South East Coast Ambulance Service NHS Foundation Trust

Annual Report and Accounts
1 April 2019 – 31 March 2020

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For more information

South East Coast Ambulance Service NHS Foundation Trust

Nexus House, 4 Gatwick Road

Crawley

RH10 9BG

Tel: 0300 123 0999

Email: enquiries@secamb.nhs.uk

Twitter @SECAmbulance

www.secamb.nhs.uk

Facebook.com/SECAmbulance

If you require this document in an alternative format, please contact enquiries@secamb.nhs.uk or 0300 123 0999

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Chair's Introduction

Looking back, 2019/20 has been another extremely busy year for the Trust but one that has seen SECAmb continue to make strong progress on its journey of improvement.

At Board level and following a rigorous recruitment and selection process, we were very pleased to welcome Philip Astle, previously the Chief Operating Officer at South Central Ambulance Service, to SECAmb in September 2019 as our new Chief Executive. Since joining us, Philip has led the Executive Team strongly and I know we are already benefiting from his varied and extensive experience.

I would like to extend my thanks on behalf of the Trust Board to our Medical Director, Dr Fionna Moore, who agreed to act as Interim Chief Executive ahead of Philip joining us, following the departure of the previous Chief Executive, Daren Mochrie, in Spring 2019. We were extremely fortunate to benefit from Fionna's enthusiasm, commitment and knowledge during this period.

In January 2020, we were also joined by Ali Mohammed, our new Director of Human Resources & Organisational Development. Ali has extensive HR experience and I'm sure will help us continue our work to ensure we make SECAmb a great place to work for our staff and volunteers

In Summer 2019, the Trust was inspected by the Care Quality Commission (CQC) and I was delighted that this resulted in an overall rating of 'Good' when the report was published in August 2019. Our Urgent & Emergency Care service was rated by the CQC as 'Outstanding' overall, including 'Outstanding' for Caring and our NHS 111 service retained its overall rating of 'Good'. In recognition of the progress made, NHS Improvement also announced that, following the CQC's recommendation, the Trust should exit Special Measures.

This was an important milestone for the Trust and reflected the hard work put in by staff right across the organisation during recent years. Every single member of staff and our volunteers contributed to the assessment made by the CQC and I hope that, like me, they remain extremely proud of what has been achieved. We know that we have more to do but this was absolute recognition of the progress made so far.

In August 2019 another significant milestone was achieved when it was announced by our regional NHS Commissioners that the Trust had been awarded a contract to provide the new NHS111 Clinical Assessment Service (CAS) for five years from April 2020. SECAmb will act as lead provider, with Integrated Care 24 (IC24) working in partnership to deliver key elements of the new service.

The relationship between 999 and NHS111 is crucial and the first point of contact for hundreds of thousands of patients across our region each year and I look forward to seeing this enhanced service in action later in the year.

Although the planned go-live has been delayed until later in the year due to the COVID pandemic, a great deal of work has been and is continuing by teams across the Trust to prepare for the delivery of the new contract.

I have been pleased to see the Trust make steady progress during the year in improving our performance against the 999 national targets. In particular, we have seen significant improvements in our 999 call answer performance, which I have been delighted to see and which I know reflects much hard work in our Emergency Operations Centres.

A new Trust five-year strategy was approved by our Board in May 2020. This was the result of a year of reflection and engagement, which culminated in a real push to spread our wings to benefit the communities we serve following the outcomes of the CQC inspection in late 2019.

I have been pleased to lead the Board to carefully consider the Trust's place within the wider health and social care system. We have developed our aspirations towards system-leadership making best use of our regional footprint and access to real-time data about pressures and access points across the health system. We have also been very much informed by the NHS Long Term Plan and the changing local and regional NHS landscape.

We will continue to focus on improving our response to our less seriously ill and injured 999 patients, who are often elderly, with complex clinical and unmet social care needs. We know that these patients may require a different type of response than a standard, emergency ambulance and we need to continue to work hard to find a timely and compassionate way to meet their needs.
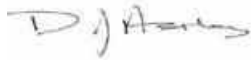
Our strategy also prioritises making SECAmb a better place to work for everyone and improving the culture within the organisation. We have seen signs of improvement during the year, including in the NHS Staff Survey results published in February 2020, but need to continue to give this significant attention during the coming year.

I continue to be extremely impressed by the commitment and care shown throughout the whole Trust by everyone, regardless of role. We have faced some significant external pressures at times, such as making extensive contingency preparations to mitigate the potential impacts of EU Exit and none more so than our ongoing work to respond to the current COVID-19 pandemic. The professionalism of staff, often working under significant pressure, is incredible.

I would also like to extend my heartfelt thanks to the team of volunteers who support the Trust, whether as Community First Responders, Chaplains, Governors or members of our Inclusion Hub Advisory Group. Their willingness to help, however they can, has been more obvious than ever during this year and I hope we can continue to build stronger partnerships with them in the future.

Reflecting on the past year, I am very proud that we have made good progress in many areas. We know that we have more to do to build on these improvements and ensure they are embedded throughout the whole organisation but we have an excellent team in place, who are committed to ensuring we are able to deliver even better services to our patients and support to our staff and volunteers in the future.

Lastly, and sadly, one of our Non-Executive Directors, Tricia McGregor, passed away in June 2020. Tricia was truly committed to helping the Trust to provide the very best services possible to our patients and in supporting our staff and volunteers and remained completely focussed on this despite her illness. I know she will be very much missed by her fellow Directors, colleagues and volunteers throughout the Trust.

David Astley, Chair

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Performance Report

Chief Executive's Statement

2019/20 was another incredibly busy year for SECAmb but one during which we continued to make very real progress.

I joined the Trust in September 2019 as the Chief Executive and I would like to thank Dr Fionna Moore for taking on the role of Interim Chief Executive for six months ahead of my arrival. Fionna did a fantastic job of leading the organisation during this time.

As noted in the Chair's introduction above, while finalising this Annual Report we have been saddened to lose a member of the Board following a short but critical illness. Tricia McGregor passed away only a week after chairing our Quality and Patient Safety Committee: she kept working to make a difference for our patients right until the end. The Board and Trust has lost a much-loved colleague. We will remember her.

As I write this, we are very much in the midst of the COVID-19 pandemic. It has obviously been an extremely difficult period for the whole NHS, including SECAmb, but I am incredibly proud of how the whole organisation has responded to the very real challenges we have faced during recent weeks.

I am sure that we still have many months of challenges and different ways of working ahead of us but I know that everyone within the Trust will continue to focus on providing the best possible care to our patients. I am also keen to ensure that we really embrace the lessons learned during this period, using them to make real improvements and this work has started already.

In August 2019, the Care Quality Commission (CQC) published their latest report which saw the Trust rated as 'Good' overall and our Urgent & Emergency Care service rated as 'Outstanding' overall, including 'Outstanding' for Caring. Our NHS 111 service also retained its overall rating of 'Good'.

Throughout the report the CQC highlighted a number of key areas including:

- Staff treating patients with compassion and kindness, respecting their privacy and dignity and taking account of individual needs;
- A strong, visible person-centred culture and staff who were highly motivated;
- Concerns and complaints treated seriously and lessons learned and shared where necessary; and
- Staff feeling respected, supported and valued.

The report also focussed on areas of good practice including the introduction of Joint Response Units with police services and the growth of the Wellbeing Hub, which provides a range of resources to assist our staff with their physical and mental health.

Whilst we know that there are areas where further work is required, the positive CQC report was testament to the huge improvement effort that has been ongoing at SECAmb for the past three years.

Despite the professionalism and dedication shown by all of our staff, we struggled to meet our 999 operational and performance targets for the year in common with many other ambulance trusts nationally.

While we performed well in responding to our most seriously ill and injured patients, triaged as Category 1 and 2 patients and did improve our response to lower priority patients (those in Category 3 & 4), we know that we need to do lots more to ensure that all of our patients consistently receive a timely response that is appropriate to their clinical needs.

Recent months have seen some improvement in our Category 3 and 4 performance, and we are continuing to work hard to further improve our response to these patients, who are often older with complex and/or unmet social needs. Whilst they are often not in an immediately life-threatening condition, they do require an appropriate and timely response.

On a positive note, I was pleased to see that we significantly improved our 999 call answer times during this year. On average, calls were answered in 5 seconds over the course of the year and we have seen further improvement since then. The Trust was a significant outlier in this area in previous years, so it has been great to see us consistently delivering some of the best performance in the country against this target.

2019/20 was a challenging year for our NHS 111 service. However, despite the significant levels of demand, the Trust successfully continued to deliver a safe and effective 111 service, again demonstrating a focus on patient care and outcomes.

In common with the rest of the country, our NHS 111 service came under considerable pressure during February and March 2020 as the COVID-19 pandemic began to escalate and the 111 service received very high numbers of call. This was an extremely challenging time, but it was great to see how well the team responded.

In August 2019, we were very pleased to announce that SECAmb had been awarded a contract to provide the new NHS111 Clinical Assessment Service (CAS) for five years from April 2020 following a competitive tender process. SECAmb will act as lead provider, working with Integrated Care 24 (IC24) to deliver key elements of the new service.

The new contract includes being able to issue prescriptions and provide access over the phone to a wider range of Health Care Professionals such as GPs, Paramedics, Nurses and Pharmacists, who will be able to directly book people into urgent care appointments, if they need one.

Bidding and preparing for the new contract has seen a considerable amount of additional work for the team involved but I have been impressed with their hard work and focus in achieving this. Unfortunately, the go-live of the contract has had to be

postponed until later in the year due to the COVID-19 pandemic but the hard work is continuing behind the scenes to prepare.

We have also worked hard during the year to continue to make SECAmb a better place to work for all of our teams, although we know that we need to do more. In February 2020, we saw a solid set of results from the 2019 NHS Staff Survey, with our highest return rate ever. As they always do, the results did highlight a number of areas where we need to continue to focus.

During the year, the Board has reviewed the Trust's five-year strategy. This strategy was very much focused on getting the basics right and, since objective assurance from the CQC that our services are now 'Good', we have been able to think more ambitiously about our ability to contribute to the health system regionally and to make the best possible impact on the health of our communities.

Our new strategy focuses on building on our core strengths and building sustainable and integrated 999 and 111 services for patients. Our aims include becoming the employer of choice for emergency and urgent care, developing more and better pathways of care for our patients, and working with our system partners as peers, providing leadership where we can.

This is an exciting time for the Trust, and while the challenge of COVID-19 remains at the time of writing, I am very keen that the team start directing efforts towards implementing our new strategy and building a SECAmb more fit for the future.

Part of our strategy includes excelling at the basics and continuously improving the systems and processes that support all SECAmb staff and volunteers to respond effectively to patients. We will continue work to improve many of our HR systems and processes, including introducing e-timesheets and e-expenses and I hope this will help to remove some of the current irritants for our staff. We know that we have more to do but it is definitely good to see things going in the right direction.

I have been pleased during the year to see us continue to move forwards a number of key infrastructure projects that will help to provide better facilities for our staff and patients.

On the Estates side, good progress has been made on a number of large capital projects, including a new Make Ready Centre in Brighton, considerable improvements at Worthing Ambulance Station, Sheppey and approval for major developments at Banstead and Medway. I look forward to seeing these continue to progress during the coming year.

We have also continued our fleet replacement programme, including increasing the number of ambulances available for our teams and introducing different types of ambulances in line with national recommendations made through the Carter Review. Ensuring that our fleet is fit for purpose and sustainable is vital and we need to ensure we continue to take account of best practice in this area.

We have seen use of the Electronic Patient Care Record (ePCR) go from strength to strength during the year, with well over 90% of all patient records being completed electronically as I write. The feedback from our staff has been incredibly positive and being able to access electronic records brings a range of benefits, including quicker access to data and improved learning from audits.

In a difficult regional and national financial climate, the Trust delivered a secure financial position at the end of the year, despite the challenges associated with planning for EU Exit and, latterly, the COVID pandemic. Looking ahead, 2020/21 is likely to be just as challenging and we will have to ensure we are operating as efficiently as possible and identifying opportunities to make savings, to allow us to continue to invest in improving the services we provide.

Finally, I am constantly impressed by the efforts of everyone who is part of SECAmb and the commitment and dedication that I witness every day throughout the Trust. I am aware that there remains work to be done to ensure we meet the high standards rightly expected. However, I am very confident that we are on the right path to deliver further progress and that, by working together, we will be able find the right way forwards for staff and patients.

Philip Astle, Chief Executive Officer

Date: 10.06.20

Performance Overview

This overview provides a summary to help the reader understand the organisation, its purpose, key risks to the achievement of its objectives and how it has performed during the year.

We are SECAmb

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) is part of the National Health Service (NHS).

It was formed in 2006 following the merger of the three former ambulance trusts in Kent, Surrey and Sussex and became a Foundation Trust on 1 March 2011.

We are led by a Trust Board, which is made up of an Independent Non-Executive Chair, Independent Non-Executive Directors and Executive Directors, including the Chief Executive.

As a Foundation Trust we have a Council of Governors, made up of 13 publicly-elected governors, four staff-elected governors and six governors appointed from key partner organisations.

As a Trust, we:

- Receive and respond to 999 calls from members of the public
- Respond to urgent calls from healthcare professionals e.g. GPs
- Receive and response to NHS 111 calls from members of the public

We provide these services across the whole of the South East Coast region – Kent, Surrey, Sussex and parts of North East Hampshire and Berkshire (with the exception of the NHS 111 service).

Our Trust values set out the expected standards and behaviours for everyone at SECAmb. These values inform everything we do: our interactions with patients and their loved ones, colleagues, partner organisations, volunteers and all our stakeholders across the communities we serve.

Demonstrating Compassion and Respect
Supporting our colleagues, and those we serve, with kindness and understanding.

Acting with Integrity
Being honest and motivated by the best interests of those we serve

Striving for Continuous Improvement
Seeking and acting upon opportunities to do things better.

Taking Pride
Being advocates of our organisation and recognising the important contribution we make to its success.

Assuming Responsibility
Having ownership of our actions and a willingness to confront difficult situations.

We work closely with our main partners in the region – 4 Sustainability and Transformation Partnerships, 12 acute hospital trusts and four mental health and specialists trusts within the NHS, the Kent, Surrey & Sussex Air Ambulance and our 'blue light' partners – three police forces, four Fire & Rescue Services and HM Coastguard.

This year, as noted above, we have been pleased to receive a Care Quality Commission (CQC) rating of Good, which has meant that the Trust has been removed from Special Measures. As a result, the Board have been reviewing the Trust's five-year strategy (2017-22). Our strategy was very focused on getting the Trust on an even keel, ensuring that we had the foundations in place to provide the excellent service our patients need and deserve.

The strategic review has incorporated feedback from around the Trust and from our Council of Governors, as well as key external stakeholders. The review is not yet complete, and the new Strategy is not published at the time of writing. The focus and direction are already fairly clear however, and will extend our approach to continuous improvement, building on our core strengths and reinforcing the effectiveness of core services but also seeking to play a central role in the emerging health and social care systems across our region.

For now, our current Five-Year Strategic Plan for 2017-22 remains in place and focuses on a continuous improvement approach to achieving our mission – "To deliver our aspiration of being better today and even better tomorrow for our people and our patients"

The next five years are focused on delivery of our four strategic themes, which are:

- Our people – supporting and developing our staff and volunteers
- Our patients – ensuring timely quality of care, in the right place by the right people
- Our enables – fit for purpose technology, fleet and estates, underpinned by sustainable financial performance
- Our partners – working with health, 'blue light' and education partners

These themes are translated into objectives, which form the basis of delivery of our plan.

Two large events external to the Trust have impacted on our capacity and performance during the year: planning for the impacts of the UK possibly exiting the EU without a deal in 2019 and the COVID-19 pandemic in early 2020. Each of these are reported on further in this document.

As we come out of this period of focus on COVID-19 we will resume the finalisation of our new Strategy, to be published in 2020-21.
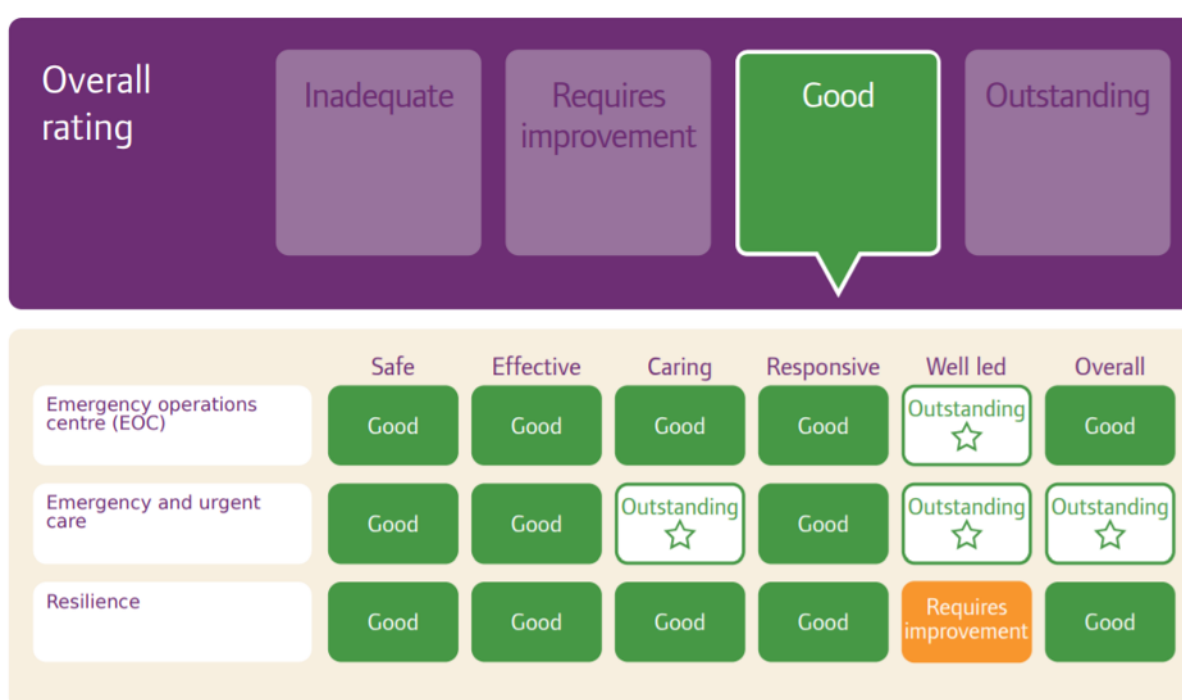
Care Quality Commission rating

The Trust was inspected by the Care Quality Commission (CQC) in Summer 2019 with a particular focus on two core services: Emergency and Urgent Care (EUC) and Emergency Operations Centre (EOC), as these services had a number of areas which required improvement at the previous inspection. However, the inspection did also include a full review of 111 and results from the 2018 inspection of the Resilience core service.

SECAmb was delighted that in recognition of sustainable improvements made, the CQC awarded the Trust with an overall rating of '**Good**'.

"Good care is the minimum that people receiving services should expect and deserve to receive. Providers should therefore aim to achieve and sustain an overall rating of 'good' or 'outstanding'." (www.cqc.org.uk)

The individual core services were rated as shown:

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Emergency operations centre (EOC)	Good	Good	Good	Good	Outstanding ☆	Good
Emergency and urgent care	Good	Good	Outstanding ☆	Good	Outstanding ☆	Outstanding ☆
Resilience	Good	Good	Good	Good	Requires improvement	Good

The CQC recognised the following areas of **outstanding** practice in EUC and EOC:

- ✓ The pregnancy advice line continued to be successful. The collaboration between the midwifery service of acute trusts and the Trust had been recognised and the collaboration had won two awards
- ✓ The joint working with a paramedic and a therapist to attend to patients who had fallen at home and potentially did not require conveyance to hospital
- ✓ There was a designated lead to reduce handover times and delays at hospitals that had helped to reduce the number of hours lost waiting by establishing better working relationships with hospitals and services
- ✓ At two Make Ready Centres, a paramedic practitioner hub was available to answer calls from colleagues for clinical advice and support. This gave staff the opportunity to discuss clinical concerns with familiar colleagues and to share local knowledge

- ✓ Ongoing work to improve services for mental health patient included a resource dispatched with a paramedic and mental health nurse to reduce the need to transfer patients to hospital emergency departments
- ✓ The Trust had a 'Longest One Waiting' vehicle (LOWVe) which was a dedicated ambulance used to attend to patients waiting a long time for a crew to respond
- ✓ The Joint Response Unit (JRU) in Kent which was a pilot service in conjunction with Kent Police. One paramedic and one police officer staff a vehicle on Friday and Saturday evenings which is used to attend call outs with possible violence or for patients exhibiting challenging behaviours due to mental health issues
- ✓ Medicines management was safe, efficient and automated so that there was a robust audit trail for medicines usage and storage
- ✓ The Wellbeing Hub was a Trust initiative with a range of resources to provide physical and mental health support for staff.

The CQC's final report also identified four areas for improvement within EOC, and two areas for improvement in 111:

Emergency Operations Centre

- The Trust should take action to ensure there are a sufficient number of clinical staff in each emergency operations centre at all times
- The Trust should take action to meet the national performance target relating to call answering times
- The Trust should take action to ensure all staff have completed the level two adult and children safeguarding and all relevant staff have completed level three adult and children's safeguarding
- The Trust should take action to ensure the clinical welfare calls are completed within the targeted timeframes.

111

- The Trust must ensure care and treatment is provided in a safe way to patients
- The Trust should take action to ensure patient feedback mechanisms are fully established.

We are continuing the excellent progress and innovations that contributed to the success of our recent inspection. We will also work on the identified areas of improvement through the Trust's Programme Management Office (PMO) using proven project management methodology to monitor and report against the corresponding improvement plans.

This year's inspection results were a huge step forward for SECAmb, thanks to the efforts of our workforce in striving for continuous improvement. In accordance with the CQC frequency of inspections guidance, the Trust anticipates its next full inspection in or around 2022/23.

Key issues, risks and opportunities to the Trust

At the time of writing, the Trust is starting to consider how to maximise the opportunities coming out of the new ways of working established during our response to the COVID-19 pandemic. We have established a Recovery, Improvement and Learning Group of senior managers to work through the risks and opportunities as we move out of the current Business Continuity Incident.

This will review all aspects of the Trust, and will encompass the very practical (getting staff back into work as required) through the more esoteric (maximising the benefits of the culture shift we've seen), from internal through to regional and system-wide.

Emerging as themes from very early work are the following:

Opportunities	Risks
Flexible working	Inability to respond effectively to patients due to increased demand for services after 'lockdown'
Fast but effective decision-making	Centralisation of decision-making – less devolved
Use of technology	Staff burnout/PTSD requiring support
Improved team-working, communication and staff engagement	Accumulation of annual leave
Improved system leadership and participation – relationships bolstered	Returning to business as usual without learning lessons
Use of national NHS funds to support colleagues' wellbeing	Training, recruitment, on-boarding, coaching and learning lessons impacted

Much further work is required to fully scope the potential benefits of lessons learned and mitigate emerging risks.

The Trust was not meeting its Ambulance Response Programme (ARP) performance targets in 999 before COVID. This remains a key risk to the Trust as demand returns to normal levels, following a reduction since the pandemic. Analysis is being undertaken to better understand the reason demand has reduced and to establish what lessons can be learnt to help the Trust to consistently meet demand in the future.

In our 111 service, we were on an improving trajectory until COVID, which led to a massive surge in demand. While we have recruited large numbers of additional staff into 111 to help manage this demand, and at the time of writing (May 2020) demand is beginning to return to 'normal' levels, any second peak in Covid activity may hamper our improvement journey.

The introduction of our 111 Clinical Assessment Service – which should help reduce demand on 999 and improve our responsiveness to patients by giving them access to a 'one-stop-shop' of specialist clinicians – has been delayed due to COVID. Planning continues to ensure this service is in place during 2020.

Our new Chief Executive joined the Trust in September 2019 and with a stable Executive Team this gives us a firm base to build on as we move forward.

We have implemented our Electronic Patient Clinical Record and in the coming year will expect to use the real-time data to improve our responsiveness, highlight areas of good practice and share learning.

We continue to strengthen our partnership working. For example, we have introduced midwives and mental health practitioners into our call centres, worked closely with the Police to support patients and promote staff safety and security, and Fire and Rescue teams co-respond with us. These areas will be further embedded in the coming year. Our relationships with local MPs and Local Authorities is also on an improving trajectory and our Chair and Chief Executive have engaged these stakeholders to ensure they are more involved in our work.

We will be working really hard to mitigate the risk of COVID adversely impacting our aim to continue to develop and improve our services. This includes the number of key estates programmes underway, which will require focus and investment this year.

In summary, the full impact of COVID in the coming year remains unclear, but we have a strong base on which to build and are positive that we have the leadership in place to respond effectively to challenges during the coming year.

There are no material inconsistencies between the Annual Governance Statement, the corporate governance statement, the annual report, and reports from the CQC.

Going concern statement

After making enquiries, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future.

For this reason, they continue to adopt the going concern basis in preparing the accounts.

Performance Analysis

This section usually sets out our annual performance against national targets, and against other key measures of success. This normally includes our 999, 111, clinical and financial performance and analysis of this over the year.

At the time of writing (May 2020) the Trust continues to respond to the COVID-19 pandemic and NHS Improvement no longer requires this part of the report to be completed.

We have therefore compiled the key performance data and added a brief overview but have not gone into the usual level of detail in this section.

999 performance

As noted above, in common with ambulance Trusts across the country, we struggled to meet our response time targets during the year. The table below sets out the number and proportion of calls received over the year in each category.

Category	Call type	Number of incidents 2019-20	Proportion of total incidents
1	People with life-threatening illnesses or injuries	49,893	6.86%
2	Emergency calls	401,037	58.64%
3	Urgent calls	230,805	33.75%
4	Less urgent calls	5107	0.75%

The table below shows our performance against the national target for each month and also the year as a whole:

Month	Category 1		Category 2		Category 3	Category 4
	Mean Target 7:00	90th Centile Target 15:00	Mean Target 18:00	90th Centile Target 40:00	90th Centile Target 2:00:00	90th Centile Target 3:00:00
April	00:07:23	00:14:02	00:19:16	00:36:12	03:38:03	04:31:08
May	00:07:16	00:13:37	00:20:50	00:40:03	03:56:26	04:53:32
June	00:07:30	00:13:52	00:21:30	00:41:11	04:17:41	05:25:11
July	00:07:20	00:13:52	00:20:01	00:38:32	03:34:40	04:41:32
August	00:07:16	00:13:46	00:18:22	00:34:24	03:10:11	04:25:38
September	00:07:35	00:13:56	00:18:51	00:35:49	03:14:15	04:35:43
October	00:07:43	00:14:37	00:20:06	00:38:01	03:52:51	05:34:12
November	00:07:39	00:14:39	00:20:54	00:39:48	04:03:22	04:46:20
December	00:07:55	00:14:46	00:21:42	00:41:32	04:11:54	05:21:05
January	00:07:36	00:13:59	00:18:06	00:34:10	02:50:33	03:33:38
February	00:07:43	00:14:30	00:19:15	00:36:29	03:25:09	04:46:32
March	00:07:52	00:14:55	00:21:26	00:41:02	04:00:52	04:56:30
Total	0:07:34	00:14:13	00:20:02	00:38:06	03:41:20	04:47:35

National comparisons

The Trust receives weekly data showing its performance relative to other ambulance Trusts. These tables show our position in the last week of March (week commencing 30 March 2020) to provide some context for SECAmb's performance.

Cat 1

	W/C	Mean Response Time
	30/03/2020	
1	NEAS	00:06:11
2	SWAS	00:06:27
3	WMAS	00:06:53
4	SCAS	00:07:00
5	EMAS	00:07:06
6	SECAmb	00:07:24
7	YAS	00:07:57
8	NWAS	00:07:59
9	EEAS	00:08:35
10	LAS	00:09:42
11	IoW	00:12:34

	W/C	90th Centile Response Time
	30/03/2020	
1	NEAS	00:10:17
2	SWAS	00:11:41
3	WMAS	00:11:43
4	EMAS	00:12:49
5	SCAS	00:12:54
6	NWAS	00:13:09
7	YAS	00:13:25
8	SECAmb	00:14:09
9	EEAS	00:15:15
10	LAS	00:16:39
11	IoW	00:19:43

Cat 2

	W/C	Mean Response Time
	30/03/2020	
1	WMAS	00:13:02
2	SCAS	00:15:04
3	SECAmb	00:16:53
4	SWAS	00:20:53
5	EMAS	00:21:10
6	IoW	00:23:02
7	YAS	00:23:09
8	NEAS	00:25:30
9	EEAS	00:34:12
10	NWAS	00:42:30
11	LAS	01:07:15

	W/C	90th Centile Response Time
	30/03/2020	
1	WMAS	00:23:58
2	SCAS	00:30:18
3	SECAmb	00:31:15
4	SWAS	00:41:07
5	EMAS	00:42:11
6	YAS	00:48:13
7	IoW	00:49:04
8	NEAS	00:50:23
9	EEAS	01:13:31
10	NWAS	01:36:05
11	LAS	02:31:33

Cat 3

	W/C	Mean Response Time
	30/03/2020	
1	WMAS	00:36:27
2	SWAS	00:42:51
3	SCAS	00:43:40
4	YAS	00:44:41
5	EMAS	00:57:26
6	IoW	00:57:57
7	SECAmb	01:12:36
8	NEAS	01:19:36
9	EEAS	01:41:26
10	NWAS	02:26:33
11	LAS	02:40:41

	W/C	90th Centile Response Time
	30/03/2020	
1	WMAS	01:22:55
2	SWAS	01:38:29
3	SCAS	01:41:45
4	IoW	01:52:15
5	YAS	01:52:24
6	EMAS	02:15:52
7	SECAmb	02:52:26
8	NEAS	03:04:22
9	EEAS	04:16:45
10	NWAS	05:47:03
11	LAS	07:00:54

Cat 4

	W/C	90th Centile Response Time
	30/03/2020	
1	WMAS	01:42:20
2	EMAS	01:57:48
3	SCAS	02:25:26
4	SWAS	02:29:14
5	NEAS	02:35:43
6	YAS	02:45:12
7	IoW	03:49:50
8	EEAS	04:50:30
9	NWAS	04:52:19
10	SECAmb	04:52:27
11	LAS	09:24:52

Improving our performance

The Executive Management Board review operational performance on a weekly basis. Our Senior Operational Leadership Team manage delivery of the Trust's Performance Improvement Plan, including ensuring we are making the most efficient use of the resources we have available, in order to improve our response times.

Attention is paid to ensuring, as far as possible, that we have sufficient resources available to match the expected demand.

During particularly busy periods, we are able to take further specific actions including:

- Focussing overtime on the front-line, in our EOCs and in 111 to when it was most needed, including the use of targeted incentives for key shifts,
- Paying close attention to on scene times and the number of vehicles we send to incidents,
- Working closely with our colleagues in the acute sector to minimise hospital handover delays as far as possible.

As expected, the Christmas and New Year period was extremely busy for the Trust and the wider health economy. During the two-week period before Christmas, we answered more 999 calls than in any two-week period in SECAmb's history. On New Year's Eve, although the peak period of the night (midnight-1am) saw us handle slightly fewer calls than previous years, the overall period into New Year's Day was busier than last year.

Despite the high demand, our performance against the national targets held up reasonably well particularly for Categories 1 & 2, our most seriously ill and injured patients. We are still seeing unacceptably long waits at times for our Category 3 and Category 4 patients and this remains a key area of focus for us, although there were improvements towards the end of the year.

Call answer times 1 April 2019-31 March 2020

During the year, our 999 Emergency Operations Centres answered 824,889 calls, or nearly 69,000 calls a month. The average length of call was 367 seconds (just over 6 minutes). For calls to patients in a life-threatening situation, a crew will usually be dispatched before the triage call is concluded. On average, calls were answered in 5 seconds over the course of the year.

Mean & 90th Centile Call Answer Time (seconds)

● Mean Call Answer Time ● 90th Centile Call Answer Time
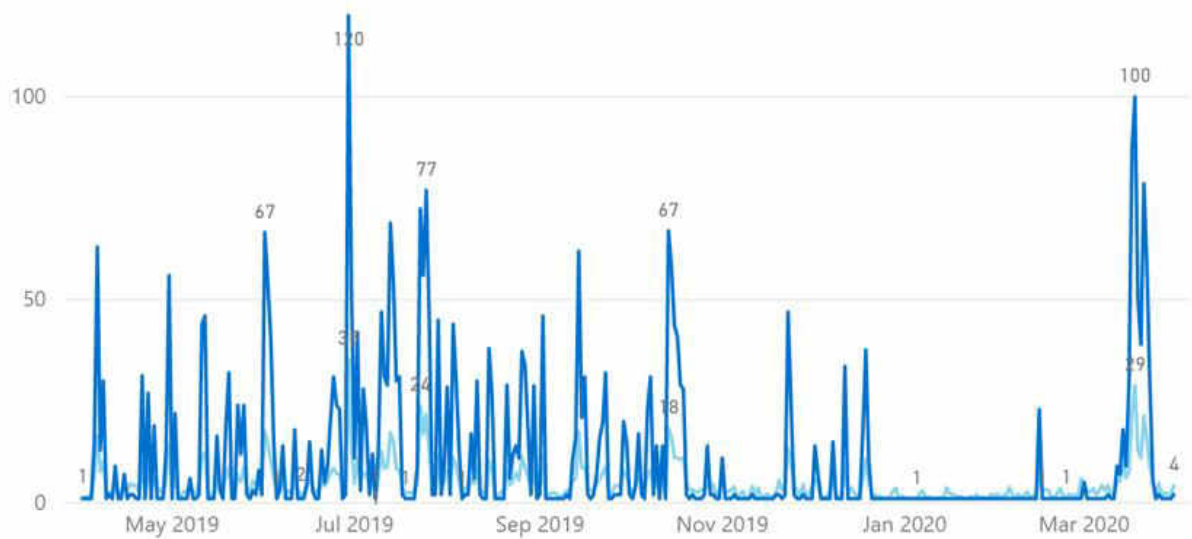
National comparisons

SECAmb was the best performing Trust in respect of call answer times in the week commencing 30 March 2020.

Call Answer Times (seconds)

	W/C	Mean Call Answer ▲			W/C	95th Centile Call Answer ▲
	30/03/2020				30/03/2020	
1	SECAmb	2		1	SECAmb	2
2	WMAS	2		2	SWAS	3
3	NEAS	3		3	WMAS	3
4	SWAS	3		4	NEAS	15
5	EMAS	4		5	EMAS	17
6	EEAS	6		6	EEAS	35
7	NWAS	6		7	SCAS	36
8	SCAS	8		8	NWAS	39
9	IoW	11		9	IoW	65
10	YAS	14		10	YAS	89
11	LAS	205		11	LAS	615

South East Coast 111 Integrated Urgent Care (SEC 111 IUC)

The performance of the SEC 111 IUC service during 2019-20 reflects two distinct challenges:

1. Scaling up of workforce and performance since Go Live of the interim service on 28th March 2019.
2. COVID-19 related activity in February and March 2020.

The first table below show our performance in each month during the year. The second table shows the combined performance across all NHS111 providers during the comparative period.

SEC 111 Performance Summary												
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Abandoned Calls	8.79%	7.74%	4.60%	6.18%	3.62%	3.63%	3.83%	3.57%	3.03%	1.92%	8.02%	50.21%
Calls Answered in 60	63.59%	68.47%	75.38%	71.79%	80.82%	78.50%	78.31%	77.54%	78.15%	86.29%	61.55%	16.53%
5.22 Clinical Contact	42.05%	41.41%	41.57%	43.18%	44.68%	43.23%	45.98%	47.45%	44.70%	48.81%	44.95%	48.00%
Transfer to 999	15.42%	15.46%	15.43%	16.14%	15.52%	16.10%	16.85%	15.77%	15.11%	14.52%	12.74%	9.78%
Attend A&E Dept	8.51%	9.18%	9.99%	10.41%	10.06%	10.32%	10.16%	9.66%	9.45%	10.72%	9.68%	5.96%

England National Combined NHS111 Performance Summary												
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Abandoned Calls	2.30%	2.52%	2.63%	4.70%	3.20%	3.45%	3.89%	5.43%	5.97%	3.21%	8.05%	39.10%
Calls Answered in 60	87.18%	86.44%	86.04%	79.93%	83.31%	82.52%	82.00%	77.83%	75.66%	85.24%	69.14%	28.61%
5.22 Clinical Contact	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Transfer to 999	12.90%	12.90%	13.06%	13.55%	12.99%	13.72%	14.15%	13.38%	13.18%	13.31%	12.21%	10.53%
Attend A&E Dept	8.72%	9.11%	9.16%	9.67%	9.28%	9.60%	9.31%	8.67%	8.54%	9.51%	8.90%	5.85%

The new 111 Integrated Urgent Care service commenced operations on 28th March 2019, after the expiry of the previous Kent Medway Surrey and Sussex (KMSS) 111 service. The new operating area of Kent, Medway and Sussex (excluding East Kent) comprises 11 Clinical Commissioning Groups and resulted in 1,004,363 calls entering our system throughout the twelve-month period.

Our service level improved throughout the year as a result of an Operational Recovery Plan, which included robust plans for recruitment, retention, and agent productivity. Our "Calls Answered in 60 seconds" performance started to meet the national average performance in December 2019.

The service also focused on mitigating pressure on the wider health system. The Ambulance referral rate fell significantly throughout the period thanks to increased validation of ambulance dispositions (the outcomes of triage at 111 where an ambulance is required), probing workshops and support for outlier agents. Referrals to A&E services were mitigated by the expansion of direct appointment booking to Urgent Treatment Centres and GP Access Hubs. In addition, the expansion of our clinical cohort within our interim CAS (Clinical Assessment Service) maximised the Consult and Complete rate.

The interim Clinical Assessment Service provides on-site clinical capacity across a range of clinical specialisms, from mental health to dentistry, enabling patients to get the right advice during their call without necessarily being transferred to another service. This was due to launch in full in April 2020 however the COVID-19 pandemic has meant that this has been delayed.

The pandemic impacted on 111's activity (number of calls received) at the end of the financial year. The call volume during March 2020 was double the usual winter peak of December 2019. The service increased operational capacity, and worked extensively with NHS Pathways (who provide the triage computer system) and Public Health England to make changes to the triage system to support 111 health advisers in making correct assessments quickly in respect of COVID-related calls, and to support the process for virus swabbing requests throughout March. Despite a challenging period, the service maintained its focus on quality and patient experience.

Clinical performance

All ambulance services in England are required to report their clinical performance, through a set of Clinical Outcome Indicators, in the following areas:

Outcome from Stroke for ambulance patients:
- Mean time from call to hospital door for patients with suspected stroke (please note this measure was introduced in November 2017 and data is only available in arrears from NHS England).
- Median time from call to hospital door for patients with suspected stroke (introduced in November 2017, data available in arrears from NHS England).
- 90th centile time from call to hospital door for patients with suspected stroke (introduced in November 2017, data available in arrears from NHS England).
- The percentage of suspected stroke, or unresolved transient ischaemic attack, patients assessed face to face, who received an appropriate diagnostic bundle.

Outcome from acute ST-elevation myocardial infarction (STEMI):
- Mean time from call to angiography for patients with confirmed STEMI (introduced in November 2017, data available in arrears from NHS England).
- 90th centile time from call to angiography for patients with confirmed STEMI (introduced in November 2017, data available in arrears from NHS England).
- The percentage of patients suffering a STEMI who receive an appropriate care bundle.

Outcome from Cardiac Arrest – Return of Spontaneous Circulation (ROSC):
- ROSC at time of arrival at hospital (overall).
- ROSC at time of arrival at hospital (Utstein Comparator Group).
- Percentage of patients, where ROSC was achieved, who received a full bundle of care.

Outcome from cardiac arrest – survival to discharge:
- Survival to discharge (overall survival rate).
- Survival to discharge (Utstein Comparator Group survival rate).

Outcome from sepsis:

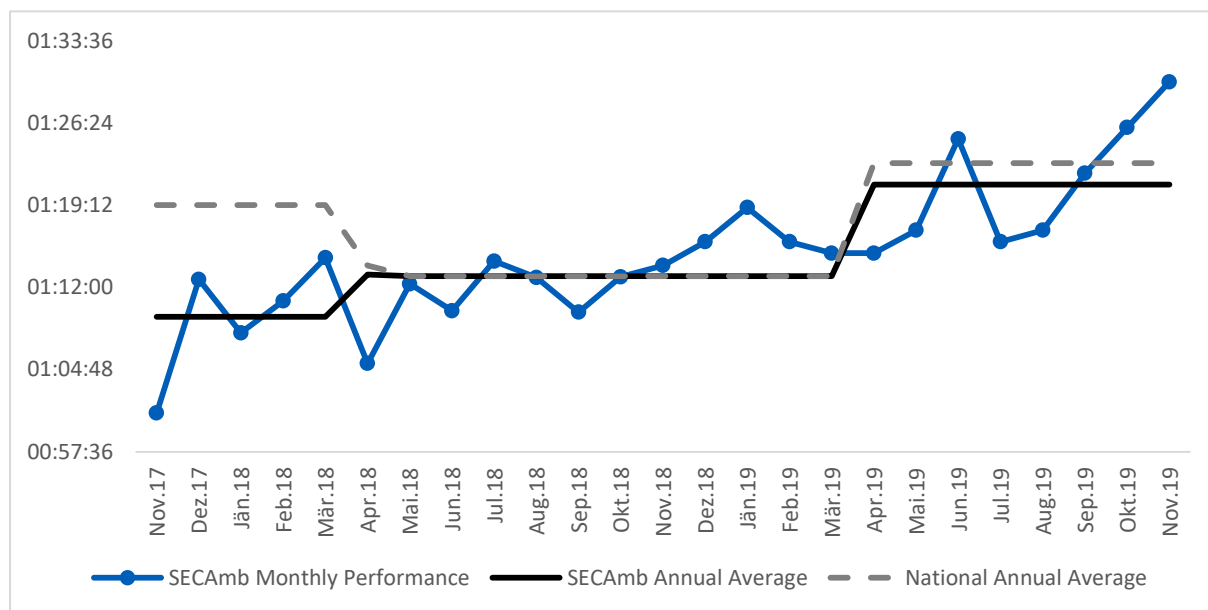- The number of patients with suspected or confirmed sepsis who receive an appropriate care bundle.
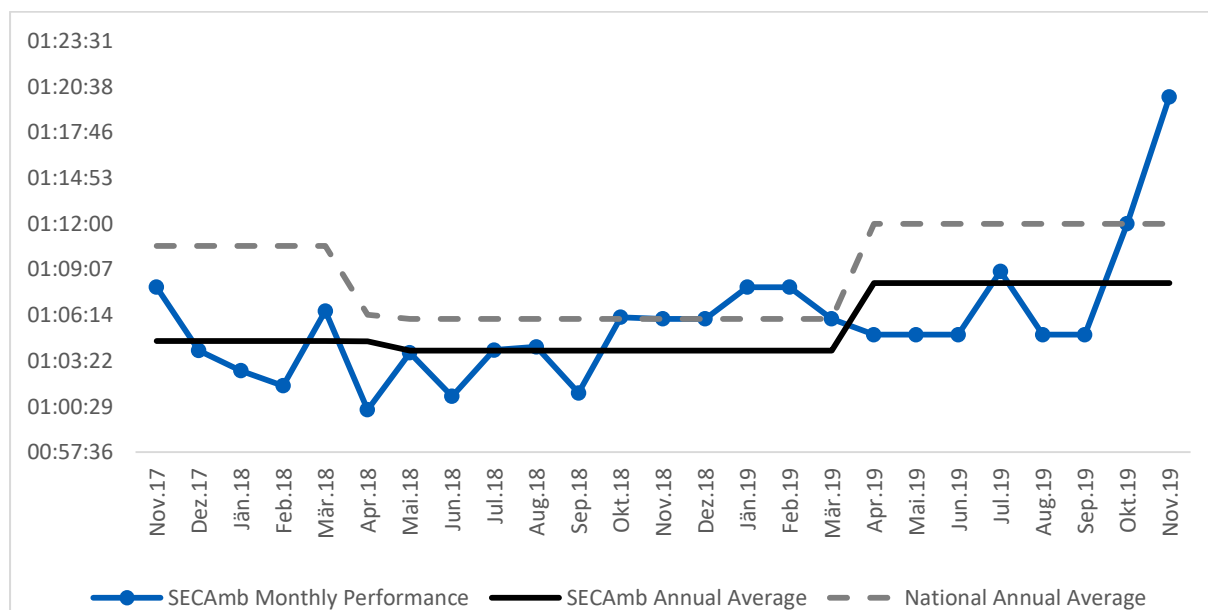
You can see our performance in each area in the graphs below, as well as comparison against the national mean of the other ambulance trusts.

Stroke Care

Mean time from call to hospital door for patients with suspected stroke:

Median time from call to hospital door for patients with suspected stroke:

90th centile time from call to hospital door for patients with suspected stroke:
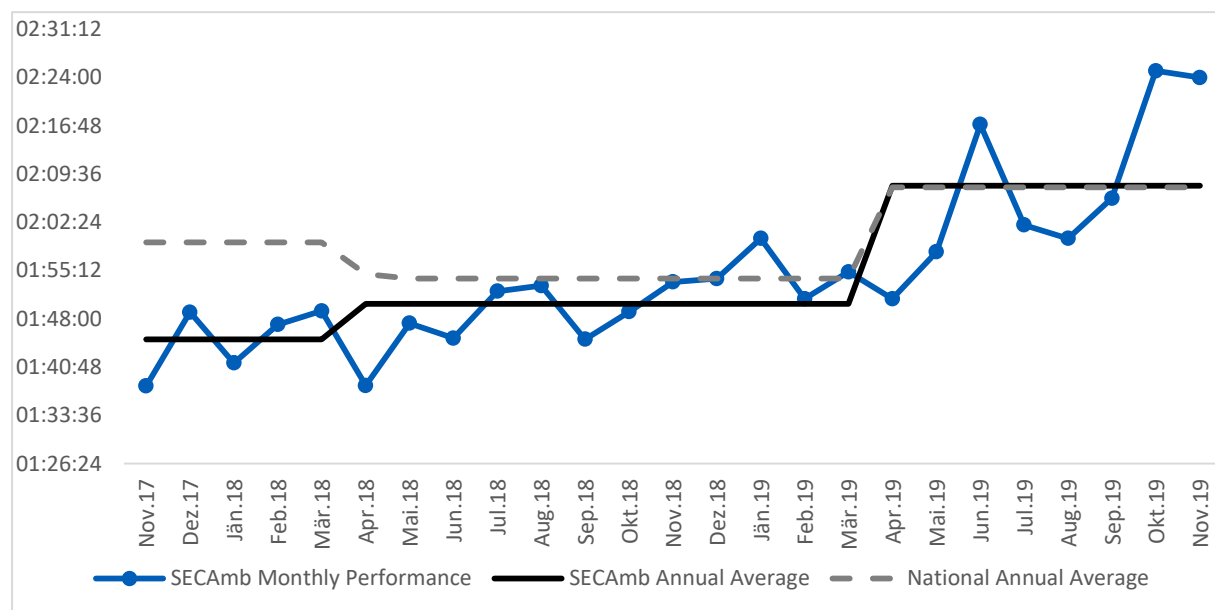
The percentage of suspected stroke, or unresolved transient ischaemic attack, patients assessed face to face, who received an appropriate diagnostic bundle:
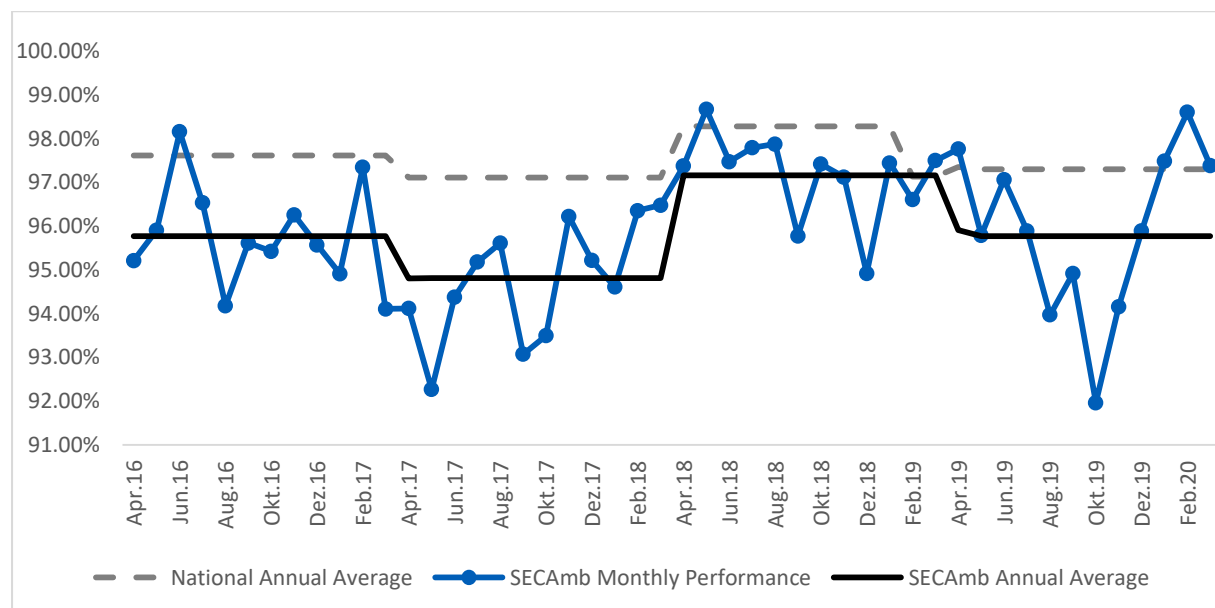
Improving Our Service

In 2019/20, the Trust went live with a new electronic Patient Clinical Record (ePCR) system and electronic Clinical Audit System. Initially, we saw a reduction in performance against the stroke diagnostic bundle. This was due to documentation issues as clinicians built experience in using ePCR. In the final quarter of the year, changes were made to the system to standardise documentation of stroke care. Since then, the Trust has consistently performed above its own and the national

average. In 2020/21 the Trust intends to hold these gains and sustain performance that exceeds the national average.

In 2020/21, efforts will also continue to deliver timely stroke care. We will focus on effective recognition of stroke in the Trust's Emergency Operations Centre and minimal on-scene times for those requiring stroke care.

STEMI Care

Mean time from call to angiography for patients with confirmed STEMI:
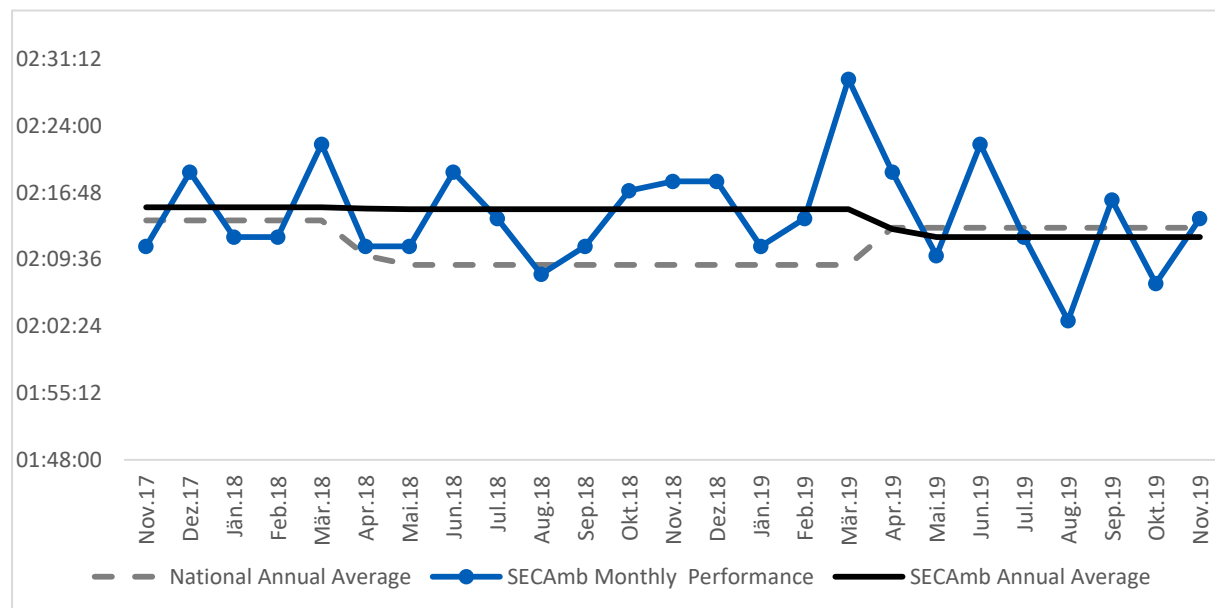
90th centile time from call to angiography for patients with confirmed STEMI:
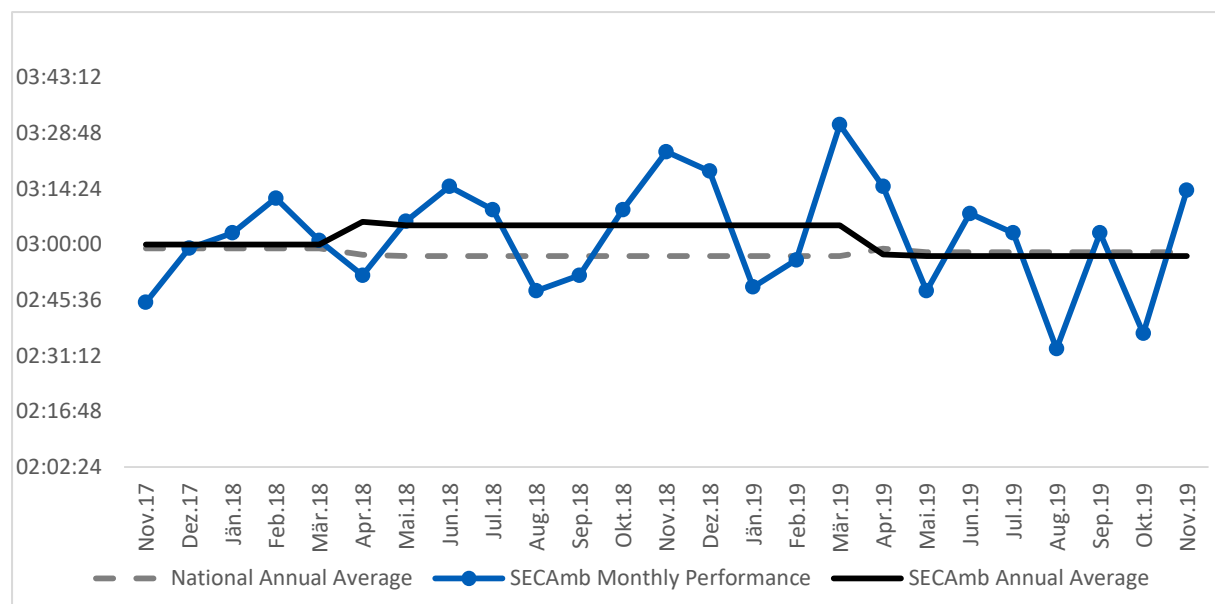
The percentage of patients suffering a STEMI who receive an appropriate care bundle:
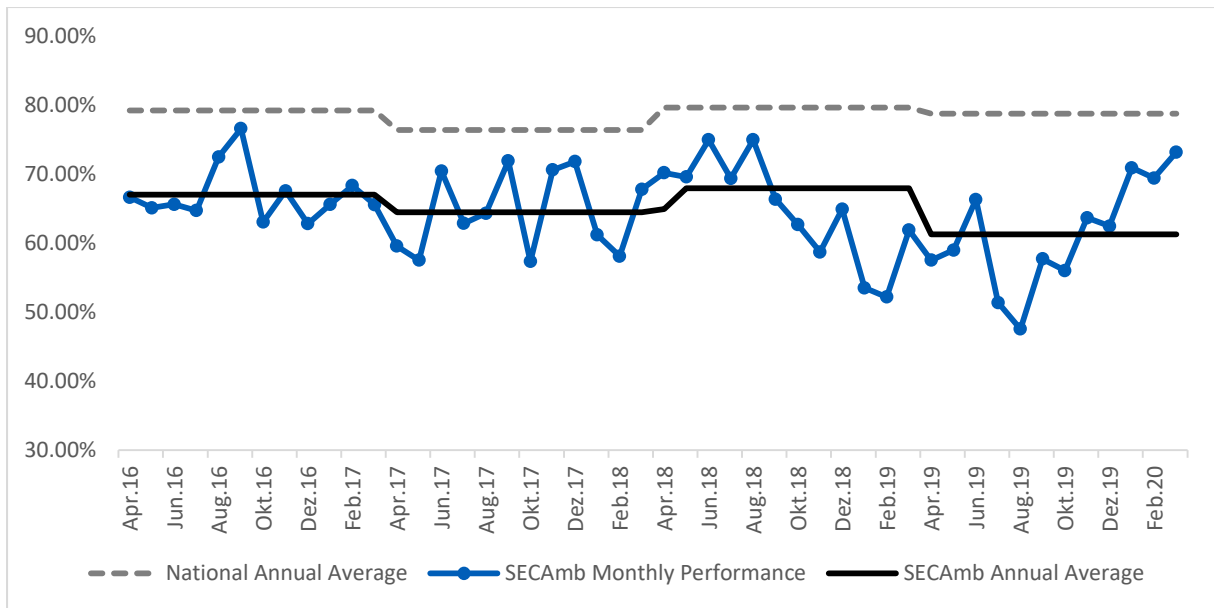
Improving Our Service

The Trust's ePCR system and rapid case feedback to clinicians using the 'Doc-Works' system has led to an improvement in STEMI care that is approaching the national average. In 2020/21 we will continue to improve the design of patient record systems and provide individual development for clinicians to continue to improve STEMI care bundle performance.

The Trust intends to hold the gains in timely care of STEMI patients and produce further improvements by focussing on timely recognition of urgent symptoms and minimal on-scene times.

Cardiac Arrest Care

ROSC at time of arrival at hospital (overall):
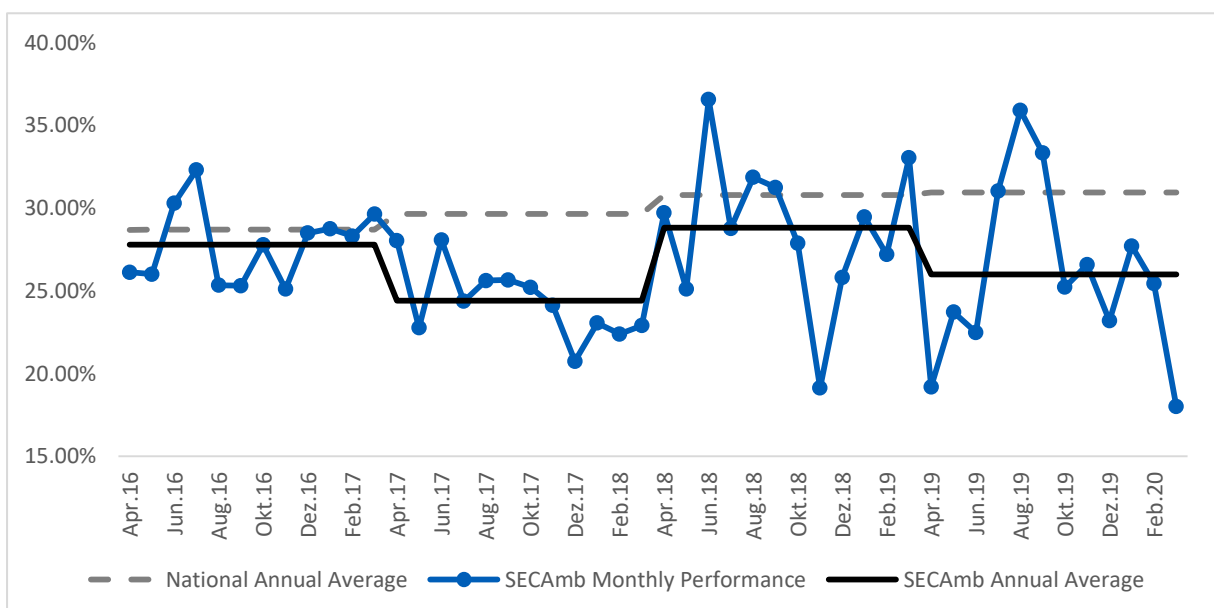
ROSC at time of arrival at hospital (Utstein Comparator Group):
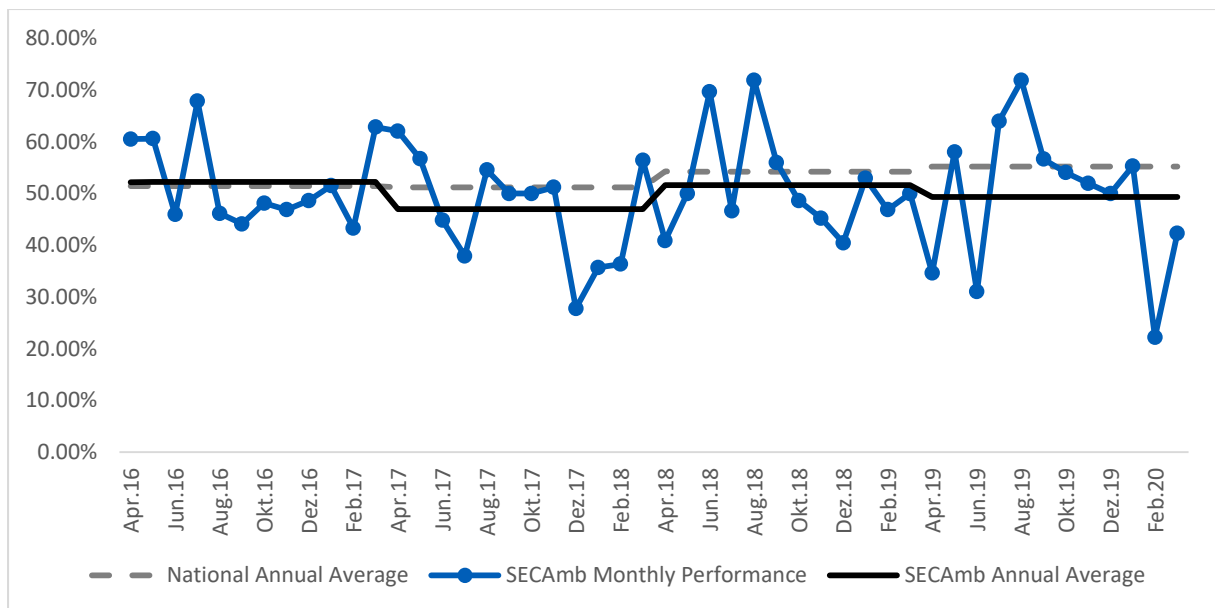
Percentage of patients, where ROSC was achieved, who received a full bundle of care:

Survival to discharge (overall survival rate):
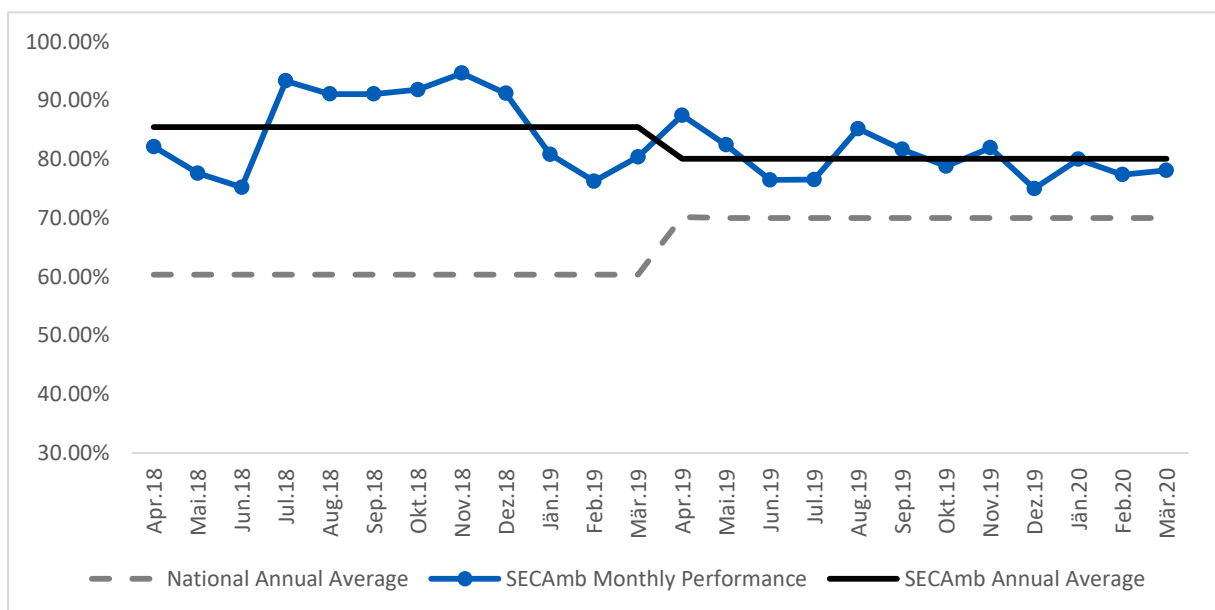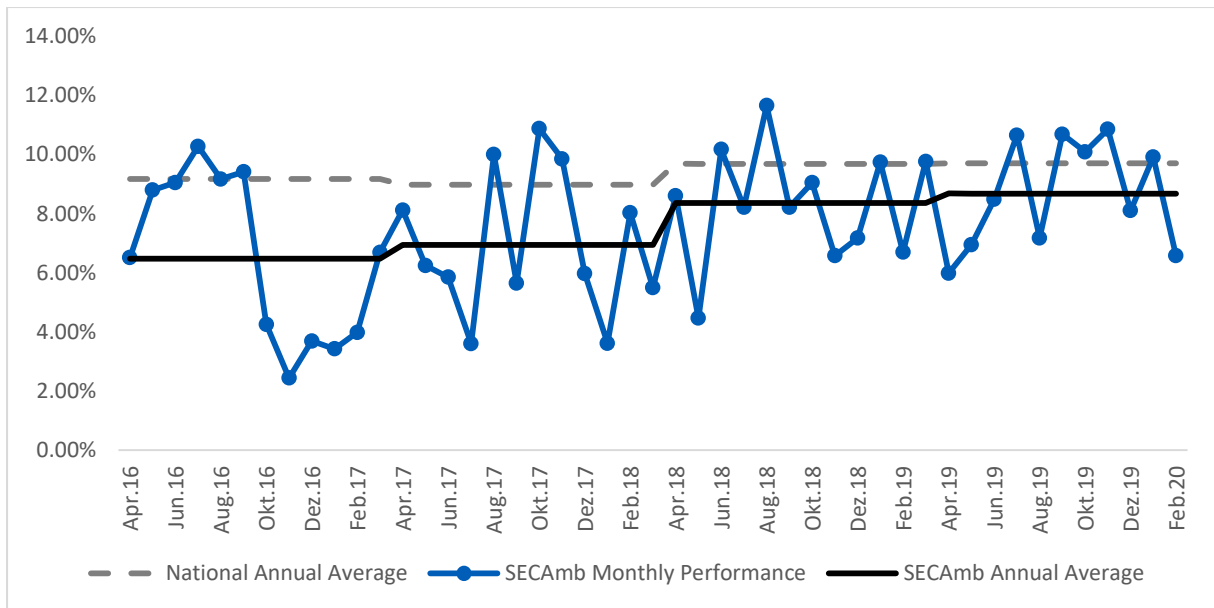
Survival to discharge (Utstein Comparator Group survival rate):
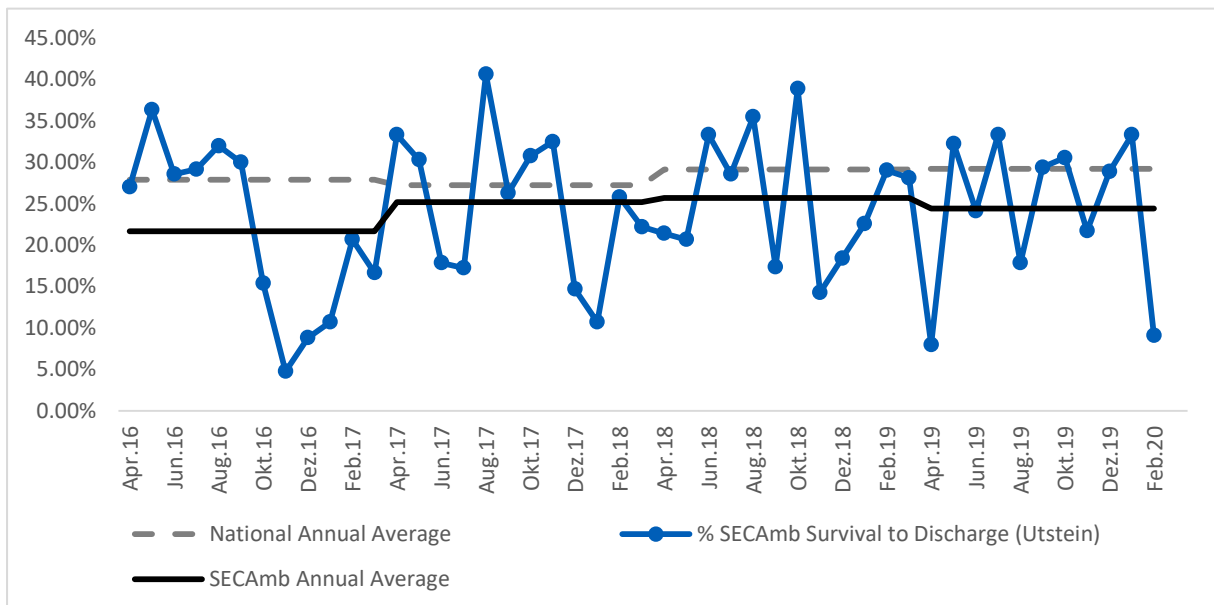
Improving our service

In 2020/21 the Trust will continue to provide frequent resuscitation refresher training to front-line clinicians. Developmental programmes such as resuscitation quality feedback will continue. There will also be a focus on improving the detection of cardiac arrest during telephone triage and commencing rapid telephone CPR and providing community defibrillation where possible.

Improvements will be made to the cardiac arrest section of the ePCR platform in order to improve documentation of the post-ROSC care bundle.

Sepsis Care

The number of patients with suspected or confirmed sepsis who receive an appropriate care bundle:
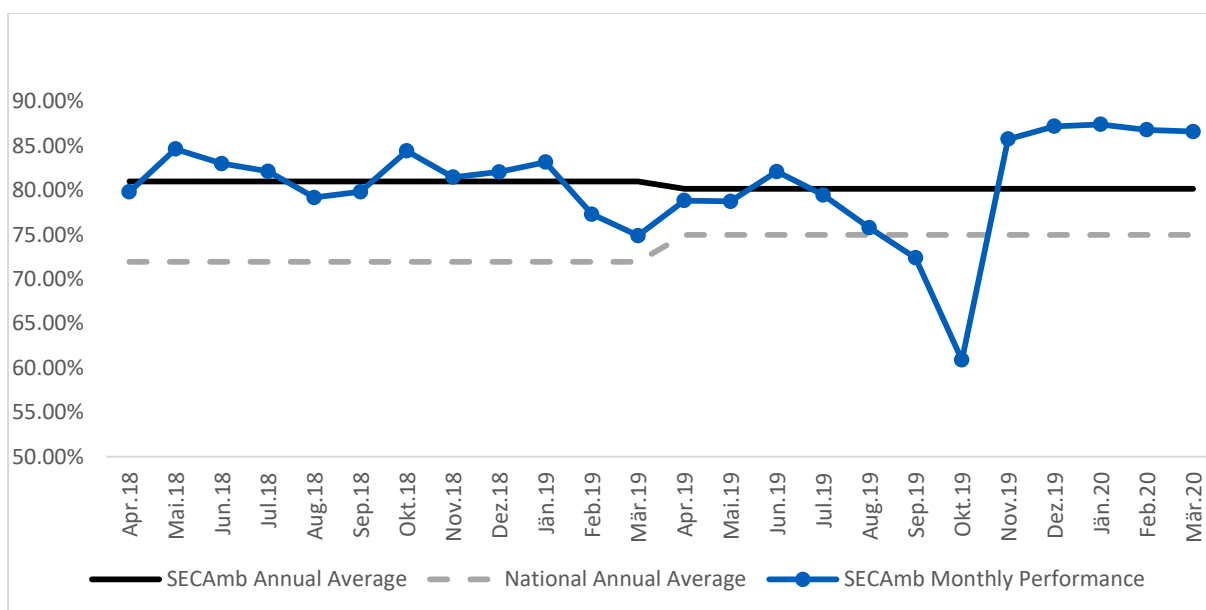
Improving our service

ePCR has led to a sustained and significant improvement in sepsis care bundle performance. The Trust intends to produce further improvements through system design changes.

Financial Performance

Income and Expenditure Summary

This section of the annual report reflects the financial performance of the Trust in relation to the activities for the year ended 31 March 2020. The audited annual accounts for the year are attached as an appendix and they are also available to download from the Trust's website.

The Trust reported a surplus of £0.3m for the full year 1 April 2019 to 31 March 2020. This was a slight improvement on the planned surplus of £0.1m, which was the 'control total' agreed with NHS Improvement. The control total required the Trust to at least make a gross deficit of £1.7m in order to qualify for non-recurrent Provider Sustainability Funding (PSF) of £1.8m, resulting in the net surplus of £0.1m. The Trust made a gross deficit of £1.5m, triggering receipt of the £1.8m PSF and achieving the £0.3m surplus.

The Trust continued its progress towards financial sustainability by further strengthening financial controls and governance. The table below summarises the income and expenditure for the year against plan and the prior year.

Income and Expenditure Summary

Year Ending 31 March	
2020	2019

	Plan	Actual	Variance	Actual
	£m	£m	£m	£m
Income	244.2	252.4	8.2	228.4
Operating expenses	232.4	238.6	(6.2)	217.5
Operating surplus	11.7	13.8	2.0	10.9
Interest, depreciation, and dividend	11.7	13.2	(1.5)	9.5
Gain/(loss) on sale of assets	0.0	(0.3)	(0.3)	1.0
Retained surplus	0.1	0.3	0.2	2.4

Performance Analysis

The underlying financial position of the Trust continued to be challenging during the year. However, within the context of a nationally challenging financial environment, the Trust performed better financially than both plan and prior year.

The Trust continued the momentum on maintaining a sustainable cost improvement programme to achieve the balance between income and expenditure.

Income

Total Income increased by 10.5 percent (£24.0m) compared to the prior year. The Trust and its Commissioners agreed an increase in funding of £19.3m in line with the 'Demand and Capacity' review that concluded in 2017/18 to meet the demand and performance to provide a safe 999 emergency service. Further central funding of £7.2m was received to support the additional NHS employer's pension contribution of 6.3 per cent. This was a notional income to offset the corresponding costs. £1.0m was recognised as reimbursement for Covid-19 costs incurred to the end of March.

PSF included in total income of £1.8m was £2.7m lower than the level received in 2018/19, due to the non-recurrent release of centrally-held funding in the earlier year.

The financial performance of our NHS 111 contract for South East Coast, covering Kent, Medway and Sussex posted a slight surplus. The current block contract was planned to end on 31 March 2020. During the financial year, the Trust was awarded a new five-year contract to deliver an enhanced 111 service (Integrated Urgent Care (IUC) that includes a Clinical Assessment Service (CAS) and GP Out-of-hours) in conjunction with IC24. In response to the increased demand placed on the service to respond to Covid-19, the Trust, its Commissioners and IC24 have agreed to pause the proposed roll-out of the new NHS111 contract, which was due to be launched on

1 April 2020, and will continue with the current NHS111 arrangements in the short term.

Expenditure

Operating expenditure was up 9.7 percent (£21.2m) on the prior year, broadly reflecting the growth in income. Overall, activity in 2019/20 was below plan, although 999 activity rose by 5.5 percent compared to the previous year. The increased expenditure is mainly due to a focused recruitment drive and other initiatives to enhance the frontline and call centre capacity. The NHS Agenda for Change increase in employer pension contribution generated additional spend of £7.2m offsetting the notional income. The Trust further invested in resources including vehicles, Information Technology, training and enhancement in our estate facilities.

Interest, depreciation and dividend increased by £3.7m, predominantly arising from a review of asset lives. Public Dividend Capital dividend payments fell by £0.2m as a result of the improved cash position.

Capital Expenditure

The Trust invested £14.6m in capital assets in 2019/20, which represented an under spend against plan of £17.1m, although this was in line with the revised forecast agreed with NHSE/I. The lower than expected spend was due to delays in the roll out of several strategic estates projects and the move of some vehicle equipment from the capital plan to operating lease.

The investments in the year included acquiring 75 new Double Crew Ambulances to help improve the age profile and efficiency of the fleet, improvement of our technological infrastructure through new systems and renewal, additional clinical equipment for the 999 service and developing the estate in line with strategic priorities.

As part of our multi-year capital plan, the Trust will continue to make significant capital investment to improve patient services and a better working experience for our staff. This includes more ambulances, further investment in the quality of the estate and improvements in the functionality and resilience of our operations centres.

The Trust received formal approval and agreed funding from the Department of Health and Social Care (DHSC) for the Brighton and Worthing Make Ready Centre schemes in the year. Outline business cases have been approved by the Board for Make Ready Centres in Medway and Banstead. £3.8m of DHSC funding was received for these schemes in 2019/20, with a further £3.0m expected in 2020/21.

Cash

The Trust's cash balance as at 31 March 2020 was £28.3m against a plan of £20.6m. The increase in the cash balance of £7.7m during the year, is partly due to the shortfall in the anticipated capital programme, net of central capital bid receipts. Early receipt of the final 999 funding following the year-end settlement with commissioners contributed to an improvement of £2.9m.

Cost Improvement Programme (CIP)

The Trust delivered £7.1m of the planned productivity savings in 2019/20, against the challenging target of £8.6m. This represented 2.9 per cent of the overall income, with 64 per cent of the savings achieved on a recurrent basis. The delivery of efficiencies was adversely affected by inclement weather and Covid-19. The Trust continues to increase focus on the delivery of recurrent schemes that reflect genuine, sustainable productivity improvements.

Counter Fraud and Corruption

The Trust is committed to maintaining an honest, open and transparent environment that seeks to eliminate any risk of fraud and bribery relating to our employees, contractors and suppliers. The Trust has a counter fraud team that works closely with executive management and the Audit and Risk Committee to instil an anti-fraud and anti-bribery culture through all aspects of the organisation.

The counter fraud team maintains appropriate relationships with the organisation's auditors, both internal and external, as well as the counter fraud specialist and security management. Arrangements are in place to undertake proactive reviews to detect potential areas for fraud and to undertake independent investigation of such matters and for appropriate follow-up action through internal audit or the counter fraud service.

All new staff receive counter fraud awareness during corporate induction sessions and regular up-dates and reminders are provided to all staff during the year.

Processes are in place to reduce potential risk though the training of staff and ensuring effective controls are implemented. Staff are provided with several routes through which to refer suspicious activity to the counter fraud team or freedom to speak up guardian, and all matters raised are investigated thoroughly.

Internal Audit Performance

The Trust has an active internal audit program, which is overseen by the Audit and Risk Committee. The programme covers both financial and non-financial controls on a risk basis. A programme of work is agreed, but some flexibility is retained to respond to any concerns that might arise during the year.

The programme is set out in more detail in the Annual Governance Statement, however areas audited included: financial systems (accounts receivable), financial planning, fleet and equipment maintenance, business continuity, staff wellbeing, data quality and health and safety.

Internal Audit has concluded that there is a generally sound system of internal control, designed to meet the Trust's objectives, and controls are generally being applied consistently.

Accounting Policies

The accounting policies for the Trust are set out in the Annual Accounts. Accounting policies for pensions and other retirement benefits are set out in the notes to the accounts and details of senior employees' remuneration can be found in the Remuneration Report.

The number of, and average additional pension liabilities for, individuals who retired early on ill-health grounds during the year can be found in the notes to the accounts.

Capital Structure

The Trust's capital structure is typical of NHS Foundation Trusts. The Treasury provides capital finance in the form of Public Dividend Capital. An annual dividend (representing a cost of capital charge) is payable on the Public Dividend Capital at a rate of 3.5 percent of average relevant net assets. The Trust has accumulated reserves relating to income and expenditure surpluses and revaluations of non-current assets.

Progress against key projects

The Trust's Programme Management Office (PMO) provides governance, project management support and data/reporting capacity to projects and programmes across the Trust. The PMO are allocated to support key projects where the risk or impact of potential failure is deemed great enough to warrant additional resource allocation to ensure success. The function sits within our Strategy and Business Development Directorate and is staffed by qualified Project Managers, analysts and support officers.

During 2019-20 the PMO supported numerous workstreams. An overview of some of the projects supported during the year is set out below, with an update as per year end. This is presented to give assurance around the level of grip and reporting from the PMO, as well as to demonstrate the types of projects the PMO has supported.

Workstream	Progress update
Clinical Recruitment	Aims to ensure appropriate clinical cover in our Emergency Operations Centres. Expected to transition out of PMO into business as usual, managed by Operations, in May 2020. Additional Clinical Safety Navigators and Clinical Supervisors are still sought with advertising continuing and with considerable progress made towards meeting headcount targets.
NHS Pathways Audit	Aims to ensure we fully and consistently meet audit requirements for our Pathways triage system in our EOCs. On hold at year end due to COVID 8 Quality Coaches now in place with a further 3 to recruit post-COVID.
Operational performance in 111	As 111 performance figures pre-COVID demonstrate, effective progress to improve 111 performance was made during the year. Transition to business as usual is on hold due to COVID-19, and performance has been impacted by the pandemic.
Transforming Clinical Education	Formal closure was approved by the Programme Board 31st March 2020 with 3 of the remaining 7 workstreams completed. The 4 remaining workstreams are to be monitored through business as usual activities with oversight from the Apprenticeship Working Group.
ePCR (electronic patient clinical record)	Aims to produce, roll out and monitor effectiveness of a new electronic version of the Patient Clinical Record completed for every interaction of crews with a patient. Formal closure was approved at the Sustainability Steering Group on 11th February 2020. Since closure, ePCR use by area has been increasing week by week, with an average of 84.7% of incidents with an ePCR (as of 13th April 2020). The target was 60% of incidents with an EPCR by 31st March 2020.
Brighton Make Ready Centre	Construction was paused at the end of March for three weeks due to the COVID lockdown requirements. However, work has commenced again, and the site will be operational within 2020.
E-Timesheet	Aims to deliver online timesheets for all staff, dispensing with paper versions. Now intending to roll out in Q2 2020, later than planned due to disruptions caused by COVID-19. Testing of the system is taking place within the Medical Directorate and several trial sites have been identified to start testing in June.

Clinical Education

The Trust facilitates a wide range of education for frontline clinical staff. This has included the delivery of vocational courses to trainee Emergency Care Support Worker (ECSW) and Associate Ambulance Practitioner (AAP) staff, emergency driver training and assessments, and support for internal and external student paramedics studying at partner universities. Newly Qualified Paramedics (NQP) complete a Transition to Practice programme, with experienced external clinical staff attending a Clinical Conversion Course to ensure they are ready to work as SECAmb frontline staff. The annual Key Skills programme for all frontline staff has been facilitated within each Operating Unit, delivered by a range of operational staff, along with a programme to develop staff who completed the older IHCD Paramedic course to provide them with the additional support needed in the developing role of the paramedic.

A significant change in the way funding is used for vocational roles and an ambitious recruitment target has meant a significant growth in delivery of courses over the past year and a shift to employing trainee staff through the Government's accredited Apprenticeship programme. This has affected the way in which ECSW and AAP education courses have to be delivered. There has been a move to accredited (FutureQuals) Level 3 and Level 4 Diploma courses for these roles, and many additional requirements to support learners. Following a two-day Ofsted Monitoring Visit on 31 July and 1 August 2019, which looked specifically at the Trust's apprenticeship training provision, it was found that the Trust had not made sufficient progress in two of three areas inspected. Following these findings, and those of a subsequent Peer Review commissioned by the Trust, it was apparent that further support was needed to ensure that the highest levels of clinical education and training is provided to our apprentices. The inspection also highlighted that the outcomes achieved through the training was felt to be good, but that there was more to be done to ensure that the apprentices were being fully supported.

In September 2019, the Trust set up the Transforming Clinical Education Programme Board to provide oversight and intensive support to some elements of the clinical education function. Following a detailed review, the Trust commissioned accredited external providers to pilot a co-delivery model for providing apprenticeship training for AAPs, running from January 2020 into 2021. With a desire to be clinically focussed in its approach to education, the Trust created a new Consultant Paramedic for Clinical Education post in February 2020.

This has been a very challenging period for the department, which has also faced a high vacancy rate and challenges in recruiting staff into post. For those on courses that have been affected by these challenges, it has adversely affected their educational experience and been a source of frustration for hard working students and educators alike. The changes that have been put in place will see learners on the AAP and ECSW Apprenticeship programme joining SECAmb being educated in partnership with Crawley College, which was recently rated as 'Outstanding' by Ofsted. There are further plans in place to deliver a new Paramedic Apprenticeship programme in partnership with a Higher Education Institution and a revised Clinical Education Strategy will see a commitment to facilitating the clinical development of

the wider workforce within the Operating Units and in supporting and developing Educators within SECAmb.

EU Exit – no deal planning

The Trust spent considerable time and resources in 2018-19 and again in 2019-20 making just-in-case preparations for the possibility the UK would leave the EU without a deal. "No deal" would have meant potential disruption at our borders, particularly in Dover and Calais, with knock-on effects on the flow of traffic (including our ambulances), equipment (including medicines and other clinical stock) and people (including our workforce) across the patch. The potential for disruption to our services to patients was assessed as severe and serious mitigation and contingency planning was required.

In Autumn 2019, the Trust set up an 'intensive scrutiny mechanism' to ensure Trust-wide contingency plans were in place. This was supported by our Programme Management Office, reported to the Quality and Compliance Working Group (made up of clinical and operational leaders) and led by our Emergency Preparedness and Resilience Team.

The work included:

- Revisiting and standing back up some of the structures put in place to support resilience leading up to the first possible 'no deal' leaving date in March 2019;
- Deep dives in several localities, running simulations of potential impacts and testing our plans and leadership structures;
- Securing agreement from other ambulance services to provide mutual aid if required; and
- Liaison across the health and social care sector, with local authorities, transport agencies and with blue light partners to ensure joined up planning and response.

The Trust's access to real-time region-wide data about health system performance and the potential for coordination via our 999 call centres was seen as a real asset.

The plans were not needed, of course, however the learning was great and stood us in good stead when required to adapt and respond to the COVID-19 pandemic.

Social, community and human rights issues

Community First Responders

Our Community First Responders (CFRs) continue to be a valuable asset to the Trust with over 400 playing a vital role in attending emergency calls to the most life-threatening incidents such as cardiac arrest. Working and residing within their local communities often allows them to be first on scene providing early life saving skills such as defibrillation. Our CFRs deliver training to the wider public in life-saving skills and continue to fundraise for local public access defibrillators. We would like to thank all our CFRs for their hard work over the year.

CFR responses 1 April 2019-31 March 2020

Count of CFR Incidents by Category

12219 Count of CFR Incidents	
2337 Count of C1 Incidents	
8651 Count of C2 Incidents	
1141 Count of C3 Incidents	

Count of C1 Incidents ● Count of C2 Incidents ● Count of C3 Incidents ● Count of C4 Incidents (by Hour of Day)
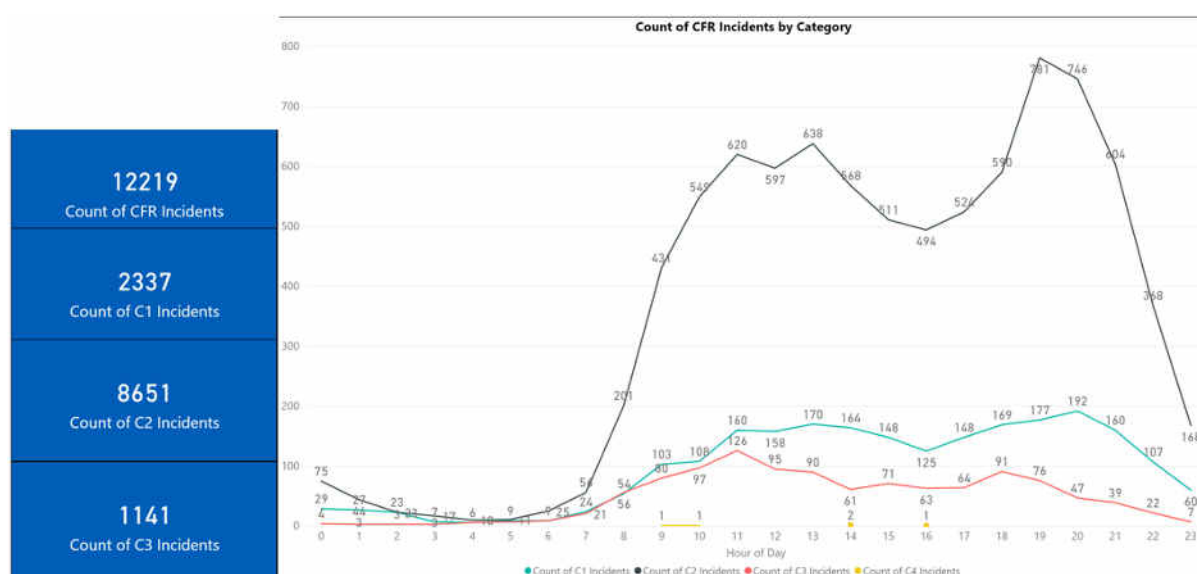
CFR responses by incident type 1 April 2019-31 March 2020

Response times

Category	Mean Response Time	90th Centile Response Time
Cat1	00:08:17	00:13:55
Cat2	00:25:41	00:44:42
Cat3	01:32:53	03:27:52

Top 10 CFR Incident Type Responded To

Incident Type	Count
NHS111 - SECAMB	1.39K
Breathing Problems	1.31K
Chest / Upper Back Pain / Cardiac	1.13K
NHS111	0.90K
Unco - Noisy / Abnormal Breathing	0.85K
Trauma	0.84K
Unco - Normal Breathing	0.79K
Medical Minor	0.77K
Medical	0.69K
Fitting Now	0.63K

Condition	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents
Trauma	35	448	347
Fall Injuries Unknown	11	149	111
Fall Non-injury	4	74	102
Medical Minor	55	619	88
NHS111 - SECAMB	72	1242	70
NHS111	65	780	53
Medical	75	557	50
Breathing Problems	90	1174	41
Concern for Welfare	15	23	39
Bleeding	13	137	30
Collapse - Breathing Normal	19	104	23
Unco - Normal Breathing	243	512	23
Cardiac / Respiratory Arrest	191	33	21
Stroke / Neurological	15	546	18
Chest / Upper Back Pain / Cardiac	11	1102	16
Unco - Noisy / Abnormal Breathing	576	256	15
Fitting Now	532	82	12
NHS111 - Manual Entry	3	96	10
Abdominal / Flank Pain	1	163	9
Back Pain - Lower	1	29	8
Arrest / Peri Arrest	103	14	5
999 - HCP		62	4
Choking	62	14	4
Diabetic Probs	8	44	3
HCP	23	104	3
Information Only	5	63	3
Assault / Domestic		2	2
Burns		1	2
999Amb	6	22	1
Abandoned Call	2	5	1
Headache	2	5	1
Major Trauma	1	14	1
RTC	2	22	1
Suicide	1		1
Alcohol Related	3	2	
Allergic Reaction	39	71	
Drowning / Water Incident	4	9	
Total	**2321**	**8624**	**1118**

The past year for the Community Resilience Team has been busy not only supporting CFRs but looking at innovation and how we can utilise CFRs more effectively in operational performance, assisting patients in a wider role with a wider scope of practice, such as attending fallers. We are also making good progress in making improvements to mobilisation utilising new technology. This will allow a timelier response as well as an improved experience for CFRs.

We have continued to focus heavily upon quality and compliance to ensure all our CFRs have the best training and education available to them and that they remain up to date in all aspects of clinical practice.

We have been fortunate to recruit two Education Facilitators to the team, who have been working with colleagues nationally to develop a new accredited CFR education programme to better meet the needs of responders and patients. SECAmb continues to play a key part in this project and we hope to be one of the first Trusts to trial this new programme. This needs to go through the Trust's governance processes and be further developed, however if approved, would see the introduction of a nationally recognised standard of CFR education, allowing transferability when CFRs move to other areas.

Public Access Defibrillators

Although CFRs play a vital role in supporting ambulance services nationally, they cannot be everywhere a cardiac arrest occurs to provide a timely response. Sudden cardiac arrest continues to be the one of the leading causes of death outside of hospital. To help address this, we have a large number of Public Access Defibrillators (PADs) available to the public: the Trust has over 3000 PAD sites across our geographical area with over 1500 available to the general public 24/7. We are working in partnership with the British Heart Foundation to transfer our database of defibrillators to a new National Defibrillator Network, known as *The Circuit*. This will see local guardians empowered to maintain devices within their area, whilst providing greater oversight and assurance regarding maintenance. Crucially, it will streamline the registration process and improve local and national awareness of defibrillators and their locations. We also anticipate being involved in the national Restart a Heart campaign again this year to train members of the public in basic life support.

Chaplains

Our Chaplains continue to volunteer to provide pastoral support to both our staff and volunteers. The Chaplaincy service complements other wellbeing support measures that the Trust has in place and are described elsewhere in this report. We currently have 27 Chaplains across the Trust dealing with on average 3 referrals per week. Chaplains are involved in the wider work of the Trust attending meetings and supporting where appropriate. The Chaplaincy remains non-denominational, and there is a commitment to support staff from all religions and none.

Philip Astle, Chief Executive Officer

Date: 10.06.20

Accountability Report

Directors' Report

The Board of Directors

The Board of Directors is responsible for all aspects of the performance of the Trust. All the powers of the Trust are exercised by the Board of Directors on its behalf. The Board of Directors is made up of both Executive and Independent Non-Executive Directors.

The Executive Directors manage the day to day running of the Trust, whilst the Chair and Independent Non-Executive Directors provide advice, particularly regarding setting the strategic direction for the organisation, scrutiny and challenge based on wide-ranging experience gained in other public and private sector bodies.

The Council of Governors holds the Independent Non-Executive Directors to account for the performance of the Board and represents the interests of members and the wider public. The Council has statutory duties, which include appointing or removing the Independent Non-Executive Directors and setting their remuneration.

Independent Non-Executive Directors are appointed by the Council of Governors for three-year terms of office and may be reappointed for a second, three-year term of office. Independent Non-Executive Directors, may, in exceptional circumstances, serve longer than six years but this should be subject to annual re-appointment. Serving more than six years (post authorisation as an FT) could be relevant to the determination of a Non-Executive Director's independence.

The Board has reviewed and confirmed the independence of all the Non-Executive Directors who served during the year. Non-Executive Directors' appointments can be terminated as set out in the Trust's constitution.

The appointment of the Chief Executive is by the Independent Non-Executive Directors, subject to ratification by the Council of Governors.

In 2019/20, the Trust Board as formally constituted included the Chair, eight Independent Non-Executive Directors (NEDs), the Chief Executive and six Executive Directors.

During the year, there were several changes to the membership of the Board, of which you can read more below.

There is extensive experience of the NHS within the current group of Executive Directors and the Board is satisfied that overall there is a balance of knowledge, skills and experience that is appropriate to the requirements of the Trust.

The Council of Governors and the Board of Directors of SECAmb are committed to working in a spirit of co-operation for the success of the Trust. Every effort will be made to resolve disputes informally through the Chair, or, if this is not appropriate, through the Senior Independent Director.

In the event that the Council considers the Trust to have failed or be failing to act in accordance with its Constitution or Chapter 5 of the NHS Act 2006, the Council would make the Board aware of the Council's concern and the Council and Board

would then attempt to resolve the issue through discussion. This process would normally be led by the Lead Governor and the Chair. Where this fails, or where discussion through the Chair is inappropriate, the Senior Independent Director would act as an intermediary between the Council and the Board, with the objective to find a resolution.

As mentioned above, there have been a number of changes at Board level during the year.

On 12 November 2018, the Trust announced that Chief Executive Daren Mochrie had decided to leave the Trust on 31 March 2019, to take on a new role as Chief Executive of North West Ambulance Service. On 28 March 2018, the Trust announced that Philip Astle, then Chief Operating Officer at South Central Ambulance Service, had been appointed as the Trust's new Chief Executive.

Philip joined the Trust on 1 September 2019. Between 29 March 2019 and 31 August 2019, Medical Director Dr Fionna Moore took on the role of Interim Chief Executive.

Colleagues acted up in the Medical Director role while Fionna was Interim CEO: Magnus Nelson (Assistant Medical Director) from 1 April 2019 – 5 June 2019 and then Richard Quirk (Deputy Medical Director) from 5 June 2019 – 31 August 2019. Fionna had some leave late in the year and Richard covered the Medical Director role again from 16th December 2019 – 10th February 2020.

Ed Griffin (Director of HR and Organisational Development) left the Trust on 29 April 2019. Paul Renshaw was with us as Interim Director of HR and Organisational Development between 22 April 2019 and 31 January 2020. On 27 January 2020 Ali Mohammad joined the Trust as substantive Executive Director of HR and OD, with a short overlap to enable handover from Paul Renshaw.

On the Non-Executive side, Adrian Twyning left the Trust on 20 May 2019 to focus on his expanded professional role outside SECAmb. Angela Smith left the Board at the end of her first term of office, on 31 January 2020, after chairing our Audit and Risk Committee. We thank both Adrian and Angela for their service with the Trust.

Howard Goodbourn was recruited as a NED and joined the Trust on 9 March 2020.

The Trust Board is supported by seven standing Committees:

- Appointments & Remuneration Committee
- Audit and Risk Committee
- Charitable Funds Committee
- Finance and Investment Committee
- Quality and Patient Safety Committee
- Workforce and Wellbeing Committee
- Nominations Committee

Performance Evaluation

The Board met in public every other month during the year save for in March 2020 when the planned formal meeting in public was not held in order to enable the Board to meet in private to discuss the Trust's response to the COVID pandemic. Meetings are routinely observed by members of staff, governors, external stakeholders and members of the public.

Each meeting is voice-recorded so that stakeholders can listen to the discussions and these are made available on the Trust's website.

Positive feedback is regularly received from observers, about the relevance of the issues received and the challenge demonstrated, particularly between the Independent Non-Executive and the Executive Directors.

The Board has a well-established structure, based on the model and roles of a unitary Board, and the principles of good governance. Its four main committees report to the Board after each meeting, confirming the level of assurance it has received relating to the areas it has reviewed. Each committee is chaired by an independent non-executive director, and taking a risk-based approach scrutinises assurances that the system of internal control used to achieve objectives is well designed and operating effectively.

In addition, the Board held several development sessions in the months between formal meetings. Areas of focus included its specific duties around developing the Trust's Strategy (three meetings). A development session was not held in December.

The Board now meets twice a year with the Council of Governors to undertake strategic activities and facilitate an effective relationship between Board and Council. In May they discussed what it means for the Trust to be a membership organisation and in November reviewed the Trust's emerging strategy.

NHS Improvement Well-Led Framework

The Trust Board regularly assesses leadership capacity and capability and has in the past year continued a review of leadership in the Operations Directorate, with appointments made to new Associate Director positions. Leadership in our Clinical Education Team has also been reviewed and new appointments made. A programme of training for first line managers was developed during the year to provide them with the skills and knowledge they need to effectively manage their teams. This was rolled out in early 2020 but paused due to the COVID-19 Business Continuity Incident. It will recommence in the coming year.

The Board has spent a lot of time this year reviewing the Trust's 5-year Strategic Plan. This has included a workshop with the Council of Governors and engagement with our Commissioners and other stakeholders. The Strategy was due to be approved in March 2020 but has been postponed due to our COVID response.

Work continues to be developed to ensure clarify of roles and accountability within a defined governance and assurance framework. As set out in the Annual Governance Statement the Board has a well-established committee structure. Committees are guided by an assurance purview map which includes the well-led key lines of

enquiry, and seeks assurance that the Executive continues to maintain a sound and effective system of internal control.

The Performance Overview details the outcome of the CQC inspection in Summer 2019. The previous year's inspections had identified the need to strengthen governance in several areas and we were pleased that there were no 'must dos' or 'should dos' relating to governance that were reported by the CQC.

Quality: improvements in patient care

In normal years, the Trust sets out in detail its approach to quality improvement in the Quality Report appended to this Annual Report. NHS Trusts have been advised by NHSE/I to cease work on Quality Reports in order to focus attention on the National response to the COVID-19 pandemic. Nevertheless, a lot of work has taken place during the year to improve the quality of our patient care and set quality improvement objectives for the coming year. Progress has been reported both internally and externally to key partners throughout the year. This work is set out in summary below and was correct up to December 2019.

Progress against our quality objectives 2019/20

This briefing provides an update on progress until the end of December 2019 in relation to the 4 key priorities which South East Coast Ambulance Service NHS Foundation Trust (SECAmb) agreed for 2019/20. As the attention focussed on the response to COVID-19, minimal work was undertaken from January 2020 onwards.

Whenever possible we have demonstrated the impact on patient care that is already evident. However, it must be noted that a lot of the work is 'in year' work which is expected to start to deliver results within the next financial year. It is likely that some of this development work will need to continue into 2020/21.

This year we focussed on SMART recommendations and this has been positive in terms of measuring the progress of our priorities.

Improving survival from out of hospital cardiac arrest – Objective partially achieved

This priority builds upon previous work in 2018/19. There have been some capacity issues associated with this workstream in terms of training for staff in the Emergency Operations Centre and releasing a revised cardiac arrest strategy.

We said that that the new Resuscitation Policy would be embedded throughout 2019/20. We have now approved our strategy, and this is now being used in practice.

We said that we will support early bystander CPR. We have started to address this with a number of activities set out below:

Basic Life Support and use of an Automated External Defibrillator (AED) is being taught on the Emergency Operations Centre (EOC) Key Skills programme in order to increase confidence in staff. So far, we have provided 2 sessions to approx. 50 staff. This training continues however this is an area where we have a high turnover of

staff, which affects the percentage of staff trained. We have a separate workstream within the organisation which is addressing retention in our Emergency Operations Centre. In addition, some capacity issues within our medical directorate have impacted on the work stream associated with EOC.

We have now launched GoodSam, a national initiative, that identifies and alerts users to a cardiac arrest and targets bystanders with knowledge of CPR to cardiac arrests within their immediate vicinity. Currently we are only focussing this on attracting staff employed by SECAmb who have undertaken our internal key skills training. By 31st December 712 staff had been accepted onto the system. We are starting to collect data on how many beacons have been responded to by staff and are collecting patient stories where we can demonstrate where we have saved patient's lives.

We said we will improve times for early defibrillation. We continue to work with the British Heart Foundation on their project to develop a national defibrillator network. So far, we are not seeing an improvement in use of public access defibrillators. There is some evidence from a few incidents that their use has been limited by the times the defibrillators are available (some are in buildings and subject to opening times). However other incidents suggest that we need to support further work to encourage their use within our EOC and actions have been agreed.

We collaborated with the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) development of guidelines around Early Life Support and standardised care. The 2019 Guidelines have been integrated into Trust training and are now embedded into practice. A cardiac arrest checklist has been included in key skills training. Cardiac arrest is a fast-moving high-pressure environment and the checklist supports crews to follow guidelines. This will be supported by updated policy and a clinical bulletin.

We said we will provide training which establishes competence in practice. A bespoke 1-day training package of training for key skills continues throughout the year and feedback has been resoundingly positive.

We said we will evaluate our practice. The Trust took the step to create the role of a Cardiac Arrest Analyst earlier in the year and this has been working well. The Clinical Audit department are continuing to develop a cardiac arrest registry and evolve our review and reporting on Out of Hospital Cardiac Arrest. Feedback mechanisms for staff attending OHCA are now in place, supporting learning. All staff now receive a copy of their download for reflection and any specific learning is identified. A full thematic analysis will be undertaken at year end but is unlikely to be available for the final quality account report this year.

We will be developing a stand-alone Resuscitation Strategy which mirrors the Global Resuscitation Alliance '10 programmes' for improving out of hospital cardiac arrest (OHCA).

Improving the care of patients with mental illness / disorder - Objective Achieved

We said that our policies and procedures will reflect up to date national guidance and legislation and we will be able to demonstrate where changes have been made if required. In collaboration with Surrey Police, we have developed our clinical response protocol for the management of acute behavioural disorder (ABD), and this is now available as an interactive learning package.

The SECAmb ABD Group is now looking at the development of clinical protocols on scene for specialist paramedics (clinical sedation) in collaboration with our police colleagues.

Our review into training for front line staff in mental health has been taken to the National Ambulance Mental Health Group (NAMHG) for further discussion and approval. The SECAmb Consultant Mental Health Nurse is co-leading these discussions as part of a national workstream.

We said that we have develop a programme of audit for mental illness disorder. From November 2019 we started to audit our performance in response to Section 135(1) of the Mental Health Act. This provides police with a power under warrant to remove a person from a dwelling if it considered they have a mental disorder and that they may be in need of care and attention for this. Once data collection for Section 135(1) is reliable we will start to report this. Currently there are low reporting levels due to Mental Health Trusts not reporting sufficiently and confusion with policy. These challenges are being addressed.

We said we will implement and audit our clinical assessment tools. The UK Mental Health Triage Scale triage tool has been approved for use and our mental health practitioners in partnership with SPFT have completed internal training for its use.

We have developed a draft audit tool to monitor the effectiveness and impact of our mental health practitioners in EOC.

We said we will have continued to recruit and embed mental health professionals to the Emergency Operations Centre and Clinical Assessment Services. We have recruited to additional mental health practitioner posts for our Emergency Operations Centre and the band 7 senior practitioner post has been approved and will be recruited to. We continue to recruit to the remaining vacancies and have experience some turnover of staff.

From February 2020, we plan to monitor and start to report on the clinical effectiveness of the use of mental health professionals in our EOC. For example, potential reductions in conveyance. Initial results are likely to be affected by the fact that we are still recruiting to full capacity.

At present we are integrating clinical tools and practices with our mental health practitioners in our West Emergency Operations Centre with Sussex Partnership Foundation Trust (SPFT) 'Single Point of Access' staff who will be co-located. This includes access to SPFT clinical data systems for our staff which will give us clinical information enabling the safer and more effective management of our patients.

We said we will continue to work collaboratively with partner organisations including the Police and mental health providers, via the locality crisis care concordats and

other forums to ensure that patients who come into contact with our services both directly or via the Mental Health Act, receive appropriate care and treatment. We have collaborated with Surrey Police to develop our protocol and training for acute behavioural disorder. The Haven in Hove is now well established and used by our service as an alternative to Emergency Departments. This aim of the Haven is to provide a more appropriate response to patients in crisis. The SECAmb mental health team has been involved in the current development of a number of new "Haven" facilities in Kent, Surrey and Sussex.

The co-location of single points of access (SPA's) with our mental health provider colleagues (Sussex and Kent) is progressing well with the Sussex co-location due to go live in West EOC on February 25th. This will provide patients with faster access to mental health expertise and advice and where necessary onward care and treatment. We are now engaging with mental health providers in Kent to look at the development of several similar facilities that may be utilised by our services in the East. We continue to work jointly with our mental health provider colleagues in Sussex and Kent to co-locate their single points of access in our East and West Emergency Operations Centres.

On December 2nd we commenced a pilot with a private provider (Secure 24) to convey mental health patients requiring transportation for admission to mental health facilities. This initiative has involved consultation with commissioners and SPFT and will initially run for a pilot period until the end of the financial year. This service is for informal patients and for those detained under Sections 2 and 3 of the Mental Health Act in the Sussex locality. We have previously struggled to meet an acceptable standard in the timely response for transport with this patient group and we hope that this service will significantly reduce waiting times for patients requiring transport to ongoing specialist treatment facilities

Our review into training for front line staff in mental health training has been taken to the National Ambulance Mental Health Group (NAMHG) for further discussion and approval. The SECAmb Consultant Mental Health Nurse is co-leading these discussions as part of a national workstream.

We said we will continually monitor and report data which reflects that patients who are known to be subject to Section 136 Mental Health Act receive a category 2 response time. In addition, we will continue to work with the Police to improve communication so that this information is better communicated between both agencies.

We continue to audit our performance in response to Section 136 of the Mental Health Act with the police via the Concordat Groups. This performance is reported within our integrated performance report up to and including Board level. (This section gives police the power to remove a person from a place other than a dwelling to a place of safety, when they appear to be suffering from a mental disorder and deemed to be in immediate need of care).

Successful response to Section 136 is reliant on close working practices with Police Colleagues and we have ongoing collaborative relationships with all Police Forces

within our Region. This work is also supported and monitored by local Mental Health Concordats which are Police led. SECAmb is a member of all mental health concordats within the region.

We said we will develop a process whereby we can monitor and report the number of safeguarding referrals for patients with a known mental illness /disorder. The mental health team jointly provides training on the Mental Capacity Act with the Safeguarding team. We are currently reviewing our data collection systems to evaluate the clinical effectiveness of this.

We said we will report on any emerging trends and learning arising from incidents / complaints / serious incidents where management of mental illness is known to be a factor. The Consultant Mental Health Nurse (CMHN) continues to receive notifications of incidents where there is a mental health component for professional review. In July-December, 27 incidents were reviewed by the CMHN. The most common themes of these reports were incidents of self-harm.

We said we will have evidence of work with our partners to identify potential strategies to monitor and learn from patient experience of our service and will have started to collect feedback. A draft Patient and Carer Experience Strategy was completed at the end of December 2019. This was co-developed with key stakeholders. The development included three stakeholder events, one per county, to seek the views of our patients, their carer and key stakeholders. This work was also supported by an online survey which resulted in 282 responses, the majority of which were patients and the public. Both forms of dialogue asked patients what matters most to them. The draft strategy encompasses what patents told us matters most. Whilst we did not ask directly, some patients and carers at events told us that they had experienced or were experiencing a mental illness. However, this is only a small representation of the view of patients with mental illness and disorder.

The events also supported the organisation to forge stronger links with external partners who can help us to access the views of patients with mental illness and disorder. It has supported stringer relationships with all Health Watch organisations within our region. We have started to receive some data and feedback via this route (which does include the views of this group of patients) and have plans to meet on a quarterly basis to review and respond to the rich information to which Health Watch can give us access. Once the draft strategy is agreed, we will review our methods for patient feedback and how we focus on key groups including patients with mental illness.

Obtaining patient feedback remains as challenge which is being reflected in ambulance trusts nationally. As such this has been addressed by the NAMHG and a representative from MIND will be attending the February meeting to discuss further options.

The Patient Experience Team (PET) within SECAmb receive calls from callers where there may be a mental health need. The team has a direct link to the CMHN and therefore has the ability to provide information and seek advice in cases where there is a concern. The Mental Health Team continues to work with the PET to look at how

they respond to categories of call/interactions with callers who may have mental health challenges. Such situations can be dealing with challenging behaviour or individuals expressing self-harm/suicidal ideation.

Safety within our Emergency Operations Centre – Objective Achieved

Patients who use 999, access our services via the Emergency Operations Centre. This is our first opportunity to assess and appropriately respond to their condition. The Care Quality Commission (CQC) inspection published in November 2018 identified potential issues relating to how we identify and manage the stack of patients waiting for an ambulance. At times patients waited outside the times detailed in the policy for a welfare call. Insufficient staffing was also a key issue. Some of these concerns have been reflected by trends for serious incidents and complaints.

On 15th August 2019, the CQC published their 2019 inspection results. The emergency Operations Centre was rated as good overall. It was rated good for safe, effective, caring, responsive and outstanding for well led. This was an improvement from the previous inspection. The 999 EOC and 111 Senior Leadership teams have amalgamated into a single team. This allows greater consistency, alignment and improvement through shared understanding and benefits of scale.

Significant work has been undertaken across a range of areas within the Emergency Operations Centres, building on from the CQC Must / Should Dos (2018 inspection) and as part of the wider move towards Integrated Urgent Care by the Trust.

We said we will implement staffing optimisation, location utilisation and performance quality monitoring trajectories to ensure compliance with CQC Must do for clinical safety within the EOC.

We committed to improve the numbers of Emergency Medical Advisors (EMAs) employed within the EOCs to ensure that there were sufficient staff to answer 999 and other calls from the public, health care professionals and other emergency services. This improves patient safety by ensuring that all callers are able to talk to someone in a timely manner, and for patients waiting for an ambulance response it enables them to let us know if their condition is worsening and the ambulance response priority requires increasing. Supporting our EMAs is a wide multi-professional team of non-clinical staff providing supervision, such as senior EMAs and coaches, together with clinical staff including Clinical Safety Navigators, Clinical Supervisors, mental health specialists, midwives, specialist and advanced paramedics all of whose practice is overseen and managed by a team of Operations Managers Clinical – who are all themselves practicing clinicians.

This has resulted in a significant improvement in call-answering performance as reported nationally and in December 2019 call handling performance achieved a three-second mean (against a five second target) and one-second 90th percentile (against a ten second target) call answer rate. The Trust handled 74,162 emergency 999 calls during December, an 8.1% increase over the previous year. As a result of sustained progress and improvement, we are now seeing the Trust performance at

the highest level in this domain against its peers; accordingly, the CQC 'Should Do' project has moved to business as usual

We said we will increase the establishment of Resource Dispatchers, increase the number of dispatch desks and implement new allocation procedures so that patients receive a response in line with the National Ambulance Response programme.

As part of the Trust continuous improvement journey, the Trust has engaged with an external organisation, ORH, to review resources activity and geography such as to ensure alignment of workload and resources enabling our dispatch function to be able to deploy resources in a timely manner, consistently. In practice this has meant, within the EOC, that during times where operational activity decreases where we had 14 dispatch desks 24/7, at certain times we now reduce the number of dispatch desks and operational dispatch areas to 11. This enables periods of higher activity to flex up the number of dispatch desks and the way we deploy resources to better meet patient's needs.

We said we will continue to undertake 'clinical tail audits' on cases where patients have not received an ambulance within national timescales for their condition. We will embed learning from this. Clinical Tail Audit is being undertaken by the operational team but the function will transfer to the medical team. Welfare call-backs are not at the level we expect due to capacity within the operational team. This correlates with learning from Serious Incidents reviews and is an area of continued focus.

We said when the Trust experiences higher than expected volumes of calls we will continue to audit and embed learning about incidents on patients who are not sent an ambulance and given alternative advice such as make own way to hospital. Audit is being undertaken and whilst the completion of this audit remains a challenge, audit continues to identify occasions where the Trust was not compliant with its own processes, albeit in small numbers and with no reported cases of harm.

Care of patients who fall - Objective Partially Achieved

We said we will continue to embed use of our flow chart in our Emergency Operations Centre which should be used to assess patients who have fallen. We continue to use our fallers flow chart in our Emergency Operations Centre and we audit the use of this. Currently audits suggest that its use is not at the level we would like. However, anecdotal evidence suggests it is used widely and that clinicians are not ticking the box to say it has been used. We are looking into how we collate data accurately.

We said we will work with partner organisations and our volunteers to explore how patients who have fallen can be more quickly assessed whilst waiting for an ambulance. A project for CFRs attending falls continues to progress but has not mobilised. Significant background work is required in order to ensure that any service is safe. This includes potential follow on clinical visit and also clarity re scopes of practice for the Community First Responders.

We have developed a Faller Advice flowchart for care homes, which was approved by our Professional Practice Group. This aims to provide care home staff with the confidence to safely assess their residents who have fallen and, if safe to do so, lift them from the floor. This supports our work to reduce the number of 999 calls we receive for falls so that we can focus on those most in need. It also promotes improved patient experience as patients are less likely to lie on the floor waiting for an ambulance if it is not necessary.

We have collaborated with our Clinical Commissioning Groups (CCGs) to promote this tool with care homes. West Kent CCG has distributed this to all of their care homes and they have very recently provided funding for Mangar Camel lifting cushions in the top 50% care homes who use the ambulance service for falls of residents. It is too early to explore whether this has had a positive impact.

Collaboration has included Surrey CCGs and the flow chart is now ready to be rolled out to care homes in Surrey. Early work is in progress with Sussex Sustainability and Transformation Partnership (STP – recently transitioned to an Integrated Care System - ICS) in relation to unwarranted clinical variations. The system is made up of all NHS organisations and local councils in Sussex to develop proposals for improved health and care to run services in a more coordinated way and to agree system-wide priorities. The Unwarranted Clinical Variation workstreams, which include Cardiovascular disease, Musculoskeletal problems and falls, are designed to identify where there are gaps in services, learn from good practice areas and replicate those across Sussex in order to improve and standardise care. There are plans being agreed to roll out the flow chart to care homes in Sussex.

The Trust has been involved in falls pilots in Sussex and Surrey. These pilots consisted of a dedicated falls response vehicle that was crewed with a Paramedic and an Occupational Therapist. In the event of an older person having a fall, the falls response vehicle is able to attend in a timely manner, be assessed medically by the paramedic and then receive a full falls risk assessment by the Occupational Therapist. There were also able to put in place any equipment that may be needed or referral to another service. The purpose of the pilots is to identify which pilots work best in terms of patient safety and patient experience. Some pilots provided more results than others as we develop our knowledge on how we measure and support our pilots.

The pilot in Coastal west Sussex has seen some encouraging results. In total the pilot attended a total of 447 patients, of which 427 related to falls. There was a reduction in the average response time from 01:03:39 (approximately 1 hour 3 minutes) to 00:44:43 (just under 44 minutes). Therefore, patients were treated more quickly reducing risks associated with lying for a long period of time and potentially improved patient experience. The national timescales for attending the majority of falls (determined by the Ambulance Response Programme) is 90% calls within 2 hours. The percentage of patients who required to be taken to hospital also decreased from 27% to 23.7%.

This pilot also included some evaluation of patient experience. 44 patients completed questionnaires over the pilot period (approximately 10%). Responses were in the

main positive about the service in terms of the time to attend the patient, the service provided and its usefulness to the patient, attitude and skill mix of professionals, and involvement of patients in decision making. Positive comments were also received from carers / family

The pilot in North West Surrey also provided encouraging results. This pilot attended a total of 345 patients, of which 288 were falls related. The percentage of patients who were taken to hospital reduced from 41.3% to 17%. The lack of pre-pilot data has prevented us from determining whether there was a positive impact on the time it took to attend the patients. On average patients were seen within an average time of 01:04:13 (just over an hour).

We will continue to work with CCG colleagues to roll out the care home flow chart in Sussex and Surrey. The learning from the falls pilots are currently being evaluated. The organisation will be considering how some of the learning from the pilots can be rolled out as part of our everyday care. We will continue to consider how best to use Community First Responders safely to assist patients who fall.

Quality improvement priorities 2020/21

Two stakeholder events were held in 2019/20 to review progress against this year's quality priorities and decide on the priorities for the coming year.

In total 7 proposals were considered which covered the three domains: Clinical effectiveness, Patient Safety and Patient experience.

The following three priorities have been agreed by the Executive Management Board as our areas of focus for 2020/21 and were in the process of being fleshed out into SMART objectives when the Covid Business Continuity Incident interrupted progress:

- **Clinical effectiveness**: Clinical Supervision
- **Patient Safety**: Falls
- **Patient Experience**: Mental Health and specifically accredited training for frontline staff

As and when the Covid Business Continuity Incident is over, work will commence on developing these priorities and reviewing what can realistically be achieved during the remaining time available within this financial year. Throughout the year, we will report progress through the Quality and Patient Safety Committee of the Board and directly to our stakeholders.

Register of Directors' Interests

The Board of Directors are required to declare other company directorships and significant interests in organisations which may conflict with their Board responsibilities.

The register of Directors' interests is up-dated annually and as any new interests are declared and is available on the Trust's website.

The interests of all Board members have been declared.

Board members (terms of office shown in brackets)

David Astley OBE – Chair

(24 September 2019 – 23 September 2022)

David was awarded an OBE in 2006 for services to the NHS, has held a number of very senior roles in the NHS including Chief Executive of East Kent University Hospitals NHS Trust between 1999 and 2006 and Chief Executive of St George's Healthcare NHS Trust between 2006 and 2011.

From 2011 to 2015 David was Chief of Tertiary Hospitals Group of the Hamad Medical Corporation in Qatar. On return to the UK and retirement from full time Executive duties, David was appointed as a non-executive director of Liverpool Women's Hospital NHS Foundation Trust.

Declared interests – A Director of Yoakley Care Share Ltd and Yoakley Care Trustee Ltd, a charitable company that manages almshouses and a care home. Daughter Emma is a Director at PWC Consulting which sometimes works with the public sector. His son Robert is a recruitment manager with Salary Finance, a company that works with some NHS organisations.

Philip Astle – Chief Executive

(from 1 September 2019)

Philip joined SECAmb from South Central Ambulance Service where he was Chief Operating Officer. Prior to joining South Central Ambulance Service in 2016, Philip enjoyed a successful career in the British Army including a lead role as a strategist and planner for operations in Afghanistan. His final role was as Chief Operating Officer of the Army Training and Recruiting Agency.

After retiring from the Army, Philip held a number of senior operational and leadership roles in both the public and private sectors. These have included director roles in Border Force, on the London 2012 Olympics, as Chief Operating Officer of Her Majesty's Passport Office and Vice President of Menzies Aviation plc.

Declared interests – None

David Hammond - Executive Director of Finance and Corporate Services

David has extensive experience in senior management positions within large and small corporate organisations in the UK and overseas. During recent years, David has led finance teams in Ambulance and Acute Hospital Trusts within the NHS.

Declared interests – None

Joe Garcia - Executive Director of Operations

Joe has over 20 years' experience in a number of operational and technical managements roles in the ambulance service, including East Midlands and West Midlands Ambulance Services.

Declared interests – His wife is the sole director of a management consultancy business that provides services to Ambulance and Health organisations within the UK. The company is called Reforma Associates Limited. I am a registered director and shareholder of a private limited company named Reforma Property Limited. The company's primary business is domestic property rental.

Dr Fionna Moore – Executive Medical Director

(Acting CEO 1st April – 31st August 2019)

Fionna has been an A&E Consultant for over 25 years and has a great deal of experience in the ambulance sector, having been Medical Director and then Chief Executive of the London Ambulance Service (LAS).

Declared interests – Medical Director Location Medical Services. Medical Director Medicare EMS. Medical Adviser (major incidents) London Ambulance Service NHS Trust. On call 2 days/month.

Magnus Nelson – Acting Medical Director

(1st April – 5 June 2019)

Magnus is substantively our Assistant Medical Director and was Acting Medical Director while Fionna Moore was Acting CEO, until the appointment of a Deputy Medical Director. He is also an Emergency Medicine Consultant at Brighton and Sussex University Hospitals and a Helicopter Emergency Medical Service (HEMS) Consultant for the Kent Surrey Sussex Air Ambulance service.

Declared interests – Occasional medical advice to Prometheus Medical Limited for their remote medical teams deployed around the globe. This is a very occasional service and has no link into any other facet of the Prometheus business.

Richard Quirk – Acting Medical Director

(5 June 2019 – 31 August 2019 and 16th December 2019 – 10th February 2020)

Richard joined the Trust as Deputy Medical Director having been Medical Director at Sussex Community Trust and the Trust's Improvement Director when SECAmb was in Special Measures. He stepped up for Fionna as Medical Director while she was covering the CEO role. He again filled Fionna's role when she had to take some leave December 2019 – February 2020.

Declared interests - None

Bethan Haskins – Executive Director of Nursing & Quality

Bethan is a qualified nurse and has a broad range of experience and worked most recently as Chief Nurse across a number of Kent clinical commissioning groups.

Declared interests – None

Steve Emerton – Executive Director of Strategy & Business Development

Steve has a wealth of NHS experience, having previously been the Delivery Director for NHS England Specialised Commissioning. Prior this, he was Director of Commissioning at North West Surrey Clinical Commissioning Group.

Declared interests – None.

Ed Griffin – Director of Human Resources and Organisational Development

(to 29 April 2019)

Ed has extensive international HR experience and joined SECAmb from the British Council where he was Interim Global HR Director and was previously Head of HR. Prior to this, he served as Group HR Director for international marketing groups, CSM Sport & Entertainment.

Ed Griffin left Trust on 30 April 2019, to take on a new role at the Institute for Employment Studies.

Declared interests – Lead editor of a Field Guide on Organisation Development which is aimed at HR professionals, line managers and consultants. Has a financial interest in this as he receives royalty payments. Has an extensive network of external consultants from having worked as a consultant. If there are times one of this network is involved in tendering for work with SECAmb he will declare an interest. Occasionally buys and sells antiques.

Paul Renshaw – Interim Director of Human Resources and Organisational Development

(1 April 2019 to 31 January 2020)

Paul joined the Trust on an agency contract while recruitment took place for a substantive HR Director. Paul has a background in interim and Director-level HR roles focused on organisational development, workforce transformation and process improvement in the private and public sector.

Declared interests – Partner of Linea Management Consulting.

Ali Mohammad – Executive Director of Human Resources and Organisational Development

(from 27 January 2020)

Ali is already established as a successful NHS HR leader, including winning the HSJ HR Director of the Year award in 2006. Having begun his NHS career in a junior HR

position at Medway NHS Trust, Ali went on to hold various senior HR positions at a number of large trusts including Medway, Brighton and Sussex University Hospital Trust, Barts Health NHS Trust and Great Ormond Street Hospital NHS Foundation Trust. Since 2018, Ali has led on the transformation and delivery of the national NHS Graduate Management Programme, securing significant additional investment and increasing the number of internal candidates being invited onto the scheme.

Declared interests – Trustee, LHA London (Housing Charity). Board member and Chair, People Committee

Adrian Twyning – Independent Non-Executive Director

(to 20 May 2019)

Adrian's career has covered the energy, retail and health sectors. He is the Director of White Goods for DixonsCarphone Plc and was previously Head of UK Field Operations at Centrica Plc. Previous NHS experience includes Associate Director of Operations at Brighton and Sussex Hospitals NHS Trust and as Associate Director of Performance and Delivery at NHS East Coast Kent.

Declared interests – Employment with Dixons.

Terry Parkin – Independent Non-Executive Director

(1 September 2018 to 31 August 2021)

Terry's career led to senior posts in education and social care, as well as significant experience of volunteering. He has worked as a Chief Officer in two local authorities, leading portfolios covering services to both children and adults and including public health. He has a particular interest in children's mental wellbeing.

Declared interests – Managing Director, Monkmead Consulting Ltd. Children's Services Adviser, NHSE/I SEN and Disability Professional Adviser, DfE Trustee, South Downs Educational Trust Member, Children's and Young People's Steering Group (NHS England). Wife (Patricia Susan Parkin) Employed by St Barnabas House, Worthing (Hospice).

Dr Angela Smith – Independent Non-Executive Director

(to 30 January 2020)

Whilst Angela's career was mostly focussed on the International Financial Services Sector, she spent some time as a partner at KPMG and retired recently from a senior public sector role. Through her career, Angela has gained substantial Board and Committee experience, chairing several Finance and Risk Committees.

Declared interests – Independent Council Member at the University of Sussex and Chair and owner of GlobeRisk Ltd, a management consultancy business.

Tricia McGregor – Independent Non-Executive Director

(1 January 2017 to 31 December 2020)

As noted above, Tricia sadly passed away in early June 2020, as this report was being finalised. We retain her biography here as she was in post and active in undertaking her role and responsibilities throughout the year under review, 2019-20.

Tricia is a speech and language therapist and a visiting professor in the School of Health Sciences at the University of Surrey. She is also an experienced, board-level leader with some 30 years' experience in the healthcare, social enterprise and employee-owned sectors. Tricia also serves as a Non-Executive Director for the Kent, Surrey and Sussex Academic Health Science Network (AHSN) and was awarded an MBE in 2011 for services to social enterprise.

Declared interests – NED at KSSAHSN, Director of Tricia McGregor Ltd Visiting Professor at University of Surrey

Al Rymer – Independent Non-Executive Director

(29 January 2018 to 28 January 2021)

Alan completed a full career in the Royal Navy in 2012. Leaving as a Rear Admiral, he has since provided strategic management consultancy to UK and international clients.

Declared interests - Chairman of Church of England Soldiers Sailors and Airmen's Clubs charity. Chairman of CESSA Housing Association. President of RNLI Selsey Lifeboat Station. Consultant at Lune Consulting. None of the above have any direct link to SECAmb or the NHS.

Lucy Bloem – Independent Non-Executive Director, Deputy Chair and Senior Independent Director

(1 September 2019 to 31 August 2020)

Lucy joined SECAmb having been a Partner at Deloitte Consulting since 2007; she is medically retired from Deloitte. With a business career spanning 20 years, Lucy brings a wealth of experience from different cultures and regulatory regimes. She has worked with some of the world's biggest companies, successfully delivering complex programmes and becoming a trusted advisor to many clients.

Declared interests – Deloitte Partner -medically retired but still receiving partner income. Husband is a board director of Greensill -a financial technology company.

Laurie McMahon – Independent Non-Executive Director

(7 February 2018 to 6 February 2021)

Laurie spent much of the 1980s as a Senior Fellow at the King's Fund College. In 1989 he co-founded the Office for Public Management and co-founded and directed Realisation Collaborative, which specialises in helping large, multi-stakeholder organisations manage strategic change. He is also Honorary Visiting Professor in Strategy and Organisational Design at Cass Business School in London.

Declared interests – Co-Director: The Realisation Collaborative Ltd. Behavioural Simulations. No longer trading. Also, on the boards of 3 charities. None has any

relationship to the NHS or the work of SECAmb. Trustee: Horsebridge Arts Centre, Whitstable. Trustee: Faversham Society. Trustee: Faversham Community Land Trust.

Michael Whitehouse – Independent Non-Executive Director

(24 October 2018 to 23 October 2021)

Michael brings with him a wealth of experience of audit and financial oversight across the public sector. Until 2017 he was Chief Operating Officer of the National Audit Office. Michael has also been responsible for a number of evidence-based reports to Parliament related to the health sector, including on the financial performance and sustainability of the NHS, hospital-acquired infection, dementia, end-of-life care and autism. Since retirement, Michael has focused on his role as a trustee and honorary treasurer of Cruse, the bereavement charity.

Declared interests – Board member and chair of Audit Committee of Medicines and Health Care Products Regulatory Agency. Trustee and chair of Audit and Risk Committee Cruse National Bereavement Charity. Member of Audit Committee of Republic of Ireland Audit Office.

Howard Goodbourn – Independent Non-Executive Director

(9 March 2020 to 8 March 2023)

Howard has been a member of SECAmb since 2014. Formerly working for Southern Water with frontline staff and some emergency response. before that he worked for RATP, running bus services in London with 3,000 employees. Howard was instrumental in leading the transformation of Southern Water to become more commercial and efficient without compromising quality of service.

Howard brings strong commercial experience of input into bids, contract negotiations, competitor analysis and industry benchmarking and believes that his experience can help the Trust on its journey to become 'outstanding'.

Declared interests – None

Board attendance (meetings held in public)

Board Meeting		Thursday 23 May 2019	Thursday 25 July 2019	Thursday 29 August 2019	Thursday 26 September 2019	Thursday 28 November 2019	Thursday 30 January 2020
David Astley	Chairman	x	-	x	x	x	x
Philip Astle	CEO				x	x	x
Fionna Moore	Medical Director - Interim Chief Executive 1st April to 31st August 2019	x	x	x	x	x	-
Joe Garcia	Director of Operations	x	x	x	x	x	x
Richard Quirk	Medical Director 5th June – 31st August 2019 & 16th December 2019 – 10th February 2020		x	x			x
David Hammond	Director of Finance & Corporate Services	x	x	x	x	x	x
Bethan Eaton-Haskins	Director of Nursing & Quality	x	x	x	x	x	x
Paul Renshaw	Interim Director of HR	x	-	x	x	x	x
Steve Emerton	Director of Strategy & Business Development	-	x	x	x	-	x
Ali Mohammed	Director of HR & OD						x
Lucy Bloem	Non-Executive Director	x	x	x	x	-	x

Al Rymer	Non-Executive Director	x	-	x	x	x	x
Terry Parkin	Non-Executive Director	-	x	x	x	x	x
Angela Smith	Non-Executive Director	x	x	x	x	x	x
Tricia McGregor	Non-Executive Director	x	x	-	x	-	x
Adrian Twyning	Non-Executive Director	-					
Laurie McMahon	Non-Executive Director	x	x	x	x	x	x
Michael Whitehouse	Non-Executive Director	x	x	x	x	x	x

Key	
x	In attendance
-	Not in attendance
	Not in post

The Board also meets in confidential session, normally on the same day as the public Board meetings, to make decisions relating to items that need to be dealt with in confidence, usually because of commercial sensitivities. The Chair gives a brief overview of the issues discussed during the confidential session at the start of the public Board meeting and the agenda and minutes of the confidential sessions of the Board are made available to the Council of Governors.

Board attendance (meetings held in private)

Part 2 Board Meeting		Thursday 23 May 2019	Thursday 25 July 2019	Thursday 29 August 2019	Thursday 26 September 2019	Thursday 28 November 2019	Thursday 30 January 2020	Thursday 26 March 2020
David Astley	Chairman	x	-	x	x	x	x	x
Philip Astle	CEO				x	x	x	x
Fionna Moore	Medical Director - Interim Chief Executive 1st April to 31st August 2019	x	x	x	x	x	-	-
Magnus Nelson	AD Medical On Behalf of Fionna Moore						x	-
Joe Garcia	Director of Operations	x	x	x	x	x	x	x
Richard Quirk	Acting Medical Director 5th June – 31st August 2019 & 16th December 2019 – 10th February 2020		x	x			x	
David Hammond	Director of Finance & Corporate Services	x	x	x	x	x	x	x
Bethan Eaton-Haskins	Director of Nursing & Quality	x	x	x	x	x	x	x

Name	Role							
Steve Emerton	Director of Strategy & Business Development	-	x	x	x	-	x	x
Ali Mohammed	Director of HR & OD	(not in post)	(not in post)	(not in post)	(not in post)	(not in post)	x	x
Paul Renshaw	Interim Director of HR	x	-	x	x	x	x	(not in post)
Lucy Bloem	Non-Executive Director	x	x	x	x	-	x	x
Al Rymer	Non-Executive Director	x	-	x	x	x	x	x
Terry Parkin	Non-Executive Director	-	x	x	x	x	x	x
Angela Smith	Non-Executive Director	x	x	x	x	x	x	(not in post)
Tricia McGregor	Non-Executive Director	x	x	-	x	x	x	x
Adrian Twyning	Non-Executive Director	-	(not in post)	(not in post)	(not in post)	(not in post)	(not in post)	(not in post)
Laurie McMahon	Non-Executive Director	x	x	x	x	x	x	x
Michael Whitehouse	Non-Executive Director	x	x	x	x	x	x	x
Howard Goodbourn	Non-Executive Director	(not in post)	(not in post)	(not in post)	(not in post)	(not in post)	(not in post)	x

Key	
x	In attendance
-	Not in attendance
(not in post)	Not in post

Board Committees

In order to exercise its duties, the Board is required to have a number of statutory Committees. NHS Improvement's Code of Governance sets out that the Board may opt to have one or two Nominations Committees and provides guidance on the structure for either option. SECAmb has elected to follow the model for two Nominations Committees – one which has responsibility for Executive Directors and one which has responsibility for Independent Non-Executive Directors, including the Chair.

Appointments and Remuneration Committee (ARC)

The purpose of the Committee is to decide and report to the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors employed by the Trust and other senior employees, having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements where appropriate. This fulfils the duties for the Nominations Committee for Executive Directors, as described above.

For any decisions relating to the appointment or removal of the Executive Directors, membership of the ARC of the Chair, the Chief Executive and all Independent Non-Executive Directors of the Trust is required under Schedule 7 of the National Health Service Act 2006. For all other matters, Committee membership is comprised exclusively of Independent Non-Executive Directors. All are eligible to attend but two must be present to be quorate.

Other individuals such as the Chief Executive and Director of Finance or external advisors may be invited to attend the Committee for specific agenda items or when issues relevant to their areas of responsibility are to be discussed.

Appointments and Remuneration Committee (ARC)		Thursday 29 August 2019	Thursday 24 October 2019	Thursday 28 November 2019	Thursday 30 January 2020
Al Rymer	Non-Executive Director (Chair)	x	x	x	x
Fionna Moore	Medical Director - Interim Chief Executive 1st April to 31st August 2019 (Invitation only)	x	-	-	-
Philip Astle	CEO		x	x	x
David Astley	Chairman	x	x	x	x
David Hammond	Director of Finance & Corporate Services	-	-	-	x

	(Invitation only)				
Ali Mohammed	Director of HR & OD				x
Paul Renshaw	Interim Director of HR	x	x	x	x
Angela Smith	Non-Executive Director	x	x	-	-
Lucy Bloem	Non-Executive Director	x	-	-	x
Terry Parkin	Non-Executive Director	x	x	x	x
Tricia McGregor	Non-Executive Director	-	-	-	x
Laurie McMahon	Non-Executive Director	-	-	x	x
Michael Whitehouse	Non-Executive Director	x	-	x	-

Key	
x	In attendance
-	Not in attendance
	Not in post

Audit and Risk Committee (AuC)

The purpose of the Committee is to provide the Trust with a means of independent and objective review of the internal controls over the following areas:

- Financial systems
- The information used by the Trust
- Assurance Framework systems
- Performance and Risk Management systems
- Compliance with law, guidance and codes of conduct

In undertaking such review, the Committee provides assurance to the Chief Executive and to the Board about fulfilment of the responsibility of the Trust's Accounting Officer, who under the terms of the National Health Service Act 2006 is responsible to Parliament by the Public Accounts Committee for the overall stewardship of the organisation and the use of its resources. In accordance with the NHS Foundation Trust Code of Governance, the Committee membership is comprised exclusively of Independent Non-Executive Directors. Three must be present to be quorate.

		Monday 20 May 2019	Thursday 11 July 2019	Thursday 19 September 2019	Thursday 12 December 2019	Monday 12 March 2020
Audit and Risk Committee (AuC)						
Philip Astle	CEO (Invitation only)	-	-	x	-	x
David Astley	Chairman (Invitation only)	-	-	x	x	-
Angela Smith	Non-Executive Director (Chair)	x	x	x	x	▓
Fionna Moore	Medical Director - Interim Chief Executive 1st April to 31st August 2019 (Invitation only)	-	-	-	-	x
David Hammond	Director of Finance & Corporate Services	x	x	x	x	x
Bethan Eaton-Haskins	Director of Nursing & Quality	x	x	x	x	x
Steve Emerton	Director of Strategy & Business Development	-	-	x	x	-
Joe Garcia	Director of Operations (Invitation only)	-	-	-	-	x
Al Rymer	Non-Executive Director	x	x	x	x	x
Terry Parkin	Non-Executive Director	-	x	x	x	x
Tricia McGregor	Non-Executive Director	x	x	x	-	x
Michael Whitehouse	Non-Executive Director	-	x	x	x	x
Howard Goodbourn	Non-Executive Director	▓	▓	▓	▓	x

Key	
x	In attendance
-	Not in attendance
▓	Not in post

Charitable Funds Committee (CFC)

The purpose of the Committee is to make and monitor arrangements for the control and management of the Trust's charitable fund and to report through to the Trust Board.

The quorum necessary for the transaction of business by the Committee is three members, including the Director of Finance or designate.

To minimise the amount of time spent attending Committee meetings, the Charitable Funds Committee meets immediately prior to the Audit and Risk Committee. The Charitable Funds Committee is required to meet a minimum of twice a year.

Charitable Funds Committee (CFC)		Tuesday 9 July 2019	Thursday 12 December 2019
Angela Smith	Non-Executive Director (Chair)	x	x
Michael Whitehouse	Non-Executive Director		x
David Hammond	Executive Director of Finance & Corporate Services	x	x
Al Rymer	Non-Executive Director	-	x
Tricia McGregor	Non-Executive Director	x	-

Key	
x	In attendance
-	Not in attendance
	Not in post

Finance and Investment Committee (FIC)

The purpose of the Committee is to acquire and scrutinise assurances that the Trust's system of internal controls relating to finance, corporate services and investments in future operational capability, are designed appropriately and operating effectively.

As a minimum, the Committee has three Independent Non-Executive Director members, appointed by the Board. The Committee also includes Executive members who shall number no more than the Non-Executive Directors.

The quorum necessary for formal transaction of business by the Committee is two Independent Non-Executive Director members and one Executive member.

Finance and Investment Committee (FIC)		Monday 13 May 2019	Tuesday 18 June 2019	Thursday 8 August 2019	Thursday 17 October 2019	Thursday 14 November 2019	Thursday 16 January 2020	Thursday 19 March 2020
Philip Astle	CEO				x	x	x	x
David Astley	Chairman	-	x	x	x	x	x	-
Michael Whitehouse	Non-Executive Director (Chair)	x	x	x	x	x	x	x
Fionna Moore	Medical Director - Acting Chief Executive 1st April to 31st August 2019 (Invitation only)	x	-	-	-	x	-	-
David Hammond	Director of Finance & Corporate Services	x	x	x	x	x	x	x
Joe Garcia	Director of Operations	x	x	x	x	-	-	x
Steve Emerton	Director of Strategy & Business Development	x	x	x	x	x	x	x
Howard Goodbourn	Non-Executive Director							x
Lucy Bloem	Non-Executive Director	x	x	-	x	x	x	x
Adrian Twyning	Non-Executive Director	-						
Angela Smith	Non-Executive Director	x	-	x	x	x	x	

Key	
x	In attendance
-	Not in attendance
	Not in post

Quality and Patient Safety Committee (QPS)

The purpose of the Committee is to acquire and scrutinise assurance that the Trust's system of internal controls relating to quality governance (encompassing patient safety, clinical effectiveness and patient experience) are designed appropriately and operating effectively.

As a minimum, the QPS has three Independent Non-Executive Director members, appointed by the Board; it also includes Executive members who shall number no more than the Non-Executives. The Committee Terms of Reference specify that one

of the Committee members shall have a clinical professional qualification and clinical experience.

The quorum necessary for formal transaction of business by the Committee is two Independent Non-Executive Director members.

QPS		Thursday 4 April 2019	Monday 20 May 2019	Thursday 20 June 2019	Thursday 18 July 2019	Monday 9 September 2019	Thursday 24 October 2019	Friday 17 January 2020
Philip Astle	CEO (Invitation only)					-	-	x
David Astley	Chairman	x	x	x	x	x	-	x
Tricia McGregor	Non-Executive Director (Chair)	x	x	x	x	x	x	x
Fionna Moore	Medical Director - Interim Chief Executive 1st April to 31st August 2019	x	-	x	x	x	x	-
Joe Garcia	Director of Operations	x	x	x	x	x	x	-
Bethan Eaton-Haskins	Director of Nursing & Quality	x	x	-	x	x	x	x
Richard Quirk	Acting Medical Director 6th June – 31st August 2019 & 16th December 2019 – 10th February 2020			x			x	
Lucy Bloem	Non-Executive Director	x	x	x	x	x	-	-
Laurie McMahon	Non-Executive Director	x	x	x	x	x	x	x
Angela Smith	Non-Executive Director (Invitation only)	-	x	-	-	-	-	-
Al Rymer	Non-Executive Director (Invitation only)	-	x	-	-	-	-	-

Key	
x	In attendance
-	Not in attendance
	Not in post

Workforce and Wellbeing Committee (WWC)

The purpose of the Committee is to acquire and scrutinise assurances that the Trust's system of internal control relating to the workforce (encompassing resourcing, staff wellbeing and HR processes) is designed appropriately and operating effectively.

As a minimum, the Committee has three Independent Non-Executive Director members, appointed by the Board; it also includes Executive members who shall number no more than the Non-Executives.

The quorum necessary for formal transaction of business by the Committee is two Independent Non-Executive Director members and one Executive Director.

Workforce and Wellbeing Committee (WWC)		Thursday 18 April 2019	Thursday 11 July 2019	Thursday 12 September 2019	Thursday 21 November 2019	Thursday 23 January 2020	Thursday 12 March 2020
David Astley	Chairman (Invitation only)		x	-	-	-	-
Terry Parkin	Non-Executive Director (Chair)	x	x	x	x	x	x
Tricia McGregor	Non-Executive Director (Invitation only)	-	x	-	-	-	-
Fionna Moore	Medical Director - Interim Chief Executive 1st April to 31st August 2019	-	-	x	-	-	x
Paul Renshaw	Director of HR	x	x	x	x	x	Not in post
Joe Garcia	Director of Operations	-	-	-	x	-	x
Bethan Eaton-Haskins	Director of Nursing & Quality	-	x	x	-	x	-
Steve Emerton	Director of Strategy & Business Development	x	x	x	-	x	-
Ali Mohammed	Director of HR & OD	Not in post	Not in post	Not in post	Not in post	-	x
Al Rymer	Non-Executive Director	x	x	x	x	x	x
Laurie McMahon	Non-Executive Director	-	x	x	-	x	x
Adrian Twyning	Non-Executive Director	-	Not in post	Not in post	Not in post	Not in post	Not in post

Key	
x	In attendance
-	Not in attendance
	Not in post

Better Payment Practice Code (BPPC)

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice.

The Trust aims to support suppliers by paying in accordance with the policy. By the end of the financial year the Trust's improved liquidity had enabled it to proactively work on meeting the required targets and will continue to focus on older invoices requiring resolution before payment or crediting.

The 2019-20 Better Payment Practice Code percentages are above the target (95%) for the full year as a result of the improved promptness of creditor payments. To this end the total figures for March 2020 exceeded the 95% target and this improvement will remain a focus during the new financial year.

Year	Total invoices paid	Invoices paid of time	% of invoices paid within target	Total value paid £'000	Value paid on time £'000	% of invoices by value paid within target
2019/20	22,953	21,872	95.3%	81,403	77,785	95.6%
2018/19	20,836	19,321	92.7%	84,219	78,485	93.2%

HM Treasury compliance:

The Trust has complied with HM Treasury's cost allocation and charging guidance as set out in Chapter 6 of Managing Public Money (2018).

The Council of Governors

The Council is made up of Public Governors, Staff-Elected Governors and Appointed Governors from key partner organisations. Public Governors represent six constituencies across the area where SECAmb works (set out in the table below), and Staff-Elected Governors represent either operational (front-line) or non-operational staff. The Council elects a Lead Governor and a Deputy Lead Governor on an annual basis.

Statement from Deputy Lead Governor

Nicki Pointer – Public Governor, Upper East SECAmb

I represent the interests of the people of Kent, Medway and the eastern parts of London (SECAmb's 'upper east' constituency) on the Council of Governors. This report will focus on how the Council – a group of 24 volunteers including members of the public, staff and people from key partner organisations – has fulfilled its statutory duties in the past year.

Our collective duties are two-fold:

-   To represent the interests of our Foundation Trust members and the wider public; and
-   To hold the Non-Executive Directors to account for the performance of the Board.

I'll also touch on Council's perception of the Trust as it continues to progress with plans for significant improvements and embedding improvements already made.

Of course, as I write this in mid-March, the Trust is focused on coordinating the South-East-wide response to the coronavirus outbreak. It's a huge task for management, but much was learned and already in place from the contingency planning in case of a 'no deal' Brexit earlier in the year.

COVID-19 notwithstanding, overall the Council has been really pleased to see the Trust making improvements. SECAmb's frontline staff, providing care face to face with patients or over the phone thorough the 999 and 111 call centres, have consistently provided a caring service. This year the Trust was recognised as 'good' by the CQC, giving Governors an independent source of assurance that things are really moving in the right direction regarding the Trust's leadership, clinical governance, patient safety and quality of care.

Improving the Trust's leadership and governance has really made a difference this year. The Council has appointed a number of new Directors within the Trust, and been involved in the recruitment and selection of a new Chief Executive Officer, Philip Astle, after Daren Mochrie left for pastures new and closer to his Scottish home, and a new Director of HR.

The Council appoints independent Non-Executive Directors (NEDs) who sit on the Board alongside the Executive Directors and provide oversight and assurance that the Trust is operating effectively and for the benefit of patients. The Council has recruited and appointed one NED during the year, Howard Goodbourn, who brings

vast relevant experience to the Board. We have also worked closely with all the other NEDs, who attend our four Council meetings a year where we raise issues from our own experience of interacting with the Trust: as Governors we feel we are taken seriously and our concerns are usually followed up. We have also appraised the performance of all NEDs over the year and reviewed their remuneration.

I'm pleased to say that issues Governors have raised were listened to. The openness between Council and Non-Executives is very welcome and their responsiveness to the issues we've raised has been, we hope, beneficial to the Trust, its staff and its patients. Having said that, often the issues we raise are already high on their agenda, which is fantastic, and of course sometimes things take longer to change than we would like. We have a good relationship with the Chair, and he makes much-appreciated time for two meetings a year with Governors from each constituency to frankly discuss how we think things are progressing.

Despite the ongoing improvements needed, the Council is generally content that the Board has a firm grip on the priorities for the Trust: everyone recognises there will always be improvements that can and should be made.

Here's a flavour of what we've focused on this year on your behalf:

- Receiving assurance that the health and safety of our staff is being effectively protected;
- Seeking continuous improvement to our safeguarding practices;
- Improving the Trust's response to patients requiring transport because of mental ill health;
- Continuously looking for better performance for our lower acuity patients (Category 3 and 4) – there is more to do at the time of writing - and seeking improvements in call answer time, which we have been pleased to see made and sustained;
- Ensuring that the Trust's commitment to staff engagement was sustained;
- Asking for clarity around how volunteers access charitable funds they've raised and ensuring the visibility of Community First Responders' contribution to Trust performance;
- Raising concerns that issues around clinical education in the Trust were not seen earlier by the Board;
- Seeking assurance about improvements needed in the HR Directorate, including improving recruitment processes and staff retention;
- Urging the Trust to join a partnership with the police to ensure staff who are assaulted are supported by the full weight of the law;
- Supporting the Trust's communications about the new NHS 111 clinical advice service;
- Pushing for improvements in our clinical outcomes, particularly around strokes.

We held two workshops with the full Board of Directors, one to share our views about the Trust's strategic position and plans for the future, and the other to focus on what it means to be a membership organisation and how we can make better use of all the insight we can gain from our members.

In addition, and as usual, Governors have been out and about over the year meeting people at events and plugging ourselves into our local communities. We visited a MENCAP event for people with learning disabilities, Trans Pride in Brighton, a patient forum at Kent and Canterbury Hospital, Surrey Minority Ethnic Forum and Eastbourne 999, for example. If we met you there, we hope you've joined the membership!

At SECAmb, we have taken part on your behalf in Quality Assurance and Patient Safety visits to Trust premises, helped review and set SECAmb's quality objectives for the year and contributed to the Trust's Patient and Carer Experience Strategy. We observed Board Committees – which have been well-run with great engagement, challenge and support from all involved.

Our Annual Members Meeting – planned by the Council's Membership Development Committee – was a roaring success with the biggest attendance SECAmb had ever seen. It was fantastic to meet so many members of the public and committed SECAmb staff and volunteers: even the air ambulance graced us with a landing.

Elections were held in February 2020 and we were sorry to see two colleagues weren't re-elected, our then-Lead Governor, Felicity Dennis, as well as Harvey Nash. Two other Governors chose not to stand for re-election, Roger Laxton and Nick Harrison. Three Governors resigned during the year for various reasons and I'd also like to thank them: James Crawley, Frank Northcott and Lorraine Tomassi. And finally, Marian Trendell stood down after nine years (the maximum term) as an Appointed Governor, having worked so hard to improve SECAmb's response to people with mental ill health in both her professional capacity and as a Governor.

We were also very pleased to welcome seven new colleagues to the Council in March, who bring a wealth of diverse interests and experience – it's important that Governors come and go fairly regularly to bring new experience, insight and fresh eyes on SECAmb to the Council.

Finally, a huge thank you to everyone on the Council for giving your time and energy freely in the service of ambulance service patients and staff, to SECAmb's staff who work so hard and to the Chair and Board for engaging constructively with the Council. I do hope members feel we are adequately representing your interests and urge you to get involved - opportunities are included in your membership newsletter. We look forward to supporting more progress in the service in the coming year.

Meet the Governors

<u>**Staff governors**</u>

Non-operational

Lorraine Tomassi (First term of office 1 March 2019 – 29 April 2019)
Lorraine stood down from the Governor role in April 2019.

Declared interests: None

Marcia Moutinho (First term of office 01 March 2020 - 28 February 2022)
Marcia is a Patient Experience Officer in the Patient Experience Team at Crawley HQ. An advocate of staff wellbeing, she is keen for the Trust to support colleagues effectively. She is completing the remaining two-year term of office of a Governor who stood down.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: None

Operational

Nicholas Harrison (First term of office 1 March 2017 – 28 February 2020)

Nick has worked for SECAmb as a Paramedic, Clinical Team Leader and now works as a Critical Care Paramedic (CCP) as well as working on the Critical Care Desk at Coxheath in Kent providing trauma support to CCPs and road crews within SECAmb. Nick chose not to re-stand in the 2020 elections.

Declared interests: None

Malcolm Macgregor (First term of office 01 March 2019 - 28 February 2022)
Malcolm is a Paramedic Practitioner working out of Brighton in East Sussex. Having worked as a union representative to support staff at a local level he is hopeful to transfer his skills to this role to highlight areas of focus for the Trust.

- Membership Development Committee member

- Governor Development Committee member

- Nominations Committee member

Declared interests: Also works with out of hours GP service IC24.

Waseem Shakir (First term of office 1 March 2019 - 28 February 2022)
Waseem is a Paramedic Practitioner and Operational Team Leader working out of the Burgess Hill area in West Sussex. Was has worked in the ambulance service for 20 years and prior to this gained a degree in business and economics.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: None

Christopher Burton (First term of office 1 March 2020 - 28 February 2023)
Christopher is a Paramedic Practitioner working out of Ashford in Kent, he has been with the Trust for 30 years. His experience in the Trust extends to employment as a Team Leader across many regions, an operative with HEMS, our Hazardous Area Response Team service and as a Paramedic Practitioner for 9 years.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: Locum Instructor at IQARUS Healthcare Ltd, Herefordshire.

<u>Public Governors</u>

Lower East: East Sussex & Brighton

Marianne Phillips (First term of office 21 June 2018 - 20 June 2021)
Marianne has a background in the health service - she trained as a nurse; so has seen the challenges the health service faces first hand. She also has previous experience as a Board member, Governor, Trustee and Non-Executive Director for a variety of charitable and not for profit organisations.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: Member of the Labour Party, Governing Board member for Future Qualifications an organisation responsible for paramedic qualifications.

Nicki Pointer (First term of office 1 March 2019 - 28 February 2022).
Nicki is the Trust's Deputy Lead Governor. She works as a Senior Sister/Ward Manager at Pembury Hospital. She has been a Registered General Nurse for 7 years. Nicki is an active Community First Responder (CFR) volunteer for the Trust and became Deputy Team Leader of her local CFR scheme in 2016.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: None

Leigh Westwood (First term of office 01 March 2020 - 28 February 2022)
Leigh has served as a volunteer Community First Responder (CFR) for over 7 years and is a senior CFR Team Leader. His professional background is aviation as the Director of Operations for a large airline.

Declared interests: Community First Responder and CFRTL at Paddock Wood.

Frank Northcott (First term of office 1 March 2019 – 15 July 2019)
Frank stood down from the Governor role in July 2019.

Declared interests: Chartered engineer fellow of the Institute of Engineering and Technology.

Upper East: Medway, Kent & East London

James Crawley (Second term of office 1 March 2019 – 12 November 2019)

James stood down from the Governor role in November 2019.

Declared interests: None

Roger Laxton (First term of office 7th February 2018 – 29 February 2020)

Roger previously worked for SECAmb for 30 years and has extensive experience in the Trades Union. Roger did not re-stand in the 2020 elections.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: None

David Escudier (Second term of office 1 March 2020 - 28 February 2023)

David was re-elected for a second term of office in the 2020 elections. David has worked alongside SECAmb for 20 years as an operational firefighter and more recently as a fire service co-responder. He is currently a senior officer at Kent Fire and Rescue.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: None

Marguerite Beard-Gould (Third term of office 1 March 2020 - 28 February 2023)

Marguerite was re-elected for a third and final term of office in the 2020 elections. She has worked in the pharmaceutical sector for the past sixteen years, and while working in Canada learned about the challenges faced bringing emergency responses to a large geographical area. She is a Parish Councillor in Walmer.

- Nominations Committee member

- Membership Development Committee member

- Governor Development Committee member

- Inclusion Hub Advisory Group member

Declared interests: Member of the Conservative Party

Sian Deller (First term of office 01 March 2020 - 28 February 2022)
Siân is an Emergency Planner within the Kent Resilience Team, which involves close working relationships with the all the emergency services to exercise plans and train together to ensure all agencies respond to emergencies as effectively as possible.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: Works with SECAmb as part of the Kent resilience forum. Previously worked on 'The Circuit' as project educator.

Cara Woods (First term of office 01 March 2020 - 28 February 2022)
Cara is a transformation and change professional with over 30 years' experience in Technology and Financial Services. As a passionate advocate for the NHS she has a deep interest in how the Emergency services are meeting the challenges faced against an environment of evolving medical and social need. She is completing the remaining two-year term of office of a Governor who stood down.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: Husband is an Emergency Care Support Worker at SECAmb.

Upper West: Surrey, North East Hampshire & West London

Felicity Dennis (First term of office 1 March 2017 - 29 February 2020)
Felicity has lived and worked in Surrey for the past 30 years. She has worked in various parts of the NHS in Guilford, including the Royal Surrey County Hospital and Frimley Park Hospital. She was the Lead Governor for the Trust. Felicity was not re-elected in the 2020 elections.

Declared interests: None

Brian Chester (First term of office 1 March 2019 – 28 February 2022)

Brian's career to date has been in Finance and General Management most of which was at Board level in private and public organisations. He is currently a Non-Executive Director for a media company and works part time as a Finance Director for a biomedical start up research company. Brian is Chair of the Membership Development Committee.

- Membership Development Committee member

- Governor Development Committee member

- Nominations Committee member

Declared interests: Non-Executive Director at Viewsat Ltd, Finance Director at Great North Finance & Innovation Ltd, PPG member at Lightwater Surgery

Chris Devereux (Second term of office 1 March 2019 – 28 February 2022)

Chris served a previous three-year term as a Governor from 2014 - 2017. Chris is well connected to his local community and has an interest in mental health and disability services availability in rural areas. Chris is Deputy Chair of the Membership Development Committee.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: None

Geoffrey Kempster (First term of office 1 March 2019 – 28 February 2022)

Geoffrey is a retired electronic engineer and also has experience in managing large capital budgets and managing assets. He is an active volunteer Community First Responder in the Caterham area for the Trust.

- Membership Development Committee member

- Governor Development Committee member

- Nominations Committee member

Declared interests: None

Amanda Cool (First term of office 01 March 2020 - 28 February 2023)
Amanda works as a senior manager in the NHS for a large London Trust. She is chair of the PPG at her local GP practice in Guildford, and was a lay member and Chair of the Patient Liaison Committee at the British Medical Association for six years.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: None

Lower West: West Sussex

Pauline Flores-Moore (First term of office 1 March 2019 – 28 February 2022)
Pauline has been a volunteer Community First Responder for the Trust for 11 years and a Parish Councillor for 16 years. Pauline works one day a week at Worthing Hospital in the A&E department.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: Southwater Parish Councillor

Nigel Robinson (First term of office 01 March 2020 - 28 February 2023)
Nigel was an operational Fire Officer for a total of 32 years in both Oxfordshire and Buckinghamshire Fire and Rescue Services in many roles. Since retiring he is now a visiting lecturer at the National Ambulance Resilience Unit Command Faculty and a qualified Event Safety Officer.

- Membership Development Committee member

- Governor Development Committee member

Declared interests: Visiting lecturer at National Ambulance Resilience Unit at Waterbourne.

Harvey Nash (First term of office (01 March 2019 - 28 February 2020)
Harvey lives in Horsham West Sussex. His career to date has focussed on how to attract, develop and motivate employees alongside developing diversity practices. On early retirement, he became a Justice of the Peace sitting in Crime. Harvey was not re-elected in the 2020 elections.

Declared interests: None

Appointed Governors

Marian Trendell (Third term of office 1 March 2017 – 28 February 2020)

Marian is the Head of Social Care for Specialist Service in Sussex Partnership NHS Foundation Trust; she has worked in a variety of roles in mental health, forensic services and safeguarding. Marian stood down after her third and final term as a Governor in February 2020.

- Nominations Committee member
- Governor Development Committee member

Declared interests: None

Graham Gibbens (Second term of office 6 November 2017 – 7 November 2020)

Councillor Graham Gibbens is a Conservative Councillor on Kent County Council. Graham is the Cabinet Member for Adult Social Services and Public Health.

Declared interests: None

Assistant Chief Constable Nev Kemp, QPM (First term of office 20 February 2019 – 19 February 2022)
Nev is Assistant Chief Constable for Surrey Police with responsibility for Local

Policing, Criminal Justice and Public Contact. Before transferring to Surrey, he was an officer with Sussex Police for 22 years, including almost four years as the Commander for Brighton and Hove.

Declared interests: None

Sarah Swindell (First term of office 18 April 2019 - 17 April 2022) Sarah has worked in the NHS for 23 years and currently works as the Business Manager for the Chief Operating Officer at East Kent Hospitals University NHS Foundation Trust.
Declared interests: None

Vanessa Wood (First term of office 8 July 2019 - 7 July 2022)
Vanessa is the Chief Exec of Age UK Thanet. This branch of Age UK supports those aged over 50 living in Thanet to remain independent. They also work to reduce loneliness and isolation. Vanessa has worked in the Health and Social Care Sector for over 30 years.
Declared interests: None

Howard Pescott (First term of office 6 September 2019 - 05 September 2022)
Howard has worked in the NHS for 27 years as a Nurse and Health Visitor before going into Public Health and then into operational management. He is the Deputy Area Director Central Area at Sussex Community NHS Foundation Trust.
Declared interests: None

The Council of Governors
We would like to thank all Governors for their time and contributions over the last year. The Council has seen a number of Governors stand down due to personal reasons. In the 2020 elections, the promotional material focussed on being clear about the role, responsibilities and anticipated time commitment to effectively undertake the role.

The Council has undertaken a number of statutory duties this year, which are outlined below.

The Council moved to holding four formal meetings in public this year and two private joint workshops with the Board. The first joint workshop focussed on further developing the benefits of being a Foundation Trust membership organisation and the second focussed on strategy development. The Councils formal meetings and committee meetings were mainly held at Trust Headquarters in Crawley, which is central to the patch and allows the best access for our members and the public, however our September meeting was held in East Sussex, prior to our Annual Members Meeting, which rotates around the patch. The June meeting of the Council was in Kent and the December meeting was in Surrey. Council meetings are held on separate days from Board meetings; however, many Governors attend the Board and Board members attend each Council meeting, including the Chief Executive.

The Trust has used interactive sessions between the Council and the Trust's Non-Executive Directors (NEDs) this year to ensure communication and shared understanding between the Council and the NEDs, and to enable the Council of Governors to hold the NEDs to account for the performance of the Board of Directors. This year at least two NEDs were in attendance at each formal Council meeting and 'escalation reports' from Board Committees are presented by NEDs to alert Governors to any risk areas for the Trust. The Council and NEDs also agreed a 'deep dive' approach to focus on the remit of Board committees at each Council meeting for Governors to gain assurance and a deeper understanding of the scrutiny and also support for colleagues that takes place.

The Council has a Membership Development Committee and a Governor Development Committee, and Governors also make up the majority of members of a Nominations Committee.

A summary of the function and activities of these Committees is outlined below.

Membership Development Committee (MDC)

Through 2019/20 the MDC was chaired by Brian Chester (Upper West Public Governor). The MDC is open to all Governors to attend and is supported by the Trust's Corporate Governance and Membership Manager.

The remit of the Committee is to:

- Advise on and develop strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population.
- Plan and deliver the Council's Annual Members Meeting.
- Advise on and develop strategies for effective membership involvement and communications.

The committee met three times this year. Key areas of work have included: regular membership monitoring; planning and delivering the Trust's Annual Members Meeting and advising on membership recruitment and engagement opportunities. You can read more about membership and public engagement in the Membership section of this report.

The MDC has worked to ensure that members' views and the views of the public are understood and communicated to the Board. Our Annual Members Meeting, which was attended by over 220 stakeholders, provided an opportunity for members, the public and our volunteers to meet Governors and Board members and directly share their views. Many Governors are engaged with their local communities including through Patient Participation Groups and by attending Clinical Commissioning Group public meetings and they feed back to the Chair and Non-Executives at Council meetings when relevant. Three members of the MDC are permanent members of the Trust's Inclusion Hub Advisory Group, which is made up of FT members from across our patch. This enables them to hold interactive sessions with members to inform the views they feed back to Board members.

Nominations Committee (NomCom)

The majority of members of the Nominations Committee are Governors and the NomCom is usually chaired by the Trust Chair. The Trust's Senior Independent Director Lucy Bloem, Non-Executive Director is also in regular attendance. During the year, membership included one Appointed Governor, one Staff-Elected Governor and four Public Governors.

The remit of the Nominations Committee includes:

- To regularly review the structure, size and composition of Non-Executive Director membership of the Board of Directors and make recommendations to the Council of Governors with regard to any changes;

- To be responsible for identifying and nominating, for the approval of the Council of Governors at a general meeting, candidates to fill non-executive director vacancies, including the Chair, as and when these arise;

- With the assistance of the Senior Independent Director, to make initial recommendations to the Council on the appropriate process for evaluating the Chair and to be involved in the Appraisal.

- To receive and consider advice on fair and appropriate remuneration and terms of office for Non-Executive Directors.

The Committee has met formally on five occasions this year and has held additional meetings as necessary in order to undertake its statutory duty in recommending NED appointments, as outlined in the section on Statutory Duties below.

	Constituency/Role	31.07.19	10.10.19	21.01.20	23.01.20	31.01.20
David Astley	Chair	X	-	X	X	X
Lucy Bloem	Senior Independent Director & Non-Executive Director	X	-	-	X	X
Malcolm MacGregor	Staff - Operational	X	X	X	X	X
James Crawley	Upper East Public	X	X			
Marguerite Beard-Gould	Upper East Public	X	X	-	-	-
Marian Trendell	Appointed	X	X	X	X	X
Felicity Dennis	Upper West Public	X	X	-	X	-
Geoff Kempster	Upper West Public			X	X	X
Brian Chester	Upper West Public			X	X	-

Key	
x	In attendance
-	Not in attendance
	Not in post

Governor Development Committee (GDC)

The GDC has met six times during the year and is open to all Governors to attend and is supported by the Trust's Assistant Company Secretary. The GDC is currently Chaired by the Lead / Deputy Lead Governor, and its remit is to:

- Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role.
- Advise on and develop strategies for effective interaction between Governors and Trust staff.
- Propose agendas for Council meetings.

The GDC continues to regularly advise on the information, interaction and support needs of Governors, and has helped devise the annual Council effectiveness self-assessment survey.

Statutory Duties

The Council has undertaken a number of its statutory duties during the year, as set out below:

Appointment of a Non-Executive Director

The Nominations Committee led a process to appoint a new Non-Executive Director to the Trust with a financial background. An extensive search and selection process, aided by BAME recruitment agency, culminated in the appointment of Howard Goodbourn by the Council on 5 March 2020 for a three-year term of office, which commenced on 9 March 2020.

Recruitment for a NED with a clinical background also took place during the year, however after an extensive search and interviews the Nominations Committee did not recommend making an appointment. A new recruitment process will take place in 2020/21.

Reappointment of a Non-Executive Director

Lucy Bloem, NED, Senior Independent Director and Deputy Chair, completed her second full term of office as a NED on 31 August 2019. Following due consideration of her performance, independence and the skills mix and experience on the Board,

the Nominations Committee recommended that Lucy's term of office be extended by one year and she was reappointed until 31 August 2020.

Input to Annual Planning and Strategy Development

The Trust has worked with Governors to review and advise on its strategy and annual plans. Annual plans have revolved around achieving Care Quality Commission requirements, reviewing the Trust's governance and making improvements to the culture of the organisation. Interactive sessions involving Governors and managers have been held to discuss priorities and plans.

Constituency boundaries

In order to reflect the interest in the Trust from its northern border into Greater London, and extend the pool from which we are able to recruit Non-Executive Directors, the Nominations Committee and then Council of Governors and Board agreed to revise the Trust's constitution to extend our Foundation Trust boundaries to encompass Greater London. The constituencies have been renamed:

- Lower West (formerly West Sussex)
- Lower East (incorporating both the former constituencies of Brighton and Hove, and East Sussex)
- Upper West (formerly Surrey and NE Hants plus the west of London)
- Upper East (formerly Medway and Kent plus the east of London)

Other Governor Engagement Activities

In addition, Governors have been involved in a number of Trust events over the year. These included opportunities to represent members' views and work alongside members on developing plans and strategies for the Trust.

Governors, working alongside public and staff FT members and other key stakeholders, helped to develop the Trust's Quality Account priorities for quality improvement in 2019/20 (see Quality Account).

Governors have continued to observe our frontline crews in action by spending time on our ambulances and in our Emergency Control Centres, enabling Governors to understand more about the Trust's operation and meet and talk to our staff.

Staff-Elected Governors have also undertaken specific work to understand their constituents' views using a number of methods, including by working as part of the Trust's Staff Engagement Advisory Group (see the Membership section).

Appointments and Elections

Governor Elections were held during the year. Election results were announced on 26 February 2020 and the results were as follows:

Staff Governors Operational (1 to elect)
Christopher Burton (first term)
Number of eligible voters: 3,727
Total number of votes cast: 537
Turnout: 14.4%

Staff Governor Non-operational (1 to elect)
Marcia Moutinho (first term)
Number of eligible voters: 300
Total number of votes cast: 135
Turnout: 45%

Public Governor Lower West (1 to elect)
Nigel Robinson (first term)
Number of eligible voters: 1,566
Total number of votes cast: 149
Turnout: 9.5%

Public Governor Lower East (1 to elect)
Leigh Westwood (first term)
Number of eligible voters: 2065
Total number of votes cast: 175
Turnout: 8.5%

Public Governor Upper East (4 to elect)
Marguerite Beard-Gould (third term)
David Escudier (second term)
Sian Deller (first term)
Cara Woods (first term)
Number of eligible voters: 3,617
Total number of votes cast: 239
Turnout: 6.6%

Public Governor for Upper West (1 to elect)
Amanda Cool (first term)
Number of eligible voters: 2,460
Total number of votes cast: 206
Turnout: 8.4%

The Council has two Appointed Governor vacancies at year end: representing mental health and the charitable sector. Work is underway to fill these vacancies.

The table below sets out Board members' attendance at Council meetings throughout the year. Non-Executive Directors attend the meetings on a rota. Executive Directors (with the exception of the CEO) only attend if invited to discuss their area of responsibilities.

Attendance at formal Council meetings by Board members

Name	Role	6th June 2019	20th Sept 2019 and AMM	3rd Dec 2019	3rd March 2020
Philip Astle	Chief Executive		X	X	X
David Astley	Chair	X	X	X	X
Al Rymer	Non-Executive Director	-	X	-	X
Lucy Bloem	Senior Independent Non-Executive Director	X	X	-	X
Terry Parkin	Non-Executive Director	-	X	-	X
Tricia McGregor	Non-Executive Director	X	-	-	-
Laurie McMahon	Non-Executive Director	X	X	-	-
Angela Smith	Non-Executive Director	-	X	-	-
Michael Whitehouse	Non-Executive Director	-	-	X	-
David Hammond	Director of Finance & Corporate Services	-	-	-	-
Steve Emerton	Director of Strategy & Business Development	-	-	-	-
Joe Garcia	Director of Operations	-	X	-	-
Fionna Moore	Medical Director	X	-	-	-
Bethan Eaton-Haskins	Director of Nursing & Quality	-	-	-	-
Paul Renshaw	Interim Director of HR	-	X	-	

Key	
x	In attendance
-	Not in attendance
	Not in post

The Table below sets out the terms of office, names and constituency of each Governor who has held office at any point in the last year. It also shows their attendance at public Council meetings, and their Committee membership.

Name	Term of office	Committee membership	6th June 2019	20th Sept 2019 and AMM	3rd Dec 2019	3rd March 2020
James Crawley	Second Term 01/03/19-12/11/19	• Governor Development Committee • Nominations Committee member • Membership Development Committee member • Lead Governor	X	X		
David Escudier	First Term 01/03/17-29/02/20	• Membership Development Committee member • Governor Development Committee member	X	X	X	X
Cara Woods	First term 01/01/20-31/02/23	• Membership Development Committee member • Governor Development Committee member				X
Sian Deller	First term 01/01/20-31/02/23	• Membership Development Committee member • Governor Development Committee member				X
Nigel Robinson	First term 01/01/20-31/02/23	• Membership Development Committee member • Governor Development Committee member				X
Leigh Westwood	First term 01/01/20-31/02/23	• Membership Development Committee member • Governor Development Committee member				X
Amanda Cool	First term 01/01/20-	• Membership Development Committee member				-

	31/02/23	• Governor Development Committee member				
Roger Laxton	First Term 07/02/18-29/02/20	• Membership Development Committee member • Governor Development Committee member	X	X	X	
Marguerite Beard-Gould	Second Term 01/03/17-28/02/20	• Nominations Committee member • Membership Development Committee member • Governor Development Committee member • Inclusion Hub Advisory Group member	X	X	X	-
Felicity Dennis	First Term 01/03/17-29/02/20	• Membership Development Committee member • Governor Development Committee member • Patient Experience Group member • Lead Governor • Nominations Committee member	X	X	X	
Nick Harrison	First Term 01/03/17-28/02/20	• Membership Development Committee member • Governor Development Committee member	X	X	X	
Waseem Shakir	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee	X	X	X	X

		member				
Malcolm Macgregor	First Term 01/03/19-28/02/22	• Nominations Committee member • Membership Development Committee member • Governor Development Committee member	X	-	X	X
Marcia Moutinho		• Membership Development Committee member • Governor Development Committee member				X
Marian Trendell	Third Term 01/03/17-28/02/20	• Nominations Committee member • Governor Development Committee member	X	X	X	X
Marianne Phillips	First Term 21/06/18-20/06/21	• Membership Development Committee member • Governor Development Committee member	X	X	X	X
Graham Gibbens	Second Term 06/11/17-07/11/20		X	X	-	X
Frank Northcott	First Term 01/03/19-	• Membership Development	X			

Name	Term	Roles				
	15/07/19	Committee member • Governor Development Committee member		(blue)	(blue)	(blue)
Lorraine Tomassi	First Term 01/03/19-29/04/19	• Membership Development Committee member • Governor Development Committee member	(blue)	(blue)	(blue)	(blue)
Nev Kemp	First Term 20/02/19-19/02/22		X	-	X	X
Nicki Pointer	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member • Deputy Lead Governor	X	X	X	X
Brian Chester	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Comm • Nominations Committee member	X	X	X	X
Chris Devereux	Second Term 01/03/19-	• Membership Development Committee member	X	-	X	X

Name	Term	Roles				
	28/02/22	• Governor Development Committee member				
Geoff Kempster	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member • Nominations Committee member • Inclusion Hub Advisory Group Member	X	X	X	X
Pauline Flores-Moore	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member	X	X	X	-
Harvey Nash	First Term 01/03/19-28/02/20	• Membership Development Committee member • Governor Development Committee member	-	X	X	■
Sarah Swindell	First Term 18/04/19-17/04/22		X	-	X	-
Vanessa Wood	First Term 08/07/19-0707/22		■	X	X	X

				X	-	-
Howard Pescott	First Term 06/09/19-05/09/22					
Christopher Burton	First term 01/01/20-31/02/23	• Membership Development Committee member • Governor Development Committee member				X

Key	
x	In attendance
-	Not in attendance
	Not in post

Improving our services and patient care

The Quality Report and Account are usually included within the Annual Report, however due to changes to reporting to facilitate our response to COVID-19, this is not required this year.

Nonetheless, this section sets out a summary of our approach to quality improvements and our achievements and areas of focus in the past year. This incorporates:
- Our approach to learning
- Compliments and complaints
- Serious incidents (SIs)
- Safeguarding
- Patient and Carer Experience Strategy

How we learn when things go wrong and how we share the lessons
Considerable effort has been made this year to draw together all the learning taking place across the Trust, better coordinate it (cross-reference learning from different sources) and share it with those who need to understand what needs to improve.

'*Business as usual*' learning:
- Thematic analysis of patient safety event themes, which leads to commissioned deep dives, or more intense analysis;
- Clinical bulletins issued to staff to advise of a change to practice (not all bulletins are relevant to all staff areas, many are EOC/111 or field operations specific);
- Monthly patient safety event learning posters cascaded via the Operations Improvement Hub to Operating Units (OU);
- Clinical tail audits (of the longest waits in clinical queues) carried out and results fed back within our 999 call centres and actions taken to address trends;
- Shared learning documents routinely issued in the EOC and 111.
- Priorities within the current Quality Account directly correlate with previous learning on patient safety incidents i.e. cardiac arrests, falls, EOC safety in order to focus scrutiny on areas where key learning needs to be embedded.
- Key skills – reviewed and refreshed to address themes identified from patient safety events. Real-life examples of complaints, serious incidents and safeguarding cases are referred to throughout the training, so staff appreciate the importance and relevance;
- SECAmb is a high reporter to NHS Pathways (a national 111 and 999 call triage platform), escalating gaps and areas of concern; this has directly led to changes to the recognition of sepsis markers and the pathway for major trauma crush injuries;
- Structured judgement reviews (SJR) as per the Learning from Deaths (LfD) workstream – findings triangulated with themes from other events.

What is underway for future learning, internally and system wide?

The new EOC/111 Quality & Patient Safety Groups were established in September 2019. The groups are fully collaborative with the Deputy Director of Nursing and Head of Patient Safety as key members/Deputy Chairs. The collaboration is already resulting in better engagement, which can only strengthen the patient safety culture. There are strong signs that managers are taking responsibility to share learning with teams and to look at changes in practice.

An SI development plan has been created and aims to build the engagement and collaboration between field operations and the corporate patient safety teams. The plan will address the gaps between field operations and all areas of patient safety, working to develop local ownership of investigations for incidents, SIs and complaints to glean learning quickly and embed actions.

The development plan will also work to increase the number of trained Root Cause Analysis investigators in operations, and ensure those investigators are afforded the capacity within their 'day job' to undertake investigations. We are also using and exploring alternative methodology in line with the National Patient Safety Strategy;

We are encouraging managers to utilise the Incident Decision Tree (NPSA/NHSI) when staff are involved in an adverse event to ensure they are supported appropriately. This will aid the development of a just culture and give staff confidence to report incidents, and will take forward the Trust's intention to further research and develop a Second Victim workstream (to support staff affected by their involvement in an incident).

Culture – work is already underway to improve the culture across the Trust; Nursing & Quality are working in partnership with Organisational Development to ensure consistency; this will also work to improve the safety culture. Planning is already under way to deliver the Patient and Carer Experience Strategy collaboratively.

Ongoing resilience work is taking place to support staff affected by mental health; significant lessons learned from an externally investigated SI. Our Consultant Paramedics are working in collaboration with the Consultant Nurse for Mental Health to develop clinical supervision which will also improve our ability to identify and learn lessons.

How do we know that learning is embedding?
In order to assure ourselves of the success of our efforts to embed learning, we undertake Quality Assurance Visits (QAVs) and through these check that staff refer to SIs and changes that have occurred. The CQC have recognised, in their most recent report on the Trust, that staff are aware of and able to talk about events that have led to improvements.

Staff are more aware of serious incidents, what they are and why we carry out Root Cause Analysis investigations and they spoke spontaneously about our bulletins and their learning during A&E visits we undertook.

We should note that staff may not always acknowledge that learning is connected to a serious incident i.e. after an ambulance crash information cards were placed in the ambulance cabs and while staff see the cards, they may not connect these to an incident.

We have seen a reduction in 'long lie' SIs (where patients who have fallen are unattended for long periods) which shows that our fallers flowchart has been embedded in practice.

When an issue arose with oxygen cylinders running out, the SECAmb command structure engaged the wider NHS to ensure the urgent lessons were shared. This led to NASMED creating a national cascade to share urgent lessons.

As reported above, NHS Pathways have made changes to Pathways due to SECAmb's feedback. The patients of all Trusts using Pathways therefore benefit from this learning.

What more are we doing to improve the way we share and embed our learning?

Our new 'Fundamentals' management and leadership course is being rolled out. It will include patient stories identified from complaints, and the course emphasises management's commitment to support the utilisation and embedding of their learning in the workplace. Broader engagement work continues, and the Trust is also looking to implement key changes outlined in the NHSI patient Safety Strategy.

We know that leadership is the key to becoming the learning organisation we want to be and to promoting a just culture across SECAmb and within the wider system. Joint working and collaboration is better than it ever has been between our operations Directorate and Key corporate patient safety departments. This provides a firm foundation to build on in the coming year.

In the next year we will move forward with our operational restructure, confirming more people in substantive leadership roles with the skills they need to set the culture and embed learning. We are developing a Quality Improvement methodology to roll out across the Trust and have a new senior manager in post to deliver this. We recognise that changes must be allowed to sink in, and colleagues allowed the space to take stock – we adopt a drip-drip approach by making small changes then sharing and spreading them. We look forward to taking this work forward at full pace following the cessation of the COVID-19 Business Continuity Incident.

Serious Incidents

The NHS defines a Serious Incident as follows:

In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious Incidents include an act or omission that results in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm (including those where the injury required treatment to prevent death or serious harm), abuse, "Never Events", incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services (NHS England, 2015).

Serious Incidents then, while regrettable, present us with opportunities to learn and improve our practice, so we take time to understand their causes and seek to

change things wherever possible to prevent reoccurrence. As a learning organisation we take a 'no blame' approach to incidents caused by the actions of our staff, first seeking to use coaching, reflections on practice and/or other learning approaches to improve the way we work. Only where negligence occurs, something is illegal or there is a gross error of judgement would disciplinary action be taken and reporting to the Health and Care Professions Council undertaken if appropriate.

The number of Serious Incidents (SIs) reported during 2019/2020 was 118. Once investigated, it was agreed with the Lead Commissioners that 17 of them did not meet the SI criteria and they were de-escalated from SI status, resulting in the net figure of 101 SIs. This is a reduction from last year's figures.

The Trust's Serious Incident Group meets weekly to review all potential SIs identified through our Incident Reporting Software, complaints received and from external concerns raised. The Trust is developing a Serious Incidents Development Plan. This action plan is phase two of our ongoing Serious Incident development work. It will support robust collaboration between corporate and operational directorates in order to strengthen the way the Trust learns from patient safety incidents.

A new Serious Incident Procedure was approved and implemented in May 2019. We have also started to review this in light of changes proposed in the Patient and Carer Experience Strategy. We have in any case reviewed and replaced the Serious Incident report template and introduced a user guide for investigators to further improve the quality of our submitted reports.

Work has continued to provide evidence of completion of the action plans for closed incidents. Action plans are created to ensure we learn from incidents and change things as a result so it's vital the actions are taken, and often taken quickly. The actions are monitored by the Trust's governance groups and we have introduced dashboards for these groups to help them ensure that actions are completed within the relevant timescales. This remains an area of challenge and has executive level oversight.

Time is of the essence when ensuring SIs are understood in case we need to adopt changes in practice to prevent further incident. The SI team have worked hard to reduce the numbers of investigations that breach the national timescales for submission to our Commissioners and this has seen the numbers breaching at year end reduced to 5 from 35 at the start of the year. This breach rate continues to reduce.

The following information about the reasons for SIs has been collated from our incident reporting system (Datix) and reflects Trust focussed themes and trends:

Serious Incident Reporting Reason	Number of SIs
Clinical Operations - EOC	
Delayed dispatch / attendance	38
Triage / call management	8
Out Of Hours/111/GP Concerns	1
Staff conduct	1
Treatment / care	1

Total	49
Clinical Operations A&E	
Treatment / care	13
Delayed dispatch / attendance	11
Staff conduct	9
Other (Please state)	4
Non-conveyance / condition deteriorated	3
Road Traffic Collision/Road Traffic Accident	2
Medication incident	1
Total	43
NHS 111 and Urgent care - 111 service	
Triage / call management	4
Delayed dispatch / attendance	3
Out Of Hours/111/GP Concerns	2
Total	9
Grand Total	**101**

Patient experience

Patient experience, on the face of it, can seem quite simple, however, we all experience things slightly differently and each experience is itself made up of a number of experiences or 'moments' that are all measured against our original expectations. Patient experience is what the process of receiving care feels like for the patient, their family and their Carers. It is a key element of quality alongside clinical excellence and safer care. Patient experience has many facets, from how a telephone call is answered to the way the patient is examined or treated, through how our staff explain what is happening to our patients.

Understanding and improving patient experience is not simple. As well as effective leadership and a receptive culture, a whole-systems approach is required to collecting, analysing, using and learning from patient feedback for quality improvement. Without such an approach it is almost impossible to track, measure and drive quality improvement[1].

During the year, we worked to co-develop a Patient and Carer Experience Strategy with key partners including patients, carers, our staff, the Inclusion Hub Advisory Group, Council of Governors, Clinical Commissioning Groups and Health Watch. The strategy sets out a 5-year strategy and plan which is based on the NHS Improvement (NHSI) Patient Experience Improvement Framework. NHSI have supported its development. Our strategy will guide the organisation's development in terms of patient experience, ensuring that our approach is pro-active, in partnership with our patients and their Carers, and that we meet the Trust's statutory responsibilities.

The strategy was due to be signed off in early 2020/21 but has been postponed due to Covid-19.

An initial scoping exercise was undertaken in 2019 with a small group of stakeholders which identified many varying expectations. In order to, manage the wide-ranging expectations and attempt to offer as many stakeholders as possible the opportunity to contribute, an online survey followed by three wider face to face stakeholder events were held during July and August 2019 in Kent, Surrey and Sussex. They focussed on the question "what matters most to our patients". 282 responses were received to the online survey. This supported us to obtain views across the wide geography covered by the Trust. In addition, patients and families/Carers provided feedback about the service we currently provide. Key learning has been embedded into the strategy and other work within the Trust. We are grateful to our partners in Clinical Commissioning Groups and Health Watch who were pro-active in advertising and supporting our work. The online survey also enabled a greater number of our operational staff to contribute.

A positive patient experience cannot be achieved by one workstream within an organisation. It requires a Trust wide approach and the strategy will identify the different elements of good patient experience and therefore the focal points for activity:

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[1] Patient Experience Improvement Framework. NHS Improvement June 2018

- Leadership
- Patient engagement
- Timely response
- Mutual decision-making
- Safe care
- Partnership working

This strategy will have several objectives, each of which will be underpinned by a development plan. The overarching development plan will be monitored by our Patient Experience Group. The objectives cover: Leadership; Organisational culture; Collecting feedback; Analysis and triangulation; and Reporting and publication.

We look forward to sharing the full 5-year strategy with our stakeholder and beginning implementation once it has been approved by the Board.

A key component of patient experience is learning from compliments, complaints and other patient feedback.

Compliments

Each year the compliments received by the Trust, thanking our staff for the work they do, far outnumber complaints. Compliments are recorded on the Trust's Datix system (electronic patient safety and risk management software system), alongside complaints, so that both the positive and negative feedback is captured and reported back to operational staff.

The staff member(s) concerned receive a letter from the Chief Executive in recognition of the dedication and care they provide to our patients. During 2019/2020 the Trust received 1,884 compliments, slightly more than the 1,846 received during 2018/19.

Compliments by service/operating area and month

	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Total
Ashford Operating Unit (OU)	5	6	4	11	13	10	9	8	6	16	6	12	**106**
Brighton and Mid Sussex OU	7	3	1	13	17	20	8	21	17	20	8	19	**154**
Chertsey OU	6	8	6	18	19	13	10	28	18	10	24	27	**187**
Gatwick and Redhill OU	13	5	6	36	30	18	24	27	17	38	29	28	**271**
Guildford OU	5	5	8	13	25	8	15	18	12	21	22	12	**164**
Hazardous Area Response	0	0	0	0	0	0	0	0	0	0	0	1	**1**

Team (HART)													
Medway and Dartford OU	10	2	10	34	21	20	17	29	24	37	31	19	**254**
Paddock Wood OU	7	6	3	25	15	8	13	7	14	12	13	18	**141**
Polegate and Hastings OU	8	4	7	8	26	16	22	28	8	19	19	7	**172**
Tangmere and Worthing OU	8	3	9	24	30	23	16	23	14	13	9	25	**197**
Thanet OU	12	3	3	12	20	10	9	26	15	24	20	21	**175**
East Emergency Operations Centre (EOC)	0	1	0	1	1	1	1	3	1	2	0	2	**13**
West EOC	2	2	0	1	2	1	2	4	1	2	4	2	**23**
NHS111	0	0	2	0	1	1	1	5	1	0	0	3	**14**
Patient Experience	0	0	3	2	0	0	2	1	0	1	2	1	**12**
Total	**83**	**48**	**62**	**198**	**220**	**149**	**149**	**228**	**148**	**215**	**187**	**197**	**1884**

Compliments provide a welcome boost for our staff. In previous years there were no guidelines regarding the time taken for the Trust to process compliments. This led to crews not receiving their much-deserved recognition in a timely manner. Although there is no statutory requirement for compliments to be processed within a defined period, the importance of processing these as quickly as possible was recognised. Compliments are now processed and completed within a week of receipt.

The 1,884 compliments received during 2019/20 represent one compliment for every 1,205 interactions, meaning that 0.00082% of all calls / journeys attracted a compliment.

Complaints

During 2019/20:

- Our Emergency Operations Centre staff answered 777,662 calls.
- Our A&E road staff made 713,052 responses to patients.
- Our NHS 111 staff took 780,902 calls.
- SECAmb received 938 complaints.

This equates to one complaint for every 2,422 patient interactions, meaning that 0.00041% of all calls / journeys attracted a complaint. Detailed below is a comparison between the complaints received in the past two years which shows a slight reduction in 2019/20 against 2018/19.

SECAmb complaints over the past two years:

Complaints received 01/04/2018 to 31/03/2020
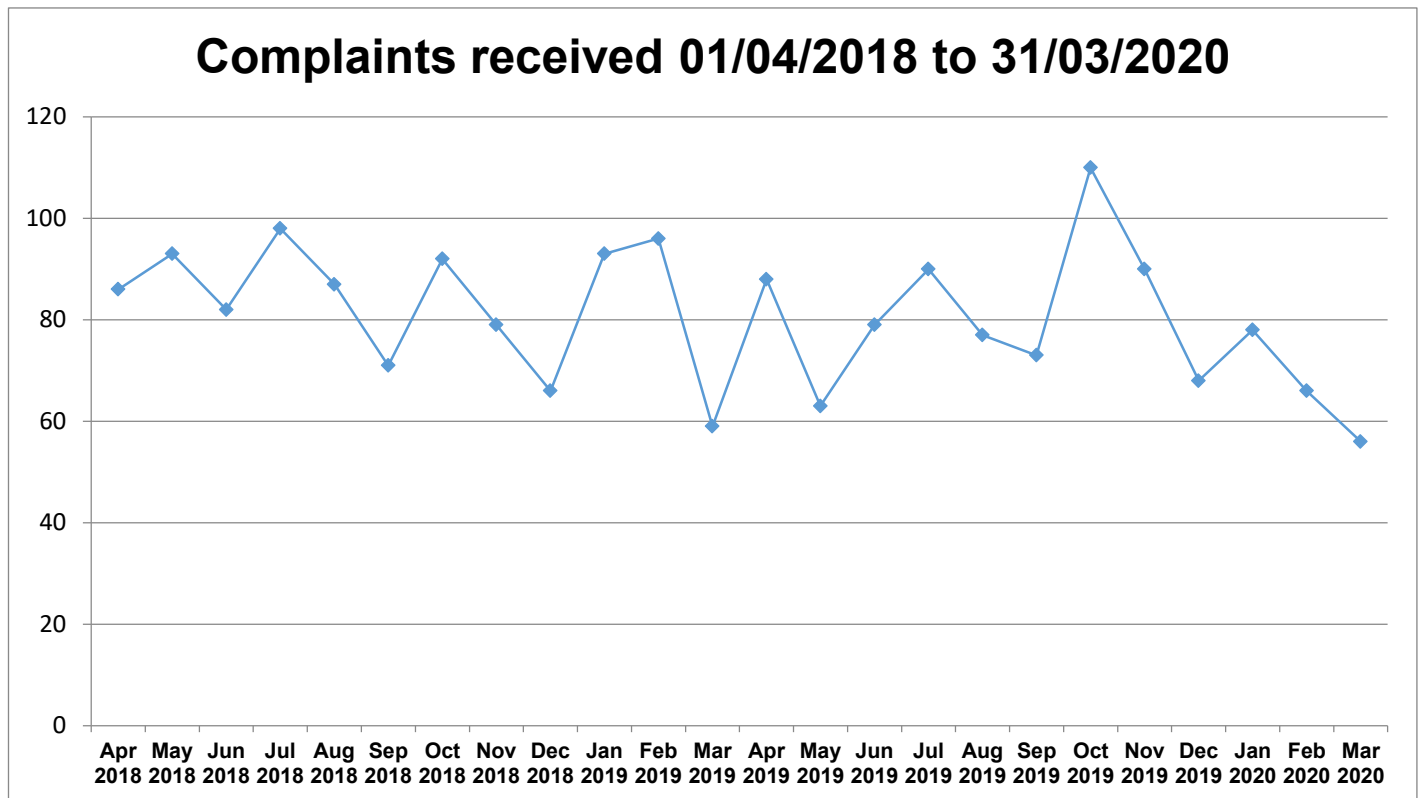
The peak during October 2019 correlates with an increased level of activity experienced across the Trust.

2018/19 – 1009 complaints received   **2019/20** – 938 complaints received

NHS111; 120; 12%
Other directorates; 3; 0%
EOC; 452; 45%
A&E; 434; 43%

NHS111; 93; 10%
Other; 6; 1%
EOC; 394; 42%
A&E; 445; 47%
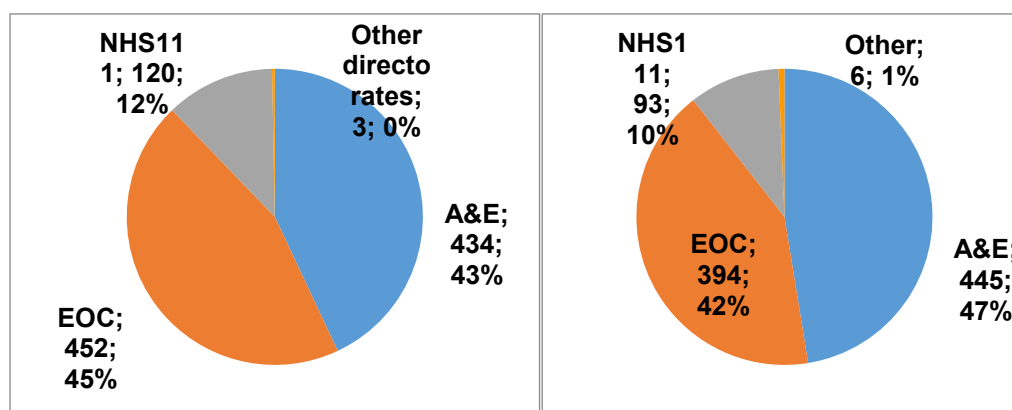
Feedback from the NHS Choices and Care Opinion websites

We value and act on all the feedback from patients and their families however these come to us. We monitor and respond to feedback quickly.

At the end of 2019/20, the feedback for the year is:

	Compliments	Complaints

	Compliments	Complaints
NHS Choices	17	7
Care Opinion	13	4

This is compared to the previous year, 2018/19:

	Compliments	Complaints
NHS Choices	23	6
Care Opinion	8	5

Complaints are reviewed and graded according to their apparent seriousness; this ensures that they are investigated proportionately. These are:

- Level 1 - complaints that can be dealt with by the Patient Experience Team as they already hold the information necessary to respond to the complaint or can easily obtain it without sending the complaint to anyone else for investigation. These are normally registered as concerns; would be considered as PALS issues in other Trusts.
- Level 2 – a complaint that appears to be straightforward, with no serious consequences for the patient / complainant, but needs to be sent to a manager for the service area concerned to investigate.
- Level 3 – a complaint which is considered to be serious, having had clinical implications or a physical or distressing impact on the patient / complainant, or to be of a very complex nature.
- Level 4 – any complaint which is later classified as a Serious Incident (SI). Once a decision has been taken by the Serious Incident Group to declare a serious incident, the complaint is passed to the SI Team for a root cause analysis investigation to be carried out. The SI Team will liaise with the complainant confirming the process to be followed and responding to any queries.

Most complaints received during 2019/20 were graded as level 2, 863 (92%), with the remaining 75 (8%) as level 3.

Complaints are categorised into subjects and can be further distinguished by sub-subject if required.

Complaints received during 2019/20 by subject and service area:

	A&E	EOC	NHS111	Other	Total
Administration	1	1	2	2	**6**
Communication issues	15	12	2	2	**31**
Concern about staff	280	30	14	2	**326**
Information request	1	0	0	1	**2**
Miscellaneous	6	1	1	0	**8**
Patient care	138	145	68	0	**351**
Timeliness	1	205	6	0	**212**

Transport	2	0	0	0	**2**
Total	**444**	**394**	**93**	**7**	**938**

When a complaint is concluded, a decision is made to either uphold or not uphold the complaint, based on the findings of their investigation. During 2019/20 999 complaints were responded to; of these 60% were found to be upheld or partly upheld. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'. If a complaint is made regarding more than one issue, and one or more of these issues are upheld, the complaint is recorded as 'partially upheld'. The outcome from complaints is shown in the figure below:

Complaints by outcome, 2019/20
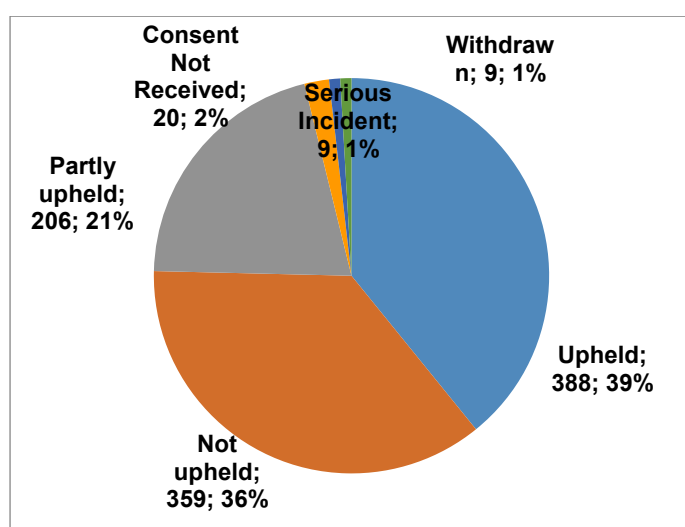
In order for the Trust to release details of an investigation, consent must be received from the patient or their representative. If this is not received by completion of the investigation, the complaint is closed and marked as 'Consent Not Received' and a letter sent to the complainant confirming this. Any learning resulting from the investigation is still implemented. The Trust also has a small number of complaints, 1%, which are withdrawn by complainants who specifically request an investigation does not take place and asks us to withdraw their complaint. 1% of complaints are, after review from the Serious Incident Group, declared Serious Incidents and investigated accordingly, the complainant is kept informed in such circumstances.

During 2019/20 63% of complaints were responded to within the Trust's timescale, compared to 95% in 2018/19. The Trust's agreed timescale within the complaints procedure is for 90% of complaints to be responded to within 25 working days. The delays were a result of some problems experienced with investigating and responding to EOC complaints (34% of total complaints) which have now been resolved.

Directorate	Complaints closed	Number responded to within 25 working days	% number responded to within 25 working days

A&E	456	382	84%
EOC	437	146	34%
NHS111	100	92	92%
Other	6	5	83%
Overall	**999**	**625**	**63%**

Learning from complaints

Lessons from complaints throughout 2019/20 have again been wide ranging.

741 actions were identified from complaints during the period 01/04/2019 to 31/03/2020.

Examples of specific learning and changes made as a result of complaints include:
- Changes to the NHS Pathways triage system at a national level;
- Shared learning documents sent to staff in a specific role to disseminate learning;
- Introduction of systems to support the use of 'What3Words' to make it easier for our crews to find people in rural locations;
- One-to-one feedback/coaching for individuals, such as meeting with the End of Life Care Lead to enhance understanding; and
- New Operational Instructions being issued to all frontline staff.
- Organisational focus on performance to avoid delayed responses to patients.

Parliamentary and Health Service Ombudsman

Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for review. When the Ombudsman's office receives a complaint, they contact the Patient Experience Team to establish whether there is anything further the Trust feels it could do to resolve the issues. If we believe there is, the PHSO will pass the complaint back to the Trust for further work. If the Trust believes that local resolution has been exhausted, the PHSO will ask for copies of the complaint file correspondence to review and investigate.

In the year 2019/20 the PHSO contacted the Trust and asked for copies of 11 complaint files, the cases are still with the PHSO being reviewed and we have not been informed of the findings of the PHSO.

Patient Advice and Liaison Service (PALS)

PALS is a confidential service to offer information or support and to answer questions or concerns about the services provided by SECAmb which do not require a formal investigation.

The table below details the number of PALS enquires received by the Trust during 2018/19 and 2019/20:

Type	2018/19	2019/20	Percentage difference
Concern	52	57	10%
Enquiry	40	25	-37.5%
Information request	348	327	-6%
Total	440	409	-7%

Most requests for information are Subject Access Requests, where patients or their relatives require copies of the PCR completed by our crews when they attended them, or recordings of 999 or NHS111 calls, for a range of reasons. These requests are dealt with in accordance with the General Data Protection Regulations. The implementation of the new Electronic Patient Clinical Record has streamlined the process.

Other contacts are requests for advice and information regarding what to expect from the ambulance service, people wanting to know how they can provide us with information about their specific conditions to keep on file should they need an ambulance, calls about lost property, and on occasion, families wanting to know about their late relatives' last moments.

Safeguarding

2019/20 continued to see an overall increase in safeguarding activity across the Trust. Safeguarding referrals made across EOC, NHS111 and 999 services totalled 16,353 and reflected a 19 per cent increase on the previous year. Safeguarding referrals for children constitute 17% of the total number of referrals despite our under 18 population accounting for around 10 per cent of SECAmb's workload. Safeguarding training throughout 2019/20 had a greater focus on risks to children. This supports our staff to be able to recognise and escalate safeguarding concerns where there is an indication a child is at risk of harm, abuse or neglect.

Safeguarding training figures across the Trust demonstrate over 85% compliance, which included a mixture of e-learning and face-face training for staff. 2019/20 saw the introduction of new Basic Prevent Awareness Training for staff that achieved 86% compliance. Safeguarding commissioning expectations require a minimum of 85% compliance with all safeguarding training

2019/20 has seen a number of external challenges which have had an impact on the team's ability to deliver safeguarding training across the Trust, namely EU Exit and the Covid-19 outbreak of 2020. The team had planned to deliver safeguarding training sessions for EOC staff, focusing on the identification and escalation of safeguarding concerns in the context of telephone triage, where face to face assessments cannot be made.

Unfortunately, due to the cancellation of two of the quarterly Key Skills dates for EOC (as a result of the EU Exit preparations), this training was only able to be delivered to the West EOC staff in Q4. East EOC staff and Ashford 111 training was planned for Q1 of 2020/21, however this has now been postponed due to the Covid-19 outbreak. Likewise, a multi-disciplinary safeguarding conference hosted by the Trust that was planned for April 2020 has now been deferred to later in the year.

Safeguarding activity across our key partners and local authorities continues to demonstrate a year on year increase in activity. During 2019/20 SECAmb were asked to contribute to 71 Serious Case Reviews, Safeguarding Children's Reviews and Domestic Homicide Reviews. This almost doubles the number for the previous year.

Areas of wider learning following these reviews have been shared across the organisation using various methods, including training examples, to cascade. Examples of learning include a recommendation that people of no fixed abode should be referred into safeguarding support as there's a risk they can be often be missed. An example of good practice includes how the Safeguarding Team liaised with Brighton & Hove Adult Services who have a high population of homeless people. It was agreed that when referrals are recorded, these are recorded with the last seen location for the person; this information will help social care support this vulnerable population as it gives support services an idea of where this patient may be.

Priority Areas during 2019/20

The priority areas for the year are highlighted below and were included within this year's workplan. The workplan is scrutinised at the Trust's monthly Safeguarding Sub-Group meeting:

- Embed changes in Serious Incidents (SI) and safeguarding incidents reporting during 2019/20:
  - o The Terms of Reference of the Safeguarding Sub-Group have been amended to ensure that any SI declared by the group that has a safeguarding theme are recognised and submitted to the Designated Safeguarding function at the Trust's lead commissioners.
  - o Any areas of safeguarding learning continue to be monitored at the Safeguarding Sub-Group.

- Embed a greater understanding of domestic abuse and how to support staff in dealing with domestic abuse in patients and colleagues:
  - o 2019/20 witnessed a significant increase in safeguarding referrals that have a domestic abuse component compared to previous year.
  - o The Trust's Safeguarding Newsletter has focused on raising awareness of DA across the organisation.
  - o Improved and updated DA resources available to staff on the Trust's intranet pages.
  - o Domestic Abuse in the Workplace Policy in process of development.

- Work in partnership with commissioners, local authorities and Safeguarding Boards to streamline and triage safeguarding referrals:
  - o Local Adult Social Care teams and SECAmb have been working together to improve the way referrals are sent to adult social care. This has involved SECAmb labelling referrals with levels of need that are matched to the local thresholds. This ensures when they reach local Safeguarding Hubs they are triaged effectively.
  - o The results of a pilot with one of SECAmb's local partners was presented to the Surrey Safeguarding Adults Board in March 2020.

- Develop a stronger model of safeguarding supervision across the organisation:
  - o SECAmb's inaugural Safeguarding Supervision Policy was ratified in January 2020.
  - o The Safeguarding Supervision Policy bought SECAmb in line with expectations for all NHS commissioned services.

- Training Plans for 2019/20:
  - o Increased Mental Capacity Act Key Skills training.
  - o Introduction of a new Prevent Basic Awareness e-learning training package for all staff.
  - o Focus on developing Level 3 Safeguarding Adults training resources consistent with the Intercollegiate Document.

Information Governance Framework 2019 / 2020

The Trust continues to strengthen its information governance framework, which supports the Trust with meeting its statutory legal requirements. The General Data Protection Regulation (GDPR) 2016 and Data Protection Act 2018 are fully embedded within the organisation. These 2 key pieces of legislation provide individuals with stronger rights over how their personal information is used and processed, and places greater accountability on organisations. The fines and reputational damage incurred by organisations for information governance breaches under this legislation are now significant.

Engagement and awareness within the Trust remains positive, and the Head of Information Governance / Data Protection Officer continues to take a proactive approach. The Information Governance Working Group meets monthly with widespread attendance / membership throughout the organisation. This attendance has increased during 2019 / 2020 with additional portfolios now on board, including the 999 and NHS111 services who are active members of the group.

In order to demonstrate openness, transparency and compliance with the GDPR, there are a suite of Privacy Notices in place relating to services within the Trust, together with accompanying information leaflets. Information on the public facing website has been reviewed and updated further to provide clarity around Data Subject Access requests, and the National Data Opt Out scheme. This demonstrates transparency regarding the processing of personal data which is a key requirement under GDPR. In addition to this, the Trust also uses its intranet to provide advice and guidance relating to information governance.

Confidentiality and compliance with Data Protection legislation remains at the forefront of our organisation. As an Ambulance Trust, we handle a variety of personal data: this information relates to both our employees and the patients who enter our service. To ensure conformance and ongoing awareness the completion of Trust wide mandatory IG training continues on an annual basis. This modulised training is reviewed annually by the Head of Information Governance / Data Protection Officer, and is republished on the 1 April each year. Completion provides assurance that all staff are aware of their individual roles and responsibilities around maintaining confidentiality and the appropriate legal sharing and processing of personal data. Training completion is also a key requirement under the Data Security & Protection Toolkit, which all NHS organisations and providers of services to the NHS must complete on an annual basis. The toolkit is a mandatory self-assessment against specific standards, which also includes elements relating to Cyber Security and measures the Trust's information governance compliance.

The completion of Data Protection Impact Assessments (DPIA) forms has been fully embedded within the Programme Management Office process. Completion is mandatory under the GDPR and is a requirement in instances where there are changes to systems or processes involving personal data. Their completion highlights any associated privacy risks to individuals and provides assurance. Information relating to the DPIAs is available on the Trust's website and intranet. In

accordance with GDPR there is also an overarching register published which summarises DPIA completion.

Information Commissioners Office (ICO) Audit

The Information Commissioners Office undertook an audit of the Trust in May 2019. This audit provided an independent assessment relating to good data protection practice covering key areas, as illustrated below. It reviewed the Trust's compliance with information governance and determined whether we had effective controls in place. The audit reviewed:

- Data protection governance, and the structures, policies and procedures to ensure compliance with data protection legislation;
- Processes for managing both electronic and manual records containing personal data;
- Processes for responding to any request for personal data, including requests by individuals for copies of their data as well as those made by third parties, and sharing agreements;
- Technical and organisational measures in place to ensure that there is adequate security over personal data held in manual or electronic form;
- Provision and monitoring of staff data protection training and their awareness of data protection requirements.

ICO assurance ratings are divided into 4 categories:

1. High assurance

2. Reasonable assurance

3. Limited assurance

4. Very limited assurance

Following the audit, we received an overall compliance rating of 2, 'Reasonable assurance'.

Collaborative Working

Fundamental to the success of a robust information governance agenda across the organisation is the ongoing strategic development of an IG-aware culture. The Trust now has an Information Governance Manager in place, with the Head of Information Governance / Data Protection Officer planning to increase the portfolio further during 2020/2021.

Independent IG service visits to operational teams have been undertaken during 2019/2020. In addition, localised training and awareness sessions with core portfolio-holders have also taken place. Feedback has been positive with engagement proving beneficial, and these are set to continue as part of the portfolios forward plan for 2020/2021.

The Head of Information Governance / Data Protection Officer continues to work proactively and collaboratively with the National Ambulance Information Governance

Group, Sussex and Surrey Information Groups and locality STPs. Continued collaboration ensures best practice and acts as a professional forum for shared learning. During 2019/2020 there has been a significant increase in clinical integration work being undertaken with partner organisations across Kent, Sussex and Surrey localities. This involved the review of complex workstreams across IT systems and the completion of IG assurance, which the Trust's IT and IG portfolios continue to be engaged on. This will actively continue into 2020/2021.

Forward Plan 2020/2021

On a strategic level, we need to continue to build on the good work undertaken with promoting IG awareness within the organisation. There is the appetite to expand on this during 2020/2021, through conducting independent service visits, dovetailing to team meetings and arranging bespoke training sessions. These facilitated localised training sessions will predominately focus on IG awareness, adherence to confidentiality and regulatory functions such as Data Subject Access Requests and Freedom of Information Requests.

Reportable IG Breaches 2020 / 2021

The Trust is an open and transparent organisation, and reports all significant IG breaches to its regulator, the Information Commissioners Office (ICO).

During 2019/2020 the Trust reported 3 breaches to the ICO, all of which related to breach of confidentiality.

In accordance with established Trust process these breaches were formally graded by the Head of Information Governance/Data Protection Officer and forwarded for scrutiny by the Trust Caldicott Guardian and Senior Information Risk Owner (SIRO). Following review, these were then formally recorded though the Data Security & Protection Toolkit and reported to the ICO.

In each instance, the breach was internally reported, and shared learning completed within the relevant portfolios. The Trust IG Working Group, whose membership includes the Caldicott Guardian, SIRO, and Heads of Department were also presented with a formal anonymised report summarising the breaches which have taken place. Open, transparent information has also been imparted in each instance to the ICO and a full succinct response provided.

Infection Prevention and Control (IPC)

During 2019/20 the Trust focussed on resilience within the Infection Prevention and Control Team. Additional staff were recruited and received additional training appropriate to role to support the organisation to develop succession planning. This resilience had proved invaluable in the current COVID-19 pandemic.

The Trust monitored hand hygiene on a monthly basis. Pro-active interventions were undertaken when compliance fell. In addition, the Trust monitors monthly audits of vehicle cleanliness. A collaborative workstream which included the IPC team, the procurement department and the operations directorate investigated causes for declining cleanliness audits and agreed plans to address gaps. This work continues.

IPC training for last year was part of our Statutory and Mandatory training workbooks on the Trust's online learning platform. We continue to provide face to face training for all new starters, with the exception of EOC and 111 staff.

Level 1 (completed every three years for non-clinical staff) = 84.72%

Level 2 (all clinical staff every year) = 88.93%

IPC incident trends are monitored closely. During 2019/20, a number of sharps injuries were noted. Additional steps were taken to reduce the number of injuries and currently the rate has significantly reduced. This will continue to be monitored.

Review of our Approach to Partnership Working

SECAmb's approach to partnership working with our four Sustainability and Transformation Partnerships (STPs) and Integrated Care systems (ICSs) will be key to ensuring the sustainable and successful future delivery of unscheduled healthcare.

The Trust is planning and will deliver a digital programme that supports integration, automation and innovation which will have a focus on integration to support the 111 Clinical Assessment System (CAS) agenda and the creation of 111 and 999 pathways for our patients.

Over time it will develop greater automation and innovation in order to improve the patient experience and increase efficiency. As the service matures it will be increasingly integrated into the other urgent and emergency care providers and Integrated Care Systems and NHS England/Improvement to influence, plan and deliver further integration of the 999 and 111CAS services. This will have a year 1 focus on workforce and marketing of our services with a longer-term vision to become the Partner of Choice for urgent and emergency care projects as we aim to provide responsive and adaptive services through an integrated approach to health management.

Our staff are critical in this as they have the local knowledge, skills and confidence to manage resources and work with their STPs / ICSs, each of which are evolving and developing at different rates:

1. Frimley Health & Care ICS
2. Surrey Heartlands ICS (now includes East Surrey CCG)
3. Sussex Health & Care Partnership ICS
4. Kent & Medway STP (aspirant ICS – by April 2021)

Although undergoing radical changes in architecture, partnership working with ICS/STPs is a key enabler for successful delivery as reinforced by the *NHS Long Term Plan* published in December 2018 where it was stated that all partners are expected to work within these structures around the planning, commissioning and delivery of services.

Each ICS is developing a governance structure, which includes the overarching governance of the ICS but also (excepting Frimley) a substructure of Integrated Care Partnerships (ICPs) that provide devolved local planning and delivery structures. The Trust is also expected to work locally with ICPs.

As part of this architecture, primary care is also developing into groups of GPs, known as Primary Care Networks (PCNs) *Investment and Evolution: A Five-year Framework for GP Contract Reform to Implement the NHS Long Term Plan - January 2019*. These groups will be the focus of local joint primary and community care working and delivery and the Trust has a legitimate interest in the development of local services and care pathway development in particular given that part of the overall reform is for GPs to have paramedics working in this setting of care by 2021/22.

Each ICS/STP and ICP has numerous work streams and sub work streams with a variety of agendas including:

- Local care (including developing accountable care models that include both providers and commissioning)
- Hospital care
- Prevention
- Urgent and Emergency Care
- Mental Health
- Workforce
- Digital

- Estates

- Productivity
- Finance
- Commissioning reform
- Communication and Engagement
- Clinical Board
- Maternity – Local Maternity Network

Whilst there are common features each are at different stages of development, have differing and emerging structures, and have some key and unique workstreams responding to local challenges and needs.

ICS/STP Architecture (as of 10/02/20)

Diagram 1:

Frimley Health & Care ICS	Surrey Heartlands ICS	Sussex Health & Care Partnership ICS	Kent & Medway STP (Aspirant ICS)
	North West Surrey ICP	Brighton & Hove ICP	West Kent ICP
	Crawley, East Surrey & Horsham (CRESH) ICP	East Sussex Better Together Alliance ICP	East Kent ICP
	Guildford & Waverley ICP	Coastal West Sussex ICP	Dartford, Gravesham & Swanley ICP
	Surrey Downs ICP		Medway & Swale ICP

Primary Care Networks PCN
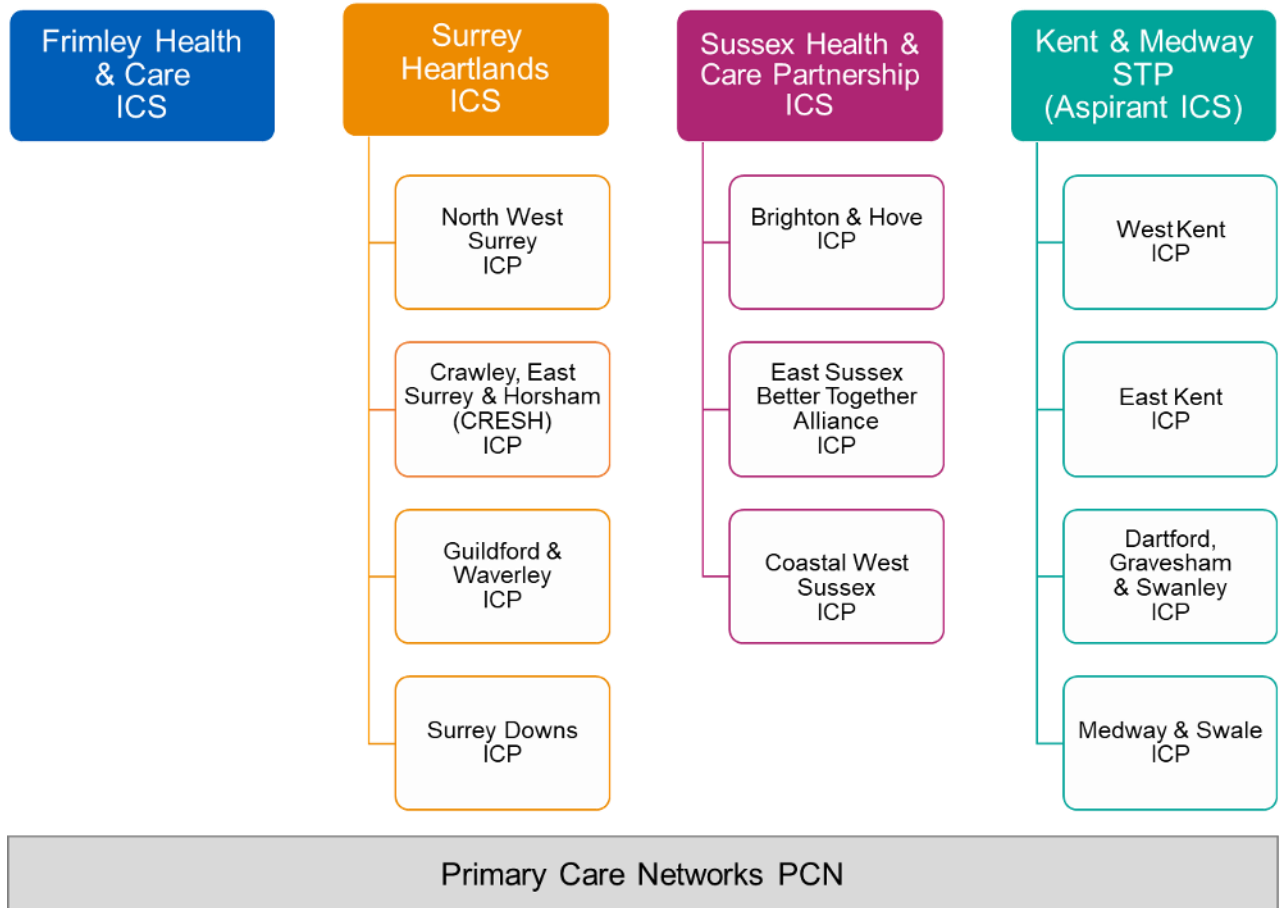
Frimley Health & Care ICS covers a population of 0.4 million and SECAmb interacts with this system in Surrey Heath and North East Hampshire. It is served by two NHS Ambulance Trusts: SECAmb and South Central Ambulance NHS Trust (SCAS). Frimley became a fully devolved ICS on 1 April 2019. As a more compact ICS, Frimley operates with no ICP substructure at present and with 14 PCNs being developed.

Surrey Heartlands ICS area covers a population of 0.8 million and became fully devolved on 1 April 2019. Its architecture is well established but continues to evolve. Surrey Heartlands is our host ICS, given the affiliation of North West Surrey CCG as SECAmb's regional 999 lead commissioner. This includes SECAmb being in their control total as per guidance – *Preparing for 2019/20 Operational Planning and contracting – NHS – December 2018 - Section 2.1.2 and 2.1.3*
https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf

The area has one ICS programme board for its overarching programme and four ICPs with programme boards and their own infrastructures that report to the ICS. There are 24 Primary Care Networks across Surrey Heartlands.

The unique and priority workstreams in this area, in addition to those that are common to all are as follows:

- Surrey 500 Leadership programme
- Surrey Academy work
- Children's and Young People's Programme
- Developed ICPs x 4 and associated local work programmes

Sussex Health and Care Partnership ICS area covers a large population of circa 1.7 million and is responsible for £4bn of health and care spending. It has recently transitioned from the previous Sussex and East Surrey Sustainability and Transformation Partnership to a new Sussex Health and Care Partnership.

The area has one board for its overarching programme and is formed into three local ICPs with 38 PCNs which are contiguous with Local Authority boundaries. The

unique and priority workstreams in this area, as well as those that are common to all are as follows:

- Mental Health implementation
- Reducing unwarranted clinical variation – with core focus on falls and CVD

Kent and Medway STP (aspirant ICS by April 2021) covers a large population of 1.8 million. The area has one STP programme board for its overarching programme and is forming into 4 local ICPs with 42 PCNS under development.

The unique and priority workstreams in this area, as well as those that are common to all, are as follows:

- Kent stroke transformation
- East Kent area transformation
- Local care development

Moving Forward

The developing and emerging infrastructure poses several issues and opportunities for SECAmb moving forward, which are summarised as follows:

- Participation at several ICSs, STPs and ICPs but potential replication across the numerous workstream substructures
- The differing needs, governance and paces of change
- The potential to influence and shape the future of health and social care.

The Trust continues to develop work with ICSs and STPs to optimise use of collective resources making progress on refining both work at scale and localised work, for example, digital work across all four STPs, and local work on core clinical pathways.

The Trust is focussed on:

- **Stroke** - Extensive involvement with Stroke reconfiguration work i.e. refining agreed pathways in North West Surrey and Guildford and Waverley and initial work in considering pathways in Epsom and across Sussex. We are ensuring we use our developing expertise on modelling the impact of proposed changes using one methodology and bringing our regional perspective to share ideas, and to deal with cross area issues.
- **Acute reconfiguration** - we are using and sharing our modelling of changes and are working with Acute Trusts and CCGs to ensure impact on changes is mitigated.

- **Workforce solutions** - we have started working with others to seek ways to limit the movement of scarce resource from one part of the system to others and look at new ways of working such as rotation of staff across settings. An example is the Rotational Paramedic Pilot in which we will work with HEEKSS to establish a commitment to SECAmb being the only employer of paramedics in the patch.
- **Hospital handover delays** - the Trust is leading in this area on behalf of systems and despite the increase in the number of conveyances this year compared to last year SECAmb is meeting more need, with mean hospital handover time reduced. Crew to clear performance was also better overall in 2019 than in 2018.
- **Clinical Assessment Service** – a broadening of the multi-professional work force within our contact centres, which sees services hosted, physically or virtually, to enhance the clinical expertise available to provide input and resolution into calls via 999 and 111.
- **Mental health** – we are committed to enhancing our offer to this patient group. We have worked closely with Sussex Partnership NHS Foundation Trust to integrate the Sussex Mental Healthline into SECAmb's NHS 111 service, as well as commissioning Secure24 to provide specialist secure mental health transport.
- **Falls** – There are numerous falls services available across the ICSs and SECAmb is focussing on developing consistency and equity wherever possible.
- **Summary care record (SCR)** – In February 2020, SCR functionality was integrated within Cleric (our computer despatch system operating platform) and is available in both 999 and 111.

Working with our local stakeholders

We have worked hard during the year to build on and expand our working relationships with our key local stakeholders, including Members of Parliament (MPs), Health Scrutiny Committees and Police and Fire Colleagues, particularly following our new Chief Executive starting with the Trust in September 2019.

All local stakeholders receive regular up-dates from the Trust on key developments, including 'in confidence' briefings if needed on significant issues.

The Trust is served by 44 MPs within our region, with representation from the four main political parties. Amongst local MPs within our region are members of the Cabinet and Shadow Cabinet.

The Trust's regional MPs receive detailed briefings on key issues and also often engage with the Chief Executive and Chair, face to face or via letter, on specific local or regional issues, including those raised by their constituents.

In the General Election on 12 December 2019, a number of existing MPs in our region decided to stand down, as well as a number not being re-elected. As a result, eight new MPs were elected in our area. Following written introductions to all, the Chief Executive and Chairman held a programme of meetings with all MPs, including virtually during the COVID pandemic, to ensure that all were well informed on the Trust's priorities and plans and on our response to the pandemic.

Within our area, the Trust is accountable to the following six Scrutiny Committees, covering the local government areas within our region:

- West Sussex
- Brighton & Hove
- East Sussex
- Kent
- Surrey
- Medway

During the year, the Trust has provided written up-dates as requested by Committee members and also appeared in person before each Committee to provide up-dates on key issues, including response time performance and the CQC report published in August 2019.

The Trust also works closely at an operational level with four Police Forces (Kent, Surrey, Sussex and Hampshire) and five Fire and Rescue Services (Kent, Surrey, West Sussex, East Sussex and Hampshire). During the year, the Chief Executive and/or the Chair has met with all the Chief Constables and Chief Fire Officers to discuss operational issues and the progress of on-going joint initiatives like the Police Joint Response Units (as detailed in the section below), as well as opportunities for further joint working. They have also had meetings with some of the Police Commissioners in our region.

Good progress has been made on a number of key initiatives during the year, including Co-Responding with Fire and Rescue colleagues, responding to mental health patients and joint working during the COVID pandemic.

Emergency Services Collaboration

In the last year, the Trust has continued to move forward with initiatives in collaboration with our Emergency Service Partners. We play an active part in Emergency Service Collaborative Boards: some of the benefits this joined-up working brings to our patients and communities are set out below. The Trust is very grateful to all our 'blue-light' colleagues for their support and engagement over the year.

Kent Fire and Rescue Service (KFRS) continue to co-respond to a range of medical emergencies on behalf of the Trust. This scheme contributes positively to patient outcomes, particularly for those who have had a cardiac arrest. KFRS are eager to expand into other areas where working together may bring benefits, including considering shared estates and facilities.

West Sussex, East Sussex, Surrey and Hampshire Fire and Rescue Services all now provide a response to calls where crews are unable to access patients, such as when the patient has fallen behind a locked door. This has many benefits as traditionally the Police would have been called to assist us. By working with the Fire and Rescue Service the patient usually gets a faster response, the Police remain available for their core business and there is usually less damage caused to the patient's property

There has been an increase in the use of Fire and Rescue Services to assist in moving patients when they are either in a difficult position or, due to their condition, such as post cardiac arrest, there is a need to extricate them in a particular position to ensure their condition is not worsened.

The last year has seen an expansion of the Police/SECAmb Joint Response Units (JRU) where a Paramedic and one or two Police Officers crew a vehicle together and attend calls where both services may be required.

In Kent, there are two JRUs operational in the North Kent Operating Unit and both are now working 7 days per week. In Surrey, the Guildford JRU is operational on Friday and Saturday Evenings until 0200 and in Sussex there is now a JRU that links to the Sussex Police night-time economy plans known as Operation Marble.

The JRUs have consistently been shown to save both time and resources (for both organisations) and one study suggests that they will resolve incidents without the need for additional assistance in 80% of cases. This is something that the Trust and Police Forces would like to expand in the future.

The COVID-19 Pandemic has highlighted the need for enhanced Emergency Services Collaboration and the Trust Emergency Services Collaboration Manager (ESCM) has facilitated a range of activities in response to the pandemic including:

- Advice to partners on Trust Personal Protective Equipment (PPE) standards;
- Sourcing of PPE from partners;
- Provision of logistics drivers from Fire and Rescue Services; and
- Training 25 firefighters to crew ambulances with Trust Clinicians in the event of overwhelming pressure.

In the coming year we will continue to work with our partners in order to enhance these collaborative activities.

Inclusion - Valuing difference

2019/20 has seen sustained progress in embedding equality, diversity and inclusion into core SECAmb business activity. We are proud to have been awarded the Silver Standard for Talent Inclusion & Diversity Evaluation Awards for the second consecutive year by the Employers Network for Equality and Inclusion.

We have continued to focus our energy on the single equality objective adopted in 2017, to continue improving representation within our workforce at all levels.

SECAmb published benchmarking data to fully comply with the requirements of the Workforce Race Equality Standard (WRES), mandatory for NHS organisations. Progress against the nine metrics is delivered via a comprehensive action plan, refreshed annually to ensure we deliver meaningful improvements. The Trust hosted the National Ambulance Black, Minority and Ethnic (BME) Forum second conference in October 2019. The event was opened by our Trust Chair, David Astley, and attended by over 150 delegates from NHS Ambulance Trusts across the UK including a cross of SECAmb Board members, Governors, Senior Managers and staff including members of our Cultural Diversity network, Aspire. The conference raised awareness of the lived experiences of BME staff and the need for inclusive recruitment and leadership behaviours.

The Trust has an Inclusion Working Group (IWG), comprising senior staff responsible for ensuring we meet our duties and responsibilities under the Equality Act 2010, Equality, Diversity & Human rights legislation and codes of practice including NHS, Department of Health, and Equality and Human Rights Commission standards. Other members include patient and public representatives from our Inclusion Hub Advisory Group and staff networks. The group promotes, recognises and values the diverse nature of our communities, stakeholders and staff and, in doing so, works to eliminate discrimination and make best efforts to provide equality of access to ensure the Trust meets the needs of patients and its staff.

The IWG is the mechanism for ensuring staff are made aware of their obligations and are provided with the necessary information and support to deliver on their areas of responsibility. It is responsible for providing assurance and governance to demonstrate that the organisation is meeting its duties and requirements on Equality and Diversity.

We are fully committed to meeting the General Equality Duty placed on all public bodies which states that public bodies must: "in the exercise of their functions, have due regard to the need to:

++ Eliminate unlawful discrimination, harassment or victimisation and other conduct prohibited by the Act;
++ Advance equality of opportunity between people who share a protected characteristic and those who do not;
++ Foster good relations between people who share a protected characteristic and those who do not;

In addition, we have to comply with the following specific duties:

++ Publish sufficient evidence to demonstrate compliance with the general duty
++ Prepare and publish equality objectives
++ Publish the annual Gender Pay Gap Audit

Further information regarding the above, our progress, plans and reports are available on our website on the pages accessible via the following link:
http://www.secamb.nhs.uk/about_us/equality_and_human_rights.aspx

Alternatively, please contact Angela Rayner, Head of Inclusion & Wellbeing by email: angela.rayner@secamb.nhs.uk or Tel: 01737 364428,SMS/text: 07771 958085,

Patient and Public Engagement

It is of paramount importance to SECAmb that we provide equitable and inclusive services to all patients and their carers, meeting and, where possible, exceeding NHS requirements. We are committed to complying with equal opportunities legislation, equality duties and associated codes of practice for our staff. We aim to promote a culture that recognises respects and values diversity between individuals and uses these differences to benefit the organisation and deliver a high-quality service to all members of our community.

In 2011 we embarked on a process to introduce a new Inclusion Strategy to embed accountability for effective and timely involvement and engagement in the Trust's planning, service development and patient experience work. This was reviewed and refreshed in May 2016 and provides an effective approach, enabling our stakeholders to participate in ways that are right for them. It has enabled us to act on what we hear and feedback on what has changed as a result. If we are unable to act on what we hear we tell people why. As recommended in our original Inclusion Strategy we set up an Inclusion Hub Advisory Group (IHAG) who advise the Trust on effective engagement and involvement relevant to service design during both development and delivery of our services.

Working with a diverse membership in the IHAG provides us with insight at the start of our planning, and throughout development where relevant, which helps us get more things right, first time, more often. The IHAG is also able to raise issues with us and representatives from it sit on the Trust's Inclusion Working Group alongside

senior managers, so that the IHAG's advice can be effectively incorporated into Trust activities. An early recommendation from the IHAG was the establishment of a virtual Equality Analysis (EA) Reference Group which provides staff with the ability to seek advice and guidance from a very diverse group of our members (patients and public) to ensure that we never knowingly discriminate or disadvantage any particular group. The EA reference group enables us to engage groups that we may otherwise struggle to involve, such as those who are housebound, carers etc.

Key achievements of the IHAG during 2019/20 include:	
Participated in focus groups during the process to recruit Non-executive Directors, ensuring the public/patient perspective was considered.	Spoke to Trust Foundation Trust members at the Annual Members meeting about the role of IHAG and how the group advise on wider patient and public engagement.
Regular participation in Quality Assurance Visits, carrying out inspections across the Trust, identifying good practice and gaps for improvement.	Participation at the Trust 2020 Quality Account stakeholder event, the process for which had been redesigned based on IHAG feedback the previous year. As part of the event, they provided the patient and public viewpoint in identifying quality improvement priorities for the coming year.
IHAG proposed a joint event with Governors and Board members to increase awareness of the role of SECAmb as a "Blue Light" partner.	Identified key messaging and presented these at public engagement sessions to inform development of the Patient and Carers Experience Strategy.
Participated in a number of SECAmb working groups and subgroups and reported back on the outcomes. E.g. History Marking subgroup, Innovation and Service Change, Clinical Risk and Learning Group, Patient Experience Group and Inclusion Working Group.	Participated in Trust policy reviews and equality analysis consultations including review of History Marking policy and procedure and operational workforce strategy.

Membership report

In addition to the above, SECAmb continues to be committed to working collaboratively wherever possible. Both the Trust's Patient Experience Group and its Inclusion Hub Advisory Group include Healthwatch representatives in their membership, who have responsibility to actively engage with the community and encourage local people to share their opinions on the health and social care services that are available in their areas. Jointly we work together to ensure that mechanisms are in place to share information and respond to enquiries in an effective and timely way for the benefit of our population.

Our Members

SECAmb has a total membership of 14,103 people as of 31 March 2020. We have 10,098 public members and 4,005 staff members. Our public membership decreased by 89 people over the year. Year on year we have a volume of members who have moved out of the area or passed away.

Specific member recruitment activity was undertaken with a focus on developing under-represented areas of our membership such as Black and Minority Ethnic (BAME) and Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) members to ensure they have a voice in our Trust.

Membership Eligibility: Public Constituency
Members of the public aged 16 and over are eligible to become public members of the Trust if they live in the area where SECAmb works. The public constituency is split into four areas by postcode and members are allocated a constituency area when they join depending on where they live. Members of the public can find out more or become a member by visiting our website:
http://www.secamb.nhs.uk/get_involved/membership_zone.aspx

	Public	% of Membership	Base	% of Area	Index
Age	**10,098**	**100.00**	**13,985,044**	**100.00**	
0-16	6	0.06	2,955,889	21.14	0
17-21	102	1.01	767,563	5.49	18
22+	5,511	54.58	10,261,592	73.38	74
22-29	505	5.00	1,566,515	11.20	45
30-39	839	8.31	2,247,231	16.07	52
40-49	1,128	11.17	1,914,537	13.69	82
50-59	1,035	10.25	1,765,522	12.62	81
60-74	1,330	13.17	1,795,874	12.84	103
75+	674	6.67	971,913	6.95	96
Gender	**10,098**	**100.00**	**13,985,043**	**100.00**	
-	721	7.14	0	0.00	0
Male	3,950	39.12	6,944,760	49.66	79
Female	5,410	53.57	7,040,283	50.34	106
Neither of these options	15	0.15	0	0.00	0
Prefer not to say	2	0.02	0	0.00	0
Ethnicity	**10,098**	**100.00**	**12,825,768**	**100.00**	
White - English, Welsh, Scottish, Northern Irish, British	7,999	79.21	7,722,552	60.21	132
White - Irish	87	0.86	216,248	1.69	51
White - Gypsy/Romany	7	0.07	18,166	0.14	49
White - Other	204	2.02	1,233,140	9.61	21
Mixed - White and Black Caribbean	15	0.15	140,291	1.09	14
Mixed - White and Black African	9	0.09	77,544	0.60	15
Mixed - White and Asian	24	0.24	131,756	1.03	23

Mixed - Other Mixed	33	0.33	140,075	1.09	30
Asian or Asian British - Indian	95	0.94	605,455	4.72	20
Asian or Asian British - Pakistani	43	0.43	245,515	1.91	22
Asian or Asian British - Bangladeshi	12	0.12	235,309	1.83	6
Asian or Asian British - Chinese	19	0.19	149,576	1.17	16
Asian or Asian British - Other Asian	61	0.60	461,376	3.60	17
Black or Black British - African	48	0.48	608,667	4.75	10
Black or Black British - Caribbean	36	0.36	356,326	2.78	13
Black or Black British - Other Black	18	0.18	175,576	1.37	13
Other Ethnic Group - Arab	0	0.00	116,310	0.91	0
Other Ethnic Group - Any Other Ethnic Group	15	0.15	191,886	1.50	10
White - Roma	0	0.00	0	0.00	0
White - Traveller of Irish origin	0	0.00	0	0.00	0
Not stated	1,373	13.60	0	0.00	0
ONS/Monitor Classifications	**9,997**	**99.00**	**5,789,979**	**100.00**	
AB	2,797	27.70	1,668,293	28.81	96
C1	2,953	29.24	1,914,105	33.06	88
C2	2,096	20.76	968,768	16.73	124
DE	2,151	21.30	1,238,813	21.40	100

* Classification of Household Reference Persons aged 16 to 64 by approximated social grade

We monitor our representation in terms of disability, sexual orientation, and transgender although this is not required by our regulator. The data in this report excludes:

• 4,479 public members with no dates of birth

• 1373 members with no stated ethnicity

• 721 members with no stated gender

We only have age data for a proportion of our public members, as the Trust did not begin to ask for members' dates of birth until late in 2010.

Staff Constituency

Any SECAmb staff member with a contract of 12 months or longer is able to become a member of the Trust. Staff who join the Trust are automatically opted into membership as per the constitution and advised how they can opt out if they wish.

Membership Strategy, Engagement and Recruitment

Our membership strategy focuses on meaningful, quality engagement with a representative group of our members and regular, informative educational and health-related communication with all of our members. All members are invited to the Trust's Annual Members Meeting, which is reviewed below in more detail. The

membership strategy is incorporated into the Trust's Inclusion Strategy, which aims to ensure staff, patients and the public (members and non-members) are involved and engaged appropriately in the Trust.

Membership engagement under the Inclusion Strategy is reported to the Board via the Inclusion Working Group and to the Council of Governors via the Council's Membership Development Committee. Governors are part of and can access the Inclusion Hub Advisory Group of public members and the Staff Engagement Advisory Group of staff members when they wish to discuss issues or hear views. Staff Governors are permanent members of the Staff Engagement Advisory Group in order to regularly canvas the views of staff from across the Trust.

The Membership Development Committee has discussed and reviewed our strategies for membership recruitment and engagement during the year. Our public membership now represents 0.07% of the population. Although this percentage is low, our members provide a rich source of information and support to the Trust.

Constituency	Members	Population	Percentage of eligible
Lower East (East Sussex & Brighton)	2059	853,290	0.24
Upper East (Kent, Medway & East London)	3621	6,271,479	0.05
Upper West (Surrey, NE Hants & West London)	2452	5,994,143	0.04
Lower West (West Sussex)	1563	866,131	0.16
Out of Trust area	403	-	-
Total	**10,098**	**13,985,043**	**0.07%**

The Trust has continued to focus on both staff and public FT member engagement and communications over the year.

The Staff Engagement Advisory Group consists of a group of staff engagement champions from across the Trust, and provides our Staff-Elected Governors with a forum in which to share information about the work of the Council of Governors and hear the views of their constituents.

This two-way conversation goes some way to enable the Staff-Elected Governors to represent the interests of staff on the Council, and also provides a forum for the Trust to communicate and engage with staff on plans, priorities and issues, and for staff members to raise issues with the Trust but also to share areas of good practice more widely with colleagues.

During this year, the Staff Engagement Advisory Group (SEAG) has, on behalf of the wider staff membership:

- Heard about investment in estates across the areas we serve and highlighted a need to engage with staff and provide communication around change in their local area especially in light of the new Make Ready Centre proposals.
- Received an overview of the aims of a corporate communications strategy that was in development.
- Taken part in interactive sessions, considering areas of focus at the Annual Members Meeting and reviewing the employee life cycle (the points where staff interact with the Trust).
- Provided views on the HR transformation and culture workstream.
- Received a presentation from Fleet about improvements made in terms of the number of vehicles, systems to improve driver/vehicle safety, and the safety of workshop crews.
- Received an update on the OFSTED inspection of Clinical Education and consequent suspension of the Trust's apprenticeship programme. The SEAG highlighted the need to support the clinical education team at this difficult time.
- The SEAG heard that the recruitment assessment centres process had been revised. The SEAG were keen for quality controls to be in place around this to provide consistency.
- Interactive workshops defining what good and bad engagement looked like took place.

The Inclusion Hub Advisory Group (IHAG) of public members has similarly advised the Trust on many issues and engagement; you can read more about the work of the IHAG above.

Annual Members Meeting

The Trust held its Annual Members Meeting (AMM) on the 20 September 2019 in East Sussex. The AMM incorporated a showcase of SECAmb's services and service developments, with stalls at which members could talk to staff about the way we work and our future plans. The Governors were part of a 'Get Involved' stall, which showcased the work of the Council and all our other volunteers in the Trust alongside membership news. Members were able to speak with Governors on the stand at the event. In addition, we invited several community organisations to attend to promote their work and raise awareness among staff and public members. The AMM was held on the same day as our public Council meeting and good numbers of staff and public members attended the Council meeting as well as the AMM.

Governors had the opportunity to engage with and/or sign up members at multiple events over the last year. The Membership Office arranged attendance for Governors at:

- Trans Pride in Brighton.
- Our Annual Members Meeting in East Sussex.
- Eastbourne 999 show in East Sussex.
- Mencap Festival in Kent.

- Kent and Canterbury Hospitals League of Friends patient event at Kent and Canterbury Hospital.
- 999 day hosted by East Grinstead Fire Station in West Sussex.
- Surrey Minority Ethnic Group cultural event in Surrey.
- Our Inclusion Hub Advisory Group meetings made up of our Public FT members.
- Our Patient Experience Group meetings made up of patient FT members and other stakeholders and staff FT members.
- Our Staff Engagement Advisory Forums made up of staff FT members.
- Non-Executive Director recruitment day with a broad selection of stakeholders.
- NHS Providers Annual Governors Conference – learning about best practice re membership activities.
- Quality Account event with public and staff FT members and other stakeholders.
- Patient and Carer Experience Strategy development workshops

Governors have also taken the opportunity to engage with members and the public by attending events on their own and they have a Governor Toolkit of info and resources available to them to support this.

Events attended:

- East Sussex County Council's 3VQ Action Group – presentation on membership.
- Southwater School Fete to hand our SECAmb leaflets on becoming a member of SECAmb.
- Lightwater patient participation group presentation.
- Attendance at Clinical Commissioning Group & Sustainability and Transformation Partnership public meetings/ events.
- Meetings with local Community First Responder teams to build relations and understand that aspect of our service.

Members have been invited to all public Council meetings during the year, through our membership newsletter and dates are advertised on our website. Three issues of our membership newsletter, Your Call, have been sent to all public and staff members this year. The newsletter contains invitations to get involved with the Trust, spotlight articles on different staff within the ambulance service to help raise awareness of what we do and career opportunities within the Trust, and we regularly feature our volunteers and encourage members to get involved in this way.

Our Staff-Elected Governors have used social media to communicate with staff members about their work. Minutes from the Staff Engagement Advisory Forum have been shared on the Trust's intranet and outcomes from the meetings were fed back locally through staff engagement champions.

Contacting Governors and the Trust

Members who wish to contact the Trust can do so at any time using the following contact information. These contact details are printed on our Membership Form, members' newsletter, and on our website.

Membership Office
South East Coast Ambulance Service NHS Foundation Trust
Nexus House
Gatwick Road
Crawley
RH10 9BG
Mobile: 07770 728250
Tel: 0300 123 0999
SMS/text: 07770 728250
The Membership Office will forward any contacts intended for Governors to the Governors. To become a member, members of the public should complete a membership form, which can be requested from the Membership Office using the details above or can be completed online at:
https://secure.membra.co.uk/secambApplicationForm/

Income Disclosures

South East Coast Ambulance Service NHS Foundation Trust confirms that income from the provision of goods and services for the purposes of the health service in England is greater than income from the provision of goods and services for any other purpose, in accordance with section 43 2 (A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012). Income from the provision of goods and services for other purposes has had no detrimental effect on the provision of goods and services for the provision of health services.

Remuneration Report

Annual Statement on Remuneration

Details of the membership and attendance at the Appointments and Remuneration Committee can be found in the Directors' report.

The appointment, remuneration and terms of service of the Executive Directors are agreed by the Appointments and Remuneration Committee.

Each year the relevant pay review bodies make recommendations to Government on the pay of health service-related public sector staff, including increases to reflect the cost of living. Currently, Very Senior Managers (VSMs) do not fall within the remit of any particular pay review body, and annual uplift recommendations have generally followed the Government's response to the Senior Salaries Review Body (SSRB) recommendation for executive and senior managers (ESMs) working in Department of Health and Social Care arm's length bodies. The SSRB has temporarily removed ESMs from its remit: therefore, this year (as with last), the ESM award took account of the corresponding Senior Civil Service pay award.

In deciding what recommendation to make for VSMs this year, ministers also referred to the awards agreed for senior staff whose pay is determined by Agenda for Change (AfC) terms and conditions; medical and dental staff; and DHSC arm's length body ESMs. Taking all of these factors into account, ministers' recommend that for their VSM staff, NHS providers pay a consolidated increase of 1.32% payable from 1 April 2019, plus a one-off non-consolidated cash lump sum of 0.77% (this is commensurate with the percentage increase paid to those at the top pay point of AfC pay band 9 for 2019/20).

In February 2020 the Appointment & Remuneration Committee (ARC) met to consider this recommendation and applied it to each executive director.

In general, the remuneration of Executive Director posts may be reviewed individually in the light of changes in their responsibilities, in market factors, pay relativities or other relevant circumstances, and in comparison to the pay and conditions of other employees who are covered by Agenda for Change. While we do not directly consult employees locally about senior managers' remuneration, the Trust follows NHS England's Very Senior Manager pay framework. To ensure business continuity, where voluntary resignation may occur, the Chief Executive is required to give six months' notice (and other directors are required to give three months' notice) to the Trust.

Objectives for the Chief Executive are determined annually by the Trust Chair and those for the Executive Directors by the Chief Executive, reflecting the strategic objectives agreed by the Board. The Trust does not apply performance related pay for Executive Directors.

The Nominations Committee consists of four public-elected governors (including the Lead Governor), one staff-elected governor and one appointed governor, and is chaired by the Trust Chair. This Committee makes recommendations to the Council of Governors regarding the appointment and re-appointment of Independent Non-

Executive Directors, as well as their remuneration and terms of service. In circumstances regarding the appointment or remuneration of the Chair of the Trust the Nominations Committee is chaired by the Senior Independent Director.

The Council of Governors is responsible for setting the remuneration and other terms and conditions of the Independent Non-Executive Directors. This is done after receiving a recommendation from the Nominations Committee. When considering remuneration, the Nominations Committee considers the Trust's ability to attract and retain Independent Non-Executive Directors of sufficient quality.

The Nominations Committee conduct a formal external review of the Chair's and other Independent Non-Executive Director's remuneration every three years and a desktop review annually. An independent review was undertaken in May 2018 to benchmark remuneration against comparator Trusts and consider whether remuneration remained sufficient to attract and retain quality NEDs.

The review found:

- the 'peer average' for NEDs in London and the South-East was £13,475 (compared to SECAmb's £13,000) with a range between £10,100 and £18,000
- the 'peer average' for Chairs in London and the South East was £48,693 (compared to our £42,950) and the range was £40,000 to £66,429.
- Our NEDs and Chair were working at the top end of the number of days per month expected of NEDs and Chairs.

As a result, and noting that NED/Chair remuneration had remained static since 2012, the NomCom recommended to the Council that NED remuneration increase to £14,000 per annum for four days' work per month and Chair remuneration increase to £49,000 per annum for three day's work per week. The Council approved this recommendation in May 2018.

In November 2019, NHS Improvement published its *Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts*. The document and its requirements were reviewed by the Nominations Committee.

The framework sets the following remuneration for NEDs excluding the Chair. Where there is a disparity between the framework and existing remuneration, the Nominations Committee is expected to address this through new and/or re-appointments. Current terms of office of NEDs are not affected.

Role	Framework	SECAmb
NED (excluding those roles specified below)	£13k	£14k
SID	£2k supplement	£2.5k
Audit Committee Chair	£2k supplement	£2.5k

The framework states that FTs can award such supplements for up to two NED roles.

For the Chair, the framework sets out a range, based on Trusts' annual turnover. We are considered 'Group 2 / Medium' and variation between lower and upper will be determined by the complexity of the role and the experience of the Chair.

Lower Quartile	Median	Upper Quartile
44,100	47,100	50,000

The current Chair's remuneration is £49k per annum which is between the Median and Upper Quartile.

The NomCom reviewed this framework at its meeting of 10 October, to determine how to approach the upcoming recruitment to two NED posts in terms of remuneration.

The NomCom considered the following points:

o The national averages set out did not take account of regional differences in the cost of living.
o It was considered unfair to reduce the remuneration of NEDs who had already been offered and accepted terms and conditions.
o Appointing subsequently appointed NEDs at a reduced rate would lead to disparity in remuneration among NEDs.
o Remuneration did not appear to be a motivational factor for the majority of NEDs.

On the basis of these considerations, the NomCom recommended to the Council that NED remuneration remain static for the two new appointments. The Council agreed.

For the Chair, in 2021 when the NomCom needs to consider re-appointment of the Chair, it will then confirm its view on whether current remuneration is appropriate in light of this new guidance.

The Trust informed NHS Improvement, which has noted the decision, and cautioned that the Trust should not in future increase remuneration so as to substantially deviate from the new structure.

The NomCom received assurance from the Chair around NED performance during the year and the Committee discussed Non-Executive performance. The Committee and all Governors provided feedback to the Chair to aid his formal appraisals of each NED which are undertaken shortly after the end of the financial year and Governors fed back to the Senior Independent Director on the Chair's performance.

The uplift of £2,500 for Audit and Risk Committee Chair and Senior Independent Director remained static.

Further information on the work of the Nominations Committee can be found in the Directors' report.

Directors and Governors' Expenses

Directors	2019/20	2018/19	2017/18	2016/17
Number of Directors	20	18	21	27
Number of Directors claiming expenses	17	17	15	16
Total claimed (£00)	200	260	160	220

Governors	2019/20	2018/19	2017/18	2016/17
Number of Governors	30	32	25	23
Number of Governors claiming expenses	8	8	9	7
Total claimed (£00)	53	56	74	69

Salary and Pension Entitlements of Senior Managers

The narrative explaining the changes in the leadership team during the year can be found in the introduction to the Directors' report.

Notes on the Salary and Pension Entitlements Report:

Benefits in kind: All benefits in kind relate to lease cars.

Salary: Salary is the actual figure in the period excluding employers' national insurance and superannuation contributions.

Employer pension contribution: Employer pension contribution is the actual amount paid by the Trust towards director's pensions in the NHS defined benefit scheme.

Pension Related Benefit: The pension related benefit represents the increase in pension entitlement multiplied by 20 plus any increase in lump sum less any contributions made.

Senior managers paid more than £142,500: The pay of all senior managers is commensurate with their position and in relation to the pay levels of equivalent positions in the local economy.

Remuneration Report		Year ended 31 March 2020				Year ended 31 March 2019			
Name and title	Term of office	Salary (bands of £5,000)	Benefits in Kind (rounded to the nearest 100)	Pensions related benefit (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Benefits in Kind (rounded to the nearest 100)	Pensions related benefit (bands of £2,500)	Total (bands of £5,000)
		£'000		£'000	£'000	£'000		£'000	£'000
Chair									
Richard Foster	Left 18.04.18	NA	NA	NA	NA	0-5	-	-	0-5
David Astley	Appointed 24.09.18	50-55	-	-	50-55	20-25	-	-	20-25
Non-Executive Directors									
Graham Colbert	Left 30.09.18	NA	NA	NA	NA	10-15	-	-	10-15
Tim Howe	Left 30.09.18	NA	NA	NA	NA	10-15	-	-	10-15
Lucy Crothers (Bloem) *Also Deputy Chair and Senior Independent Director*		15-20	-	-	15-20	15-20	-	-	15-20
Patricia (Tricia) McGregor		10-15	-	-	10-15	10-15	-	-	10-15
Terry Parkin		10-15	-	-	10-15	10-15	-	-	10-15
Alan (Al) Rymer		10-15	-	-	10-15	10-15	-	-	10-15
Angela Smith	Left 31.01.20	10-15	-	-	10-15	15-20	-	-	15-20

Laurie McMahon		10-15	-	-	10-15	10-15	-	-	10-15
Adrian Twyning*	Left 31.05.19	0-5	-	-	0-5	10-15	-	-	10-15
Michael Whitehouse	Appointed 24.10.18	10-15	-	-	10-15	5-10	-	-	5-10
Howard Goodbourn*	Appointed 09.03.20	0-5	-	-	0-5	NA	NA	NA	NA
Chief Executive									
Daren Mochrie	Left 31.03.19	NA	NA	NA	NA	160-165	-	1232.5-1235	1400-1405
Philip Astle*	Appointed 01.09.19	95-100	-	45-47.5	140-145	NA	NA	NA	NA
Executive Directors									
David Hammond *Director of Finance and Corporate Services*		125-130	13,300	37.5-40	175-180	120-125	-	37.5-40	170-175
Fionna Moore* *Medical Director & Interim Chief Executive*		200-205	9,400	-	215-220	190-195	-	-	200-205
Joe Garcia *Director of Operations*		115-120	11,400	-	125-130	110-115	-	-	115-120
Steven Emerton *Director of Strategy & Business Development*		105-110	7,100	25-27.5	145-150	105-110	-	25-27.5	130-135
Ed Griffin* *Director of Human Resources and Organisational Development*	Left 29.04.19	5-10	200	-	5-10	110-115	-	27.5-30	145-150

Name / Role	Dates								
Bethan Eaton-Haskin *Director of Quality/Chief Nurse*		110-115	11,300	-	120-125	110-115	-	-	115-120
Paul Renshaw* ** *Interim Director of HR*	Appointed 22.04.19 Left 31.01.20	230-235	-	-	230-235	NA	NA	NA	NA
Ali Mohammed* *Director of Human Resources and Organisational Development*	Appointed 27.01.20	25-30	-	-	25-30	NA	NA	NA	NA
Magnus Nelson* *Acting Medical Director*	Appointed 01.04.19 Left 05.06.19	0-5	-	-	0-5	NA	NA	NA	NA
Richard Quirk* *Acting Medical Director*	Appointed 05.06.19 & 16.12.19 Left 31.08.19 & 10.02.20	35-40	-	-	35-40	NA	NA	NA	NA

* As set out in the Directors' Report, a number of Directors either held interim or acting up roles during the year, and some were only in Director posts for part of the year.

** Paul Renshaw was employed through an agency and includes all costs recharged to the Trust.

Any variation between dates given in the Directors' Report in terms of office and/or leaving dates are due to individual terms and conditions, including notice periods.

Fair pay multiple

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

The banded remuneration of the highest paid director in South East Coast Ambulance Service NHS Foundation Trust in the financial year 2019-20 was £230,000-£235,000 (2018-19, £190,000-£195,000). This was 9.3 times (2018-19,6.1) the median remuneration of the workforce, which was £24,956 (2018-19, £31,607). The increase in the ratio relates to the greater average headcount in the year up by over 500 full time equivalents on the previous financial year which has changed the mix of salaries paid.

In 2019-20, no (2018-19, one) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £1,000 to £232,000 (2018-19 £1,000-£197,000).

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

Pay Multiple	2019/20	2018/19
Band of Highest Paid Director's Total (£000)	230-235	190-195
Median Total Remuneration (£)	24,956	31,607
Remuneration Ratio	9.3	6.1
Range of salaries for median remuneration	1-232	1-197

Pension entitlement	Year ended 31 March 2020							
Name and title	Real increase in Pension at retirement age (bands of £2,500)	Real increase in Pension lump sum at retirement age (bands of £2,500)	Total Accrued pension at retirement age (bands of £5,000)	Lump sum at retirement age (bands of £5,000)	Cash equivalent Transfer 31 March 2019	Real increase in Cash Equivalent Transfer Value	Cash equivalent Transfer 31 March 2020	Employer's Contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Chief Executive								
Philip Astle *Chief Executive*	0- 2.5	-	10-15	-	102	11	148	14
Executive Directors								
David Hammond *Director of Finance and Corporate Services*	0- 2.5	-	20-25	-	230	12	265	18
Steven Emerton *Director of Strategy & Business Development*	0- 2.5	-	5-10	-	101	15	133	16
Joe Garcia *Director of Operations*	-	-	40-45	130-135	1,024	-	1,026	17
Fionna Moore‡ *Medical Director*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bethan Eaton-Haskins‡ *Director of Quality/Chief Nurse*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ali Mohammed‡ *Director of Human Resources and Organisational Development*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Ed Griffin Þ *Director of Human Resources and Organisational Development*	n/a	n/a	n/a	n/a	29	n/a	n/a	1
Richard Quirk Þ *Interim Medical Director*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from other pensions).

‡ Dr Fionna Moore, Bethan Eaton-Haskin and Ali Mohammed are not in the NHS Pension Scheme.
Þ No figures available for Ed Griffin or Richard Quirk as at 31 March 2020

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Senior Managers' Remuneration Policy

Elements of Pay	Purpose and link to strategy	Operation	Maximum Opportunity	Performance framework
Salary and Fees	To attract and retain high performing individuals, reflecting the market value of the role and experience of the individual Director	Reviewed by the Appointments and Remuneration Committee annually, taking into account the Government policy on salaries in the NHS, with regard to the bandings under Agenda for Change	Within the salary constraints on the NHS	Individual and business performance are considerations in setting base salaries
Benefits	Cars are provided to Directors based upon the operational requirements to travel on business	The Trust has the right to deliver benefits to Executive Directors based on their individual circumstances	The Appointments and Remuneration Committee reviews the level of benefits	N/A
Retirement benefits	To provide post-retirement benefits	Pensions are compliant with the rules of the NHS Pension Scheme	N/A	N/A
Long-term incentives	N/A	N/A	N/A	N/A

Notes

There are no provisions for the recovery of sums paid to senior managers or for withholding the payment of sums to senior managers. However, there are no bonus or incentive schemes currently in place for this group of employees.

Further information is set out in the Annual Statement on Remuneration (above).

Policy on payment for loss of office

The Trust would pay senior managers in line with their notice period of six months for the Chief Executive and three months for the other Executive Directors. Redundancy payments would be calculated as set out in the Agenda for Change Handbook.

Independent Non-Executive Director Remuneration Policy

Elements of Pay	Purpose and link to strategy	Operation	Maximum Opportunity	Performance Framework
Basic remuneration	To attract and retain individuals with the skills, experience and knowledge to contribute to an effective Board	The Nominations Committee is responsible for determining the fees for Non-Executive Directors, including the Chair	The fees are consistent with those of other NHS Trusts	N/A
Additional remuneration for specific NED roles	To provide a small amount of additional remuneration to the Chair of the Audit and Risk Committee and the Senior Independent Director to reflect the additional responsibilities of those roles	The Nominations Committee is responsible for determining the 'uplift' and the NEDs to whom this is applicable	N/A	N/A

Philip Astle, Chief Executive Officer

Date: 10.06.20

Staff Report

As at 31 March 2020, the breakdown of our staff between clinical and support roles was as follows:

Staff Group	Permanent	Other	Agency	Whole Time Equivalent (WTE)
A&E	2525	6	0	2531
111	549	7	25	581
EOC	331	0	10	341
Support	558	29	13	600
TOTAL	3963	42	48	4053

85% of our workforce are directly engaged in providing care to patients.

Note – Please note differences throughout between Whole Time Equivalent (WTE) [job-related activity which covers a 37.5-hour working week; posts are measured in terms of fractions of WTEs] and Headcount [the actual number of people].

For the purposes of this report, dual roles have been counted twice in headcount figures for each of their part-time roles – this will explain the difference between the total WTE figure in the table below and the WTE figures reported in the workforce profile tables.

The table below sets out the cost of Trust employees, broken down to distinguish permanent staff costs from other staff costs, for example staff on short-term contracts and the costs of agency/temporary staff.

	2019-20			2018-19		
Employee costs	**Total** **£000**	**Permanently employed** **£000**	**Other** **£000**	**Total** **£000**	**Permanently employed** **£000**	**Other** **£000**
Salaries and wages	**135,359**	**135,058**	**301**	119,231	118,737	494
Social security costs	**13,605**	**13,605**	**0**	11,880	11,880	0
Employer contributions to NHS pension scheme	**16,424**	**16,424**	**0**	14,102	14,102	0
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**7,169**	**7,169**	**0**	0	0	0

Recoveries from DH Group bodies in respect of staff cost netted off expenditure	**(257)**	**(257)**	**0**	(349)	(349)	0
Costs capitalised as part of assets	**566**	**201**	**365**	431	119	312
Agency staff	**3,792**	**0**	**3,792**	3,882	0	3,882
Employee benefits expense	**176,658**	**172,200**	**4,458**	149,177	144,489	4,688

During 2019-20 there were 3 (2018-19: nil) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £87k (2018-19: £nil) to the NHS Pension Scheme.

A&E Workforce

In line with reporting requirements, we have aligned the national definitions with job roles utilised within the Trust.

NHS Information Centre Occupational role	NHS Information Centre Occupational code	SECAmb equivalent roles	FTE workforce (rounded to nearest whole no.)
Manager	AOA	Team Leader; Operational Manager	222
Ambulance Paramedic	ABA	Ambulance Paramedic; HART Team Operative; Newly Qualified Paramedic (NQP)	928
Ambulance Technician	AEA	Advanced Ambulance Technician; Ambulance Technician; Newly Qualified Associate Ambulance Practitioner	318
Specialist Practitioner	A6A	Critical Care Paramedic; Critical Care Paramedic Practice Lead; Paramedic Practitioner; Community Rotational Paramedic Practitioner Coordinator; Community Rotational Paramedic Practitioners	125
Assistant Practitioner	A7A	Trainee Associate Ambulance Practitioner	100
Emergency/Urgent Care Support Worker	A8A	Associate Practitioner (AP1); Associate Practitioner (AP2); Dispatch Team Leader; Emergency Care Assistant; Emergency Care Support Worker; Emergency Medical Advisor; Emergency Medical Advisor Team Leader; Resource Dispatcher; Response Desk Dispatcher; Senior Emergency Medical Advisor; Senior Resource Dispatcher	1064
Administration & Estates staff	G0-G3 (A-E)	Support staff	874
Midwife	N2C	Consultant Midwife	1

Community Mental Health	N2D	Mental Health Clinical Supervisor	8
Therapist	S1E	Physiotherapist; Physiotherapy Team Leader	3
Scientist	S2P	Chief Pharmacist	1
Technician	S4P	111 IUC CAS Pharmacist; Pharmacy Health Care Professional	2
General payments	Z2E	Non-Executive Director	8
Total			**3654**

There are many different emergency and urgent care roles in the ambulance service

If a patient needs clinical advice or an emergency response, they can expect to come into contact with one or more of our clinicians, depending on their condition:

Emergency Care Support Workers – drive ambulances under emergency conditions and support the work of qualified ambulance technicians, associate practitioners, associate ambulance practitioners and paramedics.

Technicians/Associate Practitioners/Associate Ambulance Practitioners – respond to emergency calls, as well as a range of planned and unplanned non-emergency cases. They support Paramedics during the assessment, diagnosis and treatment of patients and during their journey to hospital.

Paramedics – respond to emergency calls and deal with complex, non-emergency hospital admissions, discharges and transfers. They work as part of a rapid response unit, usually with support from an ambulance technician or emergency care support worker. They meet people's need for immediate care or treatment.

Hazardous Area Response Teams – are comprised of front-line clinical staff who have received additional training in order to be able to safely treat patients in challenging circumstances.

Specialist Practitioner – Urgent Care (Paramedic Practitioners) – are paramedics who have undergone additional education and training to equip them with greater patient assessment and management skills. They are able to diagnose a wide range of conditions and are skilled to treat many minor injuries and illnesses and are also able to "signpost" care – referring patients to specialists in the community such as GPs, community nurses or social care professionals. They can also refer patients to hospital specialists, thus avoiding the need to be seen in A&E first.

Specialist Practitioner – Critical Care (Critical Care Paramedics) – are paramedics who have undergone additional education and training to work in the critical care environment, both in the pre-hospital setting and by undertaking Intensive Care transfers between hospitals. Often working alongside doctors at the scene, they can treat patients suffering from critical illness or injury, providing intensive support and therapy ensuring the patient is taken rapidly and safely to a hospital that is able to treat their complex needs. Specialist Paramedics are able to

assess and diagnose illness and injuries and treat patients using more powerful drugs and use equipment on scene that previously was only used in hospital.

Operational Team Leaders – are first line paramedic managers, responsible for managing teams of up to eleven clinical staff.

Emergency Operating Centre Staff – Staff work in the Trust's Emergency Operations Centres in a variety of roles, including Emergency Medical Advisers, Dispatchers, Dispatch Managers and Clinical Desk staff. These staff are responsible for receiving every one of the emergency calls made to the Trust, providing support and clinical advice to callers as needed and co-ordinating the most appropriate response to send to the patient.

NHS 111 staff – The majority of these staff are health advisors, who answer the NHS 111 calls and they are supported by nurses, paramedics and GPs who provide clinical advice.

Support staff – our front line staff are supported by non-clinical staff who work in areas including finance, human resources, service development and corporate affairs, information management and technology, education and training, estates, fleet and logistics services, contingency planning and resilience, clinical governance and communications.

Workforce Profile

(Figures given are headcount)

SECAmb values diversity, equal access for patients and equality of opportunity for staff. As an employer we will ensure that all our employees work in an environment which respects and includes everyone and is free from discrimination, harassment and unfair treatment.

A key tool to help us ensure that this is the case is workforce monitoring, whereby we collect relevant information on each staff member.

Age

Age band	Headcount
20 and under	71
21-30	1240
31-40	989
41-50	961
51-60	626
61 and over	118
TOTAL	**4005**

Headcount by Age Band
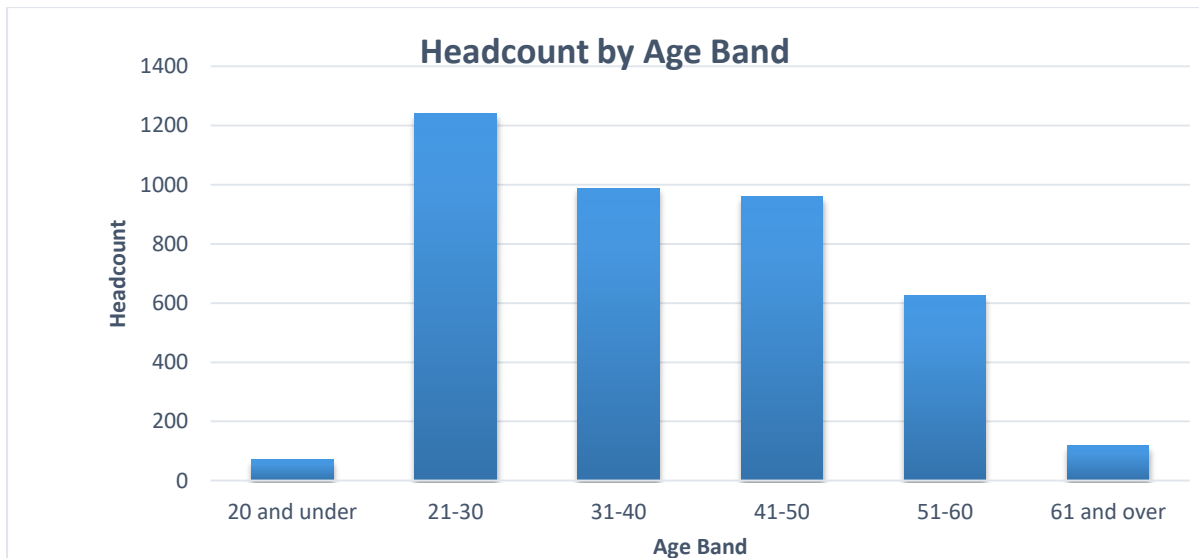
Gender

In the workforce as a whole, the gender split continues to change from 2017/18 when males made up the majority of the workforce and now 54% of our staff are female. However, the gender ratios change as we get higher up the organisation, with only 36% of Directors being female, and just 34% of senior managers (Band 8+).

Gender	Headcount	Percent %
Female	2152	54%
Male	1853	46%
TOTAL	4005	100%

Gender - Directors	Headcount	Percent %
Female	5	36%
Male	9	64%
TOTAL	14	100%

Gender (Band 8A+)	Headcount	Percent %
Female	58	34%
Male	114	66%
TOTAL	172	100%

Gender (Band 8A+)	Headcount		
Agenda for Change Pay Band	Female	Male	Total

Band 8 - Range A	32	51	83
Band 8 - Range B	10	31	41
Band 8 - Range C	8	11	19
Band 8 - Range D	2	6	8
Band 9	1	1	2
Non AfC	5	14	19
TOTAL	**58**	**114**	**172**

Gender Pay Gap

As a public sector organisation, we are required by law to publish the difference between the average (mean) and median earnings of our male and female staff. It also looks at the distribution of men and women across four equal quartiles within the organisation. The pay gap information is published a year in arrears and so the data available at present is for 2018/19.

The gender pay gap is different to equal pay. Equal pay looks at the pay differences between men and women carrying out the same jobs, similar jobs or work of equal value. Any equal pay issues are addressed by our adherence to Agenda for Change terms and conditions and pay framework, and our robust and objective job evaluation process. The gender pay gap figures are affected by differences in the gender composition across our job grades and roles.

In 2020, we published an increasing gap (1 April 2018-31 March 2019) in both our median pay, as well as our ratio of males to females in pay bands seven and above. We recognise that action to reduce our pay gap must be taken, and the workstreams to support this are in progress. We are also continuing to explore best practice across the ambulance sector and beyond.

Our workforce 2018-19

49%   51%

Female   Male

Chart showing gender breakdown by pay quartile:
- UPPER PAY QUARTILE: Female 40.21%, Male 59.79%
- UPPER MIDDLE PAY QUARTILE: Female 47.33%, Male 52.67%
- LOWER MIDDLE PAY QUARTILE: Female 57.94%, Male 42.06%
- LOWER PAY QUARTILE: Female 57.78%, Male 42.21%

Legend: Female %, Male %

Mean average hourly rate

8.95% difference

Female: £13.22   Male: £14.52

Median average hourly rate

12.77% difference

Female: £11.96   Male: £13.71

Gender breakdown by service area for Agenda for Change pay bands 8 and above

- Frontline: Female 20.45% (Femal...), Male 79.55%
- 111: Female 25%, Male 75%
- EOC: Female 27.27%, Male 72.73%
- Support: Female 47%, Male 53.25%
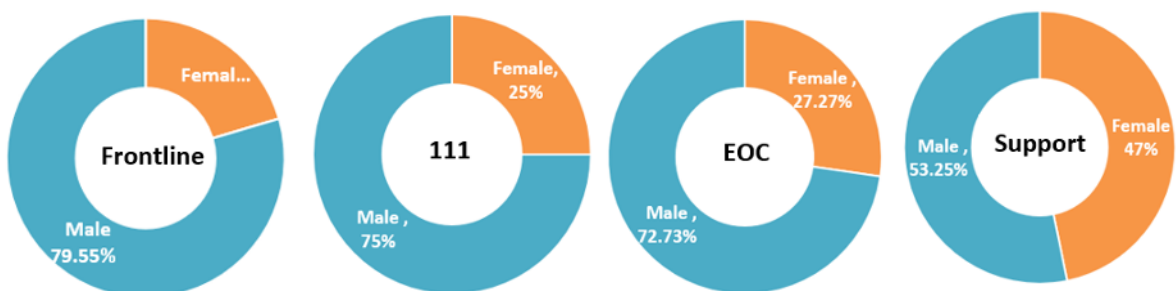
Steps to be taken to improve the gender pay gap

- Improve promotion vacancies for senior positions to women;
- Launch of our Gender Equality Network to coincide with International Women's Day 2020;

- Seek organisational commit to gender diverse interview panels for all positions at Band 8+; and
- Launch the Springboard Women's Development Program.

Full details of our gender pay gap report for the workforce as at 31st March 2019 can be found on our Trust website via http://www.secamb.nhs.uk/about_us/inclusion_equality__diversity/gender_pay_gap.aspx . The Cabinet Office submission can be accessed via https://gender-pay-gap.service.gov.uk/employer/QO7QK2sO

Race

The percentage of staff classified other than 'white British' has further decreased to 12% this year, from 13% in 2018/19 and 14% in 2017/18.

Race	Headcount	Percent %
A White - British	3531	88%
B White - Irish	30	1%
C White - Any other White background	110	3%
C2 White Northern Irish	1	0%
C3 White Unspecified	8	0%
CA White English	8	0%
CC White Welsh	1	0%
CK White Italian	1	0%
CP White Polish	10	0%
CX White Mixed	1	0%
CY White Other European	11	0%
D Mixed - White & Black Caribbean	19	0%
E Mixed - White & Black African	4	0%
F Mixed - White & Asian	20	0%
G Mixed - Any other mixed background	21	1%
GC Mixed - Black & White	1	0%
GF Mixed - Other/Unspecified	2	0%
H Asian or Asian British - Indian	34	1%
J Asian or Asian British - Pakistani	4	0%
K Asian or Asian British - Bangladeshi	2	0%
L Asian or Asian British - Any other Asian background	14	0%
LB Asian Punjabi	1	0%
LH Asian British	1	0%
LJ Asian Caribbean	1	0%
LK Asian Unspecified	1	0%
M Black or Black British - Caribbean	10	0%
N Black or Black British - African	33	1%
P Black or Black British - Any other Black background	2	0%
PD Black British	1	0%

	Headcount	Percent %
PE Black Unspecified	1	0%
R Chinese	6	0%
S Any Other Ethnic Group	14	0%
SC Filipino	2	0%
SD Malaysian	1	0%
Z Not Stated	98	2%
TOTAL	**4005**	**100%**

Disability

143 (4%) staff have declared themselves as having a disability, which is the same percentage as last year:

Disability	Headcount	Percent %
Yes	143	4%
No	2247	56%
Prefer not to answer	1615	40%
TOTAL	**4005**	**100%**

This is an area which is under-reported, with 40% of staff preferring not to confirm whether or not they have a disability.

The Trust has taken specific steps to support people with disabilities and provides information and guidance related to declaring a disability, access to work funding, mental health and working with dyslexia.

We take a proactive approach to address the individual needs of employees, ensuring reasonable adjustments are properly considered and implemented.

The Trust is a member of the Disability Confident scheme and has a staff network to support people with disabilities.

Sexual Orientation

Disclosure of this information continues to improve, with 14% choosing not to provide a response, down from 18% last year and 20% in 2017/18.

Sexual orientation	Headcount	Percent %
Bisexual	68	2%
Gay or Lesbian	184	5%
Heterosexual or Straight	3187	80%
Other sexual orientation not listed	2	0%

Not stated (person asked but declined to provide a response)	564	14%
TOTAL	**4005**	**100%**

The Trust has a well-established and nationally recognised LGBTQ network, Pride in SECAmb, which works hard for inclusivity across the Trust. This year the Pride network has run quiz nights and held 'lunch and learn' sessions to help promote awareness and positive attitudes towards LGBTQ people within the Trust and our patients.

Religion and belief

This area remains under-reported, with 23% of staff having not stated their religion or belief, down from 27% last year.

Religion or belief	Headcount	Percent %
Atheism	938	23.42%
Buddhism	19	0.47%
Christianity	1575	39.33%
Hinduism	21	0.52%
Islam	17	0.42%
Judaism	5	0.12%
Other	502	12.53%
Sikhism	5	0.12%
I do not wish to disclose my religion/belief	923	23.05%
TOTAL	**4005**	**100%**

Modern Slavery Act

In 2019-20 the Trust reviewed its declaration (published on our website here: http://www.secamb.nhs.uk/about_us/modern_slavery_act_statement.aspx) in respect of the Modern Slavery Act 2015, which introduced changes in UK law focused on increasing transparency in supply chains to ensure our supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking).

SECAmb is committed to working with local partners to improve our practice in combatting slavery and human trafficking and to raise awareness, disrupt and respond to Modern Slavery.

Communicating & Engaging with staff

The Trust uses a range of different mechanisms to try to communicate effectively with staff, recognising the challenges of communicating across a large and widely-distributed workforce, many of whom work diverse shift patterns. We also recognise

that face to face communication would ideally be used whenever possible, however this is difficult to achieve at a corporate level.

Current Trust-wide mechanisms for communicating with staff include:

- A weekly up-date from the Chief Executive to all staff focussing on the key issues affecting the Trust that week.
- Regular live web-casts featuring the Chief Executive and other Directors, enabling staff to ask questions directly during the session and view the session afterwards as a recording if they were unable to view it live.
- A Team Briefing process covering key operational and clinical updates and enabling the rapid communication of urgent information if needed.
- The Trust Intranet – The Zone – used as a repository for key Trust information including policies & procedures and news updates.
- A short daily 'Teams' call to which all middle and senior managers are able to dial into, introduced initially during the COVID pandemic. This involves updates from a range of senior leaders, as well as the opportunity to ask questions, and has proved so successful during the pandemic that it will continue as a key communication mechanism moving forwards.

During the year we have also continued to extend our use of social media as a useful mechanism for communicating with staff. The SECAmb Facebook Community group, which has more than 2,500 members, is moderated by a team of staff and has proved to be a particularly valuable communication tool as well as a mechanism for staff to highlight issues and ask questions.

Undertaking regular, face to face communication with front-line staff in particular is challenging, however during the year, the Chief Executive and other senior leaders have spent as much time as possible visiting various Trust locations to speak with staff and hear, first-hand, about their local challenges and successes

Recruiting and retaining staff

Over the past year SECAmb has significantly changed the recruitment process by implementing the 'Trac' online applicant tracking system. We now have digital governance processes to ensure all recruitment requisitions are raised and approved via Trac.

The recruitment process has been scrutinised and re-configured ensuring inclusion of the Key Skills Framework requirements along with the Trust's values. We have re-designed the recruitment processes for our EOC and are working to align the EOC and 111 recruitment processes, enabling us to place applicants into multi-skilled Health Advisor and Emergency Medical Advisor posts in the future.

The paramedic interview has also been adapted to use multi mini interviews (MMIs) instead of a single interview panel process. This has enabled a fairer and broader evaluation of candidates across a range of skills and experience.

A Trust retention strategy has been developed, to enable us to retain staff within our key areas, such as EOC and our front-line workforce.

We are continuing to work in partnership with the NHS Streamlining project, to ensure a smoother transition for existing NHS staff joining our Trust. This project will help candidates transfer skills at pre-hire stage, such as statutory and mandatory training, current DBS checks and skills identified on the Core Skills Training Framework (CSTF). This will encourage savings and unnecessary re-training, helping staff to become operational in their role more quickly.

In order to increase our Clinician numbers within our EOC and 111, we are planning a recruitment campaign in Dublin for 2020/21, following the onboarding of Clinicians in 2019 from Dubai. Their role will be to support EOC and 111 to achieve our clinical targets in regard to hear and treat.

Finally, a new Recruitment micro site has been developed in order for us to attract experienced paramedics. This site is linked to our main SECAmb website and the Trac system. We have also run a series of targeted advertising campaigns with the support of NHS Creative across the last quarter of 2019.

We received 8,018 applications to our vacancies during the year via NHS jobs and Trac. We hired 777 'new to Trust' employees during the year; we received 493 applications from applicants who declared a disability, of which 44 were hired. There were 4 candidates recruited who preferred not to disclose if they had disabilities. We received 1415 applications from BME candidates and hired 81 BME staff (11 hired staff preferred not to state their ethnicity). At the end of the year, the trust wide adjusted vacancy rate is at 6.11%

Month 2019/20	Rolling Annual Turnover %	Month 2018/19	Rolling Annual Turnover %
Apr-19	14.24%	Apr-18	16.50%
May-19	14.72%	May-18	17.42%
Jun-19	14.98%	Jun-18	15.17%
Jul-19	15.01%	Jul-18	15.37%
Aug-19	15.62%	Aug-18	14.97%
Sep-19	15.52%	Sep-18	14.88%
Oct-19	15.85%	Oct-18	14.62%
Nov-19	15.43%	Nov-18	14.57%
Dec-19	14.87%	Dec-18	14.70%
Jan-20	15.58%	Jan-19	14.06%
Feb-20	15.88%	Feb-19	14.12%

Mar-20	15.83%	Mar-19	14.07%

Sickness absence

Sickness absence for the period 1 April 2019 to 31 March 2020 was 5.82%, a slightly increasing trend over the past three years (5.04% 2018/19 and 4.95% 2017/18).

Absence % (FTE)	Days Lost (FTE)
5.82%	77,315

The monthly breakdown for the period is:

Month 2019/20	Annual Rolling Sickness (%)
Apr-19	5.07%
May-19	5.17%
Jun-19	5.28%
Jul-19	5.36%
Aug-19	5.45%
Sep-19	5.43%
Oct-19	5.44%
Nov-19	5.57%
Dec-19	6.00%
Jan-20	5.70%
Feb-20	5.74%
Mar-20	5.82%

Sickness absence data information is also published by NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Workforce Policies

Counter-fraud and corruption

The Trust's Declaration of Interests (including Gifts, Hospitality, Sponsorship and Secondary Employment) Policy and Procedure was reviewed in 2019 and a new document aligned to the model policy *Managing Conflicts of Interest in the NHS* was approved in November. The Trust's Counter Fraud Team were heavily involved in the review.

The Trust has a current Anti-Fraud and Bribery Policy which was last revised in 2018 and approved for use on 1 November of that year. The revision was undertaken with input from the Trust's Local Counter-Fraud Specialist. The policy covers the following: facilitation payments, gifts and hospitality, travel and expenses, political

and charitable contributions, sponsoring, public service values and action to be taken including disciplinary action and police involvement.

Creating a safe working environment and protecting staff

We strive to provide a safe environment for both our staff and the patients we treat. However, with the type of services that we provide, our staff may sustain injuries whilst treating or moving patients in various external environments. It is, sadly, also possible that staff may be the subject of directed aggressive behaviour, verbal abuse or even violence from both services users and the public.

Work is continually developing to provide a safe and secure working environment as far as is reasonably practical, as detailed below.

Board Commitment to Health & Safety

Currently all members of our Board of Directors have completed the (IOSH) Institution of Occupational Safety & Health dedicated course for Executives and Directors. The Board are fully committed to Health & Safety and support on-going improvements.

Improvement Plan

In October 2018, an improvement plan was developed and implemented. The plan focused on the implementation of a robust Health & Safety management system. This is a comprehensive management system designed to manage safety elements in the workplace.

This was urgent work, and so the improvement plan was closely monitored with oversight and progress reporting every 2 weeks. The monitoring group responsible for this was the Quality and Compliance Steering Group. The improvement plan was approved in July 2019.

Diagram below shows each component from the improvement plan.

Improvement plan objectives

- Objective 1) Recruitment of a new Health & Safety Management team.

- Objective 2) Develop & implement a new Health & Safety audit programme.

- Objective 3) Review and create all relevant Health & Safety policies and procedures.

- Objective 4) Develop and agree an organisation wide Health & Safety training programme.

- Objective 5) Create and implement a governance and communications network that actively supports health & safety compliance within the trust.

- Objective 6) Develop and agree a revised approach for health & safety risk assessments within Fleet Services.

- Objective 7) Develop and implement a suite of generic Health & Safety risk assessments.

- Objective 8) Develop and agree a revised Statutory PPM (Planned Preventative Maintenance) schedule process within Estates and Fleet Services.

Health & Safety Audits

The Health and Safety Executive define safety audits as: "The collection of independent information on the efficiency, effectiveness and reliability of the total health and safety management system and drawing up plans for corrective action." Safety audits are an essential part of a successful organisation.

The Head of Health & Safety created a bespoke Health & Safety audit tool which measures compliance across 12 different categories as listed below. When an audit is completed the software generates an overall compliance score.

Audit categories

1. General Health & Safety arrangements at department level
2. Slips, Trips & Falls
3. DSE (Display Screen Equipment)
4. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)
5. Fire Safety
6. First Aid
7. Training (Health & Safety related)
8. Manual Handling
9. Security (site related)
10. Lone Working
11. COSHH (Control of Substances Hazardous to Health)
12. Work Environment (PAT testing, condition of working environment etc.)
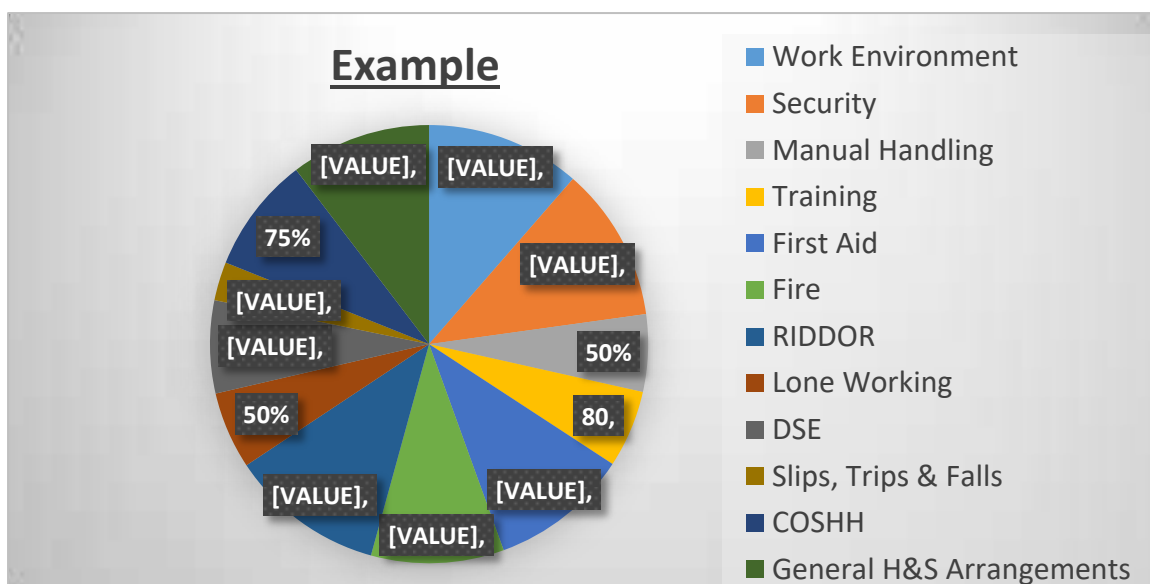
The annual Health and Safety audit programme was successfully implemented in January 2019. The Trust Health & Safety Managers undertake the audits on a monthly basis across their regional areas of responsibility.

We expected to see a variation in year one compliance figures as our previous Health & Safety resources and management system were limited.

Non-compliance audit categories are transferred onto an action plan which is monitored for progress at regional Health & Safety sub-groups. The organisation chart below is the Trust Health & Safety Committee and sub-group structure.

Audit outcomes

A total of 114 audits were undertaken in areas of the Trust perceived to be priority risk areas: Make Ready Centres (MRCs) (audits of 8 premises undertaken), Fleet services (12), ambulance stations (28) and Ambulance Community Response Posts (ACRPs) (66).

MRC sites achieved the highest overall average compliance figure of 85%. However, MRC sites had the lowest number of sites in comparison to the other sites and services audited. Ambulance stations achieved the lowest overall average compliance figure of 75% with 28 sites audited.

Fleet services were the second highest scoring with 12 sites audited achieving an overall average compliance figure of 81%.

ACRP sites received the highest number of audits with 66 sites audited achieving an overall average compliance of 77%.

The audits will enable us to focus on improvements in the most pressing areas in the coming months.

Manual Handling Incidents

During 2019/2020 staff reported **319** manual handling incidents. This is an increase of **50** incidents when comparing to the previous year. The trust employed new staff during the 2019/2020 period. Furthermore, we are seeing improvements to our reporting culture within the trust.

The data chart below captures manual handling incidents from 2017-2019.

Manual Handling Incidents 2017 - 2019

2019-2020	(bar ≈ 320)
2018-2019	(bar ≈ 268)
2017-2018	(bar ≈ 253)

(x-axis: 0, 50, 100, 150, 200, 250, 300, 350)
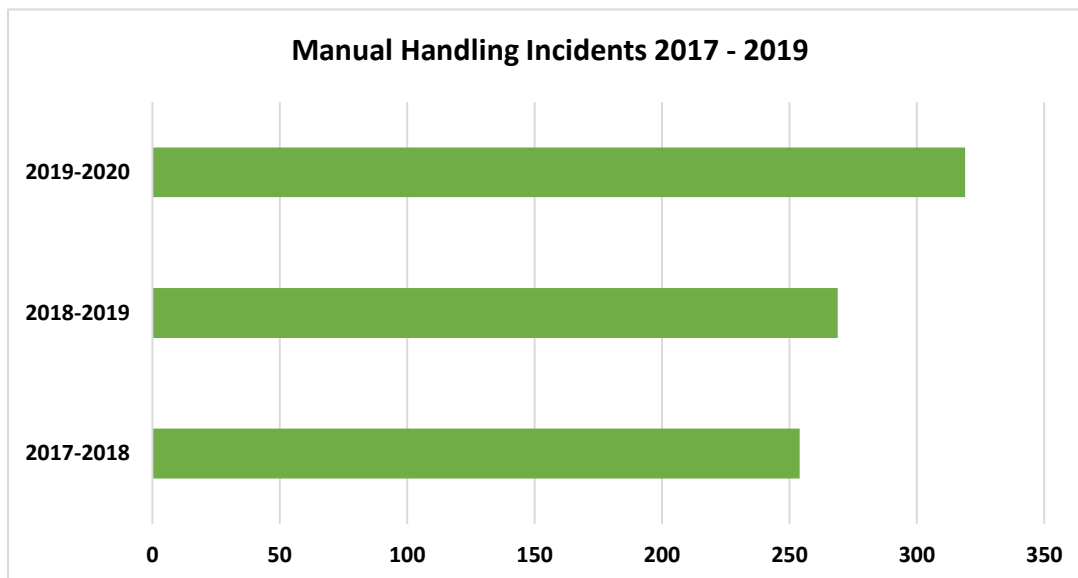
Paramedics reported the highest amount of manual handling incidents during the 2019/2020 period.

The data chart below captures each job type for reported manual handling incidents.

Manual Handling Incidents 2019/2020 by Job Type

Critical Care Paramedic	(bar ≈ 4)
Student Paramedic	(bar ≈ 5)
Ambulance Technician	(bar ≈ 43)
Associate Ambulance Practitioner	(bar ≈ 26)
Operational Team Leader	(bar ≈ 16)
Emergency Care Support Worker	(bar ≈ 85)
Paramedic	(bar ≈ 140)

(x-axis: 0, 20, 40, 60, 80, 100, 120, 140, 160)
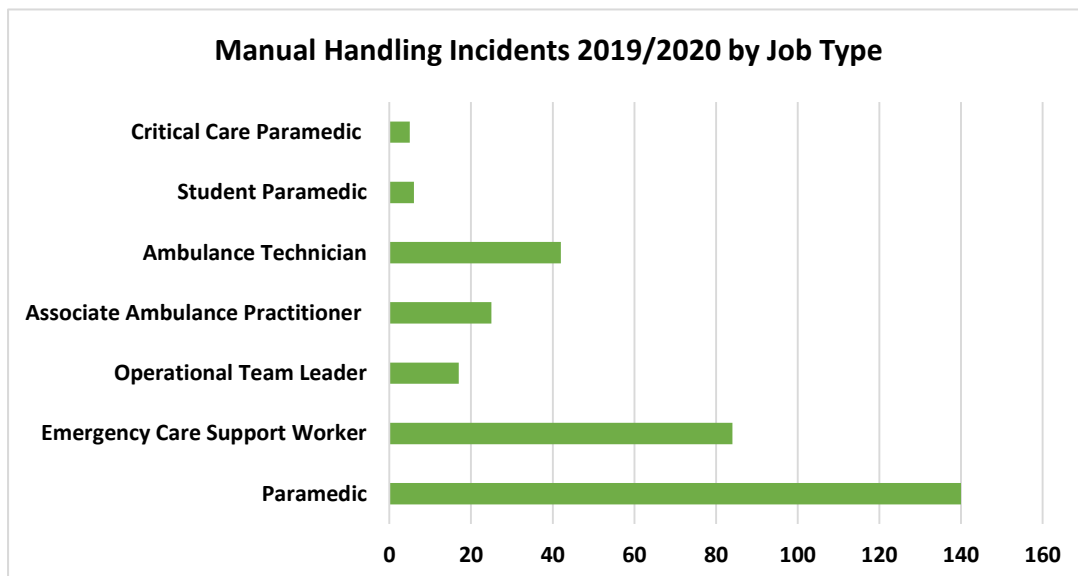
Health & Safety Incidents

During 2019/2020 staff reported **321** Health & Safety Incidents. This is a decrease of **79** incidents when comparing to the previous year.

The data chart below captures Health & Safety incidents from 2017-2019.

Health & Safety Incidents 2017 - 2019
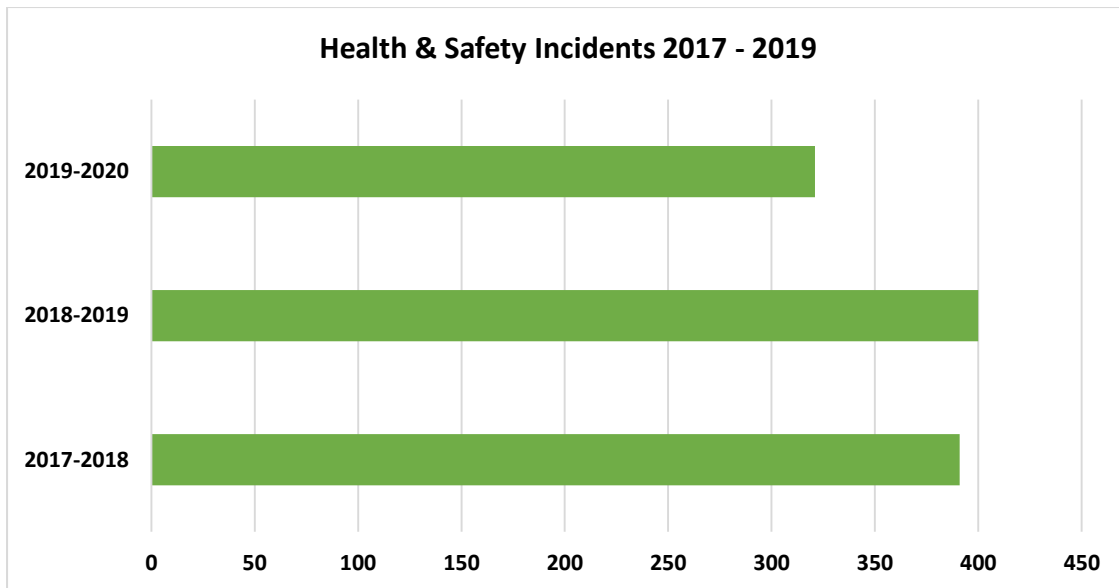
RIDDOR

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. The regulation requires employers to report certain workplace accidents, occupational diseases and specified dangerous occurrences. The formal reporting is made by the employer to the Health & Safety Executive. Accidents resulting in over-seven-day incapacitation of an employee, require notification to the enforcing authority within 15 days of the incident.

During 2019/2020 the organisation reported **80** RIDDOR incidents and **59%** of these incidents were reported on-time to the Health & Safety Executive. This is a **7%** improvement in compliance when comparing to the previous year.

The data chart below highlights on-time RIDDOR reporting improvements since 2017.
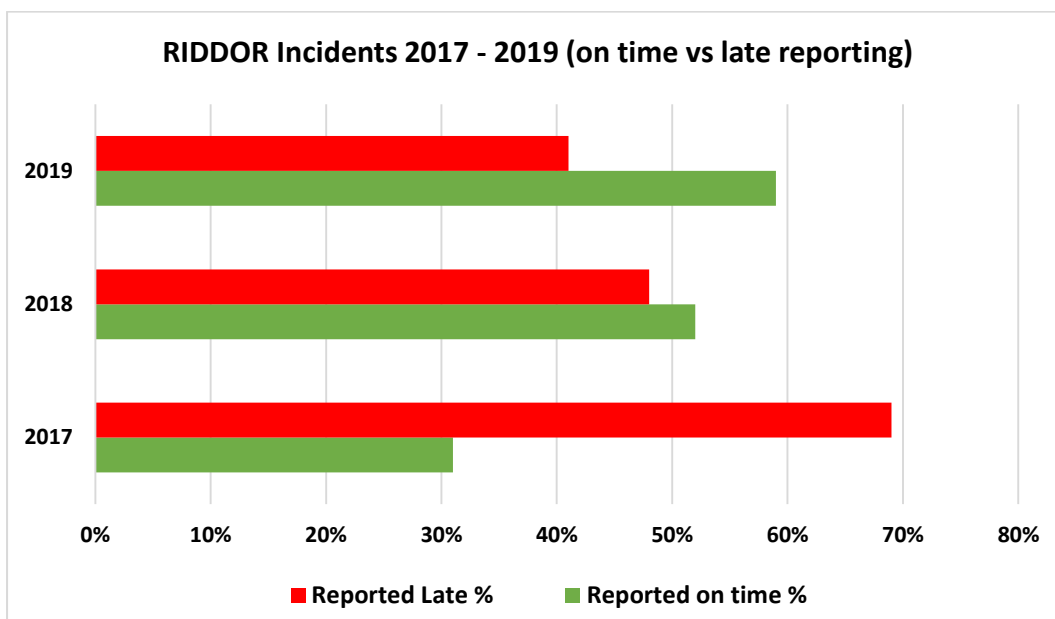
The Health & Safety team continue to raise the importance of on time RIDDOR reporting within the trust. Early trigger points have been setup within Datix (incident reporting software) for potential RIDDOR incidents which allows the Health & Safety team to screen each potential incident further.

Health and Safety priorities for 2020/2021

Additional Health & Safety Training

During 2019/2020 the Health & Safety team delivered an in-house trial course similar to the IOSH Managing Safely course. The course was delivered to Managers on a block release basis over 3 days. The feedback from the staff was positive and they felt they were given the correct training to allow them to undertake their Health & Safety duties. The Health & Safety team are undertaking a training needs analysis to identify how many staff require this advance level of training. The team will then prepare an options paper and review the merits of becoming an accredited training centre for Health & Safety.

Continue building our Health & Safety Culture

The Health & Safety team have been developing working relationships with our workforce to embed a positive safety culture and will continue to do this via our Health & Safety sub-groups.

Annual Health & Safety audits

The Health & Safety team will continue with the annual audit programme. This has proven to be useful as it focuses on highlighting good practice and areas of improvement.

Generic Risk Assessments

The team will continue building our suite of generic Health & Safety risk assessments which can be used by the workforce with local adaption. The risk assessments are produced in collaboration with subject matter experts.

Networking at National Level

The Trust is committed to networking with the national ambulance group for Health & Safety. This is a good forum to share good practice and ideas of innovation that will further improve the safety of our staff.

Protecting our staff

Sadly, our staff are exposed to violent, aggressive and abusive behaviour from patients and other service users far more regularly than they should be. In addition, our premises, vehicles and equipment must be protected from theft and damage.

There are several avenues the Trust utilises to raise awareness of security including inductions, articles, posters, and talks with local Operating Unit management.

We take this very seriously and will support any staff member who wishes to pursue action locally or by prosecution and regularly promote the reporting of incidents.

The Trust security function covers the following areas:

- Incidents of violence and aggression on staff
- Security of Controlled Drugs (CD)s, medicines, and medical gases
- Security of critical infrastructure
- Provision of the Trust Access Control System (entry and exit systems)
- Protection of Trust assets including vehicles and equipment
- Provision of Trust CCTV
- Prevention of loss, theft and matters interlinked with counter-fraud
- Prevention of criminal damage to Trust assets

Violence and Aggression Incidents against Staff 2019-2020

Incidents	2019-20	%
Physical Assault	245	35.3%
Directed Verbal Abuse	219	31.6%
Anti-social Behaviour/Aggression	163	23.5%
Non-Physical Assaults	39	5.6%
Attempted Physical Assault	22	3.2%
Witnessed Aggression	6	0.9%
Total	**694**	**100.0%**

The data below is a breakdown of the 694 incidents reported by aggravating factors.

Aggravating Factors (Incidents)	2019-20	%
None	287	41.4%
Mental Health	119	17.1%
Alcohol	78	11.2%
Multiple	55	7.9%
Medical	50	7.2%
Sexual	35	5.0%
Drugs	23	3.3%
Weapons	19	2.7%
Drug Seeking Behaviour	13	1.9%
Racial	13	1.9%
Other	2	0.3%
Total Incidents	**694**	**100.0%**

Sanctions (Physical Assaults)	2019-20
Civil	69
Criminal	5
Total	**74**

Physical Assaults 2015 – 2020

Physical assaults on staff sadly continue to rise, as the data indicates below.

	2015-16	2016-17	2017-18	2018-19	2019-20
Assaults	207	234	220	224	245

Security priorities for 2020/2021

Operation Cavell

In 2018, a new law was passed that doubled the maximum sentence from 6 to 12 months in prison for assaulting an emergency worker, including healthcare workers.

Operation Cavell is supported by a pact between a Police force and NHS Trust. The aim of the pact is to raise staff awareness and understanding that being assaulted is not an occupational hazard but an offence, in the same way as when a member of the public or a police officer is assaulted.

The Trust intends to implement Operation Cavell pacts during 2020/2021 with the relevant Police forces across the SECAmb geographical operating area. This will help us demonstrate our commitment to support staff and follow up effectively on incidents with prosecutions or other action as required.

Body Cameras

The introduction of body-worn cameras for public service staff is thought to bring benefits to both staff and the public, and can provide useful evidence for the Police, coroners and other agencies. A national piece of work is being undertaken by NHS England and Improvement involving all Trusts for the sector in assessment and evaluation discussions. The Trust has been listed on phase two of the programme which is scheduled for Q4 during the 2020/2021 financial year.

Staff Conflict Resolution Training

The Trust will be identifying suitable conflict resolution training for our front-line, EOC and 111 staff. The delivery of this training will be part of a longer-term plan to support staff, following a training needs analysis.

Living our Values

Our values are the standards which everyone working at our Trust is expected to live up to. They help us to make the right decisions and guide how we treat our colleagues, our patients and their family and friends. The values were developed in discussion with staff across the Trust. They are:

Demonstrating Compassion and Respect
Supporting our colleagues, and those we serve, with kindness and understanding.

Acting with Integrity
Being honest and motivated by the best interests of those we serve

Striving for Continuous Improvement
Seeking and acting upon opportunities to do things better.

Taking Pride
Being advocates of our organisation and recognising the important contribution we make to its success.

Assuming Responsibility
Having ownership of our actions and a willingness to confront difficult situations.

During the year, based on feedback from colleagues, we focused on demonstrating compassion and respect – colleagues told us that, apart from operational pressures due to increasing demand, this was at the heart of feeling like the Trust was a great place to work.

A 'Values Week' was held across the Trust to promote the values and talk with colleagues about what they meant in practice. Workshops were held in four areas of the Trust, accompanied by online surveys and drop-in sessions as required, to explore:
-   What improvements we would expect to see in the workplace if everyone was treated with compassion and respect
-   What barriers there were to achieving this across the Trust.

Actions plans were created and partially implemented in-year which focused on making the values more visible to staff, promoting the Trust's commitment to seeing helpful behaviours and attitudes at every level and in every part of the workplace, and providing practical support to colleagues who wanted to challenge unhelpful behaviours and attitudes constructively and safely.

A 'We are SECAmb' booklet was published and disseminated around the Trust in early 2020, which encouraged colleagues to reflect on their own behaviours and supported awareness of good mental health as well as providing step by step advice on challenging behaviours that don't demonstrate our values. There is more to be done to bring the values to life across SECAmb and ensure they are embedded in everything we do, but good progress was made this year.

Promoting staff well being

Our services to patients are delivered through and by our workforce. The health and wellbeing of employees is not only important for individuals' personal wellness, but also has a direct impact on our ability to care for our patients. The evidence is clear that by looking after all employees, we in turn can support our patients to best effect. It is vital that we invest in our individuals and our teams and provide opportunities and support so that the wellbeing of all SECAmb's employees is valued.

Our Wellbeing Strategy was developed with staff in 2016/17 and sets out our commitment to our employees and how we will provide more effective, accessible support to them, including a 'single point of access' to services such as occupational health and mental wellbeing services. The strategy was approved by the Board in

March 2017 and the Wellbeing Hub launched in January 2018. During 2020-21, the wellbeing strategy will be reviewed through extensive staff engagement, ensuring the service is fit for purpose and meets the needs of all. This will also consider the importance of wellbeing throughout the organisation and ensuring every member of SECAmb has responsibility for theirs' and others' wellbeing.

During 2019-20, the Wellbeing Hub recorded 3,243 interactions, an average of 270 interactions a month. Of these, 692 required a referral for a mental health assessment with one of our in-house Wellbeing Practitioners, with 20% being referred for specialist psychological treatment (equating to 141 employees). There were also 647 referrals for fast track access to physiotherapy, whereby employees are eligible for six sessions of physiotherapy in a 12-month rolling period.
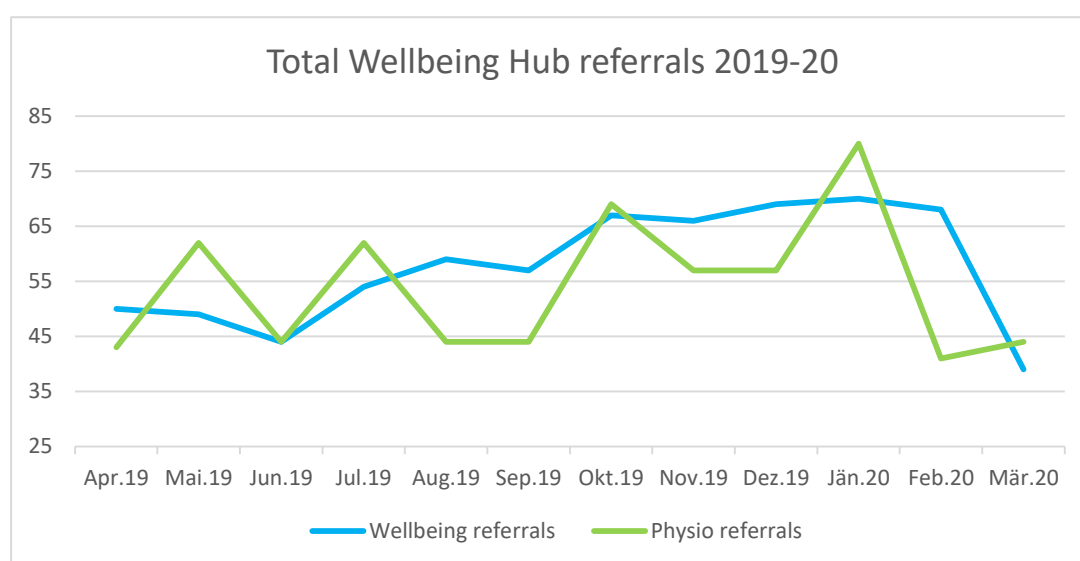
The Wellbeing Hub continues to work closely with Occupational Health (OH) to maximise return on investment and collaborative work between both teams. OH received 1,682 management referrals from April 19 to March 20, an average of 140 a month.

The Trust continues to support a Trauma Risk Management (TRiM) programme. TRiM provides proactive support for employees working in inherently stressful roles and seeks to prevent ongoing trauma and illness through early interventions. The Trust currently has 110 TRiM practitioners.

Listening to and valuing our staff

For a number of years, the Trust has worked to support managers to adopt a listening, inclusive and responsive style with their teams. This work has been guided by the Trust's values, and staff have told us they want to feel more valued and respected: empowering management is a key part of creating a workplace where everyone feels valued, listened to and well-supported.

Alongside training for managers as outlined below, the Trust has several other ways in which is measures the temperature of the organisation regularly, and facilitates effective engagement between colleagues.

NHS Staff Survey

The NHS Staff Survey is undertaken annually and is open to all permanent staff who work for the NHS. It provides a valuable opportunity for staff to provide feedback, anonymously, on a number of important areas, including the care provided by their Trust, training, engagement and personal development. The 2019 Staff Survey was undertaken from the start of October to end of November 2019 by Quality Health, an independent organisation, on behalf of SECAmb and the results were published nationally on 18 February 2020. As per the previous year, SECAmb chose to send the survey to all eligible staff and 56% or 2108 people completed and returned the survey. This is a 3% / 340 person increase on the previous year's response rate.

NHS Staff Survey results table

Theme	2019/2020		2018/2019		2017/2018	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, Diversity and Inclusion	8.2	8.5	8.2	8.4	7.9	8.3
Health and Wellbeing	5	5	5	5	4.3	5.1
Immediate Managers	6.5	6.3	6.4	6.2	5.8	5.8
Morale	5.6	5.7	5.5	5.7	NA	NA
Quality of Appraisals	4.8	4.8	4.6	4.6	4.4	3.7
Quality of Care	7.3	7.4	7.1	7.4	7.2	7.1
Safe Environment - Bullying and Harassment	7.1	7.4	6.9	7.3	7.1	6.3
Safe Environment - Violence	8.9	8.8	9.0	8.8	8.7	8.7
Safety Culture	6.2	6.2	6.1	6.2	5.9	5.1
Staff Engagement	6.2	6.3	6.2	6.2	6.1	5.5
Team Working	5.2	5.3	5.2	5.3	4.6	5.1

The results from the survey questions are grouped into themes to give scores against set indicators. The indicator scores are based on a score out of ten and are formed from the average of the questions from within that theme.

Scores for each indicator together with the score of the survey benchmarking group (ambulance services) are presented below. Where scores are green there has been an improvement on the previous year's score, red is a deterioration and black remains the same.

The results show a continuing trend of improvement in many areas, though it should be noted that this was often against a quite low benchmark. Some areas to note are that the theme 'Immediate Managers' has consistently improved over the past 3 years and continues to perform above the benchmarking group. We hope to see this continue over the next year as we deliver the 'Fundamentals of Management and Leadership' course to all managers. Another theme showing improvement is safety culture, again this has shown improvement over the last 3 years and reflects the Trust's focus on patient and staff safety. This is highlighted by the staff survey question showing that 91% of people said they reported an error, near miss or incident that could have hurt staff or patients. This is an area that needs further improvement as despite an improving curve this is a low performing area.

Highlighted by the results are the areas we need to continue to improve on. These are;

Team working, Health & Wellbeing, morale & quality of appraisals.

There has also been a decrease in score around violence towards staff (which is good), and this is an area where we are continuing to perform above the benchmarking group average, but we are also working on initiatives to improve this score further.

The results have been presented in detail to each Operating Unit and Directorate, as well as to the Executive and Trust Boards, Workforce Wellbeing Committee, Council of Governors, and Staff Engagement Representatives. Each OU and Directorate has been provided with a bespoke report highlighting areas of improvement and of good practice. The intention is for action plans to be created in conjunction with staff when business as usual resumes, as at this time work is on hold due to the COVID-19 business continuity incident. The focus will be on supporting local managers to work with their teams to make ongoing improvements, thereby building team morale and improving the working environment for everyone.

Induction Process

As a way to build the values and culture of the organisation into every part of the organisation during 2019 we reviewed the way we delivered our Induction Process for new staff.

The following process was implemented;

- Local Induction - Within the first five days of a new staff member joining the Trust (or for operational staff, within the first five days of joining their OU after

their initial training course is complete) all new staff will receive a local induction. A checklist sets out all of the elements that need to be covered in this, including getting to know the area of work, their team, and the systems used in the Trust.

- Induction Toolkit – This provides information which supports new starters in familiarising themselves with their working environment and the Trust.

- SECAmb Induction – A one-day SECAmb induction for all staff, held at Crawley HQ around three times per month, with a maximum of 30 participants. All new staff are required to attend three months following their start date. This is a very interactive session, welcoming people to SECAmb, and focusing on our values and behaviours as well as the patient experience.

This new process has been running since October and feedback is being reviewed to understand the effectiveness and impact of the new structure.

Staff Engagement mechanisms

The Staff Engagement Advisory Group consists of a group of staff engagement representatives from across the Trust, and provides our Staff-Elected Governors with a forum in which to share information about the work of the Council of Governors and hear the views of their constituents. We have a network of Staff Engagement reps who have all committed to working with their colleagues to share core messages, canvas opinions and effect change locally in their working environment.

Non-Executive Directors, Executive Directors and Governors regularly attend these meetings to understand the issues that staff are raising. A representative from the Trust's Senior Leadership Team attends each meeting.

The purpose of the group is to provide staff from across the Trust a platform to discuss and highlight issues they have been unable to resolve locally or are more appropriate for consideration of the Senior Leadership Team to resolve Trust-wide.

During this year, the Staff Engagement Advisory Group has, on behalf of the wider staff membership:

- Met with and advised the Interim HR Director on ways to build engagement with staff and improve the culture. This included ways to transform HR Processes and improve development for first line managers.
- Provided recommendations for communicating the Service Transformation & Delivery (STAD) Project to colleagues.
- Provided recommendations about plans to move scheduling to a local process and advised on how to ensure resilience where staffing may be an issue.
- Advised on the development of a new Trust Communications Strategy.
- Reviewed the new appraisal forms and their layout before release with some recommendations for changes of wording and content.
- Heard from the Estates team about the ongoing and upcoming projects SECAmb is working on, asking for better engagement with stakeholders at early stages of estates projects.

- Fed back on how the Annual Members Meeting agenda is laid out and made suggestions for topics that could be included for 2019.
- Helped to drive development of and reviewed in detail the new 'We Are SECAmb' Values Toolkit designed to support staff in exhibiting behaviours in line with the Trust values.
- Advised on the new Local and SECAmb Induction processes.
- Reviewed the role and purpose of the Staff Engagement Forum itself, leading to a name change to the Staff Engagement Advisory Group and an overhaul of the standard agenda items of the group.

Appraisals and Training

An appraisal review is an important part of regular and meaningful interaction between staff and their line managers. Annual appraisal meetings cover performance over the past year and set out objectives for the forthcoming year. This year as part of a project to improve how we carry out appraisals we made some adjustments as detailed below;

- Introducing the Trust values more clearly into the appraisal process.
- Creating a dedicated section of appraisals relating to personal development & career aspirations.
- Including an opportunity for staff to talk about the support they have received and what is needed going ahead.

During the appraisal year April-March 2019-2020, 71.74% of staff had an appraisal, which equated to 2740 of staff. During the year, 87.09% of staff completed their statutory and mandatory training, down from 93.58% the year before.

The reported total of appraisals completed is based on a headcount of 3819 substantive staff. Exceptions from the appraisal final count were employees on maternity leave, a career break, bank staff and new starters from January 2020. The figures of in-progress and published records were combined to give an overall accumulative percentage rate of all staff who started up to 31 December 2019. Employees after this date did not require a full appraisal during the calendar year, but managers are expected to hold regular 1-2-1s throughout probation periods and ongoing in any case.

Joint Partnership Forum (JPF)

The Joint Partnership Forum (JPF) is the body through which the Trust engages and consults with its recognised trade unions.

Within SECAmb, four trade unions are formally recognised:

- GMB
- RCN
- UNISON
- Unite the Union

The JPF meets regularly throughout the year and members include representatives of each of the recognised Unions, as well as attendees from all of the Trust

Directorates, including the Chief Executive and other Directors as needed. The Director of Operations and Medical Director have been regular attendees this year. The JPF is chaired by the Director of HR & OD, who also holds regular catch up meetings with union colleagues to discuss more confidential issues.

During the year, the JPF has been heavily involved in a number of key areas, including those highlighted below:

- Reviewing and approving Trust policies and procedures
- Implementation and promotion of Wellbeing Hub services for all staff
- Ensuring adherence to all policies and procedures across the Trust
- Clarification of Operational shift bookings
- Reviewing the use of mediation in place of grievances
- Improvement and development of Clinical Education
- Annual leave (Bear Scotland case) resolution and payment
- HR Transformation and implementation of e-processes
- Review of completion of Datix/Vulnerable person forms

In addition, our Unions are busy throughout the year working with the Trust to negotiate on all terms and conditions of employment for our members, and other areas of key importance, including:

- Pay awards
- Job descriptions
- Ensure job evaluations are carried out in partnership between staff side and Trust management representatives, by attending regular panels.
- Health and safety
- Redundancy and redeployment
- Recruitment
- Disciplinary, grievance, capability and procedures.
- Staff amenities
- Hours of work

Trade Union Facilities Time

The Trust is required to include this section in our report to demonstrate our commitment to facilitating Union time to undertake this important role.

Table 1 – Relevant Union Officials

Number of employees who were relevant union officials during the relevant period	Full Time Equivalent Union Officials
61	54

Table 2 – Percentage of time spent on facility time

The number of employees who were relevant union officials employed during the relevant period spent a)0%, b)1-50%, c) 51-99% or d)100% of their working hours on facility time

% of Time	Number of Employees
0%	0
1-50%	55
51-99%	6
100%	0

Table 3 - Percentage of pay bill spent on facilitation time

The percentage of the total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

Total cost of facility time	£151,010
Total pay bill	£165,722,150
% of the pay bill spent on facility time, calculated as (total cost of facility time / total pay bill) x 100	0.09%

Table 4 – Paid Trade Union Activities

As a % of total paid facility time hours, the number of hours spent by employees who were relevant union officials during the relevant period on paid trade union activities.

Hours spent on paid facility time	10,000
Time spent on paid trade union activities as a % of total paid facility time hours calculated as (total hours spent on paid trade union activities by relevant trade union officials during the relevant period / total paid facility time hours)x100	0% NB: Trade Union Activities were included in the Paid Facility Time Figure for 2019/20

Off pay-roll engagements

Off pay-roll engagements are made following initial discussions between the Chief Executive and Chair, with Executive Directors consulted as appropriate.

All appointments at this level are formally approved by the Appointments and Remuneration Committee.

All off-payroll engagements as of 31 March 2020, for more than £245 per day and that last longer than six months:	Number of engagements
Number of existing engagements as of 31 March 2020	18
Of which, the number that have existed:	

for less than one year at the time of reporting	13
for between one and two years at the time of reporting	4
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

All new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and March 2020, for more than £245 per day and that last for longer than six months	Number of engagements
No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	25
Of which...	
Number assessed as within the scope of IR35	17
No. assessed as not caught by IR35	8
No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

Any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020	Number of engagements
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	1
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements	22

The Director noted in the table above, Paul Renshaw, was employed as Interim Director of HR and Organisational Development between 22 April 2019 and 31 January 2020. This appointment was made through a recruitment agency to ensure a high-calibre individual covered this important post while the Trust recruited a substantive Director.

Expenditure on consultancy

The total expenditure for 2019/20 was £25,000 and we engaged 6 consultancy firms.

Staff exit packages

There were 34 exit packages paid in 2019-20 (2018-19: 16) at a total cost of £527k (2018-19: £192k).

Exit package cost band (including any special payment element)	2019-20			2018-19		
	Number of compulsory redundancies	**Number of other departures agreed**	**Total number of exit packages by cost band**	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,000	**24**	**0**	**24**	9	0	9
£10,001-£25,000	**5**	**0**	**5**	5	0	5
£25,001-£50,000	**2**	**0**	**2**	1	0	1
£50,001-£100,000	**1**	**0**	**1**	1	0	1
£100,001 - £150,000	**1**	**0**	**1**	0	0	0
£150,001 - £200,000	**1**	**0**	**1**	0	0	0
>£200,000	**0**	**0**	**0**	0	0	0
Total number of exit packages by type	**34**	**0**	**34**	16	0	16
Total resource cost (£000)	**527**	**0**	**527**	192	0	192

Other (non-compulsory) staff exit packages
There were no other (non-compulsory) staff exit packages agreed in 2019-20 (2018-19: nil) at a cost of £nil (2018-19: £nil) as shown below:

	2019-20	2018-19

Exit packages: other (non-compulsory) departure payments	Agreements Number	Total value of agreements £000	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval *	0	0	0	0
Total	0	0	0	0
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

* Includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

Disclosures set out in the NHS Foundation Trust Code of Governance

South East Coast Ambulance Service NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Code of Governance reference	Summary of requirement	Where this disclosure is in the Annual Report 2019/20
A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved and include how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	Directors' Report

A.1.2	The annual report should identify the chairperson, the deputy chairperson, the chief executive, the senior independent director and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	Directors' Report
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Directors' Report
FT Annual Reporting Manual (ARM)	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	Directors' Report
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	Directors' Report
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	Directors' Report
FT ARM	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	Directors' Report
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	Directors' Report
FT ARM	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	Directors' Report
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	Directors' Report
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Directors' Report
FT ARM	If, during the financial year, the Governors have exercised their power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance) under of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.	Not applicable
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	Annual Governance Statement
B.6.2	Where there has been external evaluation of the board and/or governance of the trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	Annual Governance Statement

| C.1.1 | The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). See also ARM paragraph 2.95. | Statement at end of the Accountability Report

Annual Governance Statement |
|---|---|---|
| C.2.1 | The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls. | Annual Governance Statement |
| C.2.2 | A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes. | Annual Governance Statement |
| C.3.5 | If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position. | Not applicable |
| C.3.9 | A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include:
• the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;
• an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and
• if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. | Annual Governance Statement |
| D.1.3 | Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings. | Not applicable |
| E.1.5 | The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations. | Directors' Report |
| E.1.6 | The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. | Directors' Report |

E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	Directors' Report
FT ARM	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership, including progress towards any recruitment targets for members.	Directors' Report
FT ARM	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.	Directors' Report

The provisions in Section 6 below only require a disclosure in the Annual Report if the Trust has departed from the Code of Governance; in which case the disclosure should contain an explanation in each case where the Trust has departed from the Code of Governance, explaining the reasons for the departure and how the alternative arrangements continue to reflect the main principles of the Code of Governance.

We are not required to provide evidence of compliance in the Annual Report and in some cases the provision is not applicable or the circumstances described have not arisen.

Code of Governance reference	Summary of requirement	Where this disclosure is in the Annual Report 2019/20
A.1.4	The board should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery	Comply
A.1.5	The board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed to understand and assess progress and delivery of performance.	Comply
A.1.6	The board should report on its approach to clinical governance.	Comply
A.1.7	The chief executive as the accounting officer should follow the procedure set out by NHS Improvement (Monitor) for advising the board and the council and for recording and submitting objections to decisions.	Comply

A.1.8	The board should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life	Comply
A.1.9	The board should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility.	All staff are bound by the NHS and SECAmb values, and the Nolan Principles
A.1.10	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors.	Comply
A.3.1	The chairperson should, on appointment by the council, meet the independence criteria set out. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	Comply
A.4.1	In consultation with the council, the board should appoint one of the independent non-executive directors to be the senior independent director.	Comply
A.4.2	The chairperson should hold meetings with the non-executive directors without the executives present.	Comply
A.4.3	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes.	Comply
A.5.1	The council of governors should meet sufficiently regularly to discharge its duties.	Comply
A.5.2	The council of governors should not be so large as to be unwieldy.	Comply
A.5.4	The roles and responsibilities of the council of governors should be set out in a written document.	Comply
A.5.5	The chairperson is responsible for leadership of both the board and the council but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate.	Comply
A.5.6	The council should establish a policy for engagement with the board of directors for those circumstances when they have concerns.	Comply
A.5.7	The council should ensure its interaction and relationship with the board of directors is appropriate and effective.	Comply
A.5.8	The council should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board.	Comply
A.5.9	The council should receive and consider other appropriate information required to enable it to discharge its duties.	Comply
B.1.2	At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	Comply
B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	Comply
B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	Comply
B.2.2	Directors on the board of directors and governors on the council should meet the "fit and proper" persons test described in the provider licence.	Comply

B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the board and make recommendations for changes where appropriate.	Comply
B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s).	Comply
B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non- executive directors.	Comply
B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.	Comply
B.2.7	When considering the appointment of non-executive directors, the council should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	Comply
B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non- executive directors.	Comply
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	Comply
B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.	Comply
B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	Comply
B.5.2	The board, and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	Comply
B.5.3	The board should ensure that directors, especially non- executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.	Comply
B.5.4	Committees should be provided with sufficient resources to undertake their duties.	Comply
B.6.3	The senior independent director should lead the performance evaluation of the chairperson.	Comply
B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	Comply
B.6.5	Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	Comply

B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	Comply
B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	Comply
C.1.2	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	Comply
C.1.3	At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	Comply
C.1.4	a) The board of directors must notify NHS Improvement and the council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the NHS foundation trust. b) The board of directors must notify NHS Improvement and the council of governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in: • the NHS foundation trust's financial condition; • the performance of its business; and/or • the NHS foundation trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the NHS foundation trust.	Comply
C.3.1	The board should establish an audit committee composed of at least three members who are all independent non-executive directors.	Comply
C.3.3	The council should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors.	Comply
C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.	Comply
C.3.7	When the council ends an external auditor's appointment in disputed circumstances, the chairperson should write to NHS Improvement informing it of the reasons behind the decision.	Comply
C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	Comply

D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	Comply
D.1.2	Levels of remuneration for the chairperson and other non- executive directors should reflect the time commitment and responsibilities of their roles.	Comply
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	Comply
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	Comply
D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	Comply
E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.	Comply
E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole.	Comply
E.2.1	The board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate.	Comply
E.2.2	The board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.	Comply

NHS Oversight Framework

NHS England and NHS Improvement's NHS Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

The Trust is in segment 3 – Providers receiving mandated support for significant concerns. Despite having been removed from special measures following our Good CQC rating, the Trust has not formally had its 'enforcement undertakings' lifted by NHSI. Discussions are ongoing to ensure this happens during 2020.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the NHS Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2019/20 scores				2018/19 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
	Capital service capacity	1	1	1	3	1	1	3	4
Financial sustainability	Liquidity	1	2	3	2	1	1	1	2
Financial efficiency	I&E margin	2	3	4	4	1	3	4	4
	Distance from financial plan	1	1	1	1	1	1	1	1
Financial controls	Agency spend	1	2	4	4	2	1	1	1
Overall scoring		**1**	**2**	**3**	**3**	**1**	**1**	**3**	**3**

Statement of the chief executive's responsibilities as the accounting officer of South East Coast Ambulance NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South East Coast Ambulance Service NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South East Coast Ambulance Service NHS foundation trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the 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 the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and

- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS

foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and 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 entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Philip Astle, Chief Executive Officer

Date: 10.06.20

Annual governance statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies,   aims and objectives of South East Coast Ambulance Service NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in South East Coast Ambulance NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors has ultimate responsibility for ensuring that an effective risk management process is in place. The Board recognises that a key factor in driving its priorities is to ensure that effective arrangements are embedded in the organisation's practices and processes, so that they become part of the culture. The Board is therefore committed to ensuring that risk management forms an integral part of its philosophy, practice and planning rather than viewed or practiced as a separate programme and that responsibility for implementation is accepted at all levels of the organisation.

Risk management training is central to the achievement of this aim and I will continue to ensure that staff are provided with education, training and support, appropriate to their role. During this year, e-learning training has been introduced in addition to the on-going bespoke risk management training, to support the culture of risk management across the Trust and provide the tools to enable staff to identify, manage and control risk.

The Risk Management Policy is continually reviewed and has been updated this year to ensure it continues to provide a robust framework for achieving the integration of risk management in the Trust's strategic aims and objectives. The policy makes clear the need for all risks to be reviewed regularly and this is closely monitored. In addition to a risk management monthly report to the Executive Management Board, the Executive are notified each week of all new risks with an initial score of 12 or

more for their scrutiny and review. To further strengthen the risk management culture, a routine review of all Operational Groups remains on-going including a Chairs self-assessment, to identify additional support that may be needed. The Trust has purchased Datix Cloud, which will bring improved functionality to administration of the risk management process and full roll out is planned during 2020/21.

Internal Audit undertakes a review of risk management each year and this year, like last, *reasonable assurance* has been provided. Following its inspection, the Care Quality Commission reported in July 2019 that;

- "The board ensured quality and risk reviews were not undertaken in isolation
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risk registers were used effectively to identify, mitigate and monitor risks.
- All members of the board were well sighted on the organisation risks and the mitigations in place to manage these"

I chair the Executive Management Board, which is responsible for ensuring the appropriate resource is available to manage risk. It oversees the strategic risks, including the risks identified with the Board Assurance Framework, seeking assurance that they are being adequately managed, and to seek assurance that services are being provided safely.

The established Board committee structure takes a risk-based approach, scrutinising assurances that the system of internal control used to achieve objectives is well designed and operating effectively. An independent non-executive director chairs each committee, and when assurance is not received, the committee asks management to respond by setting out the corrective action being taken. This is then monitored.

While I am accountable for the leadership of risk within the Trust, I delegate responsibility to specific executive directors;

The **Executive Director of Nursing & Quality** is the executive lead responsible for ensuring that overall risk and assurance processes are established and implemented, reporting to EMB and Trust Board appropriately.

The **Executive Medical Director** is responsible for providing assurance on all aspects of medical leadership (including the use of medicines) reporting to the EMB and Trust Board appropriately.

The **Executive Director of Finance and Corporate Services** has responsibility for leading the strategic development and implementation of financial risk management (including anti-fraud and bribery), which includes oversight of the Standing Financial Instructions.

The risk and control framework

The Risk Management Policy sets out the framework and process by which the Trust applies control of risk. It describes what is meant by risk management and it defines the roles and responsibilities of staff, including the key accountable officers. The policy sets out the governance arrangements for management and the Board and how these are designed to ensure that risks are being effectively identified, assessed and mitigated. The risk management system of internal control aims to:

- Be embedded in the operation of the organisation and form part of its culture;
- Be capable of responding quickly to evolving risks; and
- Include procedures for reporting and escalating any significant control failings immediately to appropriate levels of management.

Risks are identified via a number of mechanisms and may be both proactive and reactive from a number of sources, for example; analysis of key performance indicators; change control processes; claims, incidents, serious incidents and complaints; risk assessment; information governance toolkit.

Once identified, risks are evaluated collectively by analysis of the cause(s) and source(s) of the risk, their positive and negative consequences and the likelihood that those consequences will occur. Ideally, risk evaluation should be an objective process and wherever possible should draw on independent evidence and valid qualitative data. In order to ensure consistency of risk quantification across the Trust a standardised set of descriptors and scoring matrices is used, based on the National Patient Safety Agency, which at the time was responsible for identifying and reducing risks to patients receiving NHS care and leading on national initiatives to improve patient safety.

Having identified and evaluated the risk, the controls and actions to be implemented are discussed, determined and recorded. Sometimes a decision will be taken to tolerate the risk, otherwise controls and actions are aimed at reducing the risk.

One of the ways we aim to improve our risk culture is to continue encouraging identification and reporting. A multi-disciplinary training programme has been rolled out, targeting key operational managers / leaders. It included risk management, health and safety, duty of candour and incident reporting and investigation. E-Learning has been introduced and is included alongside the basic risk management principles during the induction programme for all new staff. It is available to all staff via the Trusts intranet; The Zone. The training and raising of awareness continue to embed a culture of risk management across the Trust and provide the tools to enable staff to identify, manage and control risk. The number of extreme risks (scored 15 and above) identified on the risk register have reduced during 2019/20 which reflects strengthening of controls together with improved knowledge and understanding of risk score/grade.

I recognise there is more to do to improve and ensure consistency in our approach to risk. However, I take an appropriate level of assurance from the Head of Internal Audit Opinion who for the last two years has confirmed we have maintained a consistent audit opinion of *reasonable assurance.*

The Trust Board monitors progress and risks to the Delivery Plan at each of its meetings and tests the assurances relating to specific improvement plans through its committees. It also assesses the impact on quality and performance through the Integrated Performance Report.

The Trust has an annual programme that includes completion of the Data Security and Protection Tool Kit, annual information governance training for all staff on the risks around data security, and compliance with data protection legislation which includes the appropriate handling of patient and employee identifiable data. In addition to this, the Trust adheres to NHS Digital and CESG best practice guidelines on IT Security for managing user access, providing anti-virus & malware protection, email filtering, web filtering, network firewalls and data backup. These systems are constantly reviewed to ensure data is protected from outside attack. The Trust has recently made significant investments in security hardware and software as well as procuring a new data backup and recovery solution.

The Trust's major risks during 2019/20 included;

- *Workforce* - risk that we won't deliver our planned workforce due to an inability to recruit and retain sufficient numbers of operational staff.

  In response we have:

  o Improved HR processes via the HR transformation programme
  o Recruited over 300 additional operational staff
  o Improved sickness levels and reduced the number of staff leaving the Trust
  o Local recruitment drives

  Going forward we plan to:

  o Complete the HR transformation programme
  o Improve the Trust's recruitment strategy and approach
  o Improve our audit and review of roster planning for all operational staff
  o Increase the clinical capacity within our EOC teams

- *Clinical safety within our Emergency Operations Centers (EOC)* - risk that we won't be able to recruit enough Clinical Supervisors to provide timely clinical call-backs to patients or staff, leading to unnecessary ambulance dispatching and delays on scene

  In response we have:

  o Implemented a clinical safety and performance programme as part of wider EOC improvements

- o Increased recruitment through internal and external routes
- o Identified the exact number of clinicians required to meet demand at both EOCs

  Going forward we plan to:

- o Train more HCP staff in the Manchester Triage System to support our Clinical Supervisors
- o Continue ongoing recruitment efforts to fill vacant Clinical Supervisor posts
- o Identify a recruitment plan going forward
- o Develop a retention plan for existing staff

- **Failure to achieve the Ambulance Response Programme (ARP) standards** - risk that we don't consistently achieve our ARP standards, primarily as a result of insufficient staff and vehicles, which may lead to patient harm

  In response we have:

- o Implemented the Service Transformation and Delivery Programme
- o Identified recruitment and retention strategies within our EOCs and Operating Units
- o Purchased over 100 new ambulances, including Non-Emergency Transport vehicles

  Going forward we plan to:

- o Further improve recruitment and retention of operational and EOC staff
- o Implement the recommendations made in the demand and capacity review

- **Safer Recruitment -** risk that the Trust is not able to always provide evidence of the relevant employment checks, as a result of inadequate internal controls / record keeping, which may lead to sanctions and reputational damage.

  In response we have:

- o Established a project to ensure every personnel file is complete
- o Revised the DBS Policy and introduced better controls
- o Introduced an electronic system which will check driving licenses automatically, three times a year.

  Going forward we plan to:

- o Complete the personnel files project
- o Get every member of staff to upload their driving license on to the e-system.

  In addition, toward the latter part of the year we have managed the risks related to the **COVID-19 Crisis**. I established a COVID Response Management Group that meets daily (7-days a week) to ensure the dynamic nature of this risk is effectively managed. On behalf of the Trust Board, the Quality and Patient Safety Committee meets weekly to review and seek assurance by the decisions that are being taken and the Trust Board holds weekly briefing calls to ensure it is up to date, given the fact pace of change.

On behalf of the Board, the Audit and Risk Committee has overseen the development of our governance and assurance framework. This sets out the totality of the arrangements which support compliance with the NHS foundation trust license condition 4 (FT governance).

Effectiveness of board and committee structures
The Board of Directors has a well-established committee structure. Informed by the assurance purview map, committees scrutinise the systems of internal control and through the monitoring of information tests their impact and how management ensures standards are maintained and improved.

As part of its annual plan the Audit and Risk Committee will test the effectiveness of the framework, including the effectiveness of the other board committees.
Responsibilities of committees and staff reporting to committees
The terms of reference for each committee are reviewed at least annually and during the latter part of the year a joint review of each committee's annual plans was undertaken to ensure better alignment.

Reporting lines and accountabilities
There is a clear distinction between the board (assurance) and executive (management), whereby the management reporting line is through the Executive Management Board and the Board reporting lines through the Board committees.

Save for those matters reserved to the Board, the Board delegates operational decision-making responsibilities to the Chief Executive who in turn delegates to the executive directors. The Chief Executive is therefore ultimately accountable to the Board.

As a foundation trust, we involve members, patients and the public in the development of our services. The Trust's Inclusion Strategy brings equality and diversity work, patient and public involvement and Foundation Trust membership engagement into a single strategy which ensures that our statutory and legislative duties are met.

As set out in the Inclusion Strategy, the Inclusion Hub Advisory Group is a diverse and representative group of members supported by the Trust's Inclusion Manager. It advises the Trust on:

- appropriately involving and engaging with all those with an interest in our services;
- ensuring that patients benefit from the best possible services, developed around their needs; and
- providing relevant opportunities for staff to have meaningful input into service developments.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by

the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with**.**

Review of economy, efficiency and effectiveness of the use of resources

The Board of Directors performs an integral role in maintaining the system of internal control, supported by the work of its committees, internal and external audit and its regulators.

Each cost improvement plan (CIP) scheme is supported by a plan, a quality impact assessment and appropriate metrics. Performance against the plans are monitored by the Executive and the Board of Directors.

The Trust's internal audit service provider is RSM. Annual audit plans are developed and approved by the Audit & Risk Committee at the start of each year taking into account the Trust's objectives and risks, and where management are concerned about the quality of controls.

In accordance with the approved audit plan, a number of reviews were carried out during the year. These helped to identify and/or confirm some weaknesses in the control framework. Management worked with internal audit to develop the actions needed to implement the agreed recommendations, within specified timescales. These were tracked and overseen by the Audit & Risk Committee.

I report to the Audit and Risk Committee at each meeting and during the year have expressed concern about the timeliness of completing some of the management actions.

RSM identified *substantial assurance* following its reviews of both financial planning and CIPs, and financial systems, supporting the assurance in financial performance I have received through the year in which we have met all our targets, including the

control total.

Information governance

The Trust continues to develop its information governance framework to ensure compliance with its legal requirements. To support our Head of Information Governance, we have appointed an Information Governance Manager and plan to extend the portfolio further during 2020 with the allocation and appointment of an Information Governance / Registration Authority Officer.

In May 2019 the ICO conducted a 'mini audit', which was to assess and measure the Trust's compliance with data protection. This confirmed a 'reasonable' level of assurance. In addition to this, Internal Audit also completed the annual review of the Data Security & Protection Toolkit with no significant issues identified.

During the year the Trust reported three separate incidents to the Information Commissioner's Office (ICO), each one related to breaches of confidentiality. In accordance with process, these were appropriately reviewed and graded using the national incident reporting tool and formally recorded though the Data Security & Protection Toolkit. In each instance the Trust issued a formal response to the ICO detailing background, findings and evidence of shared learning. These were formally accepted, and no further regulatory actions were taken.

For internal assurance each breach undertook a thorough internal review. An anonymised breach report was also presented to the Information Governance Working Group.

Data quality and governance
Data Quality refers to the building blocks of data items and the Trust adopts the Audit Commission's description of the six characteristics;

1. **Accuracy** Data should be sufficiently accurate for its intended purpose.
2. **Validity** Data should be used in compliance with relevant requirements including the correct application of rules or definitions
3. **Reliability** Data should reflect stable and consistent data collection processes over time.
4. **Timeliness** Data should be captured as quickly as possible after the event and should be made available to support information needs and to influence service or management decisions.
5. **Relevance** Data captures should be relevant to the purposes for which they are used.
6. **Completeness** Data should be clearly specified based on the information needs of the users.

RSM undertook an audit of Data Quality on Ambulance Quality Indicators (AQI); a set of metrics designed to indicate the quality of service provided by ambulance trusts. The criteria for the reporting of ambulance response time performance are set out by NHS England in the AQIs. The audit focused on Category 2 incidents and findings were made against the six characteristics listed above. The outcome was *reasonable assurance* and, as the majority of calls at SECamb are within Category

2, this provided me with additional assurance relating to data quality.

During 2019/20 quality measures have been focused on improving outcomes and experience for patients. We have made significant progress against each of the four priorities (listed below), which is monitored by the Executive Management Board and by the Quality and Patient Safety Committee, on behalf of the Trust Board.

1. Improving survival from out of hospital cardiac arrest
2. Improving the care of patients with mental illness / disorder
3. Safety within our Emergency Operations Centre
4. Care of patients who fall

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by 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 board, the audit and risk committee and quality committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its committees have a significant role in reviewing the effectiveness of the system of internal control. The processes that have been applied in this regard include;

Board of Directors

The Board receives an update from me at each meeting on any significant issues that affect the Trust, as well as considering progress against the Delivery Plan, and the indicators within the Integrated Performance Report, which covers clinical safety; quality; performance; workforce and finance.

The Board receives a written escalation report from each of its committees after every meeting, noting the extent to which it is assured against the areas under review.

During the year, the Board has acknowledged the amount of work undertaken by management to ensure continual improvement and provided appropriate challenge and support in areas where the Board has not been assured.

The principal concerns from the Board have related to clinical safety; the ability to meet ARP performance/quality indicators; and ensuring more robust HR-related internal control.

Audit & Risk Committee

The Audit & Risk Committee is a standing committee of the Board of Directors. Its membership comprises of independent non-executive directors. It is responsible for overseeing overall risk management, business continuity, information risks, financial risks, governance, internal audit, external audit, local counter fraud and anti-bribery.

The internal audit programme is risk based and generally focused on high-risk areas agreed between Internal Audit, Audit & Risk Committee and the Executive. The Committee has flexibility to ask internal audit to review any urgent issue as they arise. The committee has been pleased to receive so many *substantial* and *reasonable assurance* reviews.

The Committee reviews the risks identified in the Board Assurance Framework (BAF), which includes controls and assurances (and any gaps) plus the mitigating action being taken. This has remained dynamic to reflect the impact of the controls.

Quality & Patient Safety Committee

The Quality & Patient Safety Committee is also a standing committee of the Board of Directors. On behalf of the Board, it tests the design and effectiveness of the system of internal controls that relate to quality and patient safety. The committee has a key function in assessing the cost improvement programme (CIP) against the impact on quality.

During the year, this committee has prioritised the areas to scrutinise and where it has identified weaknesses, it has asked management to provide assurance that corrective action is being taken. The areas the committee has asked for further assurance has included:

- EOC Clinical Safety
- Medical Equipment
- Vehicle Cleanliness
- Complaints – timeliness
- SI investigations – completion of actions
- Internal Safeguarding (DBS checks)
- Delivery of Key Skills

Clinical Audit

The Board lead for Clinical Audit is the Executive Medical Director who ensures sustained focus and attention to detail of clinical audit activity. The 2019/20 Clinical Audit plan includes both national Ambulance Clinical Quality Indicators, which are reported to NHS England and our own internal clinical audit programme.

The Clinical Audit and Quality Sub-Group (CAQSG) meets monthly to support frequent review of risks, approval of and shared learning from clinical outcome indicators, as well as review of the recommendations arising from clinical audit activity. Where required, issues are escalated to the Clinical Governance Group which reports directly to the Executive Management Board.

On behalf of the Board, the Quality & Patient Safety Committee tests the clinical audit plan and receives regular progress updates. The plan has been delivered with greater focus on outcomes. The introduction of ePCR, combined with the Doc-Works system has been a great success for the Trust. There are many features within the ePCR system that drive improved documentation and therefore evidence the achievement of clinical outcome indicators. For example, mandating the completion of fields that fall within the Trust's 'minimum data set' means that a condition code is documented routinely. This increases the sample size for clinical outcome indicators each month. Introduction of the Doc-Works system has reduced the unreconciled incident rate from approximately 10-15% each month, to less than 2%.

Internal Audit

Internal audit provides an independent and objective opinion on the degree to which governance, risk management, and internal control supports the achievement of the Trust's objectives.

Based on the work undertaken in 2019/20 Internal Audit has concluded that there is a generally sound system of internal control, designed to meet the Trust's objectives, and controls are generally being applied consistently. Each review has provided either a substantial or reasonable level of assurance in the areas reviewed.

Substantial Assurance
• Financial Planning and Cost Improvement Planning
• Financial Systems (Accounts Receivable)
Reasonable Assurance
• Fleet and Equipment Maintenance
• Properties – Capital & Maintenance
• Accountability and Performance
• Business Continuity
• Staff Wellbeing, Culture and Freedom to Speak up
• Data Quality (Category 2)
• Board Assurance Framework
• Procurement & Contract Management
• Health & Safety Arrangements, including Fire Safety

As a consequence, the Head of internal audit opinion is

The organisation has an adequate and effective framework for risk management, governance and internal control.

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.
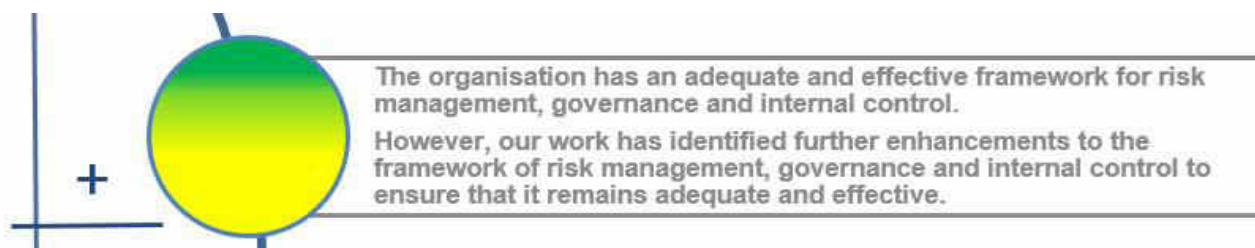
As I have mentioned earlier in this statement, there are some overdue management actions outstanding, and I will ensure these are completed promptly, and will report to the Audit and Risk Committee accordingly.

External Audit

External Audit report to the Trust on the findings from the audit work, in particular their review of the accounts and the Trust's economy, efficiency and effectiveness in its use of resources. During 2019/20 no significant issues were identified

Conclusion

During the year, I have been pleased by the good progress that has been made by the Trust in a range of areas to improve the quality of its services. There have been no significant internal control issues identified.

Philip Astle, Chief Executive Officer

Date: 10.06.20

Statement of Directors' responsibility for the report and accounts

The Board of Directors is responsible for preparing the Annual Report and Accounts. The Directors consider the Annual Report and accounts to be fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust.

2019/20 Annual Accounts

Accounts 31 March 2020

STATEMENT OF CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

The National Health Service Act 2006 (NHS Act 2006) states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South East Coast Ambulance NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South East Coast Ambulance Service NHS Foundation Trust and of its income and expenditure, items of other comprehensive income and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the 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 the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;

- assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and

- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The accounting officer is also responsible for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

10 June 2020
Philip Astle, Chief Executive

FOREWORD TO THE ACCOUNTS OF
SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

The accounts have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.

10 June 2020
Philip Astle, Chief Executive

Independent auditor's report to the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust

Report on the Audit of the Financial Statements

1. Our opinion is unmodified

    We have audited the financial statements of South East Coast Ambulance Service NHS Foundation Trust ("the Trust") for the year ended 31 March 2020, which comprise of Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows and the related notes, including the accounting policies in note one.

    In our opinion:

    -   the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and

    -   the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2020 and the Department of Health and Social Care Group Accounting Manual 2020.

    Basis for opinion

    We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview

Materiality: financial statements as a whole	£4.8m (2018/19: £4.4m) 2% (2019: 2%) of revenue

Risks of material misstatement		vs 2019
Recurring Risks	Valuation of land and buildings	◄ ►
	Expenditure recognition	◄ ►
	Revenue recognition	◄ ►

Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows

	The risk	Our response
Valuation of Land and Buildings	**Subjective valuation:**	Our procedures included:
£35.1m (2019: £35.6m)	Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non- specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property (MEAV).	- **Methodology choice:** We assessed the assumptions applied by management in developing the valuation for the Trust's land and buildings to assess their appropriateness.
Refer to page 10 (Audit Committee Report), page 16 (accounting policy) and page 34 (financial disclosures)		- **Methodology choice**; We considered the revaluation basis and assessed the adequacy of the valuation index and benchmarks used by the Trust.
	There is significant judgement involved in determining the appropriate basis (EUV or MEAV) for each asset according to the degree of specialisation, as well as over the assumptions made in arriving at the valuation, such as the condition of the asset.	- **Test of detail**: We considered the impairment assessment completed by the Trust regarding its land and buildings.
	The Trust's accounting policy requires revaluations of land and buildings to be performed with sufficient regularity, and at a minimum every five years, to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period.	- **Test of detail**: We considered the appropriateness of the accounting treatment applied by the Trust when recognising revaluation movements.
	The Trust holds land assets with a value of £5.93m and buildings with a value of £29.2m as at 31 March 2020.	- **Test of detail**: We considered the appropriateness of the classification of assets groupings and how this impacted on the application of valuation index and benchmarks used by the Trust.
	The last full revaluation took place as at 31 March 2017. The Trust has performed its own desktop review for the year ended 31 March 2020 taking into account published indices and movements over the period since the last full revaluation as well as known changes to the estates through additions, disposals and capital improvement works.	**Our findings**
	Valuations are inherently judgmental therefore our work focused on whether the Trust's methodology and assumptions were appropriate and correctly applied.	We found the resulting valuation of land and buildings to be balanced. This is consistent with our prior year findings.

Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust

	The risk	Our response

Recognition of non-pay operating expenditure and accruals

£250.1m (2019: £245.7m)

Refer to page 11 (Audit Committee Report), page 15 (accounting policy) and page 27 (financial disclosures)

Effects of Irregularities

As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition is considered as significant a risk as that of the fraud related to revenue recognition. There is a risk that the Trust may manipulate expenditure to meet externally set targets and we had regard to this when planning and performing our audit procedures.

Expenditure with NHS England and other NHS organisations is captured through the (AoB) exercise performed at the year end which confirms amounts paid and owed. Mismatches in expenditure and payables are identified by the Trust and its counterparties that require review and resolution. Mismatches that cannot be resolved may result in an adjustment or may be formally disputed.

This risk does not apply to all expenditure in the period. The incentives for fraudulent expenditure recognition relate to achieving financial targets and the key risks relate to the appropriate recognition of creditors and accrued non-pay expenditure at year-end.

Our procedures included:

- **Test of controls**: We tested controls over segregation of duties between those responsible for monitoring budgets and those responsible for preparing the financial statements;

- **Tests of detail**: We inspected sample of expenditure in the February to June 2020 bank statements to agree these had been accounted for correctly;

- **Tests of detail**: We considered year-end processes to assess that expenditure has been reflected in the correct period;

- **Tests of detail**: We agreed a sample of accrual balances to supporting documentation and post year- end cash payments to agree the correct treatment as a accrual at year-end;

- **Tests of detail**: We reviewed the minutes of the Remuneration Committee (a subcommittee of the Board) and confirmed that senior staff are not remunerated based upon financial or operational results;

- **Tests of detail**: We inspected confirmations of balances provided by the Department of Health as part of the Agreement of Balances (AoB) exercise and compared the relevant payables recorded in the Trust's financial statements to the receivables balances recorded within the accounts of commissioners or other providers. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising expenditure to commissioners or other providers.

Our findings

We found the resulting estimates made by the Trust in relation to non-pay operating expenditure and accruals to be balanced. This is consistent with our prior year findings.

Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust

	The risk	Our response
		Our procedures included:

Revenue recognition

Revenue from patient activity - £46.7m (2019: £226m)

Refer to page 12 (Audit Committee Report), page 14 (accounting policy) and page 26 (financial disclosures)

Effects of Irregularities

The main source of income for the Trust is the provision of health care services to the public under contracts with NHS commissioners which make up 98% of income from activities (2019: £96%)

Income from NHS England and commissioners (CCGs) is captured through the (AoB) exercise performed at the year end which confirms amounts received and owed. Mismatches in income and receivables are identified by the Trust and its counterparties that require review and resolution. Mismatches that cannot be resolved may result in an adjustment or may be formally disputed.

In 2019/20 the Trust secured £1.8m of Provider Sustainability Funding (PSF) for achieving financial performance targets. In addition the Trust reported total other income of £3.9m (2019: £3.9m).

We do not consider income to be at high risk of significant misstatement, or to be subject to significant judgement. However due to its materiality in the context of the financial statements, reported financial performance and as a whole both NHS and non-NHS income is considered to be one of the areas that has the greatest effect on our overall audit strategy and where we have allocated resources in planning and completing our audit.

Tests of detail:

- We agreed a sample of the NHS income recorded in the financial statements to the signed contracts in place with key commissioners;

- We agreed a sample of invoices to confirm they had been issued in line with the two lead commissioner contracts signed with key commissioners in relation to 999 and 111 services which accounted for 96% of NHS income;

- We obtained third party confirmations from commissioners through the AoB exercise and compared the values they are disclosing within their financial statements to the value of income and receivables captured in these financial statements;

- We sample tested non-NHS income by agreeing to invoices and subsequent receipt of funds;

We agreed receivables to post year-end cash receipts, supporting invoices and other documentation. This included testing the assumptions made by the Trust in respect of income due that was based on meeting agreed performance targets or KPIs with commissioners and ensuring any fines or deductions have been taken into account;

We confirmed that the approach to impairing receivables was in line with the Trust's accounting policies, and that the Trust's judgement for the level of provision is appropriate; and

We reviewed the Trust's calculation of performance against the financial and operational targets used in determining receipt of PSF to determine the amount the Trust qualified to receive.

Our findings

We found the resulting income recognition made by the Trust in relation to NHS and Non-NHS income to be balanced. This is consistent with our prior year findings.

Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £4.8m (2019: £4.4 m), determined with reference to a benchmark of revenue (of which it represents approximately 2%) {2019: £2%). We consider revenue to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.24m (2019:£0.22m), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's headquarters in Gatwick.
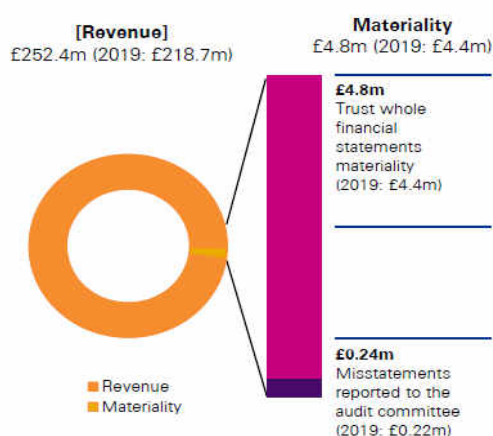
4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note [X] to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
— the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2020 is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust

6. Respective Responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page [A], the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the 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 they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

Auditor's responsibilities

Our 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 our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of South East Coast Ambulance Service NHS Foundation Trust for the year ended 31 March 2020 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Fleur Nieboer
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
15 Canada Square, Canary Wharf, London E14 5GL
24 June 2020

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2020

	NOTE	Year ended 31 March 2020 £000	Year ended 31 March 2019 £000
Operating income			
Operating income from patient care activities	5	**246,716**	219,995
Other operating income	5.1	**5,681**	8,375
Operating expenses	8	**(250,769)**	(226,060)
Operating surplus		**1,628**	2,310
Finance costs:			
Finance income	13	**182**	154
Finance costs	14	**(88)**	(114)
Public dividend capital dividends payable		**(1,161)**	(997)
Surplus for the financial period		**561**	1,353
(Losses)/gains of disposal of non-current assets		**(287)**	1,035
Retained surplus for the period		**274**	2,388
Other comprehensive income			
Impairments and reversals	15	**0**	0
Gains on revaluations	15	**0**	0
Total comprehensive income for the period		**274**	2,388

The notes on pages 13 to 50 form part of these accounts.

Reported NHS financial performance position

Retained surplus for the year		**274**	2,388
Reported NHS financial performance position		**274**	2,388

STATEMENT OF FINANCIAL POSITION AS AT
31 March 2020

	NOTE	**31 March 2020**	31 March 2019
		£000	£000
Non-current assets			
Property, plant and equipment	15	**64,721**	63,259
Intangible assets	16	**2,710**	2,200
Total non-current assets		**67,431**	65,459
Current assets			
Inventories	19	**1,689**	1,795
Trade and other receivables	20	**9,091**	11,332
Non-current assets held for sale	22	**1,254**	1,241
Cash and cash equivalents	21	**28,326**	24,154
Total current assets		**40,360**	38,522
Total assets		**107,791**	103,981
Current liabilities			
Trade and other payables	23	**(24,180)**	(27,573)
Other liabilities	23	**(164)**	(48)
Borrowings	24	**(85)**	(214)
Provisions	26	**(8,084)**	(6,456)
Total current liabilities		**(32,513)**	(34,291)
Net current assets/(liabilities)		**7,847**	4,231
Total assets less current liabilities		**75,278**	69,690
Non-current liabilities			
Borrowings	24	**(1,427)**	(1,513)
Provisions	26	**(7,838)**	(7,229)
Total non-current liabilities		**(9,265)**	(8,742)
Total assets employed		**66,013**	60,948
Financed by taxpayers' equity:			
Public dividend capital		**85,040**	80,249
Income and expenditure reserve		**(21,578)**	(22,268)
Revaluation reserve		**2,551**	2,967
Total taxpayers' equity		**66,013**	60,948

The financial statements on pages 9 to 50 were approved by the Board on 10 June 2020 and signed on its behalf by:

Signed: ………………………………(Chief Executive)   Date: 10 June 2020

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED

	31 March 2020				31 March 2019			
	Public dividend capital (PDC)	Income and Expenditure Reserve	Revaluation reserve	Total	Public dividend capital (PDC)	Income and Expenditure Reserve	Revaluation reserve	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Balance at 1 April	80,249	(22,268)	2,967	60,948	80,249	(24,978)	3,289	58,560
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	416	(416)	0	0	83	(83)	0
(Deficit)/surplus for the year	0	274	0	274	0	2,388	0	2,388
Transfer to retained earnings on disposal of assets	0	0	0	0	0	239	(239)	0
Public Dividend Capital received	4,791	0	0	4,791	0	0	0	0
Balance at 31 March	**85,040**	**(21,578)**	**2,551**	**66,013**	80,249	(22,268)	2,967	60,948

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2020

	NOTE	Year ended 31 March 2020 £000	Year ended 31 March 2019 £000
Cash flows from operating activities			
Operating surplus		**1,628**	2,310
Depreciation and amortisation	8,15,16	**12,071**	8,546
Impairments and reversals	17	**58**	39
(Increase)/decrease in inventories	19.1	**106**	(19)
(Increase)/decrease in trade and other receivables	20.1	**2,062**	693
Increase/(decrease) in trade and other payables	23	**(3,576)**	2,517
Increase/(decrease) in other current liabilities	23.1	**116**	26
Increase/(decrease) in provisions	26	**2,224**	260
Other movements in operating cash flows		**0**	0
Net cash inflow/(outflow) from operating activities		**14,689**	14,372
Cash flows from investing activities			
Interest received	13	**182**	154
Purchase of property, plant and equipment		**(13,864)**	(13,936)
Sales of plant, property and equipment		**31**	2,465
Purchase of intangible assets		**(599)**	(336)
Net cash inflow/(outflow) from investing activities		**(14,250)**	(11,653)
Net cash inflow/(outflow) before financing		**439**	2,719
Cash flows from financing activities			
Public dividend capital received		**4,791**	0
PDC dividend paid	1.25	**(982)**	(1,095)
Loans (repaid)/received	24	**0**	0
Interest paid on finance lease liabilities	14	**(73)**	(107)
Interest paid	14	**(2)**	(2)
Movement on other loans		**(9)**	(8)
Capital element of finance lease rental payments		**(206)**	(205)
Cash flows from (used in) other financing activities		**214**	(40)
Net cash inflow/(outflow) from financing activities		**3,733**	(1,457)
Net increase/(decrease) in cash and cash equivalents		**4,172**	1,262
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		**24,154**	22,892
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	**28,326**	24,154

NOTES TO THE ACCOUNTS

1.   Accounting policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

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 financial liabilities.

The following standards have been issued by the IASB but have not yet been adopted by the Foundation Trust Annual Reporting Manual:
• IFRS 14 "Regulatory Deferral Accounts": not yet EU endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DH group bodies.
• IFRS 16 "Leases": Standard is effective at 1 April 2021 per the FReM.
• IFRS 17 "Insurance Contracts": Application required for accounting periods beginning on or after the 1 January 2023 but not yet adopted by FReM: early adoption is not therefore permitted.

The DH Group Accounting Manual does not require these standards to be applied in 2019-20.

Going Concern
These accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

On 2 April, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year as a result of the Covid-19 epidemic. This has resulted in the switch to block contract income for the first four months of the year with the remainder of the year still to be determined. The Trust will undertake a reforecast of its 20/21 financial plan and would have a reasonable expectation that adequate resources will be available to continue in operational existence for the foreseeable future.

1.1   Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision only affects that period, or in the period of revision and future periods if the revision affects both current and future periods.

1.2   Critical judgments in applying accounting policies

The following are the critical judgements, apart from those involving estimates, that management has made in the process of applying the Trust's accounting policies and which have the most significant effect on the amounts recognised in the financial statements.

Charitable Funds - see Note 1.4 Non-consolidation below
NHS 111 - see Note 1.27 Joint Operations below

Notes to the Accounts - 1. Accounting policies (continued)

1.3   Key sources of estimation uncertainty

The following are the key sources of estimation uncertainty which may cause a material adjustment to assets and liabilities in the next financial year.

Asset Valuations

All land and buildings are revalued to fair value. Details of these revaluations are shown in Note 1.9.

The reported amounts for depreciation of property, plant and equipment and amortisation of non-current intangible assets can be materially affected by the judgements exercised in determining their estimated economic lives. Details of economic lives and carrying values of assets can be found in notes 15 and 16. It is impractical to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period.

Provisions

Provisions are made for liabilities that are uncertain in amount. The costs and timings of cash flows relating to these liabilities are based on management estimates supported by external advisors. Details of this can be found in note 1.16; the carrying values of provisions are shown in note 26.

1.4   Non-consolidation

Charitable Funds

The Trust is the corporate trustee of the linked charity, the South East Coast Ambulance Service Charitable Fund. The Trust has assessed its relationship under IFRS 10 and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund. However the charitable fund's transactions are immaterial in the context of the group and therefore transactions have not been consolidated. Details of the transactions with the charity are included in the related party transactions note.

1.5   Revenue
Revenue from contracts with customers
Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

This contract activity for the Trust is almost entirely attributable to covering specific events or training and are all subject to standard NHS payment terms of 15 days.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.
To the extent that commissioners challenge the contract/invoice and the Trust considers that this is likely to be upheld the relevant portion of income will be derecognised.

Notes to the Accounts - 1. Accounting policies (continued)

1.5   Revenue (continued)
Revenue grants and other contributions to expenditure
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.6   Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from the employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

1.7   Pension costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

The scheme is subject to a full actuarial valuation every four years and accounting valuation every year.

1.8   Expenditure on other goods and services

Expenditure on goods and services is recognised when and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses, except where it results in the creation of a non-current asset such as property, plant and equipment.

Notes to the Accounts - 1. Accounting policies (continued)

1.9   Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:
● 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
● collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, 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 unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are subsequently measured at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the current value at the date of revaluation, less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

● Land and buildings – market value for existing use

● Leasehold improvements - depreciated replacement cost

● Assets held for sale - lower of carrying amount and current value less costs to sell

It is Trust accounting policy to re-value its owned land and buildings at least every five years. The land and buildings were last re-valued by the District Valuer as at 31 March 2015. The Trust considered it appropriate to commission a further revaluation exercise from Montagu Evans as at 31 March 2017 to confirm that the estate is correctly valued. Montagu Evans advised that the Existing Use Value (EUV) method of valuation is more appropriate to this Trust than the Depreciated Replacement Cost method previously in use on the basis that EUV applies to non-specialised assets that are owner occupied. These form the majority of the Trust's assets. Land and buildings owned by the Trust were therefore revalued on this basis. For the year ended 31 March 2020 a desktop review was carried out to review the valuation of these owned buildings and management deemed that no adjustment was required.

Notes to the Accounts - 1. Accounting policies (continued)

1.9   Property, plant and equipment (continued)

Measurement continued

In making these judgements, the trust is aware that the Royal Institute of Chartered Surveyors (RICS) has issued a valuation practice notice which gives guidance to valuers where a valuer declares a materiality uncertainty attached to a valuation in light of the impact of COVID-19 on markets. As explained above, the Trust has not obtained a valuation report for 2019/20 but it should be noted that there may now be greater uncertainty in markets on which the valuation obtained in 2017 and reflected in these financial statements is based. Given the judgements explained above in preparing these 2019/20 financial statements, the Trust has not deviated from its existing accounting policy by obtaining additional valuation to which a material uncertainty might be attached.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition set out above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

1.10   Intangible assets

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. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust, and where the cost of the asset can be measured reliably and is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.10 Intangible assets (continued)

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

1.11 Donated assets

Donated property, plant and equipment are capitalised at their fair value on receipt. The donation is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the donation are to be consumed in a manner specified by the donor, in which case the donation is deferred within liabilities and is carried forward to future financial years to the extent the condition has not yet been met.

The donated assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.12 Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and 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. 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. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

In accordance with the Group Accounting Manual impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of other impairments are treated as revaluation gains.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.13   De-recognition

Assets intended for disposal are classified as 'Held for Sale' once all of the following criteria are met:
● the asset is available for immediate sale in its present condition, subject only to terms which are usual and customary for such sales;
● the sale must be highly probable i.e.
       a) management are committed to a plan to sell the asset;
       b) an active programme has begun to find a buyer and complete the sale;
       c) the asset is being actively marketed at a reasonable price;

       d) the sale is expected to be completed within 12 months of the date of the classification as 'Held for Sale';

        and

       e) the actions needed to complete the planned sale indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell", after which depreciation ceases to be charged. Assets are derecognised when all material sale contract conditions are met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale', and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.14   Leases

Finance leases
Where substantially all the risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded.

All other leases are classified as operating leases.

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, discounted using the interest rate implicit in the lease, with a matching liability for the lease obligation to the lessor. The assets and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.15   Inventory

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First in First Out (FIFO) method.

1.16   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.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part ofthe Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.17   Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury for general provisions except for early retirement and injury benefit provisions which both use the HM Treasury's post employment benefit discount of minus 0.5% (2018-19: 0.29%) in real terms.

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.

1.18   Clinical negligence costs

NHS Resolution (NHSR) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSR which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSR is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSR on behalf of the Trust is disclosed at Note 26 (Provisions) but is not recognised in the Trust's accounts.

1.19   Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the cost of claims arising. The annual membership contributions and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.20   Contingencies

A contingent liability 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 not recognised in the Trust accounts but is disclosed in Note 27.1 (Contingent liabilities) unless the possibility of a transfer of economic benefit is remote.

1.21   Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.22   Corporation tax

The Trust has determined that it has no Corporation Tax liability as its commercial activities are not significant and any profits derived from such activity are utilised for patient care.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.23   Foreign currency

The functional and presentational currency of the Trust is sterling. The Trust has no material transactions or assets and liabilities denominated in a foreign currency.

1.24   Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from the contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements are recognised when, and to the extent that, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets and financial liabilities are initially recognised at fair value, net of transaction costs.

Financial assets are classified as loans and receivables. Financial liabilities are classified as other financial liabilities. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and other receivables. After initial recognition at fair value, net of transaction costs, they are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, where appropriate, a shorter period, to the net carrying amount of the financial asset.

Notes to the Accounts - 1. Accounting policies (Continued)

1.24 Financial assets and financial liabilities (Continued)

Impairment of financial assets

At the end of the reporting period, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Other financial liabilities

The Trust's other financial liabilities comprise: payables, finance lease obligations and provisions under contract. After initial recognition, at fair value, net of transaction costs, they are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, where appropriate, a shorter period, to the net carrying amount of the financial liability.

Other financial liabilities are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current liabilities.

Interest on other financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

1.25 Public Dividend Capital (PDC) and PDC dividend

PDC is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as PDC dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.26 Losses and special payments

Losses and special payments are items that Parliament 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 NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note (Note 31) is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provision for future losses.

1.27 Joint operations - Accounting for the NHS 111 service

The NHS 111 service is a national telephone service whose aim is to make it easier for the public to access healthcare services when urgent medical help is required but not in life-threatening, emergency situations. From March 2013 to 26 March 2019, the Trust had provided the 111 service in Kent, Surrey and Sussex working in partnership with an independent provider of urgent care services in England, the Care UK Group.

The Trust held the head contract to provide the service but the contractual arrangement between the Trust and the Care UK Group is such that the service was subject to joint control. Strategic, financial and operating decisions relating to the service required the consent of both parties.

Both parties used their own property, plant and equipment and carried their own inventories. In addition, both parties incurred their own expenses and liabilities and raised their own finance, which represented their own obligations. In addition the Care UK Group provided the Trust with a Managed IT service via Amicus, which is also part of the Care UK Group.

The activities of the service were undertaken by the Trust's employees alongside the Trust's similar activities of patient services. The Trust included within its financial statements its share of the assets, liabilities and expenses. No separate joint entity exists.

Therefore under International Accounting Standard IFRS 11, the contractual arrangement for the NHS 111 service was a joint operation. IFRS 11 recognises two forms of Joint Arrangements, namely Joint Operations and Joint Ventures. The Trust's arrangement falls under the definition of a Joint Operation as no separate entity existed and both parties were responsible and accounted for their own assets.

From the 26 March 2019 the Trust ceased this partnership with Care UK and also ceased to provide 111 services in Surrey. Thus, the expenditure related to Care UK's charge is only included in the 2018-19 expenditure caption for "Purchase of Healthcare from non NHS bodies" in note 8 to these accounts.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.28 Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has commissioned to use a module of its Fixed asset Register system to maintain a database of right of use assets to ensure the appropriate accounting entries are booked in line with IFRS 16.

The trust has estimated the impact of applying IFRS 16 in 2021/22 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2021 statement of financial position	
Additional right of use assets recognised for existing operating leases	38,100
Additional lease obligations recognised for existing operating leases	(38,100)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2021	-

	£000
Estimated in-year impact in 2021/22	
Additional depreciation on right of use assets	(7,392)
Additional finance costs on lease liabilities	(408)
Lease rentals no longer charged to operating expenditure	8,003
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2021/22	203

Estimated increase in capital additions for new leases commencing in 2021/22	13,445

2. Pooled budget

The Trust has no pooled budget arrangements.

3. Operating segments

The segments identified and reported are Patient Services and Commercial Activities. Commercial Activities are external training, private ambulance services and third party fleet maintenance that are offered by the Trust. All other actives are reported under Patient Services (including Clinical Commissioning Group revenue).

	Patient Services		Commercial Activities		Total	
	2019-20 **£000**	2018-19 £000	**2019-20** **£000**	2018-19 £000	**2019-20** **£000**	2018-19 £000
Income	**252,196**	228,181	**201**	189	**252,397**	228,370
Surplus/(deficit) before interest	**1,541**	2,253	**87**	57	**1,628**	2,310

4. Income generation activities

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. The following provides details of income generation activities where the full cost did not exceed £1m or was otherwise material.

	2019-20 £000	2018-19 £000
Income	201	189
Full cost	(114)	(132)
Surplus/(deficit)	87	57

5. Revenue from patient care activities

	2019-20 £000	2018-19 £000
NHS Trusts	4	(1)
NHS England	9,108	808
Clinical Commissioning Groups	236,205 *	214,064
Foundation Trusts	323	(17)
Local Authorities	13	0
Department of Health	-	3,639
NHS other	206	248
Income generation	201	189
Non-NHS:		
Injury costs recovery	565	638
Other	91	427
	246,716	219,995

* Included in the Revenue from Clinical Commissioning Groups of £236,205k (2018-19: £214,064k) is £13,405k (2018-19: £13,064k) relating to the NHS 111 service, the contract for which is in the Trust's name. Included in the prior year figure is income attributable to the Trust's joint venture partner for that year, Care UK Group, of £6,487k that is shown under "Purchase of Healthcare from non NHS bodies" see note 8.

5.1 Other operating revenue

	2019-20 £000	2018-19 £000
Education, training and research	3,669	2,762
Charitable and other contributions to expenditure	-	-
Sustainability and transformation fund (STF)	1,768	4,432
Non-patient care services to other bodies	1	1
Other revenue	243	1,100
Secondment income	-	80
	5,681	8,375

6   Revenue by classification

	2019-20 £000	2018-19 £000
A & E income	223,555	200,636
Other NHS clinical income	-	(50)
AfC pay award central funding	-	3,533
Private patient income	-	0
Other non-protected clinical income	15,992	15,876
Additional pension contribution central funding	7,169	0
Other operating income	5,681	8,375
	252,397	228,370

Of total revenue from patient care activities, £237,151k (2018-19: £214,961k) is from Commissioner Requested Services and £15,246k (2018-19: £13,409k) is from non-Commissioner Requested Services which includes the additional NHS pension contribution funding for the current year.

7. Revenue

Revenue is almost totally from the supply of services. Revenue from the sale of goods is immaterial.

8. Operating expenses	2019-20 £000	2018-19 £000
Purchase of healthcare from non NHS bodies	12,598	16,898
Employee Expenses - Non-executive Directors	168	162
Employee Expenses - Staff	173,663	146,508
Drug costs	1,059	1,456
Supplies and services - clinical (excluding drug costs)	5,011	5,516
Supplies and services - general	3,261	3,812
Establishment	4,300	5,290
Research and development	0	2
Transport	16,763	15,899
Premises	11,281	13,837
Increase/(decrease) in bad debt provision	128	197
Increase in other provisions	3,319	820
Depreciation on property, plant and equipment	11,411	8,223
Amortisation on intangible assets	660	323
Impairments/(reversals) of property, plant and equipment	58	39
Audit fees :		
Audit services - statutory audit*	56	62
Other Services audit assurance related services	7	8
Other auditors remuneration	0	0
Internal audit services	114	149
Other services	310	230
Clinical negligence	1,265	1,824
Legal fees	257	580
Consultancy costs	25	810
Training, courses and conferences	3,586	2,726
Insurance	322	94
Redundancy	266	192
Losses, ex gratia & special payments	725	635
Car parking and security	137	88
Other	19	(320)
TOTAL	250,769	226,060

* In 2019/20 audit fees for statutory audit and audit related assurance services (Quality Accounts), excluding VAT, were £47k and £6k respectively (2018-19 £52k and £6k).

9. Operating leases

9.1 As lessee

Operating leases relate to the leasing of land and buildings, vehicles and other minor operating items. There are no contingent rents, terms of renewal of purchase options or escalation clauses and there are no specific restrictions imposed by the lease arrangements.

Payments recognised as an expense	2019-20 £000	2018-19 £000
Minimum lease payments	2,847	3,188
	2,847	3,188

Total future minimum lease payments	2019-20 Total £000	2018-19 Total £000
Payable:		
Not later than one year	5,170	3,233
Between one and five years	15,843	10,629
After five years	11,395	15,495
Total	32,408	29,357

Total future sublease payments expected to be received: £nil (2018-19: £nil)

10. Employee costs and numbers

10.1 Employee costs

		2019-20			2018-19	
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	£000	**£000**	**£000**	£000	£000	£000
Salaries and wages	**135,359**	**135,058**	**301**	119,231	118,737	494
Social security costs	**13,605**	**13,605**	**0**	11,880	11,880	0
Employer contributions to NHS pension scheme	**16,424**	**16,424**	**0**	14,102	14,102	0
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**7,169**	**7,169**	**0**	0	0	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	**(257)**	**(257)**	**0**	(349)	(349)	0
Costs capitalised as part of assets	**566**	**201**	**365**	431	119	312
Agency staff	**3,792**	**0**	**3,792**	3,882	0	3,882
Employee benefits expense	**176,658**	**172,200**	**4,458**	149,177	144,489	4,688

10.2 Average number of people employed

		2019-20			2018-19 *	
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	Number	**Number**	**Number**	Number	Number	Number
Ambulance staff	**3,207**	**3,159**	**48**	3,040	2,988	52
Administration and estates	**933**	**869**	**64**	818	751	67
Healthcare assistants and other support staff	**9**	**9**	**0**	11	11	0
Total	**4,149**	**4,037**	**112**	3,869	3,750	119

Of the above:
Number of whole time equivalent staff engaged on capital projects

4		1

* The prior year comparatives have been restated to reflect the correct average split by category.

10.3 Staff sickness absence

	2019-20	2018-19
	Number	Number
Total days lost	**n/a**	35,462
Total staff years	**n/a**	3,176
Average working days lost	**n/a**	11.2

For 2019/20 staff sickness absence data is not required by the FT ARM or DHSC GAM to be disclosed. Please use the link below to access this data.
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

During 2019-20 there were 3 (2018-19: nil) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £87k (2018-19: £nil) to the NHS Pension Scheme.

10.5 Staff exit packages

There were 34 exit packages paid in 2019-20 (2018-19: 16) at a total cost of £527k (2018-19: £192k)

	2019-20				2018-19	
			Total number			**Total number of**
		Number of	**of exit**		Number of	exit packages by
	Number of	**other**	**packages by**	Number of	other	cost band
Exit package cost band (including any	**compulsory**	**departures**	**cost band**	compulsory	departures	
special payment element)	**redundancies**	**agreed**		redundancies	agreed	
	Number	**Number**	**Number**	Number	Number	Number
Less than £10,000	24	0	24	9	0	9
£10,001-£25,000	5	0	5	5	0	5
£25,001-£50,000	2	0	2	1	0	1
£50,001-£100,000	1	0	1	1	0	1
£100,001 - £150,000	1	0	1	0	0	0
£150,001 - £200,000	1	0	1	0	0	0
Total number of exit packages by type	34	0	34	16	0	16
Total resource cost (£000)	527	0	527	192	0	192

10.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2019-20 (2018-19: nil) at a cost of £nil (2018-19: £nil) as shown below:

	2019-20		2018-19	
	Payments	**Total value of**	Payments	Total value of
	Agreed	**agreements**	Agreed	agreements
Exit packages: other (non-compulsory) departure payments	**Number**	**£000**	Number	£000
Voluntary redundancies including early retirement contractual	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval *	0	0	0	0
Total	0	0	0	0

of which:
non-contractual payments made to individuals where the payment
value was more than 12 months of their annual salary

| | 0 | 0 | 0 | 0 |

* Includes any non-contractual severance payment made following judicial mediation, and none
    relating to non-contractual payments in lieu of notice.

10.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

(a) Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

(b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

11 Directors' remuneration

The aggregate amounts payable to directors were:

	2019-20 £000	2018-19 £000
Salary	**1,073**	921
Taxable benefits	**53**	46
Employer's pension contributions	**71**	101
Total	**1,197**	1,068

Further details of directors' remuneration can be found in the remuneration report.

12. Better Payment Practice Code

12.1 Better Payment Practice Code - measure of compliance	2019-20		2018-19	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the period	**22,554**	**78,870**	20,503	82,580
Total Non-NHS trade invoices paid within target	**21,526**	**75,806**	19,060	77,121
Percentage of Non-NHS trade invoices paid within target	**95%**	**96%**	93%	93%
Total NHS trade invoices paid in the period	**399**	**2,533**	333	1,639
Total NHS trade invoices paid within target	**346**	**1,979**	261	1,364
Percentage of NHS trade invoices paid within target	**87%**	**78%**	78%	83%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice.

The 2019-20 Better Payment Practice Code percentages are above the target (95%) for the full year as a result of the improved promptness of creditor payments. To this end the total figures for March 2020 exceeded the 95% target and this improvement will remian a focus during the new financial year.

12.2 Late Payment of Commercial Debts (Interest) Act 1998

There were no material payments made as a result of late payment of Commercial Debts (2018-19: £nil)

13. Finance income	2019-20 £000	2018-19 £000
Interest revenue:		
Bank accounts	**182**	154
Total	**182**	154

14. Finance costs	2019-20 £000	2018-19 £000
Interest on loans and overdrafts	**0**	0
Interest on obligations under finance leases	**73**	107
Unwinding of discount	**13**	5
Other	**2**	2
Total interest expense	**88**	114

15. Property, plant and equipment

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
2019-20								
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	5,928	32,491	9,401	10,653	50,892	12,427	338	122,130
Transfers by absorption	0	0	0	0	0	0	0	0
Additions purchased	0	0	14,047	0	0	0	0	14,047
Additions leased	0	0	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	1,455	(14,807)	899	8,550	3,332	0	(571)
Revaluations	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	(3,222)	0	0	(3,222)
Disposals	0	0	(214)	0	(3,050)	(5,900)	0	(9,164)
At 31 March 2020	5,928	33,946	8,427	11,552	53,170	9,859	338	123,220
Depreciation at 1 April 2019	0	2,829	0	9,235	37,498	8,971	338	58,871
Provided during the year	0	1,909	0	888	6,941	1,673	0	11,411
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	(3,151)	0	0	(3,151)
Disposals	0	0	0	0	(3,045)	(5,587)	0	(8,632)
Depreciation at 31 March 2020	0	4,738	0	10,123	38,243	5,057	338	58,499
Net book value								
Purchased	5,788	27,592	8,427	1,429	14,584	4,802	0	62,622
Donated	140	265	0	0	69	0	0	474
Finance leased	0	1,351	0	0	274	0	0	1,625
Total at 31 March 2020	5,928	29,208	8,427	1,429	14,927	4,802	0	64,721
Asset financing								
Owned	5,928	27,857	8,427	1,429	14,653	4,802	0	63,096
Finance leased	0	1,351	0	0	274	0	0	1,625
Total 31 March 2020	5,928	29,208	8,427	1,429	14,927	4,802	0	64,721

15. Property, plant and equipment (cont.)

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
2018-19								
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	5,999	31,174	5,025	12,682	50,767	11,456	338	117,441
Transfers by absorption	0	0	0	0	0	0	0	0
Additions purchased	0	0	12,700	0	0	0	0	12,700
Additions leased	0	194	2	0	0	0	0	196
Assets purchased from cash donations	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	1,301	(8,325)	79	4,646	1,341	0	(958)
Revaluations	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	(71)	(178)	(1)	(2,108)	(4,521)	(370)	0	(7,249)
At 31 March 2019	5,928	32,491	9,401	10,653	50,892	12,427	338	122,130
Depreciation at 1 April 2018	0	1,843	0	10,334	36,697	8,309	338	57,521
Provided during the year	0	995	0	1,009	5,187	1,032	0	8,223
Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	(9)	0	(2,108)	(4,386)	(370)	0	(6,873)
Depreciation at 31 March 2019	0	2,829	0	9,235	37,498	8,971	338	58,871
Net book value								
Purchased	5,788	27,997	9,401	1,418	12,775	3,456	0	60,835
Donated	140	252	0	0	93	0	0	485
Finance leased	0	1,413	0	0	526	0	0	1,939
Total at 31 March 2019	5,928	29,662	9,401	1,418	13,394	3,456	0	63,259
Asset financing								
Owned	5,928	28,249	9,401	1,418	12,868	3,456	0	61,320
Finance leased	0	1,413	0	0	526	0	0	1,939
Total 31 March 2019	5,928	29,662	9,401	1,418	13,394	3,456	0	63,259

15. Property, plant and equipment (cont.)

There were no assets donated in the year.

All land and buildings were valued by Montagu Evans as at 31 March 2017 to reflect their Existing Use Value (EUV) method of valuation. The Trust has reviewed an indexation factor in 2020 to assess the impact of estimated current market value by using the Investment Property Databank (IPD) sector All Property Industrial Index for all buildings. The Trust has deemed that no adjustment is required.

Further to the valuation exercise in 2017 Montagu Evans have undertaken a review of existing freehold buildings and their estimated remaining useful lives. The impact of which has been to extend the lives of certain assets to beyond the previously stated maximum life of 50 years to some buildings being depreciated by up to 75 years.

All other non-current assets are capitalised at historic cost depreciated over their remaining useful lives on a straight line basis.

The Trust uses depreciated historical cost as a fair value proxy in respect of assets with short useful lives and low values, namely plant and machinery, transport equipment, Information Technology and furniture & fittings.

The economic lives of fixed assets range from:	Min Life Years	Max Life Years
Buildings excluding dwellings	3	75
Plant & Machinery	5	7
Transport & Equipment	3	7
Information Technology	1	5
Furniture & Fittings	10	10

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16. Intangible assets

2019-20	Computer software - purchased £000	Computer software (internally generated) £000	Licences and trademarks £000	Patents £000	Development expenditure (internally generated) £000	Total £000
Gross cost at 1 April 2019	4,867	0	0	0	0	4,867
Additions purchased	599	0	0	0	0	599
Additions donated	0	0	0	0	0	0
Reclassifications	571	0	0	0	0	571
Revaluation / indexation	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0
Reversals of impairments	0	0	0	0	0	0
Disposals	(2,139)	0	0	0	0	(2,139)
Gross cost at 31 March 2020	3,898	0	0	0	0	3,898
Amortisation at 1 April 2019	2,667	0	0	0	0	2,667
Reclassifications	0	0	0	0	0	0
Reclassifications as held for sale	0	0	0	0	0	0
Disposals	(2,139)	0	0	0	0	(2,139)
Revaluation	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Charged during the year	660	0	0	0	0	660
Amortisation at 31 March 2020	1,188	0	0	0	0	1,188
Net book value						
Purchased	2,710	0	0	0	0	2,710
Donated	0	0	0	0	0	0
Government granted	0	0	0	0	0	0
Total at 31 March 2020	2,710	0	0	0	0	2,710

16. Intangible assets (cont.)

2018-19	Computer software - purchased	Computer software (internally generated)	Licences and trademarks	Patents	Development expenditure (internally generated)	Total
	£000	£000	£000	£000	£000	£000
Gross cost at 1st April 2017	3,573	0	0	0	0	3,573
Additions - purchased	336	0	0	0	0	336
Additions - donated	0	0	0	0	0	0
Reclassifications	958	0	0	0	0	958
Reclassified as held for sale	0	0	0	0	0	0
Revaluation / Indexation	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0
Reversals of impairments	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Gross cost at 31 March 2019	4,867	0	0	0	0	4,867
Amortisation at 1st April 2017	2,344	0	0	0	0	2,344
Impairments	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0
Charged during the year	323	0	0	0	0	323
Amortisation at 31 March 2019	2,667	0	0	0	0	2,667
Net book value						
Purchased	2,200	0	0	0	0	2,200
Leased	0	0	0	0	0	0
Donated	0	0	0	0	0	0
Total at 31 March 2019	2,200	0	0	0	0	2,200

16.1 Amortisation rate of intangible assets

Software   5 years

17   Impairments and reversals

17.1 Impairment of assets	**31 March 2020**	31 March 2019
	Total	Total
	£000	£000
Impairments charged to operating deficit	**58**	39
Impairments charged to the revaluation reserve	**0**	0
Total impairments	**58**	39

Following the revaluation exercise carried out at 31 March 2017 no formal revaluation exercise has been undertaken at this financial year end. The above impairment for the financial year relates to a HART vehicle held for disposal impaired to its anticipated disposal value.

17.2 Analysis of impairments and reversals recognised in 2019-20	**31 March 2020**	31 March 2019
	Total	Total
	£000	£000
Non-current assets held for sale charged to SoCl	**58**	0
Loss or damage resulting from normal operations	**0**	0
Total charged to Departmental Expenditure Limit	**58**	0
Changes in market price	**0**	39
Other	**0**	0
Total charged to Annually Managed Expenditure	**0**	39
Total Impairments of Financial Assets	**58**	39

17.2 Analysis of impairments and reversals recognised in 2019-20 (cont.)	31 March 2020 Total £000	31 March 2019 Total £000
Non-current assets held for sale - impairments and reversals charged to SoCI.	0	0
Total impairments of non-current assets held for sale	0	0
Total Investment Property impairments charged to SoCI	0	0
Total Impairments charged to Revaluation Reserve	0	0
Total Impairments charged to SoCI - Departmental Expenditure Limits	0	0
Total Impairments charged/(credited) to SoCI - Annually Managed Expenditure	58	39
Overall Total Impairments	58	39
Of which:		
Impairment on revaluation to "modern equivalent asset" basis	0	0
TOTAL DONATED/GOVERNMENT GRANTED ASSET IMPAIRMENTS	0	0

17.3 Property, plant and equipment
The charge of £58k (2018-19: £39k) results from the revaluation of an asset held for sale based upon latest anticipated valuation.

17.4 Non-current assets held for sale
Please see Note 22.2 (Non-current assets held for sale) for details.

18. Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	3,822	4,031
Intangible assets	0	241
Total	**3,822**	4,272

The principal commitment relates to the Trust's Make Ready Centre capital developments.

19. Inventories

19.1 Inventory by category

	31 March 2020 £000	31 March 2019 £000
Drugs	2	1
Consumables	1,292	1,374
Fuel	395	420
Total	**1,689**	1,795

19.2 Inventories recognised in expenses

	31 March 2020 £000	31 March 2019 £000
Inventories recognised as an expense in the period	(106)	19
Write-down of inventories	0	0
Reversal of write-downs that reduced the expense	0	0
Total inventories recognised in the period	**(106)**	19

20. Trade and other receivables

20.1 Trade and other receivables by category

	Current 31 March 2020 £000	Non-current 31 March 2020 £000	Current 31 March 2019 £000	Non-current 31 March 2019 £000
Contract Receivables	3,393	0	4,243	0
Contract Assets	0	0	0	0
Provision for impaired receivables	(646)	0	(574)	0
Prepayments	4,667	0	5,054	0
PDC Receivable	174	0	353	0
Other receivables	1,503	0	2,256	0
Total	**9,091**	**0**	11,332	0

20.2 Allowances for credit losses 2019-20

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2019 - brought forward	-	**574**
Allowances at start of period for new FTs	-	-
Transfers by absorption	-	-
New allowances arising	-	192
Changes in existing allowances	-	-
Reversals of allowances	-	(64)
Utilisation of allowances (write offs)	-	(56)
Changes arising following modification of cotractual cash flows	-	-
Foreign exchange and other changes	-	-
Transfer to FT upon authorisation	-	-
Allowances as at 31 Mar 2020	**-**	**646**

20.3 Allowances for credit losses 2018-19

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2018 - brought forward	-	**613**
Prior period adjustments	-	-
Allowances as at 2018-19 - restated	**-**	**613**
At start of period for new FTs		
Transfers by absorption	-	-
Increase in provision	-	197
Amounts utilised	-	(236)
Unused amounts reversed	-	-
Transfer to FT upon authorisation	-	-
Allowances as at 31 Mar 2019	**-**	**574**

21. Cash and cash equivalents

	31 March 2020 £000	31 March 2019 £000
Opening Balance	**24,154**	22,892
Net change in year	**4,172**	1,262
Closing Balance	**28,326**	24,154
Made up of:		
Cash with Government banking services	**28,304**	24,132
Commercial banks and cash in hand	**22**	22
Cash and cash equivalents as in statement of financial position	**28,326**	24,154
Cash and cash equivalents as in statement of cash flows	**28,326**	24,154

22. Non-current assets held for sale

22.1 Non-current assets held for sale by category	Land	Buildings excl dwelling	Dwellings	Other property, plant and equipment	Intangible assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 1 April 2019	702	509	0	30	0	1,241
Plus assets classified as held for sale in the year	0	0	0	71	0	71
Less assets sold in the year	0	0	0	0	0	0
Less impairments of assets held for sale	0	0	0	(58)	0	(58)
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance at 31 March 2020	702	509	0	43	0	1,254
Balance at 1 April 2018	1,262	1,004	0	30	0	2,296
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Less assets sold in the year	(560)	(456)	0	0	0	(1,016)
Less impairments of assets held for sale	0	(39)	0	0	0	(39)
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance at 31 March 2019	702	509	0	30	0	1,241

22.2 Non-current assets held for sale - Make Ready Centres & Patient Transport Service Vehicles

As a result of the Trust's programme of transferring Operations to Make Ready Centres, during 2011-12 the Board approved the marketing of ambulance stations for sale relating to the Make Ready Centres.

Where the Trust is actively marketing properties asset values are transferred to Assets Held for Sale. There are 3 ambulance stations in Assets Held for Sale; these are Eastbourne, Dover and Knaphill with a combined asset value of £1,211,000 (2018-19: £1,211,000). There are a further 3 properties awaiting agreement to market; these are properties at Crawley, Littlehampton and Newhaven, the asset values of which are included within Non Current Assets.

The expected disposal date of the remaining ambulance stations is prior to 31st March 2021.

As of 31 March 2020 the Trust had 2 vehicles with a combined value of £30,000 that were held for sale as a result of its exit from the Patient Transport Service in 2017. In addition there was are a number of Ambulances and one HART vehicle pending disposal valued at £13k.These vehicles are expected to be sold by 31 March 2021.

23. Trade and other payables	Current 31 March 2020 £000	Non-current 31 March 2020 £000	Current 31 March 2019 £000	Non-current 31 March 2019 £000
Trade payables - capital	1,775	0	1,592	0
NHS trade payables	438	0	855	0
Other trade payables	4,251	0	5,425	0
Taxes payable	5,953	0	5,086	0
Other payables	(9)	0	12	0
Accruals	11,772	0	14,603	0
Total	24,180	0	27,573	0

23.1. Other liabilities	Current 31 March 2020 £000	Non-current 31 March 2020 £000	Current 31 March 2019 £000	Non-current 31 March 2019 £000
Deferred income: contract liabilities	164	0	48	0
	164	0	48	0

24. Borrowings	Current 31 March 2020 £000	Non-current 31 March 2020 £000	Current 31 March 2019 £000	Non-current 31 March 2019 £000
Other Loans	2	0	8	3
Obligations under finance leases	83	1,427	206	1,510
Total	85	1,427	214	1,513

24.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000
Carrying value at 1 April 2019	-	11	1,716	-
Cash movements:				
Financing cash flows - payments and receipts of principal	-	(9)	(206)	-
Financing cash flows - payments of interest	-	-	(73)	-
Non-cash movements:				
At start of period for new FTs	-	-	-	-
Transfers by absorption	-	-	-	-
Additions	-	-	-	-
Application of effective interest rate	-	-	73	-
Change in effective interest rate	-	-	-	-
Changes in fair value	-	-	-	-
Other changes	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-
Carrying value at 31 March 2020	-	2	1,510	-

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000
Carrying value at 1 April 2018	-	19	1,727	-
Impact of applying IFRS 9 as at 1 April 2018	-	-	-	-
Cash movements:				
Financing cash flows - payments and receipts of principal	-	(8)	(205)	-
Financing cash flows - payments of interest	-	-	(107)	-
Non-cash movements:				
At start of period for new FTs	-	-	-	-
Transfers by absorption	-	-	-	-
Additions	-	-	194	-
Application of effective interest rate	-	-	107	-
Change in effective interest rate	-	-	-	-
Changes in fair value	-	-	-	-
Other changes	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-
Carrying value at 31 March 2019	-	11	1,716	-

25. Finance lease obligations

The Trust leases 20 single response vehicles on a five year commercial lease arrangement that will be completed by June 2020.

In addition the Trust leases the Paddock Wood Make Ready Centre buildings on a 30 year commercial lease arrangement.

Amounts payable under finance leases:

	Minimum lease payments	Present value of minimum lease payments	Minimum lease payments	Present value of minimum lease payments
	31 March 2020 £000	31 March 2020 £000	31 March 2019 £000	31 March 2019 £000
Within one year	147	83	277	206
Between one and five years	418	192	461	222
After five years	1,644	1,235	1,749	1,288
Less future finance charges	(699)	0	(771)	0
Value of minimum lease payments	1,510	1,510	1,716	1,716
Included in:				
Current borrowings		83		206
Non-current borrowings		1,427		1,510
		1,510		1,716

Future sublease payments expected to be received total £nil (2018-19: £nil).
Contingent rents recognised as an expense £nil (2018-19: £nil).

26. Provisions

	Current 31 March 2020 £000	Non-current 31 March 2020 £000	Current 31 March 2019 £000	Non-current 31 March 2019 £000
Pensions relating to staff	330	4,275	331	4,159
Legal claims	312	0	1,121	0
Other	7,442	3,563	5,004	3,070
Total	**8,084**	**7,838**	**6,456**	**7,229**

	Pensions relating to staff £000	Legal claims £000	Other £000	Total £000
At 1 April 2018	4,873	1,401	7,146	13,420
Change in the discount rate	(80)	0	0	(80)
Arising during the year	22	(280)	1595	1,337
Utilised during the year	(330)	0	0	(330)
Reversed unused	0	0	(667)	(667)
Unwinding of discount	5	0	0	5
At 31 March 2019	4,490	1,121	8,074	13,685
At 1 April 2019	**4,490**	**1,121**	**8,074**	**13,685**
Change in the discount rate	315	0	0	315
Arising during the year	116	(809)	2,931	2,238
Utilised during the year	(329)	0	0	(329)
Reclassified to liabilities held in disposal groups in year	0	0	0	0
Reversed unused	0	0	0	0
Unwinding of discount	13	0	0	13
At 31 March 2020	**4,605**	**312**	**11,005**	**15,922**

Expected timing of cash flows:

Within one year	330	312	7,442	8,084
Between one and five years	1,335	0	2,356	3,691
After five years	2,940	0	1,207	4,147

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £4,605k represents the Trust's pension liability for pre-1995 reorganisations (31 March 2019: £4,490k).

Legal claims are the member provision for personal injury claims being handled by the NHS Resolution.

A further £8,615k is included in the provisions of the NHS Resolution at 31 March 2020 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2018-19: £6,105k).

27. Contingencies

27.1 Contingent liabilities

	2019-20 £000	2018-19 £000
Legal Claims	139	312
Total	**139**	**312**

The contingent liability for legal claims is based on information from NHS Resolution and relates to other legal claims shown in Note 27. NHS Resolution provides a probability for the success of each claim which is included in Provisions. The difference between this probability and 100% of each claim is included in contingent liabilities.

27.2 Contingent assets

The Trust has no contingent assets.

28. Related party transactions

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust apart from those listed below:

- Mr Michael Whitehouse, Independent Non Executive Director, is a Trustee and honorary treasurer of Cruse, the bereavement charity, from whom the Trust paid £2k for services received.

- Dr Fionna Moore, Medical Director, is also Medical Director at Location Medical Services from whom the Trust paid £84k for services received.

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

In addition, the Trust has had a number of transactions with other government departments and other central and local government bodies.

Of these the major transactions are with NHS Coastal West Sussex CCG, NHS West Kent CCG, NHS North West Surrey CCG, Health Education England, NHS Resolution and NHS England.

The Trust has received revenue payments of £24k (2018-19: £154k) from the South East Coast Ambulance Service Charitable Fund, the Trustee for which is the South East Coast Ambulance Service NHS Foundation Trust. The Trust has charged the Charity £11k (201-19: £11k) for administration and associated costs and £nil (2018-19: £nil) representing other charges for the financial year 2019-20.

The Trust has not consolidated the Charitable Fund (see note 1.4), although related party transactions with the Charitable Fund are included within these accounts.

29. Financial risk management

Financial reporting standard 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 service provider relationship that the Trust has with Clinical Commissioning Groups (CCG's) and the way those CCG's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust's financial assets and liabilities are generated by day-to-day operational activities rather than by the change in the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditor.

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 minimal exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows for capital expenditure, subject to affordability. The borrowings are in line with the life of the associated assets, and interest is charged at a commercial rate. The Trust aims to ensure that it has low exposure to interest rate fluctuations by fixing rates for the life of the borrowing where possible. The Trust has low exposure to interest rate risk and currently has 20 support vehicles on a 5 year fixed rate finance lease. Similarly, the Trust has the building element of the Paddock Wood Make Ready Centre on a fixed rate 30 year finance lease.

Credit risk

As the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in the trade and other receivables note 20.1.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCG's, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves, borrowings and Public Dividend Capital. The Trust is not exposed to significant liquidity risks.

29.1   Financial assets

	Loans and receivables	
	31 March 2020	31 March 2019
	£000	£000
Receivables	**3,587**	5,216
Cash at bank and in hand	**28,326**	24,154
Other financial assets	**-**	-
Total at 31 March 2020	**31,913**	29,370

29.2   Financial liabilities

	31 March 2020	31 March 2019
	£000	£000
Payables	**18,227**	22,487
Finance lease obligations	**1,510**	1,716
Other borrowings	**2**	11
Provisions under contract	**11,005**	8,074
Total at 31 March 2020	**30,744**	32,288

29.3 Fair values

There is no difference between the carrying amount and the fair values of financial instruments.

29.4 Derivative financial instruments

In accordance with IAS39, the Trust has reviewed its contracts for embedded derivatives against the requirements set out in the standard. As a result of the review the Trust has deemed there are no embedded derivatives that require recognition in the financial statements.

30. Losses and special payments

The total number of losses and special payments cases and their total value is as follows:

	Total Value of Cases 2019-20 £000	Total Number of Cases 2019-20	Total Value of Cases 2018-19 £000	Total Number of Cases 2018-19
Losses				
Cash losses	86	88	172	133
Fruitless payments	0	0	0 *	0
Bad debts	0	0	0	0
Stores losses	0	0	13	41
Damage to buildings and property	759	1,162	333	1,241
Special payments				
Compensation under court order or legally binding arbitration award	20	4	0	0
Extra-statutory payments	0	0	0	0
Compensation payments	0	0	0	0
Special severance payments	0	0	0	0
Ex-gratia payments	49	15	64	22
Total losses and special payments	914	1,269	582	1,437

The amounts are reported on an accruals basis but exclude provisions for future losses.

31. Auditor liability limitation agreement

The Trust's contract with its external auditor, as set out in the engagement letter, provides for a maximum aggregate auditor's liability of £500k.

32. Events after the reporting period

There are no post balance sheet events.