South East Coast Ambulance Service NHS Foundation Trust

Annual Report and Accounts 2020/21

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Contents

Chair's Introduction

2020-21 has been a year SECAmb staff and volunteers should be extremely proud of: everyone has pulled together to deliver a response to our patients in the most difficult of circumstances. But I know that pride would be mixed with sadness at colleagues lost to COVID-19 and other illnesses during the year, and weariness as the toll of the anxiety of working in such a public-facing role during a pandemic starts to be felt now the worst of the crisis, we hope, is past.

We have seen the best of SECAmb this year: colleagues committed to patient care, volunteers rallying to provide welfare support to staff, close working with other Trusts in our area, and new ways of working and communicating which have in some ways opened up the leadership of the organisation and involved our people more directly, albeit remotely.

We have mourned those lost during the year, and I again send my heartfelt sympathies to their families, friends and colleagues.

Our Executive Team have worked hard and well: refocusing on our emergency response and restructuring our governance and decision-making to move quickly but safely, organising teams to deliver Personal Protective Equipment (PPE), setting up test and trace and vaccination hubs, while continuing to manage the essential quality and safety controls as effectively as possible.

Our Board stepped up too, with more regular Quality and Patient Safety Committees operating throughout to ensure scrutiny of decisions that were of necessity swiftly taken, and regular Board catch-ups held to keep everyone informed. The mechanisms in place to ensure effective scrutiny and oversight continued to operate throughout the year.

At our busiest times, hundreds of our staff were unable to work either due to illness, self-isolation or shielding, and we worked hard to provide work that people could do from home to support the frontline effort, where people were able to work but couldn't be patient-facing. For a significant period, our Community First Responder volunteers also had to be stood down from frontline duty but they continued to support us admirably with logistics and then welfare to crews.

I cannot thank everyone enough for their efforts during this extraordinary year.

Three colleagues were formally honoured for their work this year and their careers in service: Joe Garcia our Director of Operations, and Bethan Eaton-Haskins, Director of Quality and Nursing and also our Lead Covid Response Director, received honours in HM The Queen's New Year Honours list. They received MBEs alongside Ambulance Technician Peter Glover who was recognised for his community resuscitation efforts in his local community as well as his years of NHS service. My heart-felt congratulations to all three.

As the pandemic hit in March 2020, SECAmb had been in a period of sustained improvement and the continued improvement we'd hoped to achieve during the year was somewhat blown off course – though I don't think we have slipped back.

We have ambitious plans to implement our new strategy that was approved by the Board in May 2020, including a fundamental review of our operating model which will take account of the possibilities for remote consultation accelerated during the pandemic, a refocus on engagement and leadership within the wider health system, and an Executive Team restructure that has seen roles and responsibilities change to enable our progress. We are in the process of appointing to new roles within this structure at the time of writing.

At Board level we saw a number of changes during the year. We were extremely sad that Non-Executive Director (NED) Tricia McGregor passed away back in June 2020 after a short illness. Her family remain in our thoughts. We also said a fond farewell to Al Rymer, who left us after six years' fantastic service as a NED. Al latterly Chaired our Appointments and Remuneration Committee and I wish him well in his post-SECAmb endeavours.

Two new NEDs were appointed during the year and one in April 2021. Prof Tom Quinn joined the Board in October 2020 to bring clinical expertise and challenge, and Dr Subo Shanmuganathan joined us in March 2021, an HR, training and education professional. They have already begun to make significant contributions to the Board. At the time of writing, we look forward to welcoming Paul Brocklehurst to the Board in May 2021. Paul will bring us technology and IT insight and strategic direction. This year we joined the NHS NeXT Director scheme as part of our commitment to support diversity at Board level. The scheme aims at providing experience for aspirant NEDs from black and minority ethnic backgrounds, and we were pleased that Mamta Gupta and Christopher Gonde joined the Trust on 1 April 2021 for 12 months under the scheme.

At Executive level, Steve Emerton (Executive Director of Strategy and Business Development) left the Trust in August 2020. I thank him for his time at the Trust and wish him well in his future career. At the end of the year, Joe Garcia MBE retired as Director of Operations after 35 years in the ambulance service. He started work for what was then East Sussex Ambulance Service in 1985 and has held numerous roles across several ambulance services during an illustrious career. We were lucky to have him back at SECAmb in 2016, back to where it all began but now in a Director role, and I wish him all the best in his well-earned retirement. I should also congratulate Emma Williams on her appointment as Director of Operations and David Ruiz-Celada on his as Director of Planning and Business Development shortly after year end.

Despite our focus on our COVID-19 response, we launched two significant new services during the year. A new 111 Clinical Assessment Service (CAS) had been due to launch in April 2020 but was postponed until October due to the pandemic. This service starts to see a joined-up response for patients calling 111, giving them access to various specialised clinicians at the point of call and booking onward appointments as required.

In addition, our 111 First service went live successfully in December 2020: devised to improve outcomes and experiences of urgent care, while keeping patients safe and managing social distancing, patients are now being asked to call NHS111 first

before going to an Emergency Department (A&E). The system integration this involved was no mean feat and the team did a great job.

Alongside COVID-19 we also had potential disruption due to EU Exit to contend with, which required a lot of planning and resourcing in case of worst-case scenarios around border congestion and therefore traffic issues in Kent, most of which thankfully did not emerge.

We continue to improve our estate so that it is fit for purpose, opening a new Brighton Make Ready Centre (MRC) at Falmer during the year and closing our old premises near Brighton city centre. Work is well advanced scoping the requirements of a new Medway MRC and combined 111/999 Emergency Operations Centre. Development of a further MRC in Banstead, Surrey, is also underway.

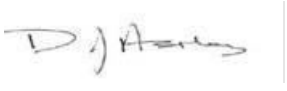
Our electronic Patient Clinical Record, used by frontline crews on their iPads to record patient interactions, is now in use throughout the Trust and working quite well. This stands us in good stead as we increasingly interact with other parts of the health and social care system to provide a more tailored and responsive service to our patients.

As well as developing our services for our patients, our internal services for staff have also seen some improvement this year with the introduction of several online HR systems to improve the ease with which colleagues can update timesheets, complete expenses forms etc. This is part of a longer-term programme of improvements to ensure central staff services are modernised, which is running alongside programmes to introduce a more just and restorative culture through our policies and procedures.

I was pleased to see that our financial performance was good despite the pressures of the pandemic. Our financial accounts can be seen later in the annual report. The financial reporting framework which NHS organisations must comply with, meant that it was necessary for the Trust to re-value its estate at a “Fair Value” in this reporting period. Due to the uncertainties of the Covid pandemic, this valuation exercise resulted in a financial impairment of £7.8m. This is recorded in the annual accounts as a deficit. However, the Board were pleased to note that with this technical accounting adjustment removed, the underlying financial position was broadly breakeven. Over the coming year we will look to maintain this financial stability whilst ensuring that we deploy our resources in the most efficient way.

In summary, in a year overshadowed by COVID-19, and in an NHS organisation quite literally on the frontline of the country’s response, I couldn’t be prouder to be Chair of this amazing organisation. We now need to focus on supporting our staff and volunteers, to learn from what’s worked well for our patients and our colleagues, and regain our focus on constantly improving our services to our patients.

Thank you again to everyone who has contributed to the efforts of Team SECAmb this year.



David Astley, Chair

Date: 27.05.21

Performance Report

Chief Executive's Statement

2020-21 was a year of unprecedented challenge for the NHS and, equally, a very difficult year for us at SECAmb but one during which I was incredibly proud to be the Chief Executive.

As we began the year, the country was very much in the grip of the first wave of the COVID-19 pandemic, with rising numbers of cases leading to the first national lockdown and an extremely challenging Easter period. During this period, we saw the numbers of 999 calls decline and the number of 111 calls began to rise significantly, putting the service under significant strain.

A key challenge at the beginning of the pandemic was sourcing the large quantities of personal protective equipment (PPE) needed in order to keep our staff safe. This proved difficult at times due to the massive national and international demand from all sectors but I am pleased that we were able to overcome this challenge, often using innovative approaches to gain sufficient stock.

We also needed to make some significant changes during this period in how the organisation operated, with all of our support staff working from home, virtual meetings became the norm, social distancing measures being applied across all of our sites and our most vulnerable staff needing to shield at home.

We worked hard to ensure that we were providing as much support as possible but I do recognise that, regardless of role, working in SECAmb during the pandemic has felt very different and brought a whole range of unique challenges.

Although we saw a slight pause in pressure over the summer, this was short-lived and as we moved into autumn, we began to see the situation escalate once again. Our partners in the wider NHS once again began to experience significant pressures. This inevitably impacted on us and it is fair to say we experienced an extremely difficult winter.

As the number of COVID-19 cases in the region increased during this period, we also saw large numbers of our staff contract the virus, with many more needing to self-isolate. Our COVID Team worked hard to manage outbreaks at a number of our sites, which, in turn, put added pressure on our operational delivery during what was an already challenged period.

Very sadly, during the second wave of the pandemic we lost four members of staff to COVID-19, in addition to a bank colleague lost during wave one. The loss of our colleagues was, and continues to be, painfully felt across the whole organisation.

Thanks to support from a number of our system partners, during December 2020 I was pleased to see our most vulnerable staff begin to receive their first doses of the COVID vaccine. In January 2021, we went live in delivering our own vaccination programme directly to our staff and volunteers – something which I know was very much appreciated by those within the Trust.

We have taken a strong and proactive approach to vaccination throughout the pandemic and as a result, I am pleased and very proud to report that, at the time of writing, 82% of our staff have now received both doses of the vaccine – helping to keep themselves, our patients and their communities safe.

As we moved into 2021, we continued to see periods of significant pressure caused by the pandemic at a time when we were still greatly impacted by the numbers of our

staff who were not at work due to COVID-19. As we reached the end of the financial year, the situation eased somewhat but rightly, we are continuing to proceed cautiously – mindful of the potential impact of the various COVID-19 variants, as well as the fragility of the wider NHS as it begins to move forwards.

I am also extremely keen that we continue the work already begun to ensure we take forward the lessons learnt during the pandemic. Although we are in uncertain times, I am certain that the UK and the NHS will look different in the future and it's vital that we adapt and improve how we operate to take account of these changes.

Reflecting on the pandemic and all the challenges we faced, my over-riding feeling is one of immense pride. Without doubt, every single member of staff and our volunteers stepped up during this period to ensure that, despite the situation, we were able to continue to provide the best possible service to our patients. I would like to thank every single member of Team SECAmb for their outstanding efforts.

We also saw partnership working come to the fore, providing assistance to London Ambulance Service and receiving assistance from military and fire service colleagues at times.

And it was fantastic to see the Trust recognised nationally when three of our staff – Director of Operations Joe Garcia, Director of Nursing & Quality Bethan Eaton-Haskins and Ambulance Technician Peter Glover – were awarded MBEs in the New Year's Honours List in recognition of their service and commitment, especially during the pandemic.

Although the last year was obviously dominated by our response to the pandemic, there were also many other things happening too!

We had worked extremely hard during recent years to prepare for the potential impacts of the UK's exit from the EU, including planning for a 'no deal' scenario and the significant impacts that this would have had for us in parts of our region.

Following the close of the transition period at the end of December 2020, no major problems arose, although we did need to enact some of our plans for short periods of time. The preparation we had done for a potential 'no deal' has been invaluable and has left us better prepared to respond to similar, smaller scale issues which we do experience from time to time, especially around key transport points in Kent.

Despite the immense professionalism and dedication shown by all of our staff during this most difficult of periods, we struggled to consistently meet our 999 operational and performance targets for the year and our performance over Christmas 2020 was particularly challenged.

Overall, while in most months we performed better in responding to our most seriously ill and injured patients, triaged as Category 1 and 2 patients, we need to do far more to improve our response to lower acuity patients (those in Category 3 & 4). These patients are often older with complex and/or unmet social needs and whilst they are often not in an immediately life-threatening condition, they do require an appropriate and timely response nonetheless. This must be a key area of focus for us moving forwards. We must also continue to do more to meet our Category 1 and 2 response targets more consistently.

Unsurprisingly 2020-21 was an extremely challenging year for our NHS 111 service, with frequent periods of massive demand and high call numbers. All of those working

in the 111 service, including our partners at Integrated Care 24 (IC24) – went above and beyond to deliver as safe a service as possible as members of the public reached out to 111 for help and advice about COVID-19 symptoms, Test and Trace issues, vaccines and the usual winter pressures.

In addition, on 1 October 2020 our new five-year NHS111 service contract and enhanced clinical assessment service (CAS) for Kent, Medway and Sussex finally launched following months of delays due to the pandemic. Within a week of go-live average call handling times had reduced by 30-70 seconds and our in-house clinicians, including paramedics, nurses, mental health professionals, dental nurses, midwives and pharmacists, continue to support more patients at first point of contact.

In December 2020 we launched, at very short notice, the 111 First programme which gave patients the ability to book slots at Emergency Departments or Urgent Treatment Centres across the region via the 111 service. This service has much riding on it, and we will be part of the national evaluation once the COVID-19 effect has worn off.

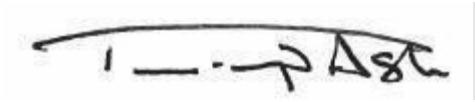
We have worked hard during the year to support our staff through the pandemic, recognising the extraordinary position we have been in, with an on-going focus on wellbeing and in particular mental health. In March 2021 we saw a solid set of results from the 2020 NHS Staff Survey, with our highest return rate ever, however the results did highlight a number of areas where we must continue to focus our attention on making improvements.

Despite the challenges of the pandemic, I am especially pleased that we have continued to make progress in delivering our ambitious Estates programme during the year. Alongside improvement works at a number of smaller sites, we saw our ninth Make Ready Centre (MRC) open in Brighton at the end of November 2020 – a fantastic new facility for this busy area.

Preparation work also got well underway on our new combined MRC & East Emergency Operations Centre (EOC)/111 Contact Centre for the Medway area at Gillingham – the first such facility in the country! We hope that the new building will be completed in the Summer of 2022. We also saw the end of an era in March 2021 with the decommissioning and subsequent demolition of our former HQ site at Banstead. It will be replaced with a new MRC plus additional space for training and should be completed by the Spring of 2022 – another fantastic operational facility.

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 the pandemic. Looking ahead, we recognise that 2021-22 is likely to be even more challenging as the NHS and the wider economy moves out of the pandemic. We will need to operate as efficiently as possible to allow us to continue to invest in improving the services we provide.

Finally, I would like to re-iterate just how proud I am to lead an organisation where I witness fantastic commitment and dedication every single day throughout the Trust. I know that next year will undoubtedly be challenging for different reasons than this year. However, I am confident that by working together – with our staff, our volunteers and the wider NHS – we will be able find the right way forwards for staff and patients.



Philip Astle, Chief Executive Officer

Date: 27.05.21

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).

As a regional provider of urgent and emergency care, our prime purpose is to respond to the immediate needs of our patients and to improve the health of the communities we serve - using all the intellectual and physical resources at our disposal.

SECAmb 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).

This year, the Trust's focus has been on maintaining the quality of our services while responding to the COVID-19 global pandemic. This report will cover various aspects of our COVID-19 response threaded throughout, and all our performance reporting should be seen through the lens of the challenges of the year.

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 Integrated Care Systems (ICSs), 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.

Our most recent Care Quality Commission (CQC) inspection in 2019 delivered a rating of Good. As a result, the Board reviewed the Trust's five-year strategy in 2019-20 and approved a new strategy during the year. This strategy is not time-constrained but reviewed at regular intervals by the Board and is capable of adaptation as required based on the environment we are in and the progress we make.

The strategy continues our commitment to delivering the best possible care for our patients by getting the basics right and focusing on delivering our Ambulance Response Programme (ARP) nationally-required timely responses. However, it also sets out our strategic intent to play a more proactive role in leadership within the health system regionally around emergency and urgent care, reflecting the direction of the NHS Ten Year Plan and this year's NHS White Paper around collaboration and integration of services.

We recognised that our strategy had to enable us to pursue our purpose in the context of our operating environment and that there were several critical forces and drivers that need to be considered. Principal of these are the rising needs and demands for SECAmb services with continued funding pressures and the desire to ensure that patients can access the most appropriate care pathways for their needs. Policy changes including 'integrated healthcare' require a radical and rapid restructuring of NHS commissioners and providers and their relationships with local government. There is a need to shift from 'competitive' to 'collaborative' behaviour across the system and a major change in emphasis from 'contracted activity' to 'population health' resulting in changes to the way that funding maybe allocated, and performance assessed. To fulfil our purpose in this new operating environment our strategy can be expressed as follows:

SECAmb will provide high quality, safe services that are right for patients, improve population health and provide excellent long-term value for money by working with Integrated Care Systems and Partnerships and Primary Care Networks to deliver extended urgent and emergency care pathways.

During our review, four priority areas have emerged which build on and acknowledge the work of the Trust to date. These are:

• **Delivering Modern Healthcare for our patients** – A continued focus on our core services of 999 & 111 Clinical Assessment Service

• **A Focus on People** – Everyone is listened to, respected and well supported

• **Delivering Quality** – We listen, learn and improve

• **System Partnership** – We contribute to sustainable and collective solutions and provide leadership in developing integrated solutions in Urgent and Emergency Care

Eight objectives and a strategic delivery plan sit beneath these high-level aspirations.

The COVID-19 pandemic has naturally been a core focus for the Trust during the year, and this will be explored more throughout this report. As we hope the reader will see, a lot has been achieved despite, and in some cases because, of our being frontline during the pandemic.

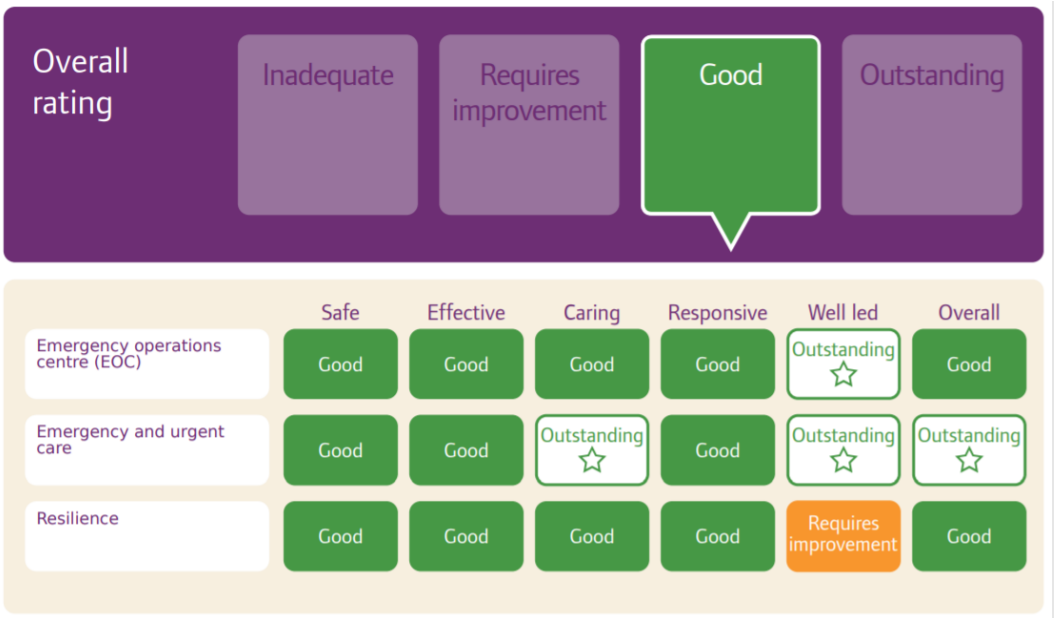
Care Quality Commission rating

The Trust was inspected by the Care Quality Commission (CQC) in Summer 2019, but the outcome is included here because it was our most recent CQC inspection. The inspection had a particular focus on two core services: Emergency and Urgent Care (EUC) and Emergency Operations Centre (EOC), as these services had several 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:



The CQC recognised the following areas of **outstanding** practice in Emergency and Urgent Care 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.

Since this report, the Trust has undertaken considerable remedial and improvement action in these areas (much of which is detailed elsewhere in this report) and continues to expect our next inspection, in line with usual timings, around 2022-23.

Key issues, risks and opportunities to the Trust

Responding to the challenges arising from the pandemic has dominated much of the operational focus in the past year. The Chief Executive established a COVID Management Group to ensure decisions were well informed, given the changing national guidance and regulations. The allocation of resources was carefully scrutinised, with good grip on expenditure. The Audit and Risk Committee sought ongoing assurance on the governance and management controls, and asked for an Internal Audit review of COVID-related expenditure, which provided *substantial assurance*.

One of main impacts of COVID-19 was on staff abstraction due to sickness, shielding and self-isolation, which significantly affected the ability to provide timely urgent and emergency care services, particularly in the latter half of the year. One of main mitigating priorities was the Trust's vaccination programme which began in December 2020. This has been very successful and at the time of writing 82% of our staff have received both vaccinations.

A significant number of staff have been required by the restrictions of the COVID-19 regulations to work from home. The Trust has ensured these staff have been able to work safely at home, through the provision of equipment and changes to the management and supervisory arrangements. Through the period of the pandemic there has been much learning from these new ways of working and a Programme Board has been established to use the opportunities from this. This work is due to conclude in June 2021.

The Ambulance Response Programme (ARP) provides time-based targets that supports and delivers quality and safety. Achieving ARP is currently the key priority for the Trust and in order to ensure the Trust can do so sustainably a programme of work began in quarter four which we have called Better by Design. This will be the process by which we ensure delivery of ARP whilst ensuring our staff have the healthy working patterns and tools to enable them to support high quality patient care. This includes reviewing the care delivery models to take account of the opportunities from both the physical and virtual models, and ensuring the range of support services are adequately aligned.

As confirmed in last year's Annual Report the new 111 Clinical Assessment Service was delayed due to the pandemic. This was introduced in October 2020 and one of the aims is to help reduce demand on 999 and improve our responsiveness to patients by giving them access to a 'one-stop-shop' of specialist clinicians. In addition, and arising from the pandemic, we introduced in December 2020 'Think

111 First' which is a national initiative aimed at ensuring the right treatment, more quickly as well as reducing demand at Emergency Departments. Both services are still relatively new and over the next period analysis will be done to assess the benefits.

One of the principal risks emerging during the year relates to workforce planning, specifically the ability to recruit enough paramedics in light of the opportunities for Paramedics in primary care. This also raises a potential opportunity through a rotational-type model. The Trust Board is monitoring this risk closely and it will appear high on its agenda through the coming year.

Going concern statement

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future.

For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Performance Analysis

This section will set out annual performance against national targets and other key measures of success – this includes Trust 999, 111, clinical and financial performance, and analysis during the 2020-21 financial year.

At the time of writing (April 2021), the Trust continues to respond to the COVID-19 pandemic which has now been ongoing for more than 12 months, and whilst nationally we are coming out of lockdown, the management and mitigation of the impact of COVID-19 remains a priority.

Delivering our 999 and 111 services to our patients has always been a remains a team effort. This section this year includes some detail about the challenges faced and contribution from areas of the Trust rarely reported fully here, reflecting the contribution some of our teams that are usually working away in the background have made that have been highly visible during this extraordinary year.

999 Performance

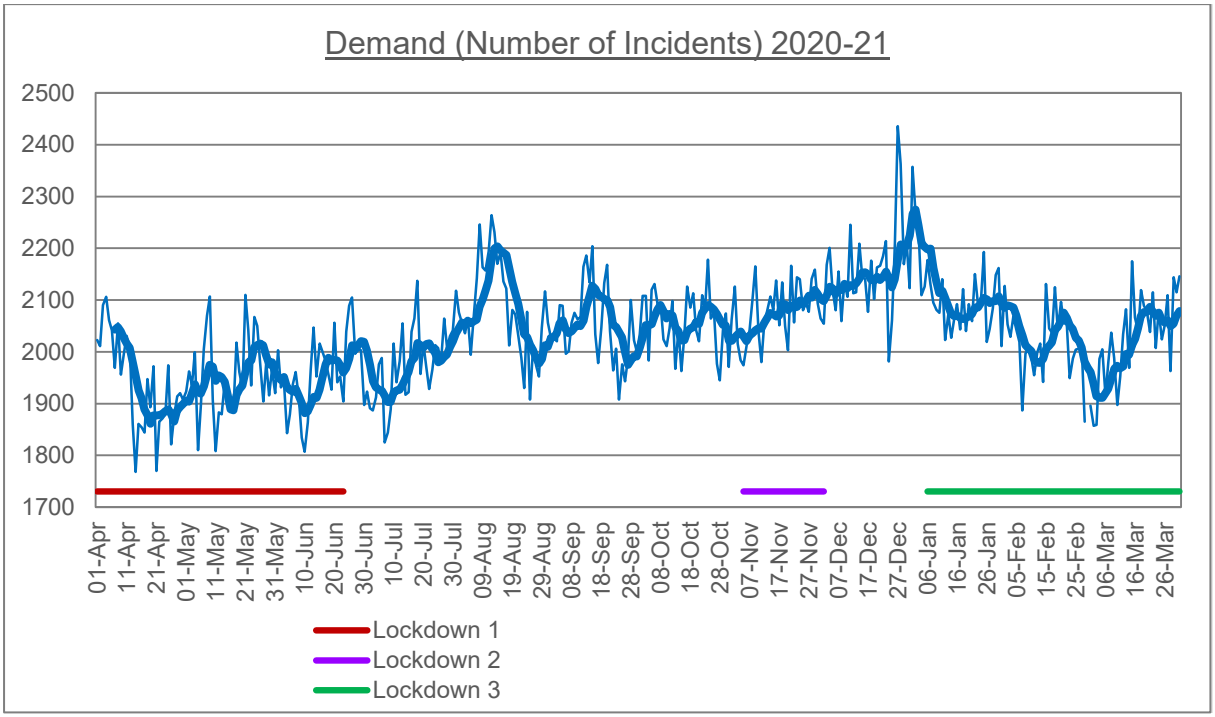
Demand

Overall activity (number of incidents) across the year was 3.36% lower than that seen during the 2019-20 financial year. As can be seen in the table below, the main changes in the different category of calls were a -2.56% drop in those calls categorised as C2: Emergency calls, with a reciprocal increase in C3: Urgent calls.

Category	Call type	Number of incidents 2020-21	Proportion of total incidents	Number of incidents 2019-20	Variation as compared to 2019-20
C1	People with life-threatening illnesses or injuries	46,009	6.93%	49,893	0.07%
C2	Emergency calls	372,228	56.08%	401,037	-2.56%
C3	Urgent calls	240,978	36.31%	230,805	2.56%
C4	Less urgent calls	4524	0.68%	5107	-0.07%

Recognising that 2020-21 has been an unusual year in light of the COVID-19 pandemic, the pattern of calls has varied as compared to 2019-20, with a lower overall number of calls seen during the periods of lockdown. In addition, whereas historically the demand decreases during August (during school summer holiday), this was actually the busiest period between the beginning of April and Christmas 2020.

The graph below shows the number of incidents per day with a moving average over a 7-day period to better identify the trend, as well as identifying the periods of the three national COVID-19 lockdowns.



Performance – Call answering

In total across the 2020-21 financial year, the Emergency Operations Centres (EOCs) answered 830,594 calls, which equates to approximately 69,216 calls per month.

As can be seen from the table below, on average, calls were answered within 4 seconds across the year, and the 90th centile for call answering was recorded at 1 second. However, there were two months (December 2020 and January 2021) which showed noticeably poorer call answering performance.

Primarily the rationale for the significant deterioration seen in these months relates to higher overall call demand (December with 9415 calls and January with 7679 calls above the monthly average), in conjunction with greater instability in the staffing levels. This latter point is discussed further in the COVID-19-related absences section below.

Nationally our call answering performance has fared well in the national league tables: in many months, the Trust was in the top 3 ambulances services.

Month	Call answering	
	Mean *Target 00:00:05*	**90th Centile** *Target 00:00:10*
April	00:00:01	00:00:01
May	00:00:01	00:00:01
June	00:00:02	00:00:01

July	00:00:02	00:00:01
August	00:00:03	00:00:02
September	00:00:03	00:00:01
October	00:00:02	00:00:01
November	00:00:04	00:00:01
December	00:00:07	00:00:14
January	00:00:15	00:00:54
February	00:00:02	00:00:01
March	00:00:04	00:00:02
Total	***00:00:04***	***00:00:01***

Performance – Field Operations

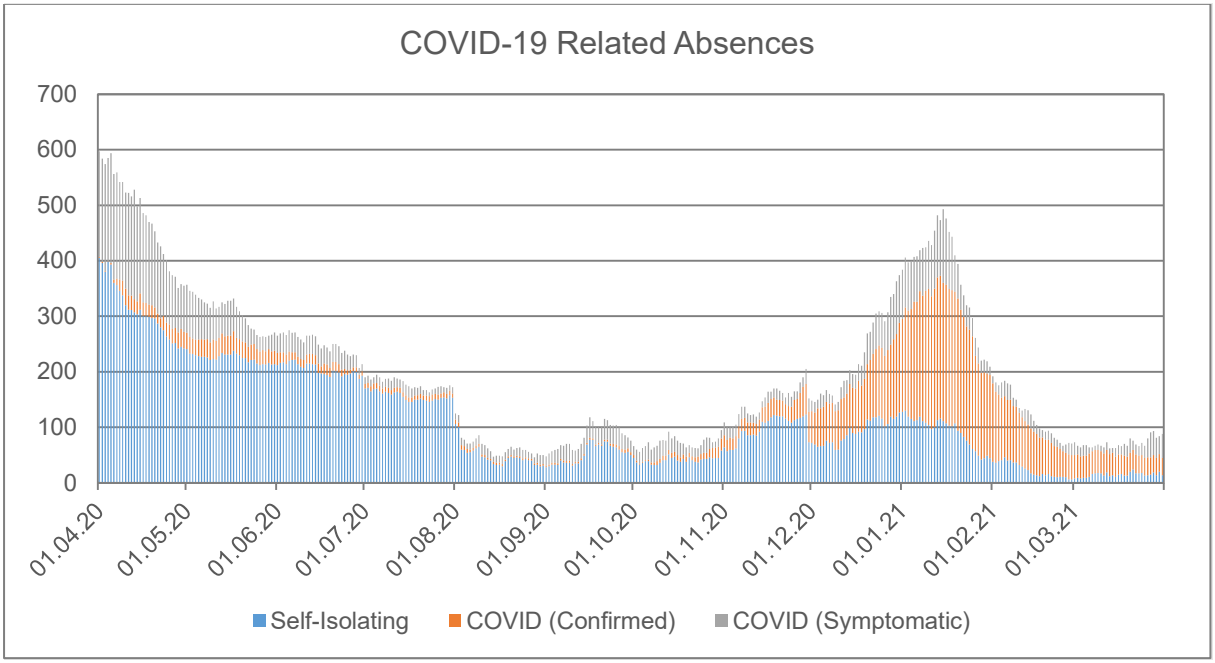
The Trust's performance across the financial year varied significantly across the months, directly related to the number of incoming incidents and the level of front-line resources available. The table below shows the performance against each national Ambulance Response Programme (ARP) target by month.

Month	Category 1		Category 2		Category 3	Category 4
	Mean *Target 00:07:00*	90th Centile *Target 00:15:00*	Mean *Target 00:18:00*	90th Centile *Target 00:40:00*	90th Centile *Target 02:00:00*	90th Centile *Target 03:00:00*
April	00:07:05	00:13:31	00:14:51	00:27:32	01:55:17	02:42:47
May	00:07:00	00:13:10	00:14:30	00:26:59	01:40:43	02:14:10
June	00:07:32	00:14:01	00:16:49	00:31:05	02:39:21	03:30:06
July	00:07:58	00:14:40	00:18:41	00:35:02	03:21:06	04:40:06
August	00:07:54	00:14:48	00:18:59	00:34:59	03:32:16	04:57:07
September	00:07:44	00:14:23	00:18:58	00:35:30	03:16:14	04:52:31
October	00:07:35	00:14:00	00:18:23	00:33:45	03:07:47	04:41:21
November	00:07:35	00:13:50	00:17:34	00:32:20	02:53:04	03:56:05
December	00:08:25	00:15:07	00:26:52	00:51:59	05:51:59	07:27:13
January	00:08:30	00:15:20	00:25:54	00:51:20	05:39:02	06:22:09
February	00:07:35	00:13:59	00:16:50	00:31:12	02:02:36	02:41:27
March	00:07:37	00:14:14	00:18:37	00:34:37	02:49:31	03:29:26
Total	***00:07:44***	***00:14:18***	***00:19:20***	***00:36:28***	***03:11:44***	***04:10:41***

December and January were particularly challenging, being the two months with highest demand, and both at approximately 4% under resource hours – these staffing levels being directly related to the number of COVID-19 related absences (see the point below). In addition, December 27th 2020 had the second highest number of incidents ever seen, with January 1st 2021 being the 6th busiest day ever.

COVID-19 related absences

COVID-19 related absences have at times had a significant impact on the total number of hours that were available to respond. At the times of greatest impact, this resulted in over 500 staff members being off work due to either shielding, being COVID-19 symptomatic or in self-isolation. In addition, unusual patterns of other abstractions such as annual leave were seen across the year, directly impacted by the periods of lockdown and the inability of staff to holiday abroad due to travel restrictions.



National picture

The Trust receives monthly national data showing our performance compared to the average for England and other ambulance trusts.

The tables below show the data for March 2021, where SECAmb is highlighted orange:

Category 1	Ambulance Service Target	Count of Incidents	Mean (min:sec) 07:00	90th centile (min:sec) 15:00
	England	**56,783**	**6:47**	**11:58**
	London	6,848	5:21	8:57
	South Central	3,781	6:00	10:57
	North East	2,491	6:18	10:56
	West Midlands	6,681	6:37	11:27
	East of England	5,817	6:38	12:14
	East Midlands	5,727	7:09	12:39
	North West	8,864	7:13	12:08
	South Western	7,321	7:20	13:32

Yorkshire	5,242	7:20	12:34
South East Coast	3,894	7:37	14:14
Isle of Wight	117	8:16	15:23

Category 2	Ambulance Service Target	Count of Incidents	Mean (min:sec) 18:00	90th centile min:sec) 40:00
	England	**379,654**	**18:24**	**36:16**
	West Midlands	42,465	12:14	22:15
	London	56,944	13:00	24:05
	South Central	22,281	13:50	26:35
	Isle of Wight	971	16:46	30:18
	East of England	42,374	18:18	36:44
	South East Coast	31,235	18:37	34:46
	North West	49,674	20:44	41:03
	Yorkshire	37,487	21:19	44:26
	North East	19,067	22:10	44:10
	South Western	38,623	22:37	45:23
	East Midlands	38,533	23:54	48:58

Category 3	Ambulance Service Target	Count of Incidents	Mean (hour:min:sec) NA	90th centile (hour:min:sec) 2:00:00
	England	**181,739**	**49:21**	**53:37**
	West Midlands	34,397	28:24	1:00:29
	London	23,038	33:46	1:16:39
	East of England	14,607	45:29	1:50:41
	South Central	15,714	46:32	1:42:10
	Isle of Wight	792	51:51	1:55:05
	North East	8,187	55:36	2:10:48
	South Western	18,642	56:05	2:11:48
	North West	18,432	56:37	2:08:06
	Yorkshire	13,983	58:54	2:24:57
	East Midlands	13,649	1:05:52	2:37:00
	South East Coast	20,298	1:14:28	2:49:03

Category 4	Ambulance Service Target	Count of Incidents	Mean (hour: min:sec) NA	90th centile (hour:min:sec) 3:00:00
	England	**8,770**	**20:36**	**2:54:34**
	West Midlands	2,135	42:30	1:37:16

Isle of Wight	48	52:03	1:57:33
North East	412	57:47	2:11:37
South Central	1,177	1:01:54	2:19:27
East Midlands	164	1:09:04	2:42:57
East of England	460	1:13:06	2:58:38
London	1,224	1:29:45	3:21:40
South East Coast	339	1:29:52	3:31:00
South Western	360	1:31:00	3:32:58
Yorkshire	273	1:32:19	4:09:13
North West	2,178	2:05:39	4:02:05

Improving performance

Operational performance is overseen by the Senior Operational Leadership team and reviewed by the Executive Management Board on a weekly basis.

Attention is paid to the key requirements which will support sustainable good performance, primarily ensuring that, as far as possible, we have sufficient resources available to match the expected demand.

Throughout the year, and on an on-going basis, where busy periods are expected/seen, further specific actions are taken including:

- Maximising staff hours in EOCs, 111 and in field operations, including the use of targeted incentives for key shifts identified.
- Monitoring and paying close attention to the numbers of vehicles being sent to every incident and job cycle times (particularly the time spent on scene).
- Working with colleagues within the acute (hospital) sector to optimise patient handovers, mitigating delays as far as possible.

999 call answer times

The 999 call activity levels throughout the financial year have been variable and significantly dependent upon the wider healthcare economy within the region. Despite the challenges presented, the Trust's 999 call answering performance has been constantly maintained throughout the year, with only December and January showing fluctuation of what has typically been best-in-class performance for 999 call response times. The call answering capacity for these two months was significantly impacted by exceptionally high demand within the South East Health system which resulted in the Trust entering its highest level of escalation for these two months. In addition, the Trust was impacted by a high level of staff abstraction linked directly to COVID-19.

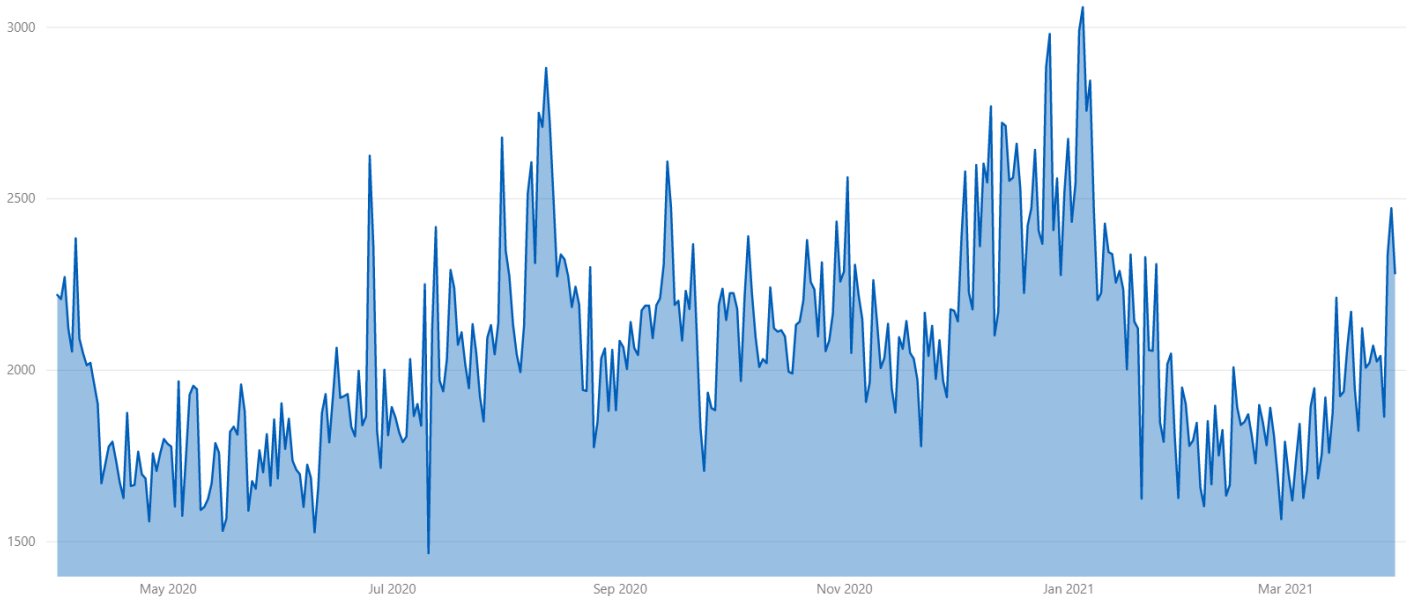
Throughout the pandemic, national actions and measures were implemented following notification from the national Emergency Call Prioritisation Advisory Group (ECPAG), recognising the impact of the NHS Pathways COVID-19 Pathway / Protocol 36. The Association of Ambulance Chief Executives (AACE), NHS England, NHS Pathways, the National Directors of Operations Group (NDOG) and the National Ambulance Service Medical Directors Group (NASMed) have worked at

pace, and in close co-operation, to develop improved triage processes within both ambulance and 111 national triage Clinical Decision Support Systems (CDSS) of Advanced Medical Priority Dispatch System (AMPDS), and NHS Pathways, to manage the demand of suspected and confirmed COVID-19 cases during the pandemic.

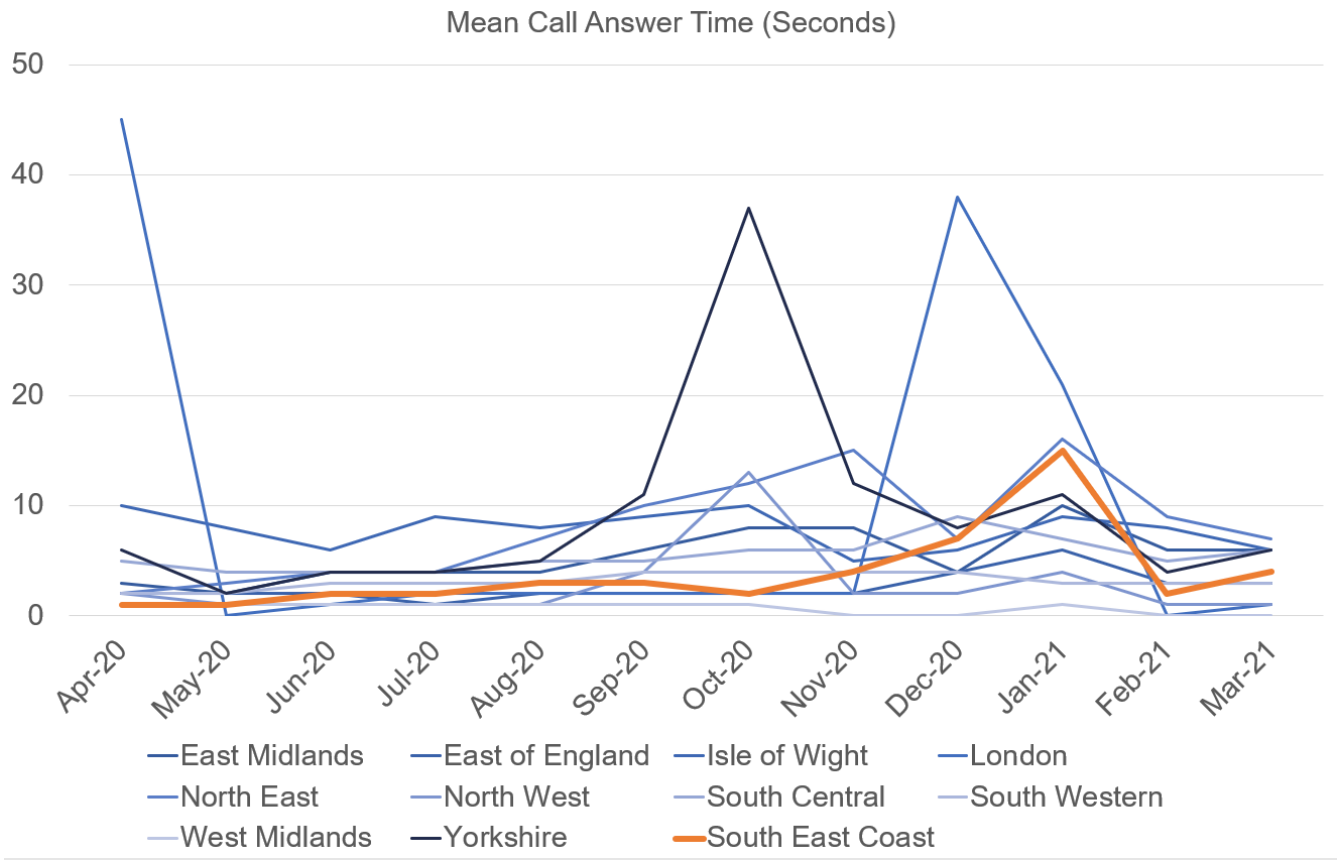
The COVID-19 pathway was implemented to remove the need for a manual paper workaround for call handlers in dealing with these calls in NHS Pathways, for 111 and 999 services. In line with Protocol 36 for AMPDS, NHS Pathways has reviewed the ambulance dispositions and where escalation levels are reached, the dispositions will change, for example when in level 3 escalation, if a Category 3 disposition is reached this will be changed to an alternative end point such as speak to a clinician for further assessment.

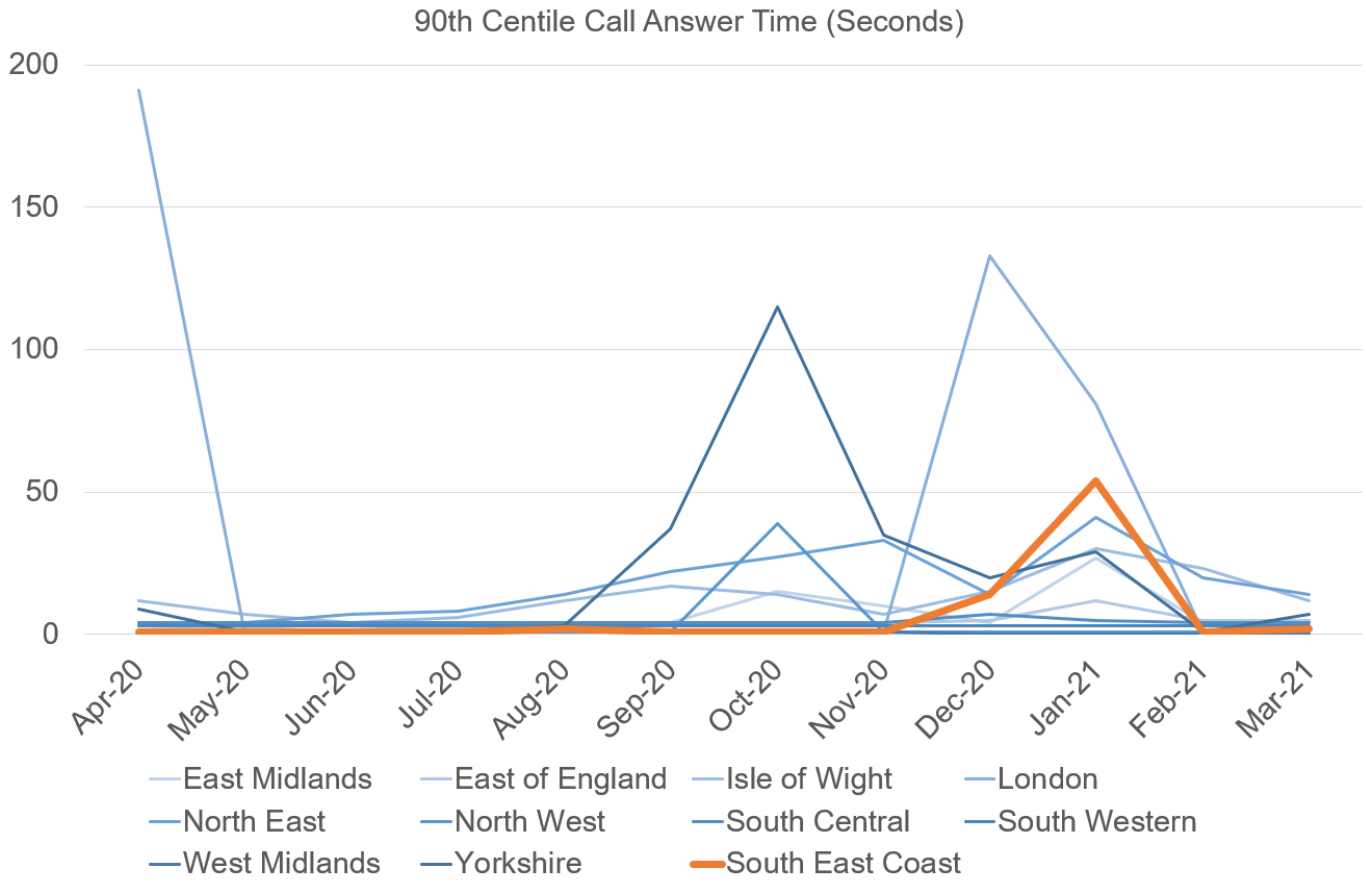
The graph below shows calls answered by day for April 2020 to March 2021 inclusive:

Calls Answered by Day



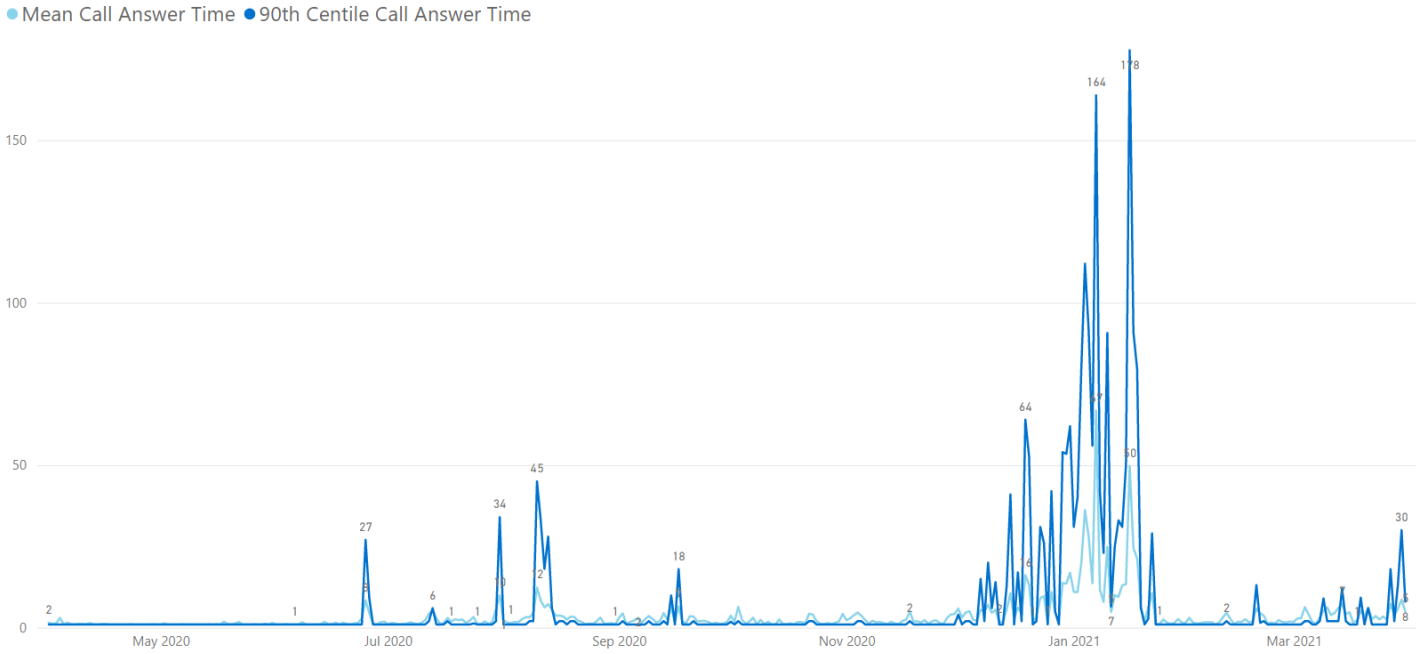
Below are graphs to demonstrate the monthly data for Mean and 90th Centile Call Answer time for all England Ambulance Trusts for April 2020 to March 2021 inclusive:


Mean Call Answer Time (Seconds)
50
40
30
20
10
0
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
East Midlands
East of England
Isle of Wight
London
North East
North West
South Central
South Western
West Midlands
Yorkshire
South East Coast


90th Centile Call Answer Time (Seconds)
200
150
100
50
0
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
East Midlands
East of England
Isle of Wight
London
North East
North West
South Central
South Western
West Midlands
Yorkshire
South East Coast

Below is a graph showing Mean and 90th Centile Call Answer Times by day for April 2020 to March 2021 inclusive:

Mean & 90th Centile Call Answer Time (seconds)



In terms of staffing, the 999 service has focussed very much on recruitment and retention of staff in its contact centres during 2020-21, and in the latter part of the financial year the Trust has entered a period of consolidation and recovery whilst still responding to the challenges presented by the COVID-19 pandemic. This has resulted in the 999 service finishing the year with a fully substantive group of Emergency Medical Advisor (EMA) call handlers, Dispatchers and Clinical Supervisors, in addition to a fully staffed leadership team, in terms of both operations and clinical leadership. This should enable the Trust to continue developing its 999 service to achieve contractual targets and to fully support the Trust's Field Operations teams in their respective Operating Units.

SECAmb Integrated Urgent Care 111 Service (SEC IUC 111)

From 28th March 2019 up until 30th September 2020, SECAmb delivered the South East Coast 111 Integrated Urgent Care (SEC 111 IUC) service within the operating area of Kent, Medway, and Sussex, excluding East Kent. This service included the provision of an interim Clinical Assessment Service (CAS), providing 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. Although a relatively short-term, interim contract, it proved invaluable in enabling the Trust to develop roles, interoperability functionality and to implement local and national initiatives including Video Consultation (VC) triage assessment, facilitating Starline Interactive Voice Recognition (IVR) calls, introducing Paediatric Consultants to 111 and piloting the national 111 First initiative, prior to mobilising a full 111 Clinical Assessment Service.

This contract was due to finish on the 31st March 2020 however, because of the issues and challenges arising from the COVID-19 pandemic, the service was extended until the end of September 2020, to enable the Trust to respond to the pandemic and continue delivering a 111 service, whilst preparing for the mobilisation of the new Kent, Medway, and Sussex 111 CAS.

Kent, Medway, and Sussex 111 Clinical Assessment Service (KMS 111 CAS)

Whilst delivering the South East Coast 111 Integrated Urgent Care service, the Trust also prepared for the mobilisation of the new KMS 111 CAS. From 1st October 2020, SECAmb as the lead organisation, working together with Integrated Care 24 (IC24), has been delivering the KMS 111 CAS throughout all of Kent, Medway, and Sussex. The KMS 111 service has a fully staffed CAS with a multidisciplinary team of CAS Clinicians including Paramedics, Nurses, Midwives, Dental Nurses, Pharmacists, Mental Health Practitioners and Urgent Care Practitioners from SECAmb, in addition to General Practitioners and Advanced Nurse Practitioners provided jointly by SECAmb and IC24.

The introduction of a full CAS has necessitated several significant changes in how 111 operates and delivers care for our patients across the region. This includes a complex piece of work undertaken by the Trust to enable enhanced interoperability and connectivity for SECAmb, including Direct Appointment Booking (DAB) functionality. This enables the service to book patients a same-day appointment with their own GP Surgery, or directly book a patient into another local service such as an Urgent Treatment Centre (UTC) or Emergency Department. The purpose of DAB is to ensure that patients get the right care, from the right service with a smoother pathway through the healthcare system. The Trust continues to evolve and develop its CAS, with the service currently working on the transition to a new Electronic Prescribing Service, which is undergoing testing in collaboration with NHS England, NHS Digital and the NHS Business Support Authority, with full sign-off expected before the end of April 2021.

One of the key changes introduced to 111 during the past year is the national NHS England 111 First initiative. SECAmb benefited from being an “early adopter” and had multiple pilots in tandem with local Acute care providers operating from September 2020, in advance of the national deployment. NHS 111 First was officially launched nationwide along with a media campaign on 1st December 2020. NHS 111 First takes the principle of 111 as the first point of access for urgent healthcare one step further, ensuring that patients have access to either a telephone or online consultation, prior to an appointment slot or Direct Appointment Booking being given at an Emergency Department or Urgent Treatment Centre.

111 First aims at ensuring that there is a clinical review of cases where a patient has received an Emergency Department disposition, following initial contact with 111. This system change required a significant amount of collaborative work between multiple providers, commissioners, and NHS England. One of the principal aims for 111 First is to alleviate avoidable pressure upon the emergency care system, enabling acute care providers to prioritise their most ill and high acuity patients

needing care, whilst also reducing the risk of hospital-acquired infection arising from crowded waiting rooms.

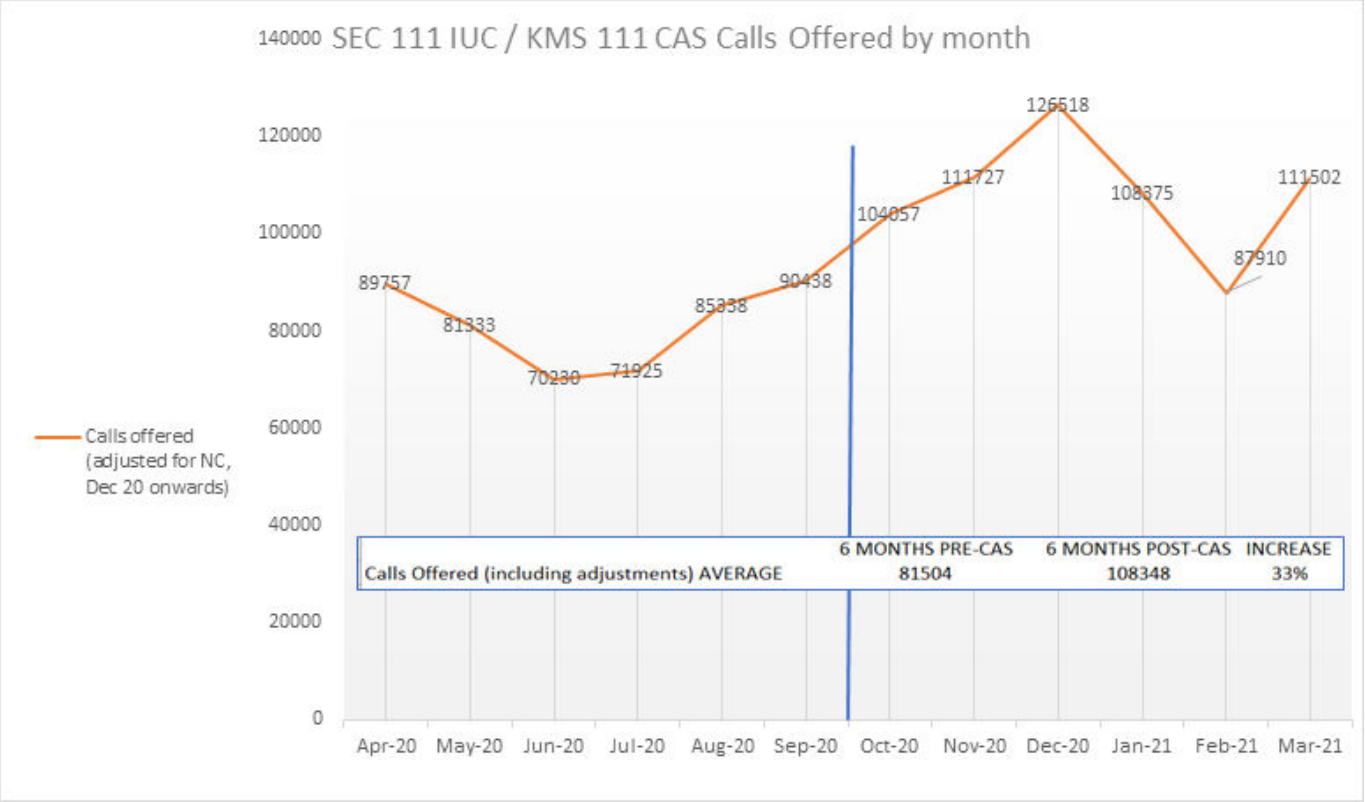
The fully integrated CAS fulfils a vital role in the delivery of Integrated Urgent and Emergency Care across the Kent, Medway, and Sussex footprint, being a single point of entry for patients to access the patient healthcare that they need, with the aim of supporting patients to access care closer to home.

The service has inbound calls received by Service Advisors and Health Advisors on an approximate SECAmb 80% / IC24 20% call split. Calls are received through the freephone 111 number by members of the public, as well as health care professionals and service users through the “Starline” Health Care Professional routing system. Assessment and/or triage is undertaken by a Service Advisor or a Health Advisor, and either emergency ambulance arranged at the point of call, symptom management advice given, or referral to the CAS or other services profiled in the Directory of Services (DoS), including but not limited to direct booking into GP services and Urgent Treatment Centres, and referral to other primary care services in the region, dependent on the service user’s need.

Enquiries can also reach the CAS from members of the public dependent on requirements following completion of an assessment via the NHS 111 Online service, available online and via the NHS app.

The provision of 111 First (booking into Emergency Departments) as well as the continued clinical validation of calls reached in the 111 service receiving a Category 3 or Category 4 non-emergency ambulance response outcome, has consolidated the service’s focus on mitigating pressure on the wider health system. Referrals to A&E services are further mitigated by the expansion of direct appointment booking to Urgent Treatment Centres and GP Access Hubs. In addition, the expansion of the service’s clinical cohort within the CAS has maximised the clinical contact rate of patients who are triaged assessed in 111, whilst also increasing the overall “Consult and Complete” rate.

The pandemic has continued to impact on 111’s activity (number of calls received) throughout the financial year, as external factors have led to unusual variations in call demand (see graph below). The service has increased operational capacity and continues to work extensively with NHS England, NHS Pathways (who provide the triage assessment computer system) and Public Health England to ensure changes are embedded to support 111 call handlers to conduct assessments involving COVID-19 concerns. Despite a period of unprecedented challenge, the service has maintained its focus on a safe and high-quality patient experience.



Clinical Performance

All eleven ambulance services in England are required to report their clinical performance through a set of Ambulance Quality Indicators (AQIs) for ambulance patients (NHS England, 2021). The AQIs comprise of System Indicators (which includes the number of ambulance 999 call and response times in all categories, as reported above) and Clinical Outcome Indicators (COIs).

The COIs are:

Return of Spontaneous Circulation (ROSC) after cardiac arrest

- Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care.
- Patients with resuscitation commenced / continued by the ambulance service, who had ROSC on arrival at hospital (all patients).
- Patients with resuscitation commenced / continued by the ambulance service, who had ROSC on arrival at hospital (Utstein comparator group[1]).

Survival to discharge after cardiac arrest

- Patients with resuscitation commenced / continued by the ambulance service, who were discharged from hospital alive (all patients).

[1] The Utstein comparator group are "patients with cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed, and the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia" (NHS England, 2021).

- Patients with resuscitation commenced / continued by the ambulance service, who were discharged from hospital alive (Utstein comparator group).

Outcome from acute ST-elevation myocardial infarction (STEMI)

- The percentage of patients experiencing a STEMI who received a full bundle of care.
- Mean time from call to catheter insertion for angiography for patients with confirmed STEMI[2].
- 90th centile time from call to catheter insertion for angiography for patients with confirmed STEMI[3].

Outcomes from stroke

- The percentage of patients with a suspected stroke or unresolved transient ischaemic attack, assessed face to face, who received the stroke diagnostic bundle.
- Mean time from call to hospital door for patients with suspected stroke[4].
- Median time from call to hospital door for patients with suspected stroke[5].
- 90th centile time from call to hospital door for patients with suspected stroke[6].

Sepsis care bundle

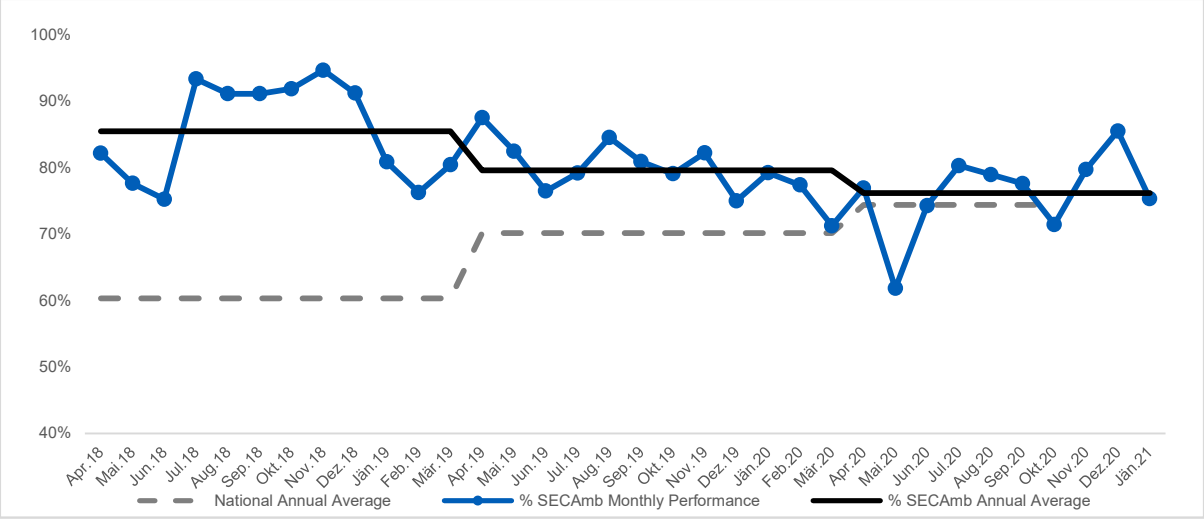
- The number of patients with suspected or confirmed sepsis (National Early Warning Score (NEWS2) of 7 or above), who received the sepsis care bundle.

The graphs below show Trust performance for these areas, as well as comparison against the national mean of the other ambulance trusts.

Return of Spontaneous Circulation (ROSC) after Cardiac Arrest

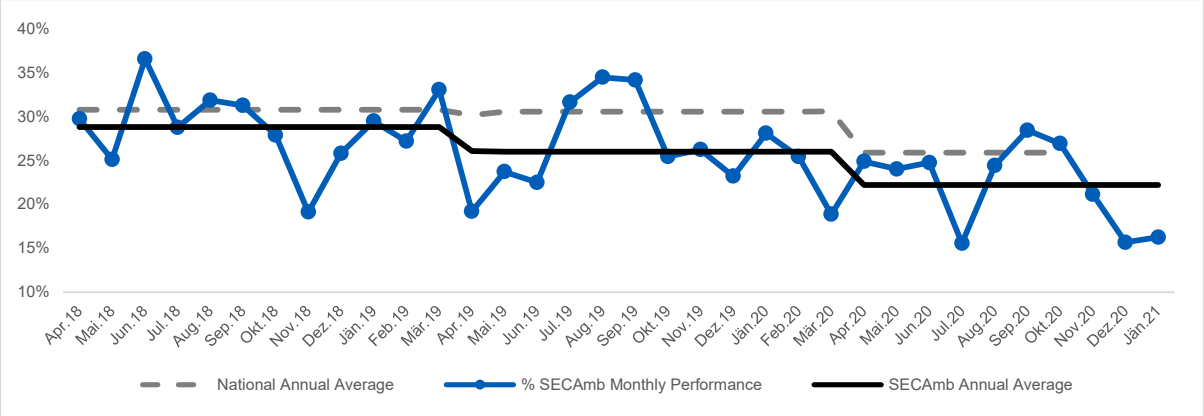
Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care:

[2-6] Introduced in November 2017, data available in arrears from NHS England.



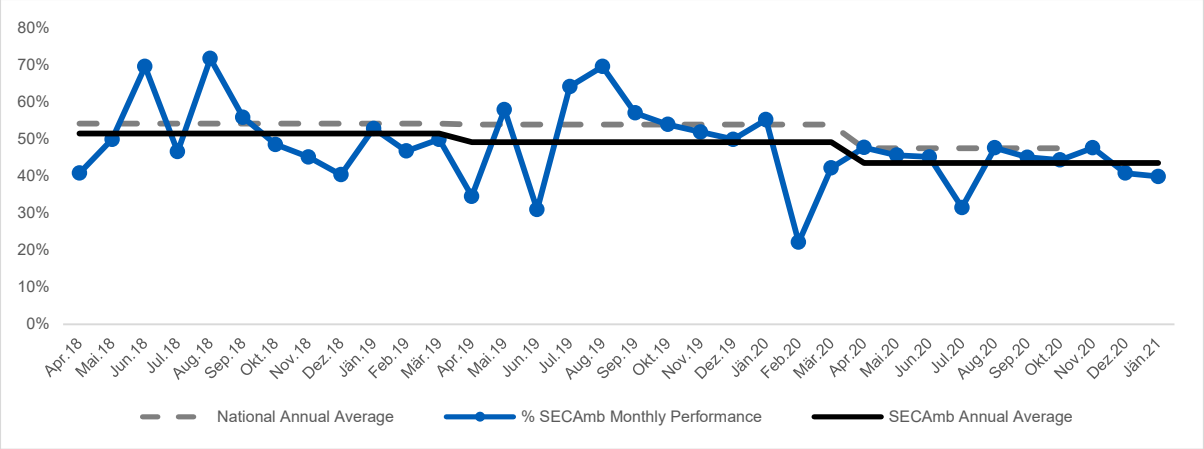
- There is little difference between year start and year to date, with wandering performance throughout the year. The reporting of the bundle is based on documented care and it is unclear at this time if the performance is lack of bundle delivery or lack of documentation. Work is ongoing to improve the quality and standard of documentation.

ROSC at time of arrival at hospital (all patients):



- The number of patients with ROSC at hospital was reduced during the height of the COVID-19 pandemic. This has been observed nationally and internationally.

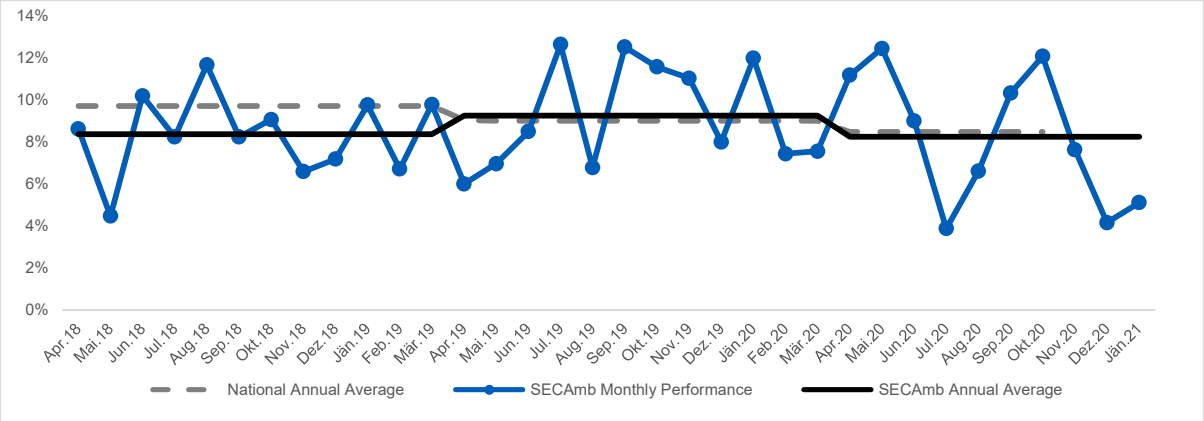
ROSC at time of arrival at hospital (Utstein Comparator Group):



- The 'Utstein comparator group' refers to patients who had a cardiac arrest witnessed in the presence of a health care professional, therefore a higher rate of ROSC would be expected.
- There has been a subtle decline in ROSC rate in the group, which is yet to be examined or explained, however a likely contributory factor is the challenges of spotting deterioration whilst working in PPE or the need to upgrade levels of PPE creating delays in intervention.

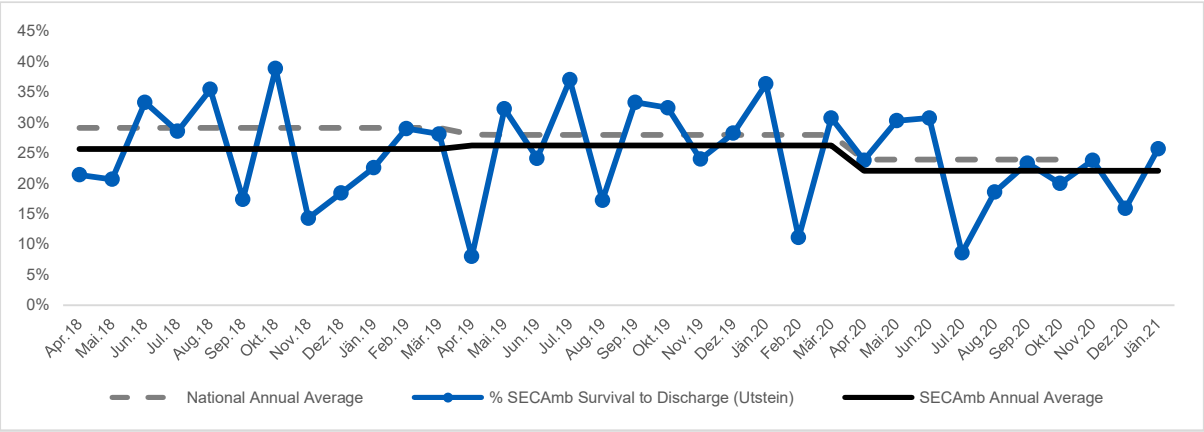
Survival to Discharge after Cardiac Arrest

Survival to discharge (all patients survival rate):



- Overall, a decline in cardiac arrest survival to discharge has been witnessed. The out of hospital phase of the patient journey is just one component and there are numerous confounders.
- During this period and due to the pandemic, national mortality rates (both in and out of hospital) were higher.
- It is not yet known the full impact or collateral effect of COVID-19 on other patient groups.

Survival to discharge (Utstein Comparator Group survival rate):



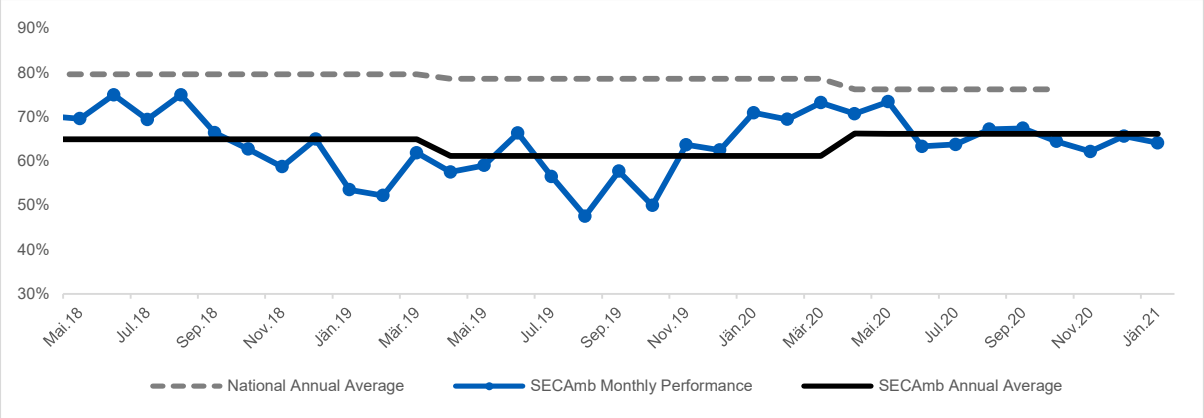
- Other than a dip early in the year, there appears to be no significant difference in rates at year start and at year to date. This is likely due to the nature of the group being reported and the higher probability of survival.

Actions underway to improve cardiac arrest performance include:

- Analysis of the impact of COVID-19 on the management of cardiac arrest patients – COVID-19 has impacted on the Trust's response to patients in cardiac arrest, however the details of this are not yet fully understood and are being explored.
- A detailed Annual Cardiac Arrest Report is under development and will be published during Q3 2021-22.
- The improvement plan for cardiac arrest survival was paused during the pandemic as so many elements of the service and guidance were changed, however this has now restarted and will see a renewed focus on improving the outcomes from cardiac arrest.
- The annual data set, at the time of writing this report, is incomplete. Therefore, full analysis and interpretation cannot be completed until these data are validated. It is expected that the full data set will be available by the end of May, which will then need analysis and reporting.
- From the January 2021 data in the 10 June 2021 publication, the survival to discharge from hospital data will be replaced with 'survival at 30 days' (NHS England, 2021).

Outcome from acute ST-elevation Myocardial Infarction (STEMI)

The percentage of patients experiencing a STEMI who received a full bundle of care:



- The Trust is below national average on this indicator, although performance has improved since ePCR was introduced.
- The current bundle of care is underperforming, mainly with regard to the administration of paracetamol analgesia. A recent audit of care bundle compliance identified:
  i. Aspirin: 99%,
  ii. GTN: 97%
  iii. 2 pain scores: 84%
  iv. Appropriate analgesia: (3 parts: any analgesia: 74%; Morphine sulphate: 66%; non-administration of paracetamol unless Morphine or entonox contraindicated or refused: 0%).

The combined complexities of the analgesia component bring the overall STEMI COI compliance down, and is the subject of a Quality and Patient Safety Committee paper for discussion regarding the messaging to staff on analgesia (i.e., should the documentation of clinical reasoning for using paracetamol and the use of morphine be adopted). Once determined, a service improvement package will be adopted which may include the following:

i. Operating Unit level audit data to introduce positive competition between OUs.
ii. Consistent messaging about analgesia.
iii. All Trust guidance to be brought into consistency and refreshed for all staff via Continuing Professional Development (CPD) and publicity, posters etc.
iv. A STEMI workbook for all staff to access for CPD, and for competency issues as they arise.

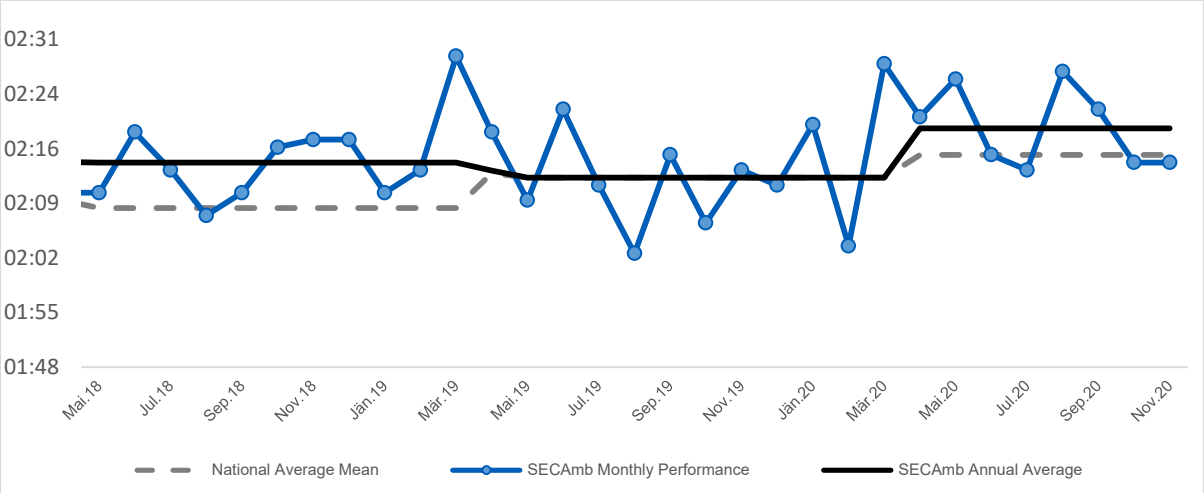
Due to inconsistencies between datasets, there have been changes in the auditing process for the STEMI Care Bundle. November 2020's data was initially audited exclusively using data from Docworks[7]. However, some data integrity issues were

[7] Cleric is a third-party vendor supplying SECAmb with CAD (Computer Aided Dispatch) software / systems. Docworks is a third-party Application Development vendor used for reporting on Patient Care Records.

identified which negatively impacted on performance, therefore auditing is now undertaken exclusively from the Cleric data whilst this is rectified.

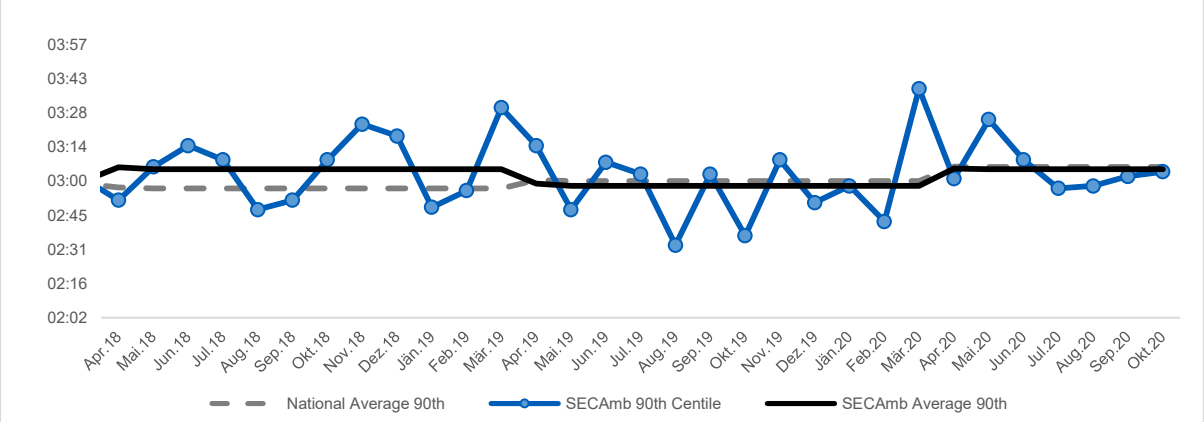
Changes were made to the STEMI data inclusion criteria, which the team were unaware of until they saw the results of the November data – any incidents that went to a pPCI (primary Percutaneous Coronary Intervention) centre had been included for November's data, resulting in non-STEMI incidents in the data sample. The inclusion criteria have now been revised accordingly.

Mean time from call to angiography for patients with confirmed STEMI:



- Trust performance is broadly in line with national averages. This is rising nationally due to increased delays to arrival at scene (increases in 'no crews to send' incidents have been observed), as well as increased time on scene. Some increased on-scene time can be accounted for by non-registered clinicians waiting on scene for back-up without a clinical reason, and the increased time to don PPE. However, some require further work to understand reasons why (such as how long it takes pPCI to come back with a decision which may be beneficial to be documented on the patient record).

90th centile time from call to angiography for patients with confirmed STEMI:



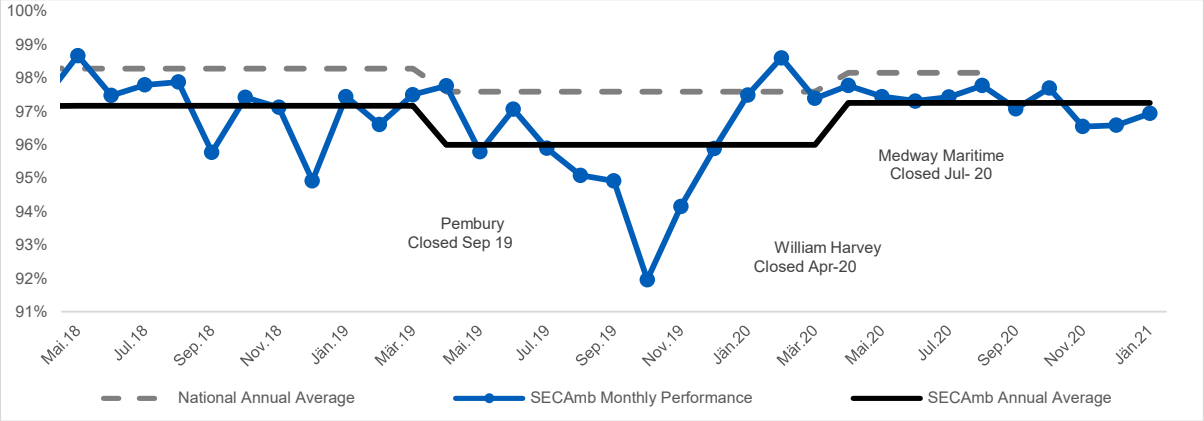
- Trust performance is broadly in line with national averages.

Actions are underway to improve STEMI performance include:

- A communication campaign is in progress to focus attention on reducing time on scene for STEMI. Focussed service improvement measures will also arise out of a detailed audit and service evaluation on STEMI care.
- The Trust has communicated with JRCALC (Joint Royal Colleges Ambulance Liaison Committee - UK Ambulance Services' Clinical Practice Guidelines) to seek a review of what constitutes appropriate analgesia (pain relief) for STEMI, specifically, if paracetamol is appropriate for analgesia.

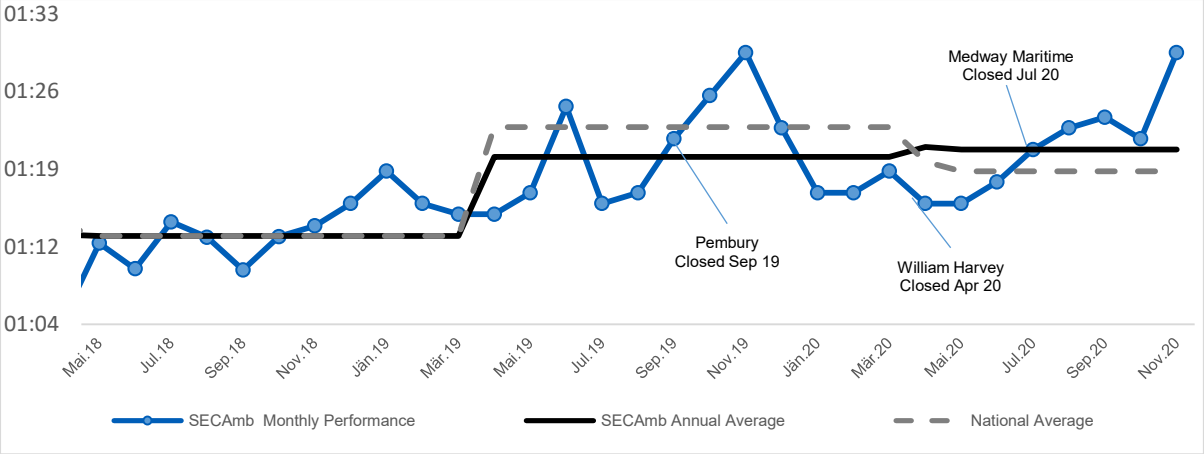
Outcomes from Stroke

The percentage of suspected stroke or unresolved transient ischaemic attack patients, who received the stroke diagnostic bundle:

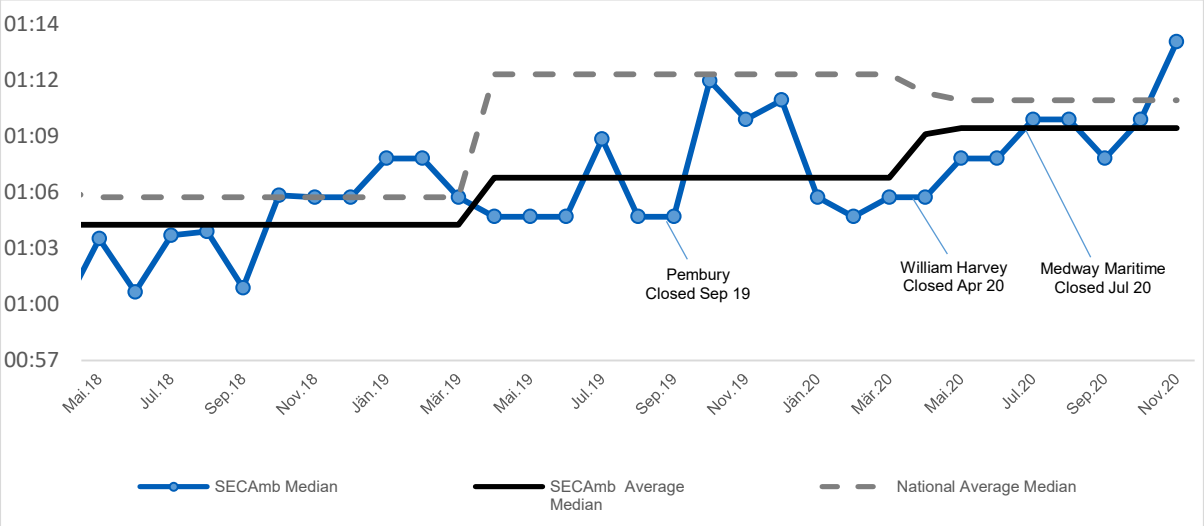


- This measure has shown improvement since updates were made to the Trust's electronic Patient Clinical Record (ePCR) platform in November 2019 that encourages clinicians to document the essential elements of care.
- Recording of blood glucose (ePCRs & paper PCRs) still has room for improvement, but the recording of blood pressure appears to have improved.

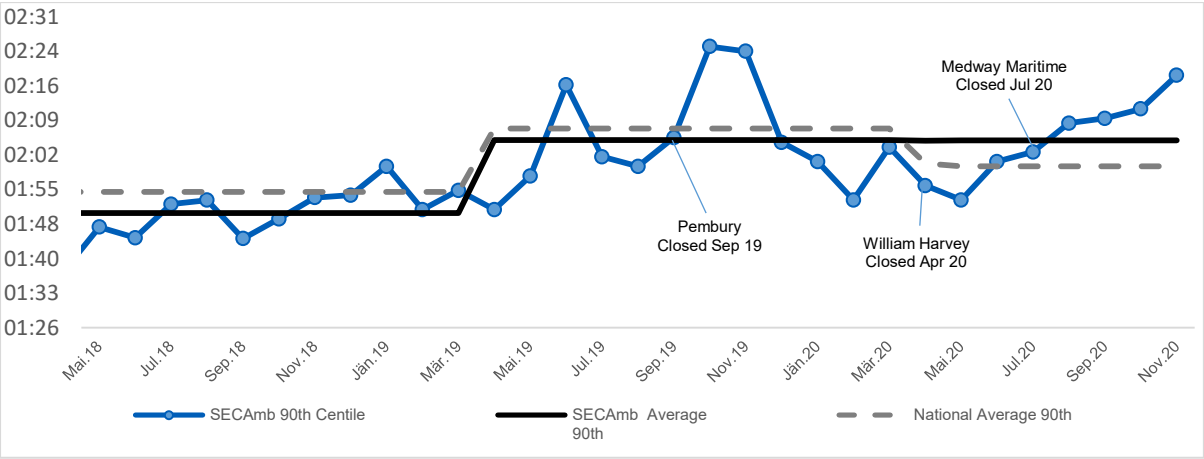
Mean time from call to hospital door for patients with suspected stroke:



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:



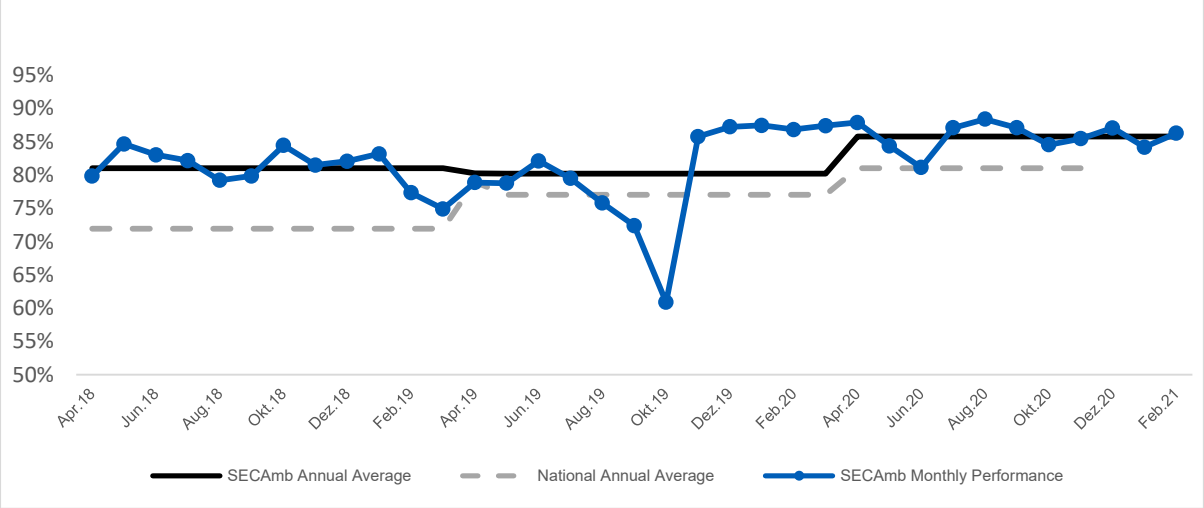
A worsening trend in performance has been observed since May 2020. Several variables have affected stroke performance over the last year in Kent:

- The closure of Medway and Tunbridge Wells to stroke patients, necessitating longer journey times.

- The divert from the William Harvey to Kent and Canterbury hospital during COVID (and ongoing).
- The introduction of telemedicine for FAST+ (suspected stroke) patients – this has added about 6-7 minutes onto every on-scene time (but correspondingly shortened hospital treatment times even more after arrival) and changed crew behaviour.
- There are variances in how crews are 'coding' patients who have received telemedicine but been declined on the stroke pathway. Some of these patients will now 'go local' or be referred to their GP or the mini-stroke (Trans Ischaemic Attack or TIA) clinic.

A service evaluation is currently being undertaken by University College London which should help inform some of these information gaps. Actions underway to improve stroke performance include a detailed audit to identify OU (Operational Unit) level performance and data, which will then inform further service improvement initiatives.

Sepsis Care Bundle:
The number of patients with suspected or confirmed sepsis, who received the sepsis care bundle:



- This measure shows a significant improvement that has been maintained since November 2019, when a fix was applied to the ePCR that guides clinicians to document care effectively.

Actions underway to improve Sepsis performance include:

- Agreed changes made to the inclusion criteria and compliancy criteria during October/November 2020 (as an example, patients that were not conveyed to hospital were included in the November Sepsis data, whereas they were not previously).

Additional broader workstreams currently underway which will positively impact on overall Trust clinical performance and the quality of service that patients receive include:

- COI improvement workstreams.
- Documentation audit (record keeping) work programme.
- Work programme to improve the paper patient clinical records (PCR) returns process.
- Paper PCR redesign project.
- Data integrity management – current quality data issues related to ePCR (electronic PCRs), Cleric and Docworks are collaboratively being resolved to enable improvements to further progress.
- The 2021-22 period will also see the restart of Codestat (key CPR performance metrics data).

Finding out more

NHS England publish AQI statistics monthly and they can be found here: Statistics » Ambulance Quality Indicators (england.nhs.uk)[8]

Equality of Service

At SECAmb we use an Equality Analysis (EA) process to improve the quality of our services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups.

The process explicitly asks users to confirm that all reasonable steps have been taken to ensure that the requirements of the Public Sector Equality Duty have been properly considered when making any changes, namely to:

- Eliminate discrimination, harassment and victimisation,
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

An EA involves anticipating the consequences of the Trust's policies, functions and services on different communities and making sure that any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised. They must be evidence based, inclusive and consultative.

The **protected characteristics** and areas those undertaking an EA are asked to consider in relation to them are outlined in the table below.

[8] https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/uk)

Disability Deaf, or hearing impaired, blind, or visually impaired, speech impaired, physical disability (including mobility issues), memory loss, dementia, learning disability, mental ill health etc.	**Gender reassignment** Related to a person who intends to, or who is undergoing or has undergone a process to change social gender role. How do we care for transgender / transsexual individuals?	**Pregnancy and maternity (breastfeeding)** Do we make sure the treatment of women positively takes pregnancy, maternity and breastfeeding into account, if at all possible?
Age Could age be a barrier to accessing/receiving services? This can be for older persons or younger persons/children	**Sexual Orientation** Do our services take a person's sexual orientation into account in what we do, say, and the information we give?	**Marriage and Civil Partnership*** Do our services take into account the need to involve civil partners?
Race Related to a person's genetics and place of birth, language, culture, etc.	**Religion and Belief** Related to a person's customs and beliefs – including non-belief	**Sex** Assuring all genders have equal opportunity and pay equality
* * = For marriage and civil partnership (including same sex marriage), only the first aim of the duty applies in relation to employment.		

The Trust can access a number of groups and individuals for EA consultation, including the Inclusion Hub Advisory Group (IHAG), as well as a subgroup of the IHAG which was established to provide electronic or 'virtual' consultation as part of the equality analysis process. This group, the Equality Analysis Reference Group, are volunteers who represent a diverse range of stakeholders. Their work improves the quality of our services, by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. Equality Analysis involves anticipating the consequences of the Trust's policies, functions, and services on different communities and making sure that any negative consequences are eliminated or minimised, whilst opportunities for promoting equality are maximised.

The EA process has been further strengthened with the following changes:

- Integration of EA guidance and forms within the revised policy and procedure templates
- Re-establishing the Inclusion Working Group members as EA checkpoints for each directorate, to provide quality assurance that any equality impacts have been considered and appropriate consultation has taken place.

In addition, as part of our work to implement a Patient Experience Strategy (which was approved by the Board in 2020), we identified a need to understand customer satisfaction in terms of the protected characteristics. In the last two quarters of 2020-21, work was undertaken to develop data collection methods. This included work with the IHAG and also training for the patient experience team. From April 2021, the Trust will start to collect and analyse this data and will be able to report on it next year.

A further implication of the strategy is to refocus our Patient Experience Group (PEG), including to ensure that the membership of, and data reviewed by, the group promotes discussions about equality of service delivery. Members of the IHAG are also on the PEG. Sadly, due to the pandemic, the work did not continue at the pace we had envisaged but early preparatory work was completed by the end of March 2021. In 2021-22 we will start the work in earnest.

Financial Performance

This section of the annual report reflects the financial performance of the Trust in relation to the activities for the year ended 31 March 2021. 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 incurred a deficit of £6.7m in the financial year 2020-21. This compared to a planned deficit of £6.5m, which was the 'control total' agreed with Surrey Heartlands Integrated Care System (ICS). Excluding the impact of a price change impairment of £6.6m following a revaluation exercise confirmed by an independent valuation, the Trust's full year performance was a small deficit of £0.1m. The significant improvement from Plan was largely due to non-recurrent funding received from the ICS and NHS England (NHSE) explained below.

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

Income and Expenditure Summary

	Year Ending 31 March 2021			2020
	Plan	**Actual**	**Variance**	**Actual**
	£m	£m	£m	£m
Income	272.2	298.8	26.5	252.4
Operating Expenses	266.5	287.2	(20.7)	238.6
Operating surplus	5.8	11.6	5.8	13.8
Interest, depreciation, and dividend	12.2	12.1	0.1	13.2
(Loss)/gain on sale of assets	0.0	0.4	0.4	(0.3)
Surplus/(deficit) before impairment	(6.5)	(0.1)	6.4	0.3
Impairment	0.0	6.6	(6.6)	0.0
Retained surplus/(deficit)	(6.5)	(6.7)	(0.2)	0.3

Financial Performance Analysis

Operational performance and financial arrangements in 2020-/21 were dominated by the COVID-19 pandemic. The pressure to deliver operational and financial performance, whilst maintaining service quality, has been a significant challenge.

The Trust continues to ensure there is a focus on financial sustainability and our financial performance demonstrates sound financial management. The Trust continued the momentum on developing a sustainable cost improvement programme to achieve the balance between income and expenditure. The deficit for the year relates mainly to the technicality of impairment before which the position was a deficit of just £0.1m.

Income

Total income was up 18.4% (£46.4m) compared to the prior year. As a result of the COVID-19 pandemic all NHS providers were moved to block contracts with Top-Ups from NHSE&I in the first half of the year and control totals put in place for the second half of the year. A total of £32.5m was provided to the Trust in support of its position, including £19.5m for costs incurred in response to the COVID-19 pandemic.

Central funding of £8.1m was allocated to support the additional NHS employer's pension contribution of 6.3% (£7.2m in 2019-20). This was a notional income to offset the corresponding costs. A further £4.2m was received for the agreement between the NHS Staff and the Trade Unions to resolve claims linked to overtime pay entitlements in respect of holiday pay under the NHS terms and conditions of service (Agenda for Change) section 13.9, this incorporates both the Bear Scotland and Flowers legal cases concerning holiday pay. An additional £2.7m was received for the carry-over of annual leave agreed in response to the pandemic.

Following an initial pause in the first half year, the Trust started 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 (a not-for-profit Social Enterprise providing a range of health and social care services). In addition, from December 2020, NHS 111 First was launched as an extension to our 111 provision. These changes combined to increase income by £4.3m.

Expenditure

Operating expenditure increased by 20.3% (£48.5m) on the prior year, broadly reflecting the growth in income. Overall, our 999 activity in 2020-21 was marginally lower than both plan and prior year, but the demand on our 111 service rose by 10.6% compared to the previous year. The increased expenditure is largely driven by the mobilisation of additional frontline and call centre capacity to maintain service delivery during the pandemic. The Trust's response to the COVID-19 pandemic incurred additional costs of £19.5m, which was matched by income, and a further £3.6m attributable to the utilisation of consumables (mainly Personal Protective Equipment) donated from Department of Health and Social Care (DHSC) group bodies for the protection of staff. The NHS Agenda for Change increase in employer

pension contribution generated extra spend of £8.1m (£7.2m in 2019-20), offsetting the notional income. Other pressures included a £3.0m increase in provision for the settlement of the 'Flowers' holiday pay case, and £2.7m additional annual leave accrual.

Further increases include an impairment of £7.8m in relation to our valuation of land and buildings, of which £1.2m involved 'abandonment' (demolition) of the Banstead building as part of site reconstruction, together with a £3.0m increase in dilapidations provision for leased buildings. The Trust further invested in resources, including vehicles, information technology, and estate enhancements. These were partly offset by an 8.4% reduction in interest and depreciation. Public Dividend Capital dividend payments fell by 52% due to the improved cash position.

Capital Expenditure

The Trust invested £19.5m in capital developments in the year to enhance our fleet and related equipment, digital infrastructures, IT systems and Estate. This was £1.1m higher than the revised forecast agreed with the ICS, largely due to the procurement of replacement iPads, funded from national monies provided for this specific purpose.

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

The Trust has now drawn down all the agreed 'Wave 4' funding from the DHSC for the Brighton Make Ready Centre (MRC) scheme to match expenditure of £3.9m in 2019-20 and £1.6m in 2020-21. Brighton MRC went live in November 2020. The Trust drew down the £3.8m 2020-21 funding for the Medway MRC in February, following the purchase of the land.

Cash

The Trust's cash balance as at 31 March 2021 was £40.2m, £19.0m higher than planned and 42% ahead of prior year. The improvement is mainly due to non-recurrent funding at the year end, notably capital bid money of £6.8m, £3.0m of income attributable to annual leave funding and £6.9m COVID-19 income.

Cost Improvement Programme (CIP)

During the year 2020-21, the Trust delivered £5.0m of savings, £0.5m less than planned. This represented 1.7% of total income. 42.8% (£2.1m) of the savings were achieved recurrently and 57.2% on a non-recurrent basis. The Trust remains committed to improving productivity and demonstrating value for money through sustainable efficiency 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 Activity

The Trust has an active internal audit programme, 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, while 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 payable), workforce planning, financial governance and sustainability (COVID-19 review), fleet and equipment maintenance, call data reporting, resilience, and data quality.

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

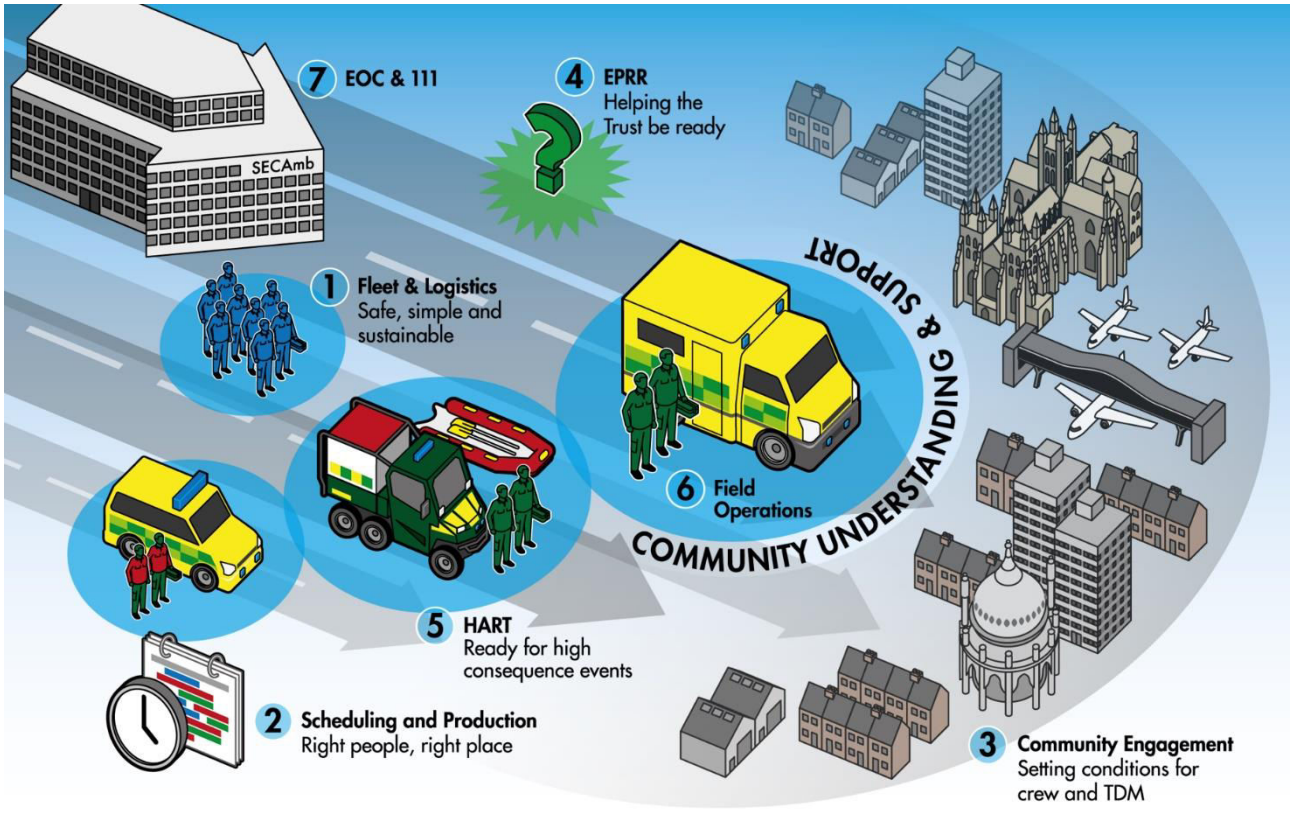
The Trust's capital structure is typical of NHS Foundation Trusts. The Treasury provides capital finance in the form of Public Dividend Capital. An annual dividend (representing the cost of capital) is payable on the Public Dividend Capital at a rate of 3.5 percent of average relevant net assets. The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

Our COVID-19 response and emergency preparedness

The pressure of COVID-19 on the nation as a whole, has perhaps been felt most acutely across the NHS. SECAmb, due to its geographical position, has faced a unique set of challenges in responding to COVID-19 whilst also remaining poised and prepared for potential impacts of EU Exit. Fortunately, the no-deal exit scenario was avoided, however the Trust still had to deliver a business as usual (BAU) service in line with Ambulance Response Programme targets against a backdrop that was anything but usual. The Resilience Directorate (Hazardous Area Response Team, Emergency Preparedness, Resilience and Response, Community First Responders, Fleet & Logistics and Scheduling) has been at the heart of keeping the Ambulance Crews and Call Handlers supported and ready.

The past year has required an incredible effort across the directorate: every person, no matter their role or the colour of their uniform, if they wear one, helped deliver patient care. This was either indirectly through Emergency Preparedness, Resilience and Response (EPRR), Fleet and Logistics and Scheduling and Performance Teams or directly in the form of front-line help from Hazardous Area Response Teams (HART) and Community First Responders (CFRs).

This model shows the connected components (TDM – bottom right – refers to our Targeted Dispatch Model which is short-hand for getting the right resource to patients depending on their need):



Emergency Preparedness, Resilience and Response (EPRR)

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services and the Health and Social Care Act of 2012 requires all NHS providers to be properly prepared to deal with a relevant emergency.

The whole of this programme of work is referred to in the health community as emergency preparedness, resilience, and response and we as a Trust have worked hard through the last twelve months to ensure that our patients receive the care that they need, despite the ongoing challenges of COVID-19, severe weather, EU Transition and other resilience issues.

The EPRR team has worked on such key elements as:

- Partnership working across our NHS and Local Resilience Forums,
- Blue-Light Collaboration with our Police and Fire & Rescue Service colleagues, and
- Interoperable capabilities and Business Continuity Incident management.

The Trust declared a Business Continuity Incident in March of 2020 because of COVID-19. The following sections outline our response, but it remains a fundamental truth that no matter the plans it is always ours staff who continue to deliver care, and it is the role of the Resilience Team to ensure that those staff are appropriately and adequately prepared for any eventuality, whether it be an operational incident or challenge to operational delivery.

The Trust's preparedness for such eventualities is assured and measured against a series of core standards every year, set by NHS England/Improvement, and known as the EPRR Core standards.

Assurance 2020-21:

The annual resilience assurance process was streamlined for the 2020-21 year, in recognition by NHS England/Improvement of the extraordinary work that was ongoing to deal with the global pandemic.

The amended process for 2020-21 focussed on the following three areas:

1) Progress made by organisations that were reported as partially or non-compliant in the 2019-20 process,
2) The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic, and
3) Inclusion of progress and learning in winter planning preparations.

The Trust provided an assurance statement in respect of the above which was submitted to our Lead Commissioners (Surrey Heartlands CCG) outlining the actions that had been taken to address the key points. Following this, it was decided by the commissioners that no further action was required, as we had been assessed as Substantially Compliant in the 2019-20 period. This assurance is key to signalling to our external partners how important resilience is to the Trust. This has not, however, meant that there has been any less continual focus on striving to improve our preparedness and readiness across our organisation.

Partnership engagement through the Local Resilience Forum and Local Health Resilience Partnerships

Clearly, the Trust cannot act nor be effective in isolation, and the EPRR Team are the conduit for resiliency information with our partners across national, regional and local levels.

Engagement with external partners throughout the past year has been an essential element of the EPRR team's contribution to the resilience of the Trust. SECAmb are a key partner at the Local Resilience Forums (LRFs), structures that are established to plan and prepare for emergencies across our region.

This well-established routine was tested to the extreme by the combined effort of planning for the response to the convergent risks of COVID-19, EU Transition and Winter pressures. As the plans became a reality, EPRR worked alongside operational colleagues to ensure a co-ordinated and cohesive approach to attendance at the Kent, Surrey, and Sussex LRFs. At the same time as these LRFs were being established in the response phase of the pandemic, the health system began a wider scale reorganisation, in response to the government White Paper on Integrated Care Systems.

The changing landscape of health increased the impact on our organisational response, driving us to work closely with evolving Integrated Care Systems as the responsibility for EPRR became one of the key workstreams for local health systems in response to the pandemic. This meant that the team was called upon to coordinate attendance at a wide variety of meetings further signalling our part as a key stakeholder in the resilience of the health system.

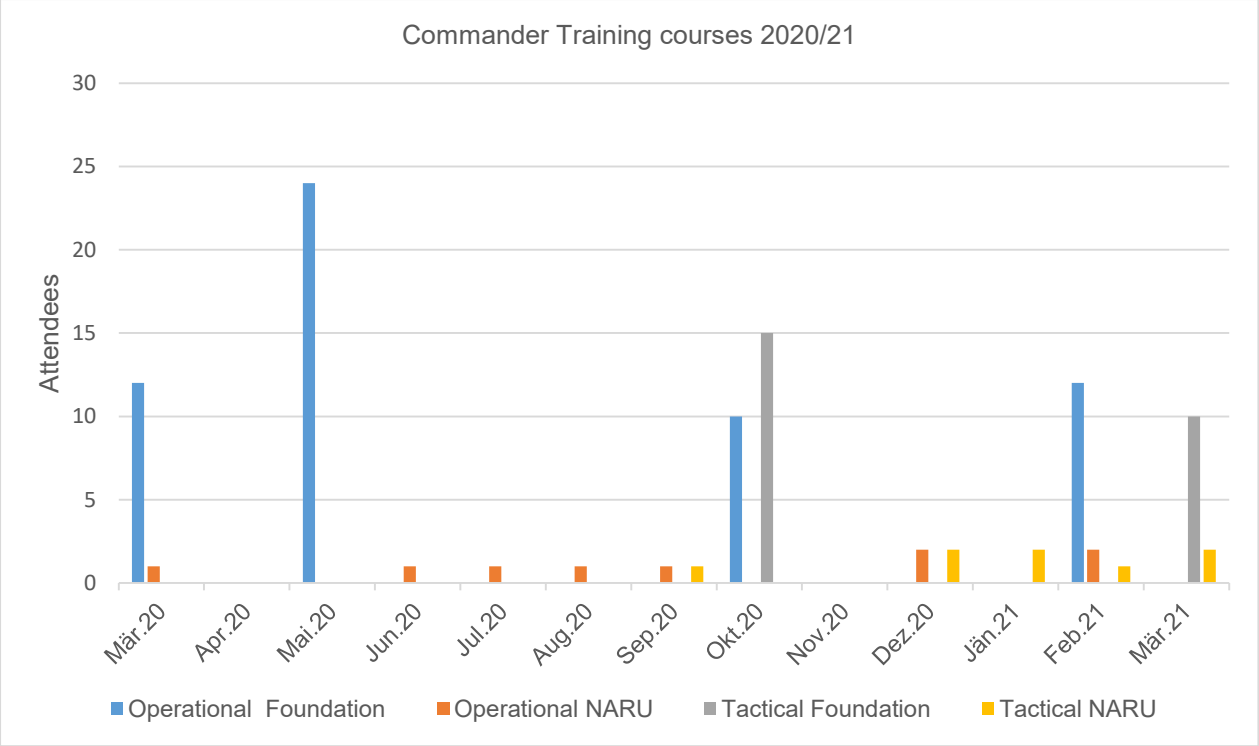
Emergency Services Collaboration 2020-21

Emergency Services Collaboration (ESC) continues to be an integral function of the team. We have engaged with partners to ensure that existing activities including the Police Joint Response Units, Kent Fire and Rescue Service Co-Responding and all our partner Fire and Rescue Services carrying out Forced Entry, have all continued with suitable COVID-19 measures in place.

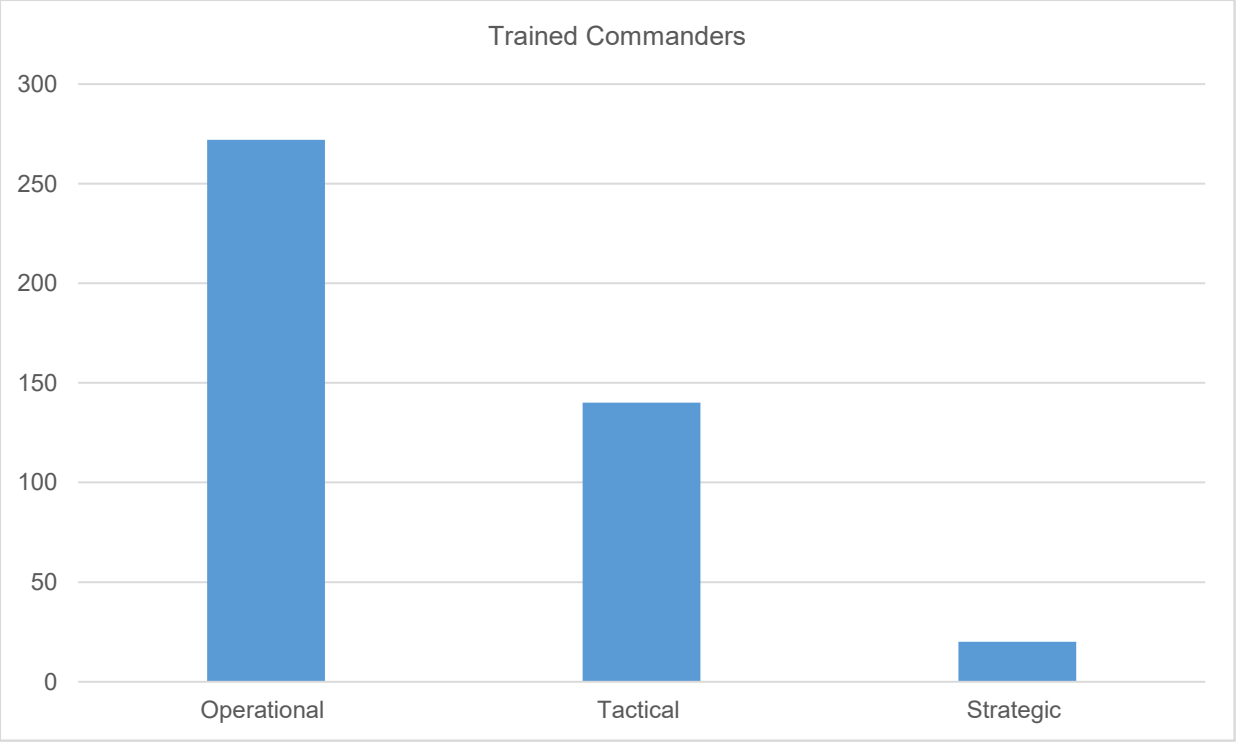
In addition to these existing activities the Trust has been assisted in other ways by our Fire and Rescue Service Colleagues. Kent Fire and Rescue Service, for example, have offered and provided Logistics Management support to assist with the increase in demand for PPE. Our partner Fire and Rescue Services provided Logistics vans and Drivers to facilitate regular supplies of this PPE. This assistance formed part of a wider mutual aid discussion that generated decisions around fire and military support to the Trust in our time of deepest need.

Command Training

Commander training remains a priority for the Trust and more than 100 staff have undertaken command training over the past year. The EPRR Team, through the provision of in-house training, has provided both operational and tactical command training to supplement National Ambulance Resilience Unit (NARU) courses, the majority of which had restricted attendance or were cancelled due to the pandemic. The table below details the command training courses provided during the past year.



Of course, events like COVID-19 have placed into stark relief the vital need to keep growing, developing, and mentoring our new cohorts of commanders. This helps share expertise and common ways of working, but importantly creates resiliency across our command teams. This focus on provision of commander training aligned to the changes in the operational structure over the past few years has increased the Trust's command capability and provides additional resilience to the command structure at all levels.



The theme of EPRR flows through all areas of the Trust, whether it be the business continuity plan for a power loss or an operational response to a transport incident. The 'lessons identified' process is key to ensuring that we develop and provide appropriate care to our patients when they need it most. The pandemic has demonstrated the need to integrate these lessons, as we move towards what is almost certainly a third wave (at the time of writing, April 2021).

Moving forwards from the contingency planning activities, it is worth exploring the capability and roles of our HART colleagues in responding by delivering a clinical response in the most challenging of circumstances.

HART

The Trust currently has two Hazardous Area Response Teams (HART), one at Ashford in Kent and the other in Crawley, West Sussex. Each location has a total of 42 Paramedics, excluding managers, giving a total of 84 operational HART Paramedics / HART operational team leaders within SECAmb. These locations were determined by NHS England as it gives access to our high-risk model response sites. These sites are Dover Docks / Channel Tunnel and Gatwick Airport. HART is commissioned to provide Paramedic level care in following environments / disciplines:

- Chemical Biological Radiological and Nuclear (CBRN) / HazMat
- Urban Search and Rescue
- Safe Working at Height
- High Risk Confined Space
- Inland Water Operations
- Tactical Medicine Operations

HART personnel are required to deliver exactly the same level of clinical response as our other Paramedics, but in an environment or position that presents practical, conceptual and moral challenges. Our HART paramedics have to balance the competing needs of remaining current and competent in the patient facing aspects of the job and also in a myriad of other enabling activities to enable them to access and then as required extract the patient safely.

Our HART Paramedics are subject to rigorous annual oversight in order to provide assurance to the Board, our Commissioners, NHS England and NARU that SECAmb HART are able to respond in the most challenging circumstances.

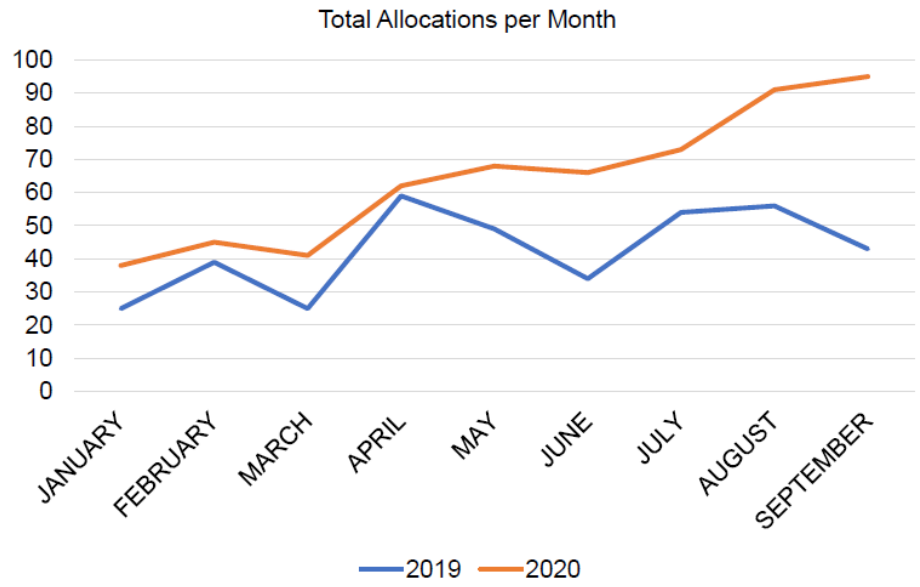
The Interoperable Standards for HART are set out within the Emergency Preparedness, Resilience and Response (EPRR) Core Standards. There are 33 specific standards which cover all aspects of HART and include areas such as interoperable capabilities, human resources, administration, and logistics.

All Trusts usually have an annual review of the core standards undertaken by NARU and the CCG, however, it was agreed that this would not take place for 2020-21, as Trusts were focusing on the response to the pandemic.

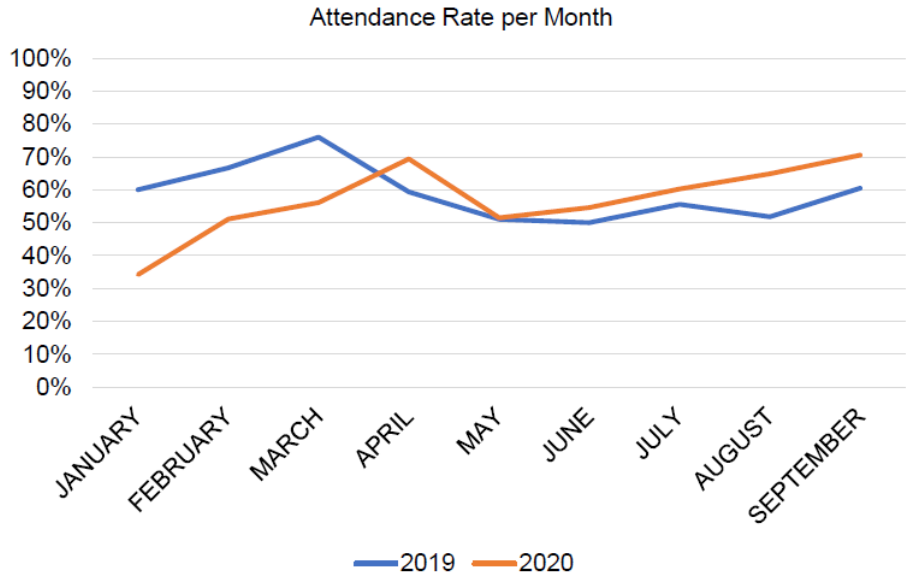
HART Tasking Desk

A key area for the development of HART is in the way the teams are dispatched, as this clearly has an impact on the utilisation of the teams. Historically HART have

been dispatched by either the local dispatcher or the Critical Care Desk (CCD) in our EOCs. To try and improve our dispatch and take pressure off the CCD, we have been running a HART Tasking Desk (HTD) since January 2020, between Monday and Friday, and evaluating the results. This has meant a HART Paramedic working in one of the EOCs at our busiest times. This pilot has seen improvements in both the allocation of defined HART incidents and the percentage of incidents HART attend. The graphs below give a snapshot of these improvements:



Graph 1: Total allocations per month



Graph 2: Attendance rate per month

Of course, getting more HART deployments is only part of the solution to help the wider response to our patients. The brilliant contribution of our Community First Responders often means that they are first on scene and able to provide that vital, timely intervention.

Community Resilience

Over the past year, volunteer Community First Responders (CFRs) have been vital in not only providing patient care throughout the pandemic to their local communities but have offered resilience in many aspects of Trust business. This has included supporting our staff by crewing welfare vehicles, delivering Lateral Flow Tests, fit testing our staff for their Personal Protective Equipment (PPE) and undertaking logistics duties, collectively giving over 20,000 hours of time.

CFR numbers have dipped due to COVID-19 with CFRs shielding and protecting family members. This has been reflected in the number of calls attended (See Fig 1.) throughout the past year by CFRs. In April to June 2020, CFRs were stood down to protect them during the early phases of the pandemic and slowly reintroduced with appropriate PPE. Currently the Trust has just under 200 active CFRs playing a vital role in attending our most time critical patients within their local communities such as cardiac arrests, providing effective Cardiopulmonary Resuscitation (CPR) and early defibrillation to our patients. Recruitment has restarted to bring our CFR numbers back to pre-COVID-19 volunteer numbers.

We would like to again thank all our CFRs for their support and the dedication they have shown in being resilient and supportive of our patients, staff, and the wider Trust.

Within the past year the Community Resilience Team have developed and now has a clear strategy in place to offer clear direction for the next four years to maximise the contribution CFRs bring to the Trust and our patients. The team have been busy continuing to support our CFRs in training and education, providing SECAmb NHS e-mail addresses to ensure they have better access to communications and systems, and applying for new technologies to assist with more effective mobilisation of our responders. With a new accredited national Level 3 First Responder on Scene (FROS) qualification now being delivered to all our new CFR students they continue to receive a robust training package and a transferable qualification. Clinical governance continues to be a focus to ensure all our CFRs remain competent and confident to undertake their role.

Tables setting out CFR’s contribution are set out overleaf.

CFR responses 1st April 2020 – 31st March 2021

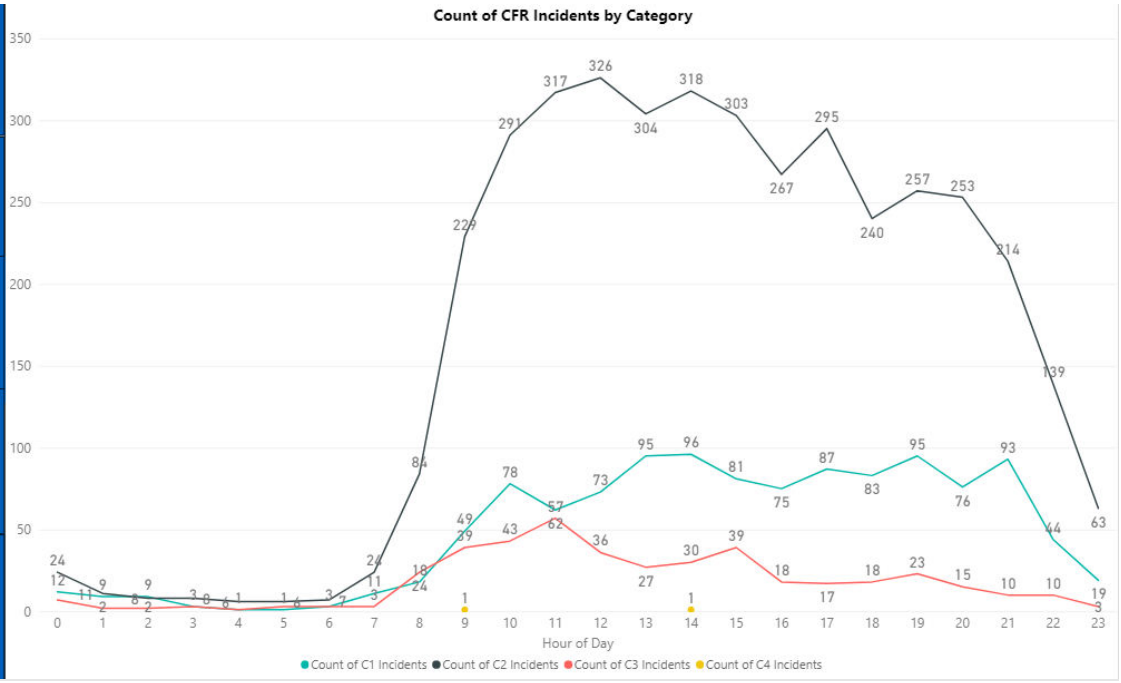
Incident Type	Incident Count
ST	1887
SC	3749
Total	**5636**

5636
Incident Count

1173
Count of C1 Incidents

3994
Count of C2 Incidents

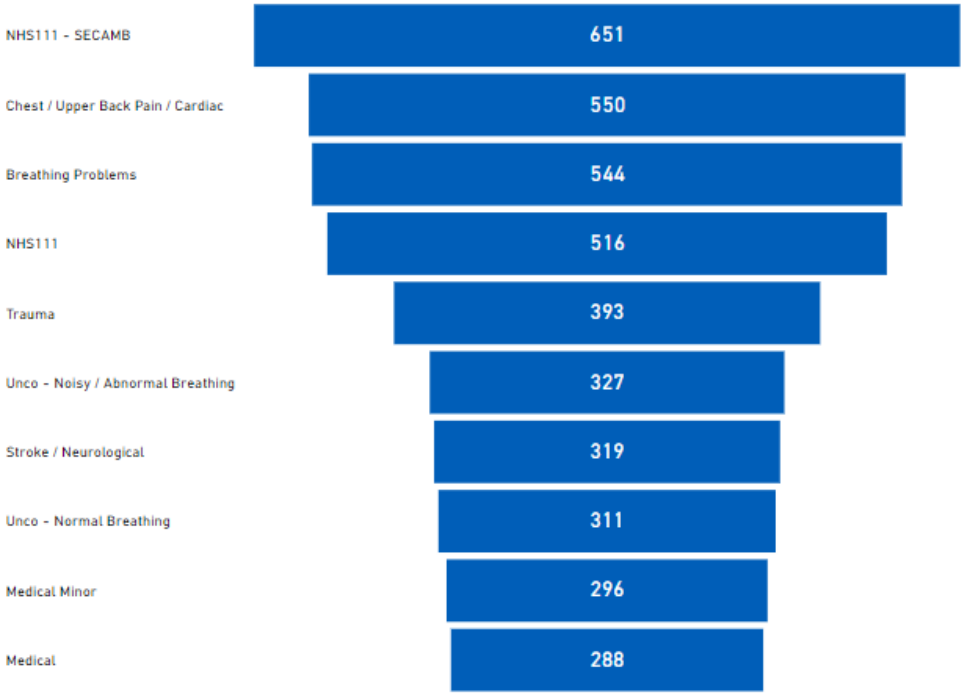
433
Count of C3 Incidents



Response times

Category	Mean Response Time	90th Centile Response Time
Cat1	00:08:31	00:14:07
Cat2	00:27:13	00:47:47
Cat3	01:26:44	03:09:43

Top 10 CFR Incident Type Responded To



Chaplains

Our volunteer Chaplain cadre continues to grow, providing pastoral support to both our staff and volunteers of all religions and none. The Chaplaincy service complements other wellbeing support measures that the Trust has in place and are described elsewhere in this report. We currently have 29 Chaplains across the Trust dealing with on average three 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 firm commitment to support staff from all religions and none.

Public Access Defibrillators

Public Access Defibrillators (PADs) continue to play a critical part in the early treatment of sudden cardiac arrest in communities. Sudden cardiac arrest continues to be one of the leading causes of death outside of hospital in Europe and the UK. To continue addressing this we have a large number of PAD sites available within local communities. These have been installed by either members of the public, Community First Responder (CFR) schemes or the Trust. Currently there are 4089 PAD sites across the geographical area of the Trust. Teaching members of the public CPR is also a key aspect of reducing out of hospital sudden death and we continue to support and take part in the annual Re-Start a Heart programme run by the British Heart Foundation, whereby our CFRs and partner agencies teach members of the public, both within the local community and local schools, CPR and defibrillation. Again, this year with the pandemic and social distancing remaining in place, this will be mainly be delivered using remote learning and media support.

Our Pandemic Response

The most important facet of the response to the COVID-19 pandemic, was (and still is) that it remains communal in nature: the need to collaborate, share understanding and be greater than the sum of our parts is the only way in which recovery will be achieved. On two occasions during the past 12 months this collective response has been highlighted clearly by the innovative work of the Trust. On the first occasion SECAmb provided for the first time in the UK an enduring Mutual Aid cohort of staff to London Ambulance Service and on the second occasion SECAmb received much needed support from the Army and Fire and Rescue Services under the provision of Military Aid to Civil Authorities (MACA) and Blue Light Collaboration.

Mutual Aid

On 5th April 2020, in the midst of COVID-19 peak 1, strain across the NHS was evident and cases were beginning to surge across the country. London Ambulance Service (LAS) found itself facing spiralling demand, increasing sickness and rapidly dwindling stocks of PPE. As the result of an urgent meeting of the National Directors of Operations Group (NDOG) LAS requested mutual aid from any Trust able to provide it. Clearly, COVID considerations placed huge constraints on how the wider ambulance community could assist.

In the space of 48 hours, SECAmb had provided 10 Dual Crewed Ambulances (DCAs) and a command team to give some respite to the exhausted LAS crews.

Needing around 30 or so volunteers from across the Trust, our Operating Units managed to find over 150 willing volunteers to choose from in just 2 days. It was particularly important that our crews didn't add to the administrative and logistical challenges that LAS were already facing. The result was a hybrid model for mutual aid that launched our crews into the LAS patch from our own Chertsey Station to take some of the load.

Whilst 10 DCAs might not seem a significant number, the impact was significant, if judged by results and the feedback from our LAS partners. They were heartened to receive the help and, in a profession where responses are measured by the second, those additional crews help make a difference. It is testament to our way of working that the learning and process has been incorporated in its entirety into the National Ambulance Coordination Centre guidance document.

Eight months later, during the next pandemic peak, it became clear that this time SECAmb was under intense pressure. However, unlike previously where SECAmb were able to provide mutual aid to LAS, this time all of the Ambulance Trusts were fully committed and stretched to the limit. As a result, we asked for help from another source.

Military Aid to Civil Authorities (MACA)

In December 2020 the Trust faced an unprecedented and deteriorating situation during the second wave of the pandemic. A number of factors (including staff sickness, mandated self-isolation, increased patient acuity and significant handover delays) contributed to regular and extended periods of Surge 4 (the Trust's highest operational escalation). This was the longest consecutive period of declared business continuity incident in the Trust's history, and there were several days where, at peak, 300+ emergency calls awaited a response.

Having optimised all available internal resources and already highly dependent on overtime, the Trust made a formal request to the National Ambulance Coordination Centre for mutual aid. Following some initial mutual aid from South Central Ambulance Service a formal request for support from the Military was made, through a formal process known as MACA (Military Aid to Civil Authorities).

A task and finish group was created in the seven days prior to the arrival of the military personnel, to ensure a smooth and efficient integration of the assistance into Trust processes. Lessons were sought from the Welsh Ambulance Service who had deployed the Military throughout the first COVID-19 wave in March 2020, and these were incorporated into the governance and assurance process for the military.

Military support was planned to arrive in three waves, with the first phase composed of 36 staff and five commanders. Phase one were trained centrally at a location close to the Trust Headquarters and then deployed to five Operating Units to work with staff who had volunteered to undertake the deployment. Due to a decrease in Trust pressure, the decision was taken by the Trust Executive Management Board to not continue with phase two and three, but Phase One continued for a 14-day deployment.

Alongside the military deployment, a cohort of firefighters were trained to work with ambulance crews, mostly driving ambulances. They utilised the same package of governance and training that had been developed as part of the MACA process and 20 firefighters from four services joined the Trust in January. These firefighters have

continued to provide support to the Trust, working closely with operational staff on providing patient care in a timely fashion.

From the 1st January 2021 to 1st April 2021 the combined mutual aid resources delivered an additional 5410 hours of operational support. Extremely positive feedback was received from both the Military and Fire service around their experience with the Trust. A review of the lessons identified from the process has been undertaken and this mutual understanding and inter-operability will form the foundation for more resiliency work in the months ahead.

Sustaining SECAmb - Logistics

The year has been challenging for the Trust's Logistics department, and the team have stepped up to keep the OUs and EOCs resourced to deliver patient care. Logistics is the department that helps keep the Trust ticking: from teabags to tympanic thermometer covers, they carry it all. Every single ambulance and every single colleague speaking to and helping our patients relies upon support from logistics in some way.

The existing infrastructure to manage our stock and movements throughout the Trust was adequate in normal times, but as vital stock became in short supply during the pandemic and our usual supply chains were disrupted, it became clear that we needed to be able to keep a tighter grip on stock holdings and movements and improvements to our infrastructure were needed. It should be noted that most NHS Trusts found themselves in a similar position.

During the last year the team have also moved from two of the three main logistics bases that service the Trust into interim accommodation, as we look forward to a new long-term structure and storage and asset tracking solutions.

Careful stock management required new space, a new resource to augment the existing team, and new reporting software to manage the required level of oversight. As a measure of scale, the warehouse has at times housed nearly 6,000m2 of stock, and deliveries were going out at least three times a week, moving hundreds of tonnes of stock. Operational colleagues had to report stock holdings throughout the week and careful consideration had to be made to balance need in each and every delivery in order to make the limited stock last to best effect.

Ambulance Trusts are a small part of the wider NHS and as such many ambulance specific items have been particularly challenging to source. Some of these items include coveralls, heavy duty aprons and small clinical waste bags none of which are used in the hospital setting. In some cases, stock could simply be purchased however the international challenges with supply chain and manufacturing have meant this has not always been the case. The Trust has been able to influence logistic collaboration by engaging with Clinical Commissioning Groups, national PPE groups and by working across the departments between Logistics, Procurement, and Infection Control.

Much of the gap in stock provision has been filled by mutual aid arrangements. These arrangements include the sharing, swapping or gifting stock in informal deals from other NHS and government bodies, from across the country. There have been some items such as coveralls that could previously be sourced for less than £8.00 per unit that were being sold for more than £20.00. A similar inflation of prices

happened with available FFP3s, with many on the market for at least 50% more than had previously been charged.

Mutual aid has greatly assisted as many of these items were simply not available to purchase commercially and so the mutual aid presented a way of protecting operational hours by keeping staff available for frontline duties. The FFP3s were a particular challenge with the variety, scarcity and significant operational impacts of associated fit tests required whenever models changed. By securing mutual aid the Trust prevented the requirement for lost operational hours during the busiest point of the second wave of COVID-19 maximising our patient response.

Items procured	Secured through mutual aid	Primary source
FFP3 masks	17,780	Across Southern Region
Coveralls	15,000	Ministry of Justice (Lincoln)
Gloves XL	12,000	Surrey and Sussex Healthcare Trust
Fit testing solution	50 vials (sweet & bitter)	Southampton University
Powered hoods filters & ancillaries	2,000	Welsh Ambulance Service

Whilst the list above may seem trivial it meant that SECAmb continued to support FFP3 fit-testing of all our patient-facing staff throughout the pandemic. Several other of our partner organisations were unable to maintain this level of protection.

Progress against key projects

2020-21 was an unusual year for change and transformation within SECAmb. The pandemic and our response initially and rightly led to the pausing/cessation of several initiatives as we enhanced our front-line response to the situation. The pandemic and our response gave the Trust time to pause and reflect on its direction in many ways and this led to changes in focus for many areas and – as the seriousness of the response began to ease – created opportunities and allowed new ideas to come forward.

The Trust's Programme Management Office (PMO) provides governance, guidance, support and data/reporting capacity to some of the projects and programmes across the Trust. The function sits within our Nursing & Quality Directorate and is staffed by qualified project managers, analysts, and support officers.

The following is a snapshot of some of the Trust's key initiatives during this time, with a brief overview of the project and its current progress as of March 2021. The PMO supported some of these projects, as indicated:

Workstream	Progress update
Clinical Assessment Service (CAS) Mobilisation	A clinical assessment service (CAS) is an intermediate service that allows for a greater level of clinical expertise in assessing a patient than would normally be expected of a referring clinician (such as a GP). This expertise is used to ensure that patients are directed efficiently and effectively into the most appropriate onward care pathway. It was introduced to enhance and improve patient pathways and experience across Kent, Medway, & Sussex (KMS). The services went live in October 2020 as part of a new five-year contract for Kent, Medway and Sussex led by SECAmb, working in conjunction with not-for-profit social enterprise Integrated Care 24 (IC24). At the time of launch, further work was required to fully implement electronic prescribing within the service, which was managed through a task and finish group although the main implementation programme was closed in January 2021.
EU Transition	This extensive piece of work was introduced to review, prepare, and introduce necessary changes, ensuring SECAmb were prepared for EU Exit on 31st December 2020. The work was completed in December 2020 and the programme was formally closed in January 2021.
Brighton Make Ready Centre	The PMO supported the building of a new Make Ready Centre in Brighton as part our continuing enhancement and improvement of our estate. Work completed in January 2021 and the MRC is fully occupied and operational. Closure was approved by the Brighton Project Board, with the Post Project Quality Impact Assessment (QIA) approved by the panel on 14th January 2021.
Sheppey Ambulance Redevelopment (PMO support)	This programme supported the redevelopment and modernisation of the existing Sheppey premises, to today's standards and the needs of the Trust. Work completed in September 2020 and the ambulance station is fully occupied and operational. Closure of the programme was formally approved on 21st December 2020.
Medway Make Ready Centre	An ongoing programme, the Trust is developing plans for a new multipurpose Make Ready Centre in the Dartford and Medway area, which is set to open in Quarter 2 2022-23
Banstead Re-Development	The Trust is developing plans for a new multipurpose Make Ready Centre in the Redhill Operating Unit area set to open in Quarter 1 2022-23
Electric Vehicle (EV) Charging Phase 1 (PMO support)	The aim of the EV Charging project is to implement a charging solution at existing central reporting sites and will be delivered in two phases. The focus of the first phase is to review and agree the options, including payment processes for Trust and staff vehicles. The programme will then identify possible available funding, agree sites/locations for installation and identify requirements for new or amended processes/procedures. The output of phase 1 is to produce a business case, which is currently being written with the aim of submission for approval in May 2021.
Agile Working Solution (PMO support)	This Project was set up as part of COVID-19 Recovery and Learning & Improvement Group (CRLIG) to support homeworking at SECAmb during COVID-19. Initially this was focused on ensuring people had the right equipment and environment to work from home and has expanded into

	how agile working will look within SECAmb in the future. An 'Operational Modelling' scoping document is currently being completed by all staff currently working from home by end of April 2021. The responses will inform both what agile working could look like after COVID-19 and the eventual business case needed to progress this to completion.
E-Timesheets (PMO support)	E-timesheets went live on 1st January 2021 and is now the Trust's default system for recording hours with the exception of 111 staff. 111 is expected to start using this system from 1st May 2021. The project is currently monitoring the use of e-timesheets and supporting all staff with queries throughout the transition. This is expected to continue until the end of June 2021, at which point support will transfer to business as usual and the project will close.
E-Expenses (PMO support)	This aims to deliver online expenses for all staff, dispensing with paper versions. Corporate staff transitioned successfully to e-expenses on 1st November 2019. As part of a second phase, all EOC/111 staff transitioned to e-expenses on 1st January 2020. The final phase will see them roll out to Operational staff on 1st July 2021, later than planned due to disruptions caused by COVID-19. There are currently 2 operations sites (Chertsey and Dartford & Medway) piloting the system. The pilot has been running positively across the sites thus far.
Call Handling Integration Plan (CHIP) (PMO support)	CHIP aims to reduce the risk of call volume pressures within 111 & 999 by ensuring all staff are dual-skilled in both, and the recruitment, contracts, and training across both 999 and 111 teams are aligned. It also aims to formally review the existing Workforce Management Tools in place at SECAmb to ensure they are fit for the future. Progress is good so far and existing staff are already being offered dual-skill training. The alignment of the recruitment and training of new staff is also on track. The workforce management review is in its early stages and this is expected to take some time to complete.
Roll Out of Powered Hoods to Frontline Staff (PMO support)	In line with Public Health England (PHE) and Health and Safety legislation and guidance, the Trust has a legal requirement to provide adequate and suitable personal protective equipment (PPE). Due to concerns raised regarding the existing disposable FFP3 options, the Trust made the unprecedented choice to purchase personal issue hoods and hoses to ensure all frontline staff have access, with vehicle-based power packs. A rollout plan was created and implemented with 95% of frontline staff issued hoods and hoses: a robust system for asset tracking was also implemented. The project closure was approved 22nd March 2021.
Performance Optimisation Plan in 111	The Plan was established to reflect the current NHS 111/Clinical Assessment Service contract metrics. The aim is to optimise performance within key operational and clinical areas, aiding the KMS111 Integrated Urgent Care service to meet its requirements and deliver cost effective operational and clinical performance. Project scoping has been completed and the plan's objectives and Key Performance Indicators (KPIs) have been identified. Benchmarking of the KPI data has been undertaken with a few remaining areas currently being confirmed. The mandatory project documentation and development of the action plan are in progress. This

	project will integrate into the overarching Operational Performance & Sustainability Plan once it is established.
Payroll Services (PMO support)	Our existing payroll provider has provided services to SECAmb on the current contract arrangements since 2016. It has been identified through regular service review meetings that the level of service is not always satisfactory, and this is in part linked to a lack of clarity within the existing contractual arrangements as to where detailed elements of the blended payroll provision sit. A new arrangement is required to ensure that the payroll provider is both market competitive in price and also offers a service which is fit for purpose. A business case has been written, to be submitted for the business case review group for approval.
Category 3 and 4 validation pilot	As part of the Ambulance Transformation Forum, NHS England and Improvement are continuing to pilot clinical validation of specified Ambulance Response Programme (ARP) Category 3 and Category 4 incidents prior to a face-to-face response being sent. Clinical validation in the context of the 999-ambulance service allows for the review and clinical assessment of certain cases prior to them being sent through for ambulance dispatch. This clinical assessment aims to enhance the triage undertaken and ultimately signpost patients to the right help within the right timeframe. Clinical validation will ensure the appropriate upgrade of some incidents, as well as improving 'Hear and Treat' performance with other incidents. Phase 1 was completed and SECAmb has been approved to become a part of phase 2 of the pilot. SECAmb is expected to follow the principles published by NHS England/Improvement and produce a procedure document detailing the processes to be followed by call taking, dispatch and clinical staff. Work is currently underway to make the necessary system changes ahead of go-live.

Clinical Education

The Trust facilitates a wide range of education and training activity for frontline clinical staff and is a contracted placement provider for undergraduate learners on Paramedic Science degree programs alongside partner Higher Education Institutions (HEIs). The Clinical Education department delivers a number of programs of study that include: Transition to Practice program, Clinical Conversion Course, Key Skills (annual update for all patient facing staff), Practice Education (PEd) courses and L3CERAD accredited driving courses. We also work alongside our HEI partners and Crawley College, part of the Chichester College Group, who now provide our apprenticeship Emergency Care Support Worker (ECSW) and Associate Ambulance Practitioner (AAP) staff. In addition to formal programs of study the department also delivers a suite of Continued Professional Development (CPD) courses alongside the much-valued support of subject matter experts from across the region.

In last year's annual report, attention was drawn to challenges experienced by the Trust in August 2019 whereby the Trust was found to not be making reasonable progress, as assessed by Ofsted in their monitoring visit. The result of the inspection meant that the Trust was unable to continue to recruit to and deliver apprenticeship programs however could continue to support learners who were already enrolled on their apprenticeship journey, several of whom have since

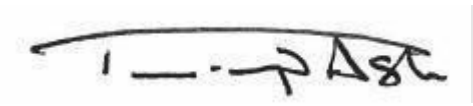
successfully completed their apprenticeship having passed their End Point Assessment (EPA). Learners who remain on a program of study continue to be supported, led through a rectification program that was established in July 2020. This rectification program spans the organisation and is being led by Clinical Education, supported by senior representatives from Human Resources, Operations and our Union colleagues. The Trust continues to contract Crawley College as our providers of new apprenticeship programs and we are working with the college to ensure collaboration, support and a seamless transition for learners into the workplace. This contract extends to September 2023.

In November 2020, Ofsted published the result of a second monitoring visit in line with their inspection schedule. This found that the Trust was now making 'reasonable progress', demonstrating the positive steps taken by the Clinical Education department and wider Trust in line with ensuring the quality of education provision against the common inspection framework. The Trust continues to be on an improvement journey in our education provision, and whilst it is not delivering its own apprenticeship provision the determination made by Ofsted means that, should it wish to, the Trust could once again deliver its own apprenticeships.

Another challenge experienced by the Trust was not able to bring enough new staff in to meet our recruitment plan. Whilst this was not the sole responsibility of Clinical Education, a collaborative approach between Operations, Workforce, HR Recruitment and Clinical Education has continued to focus upon optimising our workforce numbers and improving upon the experience of new starters through selection and recruitment, during Clinical Education and into their Operational roles.

There have been a few changes within the Clinical Education department and its establishment during the year: a new Consultant Paramedic for Clinical Education and Training was appointed in November 2020 following a competitive selection process, joining our organisation in February 2021. Since joining, positive steps have been taken to start developing the Trust's Clinical Education strategy, alongside engagement across the organisation exploring opportunities for further development and improvement.

2021-22 is set to be an exciting year for the department and will see the introduction of a new Level 6 Degree Apprenticeship (Student Paramedic) program to commence in collaboration with the University of Cumbria, the introduction and implementation of the new Clinical Education strategy with a strong focus on education and training being available to all, underpinned by good governance and a review of the department's structure to ensure that it is able to meet the needs of the organisation and support all staff.



Philip Astle, Chief Executive Officer

Date: 27.05.21

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 (NEDs) provide scrutiny and challenge based on wide-ranging experience gained in other public and private sector bodies and advice, particularly regarding setting the strategic direction for the organisation.

NEDs are required to hold a majority of Board posts to ensure independence and to properly hold the Executive to account. However, the Board is also expected to act as one – a unitary board – reflecting the agreed strategic priorities of the Trust.

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 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.

At year end 2020-21, the Trust Board as formally constituted included the Chair, seven Independent Non-Executive Directors (NEDs), the Chief Executive and five 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.

Non-Executive Director Tricia McGregor sadly passed away on 8 June 2020. Tricia had been with the Trust since her appointment in January 2018, working hard and showing massive commitment to our patients by remaining Chair of our Quality and Patient Safety Committee until just a few weeks prior to her death. The Trust was dismayed that COVID-19 restrictions at the time meant that a public ceremony giving thanks for Tricia's contribution could not be held, and we plan a fitting memorial to her as soon as it's possible to hold a suitable event.

The Trust gratefully thanks Al Rymer, who left us after two full terms of office as a NED. Most recently, Al Chaired our Appointments and Remuneration Committee and worked hard to ensure our staff and staff development was a priority during his time on the board.

Prof Tom Quinn joined the Board in October 2020 to bring clinical expertise and challenge, and Dr Subo Shanmuganathan, an HR, training and education professional, joined us in March 2021. Both join as NEDs and are very welcome.

Mamta Gupta and Christopher Gonde joined the Trust on 1 April 2021 for 12 months under the NeXT Director scheme for aspirant Non-Executives from BAME backgrounds. While not Board members, Mamta and Chris will join the Board and its committees during their time with us to share their insights and experience the work of a NED first-hand.

In January 2021 the Board appointed Michael Whitehouse as the new Senior Independent Director. He will replace Lucy Bloem in May 2021 following a handover period. In June 2020 the Council of Governors appointed Terry Parkin as Deputy Chair.

There were two key changes at Executive Director level during the year: Steve Emerton (Executive Director of Strategy and Business Development) left the Trust in August 2020 and Joe Garcia MBE retired as Director of Operations after 35 years in the ambulance service at the end of March 2021. We thank them both for their service.

On 1 April 2021 David Hammond's role was changed from Executive Director of Finance and Corporate Services to Chief Operating Officer, reflecting the new roles and responsibilities on the Executive Team following a review during the year. David remains Director of Finance. Also shortly after year end, Emma Williams was

appointed as Executive Director of Operations, and David Ruiz-Celada to the new role of Executive Director of Planning and Business Development, a role that had evolved from the vacant Executive Director of Strategy and Business Development position.

The Trust Board is supported by seven standing Committees:

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

The Board quickly moved to holding meetings online and all Board meetings held in public were made available to the public through video-recording during the year. From September 2020, formal meetings in public were accessible to the public in real time as well as video-recorded.

Prior to COVID-19, all Board meetings were voice-recorded so that stakeholders could listen to the discussions and these recordings were made available on the Trust's website. The success of the video-conferencing format in allowing our staff and public members and other stakeholders to join the meetings in real time is something we will not wish to lose even as meetings return to face to face at some point in the future.

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.

Board committees are regularly observed by Governors both to understand better the working of the Board but also to assure the governing body that the systems and structures in place to assure accountability are working effectively.

In addition, the Board held several development sessions in the months between formal meetings. Areas of focus included its specific duties around ongoing development of the Trust's Strategy. In addition, Board briefings were held regularly to provide updates from the Executive to Non-Executive members about the Trust's COVID-19 response and enable NED support and scrutiny: at some times during the year these occurred weekly.

The Board usually meets twice a year with the Council of Governors to undertake strategic activities and facilitate an effective relationship between Board and Council. These workshops did not take place this year to protect Director's time required for our operational response. As set out in the Council section below, other methods were used to ensure the Council was well-informed about the Trust's work and response. Joint Board and Council sessions commence again in May 2021.

NHS Improvement Well-Led Framework

The Trust Board regularly assesses leadership capacity and capability. During the year, the Chief Executive led a review of his executive team, making some changes in how it is structured. This includes the introduction of two new roles; Chief Operating Officer and Executive Director of Planning & Business Development. These changes are in the process of being implemented at the time of writing.

As noted above, the Board has also seen some changes in its independent Non-Executive Directors (NEDs). As part of the Board succession plan, the Council of Governors appointed two NEDs; one with a clinical background and one with a people/workforce background. A third NED due to join in May 2021 was also appointed, and they have a digital/IT background.

In addition to these changes, the Board also placed two individuals from the NExT Director Scheme. This is a scheme led by NHSE/I to support senior people from groups who are currently under-represented on Trust boards with the skills and expertise necessary to take that final step into the NHS board room. The placements are for 12 months. Supporting this scheme is one of the ways to help meet our strategic objective to develop, inspire and support an increasingly diverse workforce.

Following on from its work in the previous year (2019-20) engaging extensively with key stakeholders, the Board finalised the new Trust strategy. This review was started pre-COVID-19 and was undertaken in light of the turbulence caused by changes in need, the pressure on funding and shifts in the way that health and care is organised, managed and financed, all of which have since been re-emphasised by the pandemic. The Board recognised the need to shift from competitive to collaborative behaviour across the system and to fulfil the Trust's enduring purpose within this new operating environment the Trust strategy has been expressed as follows:

SECAmb will provide high quality, safe services that are right for patients, improve population health and provide excellent long-term value for money by working with Integrated Care Systems and Partnerships and Primary Care Networks to deliver extended urgent and emergency care pathways.

In the early part of 2021-22, and arising from the strategy and the need for the executive to take a more strategic leadership role within the system, work began on refreshing the management governance framework. The aim is to use a newly structured senior management group to provide the day-to-day management of the organisation and to establish clearer lines of accountability.

As set out in the Annual Governance Statement, the Board has a well-established Board assurance framework. Its committees are guided by an assurance purview map informed by the well-led key lines of enquiry, and seek assurance that the Executive continues to maintain a sound and effective system of internal control. During the year committees have also recognised the need to balance the scrutiny of management controls with seeking assurance the Executive is taking a longer-term view, linked to the strategy and related delivery plan.

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

Quality: improvements in patient care

Progress against our quality objectives 2020-21

In a normal year, the Trust publishes a Quality Account each June and works towards achieving the quality objectives (created in partnership with our stakeholders including patients) over the financial year. Quality Accounts are annual reports to the public from us about the quality of the healthcare that we provide. They are both retrospective and forward looking as they look back on the previous year's data, explaining our outcomes and achievements, look forward to defining our priorities for the next year to indicate how we plan to achieve these, and quantify their outcomes.

The most recent annual Quality Account produced by SECAmb was published on 15th December 2020. The delayed publication date was in response to a directive from NHS Improvement to all NHS Trusts, and subsequently our lead commissioning CCG, to cease work on the Annual Quality Account at the onset of the pandemic and then later recommending the revised publication date.

As the impact of the pandemic became apparent, the priories within the account were revised to focus partly on what could be achieved and on the emerging needs and priorities of the organisation during the pandemic.

Full details of the current annual Quality Account priorities for 2020-21 are available on the SECAmb website: https://www.secamb.nhs.uk/quality-account

The current priorities are:

Priority 1 (clinical effectiveness)

Clinical Supervision of Frontline Operational Force – Partially achieved in 2020-21

Aims and objectives
Working in partnership with key stakeholders to agree and embed a model of clinical supervision across SECAmb which aligns to the ongoing enhancements to clinical leadership, in order to:

- Reduce harm to patients and increase safe care,
- Increase reporting, learning, and confidence of staff as part of our aspiration to embed a 'Just' culture,

- Improve the wellbeing of our clinical workforce, and
- Improve clinical effectiveness and operational efficiency.

As part of this, we will implement a robust clinical leadership system (structures, people, processes) which includes education and continuous improvement.

Priority 2 (Patient Safety)

Introduction of Mental Health First Aid (MHFA) Training for Front-Line Staff - Partially achieved in 2020-21

Aims and Objectives
Education of the SECAmb workforce in the area of mental health is a vital component in developing a workforce that is capable of meeting the mental health needs of its patients and the expected standards of this education has been recommended by Skills for Health, Health Education England (HEE) and Skills for Care (2016). This guidance recommends a tiered educational system and specifies tier two as appropriate for front line ambulance staff. The secondary objective is to empower staff with the knowledge and skills to support and signpost colleagues when positive mental health is challenged.

This aim also included emotional support to SECAmb staff during the pandemic in response to emerging needs.

Priority 3 (patient experience)

Falls: Accessing Urgent and Emergency Care for Care Homes – Partially achieved in 2020-21

Aims and Objectives
This project would expect to see a reduced number of ambulance callouts to care homes for falls, resulting in an increase in available ambulance hours, alongside aiming to:

- Provide a quicker response to patients who fall, leading to more rapid assessment and decisions about ongoing care and reducing ongoing clinical risks,
- Enable faster intervention for an uninjured resident after a fall,
- Reduce the likelihood of a resident requiring an admission to hospital,
- Allow residents to remain in their ‘home’ and receive continuity of care from their team,
- Reduce wait times on the floor after a fall,
- Result in quicker recovery times and potentially lifesaving care,
- Reduce the patient fear of falling as the wait is reduced and the lift is safe and comfortable,
- Reduce the incidents of harm caused to patients due to the long-lie,
- Improve the reputation of the Trust by reducing the number of incidents and Serious Incidents (SIs) raised as a result of a fall.

It is anticipated that around 1000 patients a year would benefit once this project is implemented.

Impact of the pandemic

The delay in publication of the final Quality Account allowed time to consider what was achievable within 2020-21. As a result, we reshaped some priorities slightly to meet the emerging needs of the organisation, and to consider how the agreed priorities could be achieved over a 2-year period in anticipation of slower progress due to pressures associated with the pandemic. Two of the priorities clearly set out an intention within the Quality Account to implement the changes over a 2-year period in any case.

Progress has been made this year against all three priorities, but it has not been possible to achieve the priorities in full.

Current position

At the time of writing, work on the annual Quality Account has re-commenced following suspension due to the pandemic.

In anticipation of the need to publish an annual Quality Account, consideration has been given to priorities for 2021-22. The Trust has agreed to progress with the current Annual Quality Account priorities in order to demonstrate further improvement in 2021-21. This approach has been supported by commissioners and key stakeholders. It is anticipated that the Annual Quality Account for 2020-21 will contain more detail on work undertaken this year to progress the three priorities.

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 (full term(s) of office shown in brackets for Non-Executives)

David Astley OBE – Chair

(25 September 2018 – 24 September 2024)

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 Officer

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 MBE – 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. As noted elsewhere, he was awarded an MBE this year for his lifetime of service and work on our COVID-19 response, and retired from the Trust on 31 March 2021.

Declared interests – In anticipation of my retirement at the end of March 2021 I have now been listed as a shareholding Director of a management consultancy business that provides services to Ambulance and Health organisations within the UK and internationally. The company is called Reforma Associates Limited. I am also a registered director and shareholder of a private limited company named Reforma Property Limited. The company's primary business is domestic property rental, supply and repair.

Emma Williams, Deputy Director of Operations, stepped into the Director of Operations role on an interim basis from 1 April 2021 and was successfully appointed to the permanent role after a thorough recruitment exercise later that month.

Dr Fionna Moore MBE – Executive Medical Director

Fionna has been an A&E Consultant for over 35 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). She was awarded an MBE in 2013 for services to the NHS and the Emergency Services.

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.

Bethan Eaton-Haskins MBE – Executive Director of Nursing & Quality

Bethan joined the Trust in 2018 following a range of senior nursing roles in a career spanning more than 20 years, including most recently Chief Nurse for a number of Kent clinical commissioning groups. As well as working on a number of key quality and patient experience improvements, Bethan led the Trust's COVID-19 response and was formally appointed as SECAmb's COVID-19 Director alongside her Director of Quality and Nursing role. In the 2021 New Year's Honours List she was awarded an MBE for her service to the NHS and strong leadership throughout the pandemic.

Declared interests – none.

Declared interests – None

Steve Emerton – Executive Director of Strategy & Business Development

(to 27 August 2020)

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.

Ali Mohammed – Executive Director of Human Resources and Organisational Development

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

Terry Parkin – Independent Non-Executive Director

(1 September 2015 to 31 August 2021)

Terry has had a lengthy career in education career and social care as well as significant experience of volunteering. He has worked as a chief officer in two local authorities, leading what has become known as the 'people' portfolio, covering services to both children and adults, and including public health. Across this time he was able to develop his understanding of the wider health system, joining the Caldecott information governance review team at the Department of Health and, latterly, sitting on the South East London Joint Commissioning Board before joining SECAmb. In September 2017, he became Chief Executive Officer of Kings Group Academies and although now retired, presently works as a consultant to NHSE, supporting the discharge of children with learning disabilities and autism held in secure accommodation.

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).

Received a commission from the DfE supported by NHS E/I to work with a number of local areas on ensuring commissioning plans for children are robust and where appropriate, jointly procured.

Tricia McGregor MBE – Independent Non-Executive Director

(1 January 2017 to 31 December 2020)

As noted above, Tricia sadly passed away in early June 2020. We retain her biography here as she was in post and active in undertaking her role and responsibilities throughout part of the year under review, 2020-21.

Tricia was a speech and language therapist and a visiting professor in the School of Health Sciences at the University of Surrey. She was also an experienced, board-level leader with some 30 years' experience in the healthcare, social enterprise and employee-owned sectors. She served 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 2015 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. He left the Trust after two terms of office in January.

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 2013 to 31 August 2021)

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 2024)

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 was also a Visiting Professor in Strategy and Organisational Design at Cass Business School in London.

Declared interests – Director of the Realisation Collaborative, specialising in strategy development and organisational design. Member of the board of trustees of The Horsebridge Arts Centre, Whitstable. Member of the board of the Faversham Community Land Trust CIC. Member of the board of the Faversham Society.

Michael Whitehouse OBE – 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 as Chief Financial Officer for Southern Water with frontline staff and some emergency response, he has also worked in senior Finance positions for various large utility organisations including the energy business, Eon UK and also a UK transport business, part of RATP, which included running bus services in London with c.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 financial and commercial experience including 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

Prof. Tom Quinn – Independent Non-Executive Director

(1 October 2020 – 30 September 2023)

Tom works at St George's, University of London and Kingston University. As a nurse, he has spent four decades in healthcare and has experience in both hospital and pre-hospital care. Now a senior academic, the majority of his research has focused on improving outcomes for patients under ambulance care.

He is a Fellow of the Royal College of Nursing, European Society of Cardiology, American Heart Association and American College of Cardiology. His contribution to patient care was recognised in 2019 by election as an honorary Fellow of the College of Paramedics. He also holds a number of volunteer roles locally including being Clinical Director of HeartStart Farnham Lions and nationally as a Trustee of British Association for Immediate Care.

Declared interests – Undertaking research funded by National Institute for Health Research, British Heart Foundation, and Gas Safety Trust. External examiner for Paramedic Studies degree at University of Limerick, Ireland. Member of Domain Expert Group, Myocardial Ischaemia National Audit Project. Volunteer roles with European Society of Cardiology (Board member Acute Cardiovascular Care Association, and member of Task Force on Allied Professions). Volunteer role: Trustee/Director of British Association for Immediate Care. Volunteer role: Trustee of Aston Defibrillator Funds, Farnham. Volunteer role: Clinical Director, HeartStart Farnham Lions.

Dr Subo Shanmuganathan - Independent Non-Executive Director

(1 March 2021 - 28 February 2024)

Subo has a varied career in complex education, clinical and regulatory executive roles and has held several non-executive roles.

She brings extensive knowledge and experience of strategic business change, organisational development, education and training and transformation programmes to deliver commercial revenue, gained in both the charitable and public sectors. Her PhD is in Clinical Immunovirology from Imperial College London.

Declared Interests – None.

Board attendance (meetings held in public)

Board Meeting		Thursday 28 May 2020	Thursday 30 July 2020	Thursday 24 September 2020	Thursday 26 November 2020	Thursday 28 January 2021	Thursday 25 March 2021
David Astley	Chairman	X	X	X	X	X	X
Philip Astle	CEO	X	X	X	X	X	X
Fionna Moore	Medical Director	X	X	X	X	X	-
Joe Garcia	Director of Operations	X	X	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
Steve Emerton	Director of Strategy & Business Development	-	-				
Ali Mohammed	Director of HR & OD	X	X	X	X	X	X
Lucy Bloem	Non-Executive Director	X	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	X
Tricia McGregor	Non-Executive Director	X					
Howard Goodbourn	Non-Executive Director	X	X	X	X	X	-
Laurie McMahon	Non-Executive Director	X	X	X	X	X	X
Michael Whitehouse	Non-Executive Director	X	X	X	X	X	X
Tom Quinn	Non-Executive Director					X	X
Subo Shanmuganathan	Non-Executive Director						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 April 2020	Thursday 28 May 2020	Wednesday 10 June 2020	Thursday 30 July 2020	Wednesday 12 August 2020	Thursday 24 September 2020	Thursday 26 November 2020	Thursday 28 January 2021	Thursday 25 March 2021
David Astley	Chairman	X	X	X	X	-	X	X	X	X
Philip Astle	CEO	X	X	X	X	X	X	X	X	X
Fionna Moore	Medical Director	X	X	X	X	X	X	X	X	-
Joe Garcia	Director of Operations	X	X	X	X	-	X	-	X	X
David Hammond	Director of Finance & Corporate Services	X	X	X	X	-	X	X	X	X
Bethan Eaton-Haskins	Director of Nursing & Quality	X	X	X	X	-	X	X	X	X
Steve Emerton	Director of Strategy & Business Development	X	-	-	-	-				
Ali Mohammed	Director of HR & OD	X	X	X	X	X	X	X	X	X
Lucy Bloem	Non-Executive Director	X	X	X	X	X	X	X	X	X
Al Rymer	Non-Executive Director	X	X	-	X	X	X	X	X	
Terry Parkin	Non-Executive Director	X	X	X	X	X	X	X	X	X
Tricia McGregor	Non-Executive Director	X	X	-						
Laurie McMahon	Non-Executive Director	X	X	X	X	X	X	X	X	X
Michael Whitehouse	Non-Executive Director	X	X	X	X	X	X	X	X	X
Howard Goodbourn	Non-Executive Director	X	X	X	X	X	X	X	X	-
Tom Quinn	Non-Executive Director								X	X
Subo Shanmuganathan	Non-Executive Director									X

Key	
x	In attendance
-	Not in attendance
	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.

Appointments and Remuneration Committee (ARC)		Thursday 28 May 2020	Thursday 25 June 2020	Thursday 29 October 2020	Tuesday 1 December 2020	Thursday 25 February 2021
Al Rymer	Non-Executive Director (Chair)	X	X	X	X	
Terry Parkin	Non-Executive Director (Chair from 01/02/21)	X	X	X	X	X
David Astley	Chairman	X	X	X	X	X
Philip Astle	CEO	X	X	X	X	X
Howard Goodbourn	Non-Executive Director	X	X	X	X	X
Lucy Bloem	Non-Executive Director	X	X	-	X	X
Tricia McGregor	Non-Executive Director	-				
Laurie McMahon	Non-Executive Director	X	X	X	X	X
Michael Whitehouse	Non-Executive Director	X	X	X	X	X
Tom Quinn	Non-Executive Director			X	X	X

Key	
x	In attendance
-	Not in attendance
	Not in post

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.

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, and while all NEDs may attend if they wish, only Board Committee Chairs are expected to attend.

Audit and Risk Committee (AuC)		Thursday 21 May 2020	Thursday 16 July 2020	Thursday 10 September 2020	Thursday 3 December 2020	Thursday 11 March 2021
Philip Astle	CEO (Invitation only)	X	X	X	X	X
David Astley	Chairman (Invitation only)	-	-	-	-	
Fionna Moore	Medical Director	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	-	-			
Joe Garcia	Director of Operations (Invitation only)	X	-	X	X	X
Al Rymer (Chair of ARC)	Non-Executive Director	X	X	X	X	
Tricia McGregor	Non-Executive Director	-				
Lucy Bloem (Chair of QPS)	Non-Executive Director	-	-	X	X	-
Michael Whitehouse (Chair of AuC)	Non-Executive Director	X	X	X	X	X
Terry Parkin	Non-Executive Director	-	-	-	-	X
Laurie McMahon (Chair of WWC)	Non-Executive Director	X	X	X	X	X
Howard Goodbourn (Chair of FIC)	Non-Executive Director	X	X	X	X	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)		Thursday 16 July 2020	Thursday 3 December 2020
David Astley	Chairman (Invitation only)	X	-
Michael Whitehouse	Non-Executive Director	X	X
David Hammond	Executive Director of Finance & Corporate Services	X	X
Joe Garcia	Executive Director of Operations (Invitation only)	X	-
Al Rymer	Non-Executive Director	X	X
Howard Goodbourn	Non-Executive Director	X	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)		Friday 17 April 2020	Thursday 14 May 2020	Thursday 13 July 2020	Thursday 16 July 2020	Thursday 23 July 2020	Thursday 10 September 2020	Monday 12 October 2020	Thursday 12 November 2020	Monday 14 December 2020	Thursday 14 January 2021	Thursday 18 March 2021
Philip Astle	CEO	X	X	X	X	-	X	X	X	X	X	-
David Astley	Chairman	X	X	X	X	X	X	X	X	-	X	X
Michael Whitehouse	Non-Executive Director (Chair)	X	X	X	X	X	X	X	X	X	X	X
Fionna Moore	Medical Director	X	X	X	X	X	X	X	-	X	X	-
David Hammond	Director of Finance & Corporate Services	X	X	X	X	X	X	X	X	X	X	X
Joe Garcia	Director of Operations	X	X	X	X	X	X	X	-	-	X	X
Steve Emerton	Director of Strategy & Business Development	X	-	-	X	-						
Howard Goodbourn	Non-Executive Director	X	X	X	X	X	X	X	X	X	X	X
Lucy Bloem	Non-Executive Director	X	X	X	X	X	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.

Quality and Patient Safety Committee (QPS)		**Monday 6 April 2020**	**Monday 13 April 2020**	**Monday 20 April 2020**	**Monday 27 April 2020**	**Monday 4 May 2020**	**Monday 11 May 2020**	**Thursday 21 May 2020**	**Monday 1 June 2020**	**Thursday 9 July 2020**	**Monday 17 September 2020**	**Thursday19 November 2020**	**Monday 14 December 2020**	**Thursday 7 January 2021**	**Thursday 18 March 2021**
Philip Astle	CEO (Invitation only)	-	-	-	-	-	-	-	-	X	X	-	-	-	X
David Astley	Chairman	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tricia McGregor	Non-Executive Director (Chair)	X	X	X	X	X	X	X	X						
Fionna Moore	Medical Director	X	X	X	X	X	X	X	X	-	-	X	X	X	-
Joe Garcia	Director of Operations	X	X	X	X	X	X	X	X	X	X	-	-	X	X
Bethan Eaton-Haskins	Director of Nursing & Quality	X	X	X	X	X	X	X	X	X	X	X	X	-	X
Ali Mohammed	Director of Human Resources & Organisation Development (HR&OD)	-	-	-	-	-	-	-	-	-	-	-	X	X	X
David Hammond	Executive Director of Finance and Corporate Services (invitation Only)	X	X	-	X	X	-	-	-	-	X	X	X	-	-
Richard Quirk	Deputy Medical Director (Invitation only)	-	-	-	-	-	-	-	-	X	X	-	-	-	X
Lucy Bloem	Non-Executive Director	X	X	X	X	X	X	X		X	X	X	X	X	X

Michael Whitehouse	Non-Executive Director (Invitation Only)	X	-	-	-	-	-	-	-	-	-	-	-	-	-
Laurie McMahon	Non-Executive Director	X	-	X	X	-	-	-	-	-	-	-	-	-	-
Terry Parkin	Non-Executive Director	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tom Quinn	Non-Executive Director											X	X	X	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 24 April 2020	Thursday 14 May 2020	Thursday 2 July 2020	Friday 28 August 2020	Thursday 17 September 2020	Thursday 22 October 2020	Thursday 3 December 2020	Thursday 21 January 2021	Thursday 11 March 2021
Laurie McMahon	Non-Executive Director (Chair)	X	X	X	X	X	X	X	X	X
Terry Parkin	Non-Executive Director (Chair to end of April)	X	X	X	X	X	X	X	X	X

Philip Astle	CEO	X	-	-	-	-	-	-	X	X
Fionna Moore	Medical Director	X	X	X	X	-	X	X	X	X
Joe Garcia	Director of Operations	X	X	X	X	X	x	-	X	X
Steve Emerton	Director of Strategy & Business	X	-	-						
Bethan Eaton-Haskins	Director of Nursing & Quality	-	X	X	-	-	-	X	X	X
Ali Mohammed	Director of HR & OD	X	X	X	X	X	X	X	X	X
Al Rymer	Non-Executive Director	X	X	X	X	X	X	X	X	
Tom Quinn	Non-Executive Director							X	X	X

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 related to third party creditors whilst NHS creditors were marginally underneath this. To this end the total figures for March 2021 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
2020-21	19,926	19,142	96.1%	84,378	80,327	95.2%
2019-20	22,953	21,872	95.3%	81,403	77,785	95.6%

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 four 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.

Lead Governor's Report – on behalf of the Council of Governors 2020-21

Nicki Pointer – Public Governor, Lower East SECAmb

I represent the interests of the people of East Sussex and Brighton and Hove (SECAmb's 'Lower 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 as a Council 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.

We also have some very specific powers and I'll outline where we have used those during the year.

But first I should start by reflecting on this extraordinary year: COVID-19 has impacted so heavily on most people in some way and of course the ambulance service has been quite literally on the frontline providing care throughout the year. As Governors, we have tried to support the service as it acted to flex as needed to keep providing the best possible service to patients while balancing the safety of SECAmb's staff and volunteers. I'd like to thank everyone working at SECAmb for their incredible efforts to date. At the time of writing (April 2021) lockdown restrictions are beginning to be eased and patient demand is returning to usual levels. We all hope there is no return to the transmission rates, hospitalisations, sickness and mortality rates seen during the past year.

SECAmb has sadly lost a number of staff members to the virus, as outlined elsewhere in this report. Council has been focused throughout the year on helping ensure that the Trust was doing its best to protect its staff and volunteers, while recognising that at times demand for its services was incredibly high and the number of COVID-19 patients meant it was inevitable that crews would find themselves at the sharp end of the virus. The challenges with PPE early in the pandemic are well-documented but as availability improved, PPE has become part of day-to-day life for our crews. The hard work and stress levels of the crews and call-centre staff during the height of the various waves cannot be underestimated.

Many of our Community First Responders, including some Governors who volunteer in that role, were unable to respond to patients due to lack of safety equipment and so took to the road (when lockdown rules allowed) to provide welfare support to the frontline staff instead. This was particularly valuable when hospitals were at their busiest during the first and second waves, and crews and patients were spending a long time waiting to hand patients over to Emergency Departments. The 'welfare vans' provided much-needed refreshments and a friendly (if masked!) face during long shifts. Council adds it thanks to all the incredible volunteers who have and continue to support the Trust.

The Trust has been the grateful recipient of charitable funding which has helped stock the welfare vans but also provided some cheer on our stations and for our hardworking back-office teams – from coffee machines and water bottles to a table tennis table, the funds have been put to good use for the benefit of staff. If you have donated to NHS Charities Together during the year – thank you.

A notable success this year has been the Trust's extensive vaccination programme, which was able to extend to volunteers, including Governors, once priority frontline staff were vaccinated. As I write the Trust has started to roll out second jabs to eligible staff and volunteers.

The way the Council has worked alongside the Board during the pandemic has of necessity moved online, with Council meetings and committees continuing virtually. This has had some benefits, enabling more members of the public and staff to join the meetings, but I think it's fair to say that Governors have missed the contact with the Board, and particularly the informal catch-ups that are possible when meeting face to face. Governors have continued to observe Board meetings and Board committees, which have also moved online, and have provided Council with assurance that Board scrutiny and oversight has continued despite the many challenges.

At the time of writing, discussions are ongoing about how we maximise the benefits of enabling online access to future meetings while planning for meeting face to face when it is possible to do so safely.

Naturally, Foundation Trust membership engagement and recruitment external events have had to be stopped during the year, though we have held several sessions online to try and reach out to members, with limited success. Communication via our membership newsletter, Your Call, has continued and our membership numbers remain strong despite Governors' lack of physical presence out and about around the South East. Our Annual Members Meeting online was a huge success, with good feedback from the more than 200 attendees who joined us in September to hear about the Trust's pandemic response and other areas of work.

It is fair to say that for Council as well as for the Board and Trust more widely, the focus has, of necessity, been squarely on responding effectively to the unprecedented challenges posed by the virus. However, Council have continued to seek improvements in other areas of the Trust where reasonable during the year.

We do this through questions submitted between formal meetings as well as by holding the Non-Executive Directors to account at our Council meetings.

Areas of focus for Council have included:

- Use of patient experience feedback and learning;
- Improved staff engagement and communication;
- The Trust's evolving strategy and the impact of ongoing changes in the wider health system; and
- Staff wellbeing.

Council has a rolling agenda of scrutiny items covering the remits of each of the Board committees, and these have continued through the year.

Governor questions to the Non-Executives between meetings have included the following topics, some COVID-19-related but not all:

- Assurance around plans to create a new Make Ready Centre in Medway;
- Clarity around staff annual leave entitlements;
- Concern at delays at some Kent hospitals;
- Progress on a project to improve responses to falls;
- PPE provision and 'fit testing';
- Monitoring of contracted private ambulance providers, including around PPE;
- Arrangements for staff working from home;
- Finding for the Trust's Paramedic Practitioner programme;
- Streamlining the process for CFRs to access funds they have raised;
- Traffic management in Kent in the run up to EU Exit;
- Accessibility of the service to hearing-impaired patients;
- Environmental considerations at new buildings; and
- Improvements in the Trust's provision of clinical education.

In terms of our statutory powers, the Council has made several Non-Executive Director appointments and reappointments this year. NED remuneration has remained static.

The Chair, David Astley, was reappointed for second three-year term of office at our meeting in early March 2021, Lucy Bloem was reappointed for a final year in August 2020, and Laurie McMahon reappointed for a second three-year term from February 2021. Council appointed two new NEDs during the year: Prof. Tom Quinn joined the Trust in October 2020 and Dr Subo Shanmuganathan in March 2021, both recruited by the Nominations Committee of the Council (working in tandem with BAME Recruitment agency).

In January, Council said a fond farewell to Al Rymer who concluded his second three-year term as a NED at SECAmb. On behalf of the Council, I would like to thank him for his diligent service and wish him well for the future.

Council were very sad at the passing of NED Tricia MacGregor in June 2020. Tricia had developed a good relationship with the Council and her patient focus was hugely appreciated. She is missed.

No Council elections were held this year, but we have seen a few changes among Governors, with three Governors stepping down for various personal reasons: Pauline Flores-Moore in May 2020 after a little over a year with us; Malcolm Macgregor in December 2020 after 18 months as a Staff Governor; and Marguerite Beard-Gould in October 2020 after more than 6 years' service. Marguerite had been particularly consistent in her contribution to the Nominations Committee. I thank them all on behalf of the Council and am only sorry we couldn't meet up to thank them in person.

Subsequently, we welcomed Colin Hall back to the Council representing Kent and Medway (Upper East SECAmb), Harvey Nash representing West Sussex (Lower West), and Nigel Willmont-Coles as a Staff Governor (Operational).

Finally, as we begin to emerge from what we hope are the worst of the impacts of the pandemic, I must express again on behalf of my Governor colleagues our admiration and respect for everyone working for or with SECAmb and across the wider health and social care system during the past year. Governors must continue to hold the Non-Executive Directors to account for the performance of the Board, in the interests of our members and the wider public, particularly during times of additional pressure and stress. We do this with the utmost respect for the pressures everyone has been under and look forward to working together and meeting in person again in the coming year.

Meet the Governors

Staff Governors

Non-operational

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

Malcolm Macgregor (First term of office 01 March 2019 - 28 February 2022 - Resigned 07 December 2020)
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.

Nigel Willmont-Coles (08 December 2020 – 28th February 2022 – took over the remaining part of Malcolm Macgregor's term**)**
Nigel is an Operational Team Leader in the Guildford Operating Unit and has been in the Ambulance Service for over 30 years.
Nigel has previous experience as a Staff Governor and was elected by SECAmb staff to represent them on the Governing Body and served for 3 years.
Nigel finds being a Governor extremely rewarding knowing that the voice and concerns of SECAmb staff are being discussed at a high level and looks forward to representing the staff at SECAmb once again.

Declared interests: Working for Aldershot Town Football Club as a match day steward supervisor

Public Governors

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 2023)
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.

Upper East: Medway, Kent & East London

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 - resigned 15 October 2020)

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)
Sian 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

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

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.

Pauline Flores-Moore (First term of office 1 March 2019 – 28 February 2022 – resigned 04 May 2020)
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

Harvey Nash (Second term of office 22 June 2020 – 28 February 2022)
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 came second in the 2020 elections and was not re-elected but then rejoined the Council after the resignation of Pauline Flores-Moore.

Declared interests: None

Appointed Governors

Graham Gibbens (Third term of office 7 November 2013 – 6 November 2022)
During 2020-21, Councillor Graham Gibbens was a Conservative Councillor on Kent County Council, and the Cabinet Member for Adult Social Services and Public

Health. He retired from the County Council on 6 May 2021 and thus left the Council of Governors after many years of distinguished service.

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 Executive 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

Colin Hall (8 December 2020 – 28 February 2023)
Colin was the first Governor to represent Medway when SECAmb became a Foundation Trust. He has since worked for SECAmb in our 111 service and rejoins the Council to bring an independent voice. He is keen to see our response times improve.

The Council of Governors

We would like to thank all Governors for their time and contributions over the last year. It has been particularly impressive to see this level of commitment from our Governors despite no doubt experiencing their own issues, personally and professionally, through the pandemic. Their continued focus on SECAmb's performance and the care of our patients is to be admired.

The Council of Governors is a body required by every NHS Foundation Trust which provides public, staff and stakeholder oversight of the activities of the Trust, strengthening our connection with those we serve. The Council has two primary responsibilities as the Lead Governor noted in her report:

- To hold the Non-Executive Directors to account, individually and collectively, for the performance of the Board; and
- To represent the interests of members and the wider public.

At SECAmb we take our responsibility to those we serve very seriously and the Governors are a real asset to us, providing a regular connection with members of our local communities, insights from outside the Trust, and challenge to us to always maintain our focus on patient care and staff wellbeing.

As noted above, the year saw three Governors stand down for personal reasons, Marguerite Beard-Gould, Pauline Flores-Moore and Malcolm Macgregor. Marguerite had served more than six years with the Trust and been a key member of the Council, in particular working hard as part of the Nominations Committee making NED appointment recommendations to Council for many years. Her insight, experience and candour are sorely missed, and we sincerely thank her for all her input and efforts on the Council. Malcolm served less time but while on the Council proved a highly effective advocate for 'staff voice' and shared welcome issues and ideas with Council colleagues and Board members alike. We wish him well in his ongoing career with the service. Pauline left us to focus on her busy voluntary work elsewhere in the region and made a big impact in a short amount of time, her focus always on serving our patients and supporting our volunteers.

There were no elections held during the year.

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

The Council adapted quickly to the new remote meeting environment imposed by the COVID-19 pandemic and still held its usual quarterly formal full Council meetings during the year. Two planned joint Council and Board sessions, however, did not take place due to demands on the Executive Team in particular and the whole Board more widely in responding to the pandemic. Governors and Board members agreed that it was important that the Executive focus their time on operational delivery during these challenging circumstances.

The Council's formal meetings and committee meetings were held online using Microsoft Teams. 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. This was actually made easier for most people as meetings were held online.

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 manages it day to day activities through its own committee structure and has a Membership Development Committee and a Governor Development Committee. In addition, Governors 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 2020-21 the MDC was chaired by Brian Chester (Upper West Public Governor) for the second year running. 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.

In a normal year, the MDC makes plans for Governors to attend various events to meet the public and members and recruit new members of the Trust. That wasn't possible this year, however as set out in the Membership section below, the MDC did trial some online engagement sessions.

Our Annual Members Meeting was designed by the MDC and went ahead online, providing a really good opportunity to showcase the Trust's work. It was attended by

165 people live on the day and has since been streamed 326 times online. The AMM provided an opportunity for members, the public and our volunteers to hear from Governors, staff 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, David Astley. 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 eight occasions this year and has held additional meetings as necessary to undertake its statutory duty in recommending NED appointments, as outlined in the section on Statutory Duties below.

	Constituency/Role	9 April 2020	10 July 2020	28 July 2020	15 September 2020	16 November 2020	20 November 2020	16 March 2021	23 March 2021
David Astley	Chair	X	X	X	X	X	X	X	X
Lucy Bloem	Senior Independent Director & Non-Executive Director	-	-	-	X	X	X	X	X
Malcolm Macgregor	Staff Governor - Operational	X	X	X	-	-	-	-	-
Marguerite Beard-Gould	Upper East Public	X	X	X	X	-	-	-	-
Graham Gibbens	Appointed Governor	X	X	X	-	X	X	X	X
Waseem Shakir	Staff Governor - Operational	-	-	-	X	X	X	X	X
Nicki Pointer	Lower East Public	-	-	-	-	-	X	-	X
Geoff Kempster	Upper West Public	X	X	X	X	X	X	X	X
Brian Chester	Upper West Public	X	X	X	-	X	X	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 Chaired by the 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 been really busy this year and has undertaken a number of its statutory duties, as set out below:

Appointment of two Non-Executive Directors

The Nominations Committee led two separate processes to appoint two new Non-Executive Directors to the Trust: one with clinical skills and experience and the other with an HR/training and education background. An extensive search and selection process, ably aided by BAME Recruitment agency, culminated in recommending to the Council the appointment of Prof. Tom Quinn and Dr Subo Shanmuganathan respectively. Their terms of office are outlined in the first section of the Director's Report.

Reappointment of the Chair

David Astley completes his first three-year term of office on 24 September 2021. In order that there be time to conduct a thorough recruitment exercise for a new Chair if required, the Nominations Committee recommended to Council that David be reappointed for a second three-year term of office at the Council's meeting in March 2021. The recommendation was approved unanimously on the basis of David's impressive performance in the role over the past two and a half years.

Reappointment of two Non-Executive Directors

Lucy Bloem, NED, Senior Independent Director and Deputy Chair, completed an additional year in office as a NED on 31 August 2020, following reappointment for 12 months after the usual maximum two terms in office on 31 August 2019. Following due consideration of her performance, independence and the skills mix and experience on the Board, and given the Trust was then in the middle of its pandemic response and Lucy was Chair of its Quality and Patient Safety Committee, the Nominations Committee recommended that Lucy's term of office be extended by one final year and she was reappointed until 31 August 2021. This will be her last term on the Board.

In addition, Laurie MacMahon, NED and Chair of the Workforce and Wellbeing Committee, was reappointed to a second three-year term of office which runs from 6 February 2021.

Input to Annual Planning and Strategy Development

As noted above, joint meetings usually held twice a year between the Board and Council for the purpose of planning and strategy discussions were unable to take place this year. It is fair to say that the focus of the Board was squarely on more immediate operational planning for most of the year. However, the Board has been keen to keep the Council up to date on the planning around COVID-19 and EU Exit

throughout the year, and have engaged well as noted elsewhere at Council meetings.

Election and constituency changes

The Council, at its March 2021 meeting, proposed some changes to election timings to enable a longer period of induction for new Governors prior to assuming their roles. They have also proposed an additional Governor seat in the Lower West constituency to even things up in terms of the number of 'constituents' Governors seek to represent. These proposed changes have yet to be approved by the Board or our members therefore are not yet enacted, but if approved during 2021-22 the Constitution will need to be revised to reflect them.

Other Governor Engagement Activities

In a usual year, the Governors attend public events which provide opportunities to meet and talk to Foundation Trust members and the public, represent members' views and work alongside members on developing plans and strategies for the Trust. They would also undertake observation shifts on our ambulances and in our EOCs, and participate in 'quality' walkabouts to different parts of the Trust.

This year, lockdowns meant that public events were cancelled and access to our crews and premises was restricted, and so Governors were unable to conduct their usual outreach work. Many have instead been able to join online forums, such as local Patient Participation Groups, to stay in touch with their communities. Governors continued to observe Committees of the Board online during the pandemic, and produced observation reports about their perspectives of the effectiveness of the Committees, as part of their work holding the NEDs to account.

Staff-Elected Governors have continued to meet with their colleagues to understand their views, including as part of the Trust's Staff Engagement Advisory Group (see the Membership section). Public Governors trialled two constituency online sessions which were publicised to our FT members, but there was unfortunately very little interest. Our Annual Members Meeting was successfully held online and is covered later in our Membership Report.

Appointments and Elections

There were no elections held during the year.

Attendance at formal Council meetings by Board members

Executive Directors usually attend Council meetings from time to time to help Governors understand work falling within their purview. This year, a conscious decision was made to protect Executives' time to focus on their frontline response to our patients, and so their attendance at Council was not requested nor required by Governors in this year. The CEO continued to attend to represent his Executive Team, with the exception on June's meeting which was held shortly after a bespoke session to update the Council on the Trust's response to the pandemic, and so focused on NED assurance around the same.

Name	Role	4 June 2020	4 Sept 2020	1 Dec 2020	4 March 2021
Philip Astle	CEO	-	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	X
Terry Parkin	Non-Executive Director	X	X	X	X
Laurie McMahon	Non-Executive Director	X	X	-	-
Michael Whitehouse	Non-Executive Director	X	X	X	X
Howard Goodbourn	Non-Executive Director	X	X	X	X
Subo Shanmuganathan	Non-Executive Director				-
Tom Quinn	Non-Executive Director			-	X
David Hammond	Director of Finance & Corporate Services	-	-	-	-
Steve Emerton	Director of Strategy & Business Development	-			
Joe Garcia	Director of Operations	-	-	-	-
Fionna Moore	Medical Director	-	-	-	-
Bethan Eaton-Haskins	Director of Nursing & Quality	-	-	-	-

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 Council meetings held in public, and their Committee membership.

Name	Constituency	Term of office	Committee membership/role	4 June 2020	4 Sept 2020	1 Dec 2020	4 March 2021
David Escudier	Public: Upper East (Medway/ Kent/ East London)	First Term 01/03/17-29/02/20	MDC, GDC	X	X	X	X
Cara Woods	Public: Upper East (Medway/ Kent/ East London)	First term 01/01/20-31/02/23	MDC, GDC	X	X	-	-
Sian Deller	Public: Upper East (Medway/ Kent/ East London)	First term 01/01/20-31/02/23	MDC, GDC	X	X	X	X
Nigel Robinson	Public: Lower West (West Sussex)	First term 01/01/20-31/02/23	MDC, GDC	X	X	X	X
Leigh Westwood	Public: Lower East (East Sussex & Brighton)	First term 01/01/20-31/02/23	MDC, GDC	X	X	-	X
Amanda Cool	Public: Upper West (Surrey/ Hants/ West London)	First term 01/01/20-31/02/23	MDC, GDC	X	X	X	X
Marguerite Beard-Gould	Public: Upper East (Medway/ Kent/ East London)	Third Term 28/02/20-15/10/20	NomCom, MDC, GDC, Inclusion Hub Advisory Group member	X	X	-	-
Waseem Shakir	Staff Governor: Operational	First Term 01/03/19-28/02/22	MDC, GDC, Deputy Lead Governor, Staff Engagement Advisory Group member	X	X	X	X
Malcolm Macgregor	Staff Governor: Operational	First Term 01/03/19-07/12/20	NomCom, MDC, GDC, Staff Engagement Advisory Group member	X	X	X	-
Marcia	Staff	First Term	MDC, GDC, Staff	X	X	X	X

Moutinho	Governor: Non-Operational	01/03/20-28/02/22	Engagement Advisory Group member				
Marianne Phillips	Public: Lower East (East Sussex & Brighton)	First Term 21/06/18-20/06/21	MDC, GDC	X	X	X	X
Graham Gibbens	Appointed Governor	Third Term 07/11/19-06/11/22	NomCom	X	X	X	X
Nev Kemp	Appointed Governor	First Term 20/02/19-19/02/22		-	-	X	X
Nicki Pointer	Public: Lower East (East Sussex & Brighton)	First Term 01/03/19-28/02/22	NomCom, MDC, GDC, Lead Governor	X	X	X	-
Brian Chester	Public: Upper West (Surrey/ Hants/ West London)	First Term 01/03/19-28/02/22	NomCom, MDC (Chair), GDC	X	X	X	X
Chris Devereux	Public: Upper West (Surrey/ Hants/ West London)	Second Term 01/03/19-28/02/22	MDC (Deputy Chair), GDC	-	X	-	-
Geoff Kempster	Public: Upper West (Surrey/ Hants/ West London)	First Term 01/03/19-28/02/22	NomCom, MDC, GDC, Inclusion Hub Advisory Group Member	X	X	X	X
Harvey Nash	Public: Lower West (West Sussex)	Second Term 22/06/20-28/02/22	MDC, GDC		X	X	X
Sarah Swindell	Appointed Governor	First Term 18/04/19-17/04/22		-	X	-	X
Vanessa Wood	Appointed Governor	First Term 08/07/19-0707/22		X	-	-	-
Howard Pescott	Appointed Governor	First Term 06/09/19-05/09/22		X	X	-	X
Christopher Burton	Staff Governor: Operational	First Term 01/01/20-31/02/23	MDC, GDC, Staff Engagement Advisory Group	X	X	X	X

			member				
Nigel Willmont-Coles	Staff Governor: Operational	First Term 08/12/20-28/02/22	GDC, Staff Engagement Advisory Group member				**X**
Colin Hall	Public: Upper East (Medway/ Kent/ East London)	First Term 08/12/20-28/02/23	GDC				**X**

Key	
x	In attendance
-	Not in attendance
	Not in post
MDC	Membership Development Committee
GDC	Governor Development Committee
NomCom	Nominations Committee

Patient safety and quality improvement

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 and serious incidents in particular
- Compliments and complaints
- Safeguarding

Incidents and our learning

The pandemic raised many challenges in terms of oversight of and learning relating to patient safety. These included the need to identify learning arising specifically due to the COVID-19 pandemic and also, due to expected increasing operational pressures during waves of the pandemic, the need to monitor levels of harm that patients experienced resulting from our care or pressures across the NHS system and identify themes quickly so they we could put in measures to reduce risks.

The Trust had already started to review the NHS Patient Safety Strategy and a plan was being developed to implement this. Some of the plans to continue at pace with implementation were significantly curtailed by the pandemic, in line with other NHS Trusts, however internal focus concentrated on the philosophy within the strategy of considering how to learn quickly and implement changes, and to consider the use of alternative methodology to investigate incidents, as appropriate, to facilitate quicker and more focused in-depth learning.

To learn quickly from the pandemic, several internal changes were made. This included changes to methodology used in the serious incident process and other investigations (covered later in this section). In addition, weekly harm reviews were quickly established which reported into the COVID Management Group (later became the Organisational Response Management Group focussing on a wider remit). Whilst most harms identified during the latter were predominantly no or low harms arising from our care, the process enabled senior oversight of issues and risks as they emerged. In addition, when trends emerged in terms of delayed attendance or in handover at Accident and Emergency departments due to system wide pressures during the second wave, the Trust undertook patient harm reviews and invited Acute Trust partners to contribute to the overall learning process. The Trust also contributed to similar work with ambulance services nationally.

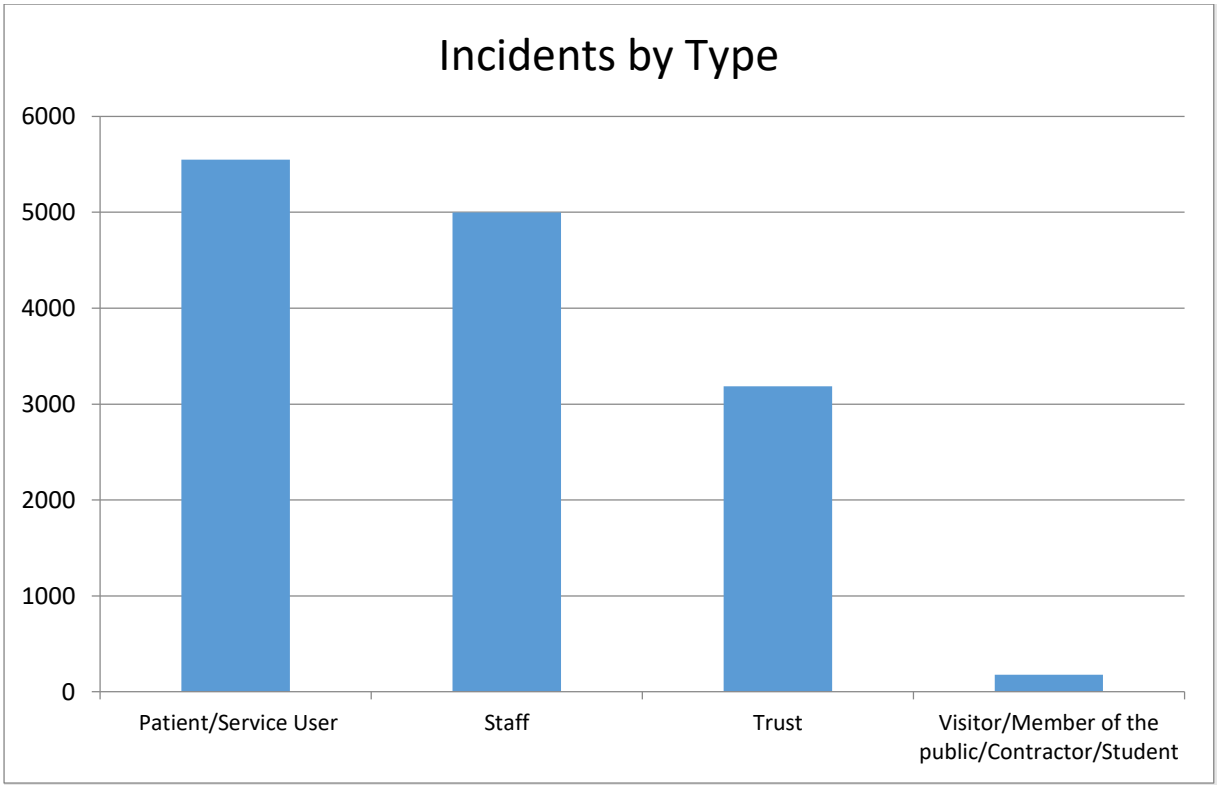
In anticipation of the introduction of the new Patient Safety Incident Response Framework being introduced in 2021-22 to replace the Serious Incident Framework, we introduced alternative investigation methodologies which enabled us to learn more quickly than traditional root cause analysis investigations during this period when it was appropriate to do so. These included End to End Reviews; After Action Reviews; themed (or cluster) investigations where a trend in similar incidents is

noticed; and a tabletop exercise led by our Emergency Preparedness Resilience and Response Team (EPRR) following a series of declared business continuity incidents relating to operational pressures. Root cause analysis methodology continues to be used when appropriate. We also amended templates for reports to more simpler formats whenever possible, again with a view to production of a report more quickly.

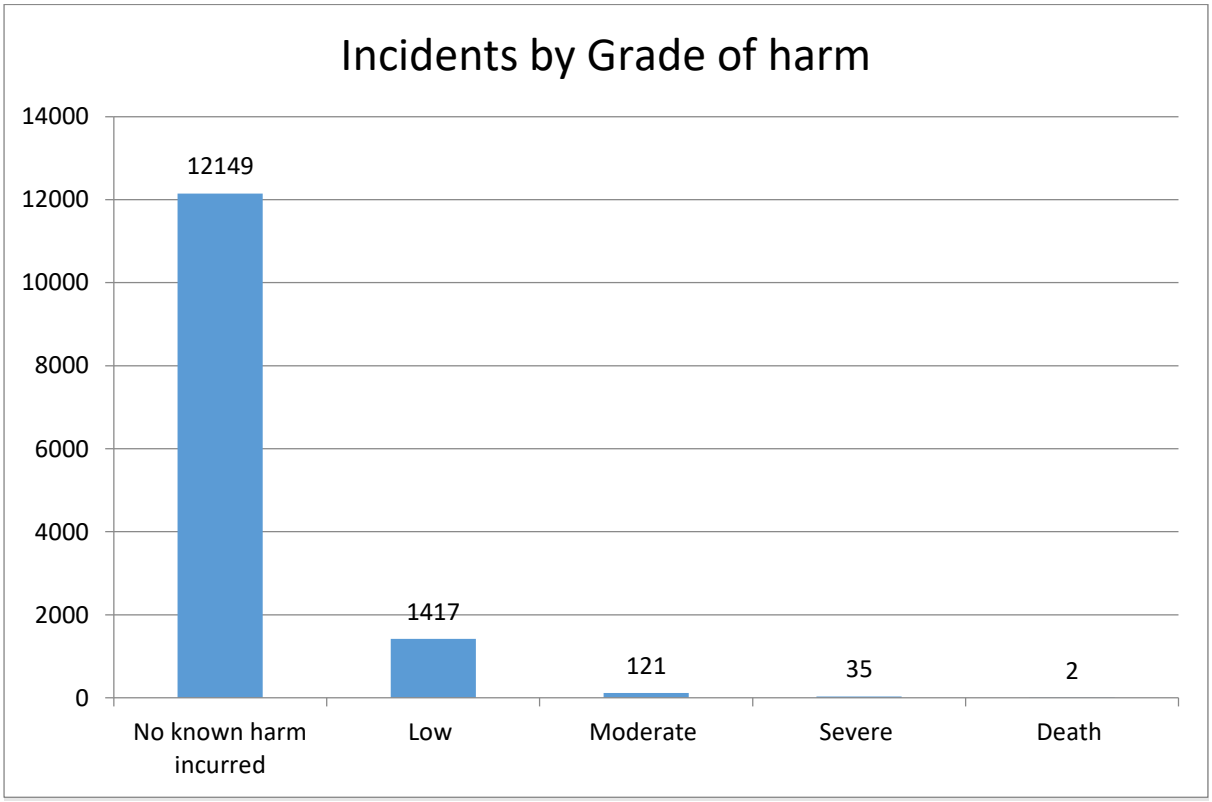
Incident reporting is central to improving patient safety within an NHS Trust. As the first wave emerged, a reduction in the overall number of incidents being reported was identified by our incident monitoring systems, as crews and managers focussed on the pandemic. Swift communications across the Trust resulted in reporting levels returning to expected levels. The Trust has set a target of year-on-year improvement in incident reporting over the past few years. Higher rates of low or no harm reporting reflect a stronger safety culture of an organisation. Over the past three years the Trust can demonstrate a higher level of reporting as a percentage of all patient incidents (contacts with our service). In 2020-21 the Trust had a 25% increase in reporting compared to 2019-20 rates and an increase of episodes of care of 1.8% for the 2020-21 period.

Fiscal Year	**Number of Incidents reported**	**% increase on previous year**	**Number of 'jobs' into the Trust**	**% of episodes of care resulting in an incident**
2018-19	9216	23%	717665	1.3%
2019-20	11503	25%	760565	1.5%
2020-21	13983	25%	741,767	1.8%

Incidents predominantly affected patients or service users:



When the level of harm caused by the Trust is considered, the levels of harm overall are predominantly no known harm or low harm:



The Trust has several ways it communicates learning and changes practice accordingly. During 2020-21, examples included feedback nationally to NHS Digital in terms of learning relating to COVID-19 specific triage algorithms on the NHS

Pathways system which were addressed quickly on a national level; better information to crew members regarding use of the computer aided dispatch system to obtain a known COVID-19 status of a patient; and an investigation which has provided insight into how the Trust can ensure that appropriate measures are in place to fit test crews on personal protective equipment (PPE). We have also continued to strengthen the relationship of the Serious Incident Group with other key governance groups to ensure learning is disseminated. This includes the relationships between the Serious Incident Group and the internal Learning from Deaths Group and operational quality and patient safety meetings.

Whilst nationally the NHS is progressing in line with the NHS Patient Safety Strategy, the Trust still reported serious incidents (SIs) in line with the national framework (NHSE, 2015). During 2020-21 the Trust reported 75 serious incidents and no 'never events'. Once investigated, it was agreed with the Lead Commissioners that 9 of the declared SIs did not meet the national serious incident criteria and they were de-escalated from SI status, resulting in the net figure of 66 SIs. This is a reduction from last year's figure of 101, and we can report three years of sustained improvement. The Trust has historically been a very high reporter of serious incidents and some focus has been given this year to ensuring that decisions in serious incident declaration are correct. This decrease is also attributed to work undertaken by the Trust learning from previous serious incidents. An example of this is the considerable work undertaken on how we care for people who have fallen who are waiting for an ambulance.

There was a noticeable change in the historic prevalent rationale for declared SIs, away from delayed attendance, as performance improvements were noted particularly in the period of the first national lockdown, but this has continued throughout the year. This is also likely to be in part due to the extensive work in our Emergency Operations Centres in the previous year to recruit more clinicians to monitor patients who are waiting for an ambulance and embed systems which identify patients who are at higher risk of deterioration. Incident trend analysis demonstrates a 48% decrease in the number of incidents reported by our Emergency Operations Centre relating to failed clinical tail audits (undertaken to understand the care we give to patients who have waited longer than we would like for an ambulance) compared to the data for 2019-20. Delayed attendance still features within our top three categories for serious incidents but is now third. The other two categories are care or treatment concerns; and triage or call management issues.

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. This group continued to meet weekly throughout the pandemic including when the Trust was placed in REAP 4 (the highest level of escalation due to the number of patients we needed to treat) at the peak of the 2nd wave of the pandemic and a lot of clinical skill was directed towards frontline care. Key skills within the group in harm analysis and differing methodologies were utilised to put in place the changes described earlier in this report and support a robust approach to learning.

Over the past 12 months the group has focussed significantly on ensuring that we avoid individual blame when things do not work out as we would have liked and focus on system learning. Reports are reviewed by the group to ensure a consistent approach to learning and reflect a no blame culture. This work will continue.

Although nationally NHS Trusts were advised by NHS England that the deadlines within the national Framework for serious incidents did not apply, the Trust endeavoured to meet these timescales to learn quickly. Unfortunately, when the Trust needed to divert all clinical expertise directly to patient care during the second wave in late 2020, early 2021, some investigations took longer. The Trust has a small backlog of SIs which have exceeded the timescale at the time of writing this report. The Trust continues to progress these investigations and to learn from them.

Throughout the year, the Trust has continued to seek assurance on completion of the action plans for closed incidents. Action plans are created following an incident to ensure we learn from incidents and change things as a result. The Trust has historically struggled to evidence completion of SI actions in a timely way. To address this, targeted work has been underway over the past two years to not only review and close overdue actions but to ensure future actions are more appropriate, meaningful, and able to be implemented. Internal Trust groups with overarching responsibility for serious incident action implementation have been encouraged to review their actions in meetings with the aim to hold owners to account and monitor progress. The 999/111 and Field Operations Quality and Patient Safety Groups and the Clinical Governance Group are examples of where this approach is making a big difference, and they reflect the areas with the most progress shown. We are now working much more closely with these operational groups to ensure that new actions are relevant and achievable (**S**mart, **M**easurable, **A**chievable, **R**ealistic, **T**imebound). The groups also provide an opportunity with senior operational managers so that they can understand where the risks are and address them.

Patient experience

On 30 March 2020 NHS England and NHS Improvement supported a pause of the NHS complaints process. However, we took the decision to continue investigating complaints within our stipulated 25 working day timescale. This decision was made as we felt it was the right thing for our patients that the Trust continued to learn and provide our complainants with timely responses to the concerns that they had raised regarding our service. During the second lockdown and due to the severe pressures we found ourselves under, the timescale for completing investigations was extended from 25 to 50 working days.

The Trust closed 711 complaints during the reporting period, with 87% closed within 25 working days. Our average response time was 20 working days. During the investigation period all complainants were kept informed and advised if there was a delay.

Compliments and complaints are recorded on the Trust's Datix system (electronic patient safety and risk management software), so that both the positive and negative feedback is captured and reported back to operational staff.

Compliments

The number of compliments received by Trust staff continues to grow year on year. During 2020-21 the Trust received 2,190 compliments, an increase of just over 16% on the 1,887 compliments received during 2019-20.

The staff member(s) concerned receives a letter from the Chief Executive in recognition of the dedication and care they provide to our patients.

Compliments by service / operating area and month

Service / Operating Area and Month	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
Ashford OU	5	10	13	16	16	11	7	9	9	9	15	17	**137**
Brighton and Mid Sussex OU	11	12	19	13	16	18	23	17	8	20	13	19	**189**
Chertsey OU	15	14	15	13	13	17	8	16	8	11	14	6	**150**
Community First Responder	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Gatwick and Redhill OU	26	19	26	29	32	36	26	28	22	27	44	33	**348**
Guildford OU	17	16	14	12	29	20	9	12	5	15	15	9	**173**
Medway and Dartford OU	17	22	22	22	20	19	17	17	18	11	20	24	**229**
Paddock Wood OU	18	14	18	14	13	10	10	12	9	9	11	14	**152**
Polegate and Hastings OU	13	17	20	12	14	16	19	10	13	12	14	18	**178**
Tangmere and Worthing OU	22	18	12	29	21	13	17	21	13	20	13	21	**220**
Thanet OU	18	13	10	19	17	21	12	11	16	14	14	17	**182**
HART	0	1	0	1	1	3	1	2	0	4	2	0	**15**
East EOC	2	2	7	5	4	7	1	6	1	5	2	0	**42**
West EOC	4	6	2	5	11	8	7	10	5	3	2	1	**64**
NHS111	1	4	5	8	5	5	5	3	7	5	2	1	**51**
Private Ambulance Provider	0	0	0	7	6	4	5	9	6	6	8	7	**58**
Safeguarding	0	0	0	0	1	0	0	0	0	0	0	0	**1**
Total	**169**	**168**	**183**	**205**	**219**	**208**	**167**	**183**	**140**	**171**	**190**	**187**	**2190**

These compliments provide a welcome boost for our staff especially during the difficulties they have endured throughout the pandemic.

The Trust has continued to ensure that staff receive compliments in a timely manner: the average number of days to process a compliment is five working days (these are far simpler to process than complaints which require investigation). The 2190 compliments received during 2020-21 represent one compliment for every 810 interactions with a patient.

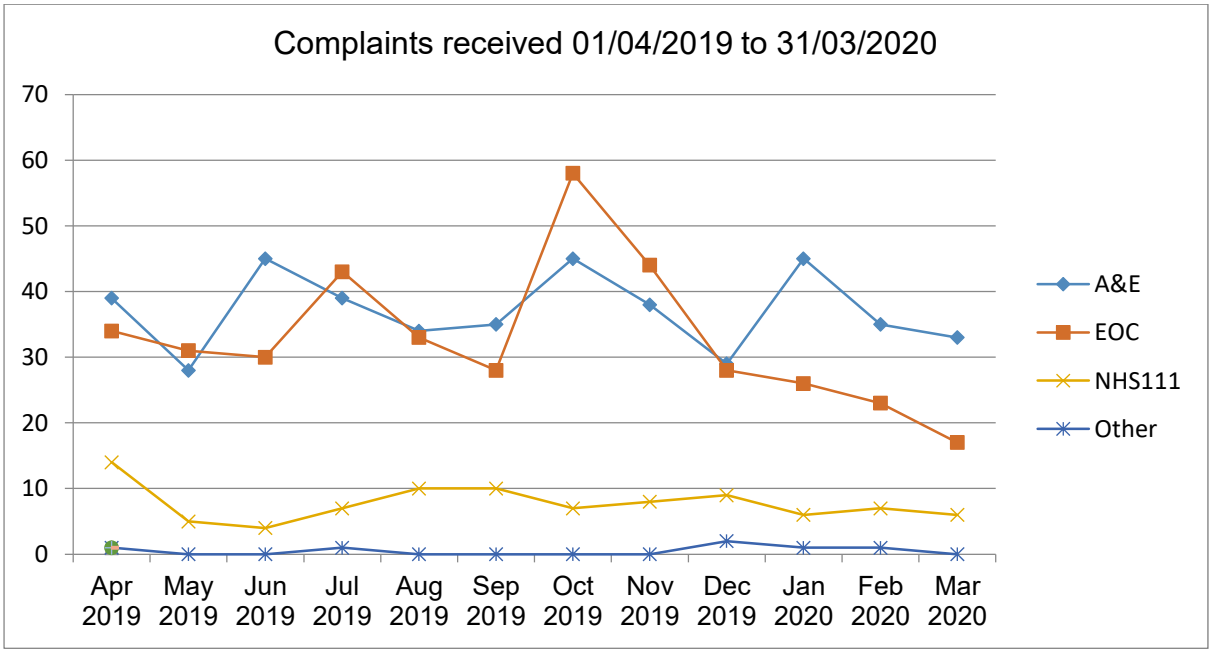
Complaints

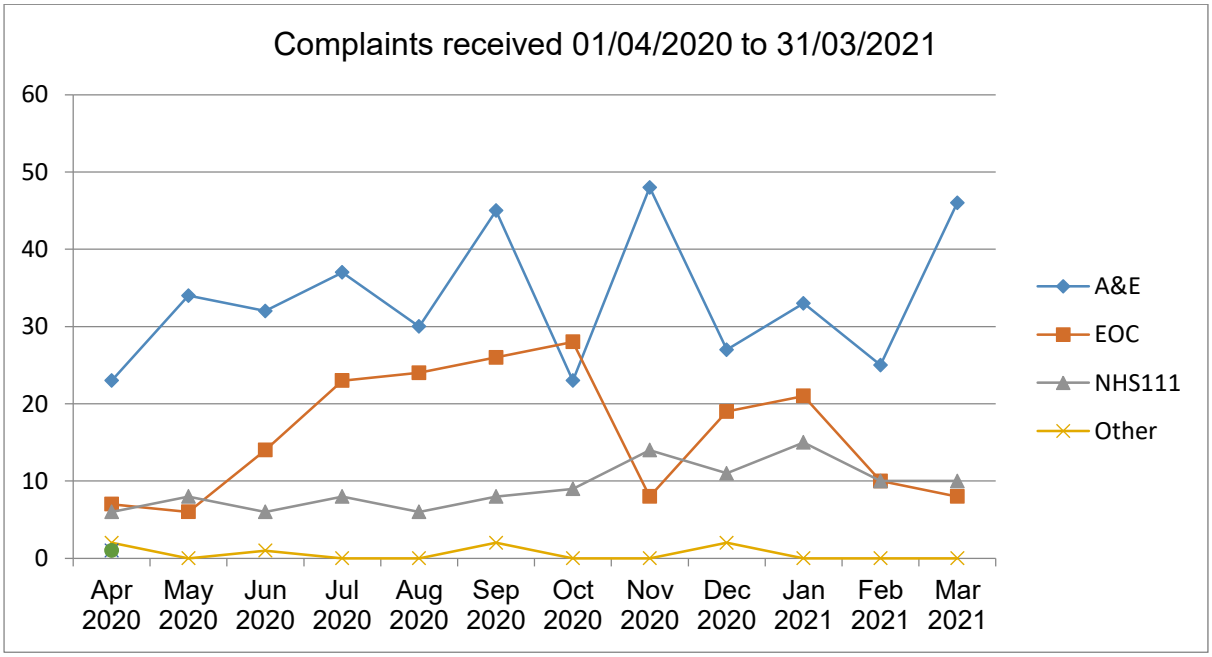
The number of complaints received by the Trust for the reported period was 714. This is a reduction of just under 22.5% over last year when the Trust received 939 complaints: there was a notable reduction in the number of complaints received during the first wave of the pandemic.

During 2020-21:

- Our Emergency Operations Centre staff answered 830,594 calls.
- Our A&E road staff made 690,798 responses to patients.
- Our NHS 111 staff took 943,840 calls.

SECAmb complaints over the past two years:





Feedback from Care Opinion and NHS Choices websites:

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

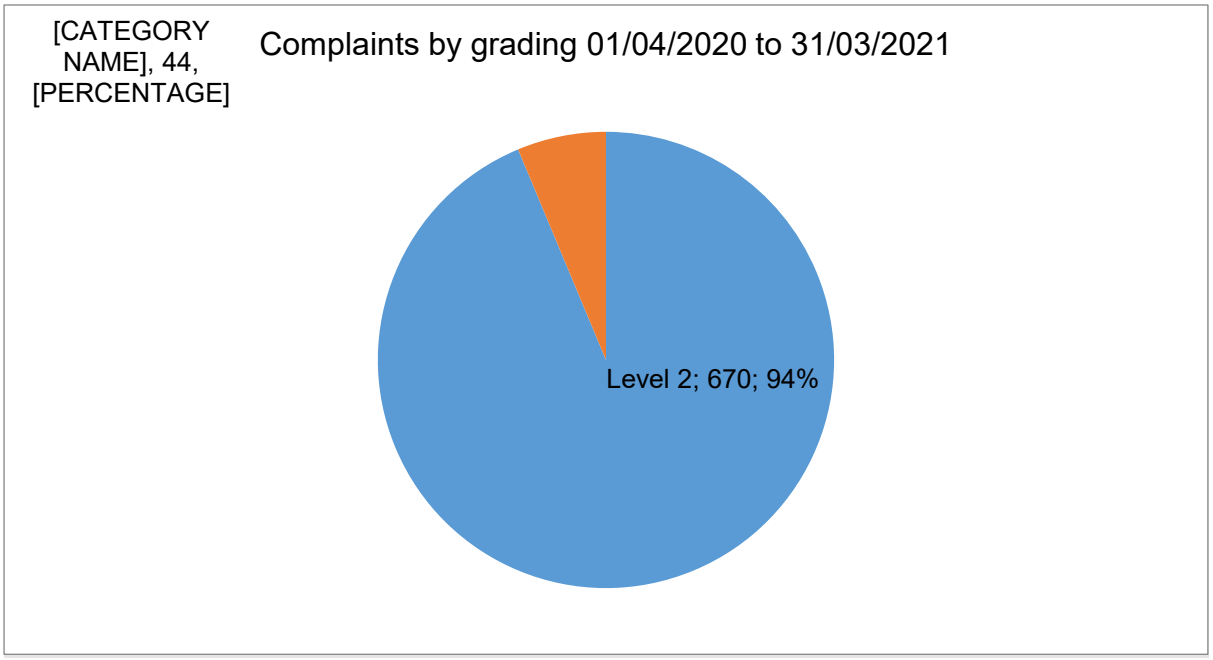
This table shows the comparison between feedback from these websites over the last two years: At the end of 2020-21, we had received:

Website	2020-21		2019-20	
	Compliments	Complaints	Compliments	Complaints
NHS Choices	24	4	17	7
Care Opinion	6	2	13	4

Complaints are reviewed and graded according to their apparent seriousness; this ensures that they are investigated proportionately. Level 1 are enquiries of the Patient Experience Team that do not require an investigation and as such are not included in these figures. The two levels used for investigations are:

- 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 serious, having had clinical implications or a physical or distressing impact on the patient / complainant, or to be of a very complex nature.

Most complaints received during 2020-21 were graded as level 2, 670 (94%), with the remaining 44 (6%) as level 3.



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

Complaints received during 2020-21 by subject and service area:

	A&E	EOC	NHS111	Other	**Total**
Concern about staff	266	19	18	4	**307**
Patient care	118	85	68	0	**271**
Timeliness	5	88	15	0	**108**
Communication issues	5	1	7	2	**15**
Miscellaneous	7	1	1	1	**10**
Administration	1	0	2	0	**3**
Total	402	194	111	7	**714**

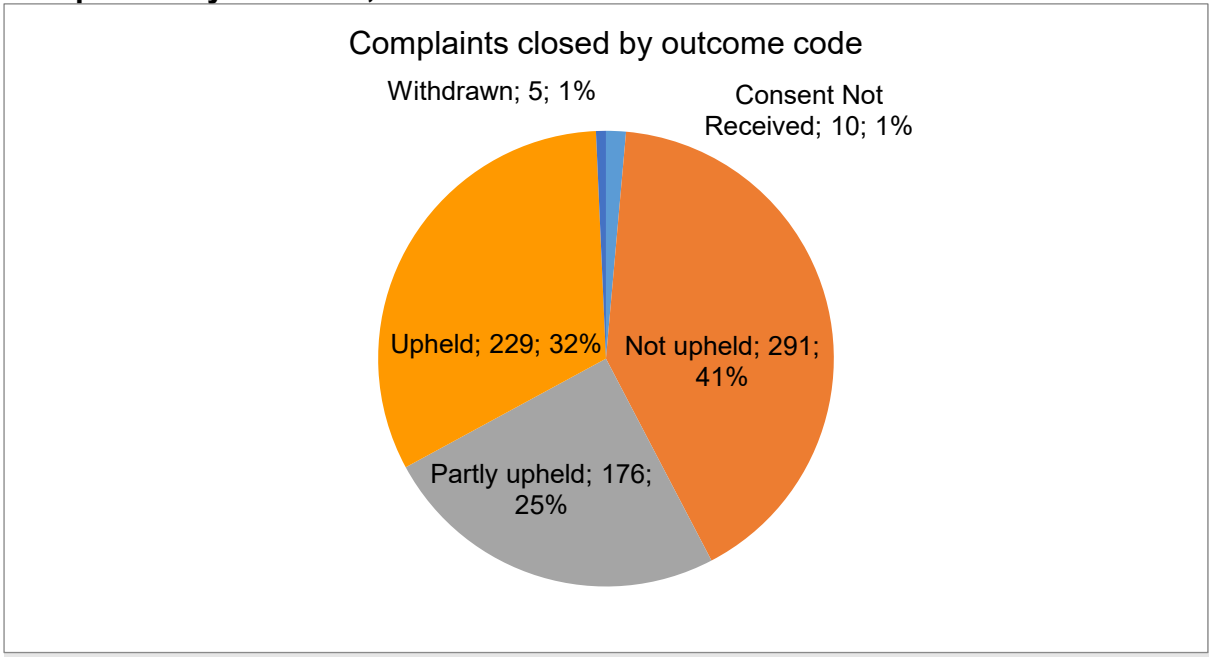
The 714 complaints received during 2020-21 represent one complaint for every 2,485 interactions with patients.

When a complaint is concluded, a decision is made by the Investigating Manager to either uphold or not uphold the complaint, based on the findings of their investigation. During 2020-21, 711 complaints were responded to; of these 57% 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’.

There are a small number of complaints that are closed due to consent not being received from the patient to disclose information from their medical records. However, these complaints are still investigated and any learning that is identified by the investigating manager implemented. There are also a small number which are withdrawn by complainants who specifically request an investigation does not take place and asks us to withdraw their complaint. There were 15 such complaints in the reported period.

The outcome from complaints is shown in the figure below:

Complaints by outcome, 2020-21



The Trust's agreed timescale within the Complaints Procedure is for 90% of complaints to be responded to within 25 working days. Despite the operational challenges faced, the Trust managed to achieve 87% during this period and the average number of days to respond to a complaint was 20 working days.

Directorate	No. of complaints closed	No. of complaints closed within 25 working days	% closed within 25 working days
A&E	403	332	82%
EOC	203	190	94%
NHS111	103	100	97%
Other	7	3	43%
Total	**716**	**625**	**87%**

Learning from complaints

Lessons from complaints throughout 2020-21 have been wide ranging.

427 actions were identified from complaints during the period.

Examples of specific learning and changes made because of complaints include:

- Issues raised with NHS Pathways triage system at a national level including:
  - Patients who have suffered head injuries whilst taking anti-coagulants
- Shared learning documents sent to staff in a specific role to disseminate learning, these include:
  - Guidance for NHS111 staff on Palliative care patients.
  - Medication provided outside of the UK.

    - Callers with communication challenges.
- Introduction of systems to support the use of 'What3Words' mapping 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.
- New Operational Instructions being issued to all frontline staff, and
- 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 2020-21 the PHSO contacted the Trust and asked for copies of six complaint files. We have been advised on two cases that they do not intend to investigate and on one they have requested further information. At the present time they have not confirmed that they are investigating any of the Trust's complaints.

Patient Advice and Liaison Service (PALS)

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

The table below details the number of PALS enquiries dealt with by the Trust during 2019-20 and 2020-21:

Type	2020-21	2019-20	Percentage difference
Concern	96	60	60%
Enquiry	27	28	-3.6%
Information Request	356	336	6%
Total	**479**	**424**	**13%**

Most 'Information Requests' are Subject Access Requests, where patients or their relatives require copies of the patient record 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 making it possible to access information more easily electronically rather than wait for paper records.

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

Safeguarding Activity & Partnership Working

Throughout 2020-21 the Trust has striven to meet its statutory responsibilities in the care and protection of patients of all ages. 2020-21 has been dominated by the considerable challenge of the COVID-19 pandemic. However, the team are confident that diligent business continuity planning has ensured that vulnerable children, looked after children, young people and adults at risk have been protected and supported during these difficult times.

The department has continued to see increases in referral activity. During the 2020-21 a total of almost 21,000 safeguarding referrals were made to local authorities across Kent, Surrey, Sussex and Hampshire. This equates to an increase of 28% compared to the previous year. All referrals continue to be reviewed by members of the Safeguarding Team before forwarding to the relevant local authority.

2020-21 has seen a significant 68 percent rise in concerns for patients' mental health including a 25% rise in parental substance misuse. The Safeguarding Team also recorded a 40% increase in increasing care needs for patients and carers. Additionally, there was a 25% rise in referrals for individuals at risk of or having suffered domestic abuse (DA) compared to the same reporting period for the previous year.

A rapid read Domestic Abuse During COVID-19 document from NHSE/I was published with a request to disseminate to all staff. This was very relevant at the time, as whilst figures tended to fluctuate the Safeguarding Team's observations highlighted there had been a significant increase in DA referrals across the Trust. It was decided that as the issue affected patients and staff, a Wellbeing Bulletin was a good vehicle to cascade this message out across the organisation.

Throughout the pandemic the Safeguarding Team have worked very closely with SECAmb's commissioners, Safeguarding Boards and NHSE/I to highlight the rise in low level safeguarding concerns and the hidden harm. Themes arising from this work recognise the impact that school closures, changes in primary and community care services, and reduction in caring support provided by families have had on vulnerable people across society. Subsequently SECAmb's figures support the theory that patients have been contacting the NHS111 and ambulance services at the point of crisis when ordinarily contact would have been made with community providers before patients' concerns escalate.

Safeguarding referrals for children constitute 17% of the total number of referrals despite the under 18 population accounting for around 10 per cent of SECAmb's workload. Safeguarding training throughout 2020-21 has focused on risks to children and ensuring that the 'Voice of the Child' is heard and listened to. This suggests that our staff can recognise and escalate safeguarding concerns where there's an indication of a child is at risk of harm, abuse or neglect.

Safeguarding Training

During 2020-21 all operational staff were expected to complete a combined level 1&2 Safeguarding Children and Safeguarding Adults training modules. All registered clinicians will over the next three years will be expected to complete level 3 Safeguarding training. Since the start of the 2020-21 over 90% of staff have successfully completed the level 1&2 safeguarding courses. Contracting standards agreed with the Trust's lead commissioners require 85% training compliance over the course of the year.

Outlined in a nationally agreed framework are the expected competencies for level 3 training. This is mandatory training that would normally be delivered through classroom-based sessions, so following a pause due to the pandemic, the Safeguarding Team have started to offer web-based learning via Microsoft Teams.

This year, the Trust has taken the approach that achieving Level 3 competence will take a modular form, with this course building on what has been learned via the Level 2 training. This means staff can break up the training a little and means no one will be expected to undertake a full day of learning via Teams. Staff must have completed the e-learning before joining this course.

At the time of writing total staff compliance with L3 safeguarding training was around 70% (total of 2058 registered clinicians). The approach taken by the Safeguarding Team has been to target those members of staff whose training had lapsed and to work chronologically through the cohort of staff. In doing so this will ensure that all registered staff will be able to demonstrate compliance with the expectations of the competency framework.

Priority Areas in 2020-21 and Progress

- Embed a safeguarding audit programme – including focus on the Trust's compliance of the Mental Capacity Act (2005):
    - The Safeguarding Team has worked in partnership with the Clinical Audit Team to develop a follow-up audit on compliance against the expectations of the Mental Capacity Act. Results of the audit demonstrate improvement on practice audited during 2018-19.
- Promote the principle of establishing that the 'voice of the child' is reflected in escalating safeguarding concerns:
    - The principle of the 'Voice of the Child' has been incorporated into the Trust's L3 Safeguarding Training.
- Streamline the existing referral process to allow greater focus on wider national safeguarding priority areas:
    - The Safeguarding Referral Form has been adapted to capture information regarding homelessness, care homes and young carers.
- Develop a ratified Workforce Domestic Abuse Policy:
    - Ratified August 2020.
- Embed the implementation of the updated Managing Safeguarding Allegations Policy across the organisation:
    - There has been close oversight from the Safeguarding Lead of all allegations made against SECAmb staff and volunteers that meet the threshold of the policy. The Quality & Patient Safety Committee have provided additional scrutiny of this area of work.
- Reconfigure the Trust's publicly facing Safeguarding webpages:

- Due to the increased workload on the Safeguarding Team, there has been no review during 2020-21 of these pages.

Information Governance (IG) Framework 2020-21

The Trust continues to strengthen and develop its information governance framework, which supports the Trust with meeting its statutory legal requirements. The UK General Data Protection Regulation (GDPR) 2016 and Data Protection Act 2018 are strongly embedded within the organisation and are integral to the organisations business as usual and ongoing clinical integration activities. These two 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 remain significant.

Engagement and awareness within the Trust remains positive, and the Head of Information Governance / Data Protection Officer has continued to take a proactive approach. The Information Governance Working Group remains operational and has widespread attendance and Trust wide membership which also includes the EOC 999 and NHS111 service portfolios.

The existing IG framework has been extended further due to the unprecedented COVID-19 pandemic, which has seen a rise in data processing activities. New temporary legislation has been issued in the form of a Control of Patient Information (COPI) Notice which provides organisations with a legal basis to share patient information in relation to the pandemic. The pandemic has also increased the volume of internal data processing in relation to internal vaccination programmes, test and trace and the ongoing monitoring of cases. All processing of data has remained in line with legislation. Internal assurance has been met through the completion of specific COVID-19 assurance documentation: short form Data Protection Impact Assessments, Records of Processing Activities, transparency materials and documented data flows.

The Trust has continued to develop its clinical integration programmes and work remains ongoing with its partner organisations and ICS groups within the Kent, Sussex, Thames Valley and Surrey localities. During 2020 a new enhanced NHS111 Integrated Clinical Assessment Service (CAS) was implemented with significant complex IG assurance completed. With the implementation of additional national mandated standards, the Trust must also now undertake and complete checks and balances prior to the implementation of any new clinical systems or services. This involves 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 actively engaged on.

The Trust continues to demonstrate openness, transparency and compliance with the UK GDPR and data protection legislation. It has a suite of Privacy Notices in place relating to services within the Trust, with accompanying information leaflets. Information on the public facing website continues to be reviewed and updated in

relation to data sharing, COVID-19, Data Subject Access requests, and the National Data Opt Out scheme. Transparency regarding the processing of personal data remains a key requirement under UK GDPR and the Trust utilises its external and internal intranets to provide advice and guidance relating to information governance.

Confidentiality and compliance with Data Protection legislation is and remains at the forefront of our organisation. As an Ambulance Trust, we handle a significant volume and variety of personal data: this information relates to our employees, contractors and the patients who enter our service. To ensure compliance, conformance, and ongoing awareness, the completion of mandatory Trust wide IG training continues annually. This modulised training is reviewed each year, updated by the Head of Information Governance / Data Protection Officer, and republished every 1 April. Completion provides the assurance that all staff are aware of their individual roles and responsibilities around maintaining confidentiality, appropriate sharing, and the processing of personal data with a legal basis.

IG Training completion remains a mandatory requirement under the Data Security & Protection Toolkit. The toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's ten data security standards. All NHS organisations and those providers of services which process NHS patient data and utilise systems must complete this assessment on an annual basis. It is also an NHS contractual requirement. Despite the ongoing COVID-19 restrictions the toolkit was successfully audited remotely by our internal auditors in April 2020, with a satisfactory level of assurance attained.

The use and completion of Data Protection Impact Assessment (DPIA) is a mandatory requirement under the UK GDPR. This process is fully embedded within the Programme Management Office methodology. Completion is required where there are changes to systems or processes involving the use and processing of personal data. Their completion is used to identify and minimise data protection risks

Information relating to the DPIAs is available on the Trust's website and intranet. In accordance with the UK GDPR there is also an overarching register published which summarises Trust DPIA completion.

Collaborative Working

Fundamental to the Trust's information governance agenda is the ongoing strategic development of an IG-aware culture. This is essential as the region continues to develop its Integrated Care Systems within the health and social care setting and the Trust's collaborative working with partner organisations is ongoing.

Whilst the Trust has an Information Governance Manager in place, the Head of Information Governance / Data Protection Officer is planning to increase the portfolio further during 2021-22 to meet increased demand and activity.

Due to the ongoing pandemic and associated travelling restrictions, independent face to face IG service visits with operational teams have not been able to take place. However, the IG portfolio has utilised the Trust's existing software solutions

and ensured that advice, guidance, and localised training and awareness sessions have been provided remotely.

The Head of Information Governance / Data Protection Officer continues to work proactively and collaboratively at a national and local level. Regular attendance at the national NHSx Data Protection Officer forum and with the National Ambulance Information Governance Group continues. At a local level membership with the Sussex and Surrey Information Governance Groups and locality Sustainability and Transformation Partnerships (STPs) / ICSs ensures best practice. This collaborative working provides a professional forum for shared learning and is a vital component as clinical integration work with partner organisations across Kent, Sussex and Surrey localities is set to continue into 2021-22.

Forward Plan 2021-22

On a strategic level, the Trust will continue to build on its existing framework to promote IG awareness and compliance. This remains a vital element due to the ongoing complex data sharing and integration of clinical systems within the health and social care setting, and the increase in sharing and processing of personal data.

Whilst COVID-19 restrictions remain in place the IG portfolio will continue to utilise and make use of the Trust's IT systems. It will continue to conduct localised awareness sessions, review IG compliance, and undertake its usual activities albeit in a remote environment. This remote functionality is also set to continue at a locality and national level where stakeholder engagement is needed.

Spot checking and Data Protection by Design audits which are fundamental, and a requirement of the Data Security and Protection Toolkit, will be facilitated remotely through internal Trust engagement.

Reportable IG Breaches 2020-21

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

During 2020-21 the Trust reported five breaches to the ICO. Four related to breach of confidentiality and the other related to an internal data breach.

In accordance with established Trust processes 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)

Throughout the year the Trust's main focus has been controlling the COVID-19 pandemic and ensuring that both patients and staff are safe, and that guidance is up to date with all the latest evidence-based practice.

The formation of a COVID Management Group (CMG) along with a dedicated COVID Management Team has enabled the IPC Team to focus on providing the Trust with all the specialised advice and guidance required during the pandemic: partnership working with all departments has never been better throughout the whole Trust. Due to operational pressures and the need to incorporate EU Exit response planning the CMG was changed to the Organisational Response Management Group later in the year and meet four times a week.

Some of the key areas of IPC that were implemented / developed during the year:

- Track and Trace Team for staff related COVID-19 incidents
- Outbreak Management Framework
- Communications with staff via daily 16:00 calls and weekly Webinars
- Working groups that covered Personal Protective Equipment (PPE) issues, especially FFP3 mask compliance and fit testing
- Weekly national ambulance service IPC calls
- IPC support available on call 24/7
- Working Safely in the Ambulance Setting Guidance and associated Risk Assessments
- COVID-19 vaccination programme

In addition to all the above the Trust continued to support the usual requirements for IPC including auditing, training and the annual Flu Vaccination Programme which commenced in October.

Both internal and external meetings were facilitated using the Microsoft Teams platform, however the IPC Team did continue to provide a face-to-face point of contact for areas of the Trust that required additional support. Working alongside all other departments and teams across the Trust, it has been easier to highlight the importance for continued compliance with all IPC procedures. Continued collaboration with both national and local external teams has been essential in allowing the Trust to respond to any new evidence-based changes to guidance and ensure that they have been implemented.

The Trust now have a 24/7 IPC team member on call which has supported staff with any out of hours concerns, outbreak management, local healthcare issues affecting the Trust and general advice, provided both internally and externally.

This year the requirement to vaccinate staff for flu was even more important and the results are shown below.

	2020 - 2021	2019 - 2020	2018 - 2019
Frontline Direct Patient Contact Staff	82.3%	76.2%	78.7%
All Trust Staff	74.5%	71.9%	76.3%

The Trust continue to monitor all other workstreams including audits, swab testing, IPC incident reporting, and learning and development for all staff and next year's IPC Annual Work Plan has been developed to reinforce all the learning outcomes the Trust has highlighted throughout the year. A proposal for a full IPC Improvement Plan has also been developed and is expected to start in Quarter 2 of 2021-22.

System Partnership Working

The Trust is part of a wider system of different health and care providers, commissioners and established and emerging partnerships: in our region there are four Integrated Care Systems (ICSs), eleven Integrated Care Partnerships (ICPs), and over 100 Primary Care Networks (PCNs). Effective working with system partners will be key to ensuring the sustainable and successful delivery of unscheduled care for all our communities.

These partnerships are viewed as the building blocks for the successful transformation of health and social care. The benefits of working in partnership have already been demonstrated through the whole system response to the COVID-19 pandemic, including the COVID-19 testing and vaccination programmes, system delivery of Care Home support initiatives and enhanced community pathways to enable the best possible patient outcomes during the pandemic. SECAmb will continue to engage in the ongoing transformation of the integrated urgent care system, especially in the out of hospital care environment.

During the pandemic, mutual aid was enabled between ambulance trusts to support activity peaks, especially in the North and South East (999 call answering support was offered and the Trust was able to send a 'cell' of ten ambulances and staff to support the London Ambulance Service), alongside collaborative system engagement during EU Exit planning for the transition period to December 2020 and the final exit January 2021.

Whole system working is reinforced by the *NHS Long Term Plan,* published in December 2018 and updated in 2019, and all partner providers are expected to work within these structures for planning, commissioning, and the delivery of services. The Trust strategy, published in October 2020, reflects this focus specifically through two of the four key priority areas:

- **Delivering Modern Healthcare for our patients** – A continued focus on our core services of 999 & 111 Clinical Assessment Service (CAS)
- **System Partnership** – We contribute to sustainable and collective solutions and provide leadership in developing integrated solutions in Urgent and Emergency Care

Our staff are critical to the delivery of Integrated Urgent Care, with their local knowledge, skills, and confidence to manage resources and work within their ICSs, each of which are evolving and developing at different rates. During 2020 we have further invested in people to support system engagement around 'out of hospital' working and to develop the appropriate clinical pathways and structures to enable more effective patient referrals and handover. This work is set to reduce

unwarranted variation in care across the region and remains a focus of our partnership development.

The Trust has also been delivering a digital programme to support integration, automation, and innovation through the establishment of the 111 Clinical Assessment Service (CAS), 111 Direct Access Booking (DAB), embedding NHS Service Finder (a front-end app directly linked to the Directory of Services allowing crew access to system pathways and services), and providing our system partners with access to the Trust's Business Information (BI) dashboards. The BI dashboards provide real time data feeds including call volumes, ambulance conveyance, activity trends and outcomes, ambulance handover and care home data, and enable analysis that supports system resilience and planning.

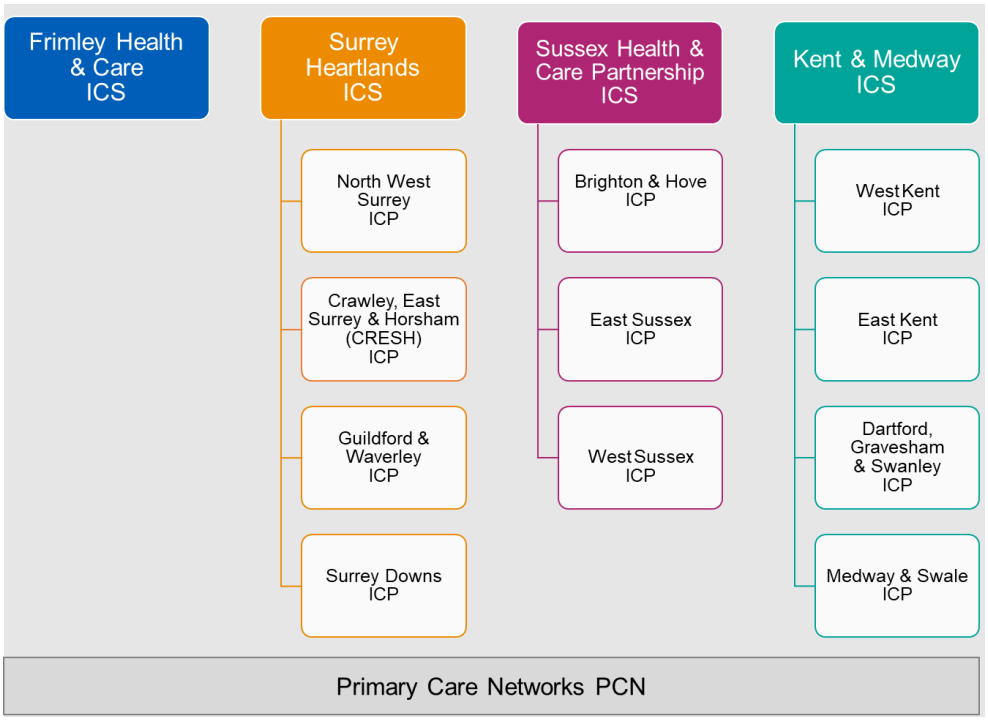
Further digital developments will include access to patient records through the forthcoming Kent and Medway Care Record (KMCR), Surrey Care Record (SCR), and Frimley Connect Care Record, whilst ensuring we retain the required visibility of patient's advanced care planning to enable effective support when responding to 111 and 999 calls. These developments, over time, working alongside our primary care, community and acute partners should result in improved patient oversight, effective support and improved patient experience and outcomes.

Integrated Care Systems

The Trust works across the following 4 Integrated Care Systems:

1. Frimley Health & Care ICS
2. Surrey Heartlands ICS
3. Sussex Health & Care Partnership ICS
4. Kent & Medway STP (ICS from 1st April 2021)

ICS Architecture (Kent and Medway STP transitioned into an ICS on the 1st April 2021**)**



During the past 12 months, each ICS has been developing its overarching governance structure and (excepting Frimley) a substructure of Integrated Care Partnerships (ICPs) that provide devolved local planning and delivery structures. There are therefore an increasing number of committees and boards which service both ICSs and ICPs. The Trust seeks to optimise our contribution to these partnerships and systems but must be mindful of deploying limited resources most effectively.

As part of this architecture, primary care is also developing GPs groupings, known as Primary Care Networks (PCNs), each supporting around 50,000 people. These groups will be the focus of local joint primary and community care working and service delivery. The Trust will provide support to the development of local services and care pathways specifically in the focus areas of falls, frailty, end of life, care home residents, mental health, and other vulnerable patient groups. As part of the overall reform, GPs will be reimbursed for recruiting additional roles as part of a multi-disciplinary team approach to populational health management. Paramedics will be part of this scheme from April 2021. The Trust will work with PCNs to provide clinical mentorship and oversight for these roles where requested.

Each ICS and ICP has numerous 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 • Stroke • Vascular • Workforce • Digital	• Estates • Productivity • Finance • Commissioning reform • Communication and Engagement • Clinical Board • Maternity – Local Maternity Network

During 2020, the Trust focused on a number of key strategic partnership initiatives, including:

- **Stroke** – extensive involvement with Stroke reconfiguration work to support revised pathways across Kent and Medway, Surrey and Frimley and developing pathways across Sussex. New technology developments (telemedicine) in Kent are shared widely to enable best practice region-wide and engagement with the newly formed Integrated Stroke Development Networks (ISDNs) will ensure this continues.
- **Acute Reconfiguration** – working with system partners to share change modelling, ensuring that all impacts are considered, and any resource impacts are reimbursed.
- **Workforce Solutions** – through system engagement we have been able to highlight concerns and limit the movement of constrained clinical resources from one part of the system to another, whilst seeking new ways to enable working across the system so paramedics can support both emergency and primary care.

- **Hospital Handover Delays** – we are leading in this area and this year we began a pilot program in Sussex, with the appointment of an Ambulance Pathway Development Programme lead, jointly commissioned by the Sussex commissioners and SECAmb.
- **Clinical Assessment Service (CAS)** – the launch of the CAS in October 2020 saw the broadening of the multi-professional workforce within our contact centres, through physical or virtual presence, to advise on and resolve patient's health needs more quickly and effectively.
- **Direct Access Booking** – enables NHS 111 to directly book slots for Emergency Department, Urgent Treatment Centre, and General Practice appointments
- **Mental health** – the Trust is actively engaging with the 3 area Mental Health Trusts and Police Forces within the region on improving existing, and developing new, care pathways. We are also increasing our Mental Health offer in our Emergency Operations and 111 contact centres
- **Falls and Frailty**– there are numerous falls services available across the ICSs and, working with system partners, the Trust is focussing on developing a consistent approach to Falls, Frailty and End of Life Care pathways, enhanced access to specialist advice when needed and a more effective emergency response.
- **Nursing and Care Homes** – the COVID-19 pandemic has bought increased focus on enhanced care home support measures. The Trust led a regional campaign to provide frequent caller data and trends, incident outcomes and care plan visibility to identify Homes that need support so the wider system could respond appropriately. Additionally, urgent and emergency care guidance has been updated for enhanced falls, and pathway guidance and related system principles have been proposed for regional rollout and embedding across the Out of Hospital care environment. An enhanced response model of care is in development alongside a wider category 3 and category 4 response model.
- **Patient Care Plans** – the Trust has been working with Surrey, Frimley, and Kent and Medway on their shared care record programmes to help develop their platforms for sharing patient records. These programmes will go live in 2021, enabling clinicians in the 999 and 111 contact centres, and the paramedic practitioners in the Urgent Care Hubs, to access patient records to support either Hear and Treat or joint decision making with a crew at the patient's side.
- **Service Finder** – continued promotion of the 'front-end' app enabling crews to access referral services on their iPads in support of 'Getting it Right First Time' (GIRFT) for patients.

Moving Forward:

The Trust continues to work with each ICS to optimise the use of our collective resources both regionally and locally: for example, on digital work across all four ICSs, and local work on core clinical pathways (as demonstrated in response to COVID-19).

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

The Trust will continue to review its strategic partnership and engagement approach to reflect evolving Urgent and Emergency Care themes and our role in the wider Integrated Care System.

Working with our local stakeholders

As the pandemic took priority, the Trust communicated with local stakeholders on a daily basis using a Common Operating Picture report that was circulated to stakeholders and partner organisations throughout the year. This enabled focus on responding to the pandemic while keeping system partners in the loop.

As noted elsewhere in this report, partnership working has been enhanced and was vitally important during this extraordinary year.

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. Our in-person briefing programme for MPs naturally declined during this year however our Chief Executive and Chairman held regular virtual sessions with local MPs on how the Trust was responding to the pandemic.

Within our area, the Trust is accountable to the following six Scrutiny Committees, covering the local government areas within our region, who are also partners in local Health and Wellbeing Boards:

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

During a usual year, the Trust provides written up-dates as requested by Scrutiny Committees as well as to local authority/CCG Health and Wellbeing Boards and also appears in person to provide up-dates on key issues. Partnership working took place far more at a system level during this year due to the need to coordinate the COVID-19 response regionally.

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).

Inclusion - Valuing difference

2020-21 has seen sustained progress in embedding equality, diversity and inclusion into core business activity. We are proud to have been awarded the Gold Standard for Talent Inclusion & Diversity Evaluation Awards, an improvement from being

awarded the Silver Award in 2019-20 by the Employers Network for Equality and Inclusion.

In 2020-21 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.

We 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 of the WRES is delivered via a comprehensive action plan, refreshed annually to ensure we deliver meaningful improvements.

The pandemic and its impact on the way in which we live, and work, has seen our staff equality networks playing a vital role over the last year, helping to support our staff. The need for additional tailored support was initially instigated by Inspire, our cultural diversity and faith network, when the disproportionate impact of COVID-19 on people from Black, Asian and Minority Ethnic communities became evident. Their approach was quickly adopted by both Enable (Disability and Carers' network), and Pride in SECAmb (LGBT+ network). The networks have undertaken regular welfare calls and continue to provide follow up calls to staff and virtual weekly 'drops in' to combat social isolation. Specialist sessions with psychotherapists and continued professional development sessions for staff have also been delivered. In addition, the Trust responded to feedback from staff and along with our other ambulance service partners in the UK made a commitment to becoming an actively anti-racist organisation.

The Trust also welcomed the launch of a Gender Equality Network (GEN), our newest staff equality network, on International Women's Day this year. GEN aims to promote gender equality opportunities for all, by supporting the interests of our staff in several areas, including, but by no means limited to:

- Equal pay and addressing gender pay gaps
- Health, wellbeing, and gender issues
- Women in leadership role
- Flexible working patterns

The Trust recognises the key role that the networks have played this last year and the importance of ensuring that we have diversity of thought and are representative of the communities we serve across all levels in the organisation. With this in mind, we are rolling out our first pilot cohort of the Springboard Women's Leadership programme in April 2021 and also working with the NHS Leadership to deliver a local cohort of the Stepping Up leadership programme for Black Asian and Minority Ethnic Staff.

As noted elsewhere, the Trust has joined NHSI's NExT Director scheme during the year, and has offered placements to two aspirant Non-Executive Directors from Black, Asian and Minority Ethnic backgrounds. Our commitment to improving our diversity at Board level has also been demonstrated through ongoing collaboration with BAME Recruitment agency on our past three NED appointments. BAME

Recruitment specialise in attracting diverse candidates (not solely people from BAME communities but improving representation across all the protected characteristics) and ensuring selection processes are as far as possible free from unconscious bias. All appointed candidates have been excellent and we have seen some improvement in terms of diversity too.

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 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 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 must comply with the following specific duties:

- Publish sufficient evidence to demonstrate compliance with the general duty;
- Prepare and publish equality objectives; and
- 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: 0300 123 0999, 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.

Our Inclusion Strategy embeds accountability for effective and timely involvement and engagement in the Trust's planning, service development and patient experience work. The strategy 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 and why. Our Inclusion Hub Advisory Group (IHAG) advises the Trust on effective engagement and involvement, relevant to service design, during development and delivery of our services.

The IHAG is made up of our Foundation Trust members, selected to reflect perspectives across the nine protected characteristics and communities with poorer health outcomes. Where we have been unable to find volunteers representative of seldom heard groups we reach out to community organisations to provide volunteers.

Working with the diverse membership of 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 the Trust, and representatives sit on the Trust's Inclusion Working Group alongside senior managers, so that the IHAG's advice can be incorporated into Trust activities. For example, 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 the Trust to engage groups that we may otherwise struggle to involve, such as those who are housebound, carers, etc.

The pandemic has meant that our traditional way of engaging with our IHAG members has had to change. However, we recognised the importance of continuing to ensure we had patient / public feedback in our work and throughout 2020-21 members met virtually on a quarterly basis.

Key achievements of the IHAG during 2020-21 include:	
Participated in focus groups during the process to recruit Non-executive Directors, ensuring the public/patient perspective were considered.	Took part in engagement sessions to feedback on the development of the Trust Quality Improvement Strategy and embedding of the Patient and

	Carers Experience strategy.
Regular participation in Quality Assurance meetings to help develop a model for identifying good practice across the Trust and opportunities for improvement.	Provided feedback on the development of a Trust wide engagement Toolkit designed as a practical guide to help workstream leads deliver effective and meaningful engagement activities.
Participated in a number of SECAmb working groups and subgroups and reported back on the outcomes. E.g. History Marking subgroup, Clinical Risk and Learning Group, Falls Working Group and Inclusion Working Group.	Provided feedback on appropriate public messaging for the development of our new estates programmes.

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 14,187 people as of 31 March 2021. We have 9,863 public members and 4,324 staff members. Our public membership decreased by 235 people over the year. Year on year we have a volume of members who have moved out of the area or passed away.

Although the Council's Membership Development Committee maintained oversight of membership numbers, representation and aspirations to broaden our membership to make it more representative of the communities we serve, activity to recruit new members was restricted to online/social media activity during the year.

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	**9,863**	**100.00**	**14,079,475**	**100.00**	
0-16	6	0.06	2,962,407	21.04	0
17-21	82	0.83	771,752	5.48	15
22+	5,483	55.59	10,345,316	73.48	76
22-29	462	4.68	1,555,013	11.04	42
30-39	816	8.27	2,238,672	15.90	52
40-49	1,083	10.98	1,937,045	13.76	80
50-59	1,091	11.06	1,790,074	12.71	87
60-74	1,314	13.32	1,832,904	13.02	102
75+	717	7.27	991,608	7.04	103
Gender	**9,863**	**100.00**	**14,079,475**	**100.00**	
-	704	7.14	0	0.00	0
Male	3,855	39.09	6,998,531	49.71	79
Female	5,287	53.60	7,080,942	50.29	107
Neither of these options	15	0.15	0	0.00	0
Prefer not to say	2	0.02	0	0.00	0
Ethnicity	**9,863**	**100.00**	**12,825,768**	**100.00**	
White - English, Welsh, Scottish, Northern Irish, British	7,794	79.02	7,722,552	60.21	131
White - Irish	85	0.86	216,248	1.69	51
White - Gypsy/Romany	7	0.07	18,166	0.14	50
White - Other	203	2.06	1,233,140	9.61	21
Mixed - White and Black Caribbean	16	0.16	140,291	1.09	15
Mixed - White and Black African	9	0.09	77,544	0.60	15
Mixed - White and Asian	26	0.26	131,756	1.03	26
Mixed - Other Mixed	32	0.32	140,075	1.09	30
Asian or Asian British - Indian	99	1.00	605,455	4.72	21
Asian or Asian British - Pakistani	45	0.46	245,515	1.91	24
Asian or Asian British - Bangladeshi	13	0.13	235,309	1.83	7
Asian or Asian British - Chinese	18	0.18	149,576	1.17	16
Asian or Asian British - Other Asian	61	0.62	461,376	3.60	17
Black or Black British - African	48	0.49	608,667	4.75	10
Black or Black British - Caribbean	35	0.35	356,326	2.78	13
Black or Black British - Other Black	17	0.17	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	1,340	13.59	0	0.00	0
ONS/Monitor Classifications*	**9,761**	**99.00**	**5,610,043**	**100.00**	

AB	2,739	27.77	1,632,728	29.10	95
C1	2,883	29.23	1,850,020	32.98	89
C2	2,046	20.74	929,262	16.56	125
DE	2,093	21.22	1,198,033	21.36	99

* 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:

• 4,292 public members with no dates of birth

• 1,340 members with no stated ethnicity

• 704 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)	2,001	857,162	0.23
Upper East (Kent, Medway & East London)	3,549	6,316,553	0.05
Upper West (Surrey, NE Hants & West London)	2,394	6,033,444	0.03
Lower West (West Sussex)	1,515	872,314	0.17
Out of Trust area	404	-	-
Total	**9,863**	**14,079,473**	**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.

The SEAG's activities are reported within the Staff Report in the following pages.

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 in the Inclusion section above.

Annual Members Meeting

The Trust held its first ever online Annual Members Meeting (AMM) on the 4 September 2020. The AMM incorporated a showcase of SECAmb's services and service developments, updates on the Trust's pandemic response, and a Q&A session with SECAmb staff, Board members and Governors. The AMM was held on the same day as our public Council meeting and good numbers of staff and public members observed the Council meeting as well as the AMM.

The Trust's usual schedule of public engagement events was unable to take place this year. However, Governors have joined online meetings in their regions to ensure they maintained connections with, for example, Clinical Commissioning Groups and GP Patient Participation Groups. Several online 'constituency meeting' surgeries

were set up for Governors and publicised on social media and through staff communications: the staff event was well-attended however the public events were not successful. The MDC will review learning from this at its next meeting.

Members have been invited to all public Council meetings during the year, through social media, our membership newsletter and dates are advertised on our website. Two 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.

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.

In deciding what recommendation to make for VSMs this year, Ministers recommended a consolidated pay increase in 2020-21 of 1.03% for all VSMs including those at and above the Upper Quartile of the NHSE/I (NHS England/Improvement) published pay ranges. This is the same percentage uplift as received by those at the top of Agenda for Change band 9.

The Appointments and Remuneration Committee agreed this in December 2020, backdating (as recommended by Ministers) to 1 April 2020.

The ARC also undertook a benchmarking exercise in June 2020 to compare and then set Executive Director pay to median ranges based on sector norms, noting changes in responsibilities within the team. The committee reviewed the salaries of each Executive Director against Trusts of similar size and scope. As a consequence, three Executive Directors saw their salary increase by between 5.5% and 8.8% in order to match median rates and reflect additional responsibilities.

In general, the remuneration of Executive Director posts may in any case 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.

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. This remains the remuneration for the NEDs and Chair as of 2020-21.

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 and this remains the remuneration received by the Chair as at 2020-21.

The NomCom reviewed this framework at its meeting of 10 October 2020, to determine how to approach the upcoming recruitment to two NED posts in terms of remuneration.

The NomCom considered the following points:

- The national averages set out did not take account of regional differences in the cost of living.
- It was considered unfair to reduce the remuneration of NEDs who had already been offered and accepted terms and conditions.
- Appointing subsequently appointed NEDs at a reduced rate would lead to disparity in remuneration among NEDs.
- 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 new appointments. The Council agreed.

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	2020-2021	2019-2020	2018-2019	2017-2018
Number of Directors	17	20	19	21
Number of Directors claiming expenses	13	17	17	15
Total claimed (£00)	80	200	260	160

Governors	2020-21	2019-20	2018-19	2017-18
Number of Governors	24	30	32	25
Number of Governors claiming expenses	3	8	8	9
Total claimed (£00)	4	53	56	74

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 £150,000: 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 2021				Year ended 31 March 2020			
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									
David Astley		45-50	-	-	45-50	50-55	-	-	50-55
Non-Executive Directors									
Lucy Crothers (Bloem) *Also Deputy Chair and Senior Independent Director*		15-20	-	-	15-20	15-20	-	-	15-20
Patricia (Tricia) McGregor	Deceased 08.06.20	0-5	-	-	10-15	10-15	-	-	10-15
Terry Parkin		10-15	-	-	10-15	10-15	-	-	10-15
Alan (Al) Rymer	Left 27.01.21	10-15	-	-	10-15	10-15	-	-	10-15
Angela Smith	Left 31.01.20	N/A	N/A	N/A	N/A	10-15	-	-	10-15
Laurie McMahon		10-15	-	-	10-15	10-15	-	-	10-15
Adrian Twyning*	Left 31.05.19	N/A	N/A	N/A	N/A	0-5			0-5
Michael Whitehouse		10-15	-	-	10-15	10-15	-	-	10-15
Howard Goodbourn	Appointed 09.03.20	10-15	-	-	0-5	0-5	-	-	0-5

Thomas Quinn	Appointed 01.10.20	5-10			5-10				
Subathra devi (Subo) Shanmuganathan	Appointed 01.03.21	0-5			0-5				
Chief Executive									
Philip Astle	Appointed 01.09.19	165-170	2,100	40-42.5	205-210	95-100	-	40-42.5	135-140
Executive Directors									
David Hammond *Director of Finance and Corporate Services*		140-145	-	47.5-50	185-190	125-130	13,300	27.5-30	165-170
Fionna Moore** *Medical Director & Interim Chief Executive*		205-210	9,700	-	215-220	200-205	9,400	-	210-215
Joe Garcia Director of Operations	Left 31.03.21	130-135	4,500	7.5-10	140-145	115-120	11,400	-	125-130
Steven Emerton*** *Director of Strategy & Business Development*	Left 28.08.20	105-110	3,500	-	110-115	105-110	7,100	25-27.5	140-145
Ed Griffin *Director of Human Resources and Organisational Development*	Left 29.04.19	N/A	N/A	N/A	N/A	5-10	200	-	5-10
Bethan Eaton-Haskin *Director of Quality/Chief Nurse*		125-130	9,400	-	135-140	110-115	11,300	-	120-125
Ali Mohammed* *Director of Human*	Appointed 27.01.20	140-145	-	-	140-145	25-30	-	-	25-30

Resources and Organisational Development									
Paul Renshaw**** *Interim Director of HR*	Appointed 22.04.19 Left 31.01.20	N/A	N/A	N/A	N/A	230-235	-	-	230-235
Magnus Nelson* *Acting Medical Director*	Appointed 01.04.19 Left 05.06.19	N/A	N/A	N/A	N/A	0-5	-	-	0-5
Richard Quirk* *Acting Medical Director*	Appointed 05.06.19 & 16.12.19 Left 31.08.19 & 10.02.20	N/A	N/A	N/A	N/A	35-40	-	-	35-40

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

** Dr Fionna Moore receives the NHS consultants' merit award included in the remuneration figure above which is centrally funded.

*** Steve Emerton formally stepped down from his role as Executive Director of Strategy and Business Development on 28 August 2020. He remained available for project work until his last day of service on 31 December 2020. His last payment was to end of December 2020 but it is a full year cost as we paid his 3 months (notice) in lieu at that point.

**** Paul Renshaw was employed through an agency and includes all costs recharged to the Trust during 2019-20, as reported last year.

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 2020-21 was £215,000-£220,000 (2019-20, £230,000-£235,000). This was 7.6 times (2019-20,9.3) the median remuneration of the workforce, which was £28,801 (2019-20, £24,956). The decrease in the ratio relates to the mix of salaries paid where changes in pay/positions has resulted in more employees in the £25-£50k compared to below £25k.

In 2020-21, no (2019-20, nil) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £1,000 to £220,000 (2019-20 £1,000-£232,000).

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	2020-21	2019-20
Band of Highest Paid Director's Total (£000)	215-220	230-235
Median Total Remuneration (£)	28,801	24,956
Remuneration Ratio	7.6	9.3
Range of salaries for median remuneration	1-220	1-232

Pension entitlement	Year ended 31 March 2021							
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 2020	Real increase in Cash Equivalent Transfer Value	Cash equivalent Transfer 31 March 2021	Employer's Contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Chief Executive								
Philip Astle *Chief Executive*	2.5-5	-	10-15	-	148	28	203	24
Executive Directors								
David Hammond *Director of Finance and Corporate Services*	2.5-5	-	25-30	-	265	25	314	20
Steven Emerton *Director of Strategy & Business Development*	-	-	-	-	133	-	-	12
Joe Garcia *Director of Operations*	0-2.5	0-2.5	45-50	140-145	1,102	37	1,161	3
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

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.
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.

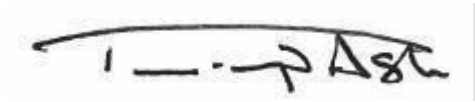
Further information is set out in the Annual Statement on Remuneration (above).

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, with reference to the *Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts*	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, with reference to the *Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts*	N/A	N/A



Philip Astle, Chief Executive Officer

Date: 27.05.21

Staff Report

2020-21 has been a year of such extraordinary focus on exceptional demands, with a new Executive Director and a new Deputy Director of HR and Organisational Development (OD), a sustained focus on reducing the number and duration of employment relations (ER) cases and a restoration of collaborative relations with union partners.

These are the foundations upon which work in 2021-22 will be undertaken to transform the Employee Relations landscape towards a just and restorative culture and implement a new operating model for HR and OD to better align existing functions to deliver better value-added services to guide, advise, and support the Trust in delivering improvements in line with the NHS People Plan and a new Trust People Plan.

As at 31 March 2021, the breakdown of our staff between clinical and support roles was as follows:

Staff Group	Permanent	Other	Headcount
A&E	2729	2	2731
111	417	0	417
EOC	582	10	592
Support	596	31	627
TOTAL	**4324**	**43**	**4367**

86% 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.

Employee costs	2020-21 Total £000	2020-21 Permanently employed £000	2020-21 Other £000	2019-20 Total £000	2019-20 Permanently employed £000	2019-20 Other £000
Salaries and wages	158,142	157,515	427	135,359	135,058	301
Social security costs	16,188	16,188	0	13,605	13,605	0
Employer contributions to NHS pension scheme	18,680	18,680	0	16,424	16,424	0
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	8,131	8,131	0	7,169	7,169	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(607)	(607)	0	(257)	(257)	0
Costs capitalised as part of assets	592	261	331	566	201	365
Agency staff	1784	0	1,784	3,792	0	3,792
Employee benefits expense	202,910	200,368	2,542	176,658	172,200	4,458

During 2020-21 there were 4 (2019-20: 3) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £136k (2019-20: £87k) 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.)
Doctor	030	Medical Director/Deputy	3
Manager	A0A	Operating Unit Manager Operational Team Leader Operations Manager	207
Manager	A0B	HART Operations	17

		Manager HART Team Leader	
Consultant Paramedic	A4A & A4D	Consultant Paramedic	4
Specialist Practitioner	A6A	Critical Care Paramedic Paramedic Practitioner	133
Assistant Practitioner	A7A	Trainee Associate Ambulance Practitioner	235
Emergency / Urgent Care Support Worker	A8A	Emergency Care Support Worker	470
Emergency / Urgent Care Support Worker in Call Handling	A8E	Dispatch Team Leader Emergency Medical Advisor Emergency Medical Advisor Team Leader Resource Dispatcher Response Desk Dispatcher Senior Emergency Medical Advisor	394
Paramedic in Emergency Care	ABA	Ambulance Paramedic Newly Qualified Paramedic (NQP)	988
Paramedic in Hazardous Area Response Team	ABB	HART Team Operative	68
Ambulance Technician / Associate Practitioner in Emergency Care	AEA	Ambulance Technician Associate Ambulance Practitioner	424
Administration & Estates Staff	G0-G3 (A-E)	Support Staff	996
Midwife	N2C	Consultant Midwife	1
Mental Health Nurse	N6D	Mental Health Clinical Supervisor Senior Mental Health Practitioner	7
Manager in Pharmacy	S0P	Chief Pharmacist	1
Therapist in Physiotherapy	S1E	Physiotherapy Team Leader	1
Scientist in Pharmacy	S2P	Pharmacist	7
Technician in Pharmacy	S4P	Pharmacy Health Care Professional	1
Technician in Dental	S4R	Dental Nurse	9
General Payments	Z2E	Non-Executive Director	8
TOTAL			**3974**

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

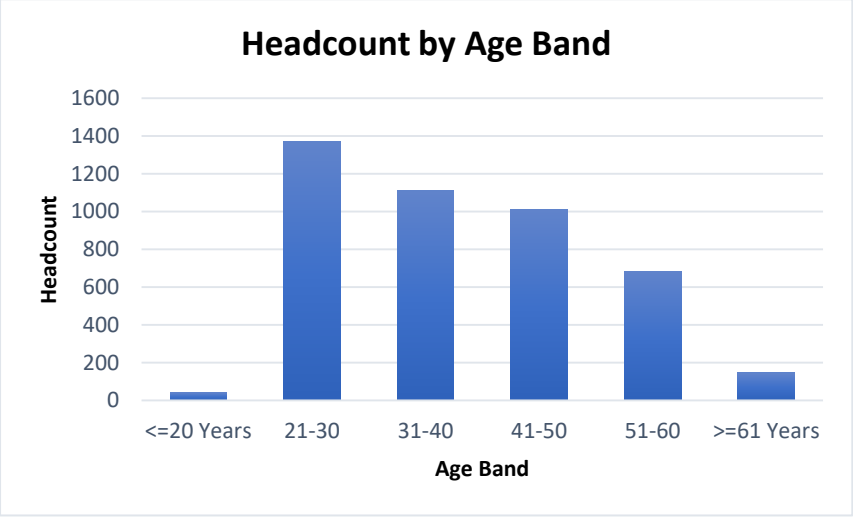
(Figures given are headcount)

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	43
21-30	1373
31-40	1110
41-50	1012
51-60	684
61 and over	145
TOTAL	**4367**



Gender

In the workforce, the gender split continues to improve from 2017-18 when males made up the majority of the workforce and now 55% of our staff are female. However, the gender ratios change as we get higher up the organisation, with only 31% of Directors being female, and just 36% of senior managers (Band 8+).

Gender	Headcount	Percent %
Female	2394	55%
Male	1973	45%
TOTAL	**4367**	**100%**

Gender - Directors	Headcount	Percent %
Female	4	31%
Male	9	64%
TOTAL	**13**	**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	36	54	90
Band 8 - Range B	10	28	38
Band 8 - Range C	10	14	24
Band 8 - Range D	3	7	10
Band 9	1	1	2
Non AfC	5	12	17
TOTAL	**65**	**116**	**181**

Gender Pay Gap

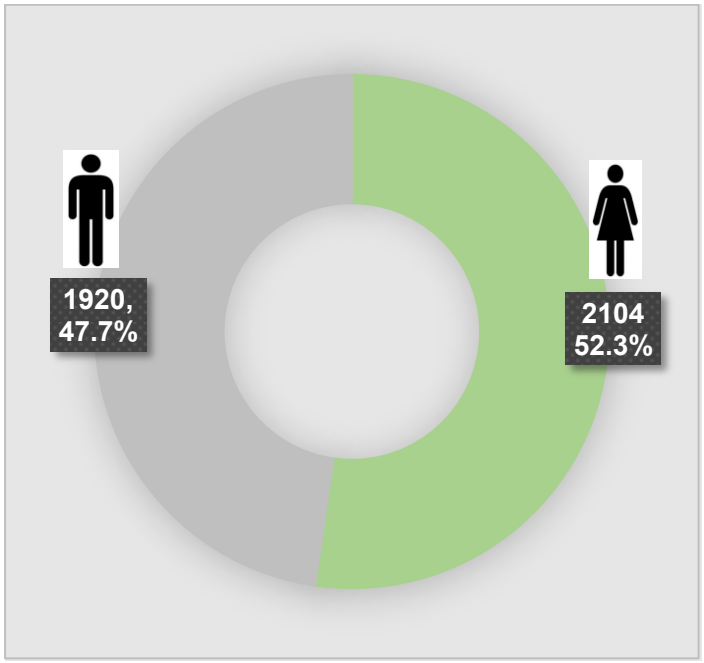
As a public sector organisation, we are required by law to publish the difference between the average (mean) and median earnings of our male and female staff. It also looks at the distribution of men and women across four equal quartiles within the organisation. The pay gap information is published a year in arrears and so the data available at present is for 2019-20.

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

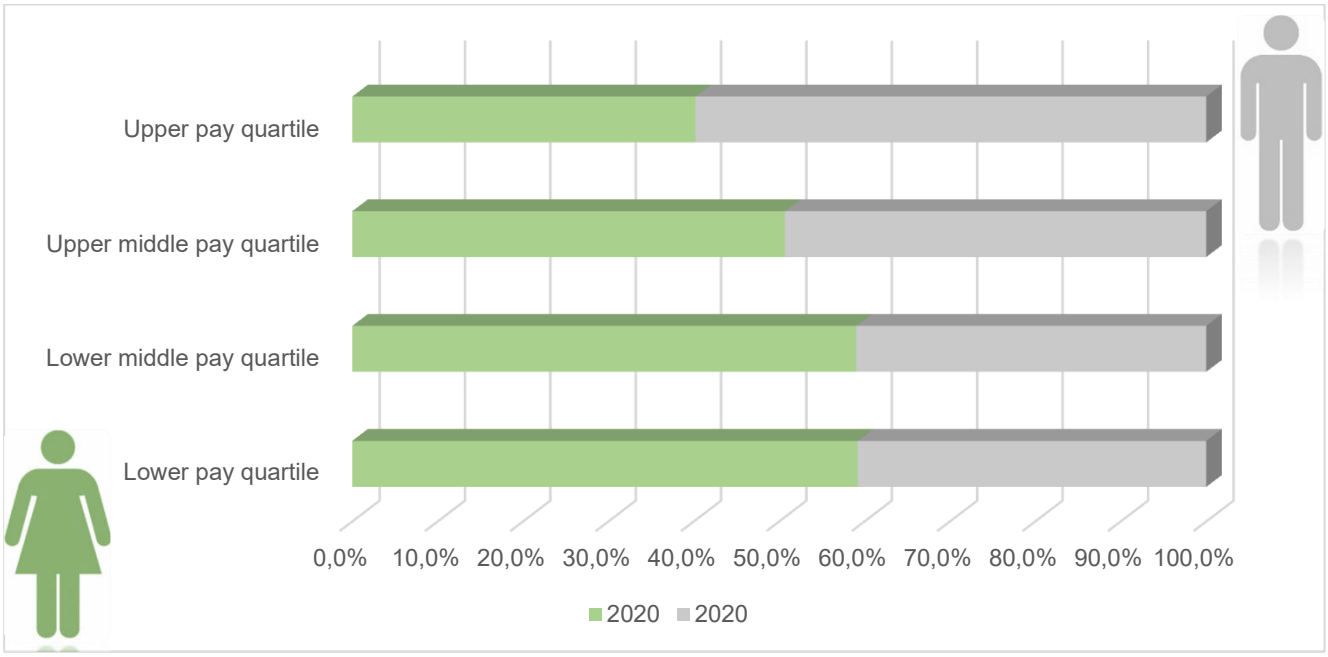
terms and conditions and pay framework, and our robust and objective job evaluation process. The gender pay gap figures are affected by differences in the gender composition across our job grades and roles.

In 2021, we published a small increase in our mean hourly pay gap for women (1 April 2019-31 March 2020) but a decrease in the median pay gap, however, it is unknown whether either change is statistically significant overall. Within this period, there was a 7.8% increase in our workforce overall and an 11.2% increase in the number of women in the organisation overall compared to 4.2% increase for men. An increase in the female workforce in the lower two quartiles is likely to have contributed to the increasing pay gap. We recognise that action to reduce our pay gap and to increase the representation of women at the higher pay bands must be taken. Workstreams to support this are in progress.

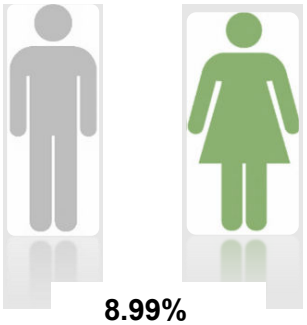
Our workforce 2019-20



All Trust Staff - Proportion of males and females in each pay quartile - 31/03/2020



Mean average hourly rate



8.99% difference

£15.78 **£14.37.**

This means that in 2020 **women earned 91p** for every **£1** that men earnt when comparing mean hourly wages.

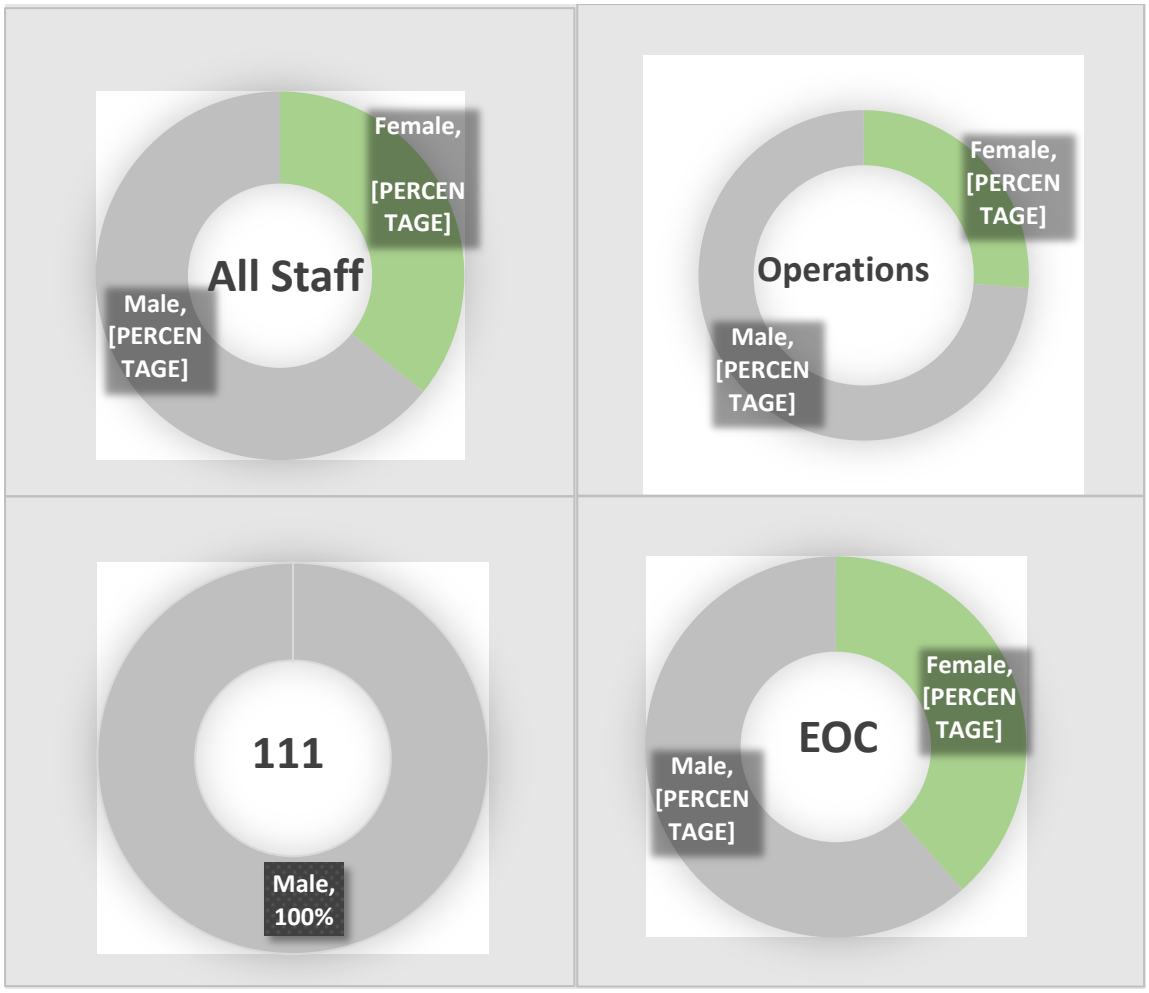
Median average hourly rate

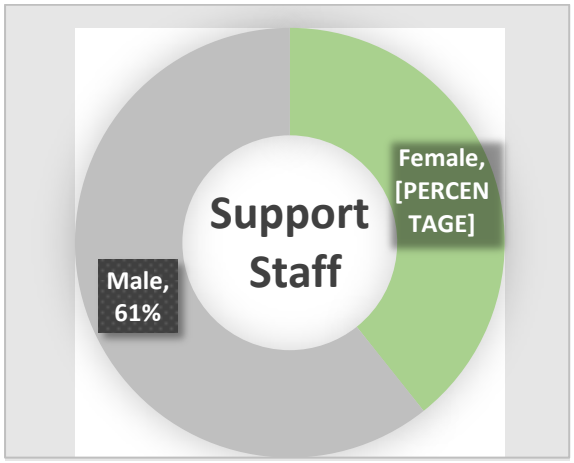
11.30% difference

£14.85 **£13.17**

This means **women earned 89p** for every **£1** that men earnt when comparing median hourly wages.

Gender breakdown by service area for Agenda for Change band 8 and above





Steps to be taken to improve the gender pay gap

- Improve promotion of vacancies for senior positions to women;
- Work with our recently launched Gender Equality Network to identify barriers and promote good practice;
- Extend our commitment to having gender diverse interview panels to **all roles at band 7 and above from April 2021** and aim to have gender diverse panels for all interviews as best practice;

- Provide access to support in conjunction with Learning and Organisational Development to colleagues applying for a promotion within the organisation or preparing for interview;
- Continue to explore opportunities for more flexible and alternative shift working across the organisation, including how this could be introduced into a wider range of operational roles.

Full details of our gender pay gap report for the workforce as at 31st March 2020 can be found on our Trust website via https://www.secamb.nhs.uk/what-we-do/inclusion-equality-and-diversity/ethnicity-and-gender-pay-gap/

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 remained at 12% for a second year, down from 13% in 2018-19 and 14% in 2017-18.

Race	Headcount	Percent %
A White - British	3830	88%
B White - Irish	38	1%
C White - Any other White background	121	3%
C2 White Northern Irish	1	0%
C3 White Unspecified	6	0%
CA White English	7	0%
CC White Welsh	1	0%
CP White Polish	10	0%
CX White Mixed	1	0%
CY White Other European	11	0%
D Mixed - White & Black Caribbean	21	0%
E Mixed - White & Black African	4	0%
F Mixed - White & Asian	25	1%
G Mixed - Any other mixed background	24	1%
GC Mixed - Black & White	1	0%
GF Mixed - Other/Unspecified	2	0%
H Asian or Asian British - Indian	46	1%
J Asian or Asian British - Pakistani	9	0%
K Asian or Asian British - Bangladeshi	7	0%
L Asian or Asian British - Any other Asian background	15	0%
LB Asian Punjabi	1	0%
LH Asian British	1	0%
LJ Asian Caribbean	2	0%
LK Asian Unspecified	1	0%
M Black or Black British - Caribbean	16	0%
N Black or Black British - African	38	1%

P Black or Black British - Any other Black background	4	0%
PC Black Nigerian	1	0%
PD Black British	1	0%
PE Black Unspecified	1	0%
R Chinese	8	0%
S Any Other Ethnic Group	14	0%
SC Filipino	2	0%
SD Malaysian	1	0%
Z Not Stated	95	2%
TOTAL	**4367**	**100%**

Disability

182 (4%) staff have declared themselves as having a disability, which is the same percentage as last year:

Disability	Headcount	Percent %
Yes	182	4%
No	3845	88%
Prefer not to answer	340	8%
TOTAL	**4367**	**100%**

This is an area which is under-reported, with 8% of staff preferring not to confirm whether 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 13% choosing not to provide a response, down from 14% last year and 18% in 2018-19.

Sexual orientation	Headcount	Percent %
Bisexual	82	2%
Gay or Lesbian	213	5%
Heterosexual or Straight	3512	80%
Other sexual orientation not listed	5	0%
Undecided	7	0%
Not stated (person asked but declined to provide a response)	548	13%
TOTAL	**4367**	**100%**

The Trust has a well-established and nationally recognised LGBTQ network, Pride in SECAmb, which works hard for inclusivity across the Trust.

Religion and belief

This area remains under-reported, with 21% of staff having not stated their religion or belief, continuing the improving trend down from 23% last year, and 27% not stated in 2018-19.

Religion or belief	Headcount	Percent %
Atheism	1085	24.85%
Buddhism	25	0.57%
Christianity	1704	39.02%
Hinduism	24	0.55%
Islam	27	0.62%
Jainism	2	0.05%
Judaism	4	0.09%
Other	557	12.75%
Sikhism	8	0.18%
I do not wish to disclose my religion/belief	931	21.32%
TOTAL	**4367**	**100%**

Modern Slavery Act

In 2020-21 the Trust reviewed its declaration (published on our website here: https://www.secamb.nhs.uk/how-we-do-it/modern-slavery-act-statement/) 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.

This challenge was increased during the COVID-19 pandemic, when face to face communication between colleagues was significantly reduced but the need to ensure staff could easily and quickly access a wide range of information was paramount.

During the pandemic the existing Trust-wide mechanisms for communicating with staff continued to be utilised including:

- A weekly up-date from the Chief Executive to all staff, focussing on the key issues affecting the Trust that week.
- 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 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 proved so successful during the pandemic that it will continue as a key communication mechanism moving forwards.

Recognising the particular communication requirements during the pandemic, we also introduced:

- Weekly Webinars accessible to all staff and which allowed questions to be asked and answered live during the session. Topics covered during the year included PPE, infection prevention & control, different ways of working, testing and vaccinations. They proved to be very popular.
- A single point of access for all COVID-19 documentation on The Zone, which we linked to from all of our internal communications mechanisms. This allowed us to ensure that staff could easily access what they needed and that only the most up-to-date information was being shared – vital during a period when important information was changing frequently.
- Easy to use Action Cards, covering a range of scenarios that our staff were experiencing and with clear actions for staff and managers to take. These proved especially useful for helping staff to easily understand what to do when experiencing COVID-19 symptoms, for example, without having to access a range of different policies.

During the year we have also continued to extend our use of social media as a mechanism for communicating with staff and this has proved invaluable during this difficult time.

The SECAmb Facebook Community group is a lively and interactive group with more than 3,000 members – all of whom are members of staff or Trust volunteers. It is moderated by a team of staff volunteers and has proved to be a particularly valuable communication tool during the pandemic as a forum for staff to highlight issues and ask questions.

Undertaking regular, face to face communication with front-line staff in particular has been especially challenging, however the Chief Executive and other senior leaders have utilised technology as much as possible to engage with staff first-hand, hear about their local challenges and successes, and provide support.

Recruiting and retaining staff

Over the past year SECAmb has continued to use the 'Trac' online applicant tracking system to help us manage the process effectively. We run monthly audits on all recruited vacancies to ensure all recruitment requisitions are raised and approved. We also ensure all posts have the required approvals in place and that all interview paperwork is attached to candidate records.

The recruitment process has been scrutinised and re-configured ensuring that all interview panel members are interview skills trained and that there is gender diversity on all panels.

We are currently working on replacing the existing knowledge and skills framework with a values-based recruitment model, based on Trust values and the wider NHS values and behaviours.

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.

During this year, recruitment has been impacted by the pandemic. We recruited staff initially via the Trust Bank to support front line roles, as well as additional staff in call handling across 111 and EOC. During the year, we have converted a number of these staff onto a permanent employment basis. Many new colleagues have come from sectors impacted by the pandemic such as travel, and they have brought some excellent customer services skills with them. This has had a positive impact on staff retention within our EOC and 111 services. We also have operational staff still supporting us via Bank.

We received 8329 applications to our vacancies during the year. We recorded 607 'new to Trust' employees during the year with 546 reported as actual starters to the Board (representing a difference in attrition of new-starters pre-joining and reporting cut off). We received 477 applications from applicants who declared a disability, of which 29 were hired. There were 6 candidates recruited who preferred not to disclose if they had disabilities. We received 1490 applications from BAME candidates and hired 72 BAME staff (9 hired staff preferred not to state their ethnicity).

At the end of the year, the Trustwide vacancy rate is at -0.70%.

Month 2020-2021	Rolling Annual Turnover %	Month 2019-2020	Rolling Annual Turnover %
Apr-20	15.60%	Apr-19	14.24%
May-20	14.75%	May-19	14.72%
Jun-20	13.94%	Jun-19	14.98%
Jul-20	13.39%	Jul-19	15.01%
Aug-20	12.64%	Aug-19	15.62%
Sep-20	11.86%	Sep-19	15.52%
Oct-20	11.72%	Oct-19	15.85%
Nov-20	11.07%	Nov-19	15.43%
Dec-20	11.16%	Dec-19	14.87%
Jan-21	10.93%	Jan-20	15.58%
Feb-21	10.48%	Feb-20	15.88%
Mar-21	10.26%	Mar-20	15.83%

Sickness absence

Sickness absence for the period 1 April 2020 to 31 March 2021 was 7.12%, a slightly increasing trend over the past three years (5.82% 2019-20 and 5.04% 2018-19).

Absence % (FTE)	Days Lost (FTE)
7.12	100,526

The monthly breakdown for the period is:

Month 2020-2021	Annual Rolling Sickness (%)
Apr-20	6.05%
May-20	6.03%
Jun-20	5.97%
Jul-20	5.85%
Aug-20	6.00%
Sep-20	6.09%
Oct-20	6.21%
Nov-20	6.31%
Dec-20	7.37%
Jan-21	7.12%
Feb-21	7.76%
Mar-21	7.12%

Since 2019-20 staff sickness absence data is not required in this report however we have published it here. 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 fully reviewed in 2019 and a new document aligned to the model policy *Managing Conflicts of Interest in the NHS* was approved in November of that year. The Trust's Counter Fraud Team were heavily involved in the review. It is next due for review in November 2022.

During the current year, Local Counter Fraud undertook an audit of the effectiveness of the Trust's processes for managing secondary employment (those with second jobs outside the Trust), which are managed under the Declaration of Interests policy and procedure. The audit concluded in March 2021 and identified four management actions, one medium priority and three low. The actions will enable the Trust to ensure it is making better use of data available nationally regarding secondary employment, and to improve the links between sickness absence management and awareness of when secondary employment may be a factor.

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. It is next due for review in October 2021. 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.

Health, Safety and Security

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 possible that staff may be the subject of directed aggressive behaviour, verbal abuse or even violence from patients and members of the public.

The Trust is committed to developing new, and reviewing existing, working practices to provide a safe and secure working environment so far as is reasonably practicable.

Board Commitment to Health & Safety

The 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.

Health & Safety Culture

The Health & Safety management team continue to develop working relationships with our workforce to embed a positive safety culture and will continue to do this via

our dedicated Health & Safety sub-groups.

Networking at National Level

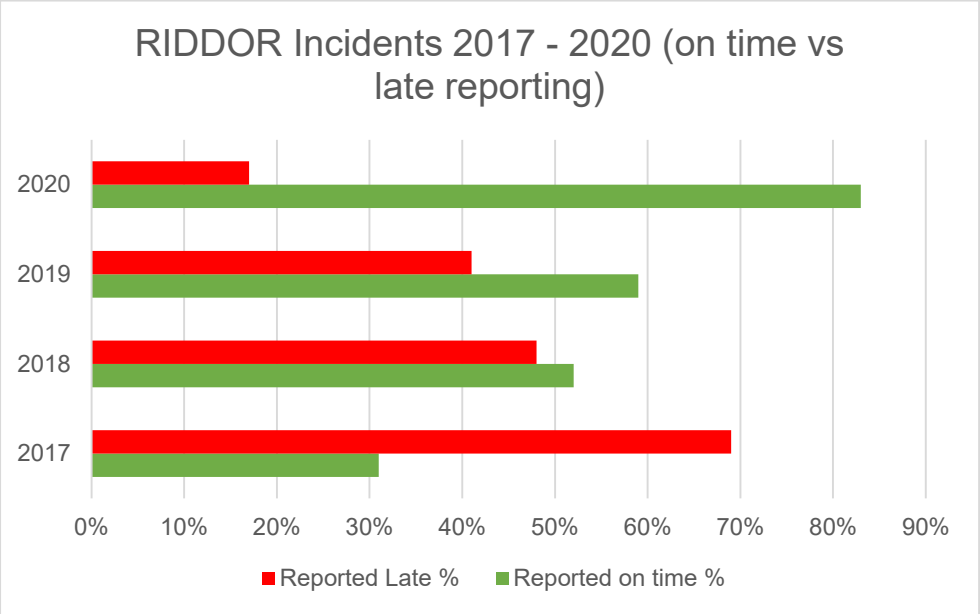
The Trust is committed to networking with the national ambulance group for Health & Safety. This provides a forum to share good practice and ideas of innovation that will further improve the safety of our staff.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

To protect our workforce, the RIDDOR regulation requires employers to report certain workplace accidents, occupational diseases and specified dangerous occurrences. Formal reporting is undertaken by the employer to the Health & Safety Executive: serious accidents resulting in over-seven-day incapacitation of an employee require notification to the enforcing authority within 15 days of the incident.

Between April 2020 and March 2021, the Trust reported 101 RIDDOR incidents and 83% of these incidents were reported on-time to the Health & Safety Executive. This is a 24% improvement in compliance when comparing to the previous year. It is believed that the increase in the reporting of RIDDOR related incidents by staff is in part due to having an improved health and safety management system.

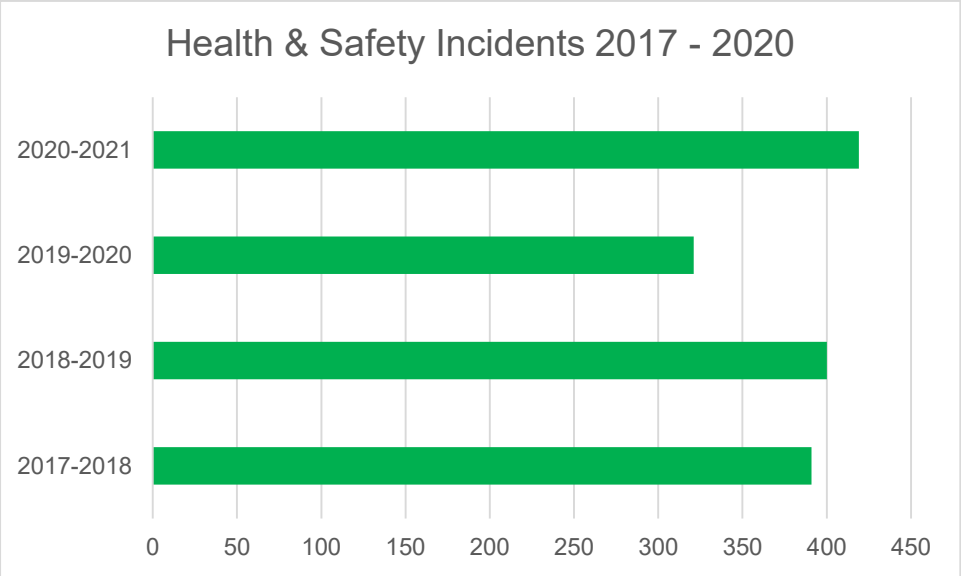
The data chart below highlights on-time RIDDOR reporting vs late reporting from 2017-20. It shows consistent improvement in timeliness of reporting, year on year.



Health and Safety Incidents

In 2020-21, staff reported 419 Health & Safety Incidents. This is an increase of 98 incidents when comparing to the previous year. Incident reporting has improved due to staff awareness of the need to report all health and safety incidents.

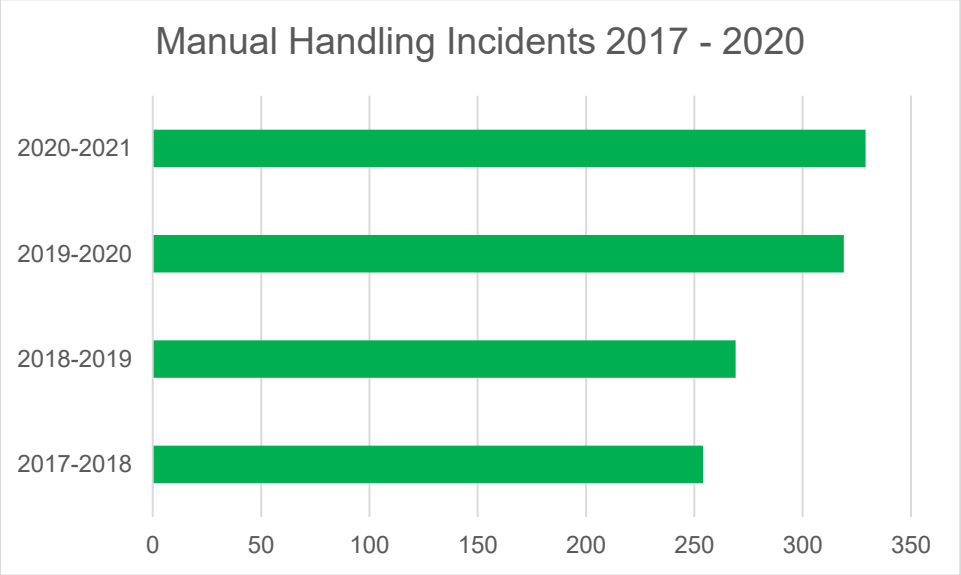
Number of Health and Safety incidents from 2017-20:



Manual Handling Incidents

Staff reported 329 manual handling incidents during the year. This is an increase of 10 incidents when comparing to the previous year.

Number of manual handling incidents from 2017-20:



Security

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

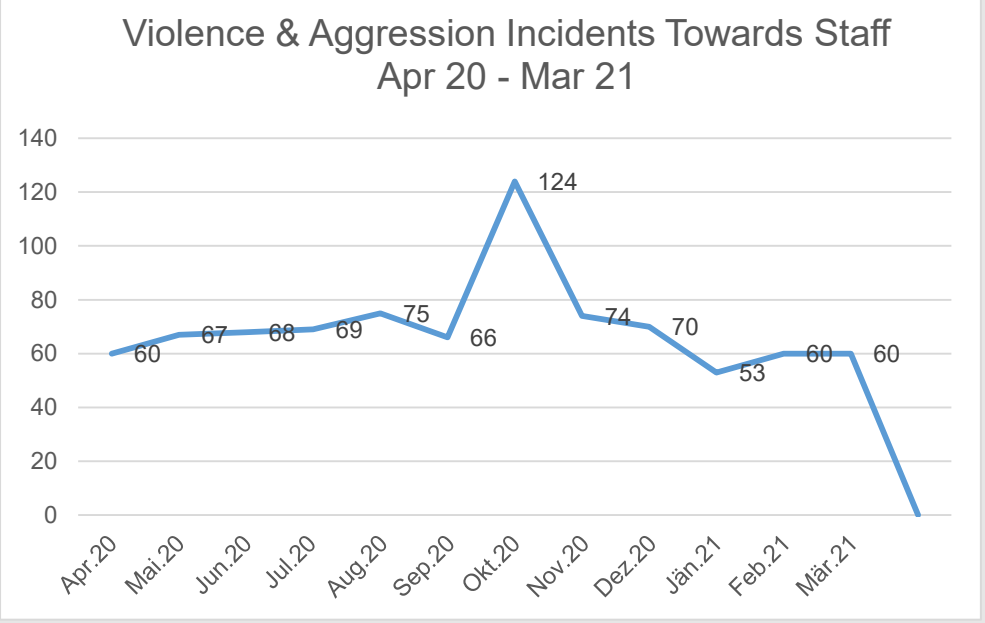
Physical Assaults

Physical assaults on staff continue to rise, as the data indicates below.

	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16
Assaults	262	245	224	220	234	207

Violence and Aggression Incidents against Staff 2020-2021

Staff reported 846 Violence and Aggression incidents, an increase of 94 incidents when comparing to the previous year. Unfortunately, the ambulance sector continues to see annual increases with violence and aggression incidents.



Body Camera trials

The use of body-worn cameras is intended to deter abuse and obtain evidence of offences committed against staff.

The Trust recently received funding from NHSE/I to trial body cameras. The trial will commence in quarter one during 2021 and will run for a period of 12 months. The monitoring of the trial will be undertaken by a dedicated Task and Finish group.

The selection of the trial sites has been determined by the geographical locations which have the highest reported incidents for violence and aggression. The trial sites are Thanet, Medway, Gatwick, Brighton and Guildford.

The Trust is reviewing various options to reduce violence and aggression incidents:

- Body cameras (12-month trial)
- Conflict resolution training for front line, 999 and 111 staff
- Implementing ‘Operation Cavell’ with Sussex, Surrey, and Kent police forces

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. It is hoped that this will increase reporting levels and consequently successful police action in response.

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.

The last year has been one where our values have been tested in the most trying of times as we provided services to the community during a pandemic.

This is meant that any workshops or developmental work on values had to be paused for the entire year. However, this will be reinvigorated with the revision of the performance management and appraisal scheme set to launch in October 2021, the action planning coming out of the 2020 Staff Survey, the new Made@SECAmb learning and development portfolio for managers and supervisors, and the incorporation of a just and restorative culture into employee relations case management.

Promoting Staff Wellbeing

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[9] [10] 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

[9] Prins JT, Hoekstra-Weebers JE, GazendamDonofrio SM et al. Burnout and engagement among resident doctors in the Netherlands: a national study. Med Educ 2010;44:236–47.

[10] Spence Laschinger HK, Leiter MP. The impact of nursing work environments on patient safety outcomes. J Nurs Admin 2006;36:259–67

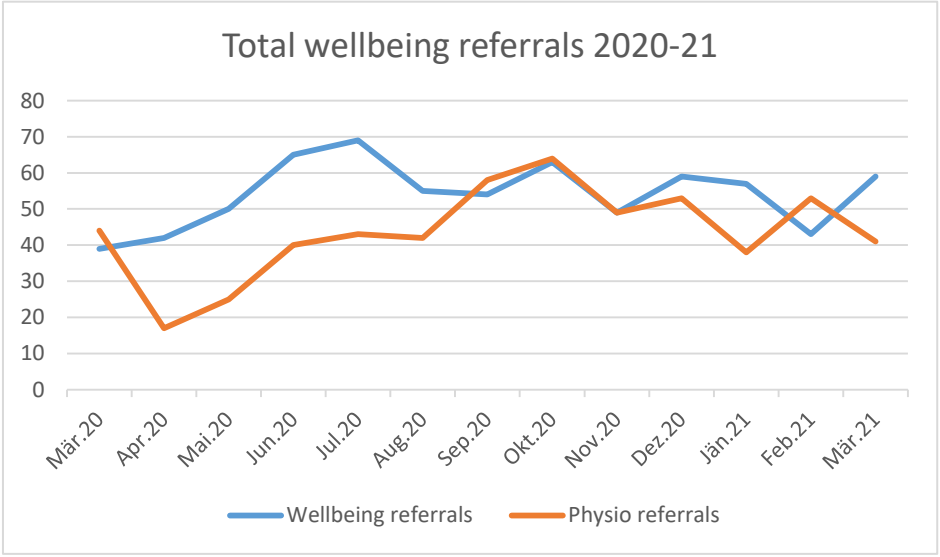
opportunities and support so that the wellbeing of all SECAmb's employees is valued.

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. In November 2020 we commenced a virtual review of the Wellbeing Strategy. As a result of this a Trust-wide health and wellbeing group will be established to ensure that the new strategy is fit for purpose and meets the needs of all. This group will also consider the importance of wellbeing throughout the organisation and ensure every member of SECAmb has responsibility for their and others' wellbeing.

Having a dedicated Wellbeing Hub that provides a wide range of wellbeing initiatives has been key to helping us identify and meet the changing needs of our people. We were able to introduce and support an array of initiatives some of which are listed below:

- Fast track COVID-19 pathway for psychological assessments
- Pandemic sickness absence management process
- COVID-19 alternative duties pathway for all COVID-19 related reassignments etc
- Centralised one place to access all COVID-19 support
- Back up Buddy - App providing 24/7 access to information and support
- A range of videos to support mental and physical health
- Drop in virtual coffee breaks
- Meditation sessions

During 2020-21, the Wellbeing Hub recorded 3765 interactions, an average of 313 interactions a month. Of these, 704 required a referral to a mental health practitioner. There were also 567 referrals for fast-track physiotherapy, whereby employees are eligible for six sessions of physio in a 12-month period. The remainder will be for matters such as Trauma Risk Management, Alternative duties, signposting to external services, Slimming World subscriptions, and general wellbeing queries. Physio clinics were interrupted by the pandemic and both internal and external physio clinics had to be closed for several months. This led to a reduction in physio referrals for 2020-21.



The Wellbeing Hub continues to work closely with Occupational Health (OH) to maximise return on investment and collaborative work between both teams.

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 91 TRiM practitioners. There are plans to provide further training within high need areas within the first quarter of 2021-22.

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 annual NHS Staff Survey is the principal way that our people provide feedback on their working experience which enables us to take action to make improvements where required and to measure our progress. This year more than 2500 members of staff completed the NHS Staff Survey. SECAmb recorded its highest response rate of 63% to date. This is a 7% or 464 person increase on the previous year.

The survey provides a valuable opportunity for staff to provide feedback, anonymously, on a number of important areas, including the care provided by their Trust, training and engagement. The 2020 Staff Survey was undertaken from September to end of November 2020 by Quality Health, an independent organisation, on behalf of SECAmb. The results were published nationally in March 2021 and showed improvement in some areas, such as health and wellbeing.

The 2020 Staff Survey was adapted in response to the COVID-19 pandemic to ensure feedback was sought from NHS staff about our response to the pandemic, as well continuing to capture key data using many of the same questions as in previous surveys. To add in the COVID-19 questions it was decided by NHS England that the personal development section would be removed, this means that the 'Quality of Appraisal' theme is not present in this year's results.

2020 NHS Staff Survey Results

The results from the survey questions are grouped into themes to give scores against set indicators. Themes are scored on a 0–10-point scale and a higher theme score always indicates a more favourable result. Each theme score for SECAmb and our 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.

Many of our theme scores have not significantly changed, although there have been deteriorations in four areas, and improvements in two. In the 'Immediate Managers' and 'Safe Environment - Violence' themes, we continue to perform above benchmarking average.

When reading the results, it is important to bear in mind that 2020 has not been “business as usual” for the NHS workforce and the COVID-19 pandemic has had a profound impact across the NHS.

Working with key stakeholders a Trust-Wide action plan is being developed to address the areas the Trust needs to focus on to make improvements. Ongoing consultation and engagement with staff will occur throughout this process.

NHS Staff Survey results table

	2020-2021		2019-2020		2018-2019	
Theme	**Trust**	**Benchmarking Group**	**Trust**	**Benchmarking Group**	**Trust**	**Benchmarking Group**
Equality, Diversity and Inclusion	8.1	8.5	8.3	8.5	8.2	8.4
Health and Wellbeing	5.2	5.5	5.1	5	5.0	5
Immediate Managers	6.5	6.4	6.5	6.3	6.4	6.2
Morale	5.7	6.0	5.6	5.7	5.5	5.7
Quality of Appraisals	N/A	N/A	4.8	4.8	4.6	4.6
Quality of Care	7.2	7.5	7.3	7.4	7.1	7.4
Safe Environment - Bullying and Harassment	7.0	7.4	7.1	7.4	6.9	7.3
Safe Environment - Violence	8.9	8.8	8.9	8.8	9.0	8.8
Safety Culture	6.2	6.4	6.2	6.2	6.1	6.2
Staff Engagement	6.1	6.3	6.2	6.3	6.2	6.2
Team Working	5.2	5.2	5.2	5.3	5.2	5.3

Induction

SECAmb continued to welcome new colleagues throughout last year. To ensure that we did so safely we adapted our induction process.

- **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 Operating

Unit after their initial training course is complete) all new staff receive a local induction. A checklist sets out all of the elements that need to be covered, 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 virtual SECAmb induction (half-day) for all staff, held via Microsoft Teams. This session is delivered on a weekly basis. All new staff are required to attend three months following their start date. Welcoming new people to SECAmb, it focusses on our values and behaviours as well as the patient experience.

We continue to evaluate this process and regularly review feedback from new colleagues to understand the effectiveness and impact of our induction.

Staff Engagement

Staff engagement is key to help the Trust meet the range of challenges that it faces. By involving staff in decisions and communicating clearly with them, we seek to maintain and improve staff morale, especially during periods of difficulty and change. To that end, as part of our ongoing commitment to engaging with staff to understand their needs and act on their feedback we communicate through a variety of channels including via the Staff Engagement Advisory Group (SEAG). SEAG 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.

The group provides staff from across the Trust with 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:

- Discussed COVID-19 response to get feedback which fed into our COVID-19 Recovery Learning & Improvement Group (CRLIG),
- Supported the development of a Reward & Recognition proposal which went to the Executive Management Board and was approved Q4 2020,
- Provided feedback on the Made@SECAmb leadership development programme,
- Advised on and supported the engagement for the New Ways of Working group which was set up as part of CRLIG,
- Reviewed Trust Strategy launch plans and provided feedback on mechanisms of engagement, and
- Advised on the development of the Staff Survey engagement plan for September 2020.

In 2021-22 we will further develop our staff engagement methods to include a SECAmb Engagement Toolkit which is intended to support line managers, project managers and the wider leadership teams to effectively engage with staff, networks and the public as part of day-to-day workstreams.

Appraisals

The annual appraisal review is an important part employee engagement providing opportunities for regular and meaningful conversations between staff and their line managers. During the appraisal year 2020-21, 52.24% or 2173 of our people had an appraisal.

Managing appraisals during a pandemic has been exceptionally challenging, ensuring that colleagues are available and can respond to surges in activity has been a Trust-wide priority. It is recognised that the Trust's extant appraisal process and form is not fit for purpose, so a new version will be rolled out to coincide with the national change to pay progression in October 2021. Prior to this implementation, all managers will be trained and a thorough communication plan setting out the reason for the change, the implications and benefits for employees will be delivered.

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 format was recognised by the Trust and Union partners in late 2020 as no longer being fit for purpose. The Director of HR and Organisational Development worked with union colleagues to revise and refresh the terms of reference. This was an entire revision, with a new focus, scope, a far greater emphasis on partnership working, and greater clarity of the relationship of JPF within the Trust's governance structure. The new structure will be launched in quarter 1 2020-21.

Our Unions were busy throughout the year working with the Trust to negotiate on all terms and conditions of employment for their members, and consult on other important areas:

- 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, and capability procedures,

- Staff amenities,
- Hours of work, and
- A two-day policy and procedure clinic.

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
62	59

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%	56
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	£163,300 (£16.33 average hourly rate) £212,290 with on costs
Total pay bill	£192,255,419
% of the pay bill spent on facility time, calculated as (total cost of facility time / total pay bill) x 100	0.085%

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	0%

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	NB: Trade Union Activities were included in the Paid Facility Time Figure for 2020-21

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.

Highly-paid off-payroll worker engagements as at 31 March 2021 earning £245 per day or greater	Number of engagements
Number of existing engagements as of 31 March 2021	40
Of which …	
Number that have existed for less than one year at time of reporting.	10
Number that have existed for between one and two years at time of reporting.	28
Number that have existed for between two and three years at time of reporting.	2
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0

All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2021 earning £245 per day or greater	Number of engagements
Number of off-payroll workers engaged during the year ended 31 March 2021	68
Of which ...	
Not subject to off-payroll legislation*	0
Subject to off-payroll legislation and determined as in-scope of IR35*	60
Subject to off-payroll legislation and determined as out-of-scope of IR35*	8

Number of engagements reassessed for compliance or assurance purposes during the year.	0
Of which: number of engagements that saw a change to IR35 status following review	0

* A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is inscope of Intermediaries legislation (IR35) or out-of-scope for tax purposes

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021	**Number of engagements**
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	18

Expenditure on consultancy

The total expenditure for 2020-21 was £126,000 and we engaged 2 consultancy firms.

Staff exit packages

There were 9 exit packages paid in 2020-21 (2019-20: 35) at a total cost of £177k (2019-20: £527k)

	2020-21			2019-20		
Exit package cost band (including any special payment element)	**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	3	0	3	24	0	24
£10,001-£25,000	4	0	4	5	0	5
£25,001-£50,000	2	0	2	2	0	2

£50,001-£100,000	0	0	0	1	0	1
£100,001 - £150,000	0	0	0	1	0	1
£150,001 - £200,000	0	0	0	1	0	1
>£200,000	0	0	0	0	0	0
Total number of exit packages by type	9	0	9	34	0	34
Total resource cost (£000)	177	0	177	527	0	527

Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2020-21 (2019-20: nil) at a cost of £nil (2019-20: £nil) as shown below:

	2020-21		2019-20	
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 2020-21**
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 2020-21**
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	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	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	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

The 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 assessment against 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

During the year the Trust moved from segment 3 to segment 2, following the removal of the enforcement undertakings and license conditions placed on the Trust in 2015 and 2016, when it was placed in special measures. This segmentation is the Trust's position at the time of writing (May 2021). Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

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: 27.05.21

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 2021 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 Audit & Risk Committee is the committee of the Board that seeks assurance that the risk policy is effective. The policy is continually reviewed, and the committee has supported some changes in approach, aimed at further improving the scrutiny of risks and ensuring more local ownership. These changes will be introduced during 2021-22.

In addition to a risk management monthly report to the Senior Leadership Team and 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. Datix Cloud will bring improved functionality to administration of the risk management process, and the roll out is now scheduled for 2021-22.

Internal Audit undertakes a review of risk management each year and this year it provided the Board with *reasonable assurance*. The review confirmed that the governance and risk management arrangements are adequately designed and applied, and this year have taken account of the circumstances around COVID-19. One of the findings related to some risks not always being updated in a timely way and the changes I referred to earlier help to address this.

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 several 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 by continuing to encourage identification and reporting. I am mindful that work is still required, principally through training, to ensure better distinction between risks and issues. In recent years we have provided a robust multi-disciplinary training programme targeting key operational managers / leaders. This has included risk management, health and safety, duty of candour and incident reporting and investigation. However, despite providing less training in the past 12 months due the pandemic, we have delivered some sessions to key groups of staff. Going forward into the coming year and, in conjunction with the revision of our approach to risk management, new training is being scheduled to cover both risk and incident management.

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 which for the last two years has confirmed we have maintained a consistent audit opinion of reasonable assurance.

The Trust Board monitors at each of its meetings the principal risks through the BAF risk report and uses the same to plan agendas for both Board and its committees. The Board 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 UK Government Communications-Electronics Security Group (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 made significant investment in security hardware and software as well as procuring a new data backup and recovery solution.

The Trust's major risks during 2020-21 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:

- Recruited over 200 new clinical staff
- Improved retention
- Held local recruitment drives

Going forward we plan to:

- Undertake a review of our care delivery model
- Work with universities to increase the Paramedic pipeline
- Improve the Trust's recruitment strategy and approach

Pandemic - risk that in the event of a pandemic the Trust will experience severe disruption to key elements of its service.

In response we:

- Established a COVID Management Group to ensure dynamic decision making through the pandemic
- Adopted a fast-track recruitment process to ensure safe staffing
- Reallocated resources e.g., moving appropriate staff from support services to direct patient facing roles
- Arranged support from the military and fire service
- Reduced abstractions, such as training
- Improved our logistics function, particularly in the provision of PPE
- Invested in powered hoods
- Implemented a vaccination programme

Going forward we plan to:

- Conclude the vaccination programme
- Continue with the COVID Management Group
- Establish new ways of working arising from the learning from COVID
- Revise our emergency preparedness, resilience, and response (EPRR) function.

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:

- Implemented a short-term operational performance improvement plan primarily aimed at improving provision of hours
- Improved the number of hours lost from hospital handover delays
- Refreshed some of the assumptions underpinning the demand and capacity review
- Continued with the implementation of the fleet strategy

Going forward we plan to:

- Undertake a review of our care delivery model
- Establish an operational performance and sustainability plan
- Review the structure of support services

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:

- Established a project to ensure every personnel file is complete with key right to work documents – this is now almost complete with very few still outstanding.

Going forward we plan to:

- Undertake an Internal Audit to provide independent assurance, once the project is complete during Q1 of 2021-22.

In addition, toward the latter part of 2020 there was significant focus on the **EU transition** risk. Significant planning was undertaken to mitigate the reasonable worse case scenarios, both internally and as part of the wider system. In the end, this risk did not materialise.

In November 2020 NHS Improvement (in its capacity as Monitor) issued the Trust with a compliance certificate, closing the s.106 enforcement undertakings and removing the s.111 additional licence conditions. This had the positive effect of moving the Trust from segment 3 to segment 2 of the NHS Oversight Framework, which helps to demonstrate 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 line is 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 is 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, several 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 confirmed the steps being taken to improve the timeliness of completing some of the management actions. This has improved during the course of the year.

RSM identified *substantial assurance* following its reviews of both financial governance and sustainability and financial systems, supporting the assurance in financial performance I have received through this year, in which we have once again achieved our financial control total.

The review of financial governance specifically related to the use of the additional money the Trust received to respond to the pandemic. I am really pleased with the agility we have shown in our existing governance arrangements during the COVID crisis. The way we consider cost pressures and business cases is really robust, as demonstrated by this review.

Information governance

The Trust continues to strengthen and develop its information governance (IG) framework, which supports the Trust with meeting its statutory legal requirements.

The UK General Data Protection Regulation (GDPR) and Data Protection Act 2018 are strongly embedded within the organisation.

During 2020 the existing IG framework has been extended further. This is a result of the unprecedented COVID-19 pandemic which has seen a rise in data processing activities.

Engagement and awareness within the Trust remains positive, and the Head of Information Governance / Data Protection Officer has continued to take a proactive approach.

The Information Governance Working Group remains operational and continues to have widespread membership. This includes the Trust Senior Information Risk Owner (SIRO), Deputy SIRO, Caldicott Guardian, Corporate directorates, EOC 999 and NHS111 service portfolios.

To support our Head of Information Governance, we have appointed an Information Governance Manager and plan to extend the portfolio further during 2021 with the allocation and appointment of an Information Governance / Registration Authority Officer.

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

During 2020-21 the Trust reported 5 breaches to the ICO. Four related to breach of confidentiality with the other relating to an internal data breach.

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. This was formally accepted and to date no regulatory actions have been taken.

For internal assurance an independent and thorough internal review was undertaken for each breach. An anonymised breach report was also presented to the Information Governance Working Group for transparency and shared learning.

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.

As I confirmed in last year's AGS, I took assurance from the positive findings of the Internal Audit of data quality on ambulance quality indicators. This year, the review by Internal Audit was focussed on data quality in the management of complaints. This concluded 'reasonable assurance' that complaints are dealt with effectively and data reported on complaints is accurate. Many areas of good practice were identified, particularly in relation to the Trust's response to the impact of the pandemic on the complaints process and procedure, and how the Trust has managed resources during this period. We also noted a good level of in-depth analysis of themes and general complaints and serious incidents recorded at the Trust, along with areas of the Trust that are recording a high volume of complaints.

The Trust has continued its investment in a Business Intelligence function to ensure provision of accurate and timely data to internal and external stakeholders via the Microsoft Power BI platform. The data is used by all users to support both day-to-day decisions and strategic planning. We will be expanding this function further still, so that in addition to reporting, it will forecast activity, workforce requirements and performance, to support our achievement of the ARP standards.

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 includes:

Board of Directors

The Board receives an update from me at each meeting on any significant issues that affect the Trust, as well as highlighting the key escalations from 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 efforts of management in responding to the unique challenges of the pandemic. It has also provided appropriate challenge and support in areas where the Board has not been assured.

The principal concerns from the Board have related to the safety of staff during the pandemic, especially earlier in the year, and the ability to meet the ARP standards.

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, the committee and the executive. The committee has flexibility to ask internal audit to review any urgent issue as they arise. While the committee has been pleased with the reviews demonstrating substantial or reasonable assurance, it has expressed concern to me about the timeliness of management actions, which I have responded to. It has also challenged the Workforce and Wellbeing Committee to ensure resolution of the issues identified by Internal Audit that fall within its purview. I am also tracking these through the Executive Management Board.

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. Toward the end of the year the committee challenged the executive to ensure the BAF risks were more strategic in nature and in January 2021 supported the subsequent revisions.

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.

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
- Infection Prevention and Control
- Safety of discharge
- Provision of PPE
- Specialist paramedics' scope of practice

In addition to the usual schedule, the committee held a number of extraordinary meetings during the year to assure itself of the decisions taken by the COVID management group.

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 2020-21 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 reviews risks, ensures shared learning from clinical outcome indicators, and reviews 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. During the first few months of the pandemic members of the audit team were diverted to operations to help support the provision of direct patient facing care. In addition, they were asked to focus on the provision of data to help better understand the impact of COVID, for example relating to cardiac arrest patients. This reallocation of resources resulted in a delay in the delivery for some of the individual audits. However, despite this the audit plan for the year has been delivered.

During the year the Board raised concern about the timeliness of clinical audit actions. Although there is a clear process for identifying and managing actions greater focus was needed on their completion. Steps have subsequently been taken to ensure all overdue actions are completed. The Quality & Patient Safety Committee will review progress at its first meeting of 2021-22 and seek assurance that there is better identification of the improved patient outcomes resulting from the actions being carried out.

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 2020-21 the Head of Internal Audit Opinion is positive and confirms that *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…to ensure that it remains adequate and effective*.

The outcome of each review is listed below.

Substantial Assurance
Financial Governance and Sustainability during COVID-19

Financial Systems (Accounts Payable)

Reasonable Assurance

Data Quality & Complaints

Governance & Risk Management

Fleet Management

Partial Assurance

Workforce Planning & Recruitment

Payroll

Clinical Education

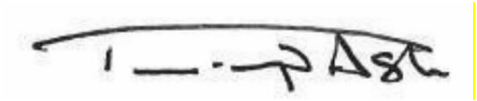
Clear management actions have been identified to address the issues relating to each of the three partial assurance reviews. On behalf of the Board, the Workforce and Wellbeing Committee will test the effectiveness of these actions during the early part of 2021-22.

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 2020-21 no significant issues were identified.

Conclusion

The pandemic has made this a uniquely challenging year and overall, I have been pleased by how we have responded to these challenges. There have been no significant internal control issues identified.



Philip Astle, Chief Executive Officer

Date: 27.05.21

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.

Glossary

Acronym	Term	Acronym	Term
A&E	Accident and Emergency	EA	Equality Analysis
AACE	Association of Ambulance Chief Executives	ECPAG	Emergency Call Prioritisation Advisory Group
AAP	Associate Ambulance Practitioner	ECSW	Emergency Care Support Worker
AMPDS	Advanced Medical Priority Dispatch System	EIA	Equality Impact Analysis
AMM	Annual Members Meeting	EMA	Emergency Medical Advisor
AQI	Ambulance Quality Indicator	EMB	Executive Management Board
ARC	Appointments and Remuneration Committee	EOC	Emergency Operations Centre
ARP	Ambulance Response Programme	EPA	End Point Assessment
AuC	Audit and Risk Committee	EPCR	Electronic Patient Clinical Record
BAME	Black, Asian and Minority Ethnic	EPRR	Emergency Preparedness, Resilience and Response
BAU	Business as Usual	ESC	Emergency Services Collaboration
BI	Business Information	ESM	Executive and Senior Managers
CAD	Computer Aided Dispatch System	EU	European Union
CAS	Clinical Assessment Service	EUC	Emergency and Urgent Care
CCD	Critical Care Desk	EV	Electric Vehicle
CCG	Clinical Commissioning Groups	FFP	Filtering facepiece
CD	Controlled Drugs	FIC	Finance and investment Committee
CDSS	Clinical Decision Support System (i.e. NHS Pathways)	FROS	First Responder on Scene
CFC	Charitable Funds Committee	FT	Foundation Trust
CFR	Community First Responder	GDC	Governor Development Committee
CHIP	Call Handling Integration Plan	GDPR	General Data Protection Regulation
CMG	COVID Management Group	GEN	Gender Equality Network
COI	Clinical Outcome Indicator	GIRFT	Getting it Right First Time
COPI	Control of Patient Information	GP	General Practitioners
CPD	Continuing Professional Development	HART	Hazardous Area Response Team
CPR	Cardiopulmonary Resuscitation	HEE	Health Education England
CQC	Care Quality Commission	HEI	Higher Education Institution
CRLIG	COVID 19 Recovery and Learning & Improvement Group	HQ	Headquarters
DA	Domestic Abuse	HR	Human Resources
DAB	DAB – Direct Appointment Booking	HSJ	Health Service Journal
DCA	Double Crewed Ambulance	HTD	HART Tasking Desk
DHSC	Department of Health and Social Care	IC24	Integrated Care 24 - Partner in NHS 111
DOS	Directory of Services	ICO	Information Commissioners Office
DPIA	Data Protection Impact Assessment	ICP	Integrated Care Partnerships

Acronym	Term	Acronym	Term
ICS	Integrated Care Systems	NomCom	Nominations Committee
IG	Information Governance	Ofsted	Office for Standards in Education
IHAG	Inclusion Hub Advisory Group	OH	Occupational Health
IOSH	Institution of Occupational Safety & Health	OU	Operating Unit
IPC	Infection Prevention and Control	PAD	Public Access Defibrillators
ISDN	Integrated Stroke Development Networks	PALS	Patient Advice and Liaison Service
IUC	Integrated Urgent Care	PEd	Practice Education
IVR	Interactive Voice Recognition	PEG	Patient Experience Group
IWG	Inclusion Working Group	PCN	Primary Care Networks
JRCALC	Joint Royal Colleges Ambulance Liaison Committee	PCR	Patient Clinical Record
JRU	Joint Response Unit	PHE	Public Health England
KMS	Kent, Medway and Sussex	PHSO	Parliamentary and Health Service Ombudsman
KMCR	Kent and Medway Care Record	PPE	Personal Protective Equipment
KPI	Key Performance Indicators	pPCI	primary Percutaneous Coronary Intervention
KSSAHSN	Kent Surrey Sussex Academic Health Science Network	PMO	Programme Management Office
LAS	London Ambulance Service	QIA	Quality Impact Assessment
LOWVe	Longest One Waiting Vehicle	RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
LRFs	Local Resilience Forums	ROSC	Return of Spontaneous Circulation
MACA	Military Aid to Civil Authorities	SCR	Surrey Care Record
MBE	Member of The Most Excellent Order of the British Empire	SEAG	Staff Engagement Advisory Group
MDC	Membership Development Committee	SI	Serious Incident
MHFA	Mental Health First Aid	SIRO	Senior Information Risk Owner
MP	Member of Parliament	STEMI	ST-Elevation myocardial infarction
MRC	Make Ready Centre	STP	Sustainability and Transformation Partnerships
NARU	National Ambulance Resilience Unit	TDM	Targeted Dispatch Model
NASMed	National Ambulance Service Medical Directors Group	TriM	Trauma Risk Management
NDOG	National Directors of Operations Group	UTC	Urgent Treatment Centre
NED	Non-Executive Director	VC	Video Consultation
NEWS	National Early Warning Score	VSM	Very Senior Managers
NHS	National Health Service	WRES	Workforce Race Equality Standard
NHSE/I	National Health Service England/Improvement	WTE	Whole Time Equivalent

For more information:

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South East Coast Ambulance Service NHS
NHS Foundation Trust

2020/21 Annual Accounts

Accounts 31 March 2021

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.

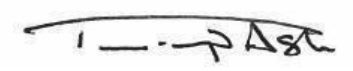
NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South East Coast Ambulance NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts 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.

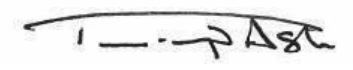
To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



7 June 2021
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.



7 June 2021
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

Opinion

We have audited the financial statements of South East Coast Ambulance Service NHS Foundation Trust ("the Trust") for the year ended 31 March 2021 which comprise the Trust Statement of Comprehensive Income, Group Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Group Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2021 and of its income and expenditure for the year then ended: and

-
  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 and the Department of Health and Social Care Group Accounting Manual 2020/21.

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.

Going concern

The Directors have 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 its 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").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

- we have not identified, and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

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.

Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk that additional funding was claimed inappropriately through the extra resources made available as a result of Covid-19 and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year end accruals.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals with unusual account combinations and journals with other unusual characteristics.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Identified income and expenditure invoices recognised in the period 1 March 2021 to 31 May 2021, to determine whether the income and expenditure is recognised in the correct accounting period, in accordance with the amounts billed to the corresponding parties.
- Assessed the outcome of the NHS agreement of balances exercise with CCGs and other NHS providers and investigated the cause of the variances identified.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations continued

The Trust is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible f or 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 inf ormation therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identif ied material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020/21.

Accounting Officer’s responsibilities

As explained more fully in the statement set out on page 194 of the AnnualReport, 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.

Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust

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.frcorg.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its 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 paragraph 1(d) of Schedule 10 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 and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if :

- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10of 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.

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 2021 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
Chartered Accountants
15 Canada Square
London
E14 5GL

17 June 2021

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2021

	NOTE	**Year ended 31 March 2021 £000**	Year ended 31 March 2020 £000
Operating income			
Operating income from patient care activities	5	**276,196**	246,716
Other operating income	5.1	**22,570**	5,681
Operating expenses	8	**(305,284)**	(250,769)
Operating (deficit)/surplus		**(6,518)**	1,628
Finance costs:			
Finance income	13	**6**	182
Finance costs	14	**(44)**	(88)
Public dividend capital dividends payable		**(555)**	(1,161)
(Deficit)/surplus for the financial period		**(7,111)**	561
Gains/(losses) on disposal of non-current assets		**390**	(287)
Retained (deficit)/surplus for the period		**(6,721)**	274
Other comprehensive income			
Impairments and reversals	15	**0**	0
Gains on revaluations	15	**1,147**	0
Total comprehensive income for the period		**(5,574)**	274

The accompanying notes on pages 13 to 47 form part of these financial statements.

Reported NHS financial performance position

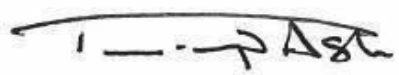
Retained (deficit)/surplus for the year	**(6,721)**	274
Reported NHS financial performance position	**(6,721)**	274

STATEMENT OF FINANCIAL POSITION AS AT
31 March 2021

	NOTE	**31 March 2021** **£000**	31 March 2020 £000
Non-current assets			
Property, plant and equipment	15	**65,612**	64,721
Intangible assets	16	**3,185**	2,710
Total non-current assets		**68,797**	67,431
Current assets			
Inventories	19	**1,954**	1,689
Trade and other receivables	20	**16,443**	9,091
Non-current assets held for sale	22	**584**	1,254
Cash and cash equivalents	21	**40,152**	28,326
Total current assets		**59,133**	40,360
Total assets		**127,930**	107,791
Current liabilities			
Trade and other payables	23	**(35,853)**	(26,122)
Other liabilities	23	**(80)**	(164)
Borrowings	24	**(43)**	(85)
Provisions	26	**(8,944)**	(6,142)
Total current liabilities		**(44,920)**	(32,513)
Net current assets/(liabilities)		**14,213**	7,847
Total assets less current liabilities		**83,010**	75,278
Non-current liabilities			
Borrowings	24	**(1,383)**	(1,427)
Provisions	26	**(11,412)**	(7,838)
Total non-current liabilities		**(12,795)**	(9,265)
Total assets employed		**70,215**	66,013
Financed by taxpayers' equity:			
Public dividend capital		**94,816**	85,040
Income and expenditure reserve		**(27,912)**	(21,578)
Revaluation reserve		**3,311**	2,551
Total taxpayers' equity		**70,215**	66,013

The accompanying notes on pages 13 to 47 form part of these financial statements.

The financial statements were approved by the Board on 7 June 2021 and signed on its behalf by:



Signed: ..... Date: 7 June 2021
Philip Astle, Chief Executive

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED

	31 March 2021				31 March 2020			
	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	85,040	(21,578)	2,551	66,013	80,249	(22,268)	2,967	60,948
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	67	(67)	0	0	416	(416)	0
(Deficit)/surplus for the year	0	(6,721)	0	(6,721)	0	274	0	274
Revaluations	0	0	1,147	1,147	0	0	0	0
Transfer to retained earnings on disposal of assets	0	320	(320)	0	0	0	0	0
Public Dividend Capital received	9,776	0	0	9,776	4,791	0	0	4,791
Balance at 31 March	**94,816**	**(27,912)**	**3,311**	**70,215**	85,040	(21,578)	2,551	66,013

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.

The accompanying notes on pages 13 to 47 form part of these financial statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2021

	NOTE	**Year ended 31 March 2021**	Year ended 31 March 2020
		£000	£000
Cash flows from operating activities			
Operating surplus		**(6,518)**	1,628
Depreciation and amortisation	8,15,16	**11,498**	12,071
Impairments and reversals	17	**7,833**	58
Income recognised in respect of capital donations (cash and non-cash)		**(36)**	0
(Increase)/decrease in inventories	19.1	**(265)**	106
(Increase)/decrease in trade and other receivables	20.1	**(6,496)**	2,062
Increase/(decrease) in trade and other payables	23	**6,826**	(3,576)
Increase/(decrease) in other current liabilities	23.1	**(84)**	116
Increase/(decrease) in provisions	26	**6,399**	2,224
Other movements in operating cash flows		**0**	0
Net cash inflow/(outflow) from operating activities		**19,157**	14,689
Cash flows from investing activities			
Interest received	13	**6**	182
Purchase of property, plant and equipment		**(15,869)**	(13,864)
Sales of plant, property and equipment		**1,085**	31
Purchase of intangible assets		**(725)**	(599)
Net cash inflow/(outflow) from investing activities		**(15,503)**	(14,250)
Net cash inflow/(outflow) before financing		**3,654**	439
Cash flows from financing activities			
Public dividend capital received		**9,776**	4,791
PDC dividend paid	1.25	**(1,411)**	(982)
Interest paid on finance lease liabilities	14	**(65)**	(73)
Interest paid	14	**(1)**	(2)
Movement on other loans		**(2)**	(9)
Capital element of finance lease rental payments		**(84)**	(206)
Cash flows from (used in) other financing activities		**(41)**	214
Net cash inflow/(outflow) from financing activities		**8,172**	3,733
Net increase/(decrease) in cash and cash equivalents		**11,826**	4,172
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		**28,326**	24,154
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	**40,152**	28,326

The accompanying notes on pages 13 to 47 form part of these financial statements.

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 2020/21 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 2020-21.

Going Concern
These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

On 2 April 2020, 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 whole of the year with at least the first six months of the 2021/22 year to be funded on this basis. The Trust will be submitting its 21/22 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

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.

Notes to the Accounts - 1. Accounting policies (continued)

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).

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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System/Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

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. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

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 from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care 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 scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The 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.

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 Montagu Evans as at 31 March 2017. 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 2021 Montagu Evans performed a desktop exercise to review the valuation of these owned land and buildings, the effect of which has been reflected in the carrying value of the assets in the balance sheet.

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) had 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. Whilst the pandemic continues to affect the real estate markets globally as at the valuation date property markets are mostly functioning again, with transaction volumes and other relevant evidence at levels where an adequate quantum of market evidence exists upon which to base opinions of value. Thus, Montagu Evans deem their valuation is not reported as being subject to this material valuation uncertainty.

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.

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.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.11 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

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 the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged and the assets are not revalued, except where the "fair Value less costs to sell" fall below the carrying amount. 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 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. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and laibility are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property and equipment

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the statement of comprehensive income.

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.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

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 0.95% (2019-20: minus 0.50%) 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.

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	
	2020-21 £000	2019-20 £000	**2020-21 £000**	2019-20 £000	**2020-21 £000**	2019-20 £000
Income	**298,752**	252,196	**14**	201	**298,766**	252,397
Surplus/(deficit) before interest	**(6,532)**	1,541	**14**	87	**(6,518)**	1,628

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.

	2020-21 £000	2019-20 £000
Income	**14**	201
Full cost	**-**	(114)
Surplus/(deficit)	**14**	87

5. Income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5.

5.1 Income from patient care activities (by nature)	**2020-21 £000**	2019-20 £000
Ambulance services		
A & E income*	**226,080**	223,555
Other income	**41,985**	15,992
All services		
Additional pension contribution central funding**	**8,131**	7,169
Total income from activities	**276,196**	246,716

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year. Included in the total income from activities for the current year of £279,196k was £19,467k of Covid-19 reimbursement income from NHSE. This is further analysed in the notes below.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

5.2 Income from patient care activities (by source)	**2020-21 £000**		2019-20 £000
NHS England	**16,268**		9,108
Clinical Commissioning Groups	**259,322**	*	236,205
Department of Health and Social Care	**-**		0
Other NHS providers	**40**		327
NHS other	**-**		206
Local Authorities	**-**		13
Non-NHS:			
Injury costs recovery	**566**		565
Other	**-**		292
	276,196		246,716

* Included in the Revenue from Clinical Commissioning Groups of £259,322k (2019-20: £236,205k) is £17,714k (2019-20: £13,405k) relating to the NHS 111 service, the contract for which is in the Trust's name. Also included in the current year balance is £10,497k of one-off Covid-19 income being reimbursement of expenses for the second 6 months of the year.

5.3 Other operating income	**2020-21 £000**		2019-20 £000
Research and development	**121**		-
Education, training and research	**2,705**		3,669
Donated equipment from DHSC for Covid response	**36**		-
Sustainability and transformation fund (STF)	**-**		1,768
Non-patient care services to other bodies	**2**		1
Reimbursement and top up funding	**15,778**	*	0
Income in respect of employee benefits accounted on a gross basis	**-**		0
Contributions to expenditure - consumables donated from DHSC for COVID response	**3,572**		0
Other revenue	**356**		243
	22,570		5,681

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £3,572k of items purchased by DHSC for which full funding has been recognised in the above total.

* Included in the Reimbursement and top up funding of £15,778k for the current year was £8,790k of one-off Covid-19 income being reimbursement of expenses for the first 6 months of the year.

6 Income from patient care activities (by nature)	2020-21 £000	2019-20 £000
A & E income	**226,080**	223,555
Other non-protected clinical income	**41,985**	15,992
Additional pension contribution central funding	**8,131**	7,169
Other operating income	**22,570**	5,681
	298,766	252,397

Of total revenue from patient care activities, £281,430k (2019-20: £237,151k) is from Commissioner Requested Services and £17,336k (2019-20: £15,246k) 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	2020-21 £000		2019-20 £000
Purchase of healthcare from non NHS bodies	**14,020**		12,598
Employee Expenses - Non-executive Directors	**155**		168
Employee Expenses - Staff	**199,876**		173,663
Drug costs	**1,151**		1,059
Supplies and services - clinical (excluding drug costs)	**4,581**		5,011
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	**3,572**		0
Supplies and services - general	**4,866**		3,261
Establishment	**4,047**		4,300
Transport	**17,920**		16,763
Premises	**16,983**		11,281
Increase/(decrease) in bad debt provision	**138**		128
Increase in other provisions	**9,858**		3,319
Depreciation on property, plant and equipment	**10,205**		11,411
Amortisation on intangible assets	**1,293**		660
Impairments/(reversals) of property, plant and equipment	**7,833**	**	58
Audit services - statutory audit	**82**	*	63
Internal audit services	**143**		114
Other services	**353**		310
Clinical negligence	**1,655**		1,265
Legal fees	**468**		257
Consultancy costs	**126**		25
Training, courses and conferences	**4,176**		3,586
Insurance	**518**		322
Redundancy	**177**		266
Losses, ex gratia & special payments	**872**		725
Car parking and security	**133**		137
Other	**83**		19
Total	**305,284**		250,769

* In 2020/21 audit fees for statutory audit and audit related assurance services (Value For Money work), excluding VAT, were £55k and £14k respectively (2019-20 £47k and £6k).

** during the year the Trust undertook a revaluation exercise of its land and buildings which resulted in a net impairment booking to operating expenses of £7,833k. Whilst the reporting of these impairments is an opearting expense for statutory accounts purposes under IFRS standards it is not part of the management operating expenses reported to NHSI on the performance of the Trust.

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	**2020-21 £000**	2019-20 £000
Minimum lease payments	**6,110**	2,847
	6,110	2,847

Total future minimum lease payments	**2020-21 Total £000**	2019-20 Total £000
Payable:		
Not later than one year	**6,073**	5,170
Between one and five years	**14,090**	15,843
After five years	**10,838**	11,395
Total	**31,001**	32,408

Total future sublease payments expected to be received: £nil (2019-20: £nil)

10. Employee costs and numbers

10.1 Employee costs

	2020-21 Total	2020-21 Permanently employed	2020-21 Other	2019-20 Total	2019-20 Permanently employed	2019-20 Other
	£000	**£000**	**£000**	£000	£000	£000
Salaries and wages	**158,142**	**157,715**	**427**	135,359	135,058	301
Social security costs	**16,188**	**16,188**	**0**	13,605	13,605	0
Employer contributions to NHS pension scheme	**18,680**	**18,680**	**0**	16,424	16,424	0
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**8,131**	**8,131**	**0**	7,169	7,169	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	**(607)**	**(607)**	**0**	(257)	(257)	0
Costs capitalised as part of assets	**592**	**261**	**331**	566	201	365
Agency staff	**1,784**	**0**	**1,784**	3,792	0	3,792
Employee benefits expense	**202,910**	**200,368**	**2,542**	176,658	172,200	4,458

10.2 Average number of people employed

	2020-21 Total	2020-21 Permanently employed	2020-21 Other	2019-20 Total	2019-20 Permanently employed	2019-20 Other
	Number	**Number**	**Number**	Number	Number	Number
Ambulance staff	**3,371**	**3,291**	**80**	3,207	3,159	48
Administration and estates	**1,073**	**1,011**	**62**	933	869	64
Healthcare assistants and other support staff	**9**	**9**	**0**	9	9	0
Total	**4,453**	**4,311**	**142**	4,149	4,037	112
Of the above:						
Number of whole time equivalent staff engaged on capital projects	**3**			4		

10.3 Retirements due to ill-health

During 2020-21 there were 4 (2019-20: 3) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £136k (2019-20: £87k) to the NHS Pension Scheme.

10.5 Staff exit packages

There were 9 exit packages paid in 2020-21 (2019-20: 34) at a total cost of £177k (2019-20: £527k)

	2020-21			2019-20		
Exit package cost band (including any special payment element)	**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
	Number	**Number**	**Number**	Number	Number	Number
Less than £10,000	**3**	**0**	**3**	24	0	24
£10,001-£25,000	**4**	**0**	**4**	5	0	5
£25,001-£50,000	**2**	**0**	**2**	2	0	2
£50,001-£100,000	**0**	**0**	**0**	1	0	1
£100,001 - £150,000	**0**	**0**	**0**	1	0	1
£150,001 - £200,000	**0**	**0**	**0**	1	0	1
>£200,000	**0**	**0**	**0**	0	0	0
Total number of exit packages by type	**9**	**0**	**9**	34	0	34
Total resource cost (£000)	**177**	**0**	**177**	527	0	527

10.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2020-21 (2019-20: nil) at a cost of £nil (2019-20: £nil).

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 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 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% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

11 Directors' remuneration

The aggregate amounts payable to directors were:

	2020-21 £000	2019-20 £000
Salary	**1,020**	1,073
Taxable benefits	**29**	53
Employer's pension contributions	**58**	71
Total	**1,107**	1,197

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	2020-21 Number	2020-21 £000	2019-20 Number	2019-20 £000
Total Non-NHS trade invoices paid in the period	**19,641**	**82,672**	22,554	78,870
Total Non-NHS trade invoices paid within target	**18,880**	**78,732**	21,526	75,806
Percentage of Non-NHS trade invoices paid within target	**96%**	**95%**	95%	96%
Total NHS trade invoices paid in the period	**285**	**1,706**	399	2,533
Total NHS trade invoices paid within target	**262**	**1,595**	346	1,979
Percentage of NHS trade invoices paid within target	**92%**	**93%**	87%	78%

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 related to third party creditors whilst NHS creditors were marginally underneath this. To this end the total figures for March 2021 exceeded the 95% target and this improvement will remain 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 (2019-20: £nil)

13. Finance income	2020-21 £000	2019-20 £000
Interest revenue:		
Bank accounts	**6**	182
Total	**6**	182

14. Finance costs	2020-21 £000	2019-20 £000
Interest on loans and overdrafts	**0**	0
Interest on obligations under finance leases	**65**	73
Unwinding of discount	**(23)**	13
Other	**2**	2
Total interest expense	**44**	88

15. Property, plant and equipment

2020-21	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020	5,928	33,946	8,427	11,552	53,170	9,859	338	123,220
Additions purchased	0	0	18,774	0	0	0	0	18,774
Additions donated	0	0	0	36	0	0	0	36
Impairments charged to operating expenses	(453)	(9,852)	0	0	0	0	0	(10,305)
Reversal of Impairments	415	475	0	0	0	0	0	890
Reclassifications **	555	10,400	(16,359)	2,044	934	1,521	0	(905)
Revaluations	789	(297)	0	0	0	0	0	492
Transferred to disposal group as asset held for sale	0	(14)	0	0	737	0	0	723
Disposals	0	0	(4)	(782)	(6,531)	(248)	0	(7,565)
At 31 March 2021	7,234	34,658	10,838	12,850	48,310	11,132	338	125,360
Depreciation at 1 April 2020	0	4,738	0	10,123	38,243	5,057	338	58,499
Provided during the year	0	1,143	0	715	6,013	2,334	0	10,205
Impairments charged to operating expenses	0	(770)	0	0	0	0	0	(770)
Reversal of Impairments	0	(826)	0	0	0	0	0	(826)
Reclassifications **	0	0	0	138	0	0	0	138
Revaluation surpluses	0	(655)	0	0	0	0	0	(655)
Transferred to disposal group as asset held for sale	0	0	0	0	717	0	0	717
Disposals	0	0	0	(782)	(6,530)	(248)	0	(7,560)
Depreciation at 31 March 2021	0	3,630	0	10,194	38,443	7,143	338	59,748
Net book value								
Purchased	7,073	29,367	10,838	2,622	9,836	3,989	0	63,725
Donated *	161	248	0	34	19	0	0	462
Finance leased	0	1,413	0	0	12	0	0	1,425
Total at 31 March 2021	7,234	31,028	10,838	2,656	9,867	3,989	0	65,612
Asset financing								
Owned	7,234	29,615	10,838	2,656	9,855	3,989	0	64,187
Finance leased	0	1,413	0	0	12	0	0	1,425
Total 31 March 2021	7,234	31,028	10,838	2,656	9,867	3,989	0	65,612

* Includes equipment donated from DHSC and NHSE for COVID response

** Reclassifications represent the Asset Under Contruction addition to Property, Plant and Equipment which is moved to a classification when the specific capital item commences its economic life. The balance of this line will contra with a corresponding entry of Note 16 Intangible property where the nature of the capital project accumulated under the AUC classification is identified as an intangible classification which for the Trust will be software.

15. Property, plant and equipment (cont.)

2019-20	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£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
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	1,455	(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	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.)

A total of £36k of equipment was donated by DHSC and NHSE as part of the Covid pandemic.

All land and buildings were valued by Montagu Evans as at 31 March 2021 to reflect their Existing Use Value (EUV) method of valuation. The Trust has reviewed and updated the values declared for owned land builidngs valued by their desktop exercise.

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

16. Intangible assets

2020-21	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 1 April 2020	3,898	0	0	0	0	3,898
Additions purchased	725	0	0	0	0	725
Additions donated	0	0	0	0	0	0
Reclassifications*	905	0	0	0	0	905
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	(15)	0	0	0	0	(15)
Gross cost at 31 March 2021	5,513	0	0	0	0	5,513
Amortisation at 1 April 2020	1,188	0	0	0	0	1,188
Reclassifications	(138)	0	0	0	0	(138)
Reclassifications as held for sale	0	0	0	0	0	0
Disposals	(15)	0	0	0	0	(15)
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	1,293	0	0	0	0	1,293
Amortisation at 31 March 2021	2,328	0	0	0	0	2,328
Net book value						
Purchased	3,185	0	0	0	0	3,185
Donated	0	0	0	0	0	0
Government granted	0	0	0	0	0	0
Total at 31 March 2021	3,185	0	0	0	0	3,185

** Reclassifications represent a contra with a corresponding entry of Note 15 Property Plant and Equipment where the nature of the capital project accumulated under the AUC classification is identified as an intangible classification which for the Trust will be software.

16. Intangible assets (cont.)

2019-20	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 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
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	(2,139)	0	0	0	0	(2,139)
Gross cost at 31 March 2020	3,898	0	0	0	0	3,898
Amortisation at 1st April 2019	2,667	0	0	0	0	2,667
Impairments	0	0	0	0	0	0
Reclassifications	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
Transferred to disposal group as asset held for sale	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
Leased	0	0	0	0	0	0
Donated	0	0	0	0	0	0
Total at 31 March 2020	2,710	0	0	0	0	2,710

16.1 Amortisation rate of intangible assets

Software	3-5 years

17 Impairments and reversals

17.1 Impairment of assets

	31 March 2021 Total £000	31 March 2020 Total £000
Impairments charged to operating deficit	**7,833**	58
Impairments charged to the revaluation reserve	**0**	0
Total impairments	**7,833**	58

Following the revaluation exercise carried out at 31 March 2021 there was an impairment booked of £6,627k with an additional £1,206k impairment of the Banstead building after its demolition. The above impairment for the financial year also includes a £14k impairment for the Trusts Dover property held for disposal impaired to its anticipated value upon sale.

17.2 Analysis of impairments and reversals recognised in 2020-21

	31 March 2021 Total £000	31 March 2020 Total £000
Property, Plant and Equipment impairments and reversals taken to Statement of Comprehensive Income (SoCI)		
Loss or damage resulting from normal operations	**0**	0
Over-specification of assets	**0**	0
Abandonment of assets in the course of construction	**1,206**	0
Total charged to Departmental Expenditure Limit	**1,206**	0
Unforeseen obsolescence	**0**	0
Loss as a result of catastrophe	**0**	0
Other	**0**	0
Changes in market price	**6,613**	0
Total charged to Annually Managed Expenditure	**6,613**	0
Total Impairments of Property, Plant and Equipment charged to SoCI	**7,819**	0
Non-current assets held for sale charged to SoCI		
Loss or damage resulting from normal operations	**0**	58
Total charged to Departmental Expenditure Limit	**0**	58
Changes in market price	**14**	0
Other	**0**	0
Total charged to Annually Managed Expenditure	**14**	0
Financial Assets impairments and reversals charged to the Revaluation Reserve		
Loss or damage resulting from normal operations	**0**	0
Loss as a result of catastrophe	**0**	0
Other	**0**	0
TOTAL impairments for Financial Assets charged to reserves	**0**	0
Total Impairments of Financial Assets	**14**	58

17.2 Analysis of impairments and reversals recognised in 2020-21 (cont.)	31 March 2021 Total £000	31 March 2020 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	**7,833**	**58**
Overall Total Impairments	**7,833**	**58**
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 £7,833k (2019-20: £58k) results from the revaluation of the Trust land and building portfolio and also 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 2021 £000	31 March 2020 £000
Property, plant and equipment	**19,010**	3,822
Intangible assets	**0**	0
Total	**19,010**	3,822

The principal commitment relates to the Trust's Make Ready Centre capital developments.

19. Inventories

19.1 Inventory by category	**31 March 2021 £000**	31 March 2020 £000
Drugs	**1**	2
Consumables	**1,543**	1,292
Fuel	**410**	395
Total	**1,954**	1,689

19.2 Inventories recognised in expenses	**31 March 2021 £000**	31 March 2020 £000
Inventories recognised as an expense in the period	**(3,307)**	(106)
Write-down of inventories	**0**	0
Reversal of write-downs that reduced the expense	**0**	0
Total inventories recognised in the period	**(3,307)**	(106)

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £3,572k of items purchased by DHSC which has been included in the inventories recognised in expenses above.

20. Trade and other receivables

20.1 Trade and other receivables by category	**Current 31 March 2021 £000**	**Non-current 31 March 2021 £000**	Current 31 March 2020 £000	Non-current 31 March 2020 £000
Contract Receivables	**6,334**	**0**	3,393	0
Contract Assets	**0**	**0**	0	0
Provision for impaired receivables	**(719)**	**0**	(646)	0
Prepayments	**7,657**	**0**	4,667	0
PDC Receivable	**1,030**	**0**	174	0
Other receivables	**2,141**	**0**	1,503	0
Total	**16,443**	**0**	9,091	0

20.2 Allowances for credit losses 2020-21

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2019 - brought forward	**-**	**646**
Allowances at start of period for new FTs		
Transfers by absorption	-	-
New allowances arising	-	184
Changes in existing allowances	-	-
Reversals of allowances	-	(46)
Utilisation of allowances (write offs)	-	(65)
Changes arising following modification of cotractual cash flows	-	-
Foreign exchange and other changes	-	-
Transfer to FT upon authorisation	-	-
Allowances as at 31 Mar 2020	**-**	**719**

20.3 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**
Prior period adjustments	**-**	**-**
Allowances as at 2019-20	**-**	**574**
At start of period for new FTs		
Transfers by absorption	-	-
Increase in provision	-	192
Amounts utilised	-	(64)
Unused amounts reversed	-	(56)
Transfer to FT upon authorisation	-	-
Allowances as at 31 March 2020	**-**	**646**

21. Cash and cash equivalents	**31 March 2021 £000**	31 March 2020 £000
Opening Balance	**28,326**	24,154
Net change in year	**11,826**	4,172
Closing Balance	**40,152**	28,326
Made up of:		
Cash with Government banking services	**40,130**	28,304
Commercial banks and cash in hand	**22**	22
Cash and cash equivalents as in statement of financial position	**40,152**	28,326
Cash and cash equivalents as in statement of cash flows	**40,152**	28,326

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 2020	**702**	**509**	**0**	**43**	**0**	**1,254**
Plus assets classified as held for sale in the year	**0**	**14**	**0**	**0**	**0**	**14**
Less assets sold in the year	**(472)**	**(155)**	**0**	**(23)**	**0**	**(650)**
Less impairments of assets held for sale	**0**	**(14)**	**0**	**0**	**0**	**(14)**
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**	**(20)**	**0**	**(20)**
Balance at 31 March 2021	**230**	**354**	**0**	**0**	**0**	**584**
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

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 2 ambulance stations in Assets Held for Sale after the disposal of Knaphill during the year; these are Eastbourne and Dover with a combined asset value of £584,000 (2019-20: £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 2022.

As of 31 March 2021 the Trust had no vehicles remaining in Assets held for sale after disposals and reclassification back to non-current assets after the vehicles were brought back into operational use as a result of the Covid pandemic.

23. Trade and other payables	Current 31 March 2021 £000	Non-current 31 March 2021 £000	Current 31 March 2020 £000	Non-current 31 March 2020 £000
Trade payables - capital	**4,680**	**0**	1,775	0
NHS trade payables	**338**	**0**	438	0
Other trade payables	**4,091**	**0**	4,251	0
Taxes payable	**6,706**	**0**	5,953	0
Other payables	**(53)**	**0**	(9)	0
Accruals	**15,479**	**0**	11,772	0
Annual leave accrual	**4,612**	**0**	1,942	0
PDC payable	**0**	**0**	0	0
Reclassified to liabilities held in disposal groups in ye	**0**	**0**	0	0
Total	**35,853**	**0**	26,122	0

23.1. Other liabilities	Current 31 March 2021 £000	Non-current 31 March 2021 £000	Current 31 March 2020 £000	Non-current 31 March 2020 £000
Deferred income: contract liabilities	**80**	**0**	164	0
	80	**80**	164	0

24. Borrowings	Current 31 March 2021 £000	Non-current 31 March 2021 £000	Current 31 March 2020 £000	Non-current 31 March 2020 £000
Other Loans	**0**	**0**	2	0
Obligations under finance leases	**43**	**1,383**	83	1,427
Total	**43**	**1,383**	85	1,427

24.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2020	**-**	**2**	**1,510**	**-**	**1,512**
Cash movements:					
Financing cash flows - payments and receipts of principal	-	(2)	(84)	-	**(86)**
Financing cash flows - payments of interest	-	-	(65)	-	**(65)**
Non-cash movements:					
At start of period for new FTs	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	-	-	65	-	**65**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Transfer to FT upon authorisation	-	-	-	-	**-**
Carrying value at 31 March 2021	**-**	**-**	**1,426**	**-**	**1,426**

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2019	**-**	**11**	**1,716**	**-**	**1,727**
Impact of applying IFRS 9 as at 1 April 2019	-	-	-	-	-
Cash movements:					
Financing cash flows - payments and receipts of principal	-	(9)	(206)	-	**(215)**
Financing cash flows - payments of interest	-	-	(73)	-	**(73)**
Non-cash movements:					
At start of period for new FTs	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	-	-	73	-	**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**	**-**	**1,512**

25. Finance lease obligations

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 2021 £000	**31 March 2021 £000**	31 March 2020 £000	31 March 2020 £000
Within one year	**104**	**43**	147	83
Between one and five years	**417**	**203**	418	192
After five years	**1,540**	**1,180**	1,644	1,235
Less future finance charges	**(635)**	**0**	(699)	0
Value of minimum lease payments	**1,426**	**1,426**	1,510	1,510
Included in:				
Current borrowings		**43**		83
Non-current borrowings		**1,383**		1,427
		1,426		1,510

Future sublease payments expected to be received total £nil (2019-20: £nil).
Contingent rents recognised as an expense £nil (2019-20: £nil).

26. Provisions	Current 31 March 2021 £000	Non-current 31 March 2021 £000	Current 31 March 2020 £000	Non-current 31 March 2020 £000
Pensions relating to staff	**317**	**4,258**	330	4,275
Legal claims	**188**	**0**	312	0
Other	**8,439**	**7,154**	5,500	3,563
Total	**8,944**	**11,412**	6,142	7,838

	Pensions relating to staff	Legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2019	4,490	1,121	6,475	12,086
Change in the discount rate	315	0	0	315
Arising during the year	116	(809)	2,588	1,895
Utilised during the year	(329)	0	0	(329)
Reversed unused	0	0	0	0
Unwinding of discount	13	0	0	13
At 31 March 2020	4,605	312	9,063	13,980
At 1 April 2020	**4,605**	**312**	**9,063**	**13,980**
Change in the discount rate	**185**	**0**	**0**	**185**
Arising during the year	**131**	**(124)**	**6,719**	**6,726**
Utilised during the year	**(323)**	**0**	**0**	**(323)**
Reclassified to liabilities held in disposal groups in year	**0**	**0**	**0**	**0**
Reversed unused	**0**	**0**	**(189)**	**(189)**
Unwinding of discount	**(23)**	**0**	**0**	**(23)**
At 31 March 2021	**4,575**	**188**	**15,593**	**20,356**
Expected timing of cash flows:				
Within one year	**317**	**188**	**8,439**	**8,944**
Between one and five years	**1,341**	**0**	**5,309**	**6,650**
After five years	**2,917**	**0**	**1,845**	**4,762**

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £4,575k represents the Trust's pension liability for pre-1995 reorganisations (31 March 2020: £4,605k).

Legal claims are the member provision for personal injury claims being handled by the NHS Resolution.

A further £4,746k is included in the provisions of the NHS Resolution at 31 March 2021 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2019-20: £8,615k).

27. Contingencies

27.1 Contingent liabilities	2020-21 £000	2019-20 £000
Legal Claims	**88**	139
Total	**88**	139

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.

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 Kent and Medway CCG, NHS Surrey Heartlands, NHS West Sussex CCG, NHS East Sussex CCG, Health Education England, NHS Resolution and NHS England.

The Trust has received revenue payments of £nil (2019-20: £24k) 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 (2019-20: £11k) for administration and associated costs and £nil (2019-20: £nil) representing other charges for the financial year 2020-21.

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 it 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 2021 £000	31 March 2020 £000
Receivables	**6,456**	3,587
Cash at bank and in hand	**40,152**	28,326
Other financial assets	**-**	-
Total at 31 March 2021	**46,608**	31,913

29.2 Financial liabilities		
	31 March 2021 £000	31 March 2020 £000
Payables	**25,253**	18,227
Finance lease obligations	**1,426**	1,510
Other borrowings	**-**	2
Provisions under contract	**15,593**	11,005
Total at 31 March 2021	**42,272**	30,744

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 2020-21 £000	**Total Number of Cases 2020-21**	Total Value of Cases 2019-20 £000	Total Number of Cases 2019-20
Losses				
Cash losses	43	52	86	88
Fruitless payments	0	0	0 *	0
Bad debts	0	0	0	0
Stores losses	0	0	0	0
Damage to buildings and property	1,172	1,833	1,175	2,124
Special payments				
Compensation under court order or legally binding arbitration award	38	6	20	4
Extra-statutory payments	0	0	0	0
Compensation payments	0	0	0	0
Special severance payments	0	0	0	0
Ex-gratia payments	57	13	49	15
Total losses and special payments	1,310	1,904	1,330	2,231

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.