislation and best practice.

The Trust is fully committed to meeting its statutory duties under Section 75 of the Northern Ireland Act, the Human Rights Act, the Disability Discrimination Act and the Disability Discrimination (NI) Order. All employment policies are implemented in line with the Trust's Equality of Opportunity Policy and Equality Scheme.

During 2022-23, 53 applications were received by the Trust from individuals who declared a disability and the Trust employs 64 staff (includes Bank) who declare a disability as at 31 March 2023. The Trust continues to implement its statutory responsibility to make reasonable adjustments in relation to selection, appointment and employment processes and arrangements, including making reasonable adjustments to facilitate the continued employment in relation to staff who acquire a disability during their employment. The Trust also continues to support students attending the Regional Ambulance Clinical Training Centre who declare a disability and make reasonable adjustments to both the learning environment and assessment arrangements as appropriate.

The Trust is fully committed to meeting its obligations under the Public Interest Disclosure

(Northern Ireland) Order 1998, which provides protection to NIAS employees who make a disclosure, in the public interest, about suspected malpractice/wrongdoing in the workplace.

The NIAS 'Your Right to Raise a Concern' (Whistleblowing) Policy has been developed and implemented to provide a framework under which all such concerns are managed, with a Non-Executive Director (NED) appointed to have oversight of the NIAS Whistleblowing Policy and to ensure that a culture of openness is encouraged and supported throughout the organisation.

The Trust recognises that staff who are prepared to speak up should be considered one of its most important sources of information in seeking to enhance its reputation; identify and address problems that disadvantage or endanger other people; and present opportunities for learning. Where appropriate, concerns raised are subject to investigation, normally conducted by a professional manager who is external to the Trust. Each whistleblowing concern is treated with the upmost confidence to protect the anonymity of the whistleblower. During 2022-23, a total of two Whistleblowing complaints were investigated by the Trust. Where appropriate, the Trust formally communicates with each whistleblower to inform them of investigation outcomes, actions and learning outcomes.

Staff Turnover

	2022-23	2021-22
Staff Turnover %	5.13%	4.35%

As the majority of our workforce are front line ambulance staff, the labour turnover rate is low due to a lack of opportunity for similar careers outside of the Northern Ireland Ambulance Trust. In the last financial year 57.14% of turnover was due to staff resigning from their post and the other 42.86% was made up of staff retiring or terminations of contract.

Staff Engagement including Health and Wellbeing

Evidence shows that staff wellbeing is correlated with patient safety and patient care. In the Workforce section of the Performance Report, details are provided on the areas were NIAS has actively engaged with staff and include Health and wellbeing, peer support, physical safety, psychological support, the NIAS/UNISON health and wellbeing partnership and the Women's Development Forum.

Staff Costs (Audited)

Staff costs comprise:	Permanently employed staff £000s	Others £000s	2023 Total £000s	Restated 2022 Total £000s	Resta 202 Total £000s
Wages and salaries	69,518	4,337	73,855	69,536	65,343
Social security costs	6,866	0	6,866	7,359	7,369
Other pension costs	13,163	0	13,163	12,609	11,391
Sub-Total	**89,547**	**4,337**	**93,884**	**89,504**	**84,103**
Capitalised staff costs	49	96	145	393	281
Total staff costs reported in Statement of Comprehensive Net Expenditure	**89,596**	**4,433**	**94,029**	**89,897**	**84,384**
Less recoveries in respect of outward secondments	(10)	0	(10)	0	0
Total Net Costs	**89,586**	**4,433**	**94,019**	**89,897**	**84,384**

The figures for 2021-22 and 2020-21 have been restated to reflect a movement from a liability to a provision for Holiday Pay shortfall as outlined in more detail in Note 15.1 and Note 24.

Staff costs include £nil (2022: £nil and 2021: £nil) relating to the Charitable Trust Funds.

There were £145k staff costs charged to capital projects during the year. (2022: £393k and 2021: £281k)

The Trust participates in the HSC Pension 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 DoH. 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 with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years. However, it has been noted in HM Treasury guidance that the validation and processing of some of the Schemes' data may not be finalised until after the 2022-23 accounts are laid. Schemes are not automatically required to reflect 2022 scheme valuation data in the 2022-23 accounts. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions and a change in financial assumption methodology will be used in 2022-23 accounts.

Average Number of Persons Employed (Audited)

The average number of whole time equivalent persons employed during the year was as follows:	Permanently employed staff No.	Others No.	2023 Total No.	2022 Total No.	2021 Total No.
Medical and dental	2	0	2	2	2
Nursing and midwifery	0	0	0	0	0
Professions allied to medicine	1	0	1	1	0
Ancillaries	16	63	79	90	87
Administrative & clerical	154	45	199	187	164
Ambulance staff	1,320	5	1,325	1,333	1,265
Works	0	0	0	0	0
Other professional and technical	0	0	0	0	0
Social services	0	0	0	0	0
Other	0	0	0	0	0
Total Average Number of Persons Employed	**1,493**	**113**	**1,606**	**1,613**	**1,518**
Less average staff number relating to capitalised staff costs	(4)	(2)	(6)	(10)	(6)
Less average staff number in respect of outward secondments	(1)	0	(1)	0	0
Total Net Average Number of Persons Employed	**1,488**	**111**	**1,599**	**1,603**	**1,512**

The number of persons employed include nil (2022: nil and 2021: nil) relating to the Charitable Trust Funds.

Pension Liabilities

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 Department of Health. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'Protection' arrangements. On 1 April 2015 a new HSC Pension Scheme was introduced. This new scheme covers all former members of the 1995/2008 Scheme not eligible to continue in that Scheme as well as new HSC employees on or after 1 April 2015. The 2015 Scheme is a Career Average Revalued Earnings (CARE) scheme.

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the DoH. It is expected that, in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relate to the different HSC Pension Schemes i.e. 1995 Section, 2008 Section and 2015 Scheme and is not the monetary benefits received. This is known as the 'McCloud Remedy' and will impact many aspects of the HSC Pension Schemes including the scheme valuation outcomes. Further information on this will be included in the HSC Pension Scheme accounts.

The Scheme member's contributions are based on their full year whole time equivalent (WTE) pensionable pay – changes which came into effect on 01 November are reflected in the second table below.

Tier	Pensionable earnings (based on full-time pay rates)	Contribution rate (before tax relief) (gross) until 31 October 2022
1	Up to £ 15,431.99	5.0%
2	£15,432.00 to £21,477.99	5.6%
3	£21, 478.00 to £26,823.99	7.1%
4	£26,824.00 to £47,845.99	9.3%
5	£47,846.00 to £70,630.99	12.5%
6	£70,631.00 to £111,376.99	13.5%
7	£111,377.00 and over	14.5%

Tier	Pensionable earnings (based on actual salary)	Contribution rate (before tax relief) (gross) from 01 November 2022
1	£0.00 - £13,231.99	5.1%
2	£13,232.00 to £15,431.99	5.7%
3	£15,432.00 to £21,478.99	6.1%
4	£21,479.00 to £22,548.99	6.8%
5	£22,549.00 to £26,823.99	7.7%
6	£26,824.00 to £27,779.99	8.8%
7	£27,780.00 to £42,120.99	9.8%
8	£42,121.00 to £47,845.99	10.0
9	£47,846.00 to £54,763.99	11.6%
10	£54,764.00 to £70,630.99	12.5%
11	£70,631.00 and over	13.5%

A NEST (National Employment Saving Trust) Scheme is also in operation for employees who are not eligible to the HSC Pension Scheme and the HSC Pension Scheme 2015, with a member contribution rate of 5% in 2020-21.

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. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions and a change in financial assumption methodology will be used in 2020-21 accounts, including any adjustment as a result of the 'McCloud Remedy'.

Expenditure on Consultancy

The Trust spent £nil on consultancy during the financial year (2022: £nil).

Sickness Absence Data

During 2022-23, monthly and cumulative sickness absence levels were higher than figures in the same period in 2021-22.

Despite improved absence management and health & wellbeing initiatives being in place to support staff to return to work, ongoing extreme pressures within the working environment, for example increased demand, reduced frontline operational cover in a number of Divisions, staff abstractions due to COVID-19 and hospital turnaround times resulting in late finishes and missed rest breaks are undoubtedly contributing to the current higher than normal sickness absence levels.

Figures reported are for all staff (excluded Bank Staff and Non-Executive Directors) and demonstrate hours lost, with average days lost based on a standard 7.5 hour day, consistent with Regional HSC Reporting of Sickness Absence.

2022/23 Monthly Sickness Absence including Comparators to Previous Reporting Year (2022/23)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ABSENCE TARGET (2022/23)	10.12% (Pending DOH confirmation- this is a 5% improvement on 2022 position)											
Cumulative % hrs lost (21/22)	6.56%	7.41%	10.34%	12.76%	13.19%	12.48%	11.28%	11.39%	11.45%	9.86%	10.66%	11.71%
Monthly % hrs lost (21/22)	6.56%	6.97%	8.09%	9.28%	10.08%	10.48%	10.59%	10.70%	10.78%	10.69%	10.69%	10.77%
Cumulative % hrs lost (22/23)	10.62%	10.64%	10.88%	10.94%	10.89%	10.93%	11.12	11.19	11.58	11.91	12.07	12.30
Monthly % hrs lost (22/23)	10.62%	10.67%	11.34%	11.14%	10.68%	11.11%	12.30	11.75	14.57	14.95	13.80	14.63
Monthly % hrs lost (S/T)	2.78%	2.03%	2.00%	1.95%	2.30%	2.71%	3.55	2.40	4.77	3.93	4.12	2.60
Monthly % hrs lost (L/T)	9.74%	9.40%	9.34%	9.20%	10.29%	10.37%	8.85	9.37	9.92	11.01	12.15	12.02
Monthly % hrs lost COVID 19 (Sickness and self-isolation)	4.31%	2.37%	3.48%	3.65%	1.47%	1%						
Av. days lost (7.5 hrs) per Employee per Mth	2.18	2.29	2.45	2.29	2.31	2.38	2.53	2.42	3.14	3.14	2.70	3.28
Av.Estimated costs (£'000)	636	644	673	649	614	643	733	671	873	858	858	968
Cumulative % Hrs Lost 2022/2023:	12.30%											

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

There were no early retirement and/or compensation exit packages in 2022-23, at a cost of £nil. (2022: £111k)

Redundancy and other departure costs are 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 (Northern Ireland) Order 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.

Staff Benefits

There were no staff benefits paid in 2022-23. (2022: £nil)

Trust Management Costs

	2023 £000s	Restated 2022 £000s	Restated 2021 £000s
Trust management costs	9,516	8,823	7,634
Income:			
RRL	116,211	119,268	115,424
Income per Note 4	812	642	973
Less interest receivable	0	0	0
	117,023	119,910	116,397
Less adjustments under HSS (THR) 2/99	(1,191)	(1,314)	(1,204)
Total Income	**115,832**	**119,910**	**122,543**
% of total income	**8.22%**	**7.36%**	**6.23%**

The figures for 2021-22 and 2020-21 have been restated to reflect a provision for Holiday Pay shortfall liability previously treated as an accrual in 2021-22 and 2020-21 as outlined in more detail in note 15.1 and note 24. In addition following the Review of Financial Process, the management costs for 2021-22 have been restated to exclude non cash adjustments.

The management costs have been prepared on a consistent basis from previous years and the above information is based on the Audit Commission's definition "M2" Trust management costs, as detailed in HSS (THR) 2/99. The adjustments above are exceptional items which may distort the management costs, for example, income from independent ambulance provider recharges to other Trusts and non-recurrent funding for projects undertaken.

Retirements due to Ill-health

During 2022-23 there were no early retirements from the Trust, agreed on the grounds of ill-health. (2022: 6) The estimated additional pension liabilities of these ill-health retirements will be £nil. (2022: £nil) These costs if any 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.

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 2022-23 on pages 86 to 110.

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 127 to 131.

Statement of Losses and Special Payments

Losses and special payments are items of expenditure that the NI Assembly would not have contemplated when it agreed funding to the Trust. They are subject to special controls and procedures and require specific approval in accordance with limits set by the DoH. The limit delegated to the Trust, for approval of losses, differs depending on the type of loss but all losses and special payments, irrespective of value, require approval in line with the Trusts Scheme of Delegation. Losses over a particular threshold require approval by the DoH.

Losses and Special Payments (Audited)

Losses Statement	2022-23	2021-22
Total number of losses	0	1
Total value of losses (£000)	0	31

Losses	2022-23	2021-22
	£000s	£000s
Cash losses	0	0
Claims abandoned	0	0
Administrative write-offs	0	0
Fruitless payments	0	0
Stores losses	0	31

Special payments	2022-23	2021-22
Total number of special payments	11	10
Total value of special payments (£000)	101	273

Special payments		2022-23	2021-22
		£000s	£000s
Compensation payments		0	0
	- Clinical Negligence	15	10
	- Public Liability	0	0
	- Employers Liability	85	152
	- Other	0	0
Ex-gratia payments		1	0
Extra contractual		0	0
Special severance payments		0	111

The Northern Ireland Ambulance Service HSC Trust did not make any individual payments for losses and special payments over £250k during the year. (2022: £nil)

Other Payments (Audited)

The Northern Ireland Ambulance Service HSC Trust did not make any other payments during the year. (2022: £nil)

Fees and Charges (Audited)

The Northern Ireland Ambulance Service HSC Trust had no income generated from fees or charges during the year. (2022: £nil)

Remote Contingent Liabilities (Audited)

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 a contingent liability. This is where it is not currently possible to quantify the potential impact or liabilities. See Note 19 on page 172 of the Annual Accounts for further information.

Mr M Bloomfield
Chief Executive
22 June 2023

NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST – PUBLIC FUNDS

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements

I certify that I have audited the financial statements of the Northern Ireland Ambulance Service Health and Social Care Trust for the year ended 31 March 2023 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 including significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of Northern Ireland Ambulance Service Health and Social Care Trust's affairs as at 31 March 2023 and of the Northern Ireland Ambulance Service Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

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.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of Northern Ireland Ambulance Service Health and Social Care Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Northern Ireland Ambulance Service Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Northern Ireland Ambulance Service Health and Social Care Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Trust and the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in that report as having been audited, and my audit certificate. The Trust and the Accounting Officer are responsible for the other information included in the annual report. My opinion on the financial statements does not cover the other information and except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability 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 and Accountability 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

In the light of the knowledge and understanding of the Northern Ireland Ambulance Service Health and Social Care Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. 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 Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; 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 the Department of Finance's guidance.

Responsibilities of the Trust and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Trust and the Accounting Officer are responsible for:

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud of error;
- ensuring the annual report, which includes the Remunerations and Staff Report, is prepared in accordance with the applicable financial reporting framework; and
- assessing the Northern Ireland Ambulance Service Health and Social Care Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by Northern Ireland Ambulance Service Health and Social Care Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

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.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Northern Ireland Ambulance Service Health and Social Care Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on Northern Ireland Ambulance Service Health and Social Care Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Northern Ireland Ambulance Service Health and Social Care Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition and posting of unusual journals;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
    - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
    - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, 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.

Report

I have no observations to make on these financial statements.

Dorinnia Carville

Comptroller and Auditor General

Northern Ireland Audit Office

106 University Street

BELFAST

BT7 1EU

7 July 2023

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

FINANCIAL STATEMENTS

Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2023

This account summarises the income generated and expenditure 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.

		2023		Restated - see note 24 2022	
	Note	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Income					
Revenue from contracts with customers	4.1	622	622	589	589
Other operating income*	4.2	190	397	53	72
Total Operating Income		**812**	**1,019**	**642**	**661**
Expenditure					
Staff costs	3.1	(93,884)	(93,884)	(89,504)	(89,504)
Purchase of goods and services	3.1	(15,371)	(15,371)	(17,055)	(17,055)
Depreciation, amortisation and impairment charges	3.1	(6,921)	(6,921)	(5,877)	(5,877)
Provision expense	3.1	(910)	(910)	(6,181)	(6,181)
Other expenditures	3.1	(13,642)	(13,809)	(11,221)	(11,281)
Total Operating Expenditure		**(130,728)**	**(130,895)**	**(129,838)**	**(129,898)**
Net Operating Expenditure		**(129,916)**	**(129,876)**	**(129,196)**	**(129,237)**
Finance income	4.2	0	0	0	0
Finance expense	3.1	(7)	(7)	0	0
Net Expenditure for the Year		**(129,923)**	**(129,883)**	**(129,196)**	**(129,237)**
Adjustment to net expenditure for non cash items	22.1	13,822	13,822	9,978	9,978
Net expenditure funded from RRL		(116,101)	(116,061)	(119,218)	(119,259)
Revenue Resource Limit (RRL)	22.1	116,211	116,211	119,268	119,268
Add back charitable trust fund net expenditure*		0	(40)	0	41
Surplus / (Deficit) against RRL		**110**	**110**	**50**	**50**

OTHER COMPREHENSIVE EXPENDITURE		2023		Restated 2022	
	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 / 9.1	1,769	1,769	1,216	1,216
Net gain / (loss) on revaluation of intangibles	6.1-2 / 9.1	0	0	0	0
Net gain / (loss) on revaluation of charitable assets		0	(31)	0	27
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		**(128,154)**	**(128,145)**	**(127,980)**	**(127,994)**

The notes on pages 136 to 178 form part of these accounts.

* All donated funds have been used by Northern Ireland Ambulance Service Health and Social Care Trust as intended by the benefactor. The Trust Board as corporate trustee has delegated responsibility to the Director of Finance to manage internal disbursements. The Director of Finance 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.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Consolidated Statement of Financial Position as at 31 March 2023

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.

	Note	2023 Trust £000s	2023 Consolidated £000s	Restated - see note 24 2022 Trust £000s	Restated - see note 24 2022 Consolidated £000s	At 1 April 2021 Restated - see note 24 Consolidated £000s
Non Current Assets						
Property, plant and equipment	5.1-2	45,578	45,578	42,888	42,888	38,191
Intangible assets	6.1-2	642	642	1,035	1,035	1,114
Investments	8.1	0	457	0	481	457
Non current trade and other receivables	13.1	0	0	0	0	0
Other current assets	13.1	0	0	0	2	0
Total Non Current Assets		**46,220**	**46,677**	**43,923**	**44,406**	**39,762**
Current Assets						
Assets classified as held for sale	10.1	1	1	0	0	0
Inventories	11.1	152	152	219	219	209
Trade and other receivables	13.1	1,183	1,183	1,347	1,347	1,120
Other current assets	13.1	547	547	401	401	566
Current intangible assets	13.1	0	0	0	0	0
Current investments	8.1	0	0	0	0	0
Cash and cash equivalents	12.1	484	484	1,764	1,764	660
Total Current Assets		**2,367**	**2,367**	**3,731**	**3,731**	**2,555**
Total Assets		**48,587**	**49,044**	**47,654**	**48,137**	**42,317**
Current Liabilities						
Trade and other payables	14.1	(20,077)	(20,082)	(18,895)	(18,935)	(15,890)
Other liabilities	14.1	(205)	(205)	0	0	0
Intangible current liabilities	14.1	0	0	0	0	0
Provisions	15.3	(3,756)	(3,756)	(813)	(813)	(1,019)
Total Current Liabilities		**(24,038)**	**(24,043)**	**(19,708)**	**(19,748)**	**(16,909)**
Total Assets Less Current Liabilities		**24,549**	**25,001**	**27,946**	**28,389**	**25,408**
Non Current Liabilities						
Provisions	15.3	(10,723)	(10,723)	(13,077)	(13,077)	(7,153)
Other payables	14.1	(376)	(376)	0	0	0
Financial liabilities	8.1	0	0	0	0	0
Total Non Current Liabilities		**(11,099)**	**(11,099)**	**(13,077)**	**(13,077)**	**(7,153)**
Total Assets Less Total Liabilities		**13,450**	**13,902**	**14,869**	**15,312**	**18,255**
Taxpayers' Equity and Other Reserves						
Revaluation reserve		11,990	11,990	10,221	10,221	9,005
SoCNE reserve		1,460	1,460	4,648	4,648	8,793
Other reserves - charitable fund		0	452	0	443	457
Total Equity		**13,450**	**13,902**	**14,869**	**15,312**	**18,255**

The notes on pages 136 to 178 form part of these accounts.

The financial statements on pages 132 to 135 were approved by the Board on 22 June 2023 and were signed on its behalf by:

M. Larmour

Ms M Larmour
Chair
22 June 2023

Mr M Bloomfield
Chief Executive
22 June 2023

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Consolidated Statement of Cash Flows for the year ended 31 March 2023

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	2023 £000s	Restated - see note 24 2022 £000s
Cash Flows from Operating Activities			
Net expenditure for the year		(129,883)	(129,237)
Adjustments for non-cash costs		7,780	11,991
(Increase) / decrease in trade and other receivables		20	(62)
Less movements in receivables relating to items not passing through the Net Expenditure Account			
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
(Increase) / decrease in inventories		67	(10)
Increase / (decrease) in trade payables		1,724	3,005
Less movements in payables relating to items not passing through the Net Expenditure Account			
Movements in payables relating to the purchase of property, plant and equipment		434	(2,920)
Movements in payables relating to the purchase of intangibles		30	1,048
Movements in payables relating to finance leases		(581)	0
Use of provisions	15	(327)	(463)
Net Cash Outflow from Operating Activities		**(120,736)**	**(116,648)**
Cash Flows from Investing Activities			
(Purchase of property, plant & equipment)	5	(7,214)	(6,357)
(Purchase of intangible assets)	6	(62)	(1,048)
Proceeds of disposal of property, plant & equipment		86	98
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Drawdown from investment fund		0	39
Share of income reinvested		0	0
Net Cash Outflow from Investing Activities		**(7,190)**	**(7,268)**
Cash Flows from Financing Activities			
Grant in aid		126,700	125,020
Capital element of payments - finance leases		(54)	0
Net Financing		**126,646**	**125,020**
Net Increase / (Decrease) in Cash & Cash Equivalents in the Period		**(1,280)**	**1,104**
Cash & Cash Equivalents at the Beginning of the Period	12	**1,764**	**660**
Cash & Cash Equivalents at the End of the Period	12	**484**	**1,764**

The notes on pages 136 to 178 form part of these accounts.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

This statement shows the movement in the year on the different reserves held by the Trust, analysed into the SoCNE Reserve (which reflects a contribution from the Department of Health). The SoCNE 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	Restated - see note 24 SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Restated - see note 24 Total £000s
Balance at 31 March 2021 (Restated)		**8,793**	**9,005**	**457**	**18,255**
Changes in Taxpayers Equity 2021-22					
Grant from DoH		125,020	0	0	125,020
Other reserves movements including transfers		0	0	0	0
Actuarial gain / (loss)		0	0	0	0
(Comprehensive expenditure for the year)		(129,196)	1,216	(14)	(127,994)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3.1	31	0	0	31
Balance at 31 March 2022 (Restated)		**4,648**	**10,221**	**443**	**15,312**
Changes in Taxpayers Equity 2022-23					
Grant from DoH		126,700	0	0	126,700
Other reserves movements including transfers		0	0	0	0
Actuarial gain / (loss)		0	0	0	0
(Comprehensive expenditure for the year)		(129,923)	1,769	9	(128,145)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3.1	35	0	0	35
Balance at 31 March 2023		**1,460**	**11,990**	**452**	**13,902**

The notes on pages 136 to 178 form part of these accounts.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1. Authority

These financial statements have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance'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 contained in the FReM apply International Financial Reporting Standardsemuner (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Northern Ireland Ambulance Service HSC Trust (the Trust) for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

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, intangible assets, inventories and certain financial assets and liabilities.

1.2 Currency and Rounding

These accounts are presented in pounds sterling (GBP) and rounded in thousands. (£000's)

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise: Land, Buildings, Transport Equipment, Plant & Machinery, Information Technology, Furniture and Fittings, and Assets under Construction. This includes donated assets.

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;
- 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

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

- 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

All Property, Plant and Equipment are carried at fair value.

Fair value of Property is estimated as the latest professional valuation revised annually by reference to indices supplied by Land and Property Services.

Fair value for Plant and Equipment is estimated by restating the value annually by reference to indices complied by the Office of National Statistics (ONS), except for assets under construction which are carried at cost, less any impairment loss.

RICS, IFRS, IVS & HM Treasury compliant asset revaluation of land and buildings for financial reporting purposes are undertaken by Land and Property Services (LPS) at least once in every five year period. Figures are then restated annually, between revaluations, using indices provided by LPS.

The last asset revaluation was carried out on 31 January 2020 by Land and Property Services (LPS) with the next review due by 31 January 2025.

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 non-current assets.

Since the last revaluation exercise was undertaken, the risks to the client's land and building portfolio as a result of ongoing impact of the COVID-19 pandemic

have lessened considerably. However, new global fiscal, economic and political factors have come to the fore, including persistently high inflation, rising interest rates, the cost of living and energy cost crises, increasing material costs, the fallout from the mini budget under Liz Truss and the ongoing Russia-Ukraine conflict. All have the potential to negatively impact on the local property market. However, at the present time, most sectors across the Northern Ireland property market are experiencing sufficient levels of transactional activity on which to base opinion, and this is reflected in the latest indexation figures provided for the period 2022/23. For the time being, the levels of subjectivity required to assess value have reduced and the requirement to declare Material Uncertainty within any of the client asset classifications has abated. Whilst the need for an asset revaluation prior to the next scheduled date in January 2025 cannot be ruled out, under current market conditions, it is not currently required.

Modern Equivalent Asset

DoF 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 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. They are carried at cost, less any impairment loss. Assets under construction 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

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

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	25 - 60 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

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

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 non-current asset.

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.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value and are included exclusive of VAT. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the five essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the Trust and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

Income is stated net of VAT.

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 Trust does not have any investments.
The Charitable Trust Funds are invested on behalf of the Trust by the NIHPSS Common Investment Fund (see Note 1.26) and have been consolidated.

1.12 Research and Development Expenditure

Research and development (R&D) expenditure is expensed in the year it is incurred in accordance with IAS 38. Following the introduction of the 2010 European System of Accounts (ESA10), from 2016-17 there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. As a result, additional disclosures are included in the notes to the accounts.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.13 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.

1.14 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.

1.15 Leases

Under IFRS 16 Leased Assets which the Trust has use/control over and which it does not necessarily legally own are to be recognised as a "Right-Of-Use" (ROU) asset. There are only two exceptions:

- short term assets – with a life of up to one year; and
- low value assets – with a value equal to or below the Department's threshold limit which is currently £5,000.

Short term leases

Short term leases are defined as having a lease term of 12 months or less. Any lease with a purchase option cannot qualify as a short term lease. The lessee must not exercise an option to extend the lease beyond 12 months. No liability should be recognised in respect of short-term leases, and neither should the underlying asset be capitalised. Lease agreements which contain a purchase option cannot qualify as short-term. Examples of short term leases are software leases, specialised equipment, hire cars and some property leases.

Low value assets

An asset is considered "low value" if its value, when new, is less than the capitalisation threshold. The application of the exemption is independent of considerations of materiality. The low value assessment is performed on the underlying asset, which is the value of that underlying asset when new. Examples of low value assets are tablet and personal computers, small items of office furniture and telephones.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

Separating lease and service components

Some contracts may contain both a lease element and a service element. DoH bodies can, at their own discretion, choose to combine lease and non-lease components of contracts, and account for the entire contract as a lease. If a contract contains both lease and service components IFRS 16 provides guidance on how to separate those components. If a lessee separates lease and service components, it should capitalise amounts related to the lease components and expense elements relating to the service elements. However, IFRS 16 also provides an option for lessees to combine lease and service components and account for them as a single lease. This option should help DoH bodies where it is time consuming or difficult to separate these components.

The Trust as Lessee

The ROU asset lease liability will initially be measured at the present value of the unavoidable future lease payments. The future lease payments should include any amounts for:

- Indexation;
- Amounts payable for residual value;
- Purchase price options;
- Payment of penalties for terminating the lease;
- Any initial direct costs; and
- Costs relating to restoration of the asset at the end of the lease.

The lease liability is discounted using the rate implicit in the lease.

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.

The difference between the carrying amount and the lease liability on transition is recognised as an adjustment to taxpayers equity. After transition the difference is recognised as income in accordance with IAS 20.

Subsequent measurement

After the commencement date (the date that the lessor makes the underlying asset available for use by the lessee) a lessee shall measure the liability by:

- Increasing the carrying amount to reflect interest;
- Reducing the carrying amount to reflect lease payments made; and

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

- Re-measuring the carrying amount to reflect any reassessments or lease modifications, or to reflect revised in substance fixed lease payments.

There is a need to reassess the lease liability in the future if there is:

- A change in lease term;
- Change in assessment of purchase option;
- Change in amounts expected to be payable under a residual value guarantee; or
- Change in future payments resulting from change in index or rate.

Subsequent measurement of the ROU asset is measured in same way as other property, plant and equipment. Asset valuations should be measured at either "fair value" or "current value in existing use".

Depreciation

Assets under a finance lease or ROU lease are depreciated over the shorter of the lease term and its useful life, unless there is a reasonable certainty the lessee will obtain ownership of the asset by the end of the lease term in which case it should be depreciated over its useful life.

The depreciation policy is that for other depreciable assets that are owned by the entity.

Leased assets under construction must also be depreciated.

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.

The Trust will classify subleases as follows:

- If the head lease is short term (up to 1 year), the sublease is classified as an operating lease;
- Otherwise, the sublease is classified with reference to the right-of-use asset arising from the head lease, rather than with reference to the underlying asset.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.16 Private Finance Initiative (PFI) Transactions

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

1.17 Financial Instruments

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

The Trust has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

Financial Assets

Financial assets are recognised on the Statement of Financial Position 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. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the HSC Body's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.

Financial assets are classified into the following categories:

- Financial assets at fair value through Statement of Comprehensive Net Expenditure;
- Held to maturity investments;
- Available for sale financial assets; and
- Loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

Financial Liabilities

Financial liabilities are recognised on the Statement of Financial Position 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 the Trust in creating risk than would apply to a non- public sector body of a similar size, therefore the Trust is not exposed to the degree of financial risk faced by business entities.

The Trust has 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 its activities. Therefore, the Trust 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.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.18 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 DoF issued discount rates as at 31 March 2023 of:

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	3.27%
	Medium term (6 – 10 years)	3.20%
	Long term (11 - 40 years)	3.51%
	Very long term (41+ years)	3.00%
Inflationary	Year 1	7.4%
	Year 2	0.6%
	Into perpetuity	2.0%

Note that PES issued a combined nominal and inflation rate table to incorporate the two elements, as included within DoH circular HSC(F) 38-2022.

The discount rate to be applied for employee early departure obligations is 4.15% for 2022-23.

A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. The rate is currently -1.5% as set (with effect from 22 March 2022) by the Government Actuary under the Damages Act 1996 as amended by the Damages (Return on Investment) Act (Northern Ireland) 2022.

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.

1.19 Contingent Liabilities / Assets

In addition to contingent liabilities disclosed in accordance with IAS37, the Trust discloses 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.

Where the time value of money is material, contingent liabilities, which are required to be disclosed under IAS37, are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS37 are stated at the amounts reported to the Assembly.

Under IAS37, 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

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

1.20 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 calculated using actual staff numbers and costs applied to the actual untaken leave balance as at 31 March 2023. 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 Pension 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 DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the schemes on a consistent and reliable basis.

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 with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be 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 scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2022-23 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that is being carried out as part of the 2020 valuation. Whilst the 2016 valuation remains the most recently completed valuation, the 2020 valuation is sufficiently progressed to use for setting the demographics assumptions.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.21 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 other than donated 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.

1.22 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.

1.23 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.

1.24 Government Grants

The note to the financial statements distinguishes between grants from the UK government entities and grants from the European Union.

1.25 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

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

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.

1.26 Charitable Trust Account Consolidation

HSC organisations are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result the financial performance and funds have been consolidated. The Trust has accounted for these transfers using merger accounting as required by FReM. 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. 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.

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

The International Accounting Standards Board (IASB) have issued the following new standards but which are either not yet effective or adopted. Under IAS 8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

IFRS 17 Insurance Contracts:

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023. Management currently assess that there will be minimal impact on application to the Trust's consolidated financial statements.
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.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.28 Prior Year restatement

Holiday pay liability

On instruction from DoH, it was agreed that the holiday pay liability accrued within prior year accounts should be treated as a provision for the 2022-23 accounts. This change in accounting treatment resulted from an increased level of uncertainty around the timing of the settlement of the liability. Given the materiality of the liability, NIAS management have complied with the requirements of IAS 8 and restated the prior year accounts.

The holiday pay liability accrued and shown in staff costs was £3,968k in 2020-21 and £2,013k in 2021-22. The amounts now included under provisions in note 15 for this liability are £4,369k in 2020-21 and £6,616k in 2021-22, these amounts take account of discount factors.

This change in accounting treatment is reflected in the restated comparative figures for 2020-21 and 2021-22 in line with IAS 8. Refer to Statement of Financial Position, Statement of Comprehensive Net Expenditure and notes 3, 14, 15, 22 and 24.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

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 co-ordinates 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.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 3 STAFF COSTS AND OPERATING EXPENSES

3.1 Staff Costs and Operating Expenses

	2023		Restated 2022	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Staff costs':				
Wages and salaries	73,855	73,855	69,536	69,536
Social security costs	6,866	6,866	7,359	7,359
Other pension costs	13,163	13,163	12,609	12,609
Purchase of care from non-HSC bodies	9,235	9,235	9,736	9,736
Revenue grants to voluntary organisations	0	0	0	0
Capital grants to voluntary organisations	0	0	0	0
Personal social services	0	0	0	0
Recharges from other HSC organisations	1,569	1,569	1,114	1,114
Supplies and services - Clinical	2,979	2,979	3,497	3,497
Supplies and services - General	849	849	1,933	1,933
Establishment	1,399	1,399	1,620	1,620
Transport	7,419	7,419	4,964	4,964
Premises	3,783	3,783	3,418	3,418
Bad debts	0	0	0	0
Rentals under operating leases	6	6	203	203
Interest charges under IFRS16	7	7	0	0
Research & development expenditure	0	0	0	0
Clinical negligence - other expenditure	0	0	0	0
BSO services	697	697	713	713
Training	613	613	696	696
Professional fees	42	42	62	62
Patients travelling expenses	0	0	0	0
Costs of exit packages not provided for	0	0	0	0
Elective care	0	0	0	0
Other charitable expenditure	0	167	0	60
Miscellaneous expenditure	473	473	387	387
Non Cash Items				
Depreciation	6,871	6,871	5,531	5,531
Amortisation	425	425	346	346
Impairments	(375)	(375)	0	0
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(86)	(86)	(98)	(98)
(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
Increase / Decrease in provisions (provision provided for in year less any release)	1,129	1,129	6,405	6,405
Cost of borrowing of provisions (unwinding of discount on provisions)	(219)	(219)	(224)	(224)
Auditors remuneration	35	35	31	31
Add back of notional charitable expenditure	0	0	0	0
Total	**130,735**	**130,902**	**129,838**	**129,898**

Further detailed analysis of staff costs is located in the Staff Report on page 120 within the Accountability Report.

In addition to the notional auditors remuneration above, during the year the Trust received services from its External Auditor (the Northern Ireland Audit Office) to the value of £nil. (2022: £nil)

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 4 INCOME

The implementation of IFRS 15 includes a 5 stage model for the recognition of revenue from contracts with customers.

4.1 Revenue from contracts with customers

	2023		2022	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
GB / Republic of Ireland Health Authorities	0	0	0	0
HSC Trusts	396	396	341	341
Non-HSC:- Private patients	0	0	0	0
Non-HSC:- Other	226	226	248	248
Clients contributions	0	0	0	0
Total	**622**	**622**	**589**	**589**

4.2 Other Operating Income

	2023		2022	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Other income from non-patient services	80	80	53	53
Seconded staff	10	10	0	0
Charitable and other contributions to expenditure by core trust	0	0	0	0
Donations / Government grant / Lottery funding for non current assets	100	100	0	0
Charitable income received by charitable trust fund	0	199	0	11
Investment income	0	8	0	8
Research and development	0	0	0	0
Profit on disposal of land	0	0	0	0
Interest receivable	0	0	0	0
Total	**190**	**397**	**53**	**72**
TOTAL INCOME	**812**	**1,019**	**642**	**661**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 5 CONSOLIDATED PROPERTY, PLANT & EQUIPMENT

5.1 Consolidated Property, Plant & Equipment - Year Ended 31 March 2023

	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 2022	2,551	19,267	3,749	8,529	29,251	10,071	329	73,747
Opening balance adjustment	0	539	0	0	0	0	0	539
Restated Opening Balance	2,551	19,806	3,749	8,529	29,251	10,071	329	74,286
Indexation	0	1,239	0	1,046	1,927	0	3	4,215
Additions	0	1,133	3,059	8	1,571	1,009	0	6,780
Donations / Government grant / Lottery funding	0	0	0	0	100	0	0	100
Reclassifications	0	764	(3,490)	0	1,079	1,647	0	0
Transfers	0	0	0	0	(5,028)	0	0	(5,028)
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	0	0	0
Reversal of impairments (indexation)	0	397	0	0	1	0	1	399
Disposals	0	0	0	(1,857)	(1,038)	(560)	0	(3,455)
At 31 March 2023	**2,551**	**23,339**	**3,318**	**7,726**	**27,863**	**12,167**	**333**	**77,297**
Depreciation								
At 1 April 2022	0	1,338	0	6,568	18,708	4,176	69	30,859
Opening balance adjustment	0	0	0	0	0	0	0	0
Restated Opening Balance	0	1,338	0	6,568	18,708	4,176	69	30,859
Indexation	0	120	0	865	1,460	0	1	2,446
Reclassifications	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	(5,027)	0	0	(5,027)
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	23	0	0	1	0	0	24
Disposals	0	0	0	(1,857)	(1,037)	(560)	0	(3,454)
Provided during the year	0	703	0	673	3,631	1,853	11	6,871
At 31 March 2023	0	2,184	0	6,249	17,736	5,469	81	31,719
Carrying Amount								
At 31 March 2023	**2,551**	**21,155**	**3,318**	**1,477**	**10,127**	**6,698**	**252**	**45,578**
At 31 March 2022	**2,551**	**18,468**	**3,749**	**1,961**	**10,543**	**5,895**	**260**	**43,427**
Asset Financing								
Owned	2,551	20,551	3,318	1,477	10,127	6,698	252	44,974
Finance leased	0	604	0	0	0	0	0	604
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0
Carrying Amount At 31 March 2023	**2,551**	**21,155**	**3,318**	**1,477**	**10,127**	**6,698**	**252**	**45,578**

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 £183k. (2022: £nil). The amounts shown under 'Opening balance adjustment' relate to IFRS16 Leased Assets value on transition as at 1/4/2022.

During the year the Trust had no assets funded from government grants or lottery funding (2022: £nil), and assets of £100k funded from donations (2022: £nil)

The carrying amount as at 31 March 2023 includes £nil (2022: £nil) relating to the Charitable Trust Funds.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 5 CONSOLIDATED PROPERTY, PLANT & EQUIPMENT

5.2 Consolidated Property, Plant & Equipment - Year Ended 31 March 2022

	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 2021	2,551	17,134	3,542	8,006	25,492	6,584	261	63,570
Indexation	0	918	0	523	784	0	7	2,232
Additions	0	843	3,749	0	3,124	1,512	50	9,278
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0
Reclassifications	0	372	(3,542)	0	906	1,986	11	(267)
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	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,055)	(11)	0	(1,066)
At 31 March 2022	**2,551**	**19,267**	**3,749**	**8,529**	**29,251**	**10,071**	**329**	**73,747**
Depreciation								
At 1 April 2021	0	841	0	5,542	15,840	3,096	60	25,379
Indexation	0	59	0	396	559	0	2	1,016
Reclassifications	0	0	0	0	0	0	0	0
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	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,057)	(10)	0	(1,067)
Provided during the year	0	438	0	630	3,366	1,090	7	5,531
At 31 March 2022	**0**	**1,338**	**0**	**6,568**	**18,708**	**4,176**	**69**	**30,859**
Carrying Amount								
At 31 March 2022	**2,551**	**17,929**	**3,749**	**1,961**	**10,543**	**5,895**	**260**	**42,888**
At 31 March 2021	**2,551**	**16,293**	**3,542**	**2,464**	**9,652**	**3,488**	**201**	**38,191**
Asset Financing								
Owned	2,551	17,929	3,749	1,961	10,543	5,895	260	42,888
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 2022	**2,551**	**17,929**	**3,749**	**1,961**	**10,543**	**5,895**	**260**	**42,888**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 6 CONSOLIDATED INTANGIBLE ASSETS

6.1 Consolidated Intangible Assets - Year Ended 31 March 2023

	Software Licenses £000s	Websites £000s	Total £000s
Cost or Valuation			
At 1 April 2022	2,428	30	2,458
Indexation	0	0	0
Additions	32	0	32
Donations / Government grant / Lottery funding	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Disposals	(997)	0	(997)
At 31 March 2023	**1,463**	**30**	**1,493**
Amortisation			
At 1 April 2022	1,393	30	1,423
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Disposals	(997)	0	(997)
Provided during the year	425	0	425
At 31 March 2023	**821**	**30**	**851**
Carrying Amount			
At 31 March 2023	**642**	**0**	**642**
At 31 March 2022	**1,035**	**0**	**1,035**
Asset Financing			
Owned	642	0	642
Finance leased	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0
Carrying Amount At 31 March 2023	**642**	**0**	**642**

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 2023 includes £nil (2022: £nil) relating to the Charitable Trust Funds.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 6 CONSOLIDATED INTANGIBLE ASSETS

6.2 Consolidated Intangible Assets - Year Ended 31 March 2022

	Software Licenses £000s	Websites £000s	Total £000s
Cost or Valuation			
At 1 April 2021	2,161	30	2,191
Indexation	0	0	0
Additions	0	0	0
Donations / Government grant / Lottery funding	0	0	0
Reclassifications	267	0	267
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Disposals	0	0	0
At 31 March 2022	**2,428**	**30**	**2,458**
Amortisation			
At 1 April 2021	1,047	30	1,077
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Disposals	0	0	0
Provided during the year	346	0	346
At 31 March 2022	**1,393**	**30**	**1,423**
Carrying Amount			
At 31 March 2022	**1,035**	**0**	**1,035**
At 31 March 2021	**1,114**	**0**	**1,114**
Asset Financing			
Owned	1,035	0	1,035
Finance leased	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0
Carrying Amount At 31 March 2022	**1,035**	**0**	**1,035**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

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, 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 2023. (2022: £nil)

NOTE 8 INVESTMENTS

8.1 Investments

The Trust's Charitable Trust Funds are invested in the NIHPSS Common Investment Fund. The net market value of funds invested with the investment fund at 31 March 2023 was £457k. The investments saw a loss of £24k in 2022-23 compared to a gain of £24k in the prior year.

	Investments	
	2023 £000s	2022 £000s
Balance at 1 April	481	457
Additions	0	0
Disposals	0	0
Revaluations	(24)	24
Balance at 31 March	**457**	**481**
Trust	0	0
Charitable trust fund	457	481
	457	**481**

8.2 Market Value of Investments as at 31 March 2023

	Held in UK £000s	Held outside UK £000s	2023 Total £000s	2022 Total £000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	457	0	457	481
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	**457**	**0**	**457**	**481**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 9 IMPAIRMENTS

9.1 Impairments

	2023		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	(375)	0	(375)
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Impairments Charged / (Credited) to Statement of Comprehensive Net Expenditure	**(375)**	**0**	**(375)**

	2022		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	0	0	0
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Impairments Charged / (Credited) to Statement of Comprehensive Net Expenditure	**0**	**0**	**0**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

10.1 Assets Classified as Held for Sale

	Transport	
	2023 £000s	2022 £000s
Cost		
At 1 April	3,695	4,194
Transfers in	5,028	0
Transfers out	0	0
(Disposals)	0	(499)
Impairment	0	0
At 31 March	**8,723**	**3,695**
Depreciation		
At 1 April	3,695	4,194
Transfers in	5,027	0
Transfers out	0	0
(Disposals)	0	(499)
Impairment	0	0
At 31 March	**8,722**	**3,695**
Carrying Amount at 31 March	**1**	**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 2023 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 an auction house.

During the year ended 31 March 2023, vehicles with a fair value (less costs to sell) of £nil (2022: £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).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 11 INVENTORIES

11.1 Inventories

	2023		2022	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Fuel	26	26	24	24
Stationery	6	6	5	5
Medical & surgical equipment	66	66	65	65
PPE	50	50	118	118
Other	4	4	7	7
Total	**152**	**152**	**219**	**219**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 12 CASH AND CASH EQUIVALENTS

12.1 Cash and Cash Equivalents

	2023		2022	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Balance at 1st April	1,764	1,764	660	660
Net change in cash and cash equivalents	(1,280)	(1,280)	1,104	1,104
Balance at 31st March	**484**	**484**	**1,764**	**1,764**

The following balances at 31 March were held at:

	2023		2022	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Commercial banks and cash in hand	484	484	1,764	1,764
Balance at 31st March	**484**	**484**	**1,764**	**1,764**

12.2 Reconciliation of liabilities arising from financing activities

	2022 £000s	Opening balance adjustment £000s	Restated 2022	Cash Flows £000s	Non-Cash Changes £000s	2023 £000s
Lease Liabilities	0	527	527	(194)	248	581
Total liabilities from financing activities	**0**		**527**	**(194)**	**248**	**581**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

13.1 Trade Receivables, Financial and Other Assets

	2023		2022	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Amounts Falling Due Within One Year				
VAT receivable	1,052	1,052	1,163	1,163
Other receivables - not relating to fixed assets	131	131	184	184
Trade and Other Receivables	**1,183**	**1,183**	**1,347**	**1,347**
Prepayments	547	547	401	401
Other Current Assets	**547**	**547**	**401**	**401**
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	2
Other Current Assets Falling Due After More Than One Year	**0**	**0**	**0**	**2**
TOTAL TRADE AND OTHER RECEIVABLES	**1,183**	**1,183**	**1,347**	**1,347**
TOTAL OTHER CURRENT ASSETS	**547**	**547**	**401**	**403**
TOTAL INTANGIBLE CURRENT ASSETS	**0**	**0**	**0**	**0**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**1,730**	**1,730**	**1,748**	**1,750**

The balances are net of a provision for bad debts of £nil. (2022: £nil)

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

14.1 Trade Payables and Other Current Liabilities

	2023		Restated 2022		Restated 2021
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s	Consolidated £000s
Amounts Falling Due Within One Year					
Other taxation and social security	2,829	2,829	1,788	1,788	1,586
VAT payable	0	0	0	0	0
Bank overdraft	0	0	0	0	0
Trade capital payables - property, plant and equipment	4,304	4,304	4,482	4,482	2,032
Trade capital payables - intangibles	0	0	30	30	1,078
Trade revenue payables	3,766	3,766	2,810	2,810	1,576
Payroll payables	7,692	7,692	6,188	6,188	5,970
Clinical negligence payables	12	12	0	0	0
VER payables	0	0	100	100	0
BSO payables	0	0	0	0	6
Other payables	59	22	1,596	1,596	1,405
Accruals and Deferred Income	1,038	1,080	1,268	1,308	2,074
Accruals - relating to property, plant and equipment	377	377	633	633	163
Trade and Other Payables	**20,077**	**20,082**	**18,895**	**18,935**	**15,890**
Current part of lease liabilities	205	205	0	0	0
Other Current Liabilities	**205**	**205**	**0**	**0**	**0**
Carbon reduction commitment	0	0	0	0	0
Intangible Current Liabilities	**0**	**0**	**0**	**0**	**0**
Total Payables Falling Due Within One Year	**20,282**	**20,287**	**18,895**	**18,935**	**15,890**
Amounts Falling Due After More Than One Year					
Other payables, accruals and deferred income	0	0	0	0	0
Trade and other payables	0	0	0	0	0
Clinical negligence payables	0	0	0	0	0
Finance leases	376	376	0	0	0
Total Non Current Other Payables	**376**	**376**	**0**	**0**	**0**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**20,658**	**20,663**	**18,895**	**18,935**	**15,890**

The amounts shown for 2021-22 and 2020-21 as Payroll Creditors have been restated to reflect a provision for Holiday Pay shortfall liability previously treated as an accrual in 2021-22 and 2020-21 as outlined in more detail in Note 1.28 and Note 15.1.

Amounts shown under Trade capital payables, Trade revenue payables and Accruals for 2020-21 and 2021-22 have been reclassified to aid comparability. There has been no change in the overall total amount reported in these categories for these years.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

15.1 Provisions for Liabilities and Charges - 2023

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2023 £000s
Balance at 1 April 2022 (Restated)	0	0	2,092	11,798	13,890
Provided in year	0	0	1,211	1,737	2,948
(Provisions not required written back)	0	0	(22)	(1,791)	(1,813)
(Provisions utilised in the year)	0	0	(38)	(289)	(327)
Cost of borrowing (unwinding of discount)	0	0	(46)	(173)	(219)
At 31 March 2023	**0**	**0**	**3,197**	**11,282**	**14,479**

Provisions have been made for 5 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, Employment Law and Holiday Pay. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision, for each individual case, based on professional legal advice with PPO calculations based on estimated life expectancy data provided by professional legal advisors. For Holiday Pay the Trust has estimated an appropriate level of provision on the basis of the duration of the claims and the application of a regionally agreed estimated payment percentage of the total expenditure incurred on affected allowances.

Clinical Negligence - Discount rate for special damages awards in personal injury cases

A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. The rate is currently -1.5% as set (with effect from 22 March 2022) by the Government Actuary under the Damages Act 1996 as amended by the Damages (Return on Investment) Act (Northern Ireland) 2022.

Legal Claims

This represents public liability, employer liability, contract and compensation claims and dilapidations as advised by the business areas within the Trust.

Public liability claims include personal injury claims. Employer liability claims include legal costs that will have to be borne by the Trust and relate to accidents or injury caused due to faults in the fabric of a Trust building and other damages including fair employment and industrial tribunal cases.

Contract claims are associated with claims made by contractors for unforeseen delays in the completion of projects or cost over-runs, which are outside of their control. The provisions details are based on evaluations made by qualified professional and technical personnel employed by the Trust.

Holiday Pay Liability

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can extend as far back as 1998. The PSNI has appealed the CoA judgment to the Supreme Court and while the hearing concluded on 15 December 2022, the date has not yet been set for the hand down of the judgement.

The HSC working group considering resolution of the liability has indicated that any interim solution is likely to be at least 4 years away as it will require system change. In light of industrial action, there is also no indication of when Trade Unions discussions re settlement of the historic liability can be conducted and in the absence of a Minister, agreeing a settlement may also be delayed.

As a result of this the level of uncertainty around the timing of the liability has increased and it has been treated as a provision at 31 March 2023. The best estimate of the value of the liability is based on the position in the NHS in England, Scotland and Wales. Due to the materiality of the liability,the figures for 2021-22 and 2020-21 have been restated to reflect a provision for Holiday Pay shortfall liability previously treated as an accrual in 2021-22 and 2020-21 as outlined in more detail in Note 1.28.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

15.2 Comprehensive Net Expenditure Account Charges

	2023 £000s	Restated 2022 £'000
Arising during the year	2,948	6,440
Reversed unused	(1,813)	(35)
Cost of borrowing (unwinding of discount)	(219)	(224)
Total Charge within Operating Expenses	**916**	**6,181**

15.3 Analysis of Expected Timing of Discounted Flows - 2023

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2023 £000s
Not later than 1 year	0	0	2,816	940	3,756
Later than 1 year and not later than 5 years	0	0	345	8,185	8,530
Later than 5 years	0	0	36	2,157	2,193
At 31 March 2023	**0**	**0**	**3,197**	**11,282**	**14,479**

The provision in respect of other liabilities and charges comprises: £798k for Employer's and Occupier's Liability, £2,891k for Injury Benefit and £7,593k Holiday Pay Provision restated.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

15.4 Provisions for Liabilities and Charges - 2022

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Restated Other £000s	Restated 2022 £000s
Balance at 1 April 2021 (Restated)	0	0	127	8,045	8,172
Provided in year	0	0	2,096	4,344	6,440
(Provisions not required written back)	0	0	(4)	(31)	(35)
(Provisions utilised in the year)	0	0	(11)	(452)	(463)
Cost of borrowing (unwinding of discount)	0	0	(116)	(108)	(224)
At 31 March 2022	**0**	**0**	**2,092**	**11,798**	**13,890**

Provisions have been made for 5 types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, Employment Law and Holiday Pay. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Pension Branch. For Clinical Negligence, Employer's and Occupier's claims and Employment Law the Trust has estimated an appropriate level of provision, for each individual case, based on professional legal advice with PPO calculations based on estimated life expectancy data provided by professional legal advisors. For Holiday Pay the Trust has estimated an appropriate level of provision on the basis of the duration of the claims and the application of a regionally agreed estimated payment percentage of the total expenditure incurred on affected allowances.

15.5 Comprehensive Net Expenditure Account Charges

	Restated 2022 £000s	Restated 2021 £'000
Arising during the year	6,440	4,821
Reversed unused	(35)	(237)
Cost of borrowing (unwinding of discount)	(224)	(43)
Total Charge within Operating Expenses	**6,181**	**4,541**

15.6 Analysis of Expected Timing of Discounted Flows - 2022

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Restated Other £000s	Restated 2022 £000s
Not later than 1 year	0	0	623	190	813
Later than 1 year and not later than 5 years	0	0	5	9,166	9,171
Later than 5 years	0	0	0	3,906	3,906
At 31 March 2022	**0**	**0**	**628**	**13,262**	**13,890**

The provision in respect of other liabilities and charges comprises: £2,025k for Employer's and Occupier's Liability, £4,621k for Injury Benefit and £6,616k Holiday Pay Provision restated.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 16 CAPITAL COMMITMENTS

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

	2023 £000s	2022 £000s
Property, plant & equipment	110	317
	110	**317**

These contracted capital commitments largely relate to partially completed capital schemes recorded as assets under construction at 31 March 2023. £69k relates to Labour for conversion of 15 PCS vehicles. £10k for wearing solutions for the Body cameras and £31k for Specific ICT schemes, REACH, Encompass EPIC Interface and CAD, to be completed in 23/24.

NOTE 16.2 Other Financial Commitments

The Trust did not have any other financial commitments at either 31 March 2023 or 31 March 2022.

NOTE 17 LEASES

IFRS16 was implemented within the Trust with effect from 1 April 2022. There are therefore no 2021-22 comparatives reported in this the first year of implementation. Leases held as Right to Use assets

17.1 Quantitative disclosures around right of use assets

Right of Use Assets	2023 (excluding dwellings) £000s	Total £000s
Upon Implementation of standard	539	539
Additions	248	248
Depreciation	(183)	(183)
At 31 March 2023	**604**	**604**

17.2 Quantitative disclosures around lease liabilities

	2023 £000s
Buildings	
Not later than 1 year	209
Later than 1 year and not later than 5 years	380
Later than 5 years	0
Less interest element	(8)
Present Value of obligations	**581**
Total Present Value of obligations	**581**
Current Portion	205
Non-current Portion	376
	581

17.3 Quantitative disclosures around elements in the Statement of Comprehensive Net Expenditure

	2023 £000s
Expense related to short-term leases	6
	6

17.4 Quantitative disclosures around cash outflow for leases

	2023 £000s
Total cash outflow for lease	200
	200

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 PFI Contracts

The Northern Ireland Ambulance Service HSC Trust has not entered into any PFI contracts during the year ending 31 March 2023. (2022: nil)

18.2 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) during the year ending 31 March 2023. (2022: nil)

NOTE 19 CONTINGENT LIABILITIES

19.1 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.

	2023 £000s	2022 £000s
Clinical negligence	74	55
Public liability	0	10
Employers' liability	43	47
Other	0	0
Total	**117**	**112**

Backdated Holiday Pay
The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. However, the PSNI has appealed the CoA judgment to the Supreme Court. The Supreme Court hearing was scheduled for the 23rd and 24th June 2021 but this has subsequently been adjourned. Based on the position in the NHS in England, Scotland and Wales, an accrual at 31 March 2023 has been calculated by HSC management for the liability and is included in these accounts. However, the extent to which the liability may exceed this amount remains uncertain as the calculation has not been agreed with Trade Unions. The potential additional financial effect of this is unquantifiable at present.

Public Sector Pensions - Injury to Feelings Claims

The Department of Finance (DoF) is a named Respondent in a class action affecting employers across the public sector and is managing claims on behalf of the Northern Ireland Civil Service (NICS) Departments. This is an extremely complex case and may have significant implications for the NICS and wider public sector. However the cases are at a very early stage of proceedings and until there is further clarity on potential scope and impact, a reliable estimate of liability cannot be provided.

19.2 Financial Guarantees, Indemnities and Letters of Comfort

The Northern Ireland Ambulance Service HSC Trust has not entered into any of the following: quantifiable guarantees, indemnities or provided letters of comfort during the year ending 31 March 2023. (2022: nil)

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 20 RELATED PARTY TRANSACTIONS

20.1 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 ICT and is available for inspection by members of the public.

The Chief Executive, Mr M Bloomfield holds the position of Chair of the NI Confederation, which is a branch of the NHS Confederation. During the year the Trust had transactions with NHS Confederation to the value of £13,927. (2022: £5,390)

The Director of Finance, Mr P Nicholson is a committee member of the NI branch of the Healthcare Financial Management Association (HFMA). During the year the Trust had transactions with HFMA to the value of £nil. (2022: £nil)

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 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, the Regulation and Quality Improvement Authority and the Business Services Organisation.

NOTE 21 THIRD PARTY ASSETS

21.1 Third Party Assets

The Trust held £nil cash at bank and in hand at 31 March 2023 which relates to monies held by the Trust on behalf of patients. (2022: £nil) The Trust does not hold any monies on behalf of patients due to the nature of the service provided.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 22 FINANCIAL PERFORMANCE TARGETS

Organisations are allocated a Revenue Resource Limit (RRL) and a Capital Resource Limit (CRL) and must contain spending within these limits.

The resource limits for a body may be a combination of agreed funding allocated by commissioners, the Department of Health, other Departmental bodies or other departments.
Bodies are required to report on any variance from the limit as set which is a financial target to be achieved and not part of the accounting system.

22.1 Revenue Resource Limit (RRL)

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

Revenue Resource Limit (RRL)	**2023**	**Restated 2022**
RRL Allocated From:	**£000s**	**£000s**
DoH (SPPG)	116,094	119,151
DoH (Other)	0	0
PHA	117	117
Other - SUMDE & NIMDTA	0	0
Total	**116,211**	**119,268**
Less RRL Issued To:		
Organisation (Specify)		
RRL Issued Reserves	0	0
RRL to be Accounted For	**116,211**	**119,268**
Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	**129,923**	**129,196**
Adjustments		
Capital Grants	0	0
Research and Development under ESA 10	(75)	0
Depreciation/Amortisation	(7,296)	(5,877)
Impairments	375	0
Notional Charges	(35)	(31)
Prior Period Adjustment	(5,981)	2,013
Movements in Provisions	(910)	(6,181)
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	100	0
PPE Stock Adjustment	0	0
PFI and other service concession arrangements/IFRIC	0	0
Profit/(Loss) on disposal of assets*	0	98
Other (Specify)	0	0
Total adjustments	(13,822)	(9,978)
Net Expenditure Funded from RRL	116,101	119,218
Surplus/(Deficit) against RRL	110	50
Break Even cumulative position (opening)	980	930
Break Even cumulative position (closing)	1,090	980

* As a result of the changes to non-cash RRL Profit/Loss on disposal of assets is excluded from Note 22.1 from 2022/23, however, has been included within 2021/22 as a one off adjustment.

Materiality Test:

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within

	2023	**2022**
	%	%
Break Even in year position as % of RRL	0.09%	0.04%
Break Even cumulative position as % of RRL	0.94%	0.82%

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 2023 is £1,090k (0.94% 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.

Following the implementation of Review of Financial Process, the format of Note 22.1 has changed as the Department of Health has introduced budget control limits for depreciation, impairments, and provisions, which an Arm's Length Body cannot exceed . The Northern Ireland Ambulance Service HSC Trust has remained within the budget control limit it was issued. From 2022-23 onwards, the materiality threshold limit excludes non-cash RRL.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 22 FINANCIAL PERFORMANCE TARGETS

22.2 Capital Resource Limit

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

	2023 £000s	2022 £000s
Gross capital expenditure	6,912	9,278
Less charitable trust fund capital expenditure	(100)	0
(Receipts from sales of fixed assets)	0	0
Net Capital Expenditure	**6,812**	**9,278**
Capital Resource Limit	6,889	9,455
Adjustment for Research and Development under ESA10	(75)	0
Overspend / (Underspend) against CRL	**(2)**	**(177)**

NOTE 23 POST BALANCE SHEET EVENTS

23.1 Post Balance Sheet Events

There are no post balance sheet events after the reporting period having a material effect on the accounts.

Date Authorised for Issue

The Accounting Officer authorised these financial statements for issue on 7 July 2023

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 24 CORRESPONDING AMOUNTS

Change in Accounting treatment - Holiday pay

On instruction from DoH, it was agreed that the holiday pay liability accrued within prior year accounts should be treated as a provision for the 2022-23 accounts. This change in accounting treatment resulted from an increased level of uncertainty around the timing of the settlement of the liability.

This change in accounting treatment is reflected in the comparative figures for 2020-21 and 2021-22 and has resulted in retrospective restatement in line with IAS 8.

Reclassification of Holiday pay liability

The holiday pay liability shown in staff costs was £3,968k in 2020-21 and £2,013k in 2021-22. The amounts now included under provisions in note 15 for this liability are £4,369k in 2020-21 and £6,616k in 2021-22 after factoring in relevant discount factors.

The impact of the above adjustments on corresponding amounts in the 2020-21 and 2021-22 are summarised in the tables below;

24.1 Statement of Comprehensive Net Expenditure

	2020-21 Published Accounts £000s	Change in Accounting Treatment	2020-21 Restated
Income			
Revenue from contracts with customers	644	0	644
Other operating income*	578	0	578
Total Operating Income	**1,222**	**0**	**1,222**
Expenditure			
Staff costs	(88,071)	3,968	(84,103)
Purchase of goods and services	(17,149)	0	(17,149)
Depreciation, amortisation and impairment charges	(6,179)	0	(6,179)
Provision expense	(172)	(4,369)	(4,541)
Other expenditures	(11,157)	0	(11,157)
Total Operating Expenditure	**(122,728)**	**(401)**	**(123,129)**
Net Operating Expenditure	**(121,506)**	**(401)**	**(121,907)**

Statement of Comprehensive Net Expenditure

	2021-22 Published Accounts £000s	Change in Accounting Treatment	2021-22 Restated
Income			
Revenue from contracts with customers	589	0	589
Other operating income*	72	0	72
Total Operating Income	**661**	**0**	**661**
Expenditure			
Staff costs	(91,517)	2,013	(89,504)
Purchase of goods and services	(17,055)	0	(17,055)
Depreciation, amortisation and impairment charges	(5,877)	0	(5,877)
Provision expense	(3,934)	(2,247)	(6,181)
Other expenditures	(11,281)	0	(11,281)
Total Operating Expenditure	**(129,664)**	**(234)**	**(129,898)**
Net Operating Expenditure	**(129,003)**	**(234)**	**(129,237)**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 24 CORRESPONDING AMOUNTS

24.2 Statement of Financial Position

	2021 Published Accounts £000s	Change in Accounting Treatment £000s	Restated as at 1 April 2021 £000s
Non Current Assets			
Property, plant and equipment	38,191	0	38,191
Intangible assets	1,114	0	1,114
Investments	457	0	457
Non current trade and other receivables	0	0	0
Other current assets	0	0	0
Total Non Current Assets	**39,762**	**0**	**39,762**
Current Assets			
Assets classified as held for sale	0	0	0
Inventories	209	0	209
Trade and other receivables	1,120	0	1,120
Other current assets	566	0	566
Current Intangible assets	0	0	0
Current Investments	0	0	0
Cash and cash equivalents	660	0	660
Total Current Assets	**2,555**	**0**	**2,555**
Total Assets	**42,317**	**0**	**42,317**
Current Liabilities			
Trade and other payables	(19,858)	3,968	(15,890)
Other liabilities	0	0	0
Intangible current liabilities	0	0	0
Provisions	(1,019)	0	(1,019)
Total Current Liabilities	**(20,877)**	**3,968**	**(16,909)**
Total Assets Less Current Liabilities	**21,440**	**3,968**	**25,408**
Non Current Liabilities			
Provisions	(2,784)	(4,369)	(7,153)
Other payables	0	0	0
Financial liabilities	0	0	0
Total Non Current Liabilities	**(2,784)**	**(4,369)**	**(7,153)**
Total Assets Less Total Liabilities	**18,656**	**(401)**	**18,255**
Taxpayers' Equity and Other Reserves			
Revaluation reserve	9,005	0	9,005
SoCNE reserve	9,194	(401)	8,793
Other reserves - charitable fund	457	0	457
Total Equity	**18,656**	**401**	**18,255**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 24 CORRESPONDING AMOUNTS

Statement of Financial Position

	2022 Published Accounts £000s	Change in Accounting Treatment £000s	Restated as at 1 April 2022 £000s
Non Current Assets			
Property, plant and equipment	42,888	0	42,888
Intangible assets	1,035	0	1,035
Investments	481	0	481
Non current trade and other receivables	0	0	0
Other current assets	2	0	2
Total Non Current Assets	**44,406**	**0**	**44,406**
Current Assets			
Assets classified as held for sale	0	0	0
Inventories	219	0	219
Trade and other receivables	1,347	0	1,347
Other current assets	401	0	401
Current Intangible assets	0	0	0
Current Investments	0	0	0
Cash and cash equivalents	1,764	0	1,764
Total Current Assets	**3,731**	**0**	**3,731**
Total Assets	**48,137**	**0**	**48,137**
Current Liabilities			
Trade and other payables	(24,916)	5,981	(18,935)
Other liabilities	0	0	0
Intangible current liabilities	0	0	0
Provisions	(813)	0	(813)
Total Current Liabilities	**(25,729)**	**5,981**	**(19,748)**
Total Assets Less Current Liabilities	**22,408**	**5,981**	**28,389**
Non Current Liabilities			
Provisions	(6,461)	(6,616)	(13,077)
Other payables	0	0	0
Financial liabilities	0	0	0
Total Non Current Liabilities	**(6,461)**	**(6,616)**	**(13,077)**
Total Assets Less Total Liabilities	**15,947**	**(635)**	**15,312**
Taxpayers' Equity and Other Reserves			
Revaluation reserve	10,221	0	10,221
SoCNE reserve	5,283	(635)	4,648
Other reserves - charitable fund	443	0	443
Total Equity	**15,947**	**(635)**	**15,312**

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Northern Ireland Ambulance Service HSC Trust
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Textphone: 028 9040 0871

FBA 2022

NORTHERN IRELAND AMBULANCE SERVICE
HEALTH AND SOCIAL CARE TRUST

CHARITABLE TRUST FUNDS

TRUSTEE'S ANNUAL REPORT & ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2023

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Northern Ireland Ambulance Service Health and Social Care Trust

Charitable Trust Funds

Trustee's Annual Report & Accounts

For the year ended 31 March 2023

Laid before the Northern Ireland Assembly
under Article 90(5) of the Health and Personal Social Services (NI) Order 1972
(as amended by the Audit and Accountability Order 2003)
by the Department of Health on 31 July 2023

Any enquiries regarding this document should be addressed to the Director of Finance at the following address: Northern Ireland Ambulance Service HSC Trust, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG.

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

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Introduction

Under Article 91 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), the Trust is required to prepare annual accounts in respect of endowments and other property held on trust by it in a form determined by the Department of Health (DoH). This format is in accordance with the requirements of the Charites Statement of recommended Practice (SORP) (FRS 102).

The Charitable Trust Funds (also known as funds held on trust) Annual Report and Accounts for the year from 01 April 2022 to 31 March 2023 include all the separately established funds for which the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) is the sole beneficiary.

Reference and Administrative Details

Contact Us

Northern Ireland Ambulance Service HSC Trust
NIAS Headquarters - Finance
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8SG

Telephone: 028 9040 0750

Email: Finance.Secretary@nias.hscni.net

Web: http://www.nias.hscni.net

Comments

If you have any comments about this report please use the above contact details.

Trustee Arrangements

Under Article 85 of the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended), a Trust may hold and administer property on trust for purposes relating to any service which it is the Trust's function to make arrangements for, administer or provide.

The Trust Board acts as "corporate trustee" for the Charitable Trust Funds and is responsible for ensuring that these funds are held and managed separately from public funds. The members of the Trust Board during the financial year were as follows:

Non-Executive Directors

Mrs Nicole Lappin, Chair, appointed 1 July 2018 for a period of four years. This term of office was initially extended from 1 July 2022 to a date not later than 31 December 2022 and further extended from 1 January 2023 to a date not later than 5 April 2023.

The Department for Communities appointed the NIAS Chair, Mrs Nicole Lappin, as the Chief Commissioner to the Board of the Charity Commission for Northern Ireland (CCNI) for a five-year period, from 1 August 2019 to 31 July 2024. Mrs Lappin stood down from this position on 4 November 2022 and took up post as Chair of the Northern Ireland Housing Executive on 5 November 2022.

Given the CCNI role, the Chair has not had involvement in any business relating to the NIAS Charitable Trust Funds during the year and, in line with the Trust's Standing Orders, would withdraw from any parts of Trust Board meetings where Charitable Trust Funds were discussed. In any such case, the Chair of the Audit & Risk Assurance Committee, Mr William Abraham, then assumed the position of Chair in line with the Trust's Standing Orders.

Mr Dale Ashford, Non-Executive Director, appointed 16 April 2018 for a period of four years and reappointed 16 April 2022 to a date not later than 15 April 2026.

Mr William Abraham, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and reappointed 18 May 2019 to a date not later than 17 August 2023.

Mr Trevor Haslett CBE, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and re-appointed 18 May 2019 to a date not later than 17 August 2023.

Mr Jim Dennison, Non-Executive Director, appointed 1 March 2019 for a period of four years and reappointed 1 March 2023 to a date not later than 28 February 2027.

Directors

Mr Michael Bloomfield, Chief Executive, appointed 19 March 2018.

Mr Brian McNeill, Director of Operations, appointed 1 June 2005. Mr McNeill took up the role of Programme Director Clinical Response Model on 1 May 2019. Mr McNeill retired from the Trust on 31 January 2023.

Ms Rosie Byrne, Director of Operations, appointed 7 September 2020.

Dr Nigel Ruddell, Medical Director, appointed 1 November 2018.

Mr Paul Nicholson, Interim Director of Finance, appointed 1 July 2019. Mr Nicholson was appointed Director of Finance, Procurement, Fleet and Estates on 16 November 2022.

Ms Roisin O'Hara, Director of Human Resources and Corporate Services, appointed 1 March 2002. Ms O'Hara took up the role of Programme Director Strategic Workforce Planning in March 2020. Ms O'Hara retired from the Trust on 31 March 2022.

Ms Michelle Lemon, Interim Director of Human Resources and Corporate Services, appointed 8 January 2020. Ms Lemon was appointed as Director of Human Resources and Organisational Development on 22 September 2022.

Ms Lynne Charlton, Director of Quality, Safety & Improvement, appointed 1 November 2019.

Ms Maxine Paterson, Director of Planning, Performance and Corporate Services, appointed 5 April 2020. Ms Paterson was appointed Deputy Chief Executive on 1 March 2023.

The Trust Board as corporate trustee has delegated responsibility for the ongoing management of funds to the Director of Finance.

Professional Advisors

The Trustee employed the following professional advisors during the year:

Investment Fund
NIHPSS Charities Common Investment Fund
Belfast HSC Trust, 1st Floor Dorothy Gardner Unit,
Knockbracken Healthcare Park, Saintfield Road
Belfast BT8 8BH

Solicitors
Directorate of Legal Services
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ

Internal Auditors
Business Services Organisation - Internal Audit Service
Ballymena Office, Greenmount House

Woodside Road Industrial Estate
Ballymena BT42 4TP

External Auditors
Northern Ireland Audit Office
106 University Street
Belfast BT7 1EU

Structure, Governance and Management

The Charitable Trust Funds held by NIAS are governed by the Health and Personal Social Services (NI) Order 1972. The Trust Board acts as "corporate trustee" for the Charitable Trust Funds. The Trust Board of NIAS as corporate trustee has delegated responsibility to manage the Charitable Trust Funds to the Director of Finance. The Director of Finance oversees the day to day financial management and accounting for the Charitable Trust Funds during the year.

The Director of Finance has particular responsibility to ensure that:

- Each fund is managed appropriately with regard to its purpose and requirements;
- Spending is in accordance with the purpose of the donations and that the criteria for spending charitable monies are fully met;
- Full accounting records are maintained;
- Annual Accounts are prepared in accordance with DoH guidelines;
- Each fund is periodically reviewed and makes recommendations to the Trust Board regarding the rationalisation of funds within statutory guidelines;
- Each new charitable fund has a clearly identified purpose; and
- Devolved decision making or delegated arrangements are in accordance with the policies and procedures set out by the Board as the corporate trustee.

As required by the Charities Act (Northern Ireland) 2013, an application was submitted to the Charities Commission for Northern Ireland (CCNI) in March 2015 for the NIAS Charitable Trust Funds. However, due to the complexity surrounding the HSC charitable funds the CCNI withdrew all applications for registration by HSCNI Trusts in December 2016 in order to facilitate discussions with the Department of Health and HSCNI Trusts on the way forward. NIAS continues to work with the other HSC Trusts, the Department of Health and CCNI, in order to successfully register the charitable trust funds as a charity.

Charitable Trust Funds are subject to the same system of internal control as that operating in NIAS. The Annual Governance Statement in the NIAS Annual Report and Accounts reflects the system of internal control that operates throughout the Trust as a whole, which includes funds held on trust.

During the year, none of the members of the NIAS Trust Board or members of the key management staff or parties related to them has undertaken any material transactions with the Charitable Trust Funds.

There are no key management personnel employed by the Charitable Trust Funds and there are no employees. All management and administrative duties are performed by the employees of NIAS and the Charitable Trust Funds are not charged a management fee for their services.

Objectives and Activities

The objectives of NIAS are to ensure 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.

The unrestricted fund and two restricted funds which existed in the financial year (see note 13.1) were as follows:

- General (unrestricted);
- Newry (restricted)
- Ballymoney (restricted)

The overall strategy of the Charitable Trust Funds is to provide support by the following means:

- Patients Expenditure: Purchase of comforts for the benefit of patients;
- Staff Expenditure: Purchase of equipment and facilities for use by ambulance staff;
- Research: Encouragement of research into any aspect of the work of the Trust;
- Capital Equipment: Purchase of additional equipment; and
- Other: Any purpose which the Trustee considers to be for the better provision of care and service for patients.

Whilst respecting the wishes of the donors, the corporate trustee has ultimate discretion to apply the Charitable Trust Funds where it is impractical to maintain the designated fund due to residual balances.

Certain schemes of expenditure are deemed not to be suitable for the application of Charitable Trust Funds, which include the following:

- Supplements to the remuneration of members of staff;
- Payments towards staff meals;
- Cash or other gifts; and
- Capital schemes contrary to Trust policy.

Financial Review, Achievements and Performance

The financial statements have been prepared in accordance with the Charities Statement of Recommended Practice (SORP) (FRS 102) and with relevant guidance issued by the Department of Health.

The Trustee's policy is to seek to balance the use of the Charitable Trust Funds income in a way which maximises the benefits to the Trust and patients.

Income

Unrestricted income of £4,406 (2022: £11,235) was received, which is a decrease compared to the prior year. The majority of donations were from members of the public.

During the year NIAS received donated gifts in kind such as food and care packages from members of the public and local businesses. On acceptance, these donated gifts were immediately distributed and consumed by staff and as such no value has been accounted for in line with the accounting policy note 1(n).

Donated gifts are accounted for in line with the accounting policy and are included within donations in Note 2.

Expenditure

There were purchases by ambulance stations or departments during the year totalling £27,264 (2022: £59,132) relating to staff welfare, of which £27,264 was funded from The Restricted Fund (2022: £59,132).

Support costs of £2,350 relate to audit fees for 2022-23 (2022: £2,200) and is notional expenditure only as there is no actual charge made to the fund accounts.

The donated tangible assets detailed in the income section above are also reflected in Note 7 as expenditure in line with the accounting policy.

Investments

The Charitable Trust Funds which are fully invested in the Common Investment Fund experienced a decrease in investment performance during the financial year. Total funds decreased by £30,913 during the year (2022: £26,973 increase). The decrease in 2022-23 reflects substantial unrealised losses within the investment portfolio following market uncertainties in the past year.

Financial Position

The overall balance of the Charitable Trust Funds increased by £8,477 to £452,166 as at 31 March 2023 (2022: £443,689). The General Fund has a balance of £338,418 (2022: £353,847) and restricted funds have a combined balance of £113,748 (2022: £89,842).

The Charitable Trust Funds continue to maintain balances at a level which is suitable to provide continued support as and when required.

Achievements

The main achievements in the year were the continuation of the programmes of work and expenditure to support staff welfare, the set-up of the Frequent Caller Project and the introductions of a specialist children's ambulance.

The first £94,685 tranche of funding for the Frequent Caller Project has been received from NHS Charities Together and a further £94,685 has been secured for the financial year 2023-24.

NIAS are working in partnership with British Red Cross to support frequent callers and ease pressure on services by ensuring they receive the care they need. Frequent callers often have complex, unmet needs that lead to them feeling isolated, helpless, and with no other option than to call 999 for help. The funding received will enable NIAS to carry out a year's pilot of the INTERACT project to better understand how the support provided by the Complex Case Team can become more sustainable and continue to help frequent callers in the long term. The INTERACT project commenced in February 2023 and involves working with the British Red Cross to put a specialist team of staff and volunteers in place to provide one-to-one tailored intensive coaching support for as long as the caller may need.

NIAS hope that following a successful pilot, they will be able to make this support more widely available across the region with further funding.

During the year, the Trust also partnered with the Children's Heartbeat Trust and the Northern Ireland Specialist Transport and Retrieval (NISTAR) service. The Children's Heartbeat Trust, a charity that has been working since 1984 to provide practical, emotional and financial support to children and young people living with heart disease and their families, donated £100,000 towards the cost of a specialist children's ambulance.

In Northern Ireland, approximately 200 children are born with congenital heart disease every year, which often means frequent trips to Dublin and beyond to receive specialist medical treatment including surgery.

Statistics from NISTAR show that 123 trips were made to or from Dublin for children needing cardiac treatment or surgery in the last twelve months. The majority (87%) of these were made by children under the age of one, with the remaining journeys made by children and young people aged between one and 16-years-old.

Following a hugely successful 'Mile A Day' fundraising campaign in 2021 in which over £133,000 was raised by the public for the Children's Heartbeat Trust, the bespoke ambulance was commissioned by the charity and NIAS, with support from NISTAR.

The bespoke vehicle was officially launched in January 2023 with a clear purpose – to provide children and their families with a welcoming and comforting space in which to

travel at a time when anxiety is often at an all-time high. As well as being fully equipped with the latest specialist medical equipment, the dedicated children's ambulance has a number of features including space-themed decor on the interior walls, sensory equipment to calm younger children and PlayStation and Tablet facilities to help entertain young people during the journey. The ambulance is also adapted with wheelchair tracks, enabling older children to make the journey in a wheelchair as opposed to a trolley.

The Trust will continue to partner with the Children's Heartbeat Trust and NISTAR in the coming years in the delivery of this essential service in this unique vehicle.

Financial Controls

The members of the NIAS Trust Board are aware of their financial responsibilities for the money that is held on trust. Appropriate policies and procedures are in place to ensure these responsibilities are adequately discharged and these are reviewed on a regular basis.

NIAS utilises an internal audit function (commissioned from the Business Services Organisation), 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 are based on this analysis.

Internal Audit reviewed the Charitable Trust Funds procedures and controls in 2020-21 and provided a satisfactory level of assurance with no significant findings identified.

Statement of Risk

The management of risk in relation to the Charitable Trust Funds is closely aligned with NIAS's risk management strategy and procedures.

Reserves Policy

The Charitable Trust Funds do not currently enter into future commitments and so has not created any reserves for this. Activities are only authorised when funding is available.

Investment Policy

In order to maximise the total return from investment of the Charitable Trust Funds, the Northern Ireland Health and Social Services Charities Common Investment Fund was established by an Order dated 30 March 1995, made by the Department of Health and Social Services under Section 25 of the Charities Act (Northern Ireland) 1964. The Charitable Trust Funds of NIAS are invested within this Common Investment Fund.

A Committee has been established to manage the operation of the Common Investment Fund. During 2022-23, this Committee consisted of the following individuals:

Chair
Mr P McNaney, Belfast HSC Trust, Chair

Committee members
Mrs M Edwards, Belfast HSC Trust, Director of Finance
Mrs F Cotter, Belfast HSC Trust, Co-Director of Accounting & Financial Services
Mrs N McKeagney, Belfast HSC Trust, Non-Executive Director
Mrs W Thompson, South Eastern HSC Trust, Director of Finance
Mrs H Minford, South Eastern HSC Trust, Non-Executive Director

The Belfast Health and Social Care Trust has responsibility for the administration of the common investment fund.

Business Address
NIHPSS Charities Common Investment Fund
Belfast HSC Trust, 1st Floor Dorothy Gardner Unit,
Knockbracken Healthcare Park, Saintfield Road
Belfast BT8 8BH

The Committee employed the following professional advisors during the year:

Solicitors
Directorate of Legal Services
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ

Principal Advisors
Brewin Dolphin Limited
Waterfront Plaza
8 Laganbank Road
Belfast BT1 3LR

Bankers
Bank of Ireland
Belfast City Branch
Belfast BT1 2BA

Independent Auditors
Northern Ireland Audit Office
106 University Street
Belfast BT7 1EU

NIAS does not currently maintain a bank account for Charitable Trust Funds, all fund monies are held in the Common Investment Fund with working balance held in the Trusts main bank accounts. The Trustee does not envisage any change in the NIAS

investment policy in the foreseeable future but has plans to introduce a dedicated Charitable Trust Funds bank account.

Plans for Future Periods

Additional funding was secured in the financial year 2022-23, amounting to £189,370 from NHS Charities, of which £94,685 was received in April 2022. The work to implement the Frequent Caller project will continue in 2023-24.

NIAS will commence work in order to submit appropriate applications to avail of further grant funding.

The Charitable Trust Funds has now significant fund balances that were not previously available and also has the potential to access further grant funding. NIAS will work to develop further proposals to enhance the service we currently provide for the benefit of both patients and staff and for the Trust as a whole.

NIAS also continues to participate in regional discussions with DoH and CCNI regarding the charity registration process. The Trust will review and seek to consolidate funds (or fully utilise funds with low balances) following which the Trust will seek to commence the process for successful registration with CCNI.

Funds Held as Custodian Trustee on Behalf of Others

The Trust does not act as Custodian Trustee on behalf of others.

A Big Thank You

The support for Health and Social Care across the country continued to be a source of support to our staff throughout this third year of the pandemic. From the gifts and donations to ambulance stations in this and particularly in previous years and also the financial donations through NHS Charities Together and directly to NIAS.

On behalf of staff and patients, the Corporate Trustee would like to thank all those who support NIAS and Health and Social Care.

Signed on behalf of the Corporate Trustee by:

Mr Michael Bloomfield
Chief Executive
22 June 2023

NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST – CHARITABLE TRUST FUNDS

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements

I certify that I have audited the financial statements of the Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Funds for the year ended 31 March 2023 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Statement of Financial Activities, the Balance Sheet and the related notes including significant accounting policies. The financial reporting framework that has been applied in their preparation is United Kingdom accounting standards including FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Fund's affairs as at 31 March 2023 and of its incoming and expenditure of resources for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate.

My staff and I are independent of Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Funds in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Fund's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt about the Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Fund's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Trust and the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the Annual Report other than the financial statements and my audit certificate and report. The Trust and the Accounting Officer are responsible for the other information included in the annual report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion based on the work undertaken in the course of the audit, the information given in the Trustee's Annual 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

In the light of the knowledge and understanding of the Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Funds and its environment obtained in the course of the audit, I have not identified material misstatements in the Annual Report.

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 are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities of the Trust and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Trust and the Accounting Officer are responsible for the preparation of the financial statements and for:

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;

- such internal controls as the Trust Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud of error;
- assessing the Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Funds' ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust and Accounting Officer anticipates that the services provided by the Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Funds will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

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.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Funds through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Fund's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Funds' financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified

potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals;

- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
    - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
    - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial statements conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.

Dorinnia Carville

Comptroller and Auditor General

Northern Ireland Audit Office

106 University Street

BELFAST

BT7 1EU

27 July 2023

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Statement of Financial Activities for the year ended 31 March 2023

	Note	Unrestricted Funds £000s	Restricted Funds £000s	Endowment Funds £000s	Total Funds 2023 £000s	Total Funds 2022 £000s
Income and Endowments						
Donations and legacies	2	4	0	0	4	11
Charitable activities		0	0	0	0	0
Other trading activities		0	0	0	0	0
Investments	3	6	2	0	8	8
Other	4	0	195	0	195	0
Total Income		**10**	**197**	**0**	**207**	**19**
Expenditure						
Raising funds	5	0	0	0	0	0
Charitable activities	6-8	(2)	(167)	0	(169)	(62)
Other		0	0	0	0	0
Total Expenditure		**(2)**	**(167)**	**0**	**(169)**	**(62)**
Net Income / (Expenditure) before Gains and Losses on Investments		**8**	**30**	**0**	**38**	**(43)**
Net Gains / (Losses) on Investments	11	**16**	**0**	**0**	**16**	**17**
Net Income / (Expenditure)		**24**	**30**	**0**	**54**	**(26)**
Transfers between Funds	10	**0**	**0**	**0**	**0**	**0**
Other Recognised Gains / (Losses)						
Gains / (losses) on revaluation of fixed assets	11	(47)	0	0	(47)	10
Other gains / (losses)		0	0	0	0	0
Net Movement in Funds		**(23)**	**30**	**0**	**7**	**(16)**
Adjustment to add back notional audit fee	8	2	0	0	2	2
Net Movement in Funds excluding Notional Audit Fee		**(21)**	**30**	**0**	**9**	**(14)**
Reconciliation of Funds						
Fund balances brought forward at 1 April 2022		354	89	0	443	457
Total funds carried forward at 31 March 2023		**333**	**119**	**0**	**452**	**443**

All gains and losses recognised in the reporting period are included in the Statement of Financial Activities and relate to continuing activities.

There is no material difference between the net incoming / (outgoing) resources for the reporting period stated above and their historical cost equivalents.

The notes on pages 22 to 32 form part of these accounts.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Balance Sheet as at 31 March 2023

	Note	Total Funds 2023 £000s	Total Funds 2022 £000s
Fixed Assets			
Intangible assets		0	0
Tangible assets		0	0
Heritage assets		0	0
Investments	11	457	481
Total Fixed Assets		**457**	**481**
Current Assets			
Stock		0	0
Debtors		37	0
Investments		0	0
Cash at bank and in hand		0	3
Total Current Assets		**37**	**3**
Current Liabilities			
Creditors: amounts falling due within one year	12	(42)	(41)
Net Current Assets / (Liabilities)		**(5)**	**(38)**
Total Assets less Current Liabilities		**452**	**443**
Creditors: Amounts falling due after more than one year	12	0	0
Provisions for liabilities		0	0
Total Net Assets / (Liabilities)		**452**	**443**
Funds of the Charity			
Endowment funds		0	0
Restricted income funds	13	114	89
Unrestricted funds	13	338	354
Revaluation Reserve		0	0
Total Unrestricted Funds		**338**	**354**
Total Charity Funds		**452**	**443**

The notes on pages 22 to 32 form part of these accounts.

The financial statements were approved and authorised for issue by the Corporate Trustee on 22 June 2023 and have been signed on its behalf by:

M. Larmour

Ms Michele Larmour
Chair
22 June 2023

Mr M Bloomfield
Chief Executive
22 June 2023

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Charitable Trust Fund Accounts for the year ended 31 March 2023

Notes to the Accounts

1. Accounting Policies

1(a) Basis of Preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value.

The financial statements have been prepared in accordance with the Charities Statement of Recommended Practice (Charities SORP) (FRS102), and with relevant guidance issued by the Department of Health.

Update Bulletin 1, issued February 2016, amended the Charities SORP and a Statement of Cash Flows is now only required for larger Charities. Larger Charities include those charities with a gross income exceeding £500,000 in the reporting period. The Charitable Trust Funds held by NIAS had a gross income of less than £500,000 during 2022-23 and therefore the Charitable Trust Funds are exempt from the requirement to prepare the statement.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

The financial statements have been presented in sterling which is also the functional currency of the Charitable Trust Funds.

The Charitable Trust Funds meet the definition of a public benefit entity under FRS 102.

The financial statements have been prepared on a going concern basis.

1(b) Structure of Funds

Where there is a legal restriction on the purpose for which a fund may be used, the fund is classified either as an endowment fund, where the donor has expressly provided that only the income of the fund may be expended, or as a restricted fund, where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose.

The major funds held in each of these categories are disclosed in Note 13.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Charitable Trust Fund Accounts for the year ended 31 March 2023

Notes to the Accounts

1(c) Incoming Resources

All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

- Entitlement – arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- Probability – where there is reasonable certainty that the incoming resource will be received; and
- Measurement – when the monetary value of the incoming resources can be measured with sufficient reliability.

1(d) Income from Donations and Legacies

This includes all income received by the Charitable Trust Funds that is a gift or bequest made on a voluntary basis, for any purpose (unrestricted funds) or for a particular purpose (restricted funds).

Legacies are recognised when it is probable that they will be received.

1(e) Income from Charitable Activities

This includes income earned both from the supply of goods or services under contractual arrangements and from performance-related grants which have conditions specifying the provision of particular goods or services by the Charitable Trust Funds.

1(f) Other Income

This includes income from groups that have undertaken fundraising activities, income from charity vouchers and any other miscellaneous income.

1(g) Investment Income

This is income earned from holding assets for investment purposes and includes dividends and interest.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Charitable Trust Fund Accounts for the year ended 31 March 2023

Notes to the Accounts

1(h) Resources Expended and Irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. All expenditure is recognised once there is a legal or constructive obligation committing the charity to the expenditure. Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

1(i) Expenditure on Raising Funds

This includes all expenditure incurred by a charitable fund to raise funds for its charitable purposes and includes the costs of all fundraising activities and events, non-charitable trading activities and the sale of donated goods.

1(j) Expenditure on Charitable Activities

This includes all expenditure by the Trust Funds in undertaking activities that further its charitable aims for the benefit of its beneficiaries as shown in Note 7.

These costs where not wholly attributable, are apportioned between the categories of charitable expenditure.

1(k) Allocation of Support Costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include management fees, however, NIAS does not charge the Charitable Trust Funds a management fee for provision of clerical and administration support. Support costs also include costs related to the statutory audit (see Note 8).

Support costs have been allocated within expenditure on charitable activities and the bases on which support costs have been allocated are set out in Note 6.

1(l) Fixed Asset Investments

Investments are stated at market value as at the Balance Sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluations and disposals throughout the year.

Details of movements in fixed asset investments during the year are shown in Note 11.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Charitable Trust Fund Accounts for the year ended 31 March 2023

Notes to the Accounts

1(m) Realised Gains and Losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are those gains or losses arising from increases or decreases in the value of investments that have not been sold (hence unrealised) at the reporting period end. These are calculated as the difference between the carrying value at the year end and opening market value (or purchase date if late). Unrealised gains and losses are allocated across the appropriate funds (that is those funds for which investments are held) according to the closing value of funds at the year end.

1(n) Gifts in Kind

Gifts in kind, such as food and care packages are not accounted for when they are accepted and immediately distributed unless a single donation is material.

Gifts of tangible assets such as microwaves and fridges are recognised as a donation at fair value (market price) on receipt and charitable expenditure when they are distributed.

Where gifts in kind are held before being distributed to beneficiaries, they are recognised at fair value as stock until they are distributed.

Assets given for use by the charity (for example property for its own occupation) are included in the Statement of Financial Activities as incoming resources within Corporate Donations when receivable.

Gifts made in kind but on trust for conversion into cash and subsequent application by the charity are included on the accounting period in which the gift is sold.

1(o) Debtors

Debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

1(p) Creditors

Creditors are recognised where the Charitable Trust Funds have a present obligation resulting from a past event that will probably result in the transfer of monies to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors are normally recognised at their settlement amount after allowing for any trade discounts due.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Charitable Trust Fund Accounts for the year ended 31 March 2023

Notes to the Accounts

1(q) Financial Instruments

The Charitable Trust Funds only have financial assets and liabilities that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1(r) Going Concern

There are no material uncertainties about the Charitable Trust Funds ability to continue as a going concern.

1(s) Key Judgements and Assumptions

The Charitable Trust Funds make estimates and assumptions concerning the future. The resulting accounting estimate will, by definition, seldom equal the related actual results. The most significant areas of uncertainty that affects the carrying value of assets held by the Charitable Trust Funds are the level of investment return and the performance of investment markets.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2023

Note 2 Analysis of Income from Donations and Legacies

	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds 2023 £000s	Total Funds 2022 £000s
Donations from individuals	4	0	4	11
Corporate donations	0	0	0	0
Legacies	0	0	0	0
Other	0	0	0	0
Total	**4**	**0**	**4**	**11**

These donations are also included as charitable expenditure in Note 7.

Note 3 Gross Investment Income

	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds 2023 £000s	Total Funds 2022 £000s
Fixed asset equity and similar investments	6	2	8	8
Fixed asset cash on deposit	0	0	0	0
Current asset investments	0	0	0	0
Other	0	0	0	0
Total	**6**	**2**	**8**	**8**

Note 4 Analysis of Other Income

	Total Funds 2023 £000s	Total Funds 2022 £000s
Children's Heartbeat Trust	100	0
NHS Charities	95	0
	195	**0**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2023

Note 5 Expenditure on Raising Funds

There is no expenditure on raising funds for Charitable Trust Funds for the year ended 31 March 2023 (2022: £nil).

Note 6 Analysis of Governance and Support Costs Across Expenditure

	Staff Costs £000s	Audit £000s	Total Funds 2023 £000s	Total Funds 2022 £000s
Medical research	0	0	0	0
Purchase of new equipment	0	0	0	0
Building and refurbishment	0	0	0	0
Staff education and welfare	0	0	0	2
Patient education and welfare	0	0	0	0
Other	0	2	2	0
Total	**0**	**2**	**2**	**2**

Support costs and Governance costs are apportioned pro-rata across charitable expenditure. Audit fees are notional expenditure only and there is no actual charge made to the fund accounts (see Note 8).

Note 7 Analysis of Charitable Expenditure

	Grant Funded Activity £000s	Support Costs £000s	Total Funds 2023 £000s	Total Funds 2022 £000s
Medical research	0	0	0	0
Purchase of new equipment	0	0	0	0
Building and refurbishment	0	0	0	0
Staff education and welfare	27	0	27	62
Patient education and welfare	40	0	40	0
Other - CHT ambulance donation	100	0	100	0
Total	**167**	**0**	**167**	**62**

Note 8 Auditor's Remuneration

The auditor's remuneration of £2,350 (2022: £2,200) related solely to the audit with no other additional work undertaken (2022: £nil). This is notional expenditure only and there is no actual charge made to the fund accounts.

Note 9 Trustee Remuneration

The members of the Trust Board which acts as the corporate trustee, received no remuneration or expense reimbursements from the Charitable Trust Funds during the year ended 31 March 2023 (2022: £nil).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2023

Note 10 Transfers between Funds

There have been no transfers between Charitable Trust Funds during the year ended 31 March 2023 (2022: £nil).

Note 11 Analysis of Fixed Asset Investments

11.1 Investments in a Common Investment Fund

	2023 £000s	2022 £000s
Market value at 1 April	481	457
Net cash inflow / (outflow)	(1)	(11)
Share of income	8	8
Share of realised gains / (losses)	16	17
Share of unrealised gains / (losses)	(47)	10
Market value at 31 March	**457**	**481**

11.2 Market Value

	Held in UK £000s	Held Outside UK £000s	2023 £000s	2022 £000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in a Common Investment Fund	457	0	457	481
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	**457**	**0**	**457**	**481**

Note 12 Analysis of Creditors

12.1 Amounts falling due within one year

	2023 £000s	2022 £000s
Trade creditors	0	0
Other creditors	0	0
Accruals	42	41
Total	**42**	**41**

12.2 Amounts falling due after more than one year

The Charitable Trust Funds had no creditor amounts due more than one year after the year ended 31 March 2023 (2022: £nil).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2023

Note 13 Analysis of Charitable Funds

13.1 Analysis of Charitable Funds

Restricted Funds are funds where the donor has placed a legal restriction to either only utilise income generated from the donation (endowment) or to only be spent in furtherance of a specific charitable purpose.

	Balance at 1 April 2022 £000s	Incoming Resources £000s	Resources Expended £000s	Transfers £000s	Gains and Losses £000s	Balance at 31 March 2023 £000s
Endowment Funds						
Other	0	0	0	0	0	0
Endowment Funds Total	**0**	**0**	**0**	**0**	**0**	**0**
Restricted Funds						
Children's Heartbeat Trust*	0	100	(100)	0	0	0
NHS Charities Together*	54	95	(67)	0	(1)	81
Heart*	33	0	0	0	(2)	31
Ballymoney	1	0	0	0	0	1
Newry	1	0	0	0	0	1
Restricted Funds Total	**89**	**195**	**(167)**	**0**	**(3)**	**114**
Unrestricted and Material Designated Funds						
General	354	4	0	0	(20)	338
Unrestricted and Material Designated Funds Total	**354**	**4**	**0**	**0**	**(20)**	**338**
Grand Total	**443**	**199**	**(167)**	**0**	**(23)**	**452**

* These donations are currently held within the General Fund for administrative purposes, the donations meet the definition of a restricted donation and as such is noted here and in other statements and notes under restricted funds.

13.2 Analysis of Charitable Funds

	Unrestricted Funds £000s	Restricted Funds £000s	Endowment Funds £000s	Total Funds 2023 £000s	Total Funds 2022 £000s
Fixed asset investments	338	119	0	457	481
Cash at bank and in hand	0	0	0	0	0
Current assets	0	37	0	37	3
Current liabilities	0	(42)	0	(42)	(41)
	338	**114**	**0**	**452**	**443**

Note 14 Commitments

The Charitable Trust Funds have no contingencies or commitments as at 31 March 2023 (2022: £nil).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2023

Note 15 Comparative figures for the Statement of Financial Activities

	Unrestricted Funds £000s	Restricted Funds £000s	Endowment Funds £000s	Total Funds 2022 £000s
Income and Endowments				
Donations and legacies	11	0	0	11
Charitable activities	0	0	0	0
Other trading activities	0	0	0	0
Investments	8	0	0	8
Other	0	0	0	0
Total Income	**19**	**0**	**0**	**19**
Expenditure				
Raising funds	0	0	0	0
Charitable activities	(22)	(40)	0	(62)
Other	0	0	0	0
Total Expenditure	**(22)**	**(40)**	**0**	**(62)**
Net Income / (Expenditure) before Gains and Losses on Investments	**(3)**	**(40)**	**0**	**(43)**
Net Gains / (Losses) on Investments	**0**	**0**	**0**	**0**
Net Income / (Expenditure)	**(3)**	**(40)**	**0**	**(43)**
Transfers between Funds	**0**	**0**	**0**	**0**
Other Recognised Gains / (Losses)				
Gains / (losses) on revaluation of fixed assets	27	0	0	27
Other gains / (losses)	0	0	0	0
Net Movement in Funds	**24**	**(40)**	**0**	**(16)**
Adjustment to add back notional audit fee	2	0	0	2
Net Movement in Funds excluding Notional Audit Fee	**26**	**(40)**	**0**	**(14)**
Reconciliation of Funds				
Fund balances brought forward at 1 April 2021	328	129	0	457
Total funds carried forward at 31 March 2022	**354**	**89**	**0**	**443**

Note 16 Financial Instruments

Other than investments the Charitable Trust Funds did not have any financial instruments during the year ending 31 March 2023 (2021: £nil).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2023

Note 17 Financial Guarantees, Indemnities and Letter of Comfort

The Charitable Trust Funds has not entered into any financial guarantees, indemnities or provided letters of comfort during the year ending 31 March 2023 (2022: £nil).

Note 18 Related Party Transactions

The Trust Board acts as "corporate trustee" for the Charitable Trust Funds and is responsible for ensuring that these funds are held and managed separately from public funds. During the year none of the members of the NIAS HSC Trust Board or members of the key management staff or parties related to them has undertaken any material transactions with the Charitable Trust Funds.

Board Members (and other senior staff) take decisions both on Charity and Public Funds matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made and are available to be inspected by the public.

The Charitable Trust Funds has not made any revenue to the NIAS HSC Trust.

The Charitable Trust Funds administered a £100k capital payment to the NIAS HSC Trust as donated by the Children's Heartbeat Trust for a specialist children's ambulance. This asset is included within transport equipment at note 5.1 in the Northern Ireland Ambulance Service Health and Social Care Trust 22-23 accounts.

Note 19 Ultimate Holding Organisation and Registered Address

The ultimate controlling party of the Charitable Trust Funds is the Northern Ireland Ambulance Service Health and Social Care Trust. Copies of the 2022-23 Annual Report and Accounts of the NIAS HSC Trust can be obtained by: visiting www.nias.hscni.net; emailing finance.secretary@nias.hscni.net; or by writing to the Interim Director of Finance, NIAS HSC Trust at the address below.

Address of Charity: Northern Ireland Ambulance Service Health and Social Care Trust
Headquarters, Site 30, Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8SG

Note 20 Post Balance Sheet Events

There have been no material events after the Balance Sheet date which would have a material effect on the accounts.

Date Authorised for Issue

The Accounting Officer authorised these financial statements for issue on 27 July 2023.