

**South East Coast Ambulance
Service NHS Foundation Trust**

**Annual Report and Accounts
2022/23**

South East Coast Ambulance Service NHS Foundation Trust Annual Report and
Accounts 2022/2023

Presented to Parliament pursuant to Schedule 7, Paragraph 25(4)(a) of the National
Health Service Act 2006

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Chair's Introduction

2022/23 has undoubtedly been another challenging year for SECamb, as we moved out of the pandemic into a post-pandemic world that poses some very different challenges than those we have faced before. However, once again, this has certainly been a year that SECamb staff and volunteers should be proud of as, despite the challenges, we continued to remain focussed on providing the best care we were able to, to our patients.

During the past year we have continued to experience challenges in being able to provide a timely response to all our patients – whether they were accessing our services through 999 or 111 and this has been a concern for the Board. We acknowledge that we do not operate in isolation, we are part of a much wider healthcare system and the issues we are facing are replicated throughout the country, but we must continue to strive to improve both the timeliness and quality of the care we provide whenever possible.

At Board level we saw a number of changes during the year. At Non-Executive level, we were joined by Max Puller in February 2023 and I'm sure that the Board will continue to benefit from the energy and expertise he has already displayed.

On the Executive side, Philip Astle resigned as Chief Executive in May 2022 and I was extremely grateful to Dr Fiona Moore for acting as Interim Chief Executive during June 2022.

In July 2022, Siobhan Melia joined the Trust on secondment from Sussex Community NHS Foundation Trust as Interim Chief Executive and I am grateful for the leadership, stability and focus she has provided during the year.

We also said farewell during the year to two long-serving Directors. David Hammond, Chief Operating Officer, left the Trust in September 2022 after 14 years with SECamb in a variety of roles and was replaced by Martin Sheldon as Interim Chief Finance Officer. I would like to thank David for the significant contribution he made during his time with us.

In January 2023 Dr Fiona Moore retired from her role as Executive Medical Director after more than 50 years' service to the NHS. I know that Fiona was held in the very highest regard by our staff and the wider ambulance service, and I'd like to thank her for the leadership and clinical insight she provided during her time with SECamb.

In February 2023, Dr Rachel Oaten, Chief Medical Officer joined the Trust and is a valuable addition to our Executive team.

I was pleased during the year to see us continue to improve our estate so that it is fit for purpose. We opened a fantastic new facility in the Summer of 2022 at Banstead, on the site of our old Trust HQ. The new Make Ready Centre supports staff in the Redhill and Banstead areas and is our tenth Make Ready Centre across SECamb.

Significant progress has also been made during the year on a new, multi-million project to co-locate 999, 111 and Make Ready teams in Medway. The co-location of all three teams will provide much-needed new facilities for those based there as well as improving cohesion across the whole service. We are shortly to see the first

teams move into the new site in June 2023 and I look forward to seeing this great new facility come into full use during the year.

In March 2023 we celebrated a decade of running the NHS 111 service across most of our region. During that period, colleagues have answered more than 10 million calls at a rate of more than 100 calls an hour, and seen the service become increasingly integrated with both the 999 service and with the wider healthcare system.

Despite an increasingly challenged financial picture, I was pleased to see that, overall, our financial performance was good despite the significant financial pressures facing the wider system. Looking ahead however, the financial picture appears increasingly challenged and we will need to ensure, more than ever, that we are working as efficiently as possible.

Following an inspection in February 2022 by the CQC, their report on the Trust was published in June 2022 and identified serious concerns surrounding culture and leadership of the Trust. As a result, the Trust's Well-Led rating went from Good to Inadequate; our NHS 111 service retained its 'good' rating.

There was a further inspection by the CQC in August 2022 of urgent and emergency care and our resilience teams. Following this inspection, the CQC published their report in October 2022 which saw the Trust have its overall rating move from 'Good' to 'Requires Improvement' although I was pleased to see us retain our 'Good' rating for Caring.

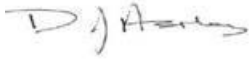
The CQC's findings, as well as feedback from other sources like the NHS Staff Survey, clearly show that we have much we need to improve - we need to focus on supporting our people, listen better to our colleagues and regain our focus on constantly improving our services for our patients.

The Trust Board has an important part to play in this. Although we still have a long way to go, I am pleased that work is already underway in many areas to address and respond to the CQC findings and feedback from our colleagues through our Improvement Journey although we acknowledge that we are still at the very start of this journey.

I would like to take this opportunity on behalf of the Board to thank all our staff for the commitment and care shown throughout the whole Trust by everyone, regardless of role. The professionalism of colleagues, often working under significant pressure, has been noteworthy and leaders at all levels, throughout the organisation, have really stepped up.

I would also like to extend my heartfelt thanks to the team of volunteers who support the Trust, whether as Community First Responders, Chaplains, Governors, Wellbeing Volunteers or as members of our Inclusion Hub Advisory Group. Their willingness to help, however they can, has been more obvious than ever during this year.

We still have significant challenges to overcome. However, with the appointment of a new substantive Chief Executive, Simon Weldon in April 2023, we can approach the new year with positivity and energy.

A handwritten signature in black ink, appearing to read 'D. Astley', written in a cursive style.

David Astley, Chair

Date: 28 June 2023

Chief Executive's Statement

2022/23 was a year of continuing challenge for the NHS and was, undoubtedly, another difficult year for SECAmb. However, as always, the commitment shown by our staff and volunteers was second to none.

The early part of this financial year saw us transitioning into a recovery phase following the COVID-19 pandemic. Most of our pandemic response functions were stood down on 31 March 2022 although we have continued to provide additional support to colleagues suffering from 'Long COVID' during the year, as we determine a longer-term solution.

In early December 2022 several of the trade unions who represent NHS staff announced a period of national industrial action following ballots of their members.

The first period of industrial action within SECAmb was taken by the GMB on 21 December 2022. This was followed by subsequent periods of industrial action by the GMB, the RCN and Unite during January, February and March 2023.

Ahead of and during each period of industrial action, we worked together with our trade union colleagues to make sure the impact on the safety of our patients was minimised as far as possible while our colleagues exercised their right to take strike action. We were also well supported by our system partners during these periods.

As the time of writing, industrial action has been paused, due to the acceptance of the national pay deal by most trade unions.

During the year, we have continued to see increases in the number of 999 and 111 calls that we receive compared to the previous year and also in the acuity of the patients contacting us; this may reflect in part, the on-going effect of the COVID pandemic and the impact this has had on the wider NHS system.

The high demand for both 999 and 111 services, coupled with challenges in ensuring we had sufficient staff available to meet the demand, has meant that, at times of pressure, some patients, particularly lower acuity patients, waited longer than we would like for a response. During the latter part of the year, we also struggled to consistently deliver timely 999 call answer times.

Although we performed well compared to our ambulance colleagues nationally, we were not able to consistently meet the national targets for both 999 and 111 and recognised that, whilst trying to deliver performance improvements, we also needed to remain focussed on keeping our patients safe.

During the year, there were a number of changes in our leadership team. Following the resignation of Philip Astle as Chief Executive in May 2022, Dr Fionna Moore took on the role of Interim Chief Executive ahead of Siobhan Melia joining the Trust in the same role in July 2022 on secondment from Sussex Community NHS Foundation Trust.

The Trust also said farewell during the year to two long-serving Directors - David Hammond, Chief Operating Officer and Dr Fionna Moore, Executive Medical Director. In February 2023, we were pleased to be joined by Dr Rachel Oaten as our new Chief Medical Officer.

I was extremely pleased to join SECAMB as Chief Executive in April 2023 and have been made to feel very welcome so far during my first few weeks. I have also been extremely impressed with the compassionate care and professionalism I have already witnessed through spending time with colleagues on the road, in our control rooms and in our support teams.

In August 2022, the Trust underwent a follow-up inspection by the CQC that reviewed the full range of our urgent and emergency care services, including resilience and specialist operations functions. The inspection also assessed the progress made since the previous CQC inspections carried out in February and March 2022.

When the findings of the August inspection were published in October 2022, the Trust's overall rating was changed to 'Requires Improvement,' and the individual rating for 'Caring' remained rated as 'Good.'

We were pleased that the high-quality and compassionate care provided by our staff was once again recognised and rated as 'Good' by the CQC, despite the huge pressures they face every day but remain absolutely committed to making the improvements we know we need to make.

In the Annual Report you can read more about our Improvement Journey framework, developed following the CQC in inspections in 2022 and which we have continued to focus hard on during the year.

Our Improvement Journey framework was developed by the Trust in response to feedback from the CQC, NHS Staff Survey, and NHS England in early 2022/23. It includes four key programmes – People & Culture Responsive Care, Quality and Leadership & Engagement - aimed at addressing the key areas highlighted by the CQC and through other assessments, as well as providing a platform for continued improvement beyond the initial recovery period.

Delivery of each programme has been led by an Executive Director, with the Improvement Journey Steering Group providing strategic oversight of the progress delivered. Good progress has been made in many areas, but we recognise that there is much more we need to do, including the delivery of our new People & Culture Strategy.

Moving forward, we know that we need to fundamentally change our leadership style and approach and ensure we listen to and engage with our staff far more effectively. We also need to invest in developing our leaders at all levels and in making sure that SECAMB is an attractive place to join and stay with.

A key focus for 2023/24 will be the development of a new Trust Strategy, using the insight and experience of our colleagues, our system partners and other key

stakeholders. This will help us to clearly define where we want to be as an organisation and help us to build services that are sustainable and flexible.

In February 2023, the CQC returned to the Trust to observe the first Board meeting of 2023/24. The CQC acknowledged that progress that had been made, however they and our Board both recognise that we need to continue to work hard to continue the positive trajectory, particularly in respect of organisational culture and strategy development.

There is no doubt that we have experienced another challenging year and, as highlighted by the CQC through their inspection, we have much work still to do.

I, and the whole leadership team, am committed to delivering sustainable improvements to ensure that can build and improve the quality and safety of our services and ensure SECAMB's successful future.

A handwritten signature in black ink, appearing to read 'Simon Weldon', written in a cursive style.

Simon Weldon, Chief Executive Officer

Date: 28 June 2023

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 recovering from the COVID-19 global pandemic, improving the quality of service provided to our patients and better supporting our staff.

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 – four Integrated Care Systems (ICSs), 12 acute hospital trusts and four mental health and specialist 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.

Improvement Journey

Early in 2022/23 the Trust took on feedback from our board, staff, CQC and other key stakeholders to develop the priorities for the year which was packaged into a programme of work that was to be delivered with the Improvement Journey. The priorities were as follows:

Quality Improvement –

We listen, we learn and improve.

People and Culture –

Everyone is listened to, respected, and well supported.

Responsive Care –

Delivering modern healthcare for our patients.

Sustainability and Partnerships –

Developing partnerships to collectively design and develop innovative and sustainable models of care.

Each programme of work within the framework was initially led by a member of the Executive team. However, the Trust is now transitioning to a "Patient-to-Board" approach to continuous improvement, ensuring everyone across SECamb can be part of the Improvement Journey. This approach, based on empowering those closest to patients to drive improvements, will enable the Trust to deliver its long-term strategic goals sustainably.

Care Quality Commission (CQC) rating

The Trust underwent a CQC inspection in February 2022. The inspection included a Well-Led inspection as well as an inspection of our Emergency Operations Centres (EOCs) and NHS 111 service. The CQC report following the inspection was published on 22 June 2022 and identified serious concerns surrounding culture and

leadership. As a result, the Trust's Well-Led rating went from Good to Inadequate. Our NHS 111 service retained its 'good' rating.

Following the inspection, the Trust was issued with four Warning Notices highlighting the following areas requiring significant improvement by 18 November 2022:

- Board Effectiveness
- Quality of Information
- Governance, Risk and Quality Improvement
- Culture of Bullying and addressing staff concerns

There was a further inspection in August 2022 of SECAMB's urgent and emergency care, as well as its resilience teams. The CQC report from this inspection was published on 26 October 2022 and resulted in the Trust having its overall rating move from 'Good' to 'Requires Improvement'. The individual rating for Caring remains rated as 'Good'.

SECAMB has outlined an improvement plan focusing on four main areas: Quality Improvement, Responsive Care, Sustainability, and People and Culture. Work includes improving learning from incidents as well as further recruitment and greater retention of staff. It also involves growing the Trust's voice within the wider NHS system to support improved patient pathways, reduce hospital handover delays and develop new partnerships.

Following a well-led engagement session from the CQC in January 2023, improvement and assurance was demonstrated and the CQC felt that four warning notices due to expire in November 2022 did not require extension or renewal. However significant work continues to deliver the Trust's Improvement Journey.

Key issues, risks and opportunities to the Trust

The primary focus during the year has related to the delivery of our Improvement Journey, which set out our response to the issues highlighted by our people in recent staff surveys and the concerns expressed by the CQC during its inspection, which led to a Warning Notice and being placed in the Recovery Support Programme. Details of this can be found later in the Performance Overview and in the Annual Governance Statement.

Learning from this feedback, the Board reset the way it did business, to ensure greater focus on improving culture and quality. The Board undertook a Well Led self-assessment to help inform the areas of focus for its development plan, and the Trust's Improvement Director completed a Board Effectiveness Review, the actions from which are being implemented.

There continued to be focus on the Ambulance Response Programme (ARP). This provides time-based targets that supports and delivers quality and safety. Despite the challenges in-year within the ambulance sector, the Trust has performed relatively well against ARP. As part of the Urgent and Emergency Care improvement approach, NHSE places each ambulance trust into one of three tiers, which determines the level of improvement support and oversight. Allocation of ambulance trusts has been decided based on the level of challenge each trust is facing,

Category 2 performance (the second highest acuity category under the Ambulance Response Programme) and other data driven metrics. Based on this methodology, SECAmb has been allocated to Tier 3, which requires the least amount of support.

One of the key corporate objectives for the coming year is to develop with our people and partners a new, clinically led, trust strategy. This acknowledges the need to transform our operating model, so that we can better meet the needs of patients in the future.

The principal risks to achieving the Trust's strategic objectives form the Board Assurance Framework Report, which is reported to each meeting of the Board and informs the focus of the Board committees. These are listed in the Annual Governance Statement and includes risks to patient quality and safety and to the sustainability of our workforce and finances.

One of the main risks has related to the ability to demonstrate significant improvement, in particular against the issues listed in the Warning Notice. In January 2023, the Trust Board presented its improvement to the CQC and while further improvement is needed, this assured the CQC to the extent that no further enforcement action was deemed to be necessary.

The improvement plan for 2023/24 continues to address the regulatory compliance issues, at the same time as taking a more strategic view. Delivery against the strategic goals will be closely monitored through the year.

Going concern statement

After making enquiries, the Directors confirm they have not been informed by the relevant national body of the intention to either cease the Trust's services or 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 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

999 Performance

The Trust's 999 service has been under sustained pressure during 2022/23 and as a result, experienced significant activity, and capacity challenges, with a diminished ability to manage the elevated levels of demand associated with COVID-19, and the subsequent recovery phase thereafter.

The pandemic has had a significant impact on the healthcare system, and this applies to emergency care provision nationally. The past year has seen an unprecedented scale of pressure in the ambulance sector, with all ambulance services at some stage declaring the highest level of alert for REAP (Resource Escalatory Action Plan) at Level 4 and remaining at this level for sustained periods.

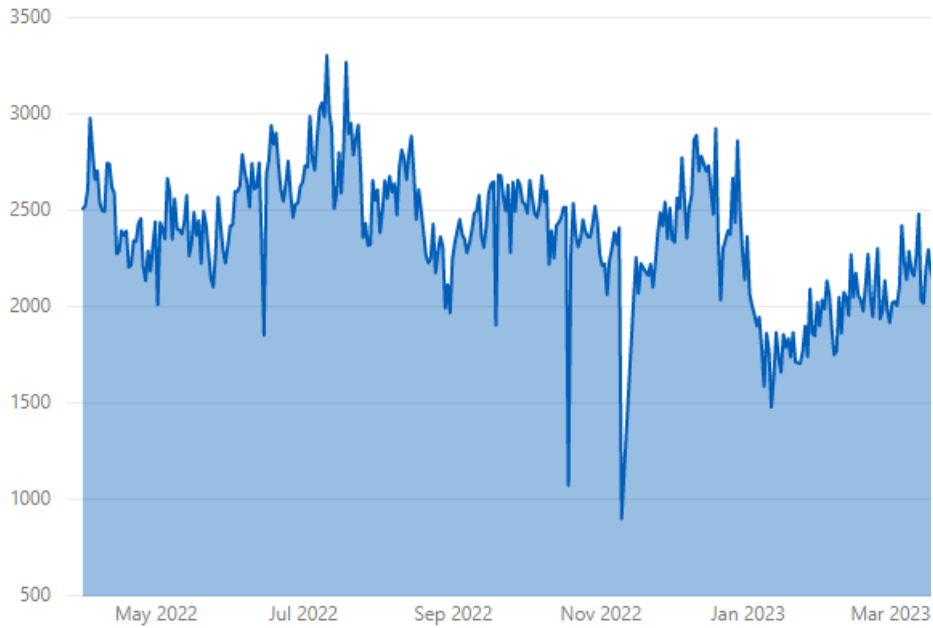
The 999 call volume and associated activity remained high during the year but was lower by 15.6%, or 140,154 calls, throughout the financial year compared to the previous financial year (899,331 calls offered in 2022/23, compared to 1,039,485 calls offered in 2021/22).

Whereas for the first half of 2022/23, SECamb was consistently in the top half of 999 services for national performance in 999 call answering, when benchmarked against the other English ambulance trusts, performance dropped into the bottom half of national performance in the second half of the year. The cause for this deterioration is multi-factorial however, the principal reason for the deteriorating 999 call handling was linked to a significant deficit between the required and available Emergency Medical Advisors (EMAs) to meet escalating call demand, with the Trust in extended periods of Surge Management Plan (SMP) escalation level 4.

Although the Trust has improved its 999 call answering in Quarter 4 of 2022/23, 999 call answering still needs to improve, and EMA recruitment plan remains a key focus, as the Trust continues to recruit, train, onboard and support new EMAs to go live on the phones.

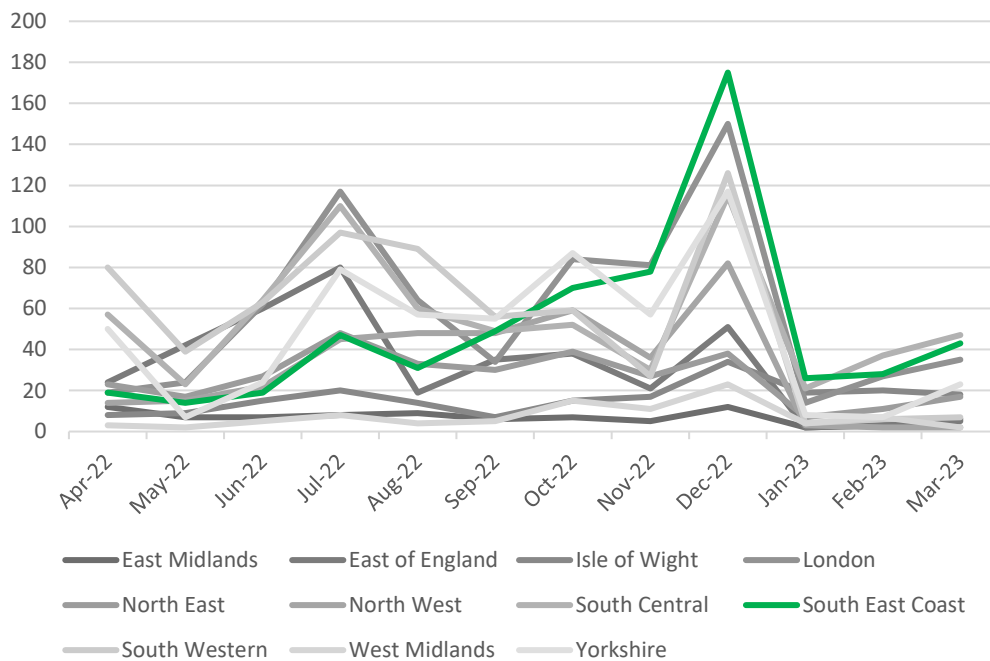
The graph below shows calls answered by day for April 2022 to March 2023 inclusive:

Calls Answered by Day, W/C, Month

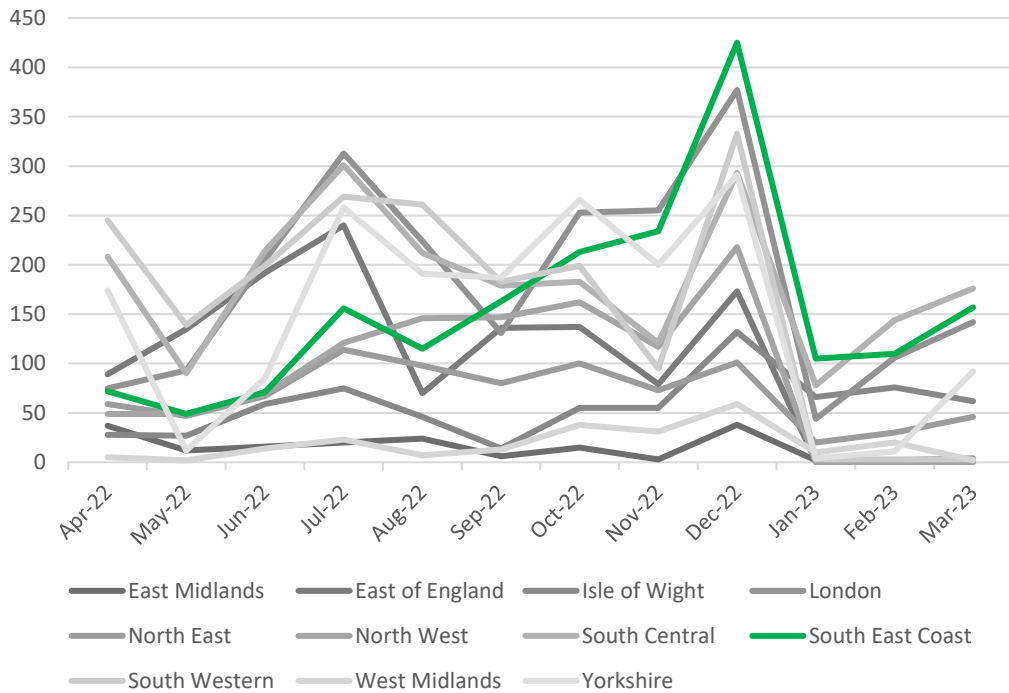


Below are graphs to show monthly data for Mean and 90th Centile Call Answer time for all England ambulance trusts for April 2022 to March 2023 inclusive:

Mean Call Answer Time (seconds)

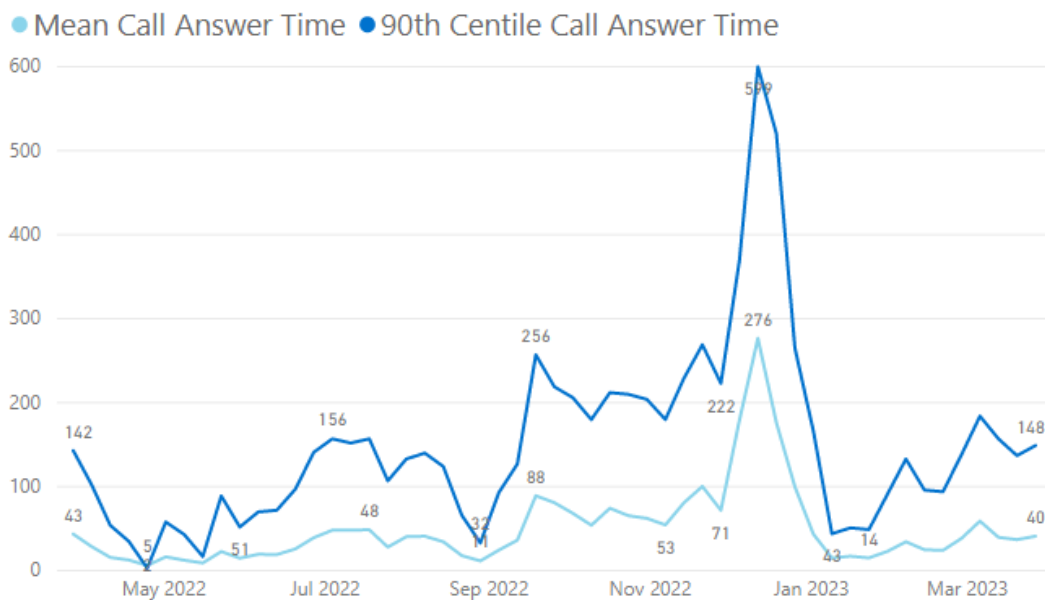


90th Centile Call Answer Time (seconds)



Below is a graph showing Mean and 90th Centile Call Answer Times for SECamb by day for April 2022 to March 2023 inclusive:

Mean & 90th Centile Call Answer Time (seconds)

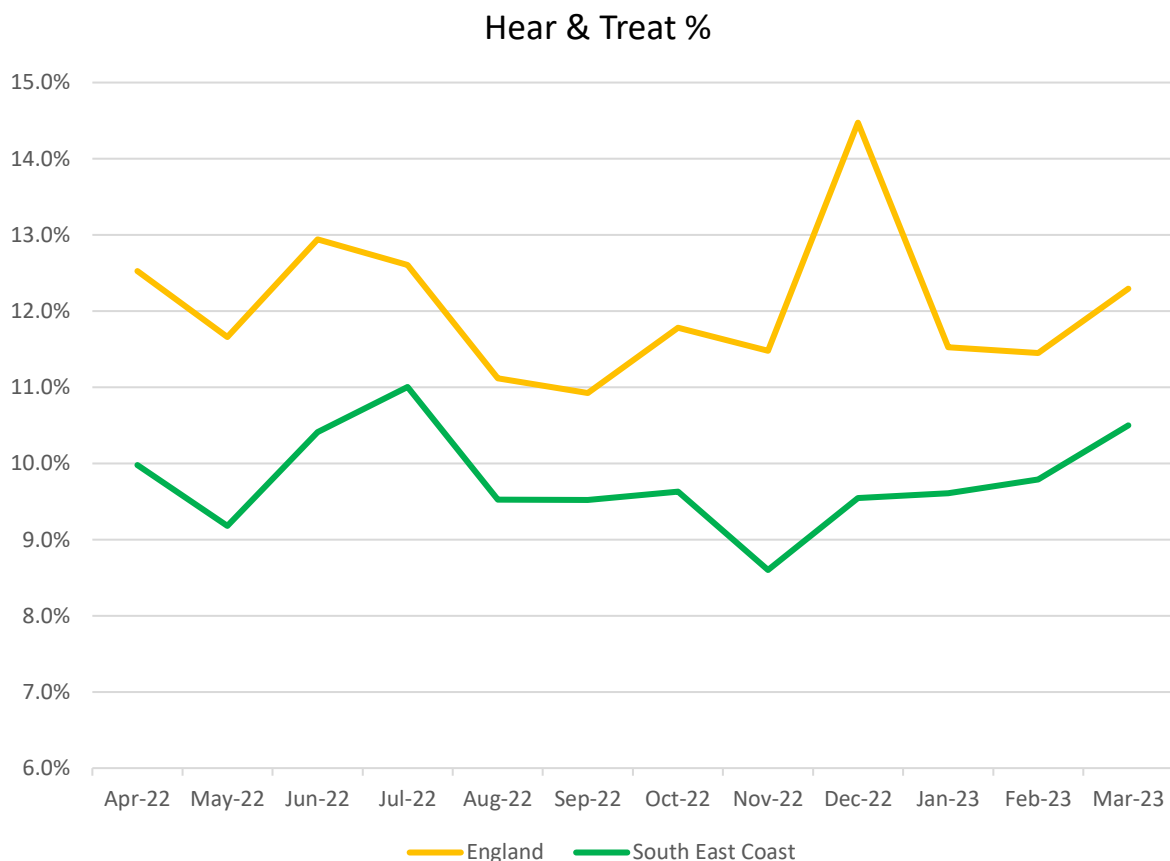


During Quarter 3 of 2022/23, NHS England introduced IRP (Intelligent Routing Platform). SECamb worked with NHS England, AACE (the Association of

Ambulance Chief Executives) and all other 999 providers to complete a rigorous user acceptance testing programme, to enable the requisite digital interoperability to facilitate the safe and effective flow of calls nationally between 999 service providers. IRP is a form of “national contingency” for 999 services, enabling calls to overflow to another 999 service when the host service is unable to answer its 999 calls in a timely manner. Work is ongoing to refine the IRP model, and it has proved to be successful, with SECamb helping other ambulance trusts when it has had capacity and being supported itself when needed.

Hear & Treat

Below is a graph of Hear & Treat (when 999 calls are successfully completed without despatching an ambulance vehicle response; tis may include advice, self-care or a referral to other urgent care services) performance for the Trust compared to the performance across England:



Hear and Treat remains a key focus for SECamb, and the amount of this undertaken by the Trust in its 999 service remains relatively stable.

This AQI (Ambulance Quality Indicator) is linked to the number of clinicians who actively work on the cases in the 999 clinical queue and pending dispatch stack. The Trust implemented its 999 C3/C4 clinical validation pilot phase 2 in early January

2023, as part of its response to the huge surge in demand experienced prior to Christmas 2022, linked with the rise in cases of children with Streptococcus A infection symptoms. This pilot focusses on targeting non-emergency C3/C4 ambulance dispositions, allowing more time for clinicians to clinically assess these cases and to downgrade and redirect these patients through alternate care pathways where safe and appropriate. This methodology has already started to make a real difference to the Trust and its patients, enabling Resource Dispatchers to focus on high acuity ARP (Ambulance Response Programme) Category 2 patients, facilitating a more rapid ambulance response to those patients in greater need.

The Trust will continue to develop and improve its 999 clinical operating model and Hear and Treatment performance in 2023/24, building on the success it has seen in Quarter 4 of 2022/23, and continuing its training and utilisation of UEC (Urgent Emergency Care) Paramedics using NHS PaCCS (Pathways Clinical Consultation Support) to clinically assess 999 patients virtually prior to ambulance dispatch.

Kent, Medway, and Sussex 111 Integrated Urgent Care (KMS 111 IUC)

From 1 October 2020 SECamb as the lead organisation, working with Integrated Care 24 (IC24), as a sub-contractor, has been delivering the KMS 111 IUC service across all of Kent, Medway, and Sussex. The KMS 111 Service has a fully staffed Clinical Assessment Service (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.

This service has inbound calls received by non-clinical Service Advisors and Health Advisors on an approximate SECamb 80% / IC24 20% split.

Calls are received through the freephone 111 number by members of the public, as well as healthcare professionals and service users through the “Starline” healthcare professional routing system. Assessment and/or triage is undertaken by a Service Advisor or a Health Advisor and can result in an emergency ambulance being arranged at the point of call, symptom management advice given, or referral to the CAS or other services profiled in the DoS (Directory of Services), including but not limited to direct booking into GP services and UTCs (Urgent Treatment Centres), and referral to other primary care services in the region, dependent on the service user’s need.

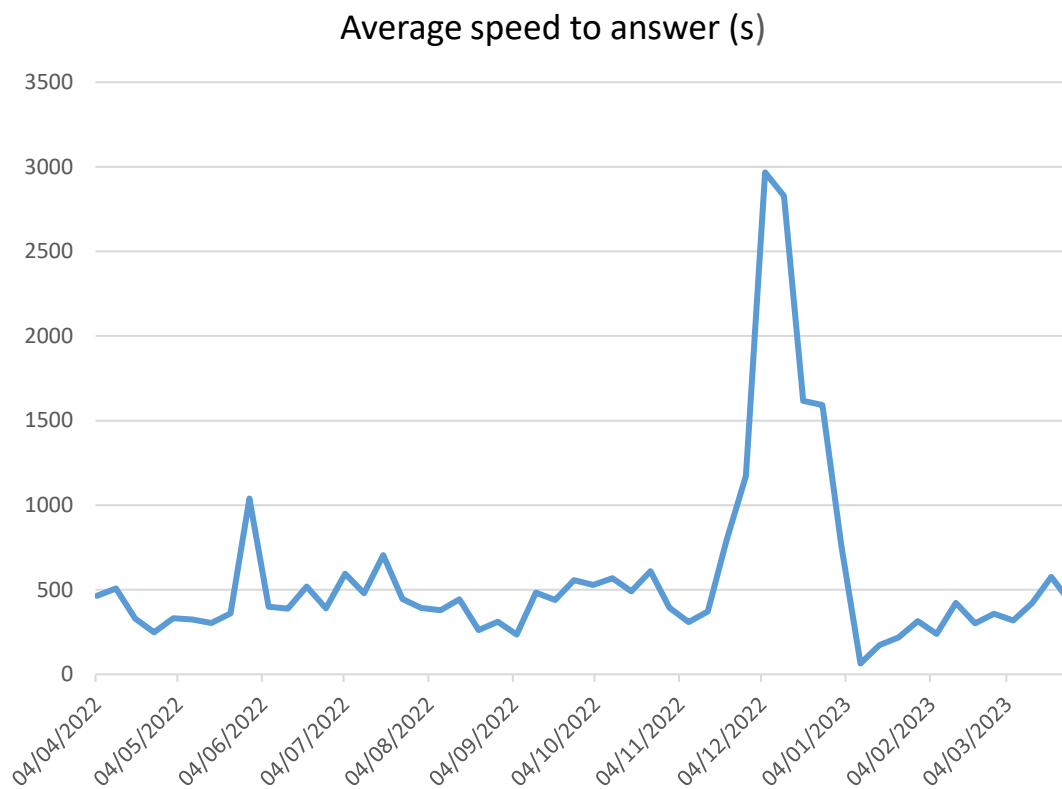
Enquiries can also reach the CAS from members of the public dependent on requirements following completion of an assessment via the NHS 111 Online service, available online and via the NHS app.

The repercussions of the COVID-19 pandemic and a health and social care system defined as “gridlocked” in the CQC State of Care report published on 21 October 2022 has continued to impact on 111’s activity (number of calls received) throughout the financial year. These external factors have led to increases and volatile variations in call demand and profile. It is also important to note that the increased incidences of Streptococcus A infections in children in Quarter 3 of 2022/23 had a

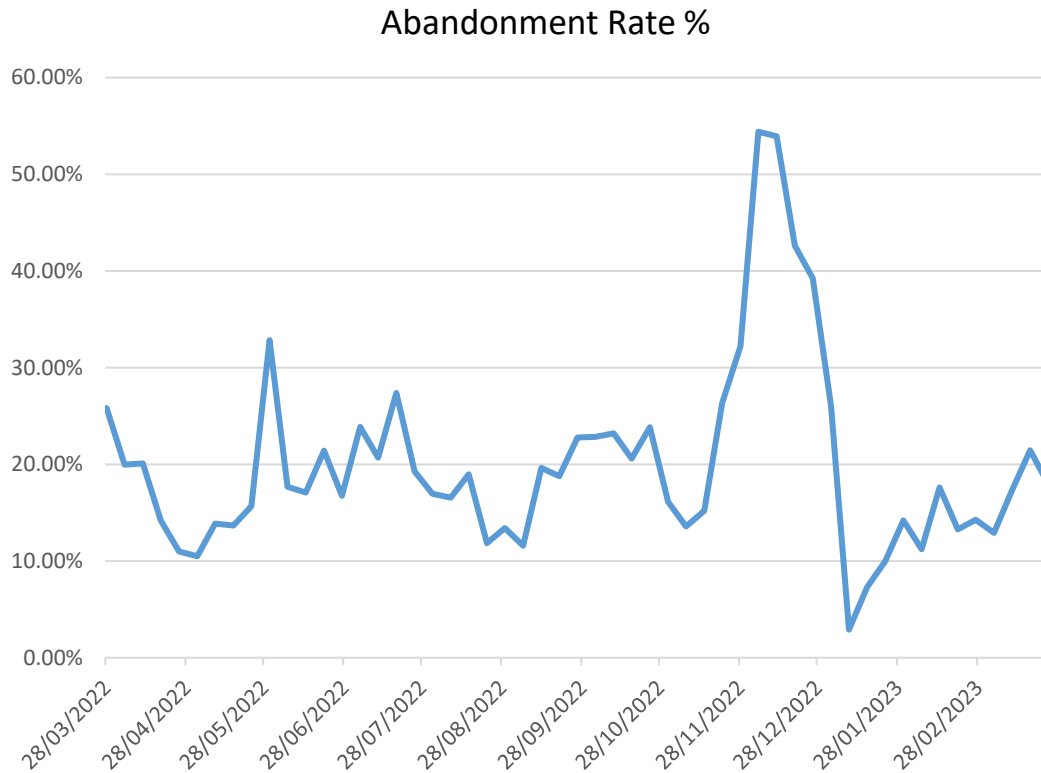
massive impact on 111 activities, with NHS England utilising 111 as a first point of contact for the public to protect primary care during this period.

Despite a period of unprecedented challenge, the service has maintained its focus on delivering a safe and high-quality patient experience.

Below is a graph showing the average speed to answer calls in seconds, each week, from week commencing 28 March 2022 to week commencing 27 March 2023 inclusive:



Below is a graph showing the percentage of calls abandoned by the caller after 30 seconds, each week, from week commencing 28 March 2022 to week commencing 27 March 2023 inclusive:

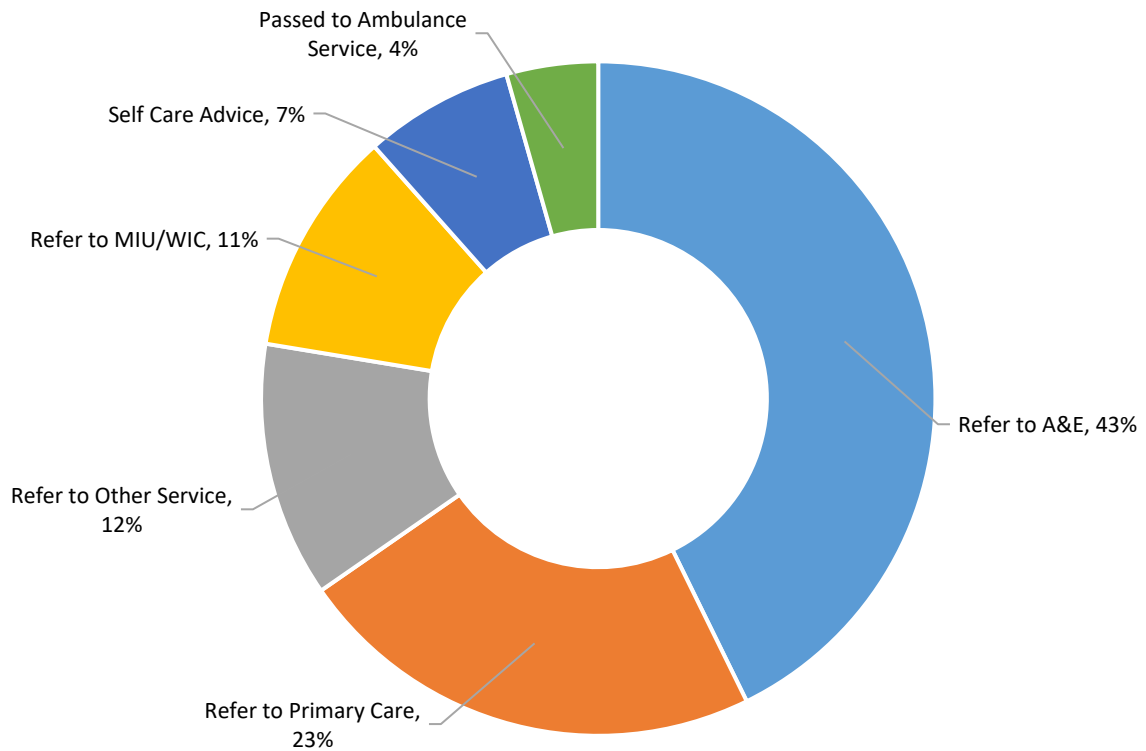


Emergency Treatment Centre and Ambulance Validation

One of the key objectives for 111 is to protect the wider IUEC (Integrated Urgent and Emergency Care) system. Key to this is the clinical validation of Emergency Treatment Centre and non-emergency C3/C4 ambulance dispositions.

Below is a chart showing the proportion of Emergency Treatment Centre Validations for 1 April 2022 to 31 March 2023 inclusive:

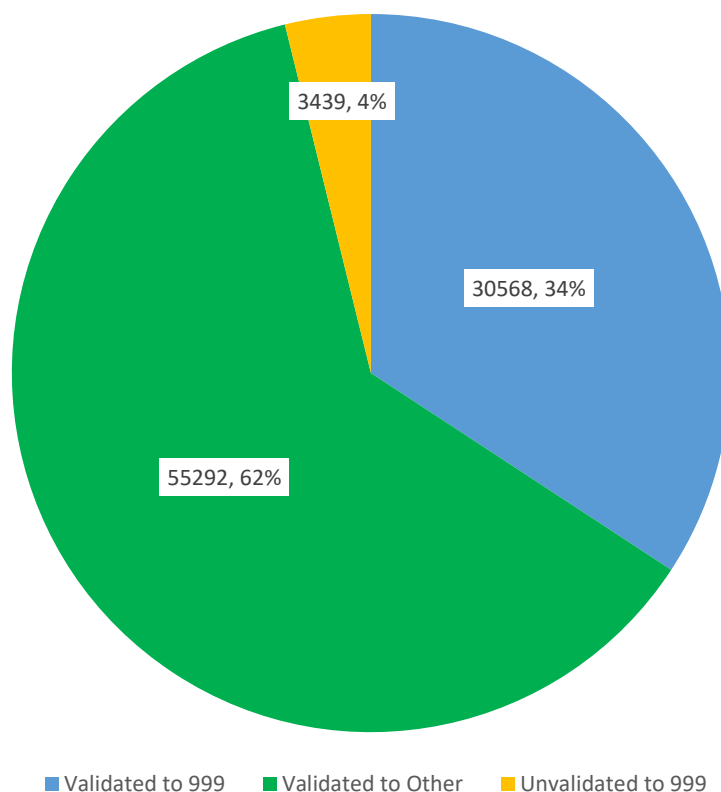
Emergency Treatment Centre Validation 01/04/22 - 31/03/23



46,427 Emergency Treatment Centre disposition cases were validated during this period, of which 26,584 cases (57%) were downgraded to a less urgent disposition.

Below is a chart showing the proportion of 999 Calls Requiring Validation for 1 April 2022 to 31 March 2023 inclusive:

999 Calls Requiring Validation 01/04/22 - 31/03/23



Although the Trust is contractually required to only validate 50% of its ambulance dispositions in 111, as per the NHS England national target, across 2022/23 SECAMB's 111 service clinically validated 96% (85,870 cases) of its non-emergency C3/C4 ambulance dispositions. This has made an enormous difference to the Trust's 999 service, protecting it from an excess of inappropriate ambulances, and enabling appropriate care for patients.

Below is a chart showing the ambulance rate for week commencing 28 March 2022 to week commencing 27 March 2023 inclusive:

111 Outcome - Ambulance referral rate %



Although the 111 call answering in the KMS 111 service has been challenged throughout 2022/23, the clinical outcomes of the service and benefits to the wider healthcare system are manifest.

SECamb has remained a national leader in the key 111 IUC ADC (Aggregated Data Collection) metrics of 999 and ED referrals, and this is underpinned by the service consistently achieving a Clinical Contact rate of circa 50%. In addition to this, SECamb's 111 service continues to be at the forefront nationally with regards to its delivery of the NHS England '111 First' initiative, introduced in 2020 as a result of the COVID pandemic, to enable patients to have a more appropriate journey through the Integrated Urgent & Emergency Care (IEUC) system. SECamb continues to work collaboratively with system partners to improve patient pathways, enabled by improving digital interoperability and system co-design, as demonstrated by the trust's participation in the ongoing development of a regional mental health OAC (Open Access Crisis) solution.

111 Patient Survey Concerns and Compliments

The 111 Patient Survey Proposal was developed from the NHS Friends and Family Test to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. Engagement was proposed through the delivery of the system via text message providing a hyperlink to an online survey in December 2019.

In September 2020, the patient survey was successfully deployed following a rigorous QIA (Quality Impact Assessment), DPIA (Data Privacy Impact Assessment) and EIA (Equality Impact Analysis) process, and close engagement with We Love Surveys, a well-established specialist provider of “point of experience” feedback. The final product included language selection and options to increase font sizes to improve accessibility.

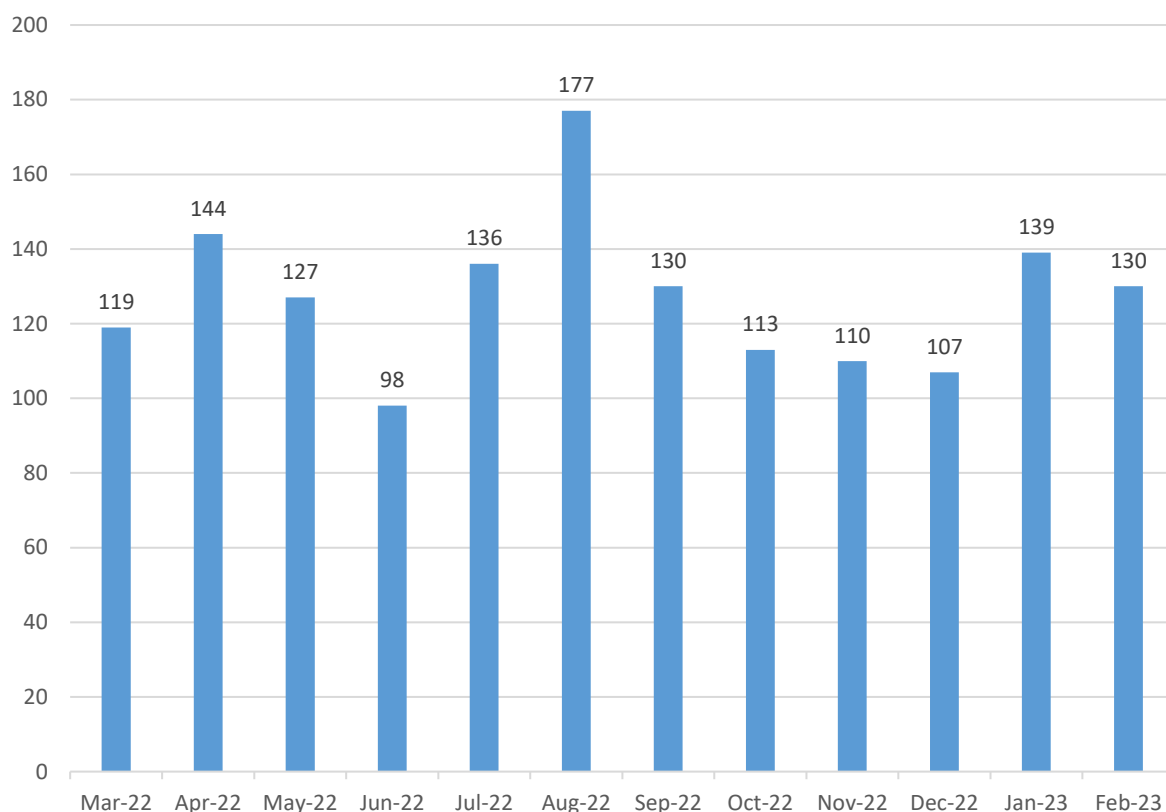
In February 2022, Patient Survey Concerns Reporting was deployed. When the patients survey concerns are investigated a root cause is given for the outcome of the investigation. This information is used to trace the original patient journey and investigate what lessons can be learned and actions taken to improve the journey for patients in the future.

This investigation and reporting provide a new, proactive pathway for learning from incidents, as well as establishing a means of recognising that existing and ongoing actions to improve the service are targeted to address presented concerns.

The Patient Survey Compliments initiative, supported by the 111 Patient Experience Team, was launched in March 2022. This initiative ensures that where we can identify individuals recognised as having provided good service by patients and service users. These are raised as compliments, significantly increasing the number of opportunities to provide recognition to our teams.

Below is a chart showing the number of monthly patient compliments that have been produced thanks to the new compliments process:

111 Patient Compliments Mar 2022 - Feb 2023



A total of 1,530 compliments have been generated and submitted to 111 colleagues over this 12-month period.

Single Virtual Contact Centre

SECamb has worked throughout the year to implement the NHS England plan to deliver 111 calls regionally at scale. The concept of SVCC (Single Virtual Contact Centre) was initiated in Quarter 3 of 2021/22, with aim of bringing together 111 providers across each region, so that they can work collaboratively and support each other with 111 call answering, when they have the capacity to do so, thereby introducing economies of scale to 111 call answering at a regional level and removing call answering inequalities. Despite the ongoing work of NHS England, commissioners and all 111 providers across the South East region, it was not possible to implement SVCC during 2022/23, primarily due to technical reasons.

SECamb will continue to work with all key stakeholders to deploy SVCC in 2023/24, if the ICBs (Integrated Care Boards) across the region are committed to and are willing to fund SVCC.

Field Operations

Since 2012/13 NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

The Ambulance Response Programme (ARP) set a suite of performance targets for call answering and operational response to a range of categories of call. These metrics are collated from all ambulance services and are proxy measures for patient care where the speed of response required is assigned according to clinical need according to triage through an appropriate system – NHS Pathways in SECamb.

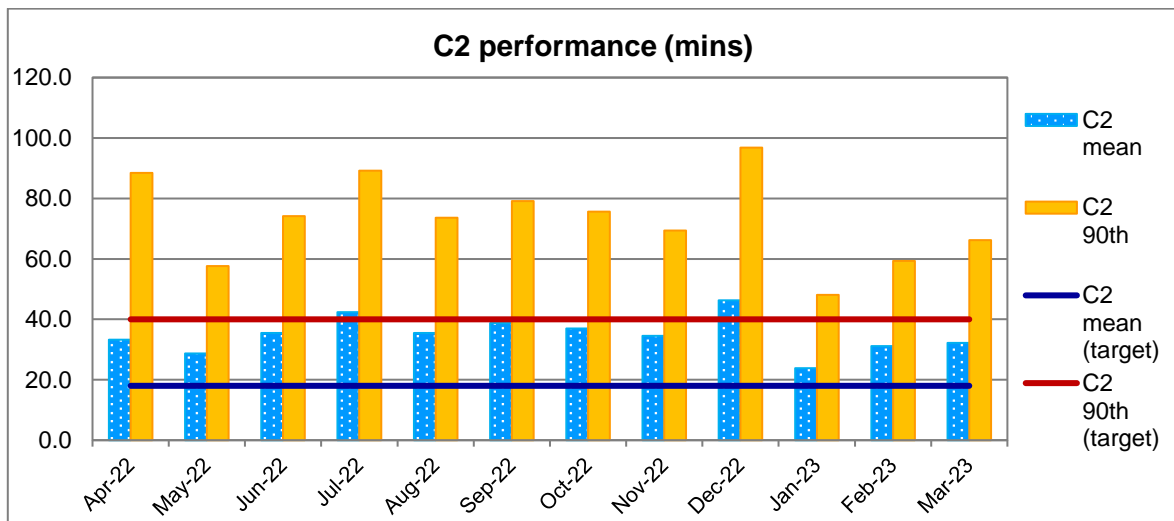
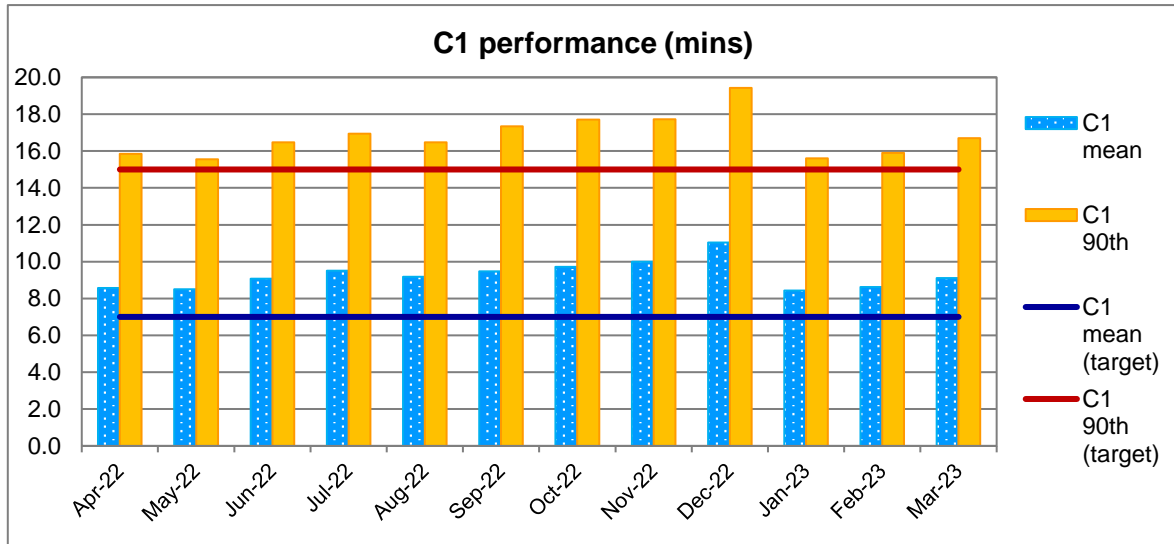
The table below shows the overall performance against all ARP targets as well as call outcomes between 1 April 2022 and 31 March 2023.

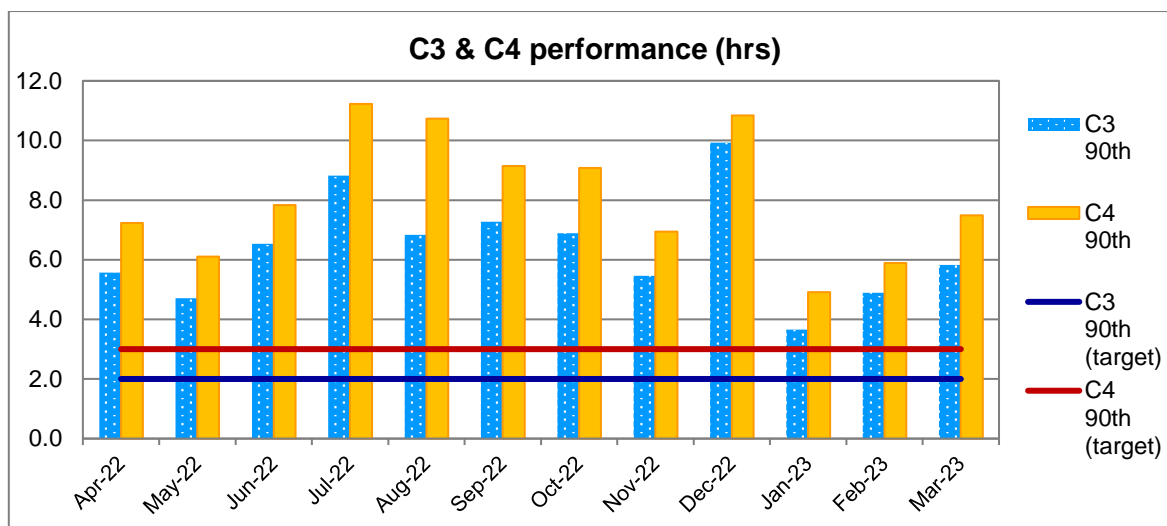
Category	Target		AQI		
	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	55339	00:09:19	00:16:55
C1T	00:19:00	00:30:00	35307	00:11:09	00:20:28
C2	00:18:00	00:40:00	390095	00:35:03	01:12:22
C3		02:00:00	171160	02:40:50	06:15:32
C4		03:00:00	4886	03:14:30	08:10:53
HCP 3			10887	02:53:30	06:28:48
HCP 4			9718	03:40:43	08:44:20
IFT 3			5510	03:17:48	08:15:35
IFT 4			1279	03:41:37	08:46:51
ST	All Incidents		229804	31.99%	
SC	All Incidents		418434	58.24%	
HT	All Incidents		70205	9.77%	
Count of Incidents			718443		
Count of Incidents with a Response			648238		
999 Mean	Call Answer Target 00:05		894156	00:51	
999 90th	Call Answer Target 00:10			02:54	
Trust EOC 999 Abandoned Calls			42350	4.5%	
A0	EOC All Calls		888173		

As can be seen from the above, all ARP performance in the main categories did not meet the contracted ARP standards. The graphs below show how the performance across the financial year fluctuated, but consistently remained outside the target levels. On a national level in comparison with other English ambulance services, SECamb has performed well in the C2 category, consistently being in the top quartile.

Overall, the performance against these metrics have been strongly influenced by resource (staffing) levels and the level of activity seen across each day, week and month. For example, the impact of the industrial action that commenced in

December 2022 was to significantly reduce demand for ambulance services immediately and into January 2023; over the following two months this began to return to higher levels as seen pre-industrial action.

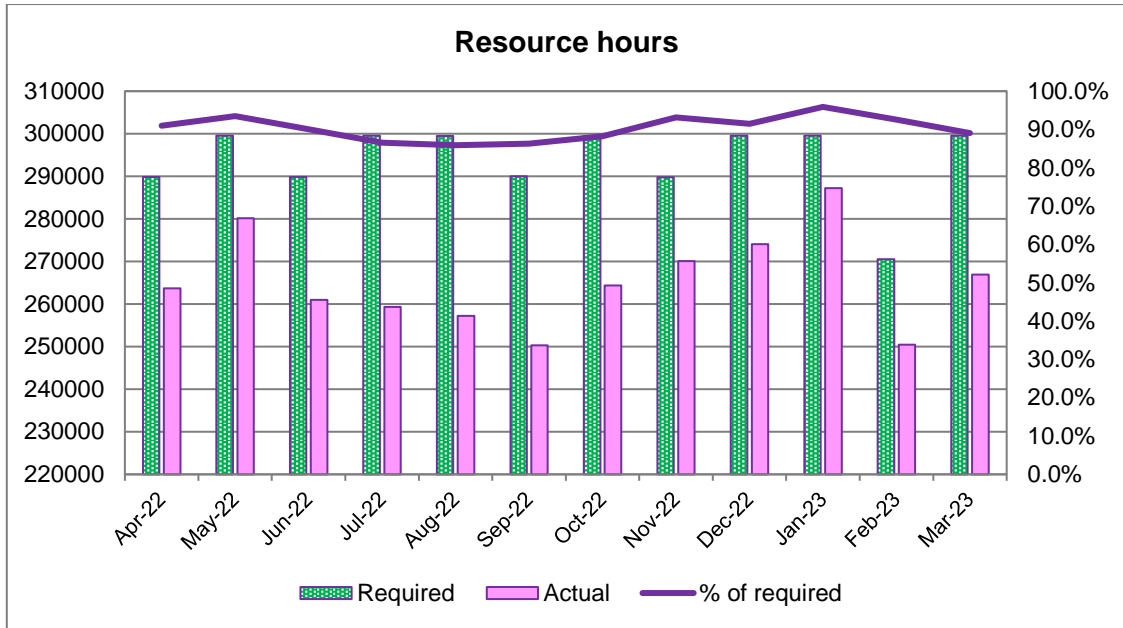




Front-line resourcing

Overall, the 2022/23 financial year was very challenging, primarily in relation to the ability to produce sufficient staff hours to meet the demand. Factors influencing this included high levels of staff absence through sickness (Covid and non-Covid related) seen across the year, plus additional annual leave that was carried over as part of the national agreement from 2021/22. A decision was taken by the Trust Board to ensure that essential clinical and non-clinical training programmes continued across the year which provided benefits for staff and patients, which required careful planning to mitigate resource impact as much as possible.

Throughout the year, focus has been on providing safe levels of staffing – particularly during periods of the highest levels of abstractions and at time of predicted high demand (e.g., immediately after a bank holiday). Private ambulance provision has supplemented SECAmb resource levels in geographical areas where consistent provision has been most challenging.



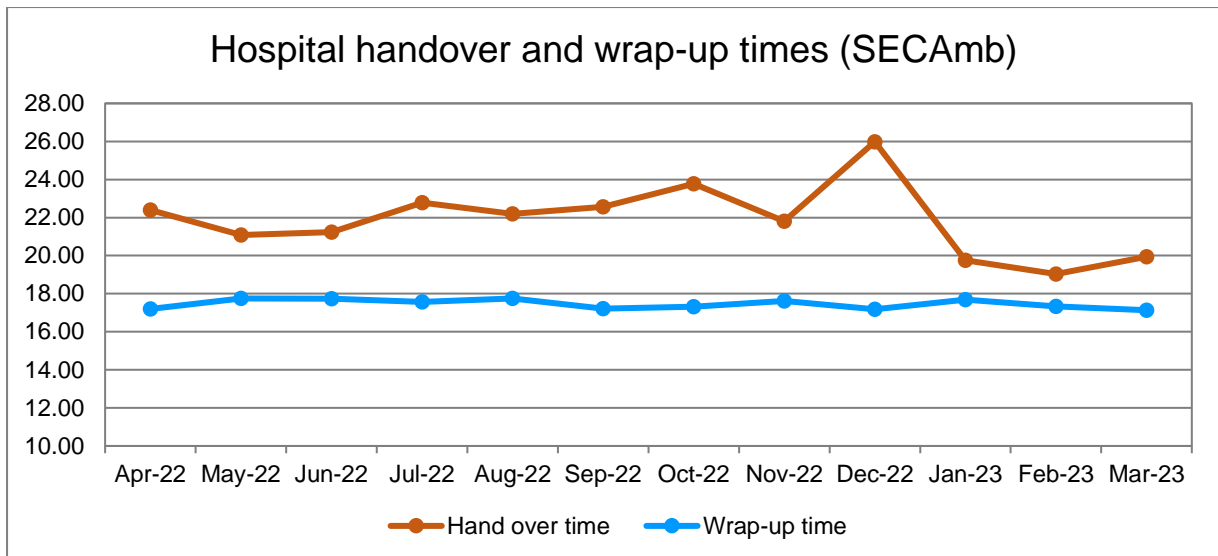
Hospital handover times

The strong local and regional relationships between SECamb teams, local hospitals and ICB commissioners has been essential to manage hospital hand over times during 2022/23, with some noted significant successes.

Whilst overall, compliance against the 15-minute handover national target has been less than 40% in total, overall, the southeast region of England has seen some of the lowest handover times.

Measure	Time
Average handover time	21mins 54secs
Average wrap-up time	17mins 28secs
Total hours lost through handovers greater than 15mins	77,055hrs

Handover time	Proportion of handovers within the category
15mins or less	37.10%
15 to 30mins	45.70%
30 to 60 mins	14.10%
60mins or greater	3.10%



When comparing the data in the above graph with that for the previous financial year (2021/22) handover has been in a more stable position with an overall downward trend and has only been in the months of January to March 2023 that it has approached the levels seen pre-pandemic. SECamb wrap-up times have remained consistent across the year.

Key actions taken across the year

- In line with national ambulance guidelines, SECamb assesses its level of escalation according to the Resource Escalation Action Plan (REAP). This is a document that provides a structure under which to assess current pressures, linked to a suit of recommendations of appropriate actions to manage associated risk against quality and performance issues. REAP is reviewed on a weekly basis at the Senior Management Group with final agreement of the REAP level reached by the Executive Management Board.
- In addition to the use of REAP, the Trust uses a Surge Management plan (SMP) to manage much more dynamic fluctuations in service challenge – often across hours rather than days. This plan has a structured stepped process with clearly defined actions to be taken to dynamically manage and/or mitigate risks/issues. Throughout the past two years, due to the extraordinary circumstances experienced across the health and social care system it was necessary to develop an additional suit of actions to complement and extend those with the SMP document. All these actions were fully described, quantified, and taken through an appropriate governance process for approval.
- Within the Emergency Operations Centre (EOC) the C3/C4 revalidation process continues, allowing appropriate over-the-phone assessment of patients by control room clinicians to confirm the most appropriate outcome. The result of this work continues to be safe clinical outcomes for patients, as well as reduced volumes of calls being converted to ambulance dispositions.
- Paramedic Practitioners continue to work within local ‘hubs’ on each operating unit – from here they not only provide peer support and clinical decision-making assistance but have during the 2022/23 financial year extended this to include

undertaking clinical call-backs to patients presenting with lower acuity conditions. This creates greater capacity within the overall SECAMB system to provide hear and treat care, and also support greater local management of those awaiting a response. During February and March, a trial was commenced for local area Paramedics to work with Paramedic Practitioners to extend this further – a review of this will occur in the early summer 2023.

- 2023 has also seen an additional regional focus on the use of community pathways as an alternative to conveying patients to emergency departments. Local commissioners and providers have developed a range of pathways including 2-hour Urgent Care Response (UCR), virtual wards and frailty pathways, all of which provide care and treatment support for specific clinical presentations. Local operational teams as well as the clinical team in EOC are working partnership with these pathway providers to identify in real time, patients who would benefit from accessing/being referred to these pathways. Whilst pathway availability varies by area/ICB, numbers of patients accessing care through this route continues to increase.
- December 2022 saw the first days of industrial action within the Trust – initially taken by the GMB and RCN unions. Extensive planning occurred both within the Trust as well as with local and regional partners to ensure good communications with the public we serve and to mitigate the potential risks associated with staff taking action on these days. In addition, SECAMB was successful in receiving military personnel as part of a MACA (Military Aid to the Civilian Authorities) on each of the days of industrial action. These personnel were general duties soldiers who worked in partnership with SECAMB clinicians, undertaking non-blue light driving and general support duties. On each day of action so far, activity has been at a lower level and the hospital trust have worked hard to ensure handover times are kept to a minimum – both of which has supported the Trust to deliver a safe timely service.

Data Quality

SECAMB considers that this data is as described for the following reasons:

- National guidance and definitions for Ambulance Quality Indicators (AQI) submissions to NHS digital when producing category performance information
- This information is published every month by NHS England
- This information is reported to the Board of Directors monthly in the integrated Quality and Performance report

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, 2022). The AQIs comprise of System Indicators (which includes the number of ambulance 999 calls 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 group¹).

Survival to 30 days after cardiac arrest

- Patients with resuscitation commenced / continued by the ambulance service, who survived to 30 days after the arrest (all patients).
- Patients with resuscitation commenced / continued by the ambulance service, who survived to 30 days after the arrest. (Utstein comparator group¹).

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 STEMI².
- 90th centile time from call to catheter insertion for angiography for patients with confirmed STEMI³.

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 stroke⁴.
- Median time from call to hospital door for patients with suspected stroke⁵.
- 90th centile time from call to hospital door for patients with suspected stroke⁶.

Sepsis care bundle

- The percentage of patients with a NEWS score of 7 or over, who received the sepsis care bundle.

The graphs below show Trust's performance for these areas, as well as comparison against the national mean of the other ambulance trusts. The annual data set, at the

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).

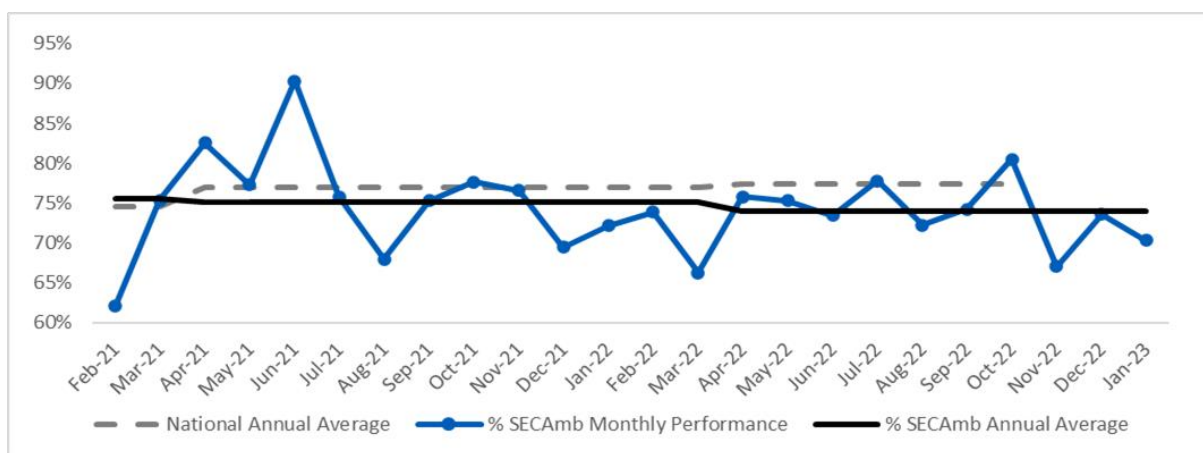
²⁻⁶ Introduced in November 2017, data available in arrears from NHS England.

time of writing this report, is incomplete as NHSE submissions are 3 months in arrears. Therefore, full analysis and interpretation cannot be completed until this data is validated. It is expected that the full data set will be available by the end of June 2023, which will then require verification, analysis and reporting.

Cardiac Arrest

Return of Spontaneous Circulation (ROSC) after Cardiac Arrest

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

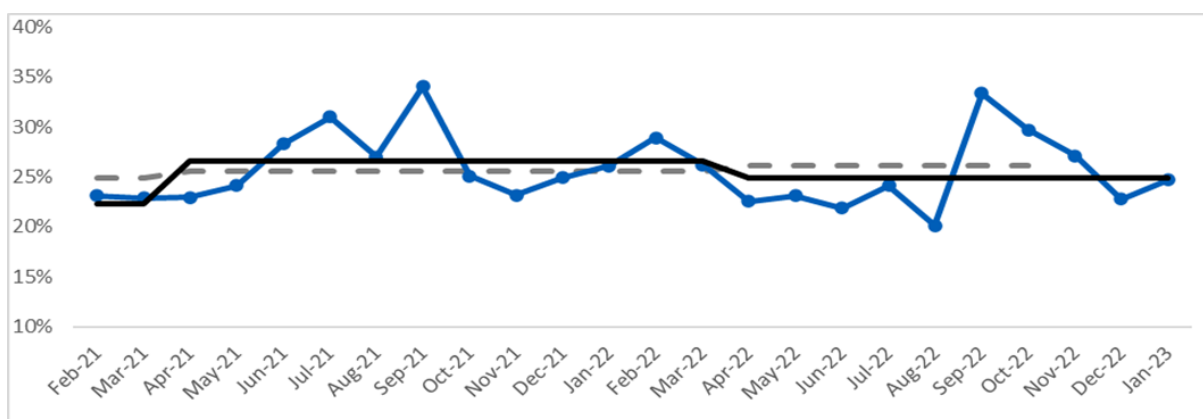


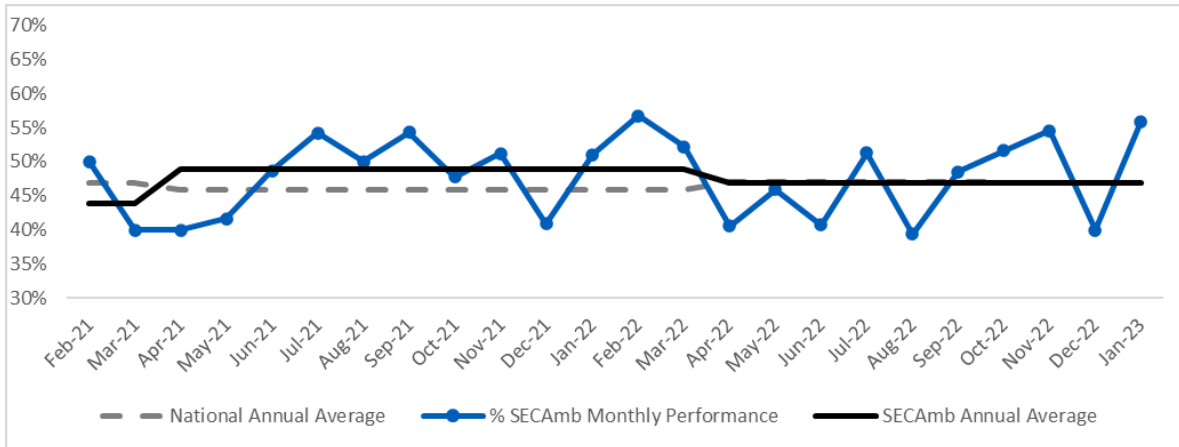
- There has been a slight decline in performance between year start and year to date, with variable performance throughout the year. The reporting of the bundle is based on documented care, and it is unclear at this time if the performance is lack of care bundle delivery or lack of clinical documentation. Work is ongoing to improve the quality and standard of clinical documentation.
- There is an improvement plan for cardiac arrests, which has now restarted following the COVID pandemic and we will see a renewed focus on improving the outcomes from cardiac arrest.

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

- A detailed Annual Cardiac Arrest Report was published in Q3 of 2022/23.
- There is an improvement plan for cardiac arrests, which has now restarted following the COVID pandemic and we will see a renewed focus on improving the outcomes from cardiac arrest.

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

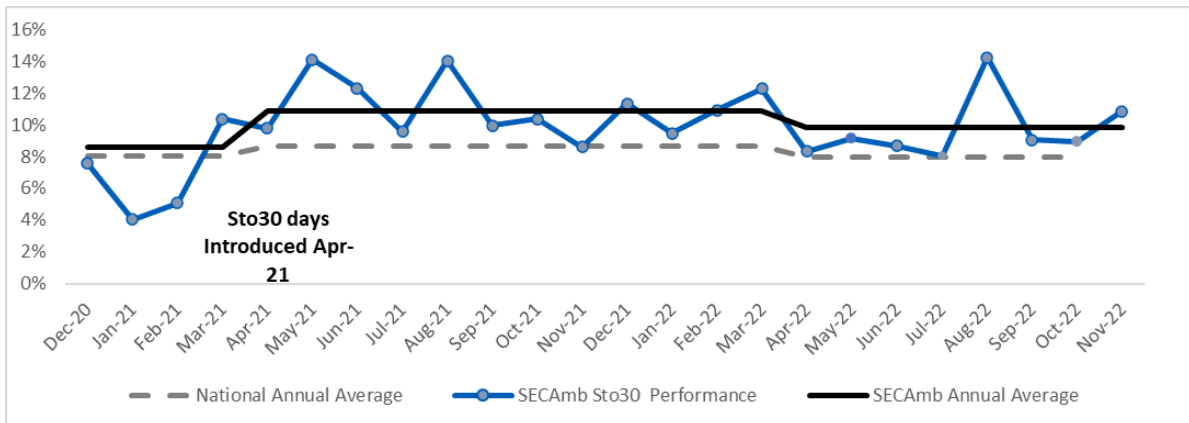




- The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected.
- Performance for the year remains within the normal variables for this indicator. There is liable to be a degree of fluctuation due to the small number of incidents eligible for inclusion in this element.

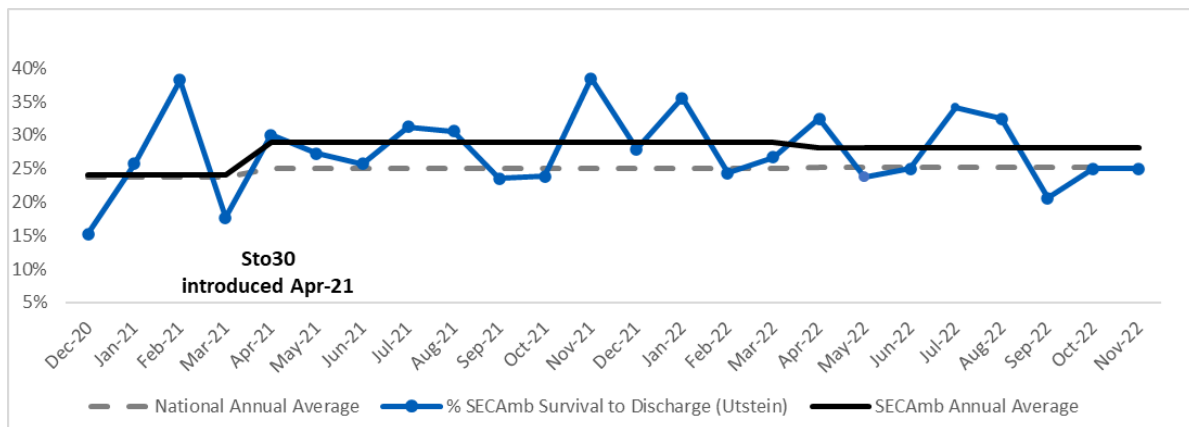
Survival to 30 days (Sto30) after Cardiac Arrest

Survival to 30 days after cardiac arrest (all patients):



- Performance in respect of this element has remained above the national average from year start to year to date, however the SECAmb year to date average is lower than recorded in 2021/22
- A detailed Annual Cardiac Arrest Report was published in Quarter 3 of 2022/23.
- There is an improvement plan for cardiac arrests, which has now restarted following the COVID pandemic and we will see a renewed focus on improving the outcomes from cardiac arrest.

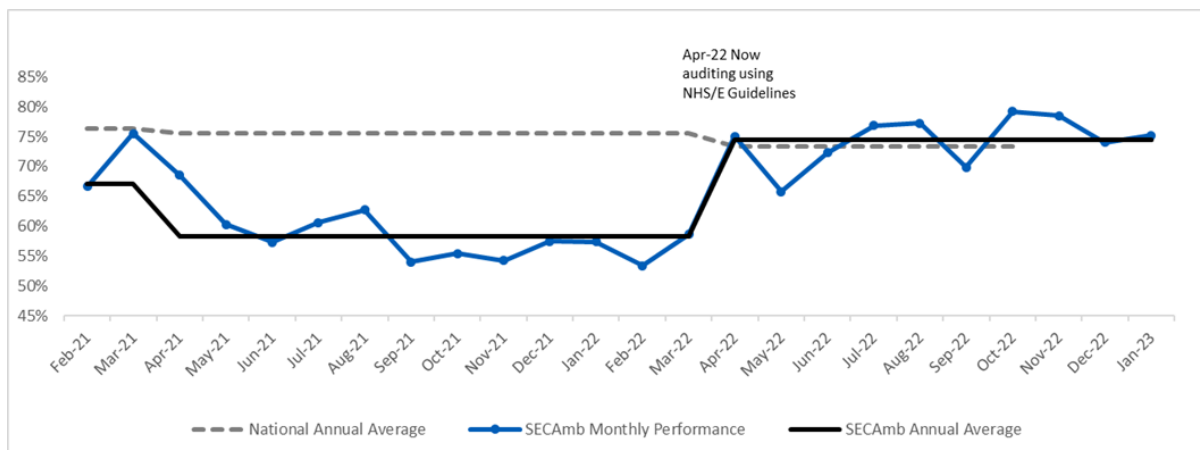
Survival to 30 days after the arrest (Utstein Comparator Group):



- The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected.
- Due to the nature of the group being reported there is a higher probability of survival.
- Performance for the year remains within the normal variables for this indicator. There is liable to be a degree of fluctuation due to the small number of incidents eligible for inclusion in this element.

Outcome from acute ST-elevation Myocardial Infarction (STEMI)

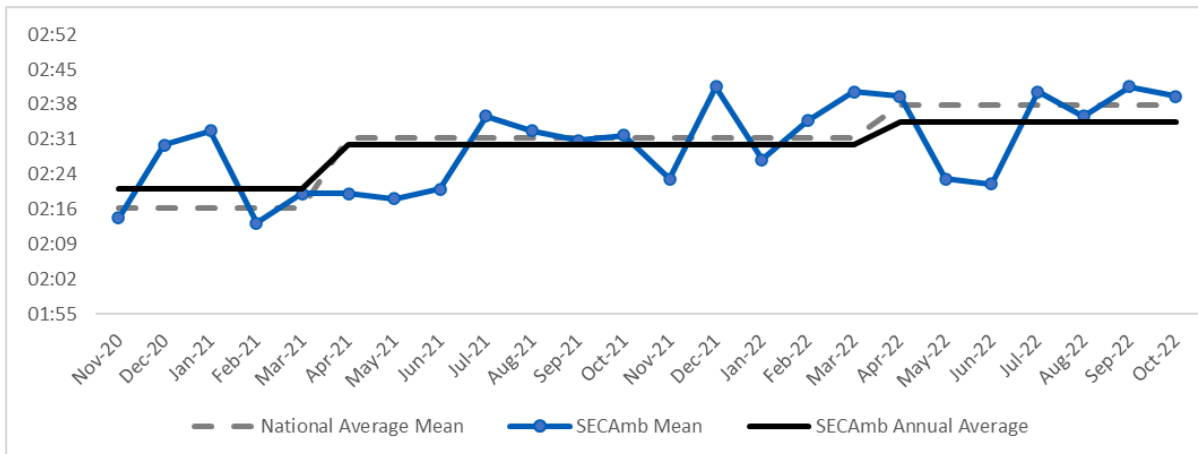
The percentage of patients experiencing a STEMI who received a full bundle of care:



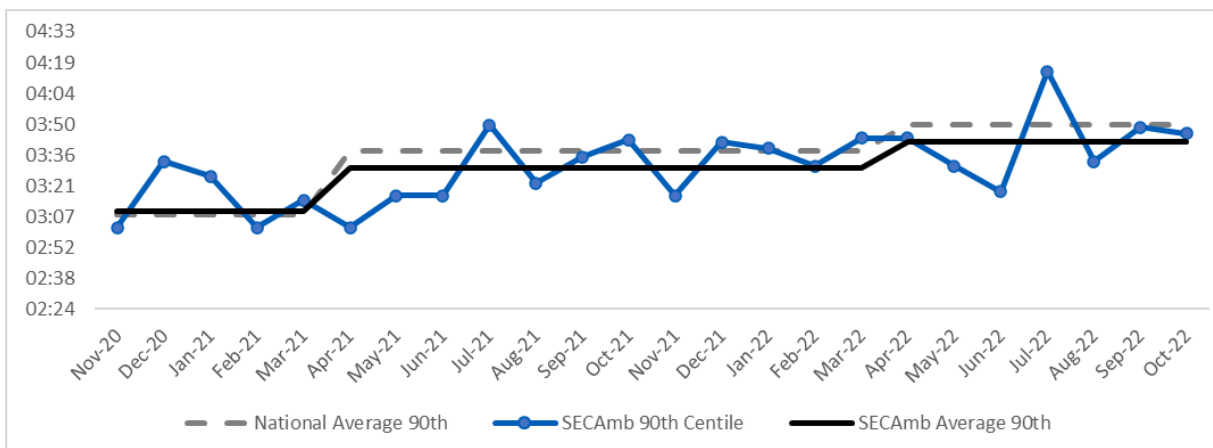
- The Trust is now auditing STEMI in line with all other ambulance trusts and this has shown an increase in performance when compared to 2021/22. For the year to date the Trust has seen this improvement maintained, with performance running in line with SECamb and national annual averages.
- The diagnostic bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and the recording of two pain scores.
- The most common areas of non-compliance continue to be the administration of analgesia and the documentation of two pain scores.

- The Trust has communicated with JRCALC (Joint Royal Colleges Ambulance Liaison Committee - UK Ambulance Services' Clinical Practice Guidelines) and the outcome of a review of what constitutes appropriate analgesia for Acute Coronary Syndrome (ACS) is expected in May 2023.

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



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

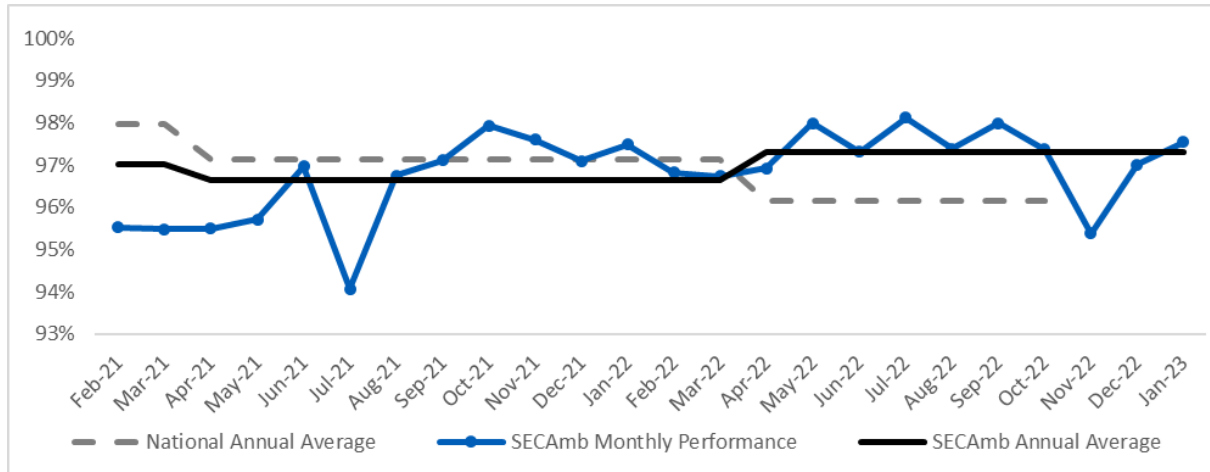


The above graphs for STEMI timeliness indicators show expected levels of variance from year start to year to date.

- Trust STEMI mean performance has improved compared to Q1 and is currently broadly in line with national averages.
- Times have been 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. Further work is required to understand the reasons behind these findings (such as how long it takes a pPCI centre to respond with a decision, which may be beneficial to be documented on the patient record).
- Trust STEMI 90th centile performance is broadly in line with national averages.
- A communication campaign previously took place to focus attention on reducing time on scene for STEMI. Focussed service improvement measures arose out of a detailed audit and service evaluation on STEMI care.

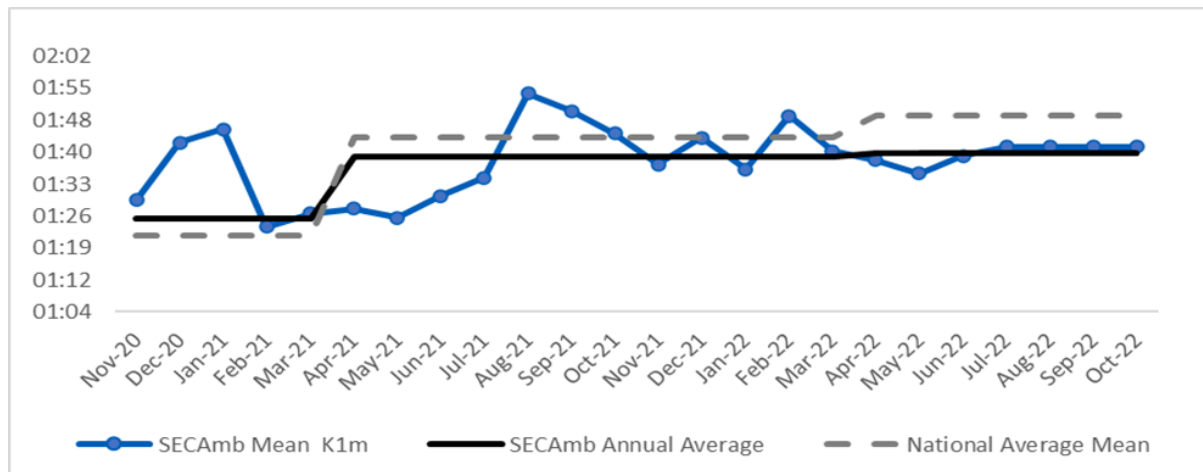
Outcomes from Stroke

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

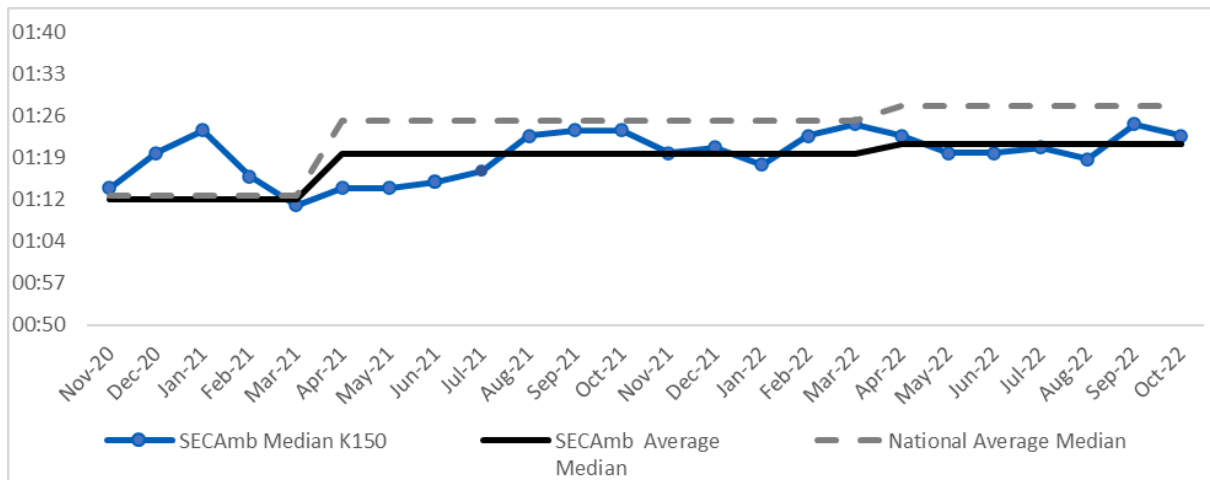


- This measure has shown limited improvement since updates were made to the Trust’s electronic Patient Clinical Record (ePCR) platform to encourage clinicians to document the essential elements of stroke care.
- Recording of blood glucose (ePCRs & paper PCRs) still has room for improvement, but the recording of a FAST test and a blood pressure has improved.

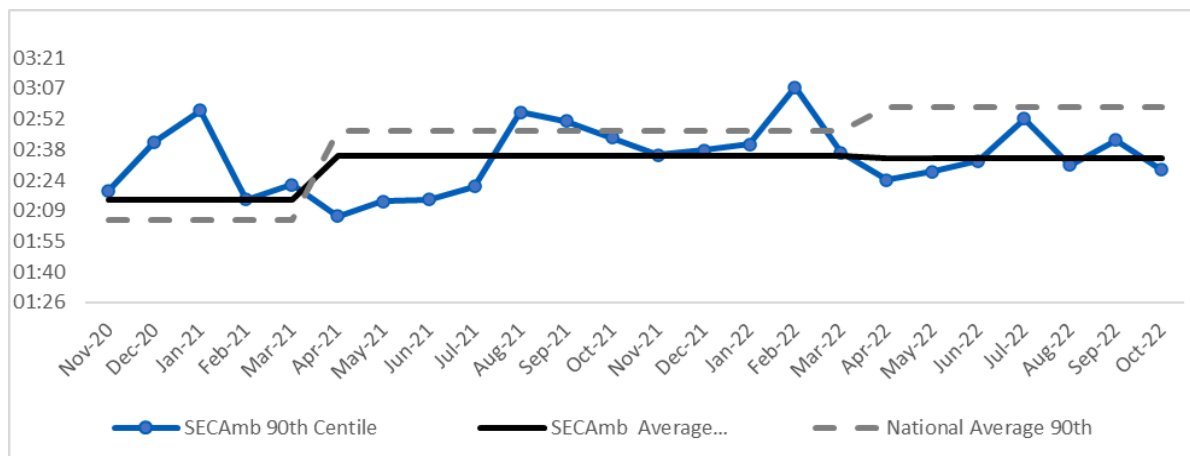
Mean time from call to hospital door for patients with suspected stroke:



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:



The above graphs for Stroke timeliness indicators show performance has remained consistent from year start to year to date.

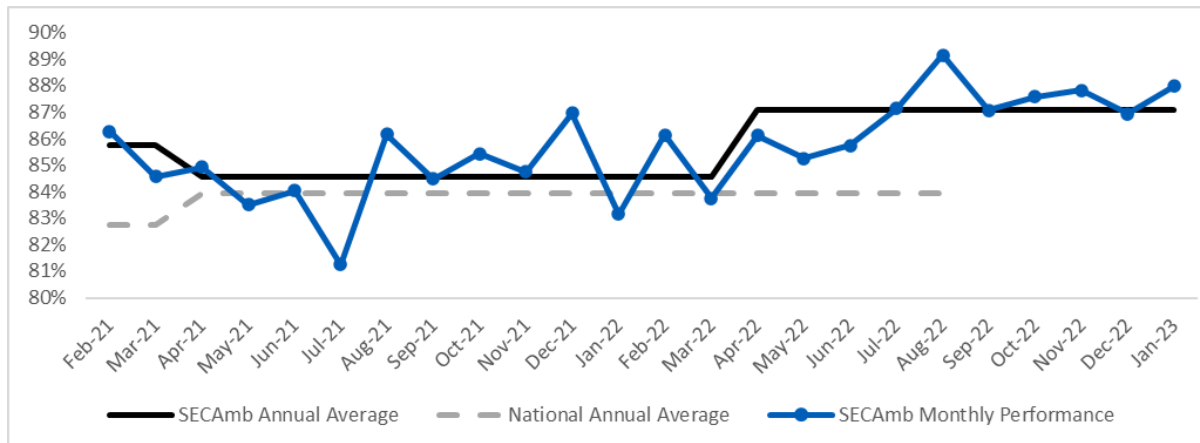
- The introduction of telemedicine for FAST+ (suspected stroke) patients added around 6 to 7 minutes on to every on-scene time, but correspondingly shortened hospital treatment times by a greater degree after hospital arrival.
- There are variances in how crews are 'coding' patients who have received telemedicine but been declined on the stroke pathway. Some of these patients now 'go local' or are referred to their GP or the mini-stroke (Trans Ischaemic Attack or TIA) clinic.

A service evaluation has been undertaken by University College London which will help inform some of these information gaps.

Actions that are 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 and sharing of best practice.

Sepsis Care Bundle:

The number of patients with suspected or confirmed sepsis, who received the 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 has increased compared to 2021/22.
- In November 2022, NHS England advised no further submission was required as Sepsis was to be replaced as a Clinical Outcome Indicator by a Falls indicator in 2023/24.
- The Trust will continue to locally monitor Sepsis Care Bundle compliance, although not report the data nationally following its withdrawal.

Additional broader workstreams are currently underway which aim to positively impact on Trust clinical performance and the quality of service that patients receive. These include:

- COI improvement workstreams.
- Documentation audit (record keeping) work programme.
- Work programme to improve the paper patient clinical records (PCR) returns process.
- ePCR forcing functions for the adequate documentation of COI elements has not led to the expected predictive improvement in performance and therefore a review of the COI sections on ePCR is currently under review.
- The 2022/23 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 \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/uk)⁷

⁷ <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/uk>

Equality of Service

At SECamb we use an Equality Impact Analysis (EIA) 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 EIA 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.

Our EIA process and documentation has been further embedded in 2022/23.

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

<p>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.</p>	<p>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?</p>	<p>Pregnancy and maternity (breastfeeding) Do we make sure the treatment of women positively takes pregnancy, maternity and breastfeeding into account, if at all possible?</p>
<p>Age Could age be a barrier to accessing/receiving services? This can be for older persons or younger persons/children</p>	<p>Sexual Orientation Do our services take a person’s sexual orientation into account in what we do, say, and the information we give?</p>	<p>Marriage and Civil Partnership* Do our services take into account the need to involve civil partners?</p>
<p>Race Related to a person’s genetics and place of birth, language, culture, etc.</p>	<p>Religion and Belief Related to a person’s customs and beliefs – including non-belief</p>	<p>Sex Assuring all genders have equal opportunity and pay equality</p>
<p>* * = For marriage and civil partnership (including same sex marriage), only the first aim of the duty applies in relation to employment.</p>		

A number of individuals received training on EIA completions and approvals in 2022/23 and have been accessed for support by authors of policies.

Work has begun to move EIA approvals to Marval. This will promote more objectivity within the approval process and save all EIA in our central location. This will be launched in 2023/24.

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 2023. The audited annual accounts for the year are attached as an appendix and they are also available for download from the Trust's website.

For financial year 2022-23 the Trust reported a deficit of £5.7m. Excluding the impact of the technical system adjustments (impairment and capital grants and donations), the Trust delivered the breakeven target which was in line with our plan for the year.

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			
	2023			2022
	Plan £m	Actual £m	Variance £m	Actual £m
Income	297.4	326.6	29.2	306.1
Operating Expenses	284.8	315.7	(30.8)	297.5
Operating surplus	12.6	10.9	(1.7)	8.6
Interest, depreciation, and dividend	12.6	17.8	(5.2)	14.9
(Loss)/gain on sale of assets	0.0	1.2	1.2	1.4
Retained surplus/ (deficit)	0.0	(5.7)	(5.7)	(4.9)
Adjustment for:				
Impairment	0.0	6.0	6.0	(1.2)
Capital grants and donations	0.0	(0.3)	(0.3)	0.0
Adjusted surplus/ (deficit)	0.0	0.0	0.0	(6.0)

Financial Performance Analysis

The Trust continues to ensure there is a focus on financial sustainability and our financial performance demonstrates sound financial management.

Income

Total income for the year increased by 6.7 percent (£20.5m) compared to the prior year.

The Trust received most of its income from the Integrated Care Boards under a block contract, which accounted for 71% of the total income. The Trust was allocated £27.2m additional 999 income including £12.7m ambulance inflationary funding towards the impact of the high fuel and energy pressures, together with £12.5m national pay award tariff and growth. This compensated for the reduction of £10.0m

in the Covid 19 funding to £7.4m compared to last year and the non-recurrent system top up income of £10.7m in 2021-22.

In addition, the Trust recognised £9.0m allocation by NHS England in March to cover the NHS Pay Deal for the Non-Consolidated payment for 2022-23 due to be paid in June 2023.

In respect of the employer contribution rate for NHS pensions which increased from 14.3 percent to 20.6 percent on 1 April 2019, the additional amount is paid over by NHS England on providers' behalf but is reflected in the Trust's annual accounts in both income and employee expenses. The allocation for the further pension contribution of 6.3 percent in the year was £9.2m (£8.7m in 2021-22).

The Trust has completed the third year of the five-year contract ending March 2025 to deliver an enhanced 111 service Integrated Urgent Care (IUC) that includes a Clinical Assessment Service (CAS) and GP out-of-hours. This is in partnership with IC24 (a not-for-profit Social Enterprise providing a range of health and social care services).

Expenditure

Operating expenditure in 2022-23 was 6.8 percent higher than 2021-22, which corresponds to the growth in income. The largest expenditure area remains employee expenses, which accounted for 70.0 percent (69.0 percent in 2021-22) of operating expenditure.

The main drivers for the £21.3m increase in expenditure from last year includes:

- £8.9m relating to the national 3 per cent pay award and the recognition of the £9.0m one-off non-consolidated payments NHS Pay salary top up for 2022/23 matched by income above
- Asset values decreased from the 2021-22 valuation resulting in an impairment of £6m with the main item being the market price changes in the value of our Banstead Make Ready Centre (MRC). Compared to last year the impairment reduced by £2.6m.
- The NHS Agenda for Change increase in employer pension contribution of 6.3 percent generated further spend of £9.2m (£8.7m in 2021-22), offsetting the notional income.
- The Trust further invested in resources, including education and training by £0.5m and in digital transformation of £0.8m.

These were partly offset by a reduction in provisions, with the main item being the £1.0m reduction in ill health, early retirement, and injury benefit due to the change in discount rate linked to the increase in interest rates.

Total COVID expenditure incurred in 2022-23 (excluding centrally provided consumables) was £5.1m, (2021-22: £13.2m) relating to further resourcing to meet COVID-19 requirements in our operational support and IUC service. Centrally provided consumables (mainly Personal Protective Equipment) donated from

Department of Health and Social Care (DHSC) group bodies for the protection of staff was at a value of £0.4m (2021/22: £0.6m).

An analysis of operating expenditure is provided in the table below.

Annual Expenditure				
	2022-23		2021-22	
	£m	%	£m	%
Employee Expenses	233.7	70%	215.7	69%
Supplies and services -clinical	6.6	2%	6.6	2%
Supplies and services - general	3.0	1%	2.8	1%
Premises	18.9	6%	20.7	7%
Transport	16.9	5%	20.5	7%
Other Provisions	(1.1)	(0%)	(4.4)	(1%)
Depreciation and Amortisation	17.2	5%	14.0	4%
Training & Research	4.8	1%	4.2	1%
Purchase of healthcare from non NHS bodies	16.0	5%	19.0	6%
Impairment	6.0	2%	3.5	1%
Establishment	5.5	2%	4.7	1%
Other	6.0	2%	5.4	2%
Total	333.5		312.4	

Further details regarding this expenditure can be found on note 8 of the accounts

Capital Expenditure

The Trust invested £32.3m on capital expenditure in 2022-23 including Right of Use (ROU) assets of £9.3m.

These ROU assets have been included as part of the introduction of IFRS 16, which requires organisations to recognise both the asset and liabilities for all leases more than 12 months. Overall the Trust has shown a ROU assets of £34.8m and an increase in finance lease liabilities of £28.4m. Under the standard in the income and expenditure account the operating payments are replaced by higher depreciation and interest charges.

The Trust utilised the entire £23m capital allocation, both internally generated and the additional Public Dividend Capital in line with the system plan but £2.2m lower than 2021-22. The most significant capital spend in the year involved £11.7m on estates modernisation and the completion of the Medway MRC. Other investment included new vehicle kits and clinical equipment to enhance our fleet and increase the resilience of our digital infrastructures and IT system.

Cash

The March 2023 year-end cash balance was £44.1m compared to £62.6m in 2021-22. The reduction was largely due to early settlement in the prior year of the block contract income of £15.5m and lower PDC funding in relation to capital projects.

Efficiency Programme/Cost Improvement Programme

The Trust delivered £5.4m of the planned efficiency target of £5.6m in 2022-23 despite operational pressures. £3.8m (70.0 percent) of the savings were achieved recurrently and £1.6m (30.0 percent) on a non-recurrent basis. The Trust is committed to improving productivity and demonstrating value for money through sustainable efficiency improvements.

Looking forward to 2023-24

The coming financial year is expected to be challenging as the NHS focuses on the recovery of core services and productivity. The Trust submitted a break-even plan and a Category 2 performance target of 30 minutes in compliance with the requirements in the planning guidance. The Trust is expected to deliver a balanced net system financial position in collaboration with the Surrey Heartlands ICB.

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 our digital capability and the quality and functionality of the estate.

Financial risk

The Trust monitors financial risk through the assurance framework and risk management processes as detailed in the statement of internal control included in the financial statements. Summaries of the financial risks are outlined within the Annual Governance Statement.

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.

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 training 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 through staff training 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 effectiveness of internal audit is reviewed on a regular basis by the Audit and Risk Committee. 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.

Accounting Policies

The accounts meet the accounting requirements of the DHSC Group Accounting Manual. The accounting policies adopted for the Trust follow International Financial Reporting Standards (IFRS) 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 are set out in the Annual Accounts. Accounting policies for pensions and other retirement benefits are set out in the notes to the employees' accounts and details of senior 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.

Resilience and Specialist Operations

The SECamb Resilience and Specialist Operations Department has responsibility for delivery of Emergency Preparedness, Resilience and Response (EPRR), the Hazardous Area Response Team (HART) and the Specialist Operational Response Team (SORT). Each of these elements ensures that the Trust is able to manage any untoward events and keep patients safe in all situations.

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 (EPRR).

The EPRR team has worked on such key elements as:

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

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 2022/23

The annual resilience assurance process took place in late 2022, with SECamb being assured against the post-Covid core standards by Surrey Heartlands ICB, as the Lead Commissioner, in a joint meeting with the other ICBs. This process has been agreed as best practice for the process of core standard meetings moving forwards annually.

The 2022/23 assurance standing was rated at Substantially Compliant against those core standards, with a significant improvement against last year's process.

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

The Trust cannot act - nor be effective - in isolation, and the Resilience 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 Resilience team's contribution to the resilience of the Trust. SECamb are a key partner at the Local Resilience Forums (LRFs) and Local Health Resilience Partnership - structures that are established to plan and prepare for emergencies across our region.

The changing landscape of health increased the impact on the organisational response, driving SECamb to work closely with Integrated Care Boards. This became even more important as the responsibility for EPRR emerged as one of the key workstreams for local health systems. This meant that the Resilience team was called upon to coordinate attendance at a wide variety of meetings: further signalling SECamb's role as a key stakeholder in the resilience of the health system.

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 SECamb develop and provide appropriate care to patients when they need it most.

Moving forwards from the contingency planning activities, it is worth exploring the capability and roles of HART colleagues.

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.

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 the same level of clinical response as other Paramedics, but in an environment or position that presents practical, conceptual, and moral challenges. SECamb HART paramedics must 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 extract the patient safely.

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

Community Resilience

Community First Responders

The Community Resilience Team continues to support our Community First Responders (CFRs) and Chaplains in supporting patients, the wider public and our staff. The past year, post-pandemic, has been challenging in building up our volunteer establishment to levels greater than that seen pre-Covid.

This year, our Community Resilience Team were successful in being awarded additional funding from the NHS Charities Together (NHSCT) fund to enable to team

to grow to improve the support for CFRs as well as expanding the scope of the service to attend elderly fallers and implement a new volunteer role – Emergency Responder. Being able to recruit these extra staff has brought about a positive change, whereby we can have one Community Resilience Lead per two operating units – this has enabled improved engagement, support, and development for the CFRs, making them feel more valued and engaged within the Trust.

The strategic intention is to increase the CFR cadre by a further 300 CFRs over the next two years to bring the number to around 600. All these volunteers will, on completing their training, achieve a nationally recognised, transferable level 3 First Responder on Scene qualification (FROS).

By the end of March 2023 there are 250 CFRs serving local communities. During 2022/23, more than 76,000 volunteering hours were provided, resulting in 14,790 incidents being responded to, of which 2,602 were C1 and 10,842 were C2 incidents. Of the C1 incidents, CFRs were first on scene a total 1,367 times, not only did this mean that clinical care including defibrillation was provided earlier to these patients, but overall CFRs contributed 16seconds to the C1 mean performance metric.

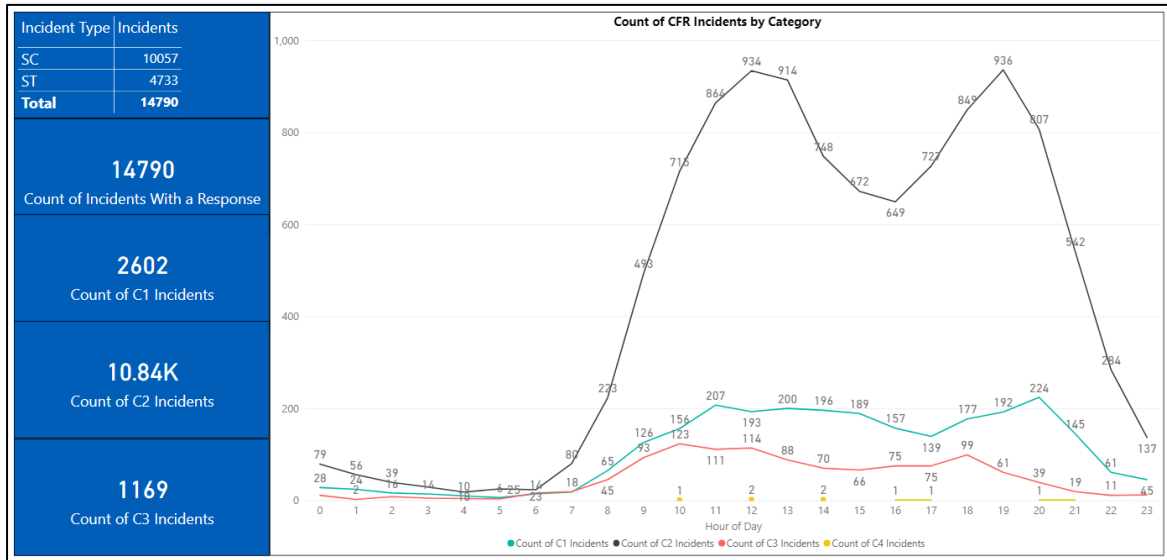
The CFR scope of practice has been enhanced in 2022/23 and will continue to be rolled out to all new and existing volunteers. This new suite of skills will enhance the clinical care to patients, and includes critical haemorrhage management, blood glucose monitoring and the use of improved airway management adjuncts.

As mentioned earlier, a new falls model of care has been implemented with more than 140 CFRs being trained to assess fallers in the community, and where appropriate assist them from the floor using a range of tools/lifting support items and with support from clinicians in the Emergency Operations Centre. This has been a fantastic development for the CFRs and for patients who have fallen, and who are often triaged as a C3 or C4 incident, working to mitigate the long waits often seen has been a trust priority. To date over 150 fallers have benefitted from this falls service.

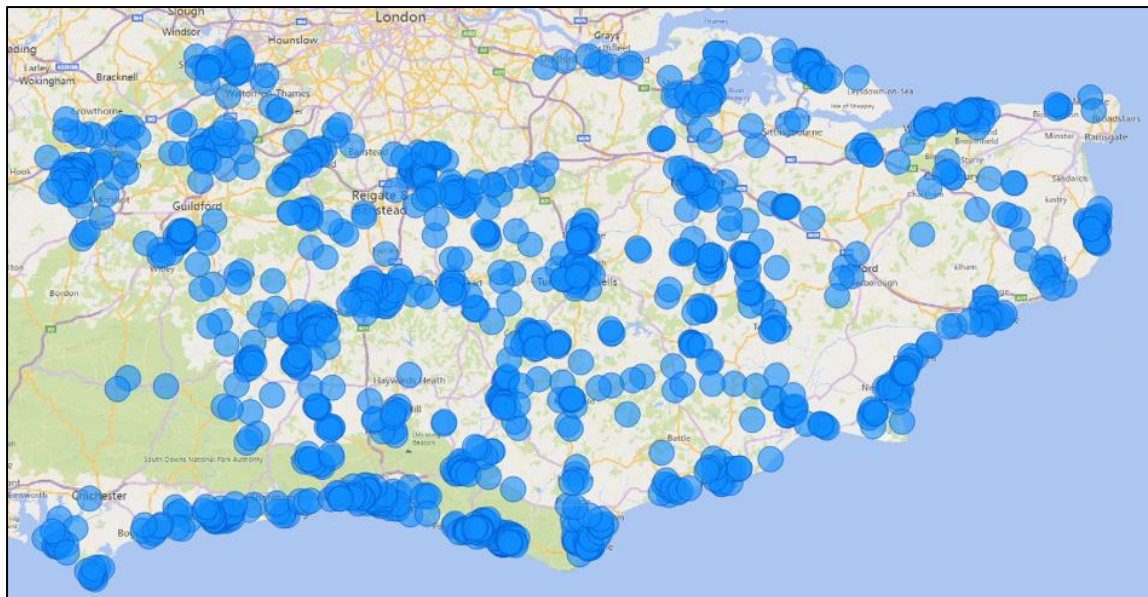
The Emergency Responder programme is a pilot in two areas of the Trust: Ashford in Kent, specifically Romney Marsh, and Tangmere, in West Sussex, focusing on the A272 corridor between Billingshurst and the Hampshire border. The scheme will work in a similar way to the Trust's community first responders but rather than being based from home, will operate out of a SECamb base or standby point. They will respond in a specially marked and equipped Trust vehicle, utilising blue lights and sirens to reach patients. As is the case with CFRs, SECamb will assign a response to the incident at the same as assigning an ER. The ER scope of practice focuses on providing a safe and effective initial response to life-threatening emergencies, where extended care may be required prior to the arrival of an ambulance clinicians. The Emergency Responder completes the FROS course along with a L3 Emergency Driving Qualification.

The CFR teams continue to provide CPR and defibrillator training within their local communities on, with one CFR doing over 500 hours of teaching members of the public.

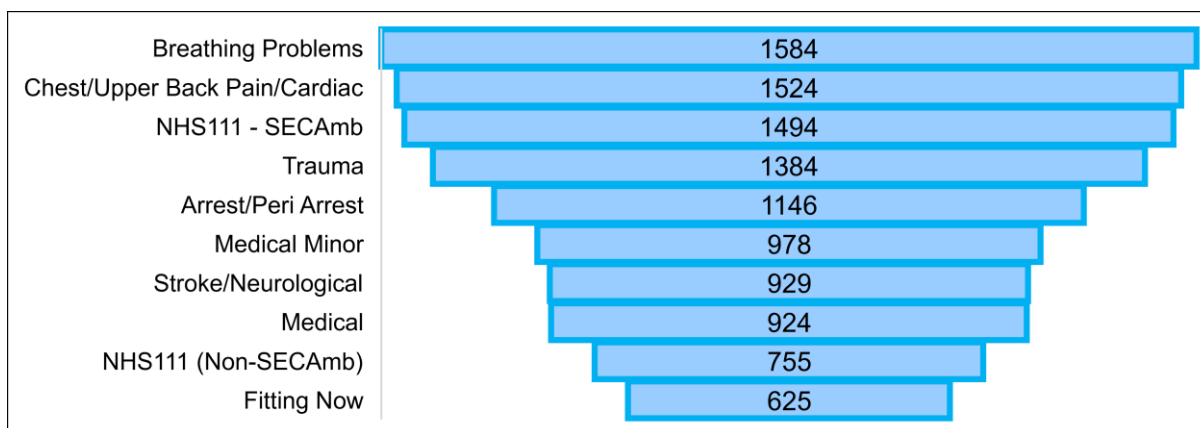
The table and graph below demonstrated the total volume of incidents attended to by CFRs, but hour of day across the financial year.



The map below demonstrates the incidents where CFRs were first on scene at C1 incidents in the 2022-23 financial year.



The chart below demonstrates the ten most common clinical presentations that CFRs attended:



Chaplains

Across the Trust there are 20 volunteer chaplains who support all staff and volunteers irrespective of an individual's personnel or religious beliefs. They provide a 24-hour volunteer on call function so any member of staff or volunteer can call them at a time of need. The chaplaincy service covers the whole Trust remaining non-denominational, with a firm commitment to support staff and volunteers alike.

Public Engagement

Public engagement, training and education is an important aspect of making communities resilience. We continue to deliver where possible training and education. Historically, the annual Restart a Heart programme every autumn allowed for over 5,000 members of the public and local schools to be trained in CPR and defibrillation. Numbers were lower this year because of the recovery from the Covid pandemic. In the first three months of 2023, the team were also involved in Junior Citizen, a multi-agency approach to teaching children life skills – 1,800 children were taught CPR. A further three events are planned for the rest of the year. The team are also supporting the safer roads campaign alongside East Sussex Fire and Rescue Service.

Public Access Defibrillators (PAD)

Within the past year the Trusts PAD site database has been cleansed and the British Heart Foundation (BHF) has introduced "The Circuit" – a national web-based database that links in with the Trust's Computer Aided Dispatch System. When a cardiac arrest call is received by the EOC the nearest available PAD is identified and the caller signposted to it. All public owned PAD sites must be registered by the guardian online. When deployed the PAD will be taken offline until the guardian checks it and makes it rescue ready again and re registers it. This ensures that all PADs are up to date and rescue ready – a significant improvement on previous processes. The Trust currently has 153 PAD sites registered with The Circuit, with a further 2,000 owned by guardians. All ambulance Trusts nationally are now using The Circuit.

National Picture for volunteers

During 2022 the Association of Ambulance Chief Executives (AACE) appointed a strategic lead for volunteering in ambulance services. The intention of this role is two-fold: firstly, to bring continuity and standardisation across all ambulance trusts, and secondly to explore opportunities for expanding the role of volunteers. A strategy has been developed and now signed off by AACE with delivery groups have been set up to deliver the objectives. This is an exciting time for volunteering, and this will go a long way to embed volunteers into the ambulance services as part of its everyday functions.

Sustaining SECAMB

Logistics and Fleet

We have still been continuing to modernise the fleet where possible and reduce the average age of our DCA fleet to under five years old by continuing to commission new national specification DCAs based on Lord Carters recommendations.

Alongside this our focus over the past year has been to listen to our staff to develop and improve the layout of our national specification DCA's where possible through staff feedback and engagement at the vehicle user group meeting.

We have been continuing to commission new Single Response Vehicles (SRVs) reducing manufacture variations on both the Single Response Vehicles (SRVP), Paramedic Practitioner (SRVPP) vehicles so they are all on a standard Mercedes Vito platform. Due to manufacturer supply chain delays the replacement vehicle for Critical Care Paramedics and Operational Team Leader vehicles have taken longer to arrive than anticipated but are currently in conversion now and will be commissioned into service in the next few months. Similarly, the vehicle they will be provided with is a standardised Skoda Kodiaq all-wheel drive vehicle which will improve interoperability and enhance the inclement weather capability across the Trust and reducing short-notice lease costs.

In Logistics the team are utilising hybrid vehicles as much as possible to reduce carbon emissions and a trial, supported by NHSE, deploying fully electric response cars is scheduled to commence later this year again this has been heavily delayed due to manufacture supply issues for new vehicles.

Looking ahead we will be working closely with NHS England and other Trusts as part of a group that is developing the next national specification for DCAs. We will also be looking at ways in which we can help to reduce our carbon emissions further and looking at how we will plan to decarbonise our Fleet in the future.

Driving Standards

On 1 March 2022 an automated system for checking all staff member's driving licences, every quarter, was introduced to the Trust. This provides confidence to the Trust that staff requiring a current and valid licence for their role, are compliant. Currently the Trust is almost 93% compliant with Operations 97.2% compliant.

A relaunched Driver Safety Forum group was established in January 2022 and meets every month with participants from Operations, Fleet, Driver Training, Risk and our insurance partners. Through this group a standardised process has been

established to investigate Road Traffic Collisions (RTCs) involving Trust vehicles. A Driving Standards Review Panel has been created with members of staff supported in their learning and education following a collision.

A suite of monthly reports has been created highlighting RTC data, excessive speeding and idling using data from our telematics provider, driving licence compliance figures and cost data from the Trust's insurers, all of which will form the basis to drive down RTCs numbers.

The Fleet Risk Reduction and Driving Standards Manager (DSM) has run presentations to all Supervisors across the Operations Directorate on scene management and a series of road safety talks to college members, prior to them joining their Operations Unit.

The DSM attends the National Accident Reduction Group every quarter, as well as South East Region multi-agency road safety groups, to share learning and support the partnerships.

The DSM maintains regular contact between the Trust and any Police investigation into an RTC involving a Trust vehicle/staff member, as well as being the Trust's central point of contact for any driving related issues.

Following staff concerns raised around the Fiat seatbelts, a large-scale project was undertaken to provide staff, who had self-declared themselves to be unsafe, with a personal risk assessment. This assessment followed a stepped approach for the correct adjustment of the seat, steering wheel and seatbelt as detailed in the independent forensic expert's report to the Trust. The DSM trained 73 members of staff including supervisors and staff side representatives from across the Trust, to carry out these risk assessments. An Equality Impact Form was designed to support each assessment to identify staff who have issues with safely fitting into the driver's seat. The risk assessments commenced in August 2022 and will be concluded in March 2023. Current results show that 12.4% of staff have been assessed and 5.7% of staff have failed the assessments.

Progress against key projects

Improvement Journey

Overview

The Trust has taken a proactive approach in response to the Care Quality Commission (CQC) reports published in June and October 2022 and the feedback from the 2022 and 2023 NHS staff surveys. These highlighted a failure to demonstrate a thread of quality throughout the Trust, a disconnect amongst senior leaders and the wider organisation, and a lack of understanding of the Trust's vision. The first inspection, conducted in February 2022, evaluated the Trust's management and leadership, emergency operations centres (EOCs), and NHS 111 service.

While the CQC recognised the excellent care provided by Trust staff, the report rated the Trust's leadership as 'Inadequate,' and the Emergency Operations Centres (EOCs) were downgraded from 'Good' to 'Requires Improvement.' Consequently, the Trust received four Section 29A warning notices concerning Board effectiveness, quality of information, risk, governance, and organisational culture, along with eight must-do requirements; however, the Trust was pleased that the report acknowledged the kind, compassionate, and supportive patient care provided by its staff. As a result of the CQC findings, the Trust was required to participate in the national NHS England (NHSE) Recovery Support Programme (RSP), receiving an NHSE Improvement Director and being obligated to meet a set of 'RSP Exit Criteria.





In August 2022, a follow-up inspection was conducted that reviewed the Trust's complete urgent and emergency care services, including its resilience and specialist operations functions, and assessed the progress of recent recommendations. The Trust's overall rating was changed to 'Requires Improvement,' and the individual rating for 'Caring' remained rated as 'Good.' No additional Section 29A warning notices were identified, but seven additional must-do requirements were highlighted.

In February 2023, the CQC returned to the Trust to observe a Board meeting. The CQC, along with the NHSE Improvement Director, acknowledged the progress that had been made by the organisation, and they were satisfied that the four Section 29A warning notices due to expire in November 2022 did not require extension or renewal. However, both Board and CQC colleagues agreed that the Trust needs to prioritise the developing work on organisational culture and strategy development to continue the positive trajectory into 2023/24.

Improvement Journey framework

The Improvement Journey framework was developed by the Trust in response to feedback from the CQC, NHS Staff Survey, and NHSE in early 2022/23. It comprises four key programmes aimed at addressing short-term targeted actions to meet the CQC actions and NHSE RSP exit criteria, as well as providing a platform for continued improvement beyond the initial recovery period. Each programme is led by an executive director, with support from a member of the Executive Management Board and overseen jointly by the Executive Director of Strategic Planning & Transformation

(formerly Planning & Business Development) and the Executive Director of Quality & Nursing.

	Executive Lead	Secondary Lead	Workstream Aim
 <p>QUALITY IMPROVEMENT</p>	Director for Quality and Nursing	Medical Director	<i>We listen, we learn and improve</i>
 <p>PEOPLE & CULTURE</p>	Director of HR and OD	Director of Operations	<i>Everyone is listened to, respected, and well supported</i>
 <p>RESPONSIVE CARE</p>	Director of Operations	Director of Planning and Business Development	<i>Delivering modern healthcare for our patients</i>
 <p>SUSTAINABILITY & PARTNERSHIPS</p>	Director of Finance	Director of Planning and Business Development	<i>Developing partnerships to collectively design and develop innovative and sustainable models of care</i>

The objectives for each programme were initially defined to address the CQC-issued Section 29A warning notices and associated must-do actions, as well as the NHS Staff Survey actions and NHSE RSP exit criteria outlined during 2022. To ensure sufficient progress and oversight, the Board commissioned RSM UK to review the Improvement Journey governance arrangements, which presented 11 'RSM considerations' factored into the framework.

With the expiration of the Section 29A warning notices, day-to-day oversight of key improvement activities has now been transferred to existing Trust governance groups. The Improvement Journey Steering Group, co-chaired by the Executive Director of Strategic Planning & Transformation and the Executive Director of Quality & Nursing, offers strategic oversight of overall progress and comprises all lead executives, the Company Secretary, the Head of Communications, and the NHSE Improvement Director. The group provides an opportunity for each programme's executive lead and delivery team to update and report on progress, review key areas of focus, and address any concerns on a weekly basis. To ensure the sustainability of the Improvement Journey actions, the Trust plans to supersede this group with Quality Assurance and Continuous Improvement frameworks during 2023/24.

Progress

Sustainability & Partnerships

During the reporting period, the Trust has shown a steadfast commitment to sustainability and partnerships as vital elements of its overarching strategy to deliver high-quality healthcare to its patients. To provide the strategic leadership necessary to drive the sustainability and partnerships agenda forward, the Trust has made permanent appointments to the roles of Chief Executive, Chief Finance Officer, and Chief Medical Officer to strengthen its leadership team.

A review of the internal well-led self-assessment process has shaped the Trust's 2023/24 Board Development programme, which prioritises sustainability and partnership working. The Board has also revised its reporting arrangements, ensuring regular monthly finance Board reporting and providing updates to the wider system through the Trust's lead commissioner and System Assurance Meeting (SAM). Moreover, the Trust has conducted a review of each executive director's portfolio to ensure clear lines of responsibility and accountability for individual executives, aligning with ongoing effectiveness and governance reviews of corporate functions.

The Trust has established a Clinical Advisory Group (CAG) to bolster the clinical voice within the organisation, tasked with making recommendations to enhance clinical effectiveness, and the Senior Management Group and Executive Management Board have strengthened their working relationship, holding joint meetings monthly.

In collaboration with its people, the Board, partners, and the Council of Governors, the Trust has developed its priorities for 2023/24, including building a culture that fully reflects its values, supports its vision, ensures the satisfaction and well-being of its people, and embeds quality improvement. In March 2023, the leadership team held a workshop to discuss the development of a new long-term strategy, with a particular emphasis on sustainability and partnership working as vital components. The workshop provided an opportunity for leaders to collaborate, share ideas, and identify key priorities to guide the service in meeting the evolving needs of its patients, people, partners and communities.

The Trust has conducted approximately 200 leadership visits, where senior leaders collect, discuss, and report on emerging themes highlighted by trust staff, taking direct action accordingly. These visits have identified key areas for improvement and the Trust will continue to work closely with its stakeholders to achieve its objectives.

People & Culture

The Trust has continued to operate at a sustained level of high operational pressure, leading to recruitment challenges, increased staff turnover and sickness, and ongoing industrial action. To address these challenges, the Trust has developed a new People and Culture Strategy, endorsed by the Board in April 2023. Staff were given the opportunity to contribute to and inform the strategy through engagement sessions held throughout March 2023, including the full Leadership Team.

In March 2023, the Trust appointed a Programme Director for Culture Transformation to conduct a comprehensive review of ongoing cultural activities and prioritise the delivery of the People & Culture Strategy throughout 2023/24; the Executive Management Board has established a Culture Working Group to support this priority. The focus of our programme of cultural improvement will revolve around three key areas of focus to be delivered in year 1 as a priority: 1) addressing the actionable feedback our colleagues have given us based on NHS Staff Survey feedback as well as other external reviews, 2) investing in fostering a values-based culture, and 3) improving our on-boarding experience for new colleagues joining the organisation.

Over 500 managers have participated in the 'Sexual Safety Workshop,' while more than 100 have completed the 'Fundamentals' leadership development programme.

Additionally, the Board has received training from the Freedom to Speak Up (FTSU) National Guardian to support the FTSU initiative, and the Trust has expanded its capacity by investing in two more FTSU roles to support the FTSU Guardian.

The Board has received a draft Communications & Engagement Strategy, following work undertaken in conjunction with Hood and Woolf, communications and engagement specialists, during Quarter 4 of 2022/23. The adoption of the Communications & Engagement Strategy will be aligned with the key strategic themes arising from the Trust priorities and five proactive campaigns will be identified to support the strategic narrative of the Improvement Journey.

Quality Improvement

To ensure effective quality governance that aligns with the CQC fundamental standards of care, the Trust has been working to develop an internal Quality Compliance Framework. This includes aligning the existing quality governance structure with external integrated care system governance and reporting mechanisms for a comprehensive approach to quality assurance. To ensure that staff are informed of changes to policies and national guidance, a working group has also been established to determine suitable mechanisms for providing assurance. Additionally, staff from all grades have undergone 'Introduction to Quality Improvement (QI)' training sessions to help them learn about QI methodology and its application in everyday roles.

The Trust has also made significant strides in Serious Incident (SI) and open incident investigation backlogs. A new incident and harm review process has been developed, and risk management practices have been updated. Governance policies have been reviewed, and a patient journey map has been developed in collaboration with clinical and operational leads, identifying the six highest areas of risk across the 999 and 111 services. This led to a Quality Summit, attended by over 60 clinicians, operational managers, and system partners. The Trust is also planning for the introduction of the Patient Safety Incident Response Framework (PSIRF) in September 2023, supported by a newly appointed PSIRF Implementation Lead.

To ensure comprehensive quality reporting, the Trust has implemented several changes. Firstly, the Trust has introduced an 'Integrated Quality Report' (IQR), incorporating Statistical Process Control (SPC) and the Making Data Count methodology within senior leadership, executive, and Board committees. To further enhance reporting, the Trust has conducted workshops with NHSE, data clinics, and narrative writing training to strengthen operational and clinical commentary. This has led to improvements in Board Assurance Framework reporting, and Board reporting has been realigned to match the Trust's four priorities. This realignment has significantly improved the line of sight between quality metrics and actions taken through the Improvement Journey.

Responsive Care

The Trust has faced several operational pressures, including industrial action and the implementation of a new joint operational site in Medway. In response, the Responsible Care programme executive and delivery leads undertook a prioritization

exercise in February 2023. As a result, the programme is currently focused on its CQC must-do requirements, with a focus on operational efficiency, and vehicle and equipment monitoring.

The Responsible Care programme workstreams that have been prioritised include field operations rota implementation, Emergency Operations Centre (EOC) recruitment and retention, 'Hear & Treat' optimisation, and a review of dispatch processes. The Trust is also developing key impact metrics to monitor vehicles and equipment effectively, and a series of assurance activities are scheduled for 2023/24. These include National Ambulance Resilience Unit (NARU) and NHSE assurance visits in April and June 2023, respectively, supported by internal quality compliance visits as determined by the developing Quality Compliance Framework.

To ensure that specialist-operations vehicles are well-maintained and resilient mechanisms are in place to manage all vehicle equipment effectively, an Emergency Preparedness, Resilience and Response (EPRR) Support Coordinator role has been recruited. This coordinator will also support the Fleet Operations & Logistics function in developing these mechanisms through effective asset management.

In summary, the Trust remains committed to creating a positive and inclusive culture that promotes transparency and engagement and invests in its people through staff development and support, all with the aim of fostering the highest quality care for its patients. The Trust has made significant progress in enhancing quality governance, staff training and engagement, and improving incident investigation and reporting processes as part of its Quality Improvement agenda.

Furthermore, the Trust is currently developing a new long-term strategy that considers its approach to sustainability, partnership working, and the needs of its people. By prioritising these critical components and working collaboratively with partners, the Trust seeks to ensure that it continues to provide efficient and effective care that is responsive to the needs of its patients.

Clinical Education and Training

The provision of high-quality education and training is paramount to the Trust's successes and its opportunity to develop with our colleagues at the heart of what we do, ensuring that the service that is provided meets the needs of our patients and wider system.

We continue to be a provider of a wide range of clinical education and training activity, including being a contracted placement provider for the Kent, Surrey and Sussex region under the national Health Education England – Education Contract.

The Clinical Education Department delivers a range of programmes that include:

- Transition to Practice, a programme for Newly Qualified Paramedics
- International Transition to Practice, supporting our international recruitment programme
- Combined Clinical Conversion Course, designed for all new operational clinicians

- Key Skills, the Trusts annual update programme
- Practice Educator and Associate Practice Educator courses
- L3 Certificate in Emergency Response Ambulance Driving (L3CERAD)
- FutureQuals AET3 and CAVA (teaching and assessing) qualifications.

In addition to these programmes, the department works alongside HEE and seven HEIs to support undergraduate placements of c.600 undergraduates who are studying Paramedic Science degrees and supports our in-service level 6 Apprenticeship Degree programme with the University of Cumbria as our partner institution.

Following Board approval of the Clinical Education and Training Strategy 2022-25, work has been enacted aligned to our strategy delivery plan. In doing so this year has seen progress made towards achieving our strategy including: the extension of our Haywards Heath Clinical Education Centre for an additional three-year lease, improved quality assurance processes as identified by our External Quality Assurance assessments by FutureQuals, an awarding body of the L3CERAD); Our investment in clinical equipment, supporting the delivery of education across the Trust; and the provision of an expansive Continued Professional Development (CPD) provision for our colleagues.

Progress against the strategy has however been hindered by not being able to progress, in full, the departmental restructure that is required for enabling sustainable change and improvement in the provision of clinical education and training across the Trust. This is also impacting upon the ability to support active learners or wider colleagues requiring educational support at a local level fully, and results in continued expenditure to external contractors i.e., approved driving instructors.

Challenges in ensuring a quality practice placement experience is also being realised because of active Practice Educators to support undergraduate and apprenticeship learners. The department is working hard to address this, collaboratively with operational leadership colleagues. Additional resource has been funded by Health Education England in the form of three, band 7 Practice Education Leads who have been contracted for a one-year fixed-term basis to provide support in increasing PEd numbers and exploring innovations that will safely and effectively support improved placement provision and expansion of that provision within the Trust.

Our continued focus on external partnership relationships has been key to seeing improved learner progression through both level 3 and 4 apprenticeships for our Emergency Care Support Worker and Associate Ambulance Practitioner qualifications that are delivered by Crawley College, part of the Chichester College Group. Despite challenging regulatory inspection outcomes faced by the Trust the department has utilised the improved external relationships with HEE and our HEI partners to provide assurance of continued scrutiny, improvements and focus surrounding learner safety and placement provision. We have a proven reputation of responding rapidly, decisively, and collaboratively where concerns are raised, ensuring that we fulfil our obligations under the HEE Education Contract.

With the support of HEE the Trust has embarked upon its international recruitment programme, whilst there have been initial challenges faced by the Trust, we are now delivering a programme to cohort 4 of our international recruits. We have listened carefully to the experiences of those in earlier cohorts and applied a continuous quality improvement approach to each iteration of the training programme. The Trust is looking to introduce a further 70 international recruits in the coming year.

Following successful bids, in the past year, the development of our clinical specialties has seen a move to Advanced Clinical Practitioner (ACP) MSc programmes with 54 Student Paramedic Practitioners enrolled and due to complete their programmes in October 2024 and 2025 respectively.

Despite a challenging year, progress continues to be made in the provision of Clinical Education and Training in the Trust. Where challenges are faced, mitigations have been sought to continue our improvement journey. The primary focus for the department in the upcoming year is to partially complete the departmental restructure as a phased project and to develop a prospectus of education and training opportunity that will allow the Trust to flex its needs as we start to embed clinical supervision and develop our care delivery model across the organisation.

A handwritten signature in black ink, appearing to read 'Simon Weldon', written in a cursive style.

Simon Weldon, Chief Executive Officer

Date: 28 June 2023

Accountability Report

The following parts of the Accountability Report are subject to audit:

- the elements of the remuneration report designated as subject to audit which comprise:
 - a) single total figure table of remuneration for each senior manager
 - b) pension entitlement table and other pension disclosures for each senior manager
 - c) fair pay disclosures d) payments to past senior managers, if relevant
 - e) payments for loss of office, if relevant
- staff report: exit packages, if relevant
- staff report: analysis of staff numbers
- staff report: analysis of staff costs

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 the Board posts to ensure independence and to properly hold the Executive to account. However, the Board is also expected to act as one 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 2022/23, the Trust Board as formally constituted includes the Chair, seven Independent Non-Executive Directors (NEDs), the Chief Executive and six Executive Directors. During the year, there were several changes to the membership of the Board, of which you can read more below.

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

The Council of Governors and the Board of Directors of SECamb are committed to working in a spirit of co-operation for the success of the Trust. Every effort will be made to resolve disputes informally through the Chair, or, if this is not appropriate, through the Senior Independent Director. In the event that the Council considers the Trust to have failed or be failing to act in accordance with its Constitution or Chapter 5 of the NHS Act 2006, the Council would make the Board aware of the Council's

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

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

- In July 2022 Siobhan Melia joined as Interim Chief Executive Officer. This followed the resignation of Philip Astle in May 2022. Dr Fionna Moore was Interim Chief Executive during June 2022.
- David Hammond, Chief Operating Officer, left the Trust in September 2022. He was replaced by Martin Sheldon, Interim Chief Finance Officer.
- In February 2023, Dr Rachel Oaten, Chief Medical Officer, joined the Trust, following the retirement of Dr Fionna Moore.

Martin Sheldon subsequently acted as Interim Chief Executive from 1 to 23 April 2023 before leaving SECAMB. Simon Weldon joined SECAMB as substantive Chief Executive Officer on 24 April 2023.

The list of individuals who during the last year were directors of the Trust are included in the section below: Register of Directors' Interests.

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
- People Committee

All Board meeting held in public are accessible in person or online via MS Teams. The Board has a well-established structure, based on the model and roles of a unitary Board, and the principles of good governance. Its main committees report to the Board after each meeting, setting the assurance it received and any gaps requiring Board intervention. 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 during the year. Areas of focus included Making Data Count, Effective Challenge & Holding to Account and its approach to Culture. There were also a number of sessions in the latter part of the

year, including with the Council of Governors to help establish its approach to the development of a new Trust strategy.

NHS Improvement Well-Led Framework

The Trust is rated Inadequate for Well Led, following an inspection by the CQC in February 2022 (reported in June). A Warning Notice was issued and through the Trust's Improvement Journey significant focus was given to addressing the shortcomings against the Well-Led Framework. Supported by the Improvement Director, a Board Effectiveness Review was completed in Quarter 3 and in November the Trust Board undertook a Well-Led Framework self-assessment. This helped to demonstrate improvement and the outputs have informed the ongoing Board development plan. Further information about how the Trust ensures services are well-led can be found in the Performance Report and Annual Governance Statement.

The Board has a well-established Board Assurance Framework (BAF). 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. Following the shift to a more strategic approach to the improvement journey, the BAF has been updated to better reflect progress against the objectives and the impact on quality. This is framed against the four strategic themes; Quality Improvement; People & Culture; Responsive Care; Sustainability & Partnerships. The Board receives this report at each of its meetings.

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

The Trust publishes an annual Quality Account in June each year and throughout the year works towards achieving key areas for development, referred to as priorities. These priorities contain a set of objectives which are agreed by key stakeholders and progressed throughout the reporting period.

The below is divided into two sections; the first section details progress made against the priorities set for 2022/23, that were originally agreed and set out in the 2019/20 Quality Account. Over the course of the COVID-19 pandemic there was a need to divert many of the Trust's resources and although progress was made against the Quality Account priorities, the objectives had to be reshaped to extend the work and carry over the priorities to the 2022/23 reporting period.

The second section sets out the key areas of development for the next 12 months. These are referred to as 'priorities' and will be monitored by the Trust's Board and Council of Governors throughout the coming year.

Identification of the 2023/24 priorities was undertaken following stakeholder engagement with multi-professional groups at different levels of the organisation. With one of our priorities for the year ahead focusing on listening and engaging with patients, their families and carers, we expect them to play a significant role in guiding our priorities for next year.

Progress against 2022/23 Priorities

There were three priorities during this period:

- Priority 1 (Domain: Clinical Effectiveness) – Clinical Supervision of Frontline Operational Workforce
- Priority 2 (Domain: Patient Safety) – Introduction of Mental Health First Aid (MHFA) Training for Front-Line Staff
- Priority 3 (Domain: Patient Engagement) - Falls: Accessing Urgent and Emergency Care for Care Homes

Domain	Clinical Effectiveness
Quality Improvement - Priority 1	Clinical Supervision of Frontline Operational Workforce

Review of 2021/22 report:

This element of the Quality Account was intended to address the gaps in workforce and high stress levels among staff with an approach that ensured staff were listened to and helped in a compassionate manner. This required a robust model of clinical supervision to support progress of the aims in a challenging environment.

Effective clinical supervision has been found to have direct benefit to the clinical practitioner, their skills development, the quality of care delivered to patients and advice given to carers. It also benefits the culture of an organisation, reflecting on its behaviour and values and has a strong influence on positive clinical governance. Fundamentally, clinical supervision has three domains which come together to provide a supporting framework for practice: promoting confident practice, supporting competency and resolving uncertainty in practice.

To develop a standard approach that could be utilised to embed safe and effective care and ensure that staff are optimally supported we sought to achieve the below objectives:

- To work 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.
- To reduce harm to patients and increase safe care.
- To increase reporting, learning, and confidence of staff as part of our aspiration to embed a 'Just' culture.
- To improve the wellbeing of our clinical workforce.
- To improve clinical effectiveness and operational efficiency.
- To implement a robust clinical leadership system (structures, people, processes) which includes education and continuous improvement elements.

The aim for 2022/23:

The main aim from 2022/23 was to recover time lost due to the focus on the COVID-19 pandemic. Whilst we were able to make good progress with the workstream during an extended period of unprecedented pressure, the actions that were due to be worked on throughout quarter 3 were delayed.

Our performance 2022/23:

Due to the delays caused by COVID-19 and the subsequent delay in the publication of the Association of Ambulance Chief Executives (AACE) supervision framework nationally, work was delayed. SECAMB has made up time and is actively working on the project throughout 2023/24 based on the work commenced in the previous two years. The year 1 performance has been updated below, along with the year 2 report.

We have assessed our progress against other UK ambulance trusts, and we appear in the top quartile of trusts, in terms of progress towards the implementation of supervision.

Year 1

- Scoping, promoting, and developing policies and procedures that define clinical supervision within SECamb.
- Working with the National Clinical Supervision in Ambulance Services Group to ensure best practice.
- Scoping supervision training for the post graduate workforce.
- Embedding clinical leadership structures across the Trust (Operational Unit Paramedic Practitioner Hubs)
 - Additional Practice Development Leads (PDL) have been recruited to allow for a 0.5 Whole Time Equivalent (WTE) for each operational dispatch area. Their role is supporting Paramedic Practitioners (PPs), student PPs, the local Operating Unit (OU), and support organisational projects such as clinical supervision.

Year 2

- Reporting the percentage (%) of staff with a named supervisor.
 - This has been carried forward into the project delivery plan for 2023/24 aligned to the Commissioning for Quality and Innovation (CQUIN) plan.
- Reporting the number of encounters with a supervisor.
 - This has been carried forward into the project delivery plan for 2023/24 aligned to the CQUIN plan.
- Reporting on the number and type of supervisory activities i.e., reflection, action learning sets, case-based reviews etc.
 - This is in progress as part of the ongoing project to ensure that supervisions are recorded and able to be audited and assessed for effectiveness.
 - Documentation has been taken forward through governance approvals and the Electronic Staff Record (ESR) system is being explored as a host for supervision records in the same way we do for appraisals.
- Implementing supervision training for the post graduate workforce.
 - Paramedic Practitioners now have leadership and management education on their Advanced Paramedic Practitioners (ACP) pathway and so have an emerging cohort of supervisors who can support early implementation.
 - Future training on supervision is being developed via the project.
- Scoping and implementing training for all clinical supervisors.
 - As above, the scoping for other grades of staff is being undertaken as part of the ongoing project.

Impact of COVID-19:

As stated above in our aim for 2022/23, Covid-19 delayed the local and national work. The Trust has made up some time, but also lost time in Q3 of 2022/23 due to Business Continuity Incidents and the pressures of high demand on our service.

Did we achieve this priority?

Overall, this priority has been partially achieved. All areas identified in the above points throughout year 1 and year 2 have seen progress and a commitment has been made to roll out supervision during 2023/24 and is aligned to the CQUIN plan within our contract.

Actions to be carried forward to 2023/24:

All elements that require further work, have been carried forward into the 2023/24 project plan. These are detailed below and marked as either partially achieved or not achieved depending on current progress:

- Embedding clinical leadership structures across the Trust (Operational Unit Paramedic Practitioner Hubs) **(Partially achieved)**
- Reporting the percentage (%) of staff with a named supervisor **(Not achieved)**
- Reporting the number of encounters with a supervisor **(Not achieved)**
Reporting on the number and type of supervisory activities i.e., reflection, action learning sets, case-based reviews etc. **(Partially achieved)** Implementing supervision training for the post graduate workforce **(Partially achieved)**

Domain	Patient Safety
Quality Improvement - Priority 2	Introduction of Mental Health First Aid (MHFA) Training for Front-Line Staff

Review of 2021/22 report:

The Quality Account priority for Mental Health set out in 2019/20 was to introduce Mental Health First Aid (MHFA) training to front-line staff and for this to provide the core training in mental health for this staff group.

The aim for 2022/23:

Over 2022/23 the aim was to re-establish the direction of the project as a result of the original intention being not supported as detailed below. To address the requirement for a change of approach, the Mental Health Team in collaboration with the Clinical Education Department introduced the training as continuous professional development (CPD) and to facilitate as a minimum, one course each month.

Our performance 2022/23:

In December 2021, Kent Clinical Commissioning Group (CCG) agreed to provide funds towards meeting some of the costs of this training and in April 2021 £40k was transferred to SECamb for this purpose. The reviewed business case went through several revisions with the Finance Department, in order to access these funds, and was finally presented to the Director of Operations in August 2021. Unfortunately, the business case could not be supported at this time due to:

- The abstraction costs were not sufficiently funded.
- There were competing priorities for training time from postponed key skills training and HR Fundamentals and Aspire training.
- Expected challenges on the service as we moved into winter pressures.

This was discussed at the SECamb Clinical Governance Group on 17th August 2021 and potential alternative approaches were discussed. The most practical initial solution was to offer the training as CPD (which staff can choose to attend in their own time), with funding being available via the Clinical Education Team to purchase training materials. In addition, the Kent CCG donation of £40K was transferred to the Clinical Education budget for this purpose.

Since this time the Mental Health team has been offering the course with a minimum of 16 places per month as Continuing Professional Development (CPD). To date, 179 staff have completed the MHFA course. It is acknowledged these are not all front-line staff. As the course is offered as CPD, staff are expected to attend in their own time. We would not be able to reach the minimum course numbers unless non operational staff made up the numbers.

Impact of COVID-19:

Like many other intended training aspirations in the service, the plan to deliver the above intentions was significantly disrupted by Covid-19. Two members of the Mental Health Team who were engaged in completing the MHFA instructor course had their training put on hold for most of 2020, finally being able to complete this in October 2020. The business case that was in development for the original plan had to be reviewed as it was clear that due to covid pressures this could not be realised. In view of this the revised plan aimed at delivering the training to a focussed staff group. However as is detailed above, the course was opened to a wider staff group, due to it being offered as CPD.

Did we achieve this priority?

Perhaps not as originally intended, however the significant impact of Covid necessitated a number of course corrections to the original plan, and we have still managed to train a significant number of staff.

Actions to be carried forward to 2023/24:

There will be further discussions taking place in 2023 as to whether a degree of mental health training will be mandated. With national developments and training packages becoming available, the Mental Health Team looking to develop various packages to be delivered via various media, and with the added pressure on the service to deliver now nationally mandated learning disability training, we are going to have to be creative and realistic about what aspects of mental health training can be mandated.

Further discussions with operational colleagues and our Clinical Education team will take place this year to determine the direction.

Currently we have 4 SECAmb staff undergoing the MHFA instructor course which will enhance the ability of the service to deliver more training across the Trust.

Domain	Patient Experience
Quality Improvement - Priority 3	Falls: Accessing Urgent and Emergency Care for Care Homes

Review of 2021/22 report:

This priority was selected as it was acknowledged that some patients who have fallen wait too long for an ambulance response. If the patient is unable to get themselves up off the floor, they are at risk of developing conditions associated with their 'long-lie'. These include reduced confidence, increased anxiety, dehydration, hypothermia, rhabdomyolysis, pneumonia and acute kidney injury. These issues can lead to significant impacts on the patient's life, including their long-term health or even death.

We developed a model of care for fallers and engaged with our Community First Responders (CFRs), Fire & Rescue Services, the care home sector and other willing and suitable agencies to deploy a network of primary responders to, where appropriate, get the patient off the floor; thus restoring their dignity and mitigating the risks from a long-lie.

The secondary response would be from a Paramedic Practitioner (PP) or other suitable ambulance response, who would undertake a focused clinical assessment and organise the referral to a community partner agency which may include an Urgent Community Response (UCR) to provide a rapid response to patients in the community.

The aspiration is to make a primary response to fallers, within a timeframe which prevents long-lie risks occurring. While challenging, this should be as quickly as twenty minutes, as pressure damage can begin to occur in some patients early in their long-lie. The longer a patient waits for a response after a fall, the greater the chance of being conveyed and potentially admitted to hospital.

External development workstreams have tied into this programme which have involved supporting care homes to become primary responders to their own residents who have fallen. A flowchart was developed to help build confidence for care staff and work was then continued across the healthcare system with partners in community services, Clinical Commissioning Groups (CCGs), Integrated Care Systems (ICS), and third sector, to gain support to embed the document within all care homes (shown in Appendix A at the bottom of the document).

Our main objectives from this piece of work were 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 of an uninjured resident after a fall.
- Reduce the likelihood of a [care home] 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's 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.

The aim for 2022/23:

The aim for 2022/23 was to progress on the following areas:

- Care Home Workstream – System Principles, Frequent callers from Care Homes focus, Response model of care development with PP's to enable place-based Frailty / Primary Care Networks (PCN) / Multi-disciplinary Team (MDT) system engagement.
- Falls Model of Care – Primary Response model under review to include Community First Responders / Fire & Rescue services / Other Integrated Care Provider (ICP) commissioned Falls support services.
- Frailty Response Partnership model – currently in development in Guildford and Waverley (G&W) ICP with Acute Frailty leads alongside community health and social services referral pathways.
- 111 / Clinical Assessment Service (CAS) – Embedding and utilisation of 111 *5 (Paramedics) 111 *6 (Care Homes) out of hours palliative / geriatric / specialist support through GP OOH clinical provision & onward referral into community / frailty services next morning with agreed risk share alongside PP Hubs.
- 999 Category 3 (C3) / Category 4 (C4) – Validation pilot – to support the right response, first time.
- PP Urgent Care Hub (UCH) – C3/C4 Frailty focus to include virtual assessment (Ashford pilot) alongside local pathway providers and PCN / MDT team interface for joint risk based clinical decision making in the community.
- Digital enablers – Service Finder, Shared care records, Electronic Patient Clinical Record (ePCR), Telecare, Virtual Response to patients from PP Urgent Care Hubs.

Our performance 2022/23:

Care Home Workstream

- We have several areas of the trust actively engaging with care homes, supported by Paramedic Practitioners using their Operating Unit Support Time. This engagement sees PPs working with care homes and care home associations, along with other system partners and commissioners, to help the care home choose where to seek help for their residents when they have a healthcare problem.
- Work is also ongoing to support care homes who make the most frequent number of 999 calls.

Falls Model of Care

- The falls model of care has seen the completion of the roll out in the early adopter sites (Gatwick and Polegate).
- We continue to engage with other providers such as Fire & Rescue and Third Sector partners to explore opportunities to work collaboratively and in line with each agency's commitment to collaborate.
- The model of care has been approved for further development to allow Community First Responders who are falls trained to, with the support of the Paramedic Practitioner Urgent Care Hubs, refer fallers directly to community services for follow up.

Frailty Response Partnership

- This element has progressed with focus on the frailty pathway in the acute hospital via the Same Day Emergency Care (SDEC) units. The Royal Surrey County Hospital in Guildford is now taking referrals from SECamb crews for patients with frailty.

111 / Clinical Assessment Service (CAS)

- We continue to promote referrals from all parts of the Trust including the 111 CAS. Clinicians are able to make direct electronic referrals and/or speak to specialist teams using the direct dial facilities.

999 Category 3 (C3) / Category 4 (C4) – Validation Pilot

- This function is now fully rolled out in the trust, and we are seeing consistently high levels of validation for Category 3 999 callers.

PP Urgent Care Hub (UCH)

- The Trust continues to explore virtual response to C3 calls to ensure that patients have their care needs differentiated by a Paramedic Practitioner, prior to an ambulance being sent.
- Training on the remote consultation software has been rolled out to existing PPs, and the latest trainee PPs who follow the advanced clinical practice

pathway are undertaking Hub training as a core part of their education to prepare them for working on the Hub.

Digital Enablers

- Service Finder
 - This application is available to all trust clinicians in Hubs, contact centres and operationally via iPads.
- Shared Care Records
 - Alongside SECAMB's own IBIS system, we also use Summary Care Records and other regional shared care records systems such as GraphNet to access patients' healthcare records and/or specific care plan to help our clinicians provide the best care.
- Electronic Patient Clinical Record (ePCR),
 - EPCR continues to be used to good effect with usage consistently in the high 90% proportion of care records.
 - We are in the process of adopting the National Ambulance Dataset (ADS) to help with local and national reporting.
- Telecare
 - We have explored ways of augmenting remote consultations, looking at systems that may be procured in due course that allow patients to share images with us, take part in video consultations (following a trial of GoodSAM⁸ for this purpose), and to send them care advice leaflets.
- Virtual Response to Patients from PP Urgent Care Hubs
 - Further to the previous section, PPs are being trained to undertake a virtual response to certain types of call to further enhance our Hear & Treat rates and ensure that patients are safely signposted to the right care in the right place without always needing an ambulance.

Impact of COVID-19:

Covid-19 has had a significant impact on the capacity within the Trust to achieve all elements of the plan. Despite the challenges, significant progress has been made and all elements are being carried forward in some way, such as within the development of the new Clinical Strategy.

Did we achieve this priority?

The majority of the aims outlined have been achieved, either in full or partially. Some elements which have been worked on throughout this quality account measure have been taken forward into business-as-usual and are informing strategic developments,

⁸ GoodSAM provides the ability for those calling emergency services to instantly share their location and live video from their mobile device.

as well as helping to shape improvements in how we deliver care as a partner organisation.

Actions to be carried forward to 2023/24:

Falls continues to be a priority for the trust as we know it is an area of care that has the potential for risk, as well as having opportunities for more collaborative working across our Integrated Care Board footprints. Outstanding workstreams are being transferred to business as normal, aligned to organisation, clinical and operational strategies.

Quality Priorities for Improvement 2023/24

This section details the three priorities, one within each Quality domain for 2023/24:

- Priority 1 (Domain: Clinical Effectiveness) – Learning from reviews to improve safety in maternity obstetric and neonatal care
- Priority 2 (Domain: Patient Safety) – Utilising Urgent Community Response Services to improve safety for patients in the clinical stack
- Priority 3 (Domain: Patient Engagement) – Listening and Engaging with our Patients, their Families and Carers

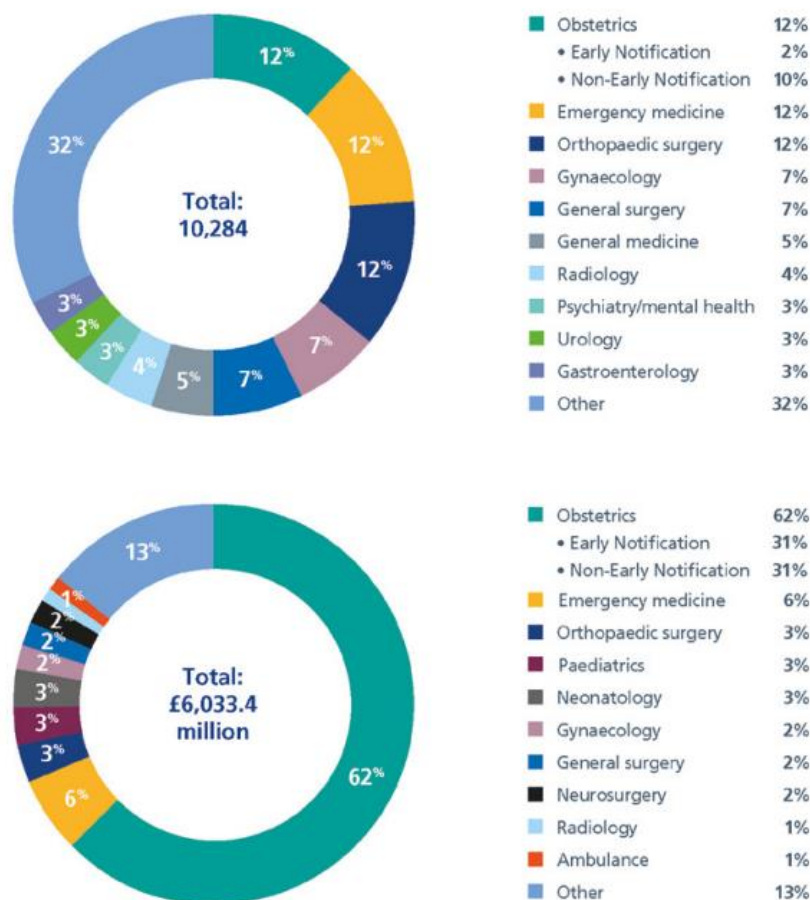
Domain	Clinical Effectiveness
Quality Improvement - Priority 1	Learning From Reviews to Improve Safety in Maternity Obstetric and Neonatal Care

Why is this a priority?

Historically ambulance crews have received little or no training in maternity/obstetric emergencies and we know this causes anxiety. Maternity calls often involve caring for two patients (Parent and Child) who can become very unwell very quickly. SECamb has been proactive in addressing this by employing a consultant midwife who can train colleagues and influence maternity care in the prehospital setting. Whilst this is extremely positive, we are keen to continually improve and having been involved in 13 Healthcare Safety Investigation Branch (HSIB) maternity investigations in the last financial year, we would like to focus on this area to ensure that we are maximising our opportunity to get it right for all patients and their babies.

Litigation related to maternity is currently responsible for 62% of the cost of legal claims within the NHS, as demonstrated in the below diagrams. Harm occurs very quickly if crews are untrained and don't know how to manage these complex and challenging situations.

The percentage of clinical negligence claims reported in 2021/22 by specialty, with a breakdown by volume (total 10,284 claims) and by value (total £6,033.4 million)



Donna Ockenden released the report “Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury & Telford Hospital NHS Trust” in December 2020⁹. The report provided Local Actions for Learning and Immediate and Essential Actions (IEAs) to improve safety across all maternity services in England.

A further report, ‘Reading the signals’;¹⁰, into the independent investigation examining maternity and neonatal services across two hospitals in East Kent between 2009 and 2020 was released on 19 October 2022.

Both reports highlight the need for action, for maternity staff and organisations, to ensure that women and families receive high standard, safe and compassionate maternity care. For example, Reading the Signals highlights the need to monitor safe

⁹Link to Ockenden report: [Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust - final Ockenden report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/922227/Findings_conclusions_and_essential_actions_from_the_independent_review_of_maternity_services_at_the_Shrewsbury_and_Telford_Hospital_NHS_Trust_-_final_Ockenden_report.pdf)

¹⁰ Link to Kirk Up report: [Reading the signals: maternity and neonatal services in East Kent, the report of the independent investigation \(print ready\) \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1022227/Reading_the_signals_maternity_and_neonatal_services_in_East_Kent_the_report_of_the_independent_investigation_print_ready.pdf)

performance accurately and identify when data suggests further investigation is required. It also emphasises the need for meaningful response and professional accountability when underperformance is identified.

SECamb has taken a proactive approach to reviewing both of the reports and addressing IEAs in the context of prehospital maternity care. This priority will provide further assurance that IEAs are being addressed to enhance patient safety.

Aims and Objectives

- To deliver safe and evidence-based care to women and babies
- To establish and deliver effective training for ambulance crews and midwives to manage maternity emergencies in the community
- To work collaboratively with NHS Pathways to review and continuously improve outcome dispositions for maternity patients

How will we achieve this?

- Joint training session with ambulance crews and midwives relating to the management of maternal emergencies in the community. This will be facilitated through the use of immersive mannequins and simulation to replicate real life scenarios
- Work with Joint Royal College Ambulance Liaison Committee (JRCALC) to amend and update national ambulance guidance. Currently three areas of the guidance have already been updated with five outstanding
- Development of quick view videos on how to respond to medical emergencies for JRCALC to support the new guidance.
- Working with Resuscitation Council UK (RCUK) to develop a specific pre-hospital newborn resuscitation course
- Work with acute trusts to deliver joint training on prehospital maternity emergencies
- Meet with partners at NHS Pathways to review and collaboratively amend guidance based on data relating to harm/incidents/near misses.

How will we know if we have achieved the quality measure?

- Reduction in legal claims
- Reduction in harm incidents
- Reduction in complaints
- Increase in staff morale - evidenced through the staff survey
- Improved patient outcomes and patient experience
- Improved partnership working and understanding

Domain	Patient Safety
Quality Improvement - Priority 2	Utilising Urgent Community Response Services to Improve Safety for Patients in the Clinical Stack

Why is this a priority?

When an individual calls 999 or 111 their call is triaged by An Emergency Medical Advisor (EMA) or a Health Advisor (HA) who will run through an assessment and either reach an outcome or pass the caller over to a Clinical Supervisor / Clinical Advisor (CA) for further assessment. In some cases, the EMA / HA may be able to transfer the caller straight through to a clinician, however many calls will be transferred into the clinical stack, where they await a call back from a CA. For calls that result in a Category 3¹¹(C3) / Category 4¹² (C4) ambulance disposition (outcome) this will generally be the case and under periods of service pressure the clinical stack will become very large despite internal processes to mitigate this. This means patient call backs will be delayed and thus result in delays to their care, which poses a risk to patient safety.

Calls resulting in a C3 or C4 disposition account for a large proportion of cases in the clinical stack, as this type of ambulance requires validation from a clinician before dispatch, to reduce the likelihood of sending an unwarranted ambulance to calls which may be more suitable for an Urgent Community Response (UCR).

Urgent Community Response teams aim to respond in a timely manner to people with an urgent health or social care need, their role supports admission avoidance as well as early supported discharge. Typically, being able to assess need and provide an appropriate short-term intervention within two hours, this is termed a 'crisis' response. The aim of UCR teams is to provide short-term support to diagnose and treat conditions as well as to provide appropriate equipment and care to the patient, to prevent a hospital admission.

A common example of the types of calls our Trust receives, which often receive a C3/C4 response and could be more appropriate for a UCR, include falls (particularly those that come in from an individual who is not with the patient at the time of contacting 111/999). We often receive contact from services such as a Careline, after a patient has been able to pull an emergency cord which alerts their providers to a possible fall. In this scenario the patient may not have the ability to phone for help, however the care company would call SECamb to alert them to the fall. These calls generally reach a C3 outcome which is transferred to the clinical stack and after the

¹¹ Category 3- An urgent ambulance response for problems that are not immediately life-threatening, that need treatment to relieve suffering and transport or clinical assessment and management at the scene. The Trust must respond to 90% of C3 calls in 120 minutes.

¹² Category 4- A non-urgent ambulance response. The Trust must respond to 90% of these calls within 180 minutes.

clinical advisor has unsuccessfully attempted to contact the patient, an ambulance is sent.

We know that there is underutilisation of UCR services. To support greater understanding of this and how we can support, SECAMB is leading on a system collaborative solution between lead UCR services, Integrated Care Systems (ICS) and Integrated Care Boards (ICBs) in developing daily system SECAMB/UCR system flow meetings to identify patients who may be appropriate for UCR and reduce ambulance conveyance/hospital admissions.

To support this, we have recently changed process so that all these types of calls are assessed by a clinician who uses the Directory of Services (DoS) to identify any appropriate UCR referrals. If none are available, the CA will detail this on the case notes and re-instate the C3 ambulance response.

Aims and Objectives

- Reduce the number of calls in the clinical stack to provide capacity for more timely call backs
- Consider referring patients to services more appropriate for their needs
- Upskilling SECAMB Clinicians through training and education to support appropriate referrals to UCR services
- Work on falls referrals pathways and introduce referral guidance to SECAMB clinicians to support referrals for patients to Urgent Community Response (UCR) services, which may include “Remote callers¹³”
- Partnership working to introduce daily UCR contact with Key UCR providers to support patient referrals from the 999 C3/C4 validation Clinical Support Desk (CSD) queue and introduction of the CAD ‘Portal’ functionality to facilitate UCR direct support to 999.

How will we achieve this?

Optimisation of Urgent Community Response Utilisation Programme will be achieved by:

- Scoping conversations with Surrey, Sussex and Kent Commissioning leads on UCR optimisation from Emergency Operations Centre (EOC)
- Establishing refusal and acceptance rationales for UCR services returned on the DoS
- Developing clinical UCR guidelines / a learning pack for all EOC / 111 clinicians and providing training to all clinical staff
- Regular steering group meetings to support successful delivery
- Work with Communications team to develop comms to staff to include web events, huddles, buzz groups, question and answer sessions and a bulletin.

¹³ Remote callers - an individual that calls 111 / 999 and is not with the patient at the time of calling.

How will we know if we have achieved the quality measure?

We will know we have achieved the quality measure when there is evidence to show:

- Improvements to Ambulance Response Programme (ARP) times
- Hear and Treat improvement
- Improved staff satisfaction survey results
- Improved working relationships with A&E service providers
- Reduction of patient safety incidents
- Reduction of handover times
- Improved utilisation of UCR services from 999
- Improved patient outcomes, patient experience and partnership working

Domain	Patient Experience
Quality Improvement - Priority 3	Listening and Engaging with our Patients, their Families and Carers

Why is this a priority?

Good patient experience is associated with better clinical safety and effectiveness, and we know that a successful organisation must listen to their patients' needs and design products and services accordingly. We also know that whilst we think we know what patients want, we often fail to ask or engage them directly.

There are pockets of excellence at SECamb in delivering the Patient and Family/Carer Experience strategy and we are currently seeking to ensure that this is widespread and a whole organisational approach; moving from a position of asking patients 'What's the matter?' to 'What matters to you?'. This aligns with our Quality Improvement (QI) approach which is customer (patient / staff / commissioner and other stakeholders) led.

The Trust's Patient and Family/Carer Experience Strategy (2020-2025) is focused on leadership and patient experience. Over the next year, we will articulately enact this through specific plans to capture patient experience data and support meaningful community and patient engagement and partnerships at all levels across the organisation. Additionally, we will ensure that we include identified opportunities for improvement from CQC, align to our Quality Improvement (QI) strategy and to the statutory guidance published in July 2022 on working in partnership with people and communities¹⁴.

¹⁴ NHS England. 2022. Working in partnership with people and communities: statutory guidance. Available from: <https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/> [accessed 07/11/22]

Over the next year, we will undertake a review of the Trust's Patient and Family/Carer Experience Strategy (2020-2025) and develop robust plans to move forward in our journey to improve patient engagement and partnership.

Aims and Objectives

- To amplify the patient voice throughout every level of the organisation
- To work with our patients, their families and carers to make improvements based on their feedback and involvement
- To support our staff and encourage development in engaging with patients, their families and carers
- To learn from external organisations and collaborate on ideas relating to patient experience and engagement
- To improve communication with patients, their families and carers about how they can work in partnership with us and share feedback that is inclusive for all and encourages diversity.

How will we achieve this?

A Patient Experience and Engagement (PEE) action plan will be developed and signed off by the Trust's Patient Experience Group (PEG). This will incorporate the following actions to help us improve the way we engage with our patients:

- Development of a Patient Experience Questionnaire (PEQ) for our 999 service in which service users will have the opportunity to submit anonymous feedback on the service they received.
- We will work with the communications team to 'spread the word' about the work we are undertaking and how the public can get involved. This will include updating our website, advertising the information on social media platforms and putting QR codes in the back of ambulances which link to a digital survey.
- A Community Forum will be launched for service users or representatives to attend to share experiences following contact with our 111 and 999 services. We will use this opportunity to share with patient, family or community representatives an overview of current projects we are working on with the aim of seeking feedback and partnership to get these right.
- A patient volunteer programme will be available to invite the public to work with us in on QI projects, identified through the above two points to support co-production and meaningful partnerships with patients, their families and carers or those that represent them.
- Engaging with external stakeholders and Trusts to share the programme of work as it develops with sufficient oversight and seek ongoing feedback and opportunity for collaboration and improvement.

How will we know if we have achieved the quality measure?

We will know we have achieved our aims:

- When we see an average of 100 Patient Experience Questionnaires returned online each month. Work will be undertaken with our Business Intelligence team to help us report on this information and use it to make improvements. These reports will replace the Patient Experience Reports reported on in Part 3 of the 2021/22 Quality Account
- The Community Forum launches by the end of September 2023 and we have a minimum of four regular attendee's to all meetings
- One Quality Improvement project to be identified through our increased patient engagement and completed by the end of the financial year (31/03/2024)
- When we are regularly networking across other organisations with an aim to collaborate ideas and work relating to patient experience and engagement

Register of Directors' Interests

The Board of Directors are required to declare other company directorships and significant personal, business or financial 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 several 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. David is a Trustee of Yoakley Care, a charity based in Margate, Kent, which manages almshouses and a care home.

Declared interests – A Director of Yoakley Care Share Ltd and Yoakley Care Trustee Ltd, a charitable company that manages almshouses and a care home. His daughter Emma is a Director at PWC Consulting who sometimes works with the public sector.

Philip Astle – Chief Executive Officer (to 16 May 2022)

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.

Declared interests – None

Dr Fiona Moore MBE - Executive Medical Director (to 31 January 2023); **Interim Chief Executive Officer** (from 17 May 2022 to 30 June 2022)

Fiona 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). Fiona was the Trust's Caldicott Guardian and Controlled Drugs Accountable Officer.

Declared interests – Medical Director, Location Medical Services, Medical Director Medicare EMS

Siobhan Melia – Interim Chief Executive Officer (from 1 July 2022 to 31 March 2023)

Siobhan Melia was appointed as Interim Chief Executive at SECamb in July 2022 on secondment from Sussex Community NHS Foundation Trust where she had been Chief Executive since September 2016.

Siobhan has worked in the NHS since 1996 in various positions including clinical leadership, senior management and board-level roles in London and Berkshire.

Declared interests – None

Simon Weldon - Chief Executive Officer (from 24 April 2023)

Simon has a wealth of leadership experience, with an NHS career spanning more than 20 years across acute and commissioning sectors.

Prior to being appointed as SECamb Chief Executive, he was Group Chief Executive of University Hospitals of Northamptonshire Group, serving in the position from 2020 and leading the trust to university hospital status.

Declared Interests – None

David Hammond – Chief Operating Officer (to 30 September 2022)

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

Martin Sheldon – Interim Chief Finance Officer (from 1 October 2022)

Martin has a wide range of experience in senior finance and leadership roles, both within the NHS and in the private sector.

Declared interests - None

Emma Williams – Executive Director of Operations

Emma's career in the health service spans 25 years during which she has gained experience in frontline roles, service improvement, governance, commissioning, and senior leadership. She is committed to improving both patient outcomes and staff experience as the public health remit evolves.

Emma is the Trust's Accountable Emergency Officer.

Declared interests – Emma's husband, David Williams, is Head of Emergency Planning, Response & Resilience. She does not line manage David – he is part of one of her wider teams, recruited through formal standard Trust processes.

Dr Rachel Oaten - Chief Medical Officer (from 1 February 2023)

Dr Oaten, a qualified Emergency Medicine Consultant since 2017, started working at Salisbury Hospital and was appointed as Clinical Lead for the Emergency Department in 2018. In March 2020, she took on a part-time role as Deputy Medical Director at East Midlands Ambulance Service. In October 2021, she was promoted

to Deputy Clinical Director of Medicine at Salisbury Hospital, while still remaining active as an Emergency Consultant and serving as a Trauma Team Leader on shifts.

Declared interests – None

Robert Nicholls – Executive Director of Quality and Nursing

Robert Nicholls joined the Trust in February 2022. A nurse since 1993, Robert has held a number of senior roles in the NHS, most recently in his previous position as Director of Nursing Division of Medicine and Integrated Care at Imperial College Healthcare NHS Trust.

Prior to this he was seconded to the role of Programme Director of Clinical Workforce at Kent and Medway Sustainability and Transformation Partnership (STP), and he has held a variety of deputy director of nursing and deputy chief nurse roles at NHS organisations including North Somerset Community Partnership and Medway NHS Foundation Trust.

Declared Interests – None

Ali Mohammed – Executive Director of Human Resources and Organisational Development

Ali is an 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.

Declared interests – Trustee at LHA London – a housing charity in central London from October 2019 to September 2023. It's a non-financial professional interest, unpaid but reimbursement of receipted travel expenditure.

David Ruiz-Celada – Executive Director of Planning and Business Development

Originally from Barcelona and an aeronautical engineer by training, David now lives in Kent and joins SECamb after a decade of working in the aviation industry. With a focus on operations planning and management, logistics and improvement, David has worked across airlines and air handling operators in Spain and most recently at London City Airport since 2014 where he was previously Director of Operations Strategy and Planning.

Declared interests:

Companies with influential role:

- Kintsugi Therapeutics (Minor shareholder & board member)
- Biointaxis (Minor shareholder, non-executive director business advisory role)
- Leukos Biotech (Minor shareholder, CEO)
- Affirma Bio (Minor shareholder & board member)
- ONSTX Olavide Neuron (Minor shareholder & board member)

- Janus Project (owner)
- Other Companies with minor shareholding (<25k€ investment or <5% capital): Oxolife, Methinks, Devicare, Zecardio, Nuubo, BHV Partners)
- Investor in healthcare specialized VC funds Asabys Partners, Inveready, Alta Life Sciences
- Father is involved in the biomedical sector, focussed in entrepreneurial, executive and investor activities, in early-stage drug discovery and development, helping companies transition from clinical proof into global pharmaceutical development and eventual commercialisation.

Dr Richard Quirk – Acting Medical Director (from 17 May to 30 June 2022)

As well as being Deputy Medical Director, Richard continues to work part-time as a GP based in West Sussex.

Declared interests - None

Michael Whitehouse OBE – Senior Independent Non-Executive Director
(24 October 2018 to 23 October 2024)

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, Member of Audit Committee of Republic of Ireland Audit Committee.

Howard Goodbourn – Independent Non-Executive Director
(9 March 2020 to 8 March 2026)

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 2026)

Tom is the Chair of the Quality and Patient Safety Committee.

Tom joined the Trust as a non-executive director in October 2020. He 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 – Emeritus Professor, Kingston University. 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, 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. Volunteer role: Trustee, Hale Community Centre. Volunteer role: British Cardiovascular Society/Intensive Care Society, UK Cardiogenic Shock Steering Group. Volunteer role: British Cardiovascular Intervention Society Out of Hospital Cardiac Arrest Focus Group.

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 – Board Trustee for Amnesty International, Non-Executive Director Bromley Community Interest Company. Non-Executive Director for the Crown Prosecution Service.

Paul Brocklehurst - Independent Non-Executive Director

(1 May 2021 – 30 April 2027)

Paul, from Bexhill, East Sussex, has more than 25 years' board-level experience, most recently as the Chief Information Officer (CIO) for the Financial Services Compensation Scheme. He has spent more than a decade as a CIO in local authorities and has also worked with numerous 'blue chip' companies in the private sector.

Paul joins SECamb to provide scrutiny and support in the important and growing area of strategic digital and IT development.

Declared Interests – Trustee for Myeloma UK

Liz Sharp - Independent Non-Executive Director

(19 September 2021 – 18 September 2027)

A registered nurse by background, Liz Sharp has more than 30-years' background in both the public and private health sectors. She brings with her a wealth of knowledge in delivering and improving patient outcomes and experience.

Until 2018, Liz was the National Director of Clinical Services for BMI Healthcare, an independent provider running 54 hospitals. Her executive career includes her working in partnership with the clinical education team to develop an in-house associate practitioner programme, enhancing governance through introducing an electronic risk-based reporting system for staff, and leading large-scale change programmes including building a care and rehabilitation centre and developing clinical strategy.

An experienced non-executive, she remains a Trustee of the Queen Elizabeth's Foundation for Disabled People and is both Chair of its Care, Quality and Safety Committee and the Board's Safeguarding Lead.

Declared Interests – Board Trustee, Queen Elizabeth's Foundation for Disabled People (Care and Rehabilitation Services, Mobility and Residential Services Charity), Board Director - The Grange 2016 (Supported living in Kent), Member of the Royal College of Nursing, Professional registration with the Nursing and Midwifery Council

Max Puller – Independent Non-Executive Director

(6 February 2023 – 5 February 2029)

Max Puller holds the position of Director at BCW Change, a division of global communications agency BCW specializing in organizational change and employee experience. In this role, he works with global clients to implement successful and sustainable business transformations and cultural changes.

Max's background includes previous positions such as Head of Colleague Communications and Engagement at Tesco Bank, Employee and Change Communications Director at Sodexo, and Chief Communications Officer at the UK

Ministry of Defence. Before joining SECAMB, he served on the Board of the Salvation Army, providing counsel on reputation, marketing, and fundraising matters.

Declared Interests – None

Dr Chris Gonde - Associate Non-Executive Director

Dr Chris Gonde Senior Liver Transplant Scientist in the Liver Unit at King's College Hospital NHS Foundation Trust which is the largest liver transplant centre in the UK. He joined SECAMB as an Associate Non-Executive Director in 2021.

Declared Interests – none.

Board attendance (meetings held in public)

Board Meeting		Thursday 26 May 2022	Thursday 30 June 2022	Thursday 28 July 2022	Thursday 25 August 2022	Thursday 29 September 2022	Thursday 27 October 2022	Thursday 15 December 2022	Thursday 2 February 2023
David Astley	Chairman	✓	✓	✓	✓	✓	✓	✓	✓
Siobhan Melia	Interim Chief Executive			✓	✓	✓	✓	✓	✓
Fionna Moore	Interim Chief Executive / Medical Director	✓	✓	✓	✓	✓	✓	✓	
Rachel Oaten	Chief Medical Officer								✓
Richard Quirk	Interim Medical Director	✓	✓						
Martin Sheldon	Chief Finance Officer						✓	✓	✓
Emma Williams	Director of Operations	✓	✓	✓	✓	✓	✓	✓	✓
David Hammond	Chief Operating Officer	-	✓	-	✓	✓			
Ali Mohammed	Director of HR & OD	✓	✓	✓	✓	✓	✓	✓	✓
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓
Tom Quinn	Non-Executive Director	✓	✓	✓	✓	✓	-	✓	✓
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓
David Ruiz-Celada	Director of Planning and Business Development	✓	✓	-	✓	✓	✓	✓	✓
Robert Nicolls	Executive Director of Quality and Nursing	✓	✓	✓	-	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓

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 16 June 2022	Thursday 15 December 2022	Thursday 15 January 2023	Thursday 2 March 2023 (Extra)
David Astley	Chairman	✓	✓	✓	✓
Philip Astle	Chief Executive	✓			
Martin Sheldon	Chief Finance Officer		✓	✓	✓
Fionna Moore	Interim Chief Executive / Medical Director	✓	✓	✓	
Rachel Oaten	Chief Medical Officer				✓
Siobhan Melia	Interim Chief Executive		✓	✓	✓
Emma Williams	Director of Operations	✓	✓	✓	✓
David Hammond	Chief Operating Officer	✓			
Ali Mohammed	Director of HR & OD	-	✓	✓	✓
Howard Goodbourn	Non-Executive Director	-	✓	✓	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓
Tom Quinn	Non-Executive Director	✓	✓	✓	-
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	-	✓	✓	✓
David Ruiz-Celada	Director of Planning and Business Development	✓	✓	✓	✓
Robert Nicolls	Executive Director of Quality and Nursing		✓	✓	-
Elizabeth Sharp	Non-Executive Director	-	✓	✓	-
Richard Quirk	Acting Medical Director	✓			
Max Puller	Non- Executive Director				✓

Key	
✓	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.

		Wednesday 20 April 2022	Thursday 26 May 2022	Thursday 9 June 2022	Thursday 14 July 2022	Monday 26 September 2022	Thursday 24 November 2022	Friday 9 December 2022
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	✓	-	✓	-
David Astley	Chairman	✓	✓	✓	✓	✓	✓	✓
Philip Astle	Chief Executive	-						
Fionna Moore	Interim Chief Executive		✓	-				
Siobhan Melia	Interim Chief Executive				✓	✓	✓	✓
Howard Goodbourn <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	✓	✓	-
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	-	✓	-	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓

Tom Quinn	Non-Executive Director	✓	✓	✓	✓	✓	✓	-
Chris Gonde	Assoc. Non-Executive Director	✓	✓	✓	-	✓	-	-

Key	
✓	Member 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.

		Thursday 19 May 2022	Monday 13 June 2022	Thursday 14 July 2022	Thursday 22 September 2022	Wednesday 7 December 2022	Tuesday 14 March 2023
Audit and Risk Committee (AuC)							
Siobhan Melia	Interim Chief Executive			A	A	A	-
Fionna Moore	Interim Chief Executive	A	A				
David Astley	Chairman	-	-	A	A	-	-
Michael Whitehouse <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓	✓
Tom Quinn	Non-Executive Director	✓	✓	✓	-	✓	✓
Howard Goodbourn	Non-Executive Director	✓	-	✓	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	-	✓	✓	-	✓	✓
Robert Nicholls	Executive Director of Quality and Nursing	-	A	A	A	A	-
David Ruiz-Celada	Executive Director of Planning & Business Development	-	A	A	A	-	-
Paul Brocklehurst	Non-Executive Director	-	-	-	A	A	A
Chris Gonde	Assoc. Non-Executive Director						A
Elizabeth Sharp	Non-Executive Director	A	A	A	A	-	-

Key	
✓	Member in attendance
A	Attends
-	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 14 July 2022	Tuesday 6 December 2022
David Astley	Chairman (Invitation only)	A	A
Michael Whitehouse <i>Committee Chair</i>	Non-Executive Director	✓	✓
David Hammond	Chief Operating Officer	✓	
Subo Shanmuganathan	Non-Executive Director	✓	-
Robert Nicholls	Director of Quality & Nursing	-	✓
Ali Mohammed	Director of HR & OD	✓	-
Martin Sheldon	Interim Chief Finance Officer		✓
Chris Gonde	Assoc. Non-Executive Director		A
Paul Brocklehurst	Non-Executive Director		A

Key	
✓	Member in attendance
A	Attends
-	Not in attendance
	Not in post

Finance and Investment Committee (FIC)

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

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

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

Finance and Investment Committee (FIC)		Monday 30 May 2022	Thursday 23 June 2022 (Extra)	Thursday 8 September 2022	Monday 26 September 2022 (Extra)	7 November 2022	Thursday 19 January 2023	21 February 2023	Thursday 20 March 2023
Fionna Moore	Interim Chief Executive	A	-						
Siobhan Melia	Interim Chief Executive			-	-	-	-	A	A
David Astley	Chairman (Invitation only)	-	-	-	A	A	A	-	-
Martin Sheldon	Interim Chief Finance Officer				✓	✓	✓	✓	✓
Philip Astell	Associate Director of Finance	✓	-	✓	-				
Michael Whitehouse	Non-Executive Director (Chair)	-	-	-	-	✓	✓	✓	✓
David Hammond	Chief Operating Officer	-	✓	✓	✓				
Paul Brocklehurst	Non-Executive Director	✓	-	-	✓	✓	✓	✓	✓
David Ruiz-Celada	Director of Planning and Business Development	✓	✓	✓	✓	✓	✓	-	-
Elizabeth Sharp	Non-Executive Director	✓	-	✓	✓	-	✓	-	-
Howard Goodbourn <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓
Robert Nicolls	Executive Director of Quality and Nursing	✓	-	-	✓	✓	✓	✓	✓

Key	
✓	Member in attendance
A	Attends
-	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.

Quality and Patient Safety Committee (QPS)		19 May 2022	21 July 2022	15 September 2022	17 November 2022	24 January 2023
David Astley	Chairman	✓	✓	-	✓	✓
Fionna Moore	Interim Chief Executive / Executive Medical Director	A	A	-	-	-
Siobhan Melia	Interim Chief Executive		A	-	-	-
Richard Quirk	Acting Medical Director	✓				
Emma Williams	Executive Director of Operations	✓	-	✓	-	-
Robert Nichols	Executive Director of Quality & Nursing	✓	-	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	✓	✓	-	✓	✓
Tom Quinn <i>Committee Chair</i>	Non-Executive Director	✓	-	✓	✓	✓

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.

Key	
✓	Member in attendance
A	Attends
-	Not in attendance
	Not in post

Workforce and Wellbeing Committee (WWC)

		12 May 2022	26 August 2022	14 October 2022 (Extra)	23 November 2022	16 February 2023	27 March 2023 (Extra)
Workforce and Wellbeing Committee (WWC)							
David Astley	Chairman (Invitation only)	-	-	-	-	A	A
Philip Astle	Chief Executive	-	-	-			
Subo Shanmuganathan <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓
Chris Gonde	Assoc. Non-Executive Director	✓	✓	✓		✓	✓
Fionna Moore	Medical Director	-	-	A	A		
Emma Williams	Director of Operations	✓	✓	✓	✓	✓	✓
David Ruiz-Celada	Director of Planning and Business Development	-	✓	✓	✓	✓	-
Robert Nicholls	Executive Director of Quality and Nursing (Invitation only)	-	-	-	A	-	-
Ali Mohammed	Director of HR & OD	✓	✓	✓	✓	✓	✓

Tom Quinn	Non-Executive Director	✓	✓	-	✓	✓	-
Rachel Oaten	Chief Medical Officer					✓	✓

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.

Key	
✓	Member in attendance
A	Attends
-	Not in attendance
	Not in post

Performance Committee

The purpose of the committee is to acquire and scrutinise assurances that the Trust's system of internal controls relating to the delivery of operational performance are designed appropriately and operating effectively. Appointed by the Board, the membership of the committee shall constitute independent Non-Executive Directors and Executive Directors. Executive Directors shall number no more than the Non-Executive Directors. The quorum necessary for formal transaction of business by the committee shall be two Independent Non-Executive Director members and one Executive Director.

Performance Committee		21 April 2022	23 June 2022	11 Aug 2022	13 Oct 2022	22 Nov 2022
Michael Whitehouse Non-Executive Director	Member	✓	✓	✓	✓	✓
Subo Shanmuganathan Non-Executive Director	Member	✓	✓	✓	✓	✓
Howard Goodbourn Non-Executive Director	Chair	✓	✓	✓	✓	✓

Paul Brocklehurst Non-Executive Director	Member	✓	-	✓	✓	-
Emma Williams Executive Director of Operations	Attends	A	A	A	A	A
David Hammond Chief Operating Officer	Attends	-	A	A	-	
Ali Mohammed Executive Director of HR	Attends	A	-	--	A	-
David Ruiz-Celada Executive Director of Planning & Business Development	Attends	A	A	A	A	A
Martin Sheldon Interim Chief Finance Officer	Attends				A	
Tom Quinn Non Executive Director	Attends					A
David Astley Chairman	Attends	-	-	-	-	-
Fionna Moore Interim Chief Executive	Attends		-	-		
Philip Astle Chief Executive	Attends	-				

Key	
✓	Member in attendance
A	Attends
-	Not in attendance
	Not in post

Better Payment Practice Code

Better Payment Practice Code - measure of compliance	2022-23		2021-22	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	20,024	112,519	18,351	86,503
Total Non-NHS trade invoices paid within target	18,597	102,107	17,021	82,113
Percentage of Non-NHS trade invoices paid within target	93%	91%	93%	95%
Total NHS trade invoices paid in the period	272	2,287	213	2,311
Total NHS trade invoices paid within target	222	1,957	188	2,220
Percentage of NHS trade invoices paid within target	82%	86%	88%	96%

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 2022-23 Better Payment Practice Code percentages are marginally below the target (95%) for the full year related to third party creditors whilst NHS creditors were below this. To this end the total figures for March 2023 were under the 95% target and a return to exceeding the target payment level will remain a focus during the new financial year.

Total Invoices paid	Invoices paid on time	% Invoices paid within target	Total Value paid £'000	Value paid on time £'000	% Invoices by value paid within target
20,296	18,819	92.7%	114,806	104,064	90.6%
Prior Year					
18,564	17,209	92.7%	88,814	84,333	95.0%

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. During the Covid pandemic the Government Procurement Policy Note updated this to state that suppliers should be paid within seven days to ensure they could keep operating. The Trust continued to accelerate payments during 2022/23 in order to meet this continuing requirement. By the end of the financial year the Trust's improved liquidity enabled it to proactively work on meeting the required targets and will continue to clear invoices for payment on a timely basis.

The 2022-23 Better Payment Practice Code percentages are marginally below the target (95%) for the full year related to third party creditors whilst NHS creditors were below this. To

this end the total figures for March 2023 were under the 95% target and a return to exceeding the target payment level will remain a focus during the new financial year.

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

Leigh Westwood (Public Governor Lower East (East Sussex & Brighton) and Lead Governor on behalf of the Council of Governors.

This report will focus on how the Council – a group of 25 volunteers including members of the public, staff and people from key partner organisations – has fulfilled its statutory duties in the past year.

The Council of Governors continues to take its responsibilities very seriously:

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

The Council is made up of 25 volunteers working with the Trust on your behalf. When I wrote my report last year, it was in the context of the Trust having begun its journey back to business as usual following the COVID pandemic. It had been a difficult year, with many changes in senior leadership, and failings identified by the Care Quality Commission (CQC). The Council was disheartened to see failings within the CQC inspection outcome this year, however, are proud to see our staff gain a 'good' rating for the care they provide to our patients.

SECAMB commenced on an improvement journey and we are beginning to see the benefits of our focus on the well-led aspect of our organisation which included:

- a review of the content of the integrated performance report – using 'Making Data Count' and a rebranding to the Integrated Quality Report, this report now includes metrics that are meaningful to our staff and patients
- closing the Better by Design project
- initiating the Improvement Journey, organisational culture change
- renewed attention on Freedom to Speak Up and Risk Management
- good scrutiny on the delivery against our plan for financial sustainability

At Board level, although the Council has noted significant changes with the departure of our CEO, are grateful to Dr Fionna Moore who has provided stability as Acting CEO and subsequently the Interim CEO, Siobhan Melia who has shown SECAMB what great leadership looks like. We look forward to working with Simon Weldon who started with the Trust as Chief Executive early in 2023/2024 fiscal.

During the year, the Council has focused in on a number of issues on the public's behalf:

- Scrutinising priorities and response to the Care Quality Commission report as well as the results from the staff survey.
- Engaging in the planning and objective setting framework for the organisation including priorities.
- The developing workforce strategy, which will provide the foundation blocks to improving the culture in the Trust and the provision of effective HR systems to staff, volunteers and applicants – culture, morale, turnover, attrition, sickness management, industrial action risk and mitigations.
- Financial sustainability of the ongoing services provided by SECamb.
- The timeliness and quality of data provided in the Integrated Performance/Quality Report.
- CEO and Non-Executive Director appointments.
- Issues surrounding the FIAT ambulances.

Governors continue to engage with staff across both Operational and Corporate areas about how they are feeling and how they are finding/coping with the current pressures the Trust is under, via site visits to NHS111 service as well as to EOC East and West 999 Centres, station visits to Chertsey, Tongham, Farnborough and Polegate, as well as connections with the Community First Responders. A number of Governors routinely observe NED committees, reporting back to the Council. As we have been easing out of COVID-19 restrictions, Governors also attended the Brooklands 999 show to encourage visitors to sign-up as members of the Trust and having informal chats with frontline staff.

Governor elections were held in September 2022, and I was pleased to welcome six new colleagues to the Council. They are already contributing very well to the team and bring a wealth of experience and an unparalleled passion for the NHS and our patients. I'd like to thank Governors who came to the end of their term of office or stepped down: Howard Pescott, Christopher Burton, Nigel Robinson, Michael Tebbutt, Patricia Delaney, Sarah Swindell, Matt Alsbury-Morris and County Councillor Sinead Mooney.

Finally, I would like to thank all my colleagues on the Council and all the other volunteers at SECamb as we work together to try and ensure we provide the best service for our staff to work and thrive in and provide a safe and effective service to the communities and patients that we serve.

Leigh Westwood, Lead Governor

Meet the Governors

Staff Governors

Non-operational

Kirsty Booth (First term of office: 1 March 2022 – 28 February 2025)

Kirsty is the Business Support Manager for the Medical Directorate and has worked for the Trust in a variety of roles for 18 years. Kirsty notes that non-Operational staff provide a vital service to the Trust and are often the forgotten workforce as without these staff, our operational workforce would not be able to deliver the care they do for our patients.

Kirsty is particularly interested in improving systems and processes and supporting the wellbeing of all our staff.

- Membership Development Committee member
- Governor Development Committee member
- Nominations Committee member

Declared interests: Brother is employed by Churchill who currently provide our Make Ready services.

Operational

Nicholas Harrison (Second term of office: 1 March 2022 – 28 February 2025)

Nick has worked in varying roles within the ambulance service for nearly 17 years. He is a Critical Care Paramedic Team Leader and works within our Kent Emergency Operations Centre on the Critical Care Desk. This is his second term of office as a Staff Governor.

Nick is keen to see wider staff voices included in decision making and is particularly interested in the improvement of staff welfare.

- Membership Development Committee member
- Governor Development Committee member

Declared Interests: None

Sam Bowden (First Term of office: 1 March 2023 – 28 February 2026)

Sam started as an Emergency Care Support Worker and progressed internally to a Paramedic and worked through the scopes of practice and understanding in each role. Sam wants to represent the true values of the staff and take forward any

concerns, suggestions, and improvements that staff may have. He is passionate about his profession and wants to strive for improvements that will allow for the best care of our patients, so that SECAMB can be the best it can be. Sam wants to promote positive, healthy change for the workforce while representing the views and problems that are faced daily.

- Membership Development Committee member
- Governor Development Committee member

Declared Interests: None

Public Governors

Lower East: East Sussex & Brighton

Leigh Westwood (Second term of office: 1 March 2023 – 28 February 2026)

Leigh's first term as Governor was in 2020 and he has recently been appointed as Lead Governor. Alongside his work as a Governor Leigh has served as a volunteer Community First Responder (CFR) for ten years. During this time, he has served as CFR Team Lead in Crowborough and has received the Queens Award for Voluntary Service. He currently holds the position of Senior CFR Team Leader for the Paddock Wood Operating Unit overseeing and working to develop all CFR teams in the area and their respective communities.

- Membership Development Committee member
- Governor Development Committee member

Declared Interests: Senior CFR Team Leader – SECAMB Volunteer Responder from Nov 2011 to present.

Chair of Trustees – Crowborough Community First Responders from November 2016 to present.

David Romaine (First term of office: 1 March 2022 – 29 February 2024)

David lives in Brighton and has been an active member of our Trust for the past twelve years. During that time, he has attended numerous board and governor meetings, raised various questions, and made suggestions. He was previously a governor for Sussex Community NHS Foundation Trust.

He is also a longstanding trustee/volunteer of SERV Sussex, the Sussex Blood Bike Charity that provides urgent overnight transport of blood products free of charge to Sussex Hospitals.

- Membership Development Committee member
- Governor Development Committee member

Declared Interests: None

Upper East: Medway, Kent & East London

Colin Hall (Second term of office: 1 March 2023 – 28 February 2026)

Colin has been re-elected as Governor for the Upper East area and is looking forward to meeting members both old and new, as his previous tenure was during the COVID pandemic meaning he couldn't get out and about to meet people as much as he would have liked. Colin worked for Kent Ambulance Service for 15 years in the 1970s and 1980s and went on to work with London Ambulance Service 999 call centre. Prior to retiring Colin worked in the 111 call centre in Ashford. Colin has also worked as an electrical consultant in an Engineering Consultancy Practice as Senior Contracts Engineer with the largest electrical contractors in the country.

- Membership Development Committee member
- Governor Development Committee member

Declared Interests: None

Linda Caine (First term of office: 1 March 2022 – 28 February 2025)

Linda lives in Gillingham Kent and has worked in a variety of NHS roles and organisations across Kent and Medway over a period of 26 years.

Linda's main areas of work are in managing and developing services and quality improvement with a particular interest in involving stakeholders in project development.

She currently works for an NHS Integrated Care System where the main emphasis is still to continue to achieve the best of services for the population of Kent and Medway. With more system working she is keen to bring her experience to SECAMB via the Governor role.

- Membership Development Committee member
- Governor Development Committee member

Declared Interests: Linda is an Associate Director for Elective Recovery Programme for NHS Kent & Medway. She works closely with local Trusts across Kent & Medway towards meeting national targets for elective recovery.

She also chairs local steering groups which engage with clinical and non-clinical employees across local Trusts within Kent & Medway.

Amanda Cool (First term of office: 1 March 2023 – 28 February 2026)

Amanda was formerly a Governor for SECAMB in Surrey but moved out of the area so unfortunately had to stand down. As Amanda works in the NHS, she knows first-hand the issues the ambulance trusts, patients and staff face. Amanda has previously chaired the Patient Liaison Committee at the British Medical Association as well as the Patient Practice Group at her local GP practice, giving Amanda a

wealth of experience in speaking up for patients in a professional environment. Amanda is looking forward to being a governor again and representing her new constituency.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Barbara Wallis (First term of office: 1 March 2023 – 28 February 2026)

Barbara is a retired teacher, examiner and tutor working at Canterbury College for 11 years. Barbara feels that her experience as a teacher and examiner has provided her with the skills to deal and communicate with people, assisting in her role as Governor. Barbara is a member of Medway Voluntary Action, where she carried out research on Outpatient Experiences in hospitals. She has always admired the ambulance service and has sympathy with them as they seem to be one of the most challenged services in the NHS due to the lack of Social Care Policy. Barbara has two daughters, one in Kent and one living in Singapore, and loves spending time with her five grandchildren. Her main hobbies are hiking, swimming and music.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Upper West: Surrey, Hants & West London

Brain Chester (Second term of office: 1 March 2022 – 29 February 2024)

Brian lives in Windlesham in Surrey. 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. His key area of interest is finance and the effective and appropriate use of NHS funds.

- Membership Development Committee member
- Nominations Committee member

Declared interests: Non-Executive Director at Viewsat Ltd, Director AVO TV limited, PPG member at Lightwater Surgery.

Martin Brand (First term of office: 1 March 2022 – 29 February 2024)

Martin has been a resident of Surrey for 26 years. From 2004 to 2019 he worked for the London Ambulance Service as a Service Development Manager then as a programme/project manager. Prior to this he had a career in the Post Office then Royal Mail.

He has user experience of ambulance services, and believes this two-sided perspective, as an NHS worker and as a patient/relative, gives him a broad perspective on the challenges to the ambulance service.

He is particularly interested in the Trust's recruitment and retention work and is keen for the council to embrace the 'critical friend' role while acting as the voice of the public in a constructive way.

Declared interests: None.

Ann Osler (First term of office: 1 March 2022 – 28 February 2025)

Ann lives in Guildford and has been a member of our Trust for 10 years and a member of the Trust's Inclusion Hub Advisory Group for a similar period.

She notes that being involved with the ambulance service as a volunteer has been a steep learning curve, but one she has enjoyed, and she is now keen to take that knowledge with her into the Governor role.

Her background is as a programme and systems IT analyst for 20 years and then the education sector for a further 25 years as a lecturer in Computer Science.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Peter Shore (First term of office: 1 March 2023 – 28 February 2026)

Peter served as a Public Governor at the Queen Victoria Hospital NHS Foundation Trust in East Grinstead for the maximum term of six years, including five years on the Appointments Committee, two years as Governor Representative on the Finance and Performance Committee, and the last three years as Lead Governor. Prior to his retirement Peter performed several senior employed and consultancy roles in the field of Human Resources in the NHS, in both hospital and primary care sectors. He also has wide experience working with local communities in both a professional and voluntary capacity and is currently chair of two community-based charities in the theatre arts. Peter is looking forward to contributing to the effective Governance of SECAMB.

- Membership Development Committee member
- Governor Development Committee member

Declared interests:

Public Governor – Member of GP Practice Patient Participation Group from 2022 to present.

Lower West: West Sussex

Andrew Latham (First term of office: 1 March 2022 – 28 February 2025)

Andrew lives in Crawley and leads the Crawley Community First responder scheme which he set up in that area.

Previously he had a successful business career as Chief Executive of three companies.

His involvement with the Trust goes back for over thirty years as he has been a St John Ambulance volunteer for decades. In that role, he assisted the Trust by providing emergency ambulance support in peak times. Throughout the pandemic he has continued to support the Trust on a St John Ambulance weekly attending mainly C3 calls.

Andrew is keen to work constructively and support, question, challenge and help the Trust to move ahead and improve where needed.

- Membership Development Committee member
- Governor Development Committee member
- Nominations Committee member

Declared interests: SECamb Volunteer Responder

Harvey Nash (First term of office: 1 March 2023 – 28 February 2026)

Harvey's career focus was people –recruiting, developing and motivating – alongside lots of change and quality management.

With St John Ambulance for many years, he provided first aid and event management Sussex, often working alongside SECamb.

His focus is on SECamb's abilities to attract, develop, support and best use the skills and energy of its' people and to keep them at the heart of Trust thinking and actions.

An involved grandparent, his other main activity is as a presiding justice in the Sussex Family Court.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Appointed Governors

Charity Sector

Vanessa Wood – Chief Executive of Age UK Thanet. (Second term of office: 8 July 2022 – 7 July 2025)

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. She has been a Registered Manager both in the UK and in South Australia. She worked with the

South Australian Government and set up the first Supported Residential Facility for Adults with Mental Health Issues, offering rehabilitation, inclusion and independence. She has also worked with the British Red Cross and supported Asylum Seekers, Unaccompanied Minors and Refugees to find their loved ones when contact had been lost through war, conflict or natural disaster. She has also worked for Social Services supporting adults over 65 with Mental Health Issues and has been an Investigating Officer in Safeguarding alerts.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Police

Lisa Bell – Chief Superintendent (First term of office: 5 May 2022 – 4 May 2025)

Lisa has spent her full 30 years working for Sussex Police working across a number of departments and disciplines including Divisional Commander for Brighton & Hove, and the Strategic Change Team. More recently she was Temporary Assistant Chief Constable with responsibility for the Sussex Police Force Contact, Command & Control Department and the Surrey Police and Sussex Police collaborated Operations Command including Gatwick Airport.

Lisa is a Strategic Public Order and Firearms Commander and has been the Gold Commander for significant events across the county, including large scale bonfire celebrations and Royal visits. Currently, she is Head of the Professional Standards Department.

Outside of work Lisa is kept busy with family and friends, spending time in her garden and taking care of a range of both furry and feathered friends on her smallholding.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Fire

Mark Rist – Director of Response and Resilience (First term of office: 15 July 2022 – 14 July 2025)

Mark is the director of Response and Resilience for Kent Fire and Rescue Service (KFRS).

Appointed in May 2021 he is responsible for service delivery from the service's fifty-six fire stations, fire and rescue control centre, Channel Tunnel fire station, and various national resilience assets. Mark's areas of responsibility also include health and safety, fleet and equipment and business continuity.

Prior to becoming director, Mark served as an area manager and then assistant director in KFRS. He has also served in East Sussex Fire and Rescue Service and London Fire Brigade.

Mark deputises for the Chief Executive of KFRS as required.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: Director of Response & Resilience for Kent Fire & Rescue Service (KFRS) (Full time paid employment).

Independent Trustee of the charity, Kent Search & Rescue (KSAR). This is an unpaid voluntary role and is registered with the Charity Commission as a charity trustee.

University

Dr Angela Glynn – Dean of School of Sport & Health Sciences, University of Brighton (First term of office: 15 July 2022 – 14 July 2025)

Angela is the Dean of the School of Sport and Health Sciences at the University of Brighton and is the Education representative Governor. She works closely with other Higher Education Providers, NHS colleagues and other Health and Social care providers across the region on the training and development of Nurses, Midwives and Allied Health Professionals in order to meet workforce needs.

In her Governor role she is particularly focused on developing and retaining the paramedic workforce and supporting our qualified paramedics to work with students in the field. This role will enable her to gain further insight into the Trust and enhance collaborative working.

Angela lives in Mid Sussex and was a Public Governor for The Queen Victoria NHS Foundation Trust for six years. She is a Physiotherapist by background and worked for NHS Trusts in Sussex, Kent, London and Bristol before moving into academia.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: none.

The Council of Governors

We would like to thank all Governors for their time and contributions over the last year. The Council has seen a number of Governors stand down due to a variety of personal reasons. In the 2023 elections, the promotional material will focus on being clear about the role, responsibilities, and anticipated time commitment to effectively undertake the role.

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

The council held three formal meetings and two Joint meetings with the Board. The first joint meeting was held in person, the first for two years due to COVID, with the overview to work together on specific topics. The council had a development session that involved a roundtable discussion around system partnerships, a discussion with the Chair on Council of Governors engagement with the Trust and a workshop for the Improvement Journey and Priorities for 2023/24. The council held three extraordinary meetings for the appointment of the Interim Chief Executive Officer, a NED position and the appointment of the substantive Chief Executive Officer.

The Councils formal meetings and our September Annual Members Meeting were in person and committee meetings were held online this last year. 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 Interim Chief Executive. The Trust has used interactive sessions between the Council and the Trust's Non-Executive Directors (NEDs) this year to ensure communication and shared understanding between the Council and the NEDs, and to enable the Council of Governors to hold the NEDs to account for the performance of the Board of Directors. This year at least two NEDs were in attendance at each formal Council meeting and 'escalation reports' from Board Committees are presented by NEDs to alert Governors to any risk areas for the Trust.

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

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

Membership Development Committee (MDC)

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

The remit of the Committee is to:

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

The committee met three times this year. Key areas of work have included: regular membership monitoring; planning and delivering the Trust's Annual Members Meeting and advising on membership recruitment and engagement opportunities.

You can read more about membership and public engagement in the Membership section of this report.

The MDC has worked to ensure that members' views and the views of the public are understood and communicated to the Board. Our Annual Members Meeting, which was attended by over 100 stakeholders, provided an opportunity for members, the public and our volunteers to meet Governors and Board members virtually and directly share their views. Creative approaches to membership engagement were discussed and adapted to enable member engagement to continue.

Nominations Committee (NomCom)

The majority of members of the Nominations Committee are Governors and the NomCom is usually chaired by the Trust Chair. The Trust's Senior Independent Director Michael Whitehouse, Non-Executive Director is also in regular attendance. During the year, the membership should include four public governors, one staff and one appointed governor.

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

Appointment of Non-Executive Directors

The nominations Committee led a process to appoint a new Non-Executive Director to the Trust. An extensive search and selection process, aided by BAME recruitment agency, culminated in the appointment of Max Puller by the council for a three-year term of office, which commenced on 6 February 2023.

Governor Development Committee (GDC)

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

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

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

Statutory Duties

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

Other Governor Engagement Activities

In addition, the Governors would normally get involved with local events to recruit new members into the Trust. The last year events have been very few due to COVID, as the restrictions were lifted more events started to take place. Three Governors attended Brooklands Museum and had a successful day of engagement with the public.

The Governors are invited to observe our frontline crews in action by spending time on our ambulances or in our Emergency Control Centres.

Appointments and Elections

Governor Elections were held during the year. Election results were announced on 17 November 2022 and the results were as follows:

Staff Governors Operational (1 to elect)

Sam Bowden (First term)

Number of eligible voters:	2,915
Total number of votes cast:	395
Turnout:	13.6%

Public Upper East (3 to elect)

Amanda Cool (First Term)

Colin Hall (Second term)

Barbara Wallis (First term)

Number of eligible voters:	3,354
Total number of votes cast:	170

Turnout: 5.1%

Public Upper West (1 to elect)

Peter Shore (First term)

Number of eligible voters: 2,248

Total number of votes cast: 110

Turnout: 4.9%

The following candidates were elected unopposed:

Public Lower East (1 to elect) – Leigh Westwood

Public Lower West (1 to elect) – Harvey Nash

At the end of the year, we are needing to the following vacancies:

- X1 Lower East Public Governor
- X1 Lower West Public Governor
- X1 Staff operational Governor
- X3 Appointed Governors

Work is underway to fill these vacancies.

Attendance at formal Council meetings by Board members

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

Name	Role	3 March 22 Joint	6 June 22	2 Sept 22 CoG & AMM	3 Nov 22 Joint	5 Dec 22	23 Feb 23
Philip Astle	CEO	✓					
Fionna Moore	Interim CEO		•	✓			
Siobhan Melia	Interim CEO			✓		✓	✓
David Astley	Chair	✓	✓	✓	✓	✓	✓
Michael Whitehouse	Senior NED	✓	-	✓		✓	✓
Paul Brocklehurst	NED	✓	✓	✓		✓	✓
Chris Gonde	Assoc. NED	✓		✓		-	-
Howard Goodbourn	NED	✓	-	✓		✓	✓
Liz Sharp	NED	-	✓	✓		✓	✓
Max Puller	NED						✓
Prof. Tom Quinn	NED	✓	-	✓		✓	✓

Dr Subo Shanmuganathan	NED	✓	✓	✓		-	-
Laurie McMahon	NED	✓					
David Ruiz-Celada	Director of Planning and Organisational Development					✓	✓

Key	
P	In attendance
-	Not in attendance
	Not in post

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

Name	Term of Office	Committee Membership	3 March 22	6 June 22	2 Sept 22 & AMM	3 Nov 22	5 Dec 22	23 Feb 23
Brian Chester	Second Term 01.03.2022 – 29.02.2024	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee Nominations Committee 	✓	-	✓	✓	✓	✓
Michael Tebbutt	First term 22.11.2021 - 28.02.2023	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓	-	-	-
Alison Fisher	22.11.2021 - 28.02.2023 RESIGNED 22.03.22	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓					
Leigh Westwood	Second term 01.03.2023 - 28.02.2026	<ul style="list-style-type: none"> Membership Development Committee 	✓	✓	✓	✓	✓	✓

		<ul style="list-style-type: none"> Governor Development Committee 						
Chris Burton	First Term 01.03.2020 - 28.02.2023	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓	✓	✓	✓
Vanessa Wood	Second term 08.07.2022 – 07.07.2025	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓				
Cllr Sinead Mooney	Appointed 06.12.2021 - 05.12.2024 RESIGNED 24.05.22 then retracted it 21.06.22. RESIGNED	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	-	-	-	-	-
Martin Brand	First term 01.03.2022 - 29.02.2024	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓	✓	✓	✓
Andrew Latham	First Term 01.03.2022 – 28.02.2025	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee Nomination Committee 	✓	✓	✓	✓	✓	✓
Linda Caine	First term 01.03.2022 - 28.02.2025	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓	✓	✓	✓

Kirsty Booth	First term 01.03.2022 - 28.02.2025	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	-	✓	✓	✓	✓
Nicolas Harrison	Second term 01.03.2022 - 28.02.2025	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓	✓	✓	✓
Patricia Delaney	01.03.2022 - 28.02.2025 Resigned 05/12/2022 due to ill health	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓	-	-	-
David Romaine	First term 01.03.2022 - 29.02.2024	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓	✓	✓	✓
Stuart Dane	Second term 01.03.2022 - 29.02.2024 Removed from post 2022	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓	-	-	
Howard Pescott	First term 06.09.2019 - 05.09.2022	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓			
Sarah Swindell	First term 18.04.2019 - 17.04.2022	<ul style="list-style-type: none"> Membership Development Committee 	✓					

		<ul style="list-style-type: none"> Governor Development Committee 						
Ann Osler	First term 01.03.2022 – 28.02.2024	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	✓	✓	✓	✓	✓
Matt Alsbury-Morris	Second term 01.03.2022 – 29.02.2024 Resigned – 17.10.2022	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	✓	-	-			
Colin Hall	Second term 01.03.2023 – 28.02.2026	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	-	✓	✓	✓	✓	✓
Amanda Cool	Second term 01.03.2020 – 28.02.2023 Resign – 10.06.2022	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	-	-	✓	✓	✓	✓
Nigel Robinson	01.03.2020 – 28.02.2023 Leave of absence – 01.11.2022 did not return	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 	-	✓		-	-	-
Lisa Bell	First term 05.05.2022 – 14.05.2025	<ul style="list-style-type: none"> Membership Development Committee Governor Development Committee 		✓	✓	✓	✓	✓
Mark Rist	First term	<ul style="list-style-type: none"> Membership Development Committee 			✓	✓	✓	✓

		<ul style="list-style-type: none"> • Governor Development Committee 						
Dr Angela Glynn	First Term	<ul style="list-style-type: none"> • Membership Development Committee • Governor Development Committee 			✓	✓	✓	•
Harvey Nash	First term 01.03.2023 28.02.2026	<ul style="list-style-type: none"> • Membership Development Committee • Governor Development Committee 						•

Patient safety and quality improvement

This section sets out a summary of our approach to patient safety, incorporating:

- Our approach to learning and serious incidents in particular
- Compliments and complaints
- Safeguarding

Patient Safety Response Framework

During the year, work began to implement the new Patient Safety Response Framework (PSIRF) throughout the Trust.

This new focus will see a move away from investigating individual incidents currently identified as 'Serious Incidents' based upon the level of harm caused, to a more systemic approach irrelevant of the level of harm caused. Investigations will be initiated based on identified trend and theme analysis collated from all areas within the Trust covering a three-year period, and where, within the Trust, it is felt the highest level of learning can be maximised, and / or the greatest level of risk can be mitigated.

As part of this process, the Trust are required to publish their Patient Safety Investigation Response Plan (PSIRP), which will identify the key areas identified through the analysis process, and where the Trust feel the greatest levels of risk reduction and incident mitigation can be achieved.

Incidents

Incident reporting is central to improving patient safety within all NHS Trust.

During 2022/23, the Trust has seen a decrease in incidents reported through the Datix system. As covered elsewhere in the Report, the Trust stood down it's COVID-19 Hub on 31 March 2022, which had counted for the uplift of incidents reported in 2021/22.

The Trust has also seen industrial action take place during the latter part of the financial year, which accounted for a 10% drop in incident reporting over these days. The Trust is committed to the safety of our patients and the lessons learned.

Total incidents reported

Year	Number of Incidents Reported	% Increase on Previous Year	Number of Responses	% of Reponses resulting in incident being reported
2018/19	9,216	23%	717,665	1.3%
2019/20	11,503	25%	760,565	1.5%
2020/21	13,983	25%	741,767	1.8%
2021/22	17,254	12.3%	757,989	1.2%
2022/23	16,429	(7.5%)	898,225	1.8%

Over the past 12 months the Trust has continued to build on the work started during 2021/22 to consistently embed a culture of taking the lessons learned from incidents rather than attaching blame. During 2023/24 further work will be undertaken to broaden the reach of learnings coming out of incidents. This will involve the launch of PSIRF, Learn From Patient Safety Events (LFPSE) and the new Datix incident reporting module moving from the Trust’s web-based system to cloud. The Trust is firmly committed to patient safety and learning by investing in its process, systems and people.

The below table demonstrates increase/decrease year-on-year in relation to specific types of incidents reported in the Trust (discrepancies with data above attributable to incidents awaiting investigation and validation of categorisation).

	2021/2022	2022/23	Increase/decrease year on year
Patient/Service User	7,302	8,846	8.2%
Affecting Staff	5,696	3,663	(15.5%)
Incident Affecting the trust	3,756	3,594	(1%)
Incident Affecting Visitors	359	315	(1.1%)

One of the contributors to the decrease in the figures is a result of Track and Trace, (used for staff who were isolating or had COVID-19.)

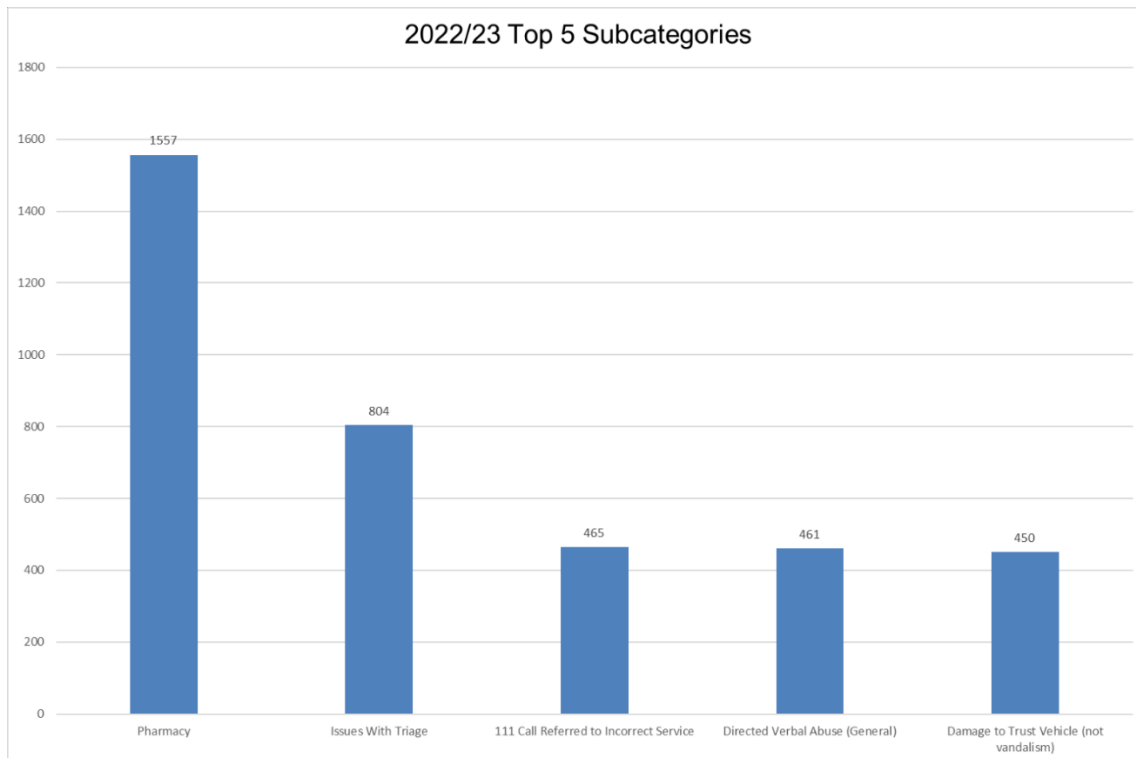
Due to the change in national guidance, the COVID Hub and Track and Trace team were stood down 31 March 2022. This saw a natural reduction in the number of incidents reported – for example, during the peak of the Omicron variant, the Trust saw 1,453 incidents logged between November to December 2021.

During the year, the Trust has seen an increase in patient/ service user incidents which correlates with the uplift of calls and responses into the organisation.

The top five categories of incidents reported during 2022/23, can be seen in the below chart. The Trust has seen an increase in external pharmacy issues (incidents being reported relate to concerns whereby the pharmacy is not following the contractual agreement if they are unable to assist the patient).

These are reported on Datix as they increase the calls coming into the service that require an assessment. During 2022/23, 1,557 incidents of this nature have been received and are appearing to increase potentially as more pharmacies sign up to the national CPCS/PHARM+ framework.

The Trust continues to experience on-going pressures and has been in REAP4 status for the majority of 2022/23.



Complaints and Patient Advice and Liaison Services

During 2022/23:

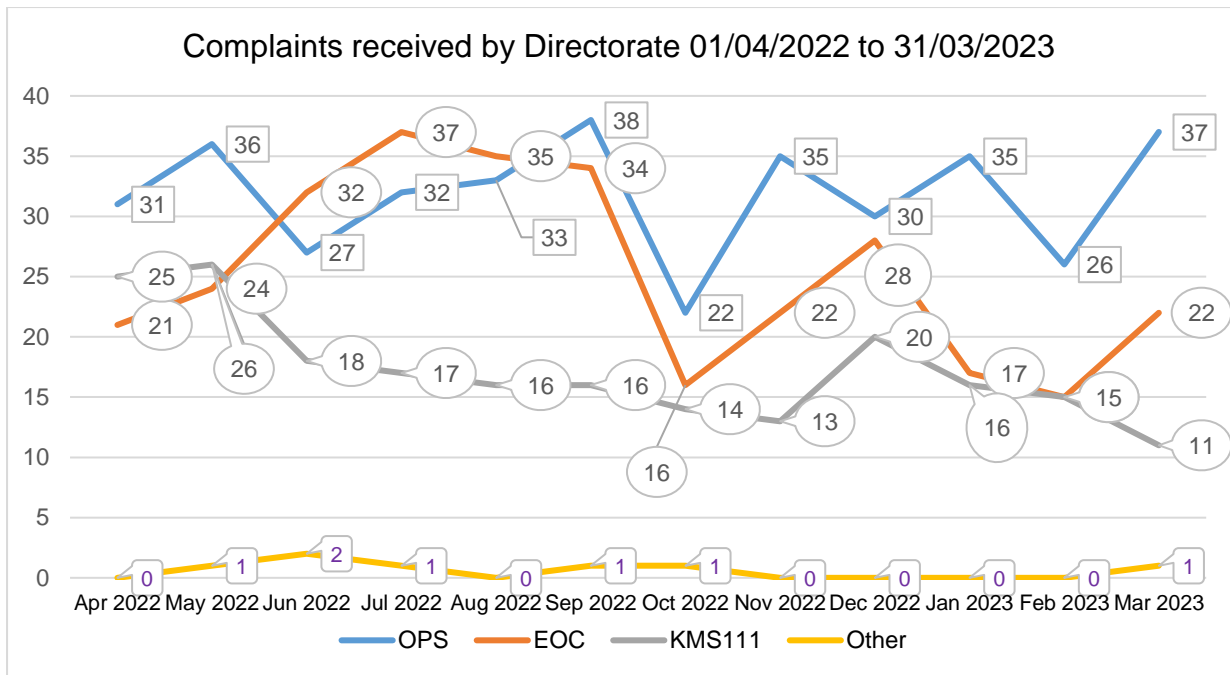
- Our Emergency Operations Centre staff answered 888,172 calls.
- Our A&E road staff attended 648,237 responses to patients.
- Our NHS 111 staff took 964,499 calls

The Trust continues to see an increase in demand for our services however, the number of complaints received has decreased by 16.5% over last year. There were 1,079 complaints received in the year 2021/22 but this reduced to 899 for 2022/23.

During the first and second lockdown in 2020, the Trust increased the number of days to respond to complaints from 25 to 50 working days. The decision was taken at the start of 2021/22, after consulting with other ambulance services and acute trusts, to reduce this to 35 working days which we have maintained; many other Trusts have kept increased timescales ranging from 60 working days to six calendar months.

The Trust closed 923 complaints during the reporting period, with 68% closed within 35 working days. The average response time was 32 working days. During the investigation period all complainants were kept informed and advised if there was a delay.

The number of complaints received by the Trust for the reported period was 899, this shows a decrease of 16.5%.



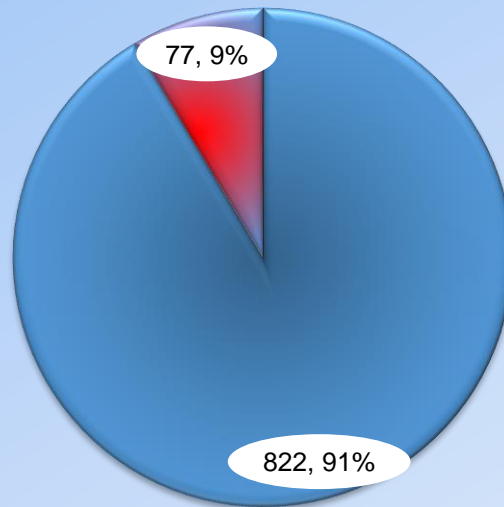
Review and grading of complaints

When complaints are received, they are reviewed and graded according to their apparent seriousness; this ensures that they are investigated proportionately. 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 complex nature.

Most complaints received during 2022/23 were graded as level 2 (91%), with the remaining 9% as level 3. The level of grading given to a complaint when received is reviewed once the investigation has been completed and may be increased or downgraded dependent on the outcome.

Complaints by grading



- 2-Complaint, investigation required
- 3-Serious clinical complicated complaint

Complaints are ordered into categories and can be further distinguished by sorting these into sub-categories to help with identifying trends.

Complaints received during 2022/23 by subject and service area:

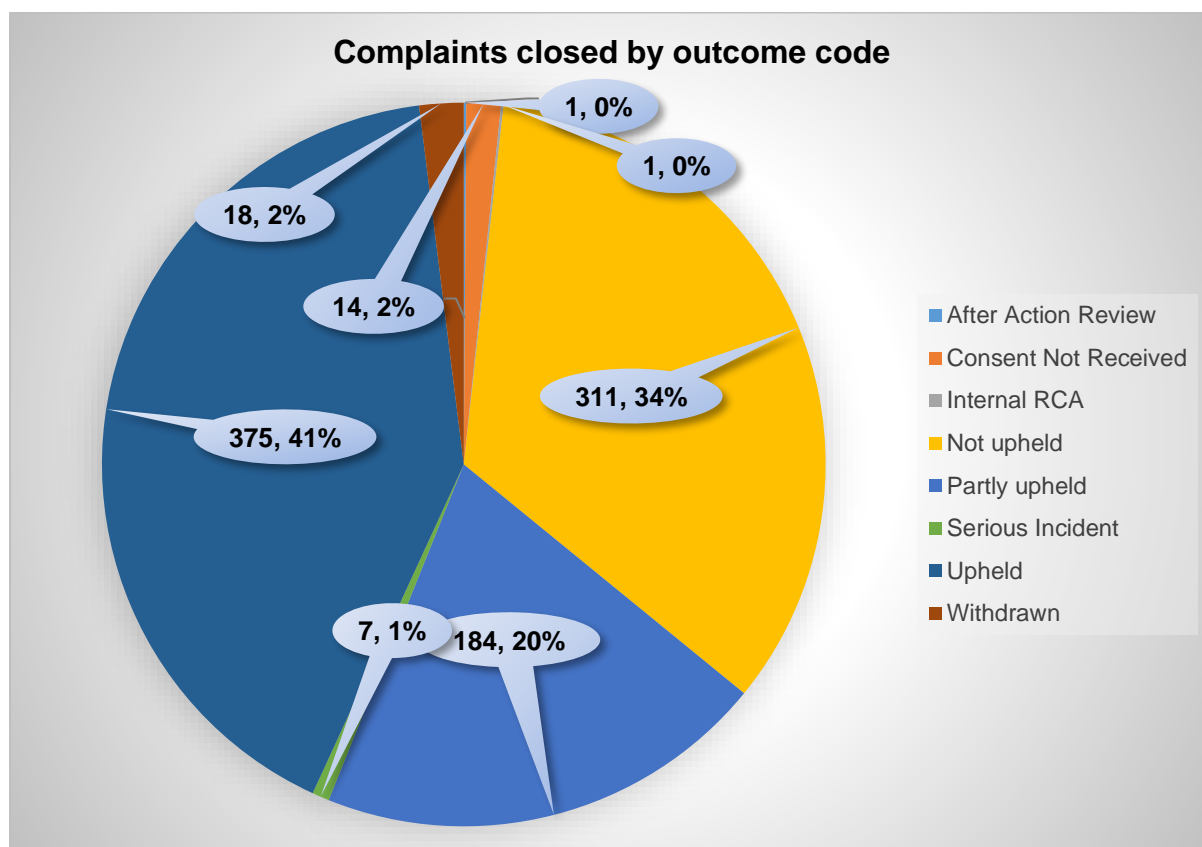
	OPS	EOC	KMS111	Other	Total
Administration error	1	1	6	0	8
Breach of confidentiality	1	0	0	0	1
Communication issues	2	10	9	2	23
Crew diagnosis	21	0	0	0	21
Delay in 999 call being answered	0	11	0	0	11
DOS issues	0	0	9	0	9
Equipment issues	2	1	0	0	3
GP call back delay	0	1	10	0	11
History marking appeal	3	0	0	0	3
Inappropriate treatment	56	3	4	2	65
Information governance issue	1	0	0	0	1
Made to walk	6	0	0	0	6
Miscellaneous	5	1	2	0	8
Not transported to hospital	32	5	0	0	37
Pathways	2	108	51	0	161
Patient injury	1	0	0	0	1
Privacy and dignity	6	0	0	0	6
SECamb policy or procedure issue	0	0	1	0	1
Staff conduct / attitude	219	25	25	2	271

Standard of driving	20	0	0	1	21
Timeliness - 111 Response	0	1	89	0	90
Timeliness - A&E	4	137	0	0	141
Total	382	304	206	7	899

When a complaint is concluded, a decision is made by the Investigating Manager to either uphold, partly uphold, or not uphold the complaint, based on the findings of their investigation.

During 2022/23 923 complaints were responded to, of these, 60% were found to be upheld or partly upheld. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'. If a complaint is made regarding more than one issue, and one or more of these issues are upheld, the complaint is recorded as 'partially upheld'. The outcome from complaints is shown in the figure below:

Complaints by Outcome - 2022/23



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, 14 (2%) in 2022/23. 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 18 (2%) such complaints in the reported period. There are also some complaints that are reviewed by the Serious Incident Group, and if they result in a Serious Incident / Internal Root

Cause Analysis / After Action Review the complaints are closed and the complainant informed of the new timescales for the investigation to be completed. There were two such cases last year.

The current timescale for investigating complaints is 35 working days.

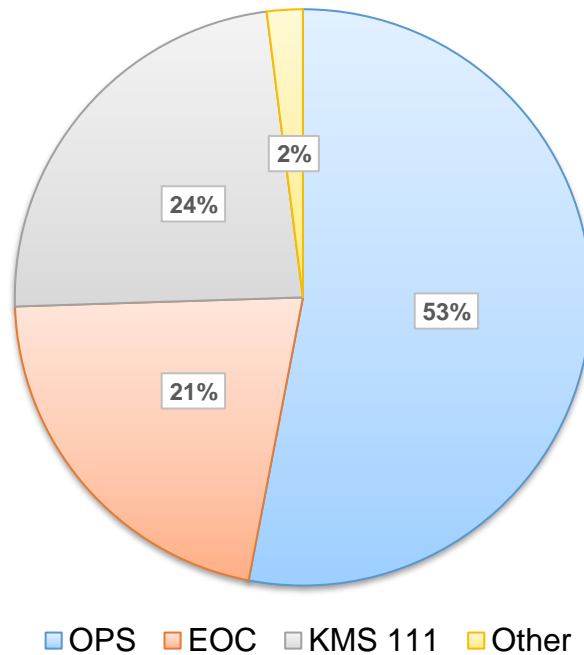
Directorate	Overall number of complaints closed	Number of complaints closed within 35 working days	Percentage	Average number of days to respond
Emergency Operations Centre (EOC)	316	147	47%	39
111	210	192	92%	21
Operational	390	282	72%	31
Other	7	4	57%	36
Overall	923	625	68%	32

The above data shows extended response timescales for EOC complaints. This issue arose due to a back log of complaints which accumulated following staffing issues within the Patient Experience Team. Although the back log has subsequently been cleared with the support of the Trust Alternative Duties team, this took some considerable time and it helped us to identify that additional resilience is required within this area.

Learning From Complaints

Lessons from complaints throughout 2022/23 have again been wide ranging:

Actions taken / learning from closed complaints



149 actions were identified from complaints and, examples of specific learning and changes made because of complaints include:

- Issue raised with NHS Pathways triage system at a national level include:
 - Patients who have suffered major blunt force injuries
 - Post tonsillectomy bleeds
 - Support for callers who require an advocate during video conference calls
 - Sickle cell patients, diabetic ketoacidosis, and clinical overrides all of which have been found to be either a route cause or a contributory factor in complaints
- Conflict resolution training
- Restricted practice whilst receiving additional or refresher training
- Driving assessment from Fleet Risk Reduction and Driving Standards Manager
- A clinical guidance for sickle cell crisis was put together by 111s GP lead for sharing with a clinical staff in both EOC and 111

Parliamentary and Health Service Ombudsman

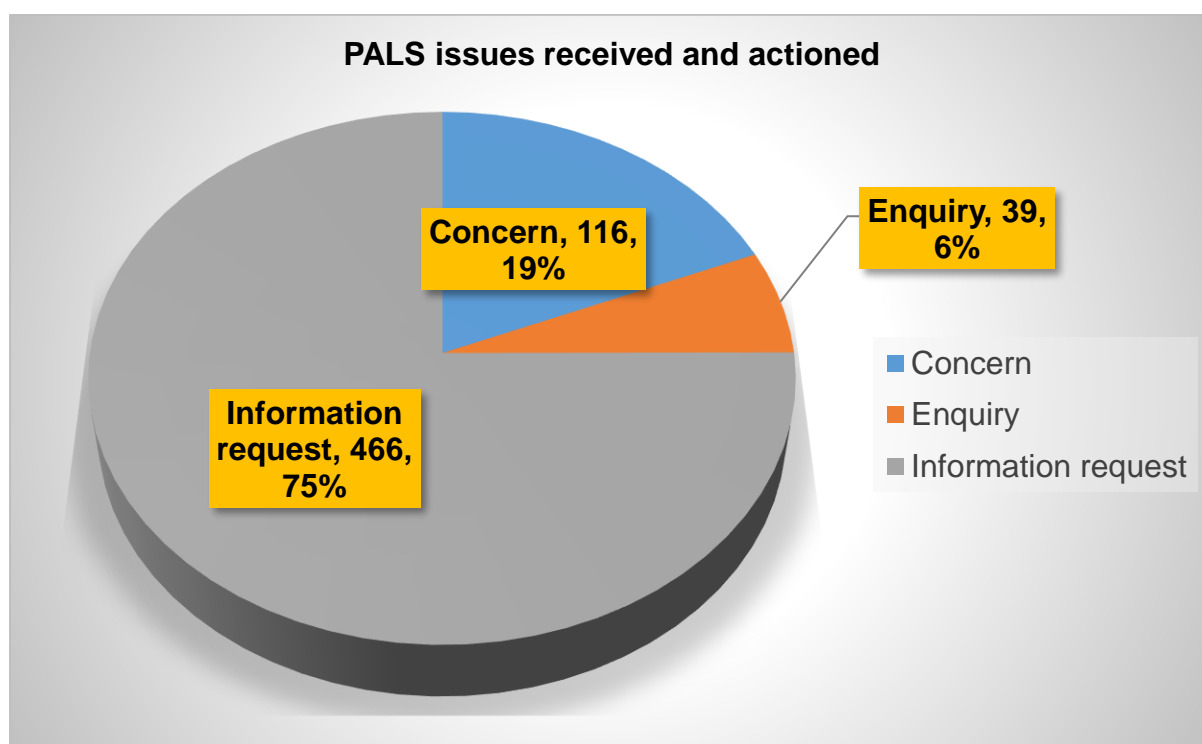
Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for review. When the Ombudsman's office receives a complaint, they contact the Patient Experience Team to establish whether 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 2022/23 the PHSO contacted the Trust to ask for copies of two complaint files.

Patient Advice and Liaison Service (PALS)

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



Matters handled as PALS issues has again increased:

PALS issue	2021/2022	2022/2023	% Increase
Concern	83	116	40%
Information Request	452	466	3%
Enquiry	18	39	114%
Overall	553	621	12%

Most requests for information are Subject Access Requests (SAR), where patients or their relatives require copies of the electronic Patient Clinical Record (ePCR) completed by our crews when they attended them, or recordings of 999 or 111 calls, for a range of reasons. These requests are dealt with in accordance with the General Data Protection Regulations. The implementation of the new ePCR has streamlined the process.

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

Compliments

The Trust received 1,995 compliments during the reported period which showed a 2.5% decrease on the same period last year. Compliments are recorded on the Trust's Datix system (electronic patient safety and risk management software system), alongside complaints, so that both the positive and negative feedback is captured and reported back to operational staff.

The staff member(s) concerned receive a letter from the Chief Executive in recognition of the dedication and care they provide to our patients. During 2022/23 the Trust received 1,995 compliments compared to 2,011 in 2021/22.

Compliments by service/operating area and month

Service / Operating Unit by month	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
Ashford OU	16	17	14	14	24	11	9	16	5	17	27	20	190
Banstead OU	0	3	3	0	0	0	0	0	0	0	0	0	6
Brighton & Mid Sussex OU	10	14	17	14	23	12	8	11	10	21	21	23	184
Chertsey OU	8	6	8	5	8	12	5	9	7	13	11	14	106
Gatwick and Redhill OU	26	25	29	21	36	23	22	20	18	41	34	39	334
Guildford OU	15	19	12	8	14	14	12	9	3	14	15	18	153
Medway and Dartford OU	11	19	19	11	26	23	14	9	8	29	19	25	213
Paddock Wood OU	16	16	19	10	17	16	12	11	7	23	26	22	195
Polegate & Hastings OU	8	18	10	7	13	15	13	6	5	20	14	24	153
Tangmere & Worthing OU	18	21	21	17	32	21	17	17	12	32	26	32	266
Thanet OU	10	19	13	11	13	12	11	12	3	18	15	14	151
HART	0	0	0	0	0	2	0	0	0	0	0	1	3
KMS 111	4	3	2	2	2	2	1	2	1	4	5	6	34
East EOC	0	0	0	0	1	0	0	1	0	0	0	0	2
West EOC	0	1	0	1	0	1	1	0	0	1	0	0	5
Total	142	181	167	121	209	164	125	123	79	233	213	238	1995

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

Our operational staff received 1,954 compliments from the 648,237 attendances they made, this is equivalent to one compliment for every 332 attendances.

Feedback from Care Opinion Website

We welcome the opportunity for feedback from patients, their families, and carers and whilst the Trust plans to expand the way we engage with those that use our services, we do currently already receive anonymous feedback through the Care Opinion website, which is a feedback platform for health and social care.

During 2022/23 we received nine compliments through this platform, which is a small increase on the eight compliments received through the website in 2021/22.

	Compliments	Complaints
Care Opinion	9	2

This is compared to the previous year, 2021/22, when feedback was:

	Compliments	Complaints
Care Opinion	8	2

Serious Incidents (SIs)

This past year has seen a significant shift in clearing the backlog of incidents which had arisen following the pandemic and the harm reviews which were commenced on 21 June 2021.

The Trust has been successful in clearing the backlog of investigations and is now in a much better place, with investigations being submitted in a timely manner and fewer incidents exceeding their 60-day investigation deadline. With a revised and improved process for oversight of the investigations, there is now better scrutiny, an escalation channel for when concerns with or within investigations need raising, and better support for our investigators with subject matter experts recently being allocated alongside the investigators to help keep the focus on the investigation and offer advice, and support along the way. The latter point is a very new development, however, has so far proven to be successful and the SI team are receiving some positive feedback with this approach.

The SI team is now in a much better position to identify and implement the learning identified from our investigations which is necessary to minimise the risk of reoccurring events. A newly created 'Learning from SIs' Group has supported the mechanism in disseminating the learning to the key audience members and promoting the same learning across various platform via altering techniques to ensure all types of learners are reached. These learning pieces have been well received, and as we venture into 2023/24, the Group is looking forward to

considering new ways to maximise the learning opportunities for all colleagues throughout the Trust.

The managers within the Serious Incident team continue to present their investigations via means of the Serious Incident Group, and the Integrated Care Board (ICB), as well as to internal governance groups across the Trust too. Themes, trends, oversight of investigation compliance, and ownership of SI actions are now standing agenda items in most of the Trust's directorate meetings, with swift conclusions to the actions being the primary aim, so the learning can be captured and implemented at an early stage. The past 12 months has seen a conclusion to all breached actions from investigations dating back as far as 2019. This now means, all outstanding actions from SI investigations are relevant and current.

Nationally, the NHS is working towards September 2023 for the implementation of the NHS Patient Safety Strategy. Currently, the Trust still reports serious incidents (SIs) in line with the national framework.

During 2022/23 the Trust reported 64 serious incidents and 0 never events. Once investigated, it was agreed with the Lead Commissioners that 8 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 56 SIs. This is a reduction from last year's figure of 61 and we can now track four years of sustained improvement.

Over the past year, the Trust has also identified that for some incidents, there was a greater need for a more focused approach to ensure staff receive timely, quality led feedback to support their learning, as opposed to the investigation requiring a deeper, potentially more system-wide approach. As a result, methodologies such as End to End (E2E), or After-Action Reviews (AAR) have been utilised over the past year.

Level 3 Reporting 2022/23

Level 3 Reporting Type	Number of Incidents Reported
After Action Review	17
Internal RCA	9
End to End Review	6
Patient Safety Incident Response Framework	0
Grand Total	32

During 2021/22, the Trust developed its approach in clustering reports where it was identified that identical or similar learning was likely from incidents with matching circumstances.

In 2022/23, the Trust built upon this progress and along with smaller cluster investigations, produced two larger cluster reports which focused primarily on the Trust being unable to respond to our patients in a timely manner due to the demand and capacity experienced within the identified three-month period. Comparisons were made between the reports produced to identify whether any new learning could

be extracted from the demand and capacity issues, and whether any facets altered depending on the period which was investigated.

Central Alerting System (CAS)

The Trust uses Datix to store and hold all its safety alerts received through the CAS. This allows the alerts to be disseminated to multi-skilled staff in relevant departments for review. There are several email groups set up within the Datix system which include contacts from estates and facilities, pharmacy colleagues, medical equipment groups and medical directorate staff. Depending on the nature of the alert received it will be cascaded from Datix via email to one or more of these groups to provide assurance as to whether any actions are required from the Trust to ensure the safety of our patients and crews.

How quickly we require a response back from the above groups depends on the type of alert received. Datix has a function which allows us to select a deadline for reviewing the alert and for responding. If for example, a Class 1 MHRA Drug Alert were to be received the Trust must respond within 24 hours of the alert being disseminated, as this is a significant hazard to patient safety, whereas other alerts are purely sent out for information purposes only and do not pose a threat to patient harm.

The alerts received through the CAS system often require a response through the CAS website to provide assurance that the alert has been safely dealt with, even when no actions were required. Usually, when no actions are required, this will be due to the alert being aimed at acute settings like hospitals, however there are still many that are more generic and relate to medications or equipment that are relevant to SECamb.

Alerts which require actions to be undertaken will be identified by an individual in the email group it was sent to and information regarding the appropriate course of action will be advised. This is then updated on Datix and when necessary, through the CAS website also (depending on where the alert has come from).

We receive safety alerts using several different processes, this includes monitoring the SECamb CAS inbox and CAS website and undertaking searches for Field Safety Notices on GOV.UK.

The clinical workforce within the 111 Clinical Assessment Service has expanded to include various registrant skill sets to support joint working and enhance clinical decision making and learning across the Trust. This has led to the need to disseminate some of the safety alerts that come through to the 111 clinicians, providing them with information relevant to their roles and enhancing the assessments they undertake on patients by providing them with relevant knowledge.

Over the reporting period, one of the alerts received required ongoing actions, which were regularly followed up with those responsible for implementing them. Details around the actions are updated on the progress notes within the Datix record and attachments of any relevant conversations from the emails relating to them are uploaded to this.

During 2022/23 144 alerts were received by SECamb, the breakdown of their source is shown below:

Alert Generated by	Number received during 2022/2023
CMO Messaging	13
MHRA Medical Devices	3
National Patient Safety Agency	7
Central Alerting System Helpdesk	5
MHRA Drug Alert	50
MHRA Field Safety Alerts	66
Total	144

Upon receipt, all alerts are disseminated to the most appropriate senior team for assessment and where appropriate, a response. The breakdown below shows the action type status for all alerts logged within the reporting period.

Action type	Number received during 2022/2023
Information only	36
Action required ongoing	1
Action not required	26
Action completed	2
Disseminated to 111 clinicians	20
Acknowledged	59
Total	144

Safety alerts have now migrated to Datix DCIQ from Datix Wed from 1 May 2023. This will enable the Trust to manage the process more efficiently with access to wider reporting functionality to ensure compliance. Moving over to a cloud-based solution is also in line with wider NHS IT policy to move away from web based systems.

Safeguarding

Safeguarding is a vital process that protects children and adults from harm, abuse and neglect. The safety and wellbeing of adults and children is important as they encounter the services that SECAMB's 999 and 111 provide. SECAMB reinforces the principle that safeguarding is everybody's responsibility and develops a culture of continuous learning and improvement to promote the safety and welfare of adults at risk, children and young people and looked after children.

In 2022/23, a total of approximately 28,500 referrals were received across the NHS111 and 999 services: 23,000 for adults and 5,500 for children. This equates to an increase of 20 per cent compared to the previous year. Throughout 2022/23 the Safeguarding Team have noticed seasonal variances in safeguarding concerns. For example, the autumn and early winter months of 2022 noted a 35% increase in referrals for children compared to the same period the previous year; the Trust also noted a 12% increase in referrals for adults at risk.

Key reasons for referral trends include and highlight:

- Possible lowering of referral thresholds for children
- Significant increase in children's mental health concerns
- Possible raising of thresholds for adults resulting in higher acuity referrals
- Month on month doubling of environmental and poor housing conditions
- Evidence of increasing childhood neglect because of 'heating v. eating' challenges
- Concerns include impact of deteriorating respiratory function, malnutrition and poor housing, mould etc.
- 50:50 spread of older and frail population and children with underlying health conditions

All referrals continue to be reviewed by members of the Safeguarding team before forwarding to the relevant local authority. Over the past four years the Trust has seen a 75% rise in safeguarding referral numbers.

Although it's difficult to pinpoint the exact reasons that explain such a considerable rise, contributing factors would include:

- The increased profile of Safeguarding across the organisation.
- Impact of rolling out comprehensive Safeguarding training and education programmes across the Trust.
- Transfer of the commissioned NHS111 service to SECAMB four years ago with the subsequent increase in associated safeguarding workload.
- Increased expectation of detecting and reporting safeguarding concerns.
- Greater multi-agency focus on new and developing areas of preventative areas of safeguarding, for example, referrals requesting early help assessments for children, young people and their families.
- Safeguarding Adult Reviews focusing on escalating risks developing from unaddressed low level care needs.

- Lack of alternative referral pathways (especially out of hours) for low acuity social concerns, especially those that will become high acuity without an opportunity for early intervention.
- Pressures across society because of the increased cost of living, particularly in areas of higher socioeconomic need.
- A system wide and contractual expectation paramedics (and other registrants) receive far more in-depth Safeguarding training from 2019.

Emerging themes will continue to contribute to this upward trajectory, for example in recent months the Safeguarding Team have noted a substantial increase in concerns regards lack of adequate heating and nutrition that appears to be linked to the cost-of-living crisis, an observation supported across the wider system.

Scrutiny of safeguarding practice demonstrates a very strong safeguarding reporting culture throughout the organisation. The recognition by the SECamb workforce of the increasing care needs across a frail and vulnerable population are highlighted clearly in the safeguarding referrals received by the Safeguarding team. Although a portion of initial concerns may not be overtly safeguarding, a review of a patients care needs by social care can often identify other concerns such as inadequate care provision or identifying other unmet needs. Continued inadequate care provision can often lead to poor health outcomes leading to the possibility of more emergency and, urgent care being required.

Increasing care needs are recognised in 39% of referrals made by the SECamb workforce across its 111 and 999 services. However, further scrutiny of the figures suggests that 60% of these referrals have a recognised primary or secondary safeguarding concern attributable to self-neglect, mental health, neglect, access to early help, domestic abuse, or other risk category. From the information recorded on Datix by the Safeguarding team, the data indicates that less than 15% of total safeguarding referrals are solely highlighting the increasing care needs and risks experienced by patients.

Analysis of the Safeguarding reporting dashboard demonstrates a consistent level of reporting across the trust. Services provided by EOC and 111 call centres account for up to 36% of safeguarding referrals for this year: an increase of 3% on last year. Given the 'front door' nature of the workload within the call centres it's unsurprising that safeguarding concerns are identified within the patient triage system and escalated accordingly.

Field Operation services across the trust escalate approximately 58% of safeguarding referrals; closer scrutiny of the data generally reflects a consistent pattern in the proportion of referrals received from each Operating Unit (OU). Analysis of reporting figures in 2022/23 compared to the previous year identify that in most services and OUs there was less than a 1.5% increase or decrease in the proportion of referrals made to the safeguarding team. The highest swings in referral data highlighted a proportionate increase of 1.7% in referrals from Paddock Wood and a proportionate reduction of 2.3% in referrals from Medway & Dartford OU.

Update on training information for 2022/23

In early 2022 the Trust's Executive Management Board agreed to suspend face to face Level 3 (L3) Safeguarding training because of the unprecedented operational demand caused by the Covid-19 pandemic. Outlined in the 2022 CQC report was the requirement to improve Safeguarding training and to ensure that all staff complete mandatory Safeguarding training in line with the trust target.

During June 2022 agreement was reached with senior operational leaders to reintroduce the training across the Trust from September 2022. The training is delivered by four members of the Safeguarding team and consists of a session over Microsoft Teams focusing on adults and children's Safeguarding that's in line with the competency framework outlined in the nationally adopted multi-agency Intercollegiate Document.

Total L3 compliance level at the beginning of September 2022 was at 55%. Commissioning requirements for Safeguarding expect a minimum 85% compliance across provider services. As of 1 March 2023, a total of 1,878 clinicians out of a total of approximately 2,220 (85%) are in date with their L3 Safeguarding training.

Throughout 2023/24 plans are in place to ensure that L3 Safeguarding training compliance remains high across the trust's services in NHS111, EOC and field operations.

Information Governance (IG)

The Trust's information governance framework continues to ensure that all SECAMB's information is handled in a secure and confidential manner to deliver the best possible healthcare and services. Compliance with information governance is integral to manage patient, personal and sensitive information legally, securely, and efficiently.

The IG framework is fully embedded within the organisation and ensures that the Trust meets its statutory legal requirements in line with data protection legislation.

During the COVID 19 pandemic, the Trust was required to increase our external and internal data processing to effectively respond to the challenges of delivering effective patient care at the time. All data processing remained in line with legislation with internal assurance 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.

Temporary legislation which was issued at the start of the pandemic in the form of a COPI Notice (Control of Patient Information Notice), ceased on 30 June 2022. At the time of writing the Trust is completing the latest element of the Covid – 19 Inquiry focusing on the Impact of the Pandemic on Healthcare.

Engagement by the IG team within the Trust is positive. The past year has provided the opportunity to re-engage with services in a face-to-face environment. The Head of Information Governance / Data Protection Officer continues to take a proactive approach and utilise Trust technologies to ensure engagement. This includes the recent implementation of Yammer which is used as an internal communication tool within the Trust. The Information Governance Working Group is well established and includes widespread membership, comprising of Senior Managers, the EOC 999 and NHS111 and front-line service colleagues. Meetings take place monthly and when this is not possible, alternative methods of communication are utilised to provide assurance.

The Trust continues to implement its clinical integration programme with partner organisations and ICB groups within the Kent, Surrey, Thames Valley, and Sussex localities. Access to read only shared patient care records for Kent, Surrey and Thames Valley is in place for the 999 and 111 services with planned roll out to front line operations expected during Quarter 1.

In addition to this the Trust is looking to commence with uploading data into these shared patient care records systems with user acceptance testing currently taking place. Access, together with the contributing of data, will be a key milestone for the Trust and will provide huge benefits relating to the ongoing delivery of patient care leading to better outcomes. Partnership working alongside our ICB organisations remains paramount to the success of these programmes.

These workstreams involve the review and completion of complex IG and IT assurance with robust checks and balances taking place prior to implementation.

Collaboration with the Trusts IT department provides technical expertise and ensures adherence to national mandated standards.

Openness, transparency, and compliance with data protection legislation continues to be evidenced. The Trust utilises its external and internal intranets to provide advice and guidance relating to information governance and holds a suite of Privacy Notices relating to services within the Trust. Information and accompanying leaflets are published on the public facing website together with information relating to shared patient care records. This also includes information relating to general data sharing / processing, Data Subject Access requests, and the National Data Opt Out scheme.

Confidentiality and compliance with data protection legislation is and remains at the forefront of our organisation. As an Ambulance Trust, we process 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 Data Protection and Cyber Security awareness training continues on an annual basis.

This modularised training is annually reviewed and updated by the Head of Information Governance / Data Protection Officer and is published on the 1 April each year. Completion provides assurance that all staff are aware of their individual roles and responsibilities around maintaining confidentiality, appropriate data sharing, and the processing of personal data with a legal basis.

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 10 data security standards. All NHS organisations and external providers of services who process NHS patient data and utilise systems must complete this assessment on an annual basis. It is also an NHS contractual requirement.

The toolkit was remotely audited by our internal auditors in May 2022, with a satisfactory level of assurance attained.

The Data Protection Impact Assessments (DPIA) process is fully embedded within the organisation with a dedicated information page available within the Trust's intranet. DPIA's remain a mandatory requirement under the UK GDPR and are completed in instances where there are changes to systems or processes involving personal data. In essence, these are an IG risk assessment tool used to identify any associated data protection risks involved with data processing. Completion ensures that the Trust remains compliant with data protection legislation and provides documented internal assurance.

Collaborative Working

Strategic development and clear communication are both fundamental to the success of a robust information governance agenda and IG-aware culture. These requirements remain essential as the Trust continues with the integration and contribution of shared patient care records within the health and social care setting and its ongoing collaboration with ICBs' and partner organisations.

Internal IG awareness sessions with operational teams commenced in November 2022 with huge benefit reported by all stakeholders.

The Head of Information Governance / Data Protection Officer continues to work proactively and collaboratively at a national and local level. Regular attendance takes place at the national DPO forum facilitated by the IG Policy Team, NHS Transformation Directorate | NHS England and with the National Ambulance Information Governance Group. At a local level membership with the Sussex, Kent and Surrey Information Governance Groups and locality ICBs' ensures best practice. This collaborative working provides a professional forum for shared learning and remains a vital component as we continue our critical clinical integration work with partner organisations across Kent, Sussex, and Surrey localities.

Another key milestone for the Trust during 2022/2023 was the successful filming and transmission of Series 1 "999: Emergency Call Out". This series followed the work of the Joint Response Unit (JRU) within the Kent locality and involved a significant level of IG assurance to ensure compliance with data protection legislation. The production was a first for the Trust and was well received.

Please see the Annual Governance Statement in this Report for information on reportable IG breaches.

Forward Plan

The Trust will continue to strategically develop its existing framework through promoting IG awareness and compliance. With increased complex data sharing, the integration and contributing of data to clinical systems within the health and social care setting, compliance with Information Governance remains a vital element. There is a need to focus and plan face to face on site meetings, and service visits all of which will provide assurance and evidence compliance. In instances where this is not possible, the Trust will continue to utilise its internal IT systems which work well.

Annual spot-checking audits are fundamental and remain a requirement of the Data Security and Protection Toolkit. These audits will continue with findings formally recorded and presented to the IG Working Group for review and assurance.

Infection Prevention Control (IPC)

The key aim for 2022/23 was to maintain compliance with the national guidance relating to the COVID-19 pandemic, whilst still ensuring that all other Infection Prevention and Control (IPC) procedures were being followed by staff to help minimise the risks of healthcare associated infection; staff have a duty to safeguard the wellbeing of patients and members of the public.

During the last quarter of 2022 the national stance on COVID-19 was being reviewed and the Trust took the decision to step down the Covid Management and Test and Trace Team on 31 March 2022 in line with national guidance.

Responsibility for all COVID-19 related guidance, updates and reviews moved over to the IPC Team from 1 April 2022, who managed this in partnership with the National Ambulance Services IPC Group and local commissioning groups.

The IPC Team provided regular updates to all staff via the Weekly Bulletin, Clinical Bulletins and on the dedicated section for COVID-19 on the ZONE. The team also undertook Quality Assurance Visits during quarter 1 and 2 to every Operating Unit across the Trust, providing a full report of the visit and any shortfalls requiring action to each Operating Unit Manager. There were no extreme actions required following these visits.

The Trust did not achieve compliance in all areas of IPC practice shown via the IPC audit results, with a decline in both hand hygiene and vehicle cleanliness standards for the whole year. The reasons for a drop in compliance have been reviewed by the IPC Team with actions in place to improve compliance. The team has also supported the staff carrying out the audits as some of the decline was due to incorrect completion of the audit tool.

One area of good compliance was seen in the use of the correct Personal Protective Equipment (PPE) due to constant communications to all staff throughout the year which helps to decrease transmission rates of healthcare associated infections. It also benefits in reducing the loss in hours due to IPC related sickness which again impacts on patient safety due to the number of resources being available to take and attend calls.

The final figure for level 2 IPC training completion was at 85.7%. Regular key messages on IPC pertaining to IPC practices, including hand hygiene and correct use of personal protective equipment, were reinforced continually throughout the year using a variety of communication methods including pictorial and regular webinars.

Some of the key areas of focus during the year were:

- Partnership working with Kent, Sussex, and Surrey IPC Forums
- Attendance on the South East Regional IPC calls
- Outbreak Management Framework developed and implemented to trace contacts prevent spread of outbreaks for all infections
- Working groups to address emerging issues associated with the pandemic

- The Trust pro-actively collaborated with all ambulance trusts nationally to agree robust processes related to the pandemic.
- IPC trained support available on call 24/7 to all managers and our crews.
- Planning and delivery of the Seasonal Flu vaccination programme

In addition to all the above the Trust continued to support / meet other statutory responsibilities relating to IPC including auditing and training.

This year the Trusts flu vaccination was delayed due to supply issues from the manufacturer, it also coincided with the national COVID-19 Autumn booster programme. It is nationally recognised that both, members of the public long with NHS staff seemed to become fatigued with being asked to have yet another vaccine and the figures within the Trust reflect this.

The uptake for the flu vaccination was 56.9% of patient facing staff and 59.5% non-patient facing staff receiving the vaccine.

Lessons learnt have been added to next year's programme and the first meeting of the flu vaccination programme team has been scheduled for April 2023.

Strategic Partnerships & System Engagement

Overview

Throughout 2022/23, the Trust has continued its collaborative efforts with system partners across its four integrated care systems – NHS Frimley, NHS Surrey Heartlands, NHS Sussex, and NHS Kent & Medway. These partnerships are viewed as instrumental in driving improvement, change, and innovation, as demonstrated by the collective response to the COVID-19 pandemic and Urgent & Emergency Care (UEC) recovery priorities. Whilst the integrated care systems formally came into effect partway through 2022, these partnerships are already demonstrating opportunities for improved coordination and collaboration, strategic alignment, and data sharing and integration, seeking to promote patient-centred, effective, and efficient health and care services.

As reinforced through the NHS Long Term Plan (2019), Health and Care Act (2022), and NHS 2022/23 Priorities & Operational Planning Guidance (2022), all partner providers are expected to work within these structures for planning, commissioning, and the delivery of services. The Trust's Improvement Journey reflects this focus through its strategic pillars of Responsive Care and Sustainability & Partnerships, aiming to develop and foster modern, innovative, and sustainable models of care in collaboration with its patients and partners.

While there are shared elements across the region, each ICS is at a distinct stage of development, with evolving structures and specific workstreams tailored to address local challenges and population health needs. The Trust continues to actively support key delivery workstreams related to integrated UEC service delivery, such as hospital flow and discharge, digital transformation, mental health, frailty, primary care, and community services. Each Integrated Care System (ICS) and its corresponding 'places' have also established workstreams to support key enablers for regional and system transformation. These enablers encompass digital healthcare and data analytics, workforce transformation, research and innovation, finance and estates, and public involvement.

As a regional provider of integrated UEC services, the Trust recognises the importance of engaging with its ICSs and localities and remains committed to delivering effective and integrated healthcare services for the communities it serves.

Ongoing initiatives

The Trust continues to actively engage in ongoing initiatives and collaborations with its system partners, focusing on key areas of UEC improvement. These initiatives aim to enhance the resilience and effectiveness of UEC services while promoting patient-centred care and efficient resource utilisation. The following highlights examples of ongoing initiatives and collaborative efforts with partners:

1) UEC Recovery

The Trust remains dedicated to supporting its four ICSs and regional partners in their UEC recovery efforts and is prioritising UEC focus areas such as increasing capacity through appropriate pathways, improving clinical

assessment of calls, addressing staff absence, and enhancing access to mental health expertise. The Trust's ICBs are also aligning their NHSE UEC recovery activities with existing ICS UEC workstreams, concentrating on reducing avoidable falls conveyances, improving ambulance response times, and optimising Hear/See & Treat processes through Urgent Treatment Centre (UTC), Same Day Emergency Care (SDEC), Urgent Community Response (UCR) and mental health pathways.

2) Regional Ageing Well (UCR) Programme

The Trust is actively engaged in the Regional Ageing Well (UCR) programme, aligning the NHSE *Going further for winter* (2022) and UEC recovery objectives. This programme recognises that not all falls result in serious injury and emphasises the importance of optimising community-based response services to improve patient outcomes, experience, and resource utilisation, allowing ambulance services to focus their capacity where it is most needed. These services aim to improve the quality and capacity of care offered to falls, frailty and end-of-life care patients through timely crisis response within two hours and reablement care within two days. By supporting the strengthening of the region's UCR provision, the Trust strives to provide comprehensive and responsive care to those in need within the community.

3) Mental Health

The Trust continues to work with NHSE, commissioners, mental health provider trusts, police forces and third-sector organisations operating across its four integrated care systems to improve access to community mental health crisis services. Efforts are underway to improve existing mental health pathways, such as enhancing mental health clinician coverage within the 999 and 111 contact centres, whilst also exploring alternative ways of working for Trust and mental health practitioners. Working in collaboration with the Sussex Partnership NHS Foundation Trust, the Trust has recently introduced a Blue Light Triage (BLT) model, offering mental health expertise through telephone advice and/or convergence with Trust clinicians at scene, focusing on delivering the right support for those in crisis, which has promoted improved service-user experience and reduced unnecessary conveyance to emergency departments or Section 136 detentions.

4) Same-Day Emergency Care (SDEC)

The Trust is actively collaborating with NHSE and ICS partners to expand access to Same Day Emergency Care (SDEC) and UTC pathways across its footprint. Like UTCs, SDEC pathways are an important focus area for the UEC sector as they work to reduce unnecessary hospital admissions and improve patient outcomes. By facilitating access to rapid assessment, diagnosis and treatment for emergency patients who would otherwise be admitted to a hospital ward, the Trust is able to support the delivery of more timely care and improve the flow of patients through the system, reducing waiting times for other patients who require admission. If clinically appropriate, patients can receive

care and return home on the same day, promoting efficient and patient-centred care delivery.

5) Digital Transformation

The Trust is committed to supporting the system's digital transformation agendas by exploring opportunities for integration, automation, and innovation, including access to shared care records. The Trust aims to enhance patient oversight, experience, and outcomes by utilising digital solutions and facilitating shared decision-making while adapting and responding to the evolving healthcare landscape to ensure accessible, seamless, and responsive UEC services for the community.

Health Overview and Scrutiny Committees

Health overview and scrutiny committees (HOSCs) play a crucial role in holding healthcare providers accountable and ensuring that UEC services are responsive to community needs in their local areas. Following the implementation of ICSs, HOSCs have retained their legal duties to review and scrutinise matters related to the planning, provision, and operation of health services and have an increasing role in examining the operations of the ICBs, integrated care partnerships (ICPs) and ICSs.

The Trust is accountable to six HOSCs within its area and provides regular updates and presentations to these committees, as well as supporting whole-system assurance provided through each system's ICB and UEC Board. In the last year, the Trust has provided updates and assurances to its six HOSCs regarding operational performance, patient safety, clinical quality, and staff development and training. During 2022/23, additional assurances have also been provided on the Trust's Improvement Journey and progress against the associated regulatory requirements, and winter preparedness activities.

Working with local stakeholders

We believe that working collaboratively with our stakeholders, including those within and outside of the NHS system, has never been more important.

In addition to the four Integrated Care Systems (ICSs) within our region (about which you can read more elsewhere in the report), there are a number of other key local stakeholders for the Trust.

We are served by 44 MPs within our region, which includes representation from the four main political parties. Amongst local MPs are members of the Cabinet and Shadow Cabinet.

During the year, our Chief Executive and Chairman continued to hold regular virtual sessions with local MPs on how the Trust is performing and on particular strategic or operational issues as needed, including the CQC inspection reports and significant infrastructure developments. On a day-to-day basis, our Chief Executive's office is in regular contact with individual MPs regarding issues local to their constituency or concerns raised with the MP regarding our services by one of their constituencies.

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 the year, the Trust provides written up-dates to local authority Health and Social Care Oversight Committees as requested and presents in person to provide up-dates on key issues as needed.

The Trust operates as provider members of the system Integrated Care Boards, and in doing so supports system development and oversight, as well as the Urgent and Emergency Care Boards and relevant workstreams at system level and at place.

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). As well as various meeting at an operational level, the Chief Executive engages directly with the Chief Officers and Chief Constables.

Engaging with our key stakeholders will be key as we develop our new Trust Strategy during 2023/24 and we are very keen to ensure they feel well informed and have the opportunity to work with us collaboratively as we move forwards.

Inclusion - Valuing difference

In 2022/23, SECAMB has continued making progress on the Integrated Equality Action plan, with further reviews planned for the coming year.

SECAMB published benchmarking data to fully comply with the requirements of the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) mandatory for NHS organisations.

Our staff networks have continued to drive a number of Equality and Diversity related initiatives in the absence of a substantive EDI manager. The Enable network supported the development of a Neurodiversity policy and guidance document, they supported with the development and launch of the Carers' passport. The Pride network represented us at Pride events in the region. GEN delivered successful events on importer syndrome, prostate cancer and the menopause. The Armed Forces Network were awarded the Silver award for the Armed Forces Employment Recognition Scheme.

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 its staff.

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

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

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

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

- Publish sufficient evidence to demonstrate compliance with the general duty

- Prepare and publish equality objectives
- Publish the annual Gender Pay Gap Audit

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 Hub Advisory Group (IHAG) who advise the Trust on effective engagement and involvement relevant to service design during both development and delivery of our services.

Working with a diverse membership in the IHAG provides us with insight at the start of our planning, and throughout development where relevant, which helps us get more things right, first time, more often. The IHAG is also able to raise issues with us and representatives from it sit on the Trust's Inclusion Working Group alongside senior managers, so that the IHAG's advice can be effectively incorporated into Trust activities. An early recommendation from the IHAG was the establishment of a virtual Equality Impact Analysis (EIA) 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 EIA reference group enables us to engage groups that we may otherwise struggle to involve, such as those who are housebound, carers etc.

Since the pandemic, the IHAG has struggled to reinstate the regular meetings. It is a priority for the Trust to establish a consistent method of engaging with the community in 2023. There are plans for a Community Forum to be established.

Membership Report

SECamb continues to be actively engaged with the community and encourage local people to sign up as a Trust member.

Our Members

SECamb has a total membership of 9,229 as of 4 April 2023. We have 9,229 public members and just over 4,800 staff members. Our public membership decreased by 229 over the last 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 due to in person events not being fully up and running because of COVID.

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: [Become a member - NHS South East Coast Ambulance Service \(secamb.nhs.uk\)](https://www.secamb.nhs.uk/become-a-member)

	Public	% of Membership	Base	% of Area	Index
Age	9,230	100	14,133,282	100	
0-16	6	0.07	2,958,955	20.94	0
17-21	50	0.54	779,685	5.52	10
22-29	385	4.17	1,513,526	10.71	39
30-39	761	8.24	2,176,196	15.4	54
40-49	1,036	11.22	1,952,135	13.81	81
50-59	1,093	11.84	1,815,901	12.85	92
60-74	1,246	13.5	1,879,269	13.3	102
75+	802	8.69	1,057,615	7.48	116
Gender	9,230	100	14,133,282	100	
Male	3,569	38.67	7,045,577	49.85	78
Female	4,951	53.64	7,087,705	50.15	107
Neither of these options	18	0.2	0	0	0
Prefer not to say	4	0.04	0	0	0
Ethnicity	9,230	100	12,825,768	100	
White - English, Welsh, Scottish, Northern Irish, British	7,271	78.78	7,722,552	60.21	131
White - Irish	85	0.92	216,248	1.69	55
White - Gypsy/Romany	7	0.08	18,166	0.14	54

White - Other	192	2.08	1,233,140	9.61	22
Mixed - White and Black Caribbean	16	0.17	140,291	1.09	16
Mixed - White and Black African	8	0.09	77,544	0.6	14
Mixed - White and Asian	26	0.28	131,756	1.03	27
Mixed - Other Mixed	29	0.31	140,075	1.09	29
Asian or Asian British - Indian	97	1.05	605,455	4.72	22
Asian or Asian British - Pakistani	40	0.43	245,515	1.91	23
Asian or Asian British - Bangladeshi	12	0.13	235,309	1.83	7
Asian or Asian British - Chinese	15	0.16	149,576	1.17	14
Asian or Asian British - Other Asian	57	0.62	461,376	3.6	17
Black or Black British - African	49	0.53	608,667	4.75	11
Black or Black British - Caribbean	34	0.37	356,326	2.78	13
Black or Black British - Other Black	17	0.18	175,576	1.37	13
Other Ethnic Group - Arab	0	0	116,310	0.91	0
Other Ethnic Group - Any Other Ethnic Group	18	0.2	191,886	1.5	13
White - Roma	0	0	0	0	0
White - Traveller of Irish origin	0	0	0	0	0
ONS/Monitor Classifications	9,137	98.99	5,701,174	100	
AB	2,571	27.85	1,696,047	29.75	94
C1	2,707	29.33	1,880,705	32.99	89
C2	1,917	20.77	918,374	16.11	129
DE	1,942	21.04	1,206,048	21.15	99

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:

- 3,851 public members with no dates of birth
- 1,257 members with no stated ethnicity
- 688 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. The Membership Development Committee has discussed and reviewed our strategies for membership recruitment and engagement during the year.

	Public	% of Membership	Base	% of Area
Lower East SECamb	1,836	19.89	857,528	6.07
Lower West SECamb	1,425	15.44	879,351	6.22
Upper East SECamb	3,323	36	6,333,281	44.81
Upper West SECamb	2,213	23.98	6,063,122	42.9
Out of Trust Area	433	4.69	0	0
Total	9,230	100	14,133,282	100

Annual Members Meeting

The Trust held its Annual Members Meeting (AMM) in person on 2 September 2022. 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 and a visit from the Air Ambulance. 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.

Members have been invited to all public Council meetings during the year, through our website and newsletter.

Two issues of the membership newsletter, Your Call, have been sent to all the public this year. The newsletter contained invitations to get involved with the Trust, what our Improvement Journey looks like, spotlight articles on different staff within the ambulance service, job vacancies at the Trust and a welcome to the new Public and Staff Governors.

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 September 2022 the NHS England National Director for People wrote to the Chairs of Foundation Trusts informing them of the recommendation for the 2022/23 annual pay increases for Very Senior Managers (VSMs). The ARC implemented this recommendation which was a 3% increase to be applied and backdated to 1 April 2022.

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 Nominations Committee consists of governors 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.

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	SEC Amb
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 2022/23.

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.

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

Directors and Governors' Expenses

Directors Expenses

	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15
Number of Directors	20	19	17	20	19	21	27	18	16
Number of Directors claiming expenses	15	15	13	17	17	15	16	13	12
Total claimed (£'00)	23	40	80	200	260	160	220	230	240

Governor Expenses

Name	Sum of Amount (£)	Number
Andrew Latham	50.85	1
Ann Osler	299.34	1
Brian Chester	132.30	1
David Romaine	249.12	1
Leigh Westwood	107.30	1
Linda Caine	45.90	1
Martin Brand	127.71	1
Michael Tebbutt	110.70	1
Nigel D Robinson	131.31	1
Patricia Delaney	54.00	1
Vanessa Wood	151.65	1
Grand Total	1,460.18	11

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 2023				Year ended 31 March 2022			
Name	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	Chairman	Appointed 24.09.18	45-50	-	-	45-50	45-50	-	-	45-50
Non-Executive Directors										
Lucy Crothers (Bloem)	Non-Executive Director	Left 31.08.21	n/a	n/a	n/a	n/a	5-10	-	-	5-10
Terry Parkin	Non-Executive Director	Left 31.08.21	n/a	n/a	n/a	n/a	5-10	-	-	5-10
Laurie McMahon	Non-Executive Director	Left 31.03.22	n/a	n/a	n/a	n/a	10-15	-	-	10-15
Michael Whitehouse	Non-Executive Director	Appointed 24.10.18	15-20	-	-	15-20	20-25	-	-	20-25
Howard Goodbourn	Non-Executive Director	Appointed 09.03.20	10-15	-	-	10-15	10-15	-	-	10-15
Thomas Quinn	Non-Executive Director	Appointed 01.10.20	10-15	-	-	10-15	10-15	-	-	10-15
Subathra devi Shanmuganathan	Non-Executive Director	Appointed 01.03.21	10-15	-	-	10-15	10-15	-	-	10-15

Paul Brocklehurst	Non-Executive Director	Appointed 01.05.21	10-15	-	-	10-15	10-15	-	-	10-15
Elizabeth Sharp	Non-Executive Director	Appointed 19.09.21	10-15	-	-	10-15	5-10	-	-	5-10
Max Puller	Non-Executive Director	Appointed 06.02.23	0-5	-	-	0-5	n/a	n/a	n/a	n/a
Chief Executive										
Philip Astle *	Chief Executive	Left 16.05.22	105-110	-	0-2.5	110-115	170-175	-	40-42.5	210-215
Siobhan Melia***	Interim Chief Executive	Appointed 01.07.22 Left 31.03.22	145-150	-	67.5-70	215-220	n/a	n/a	n/a	n/a
Executive Directors										
Dr Fiona Moore**	Medical Director/Interim Chief Executive	Interim CE 17.05.22 to 30.06.22; Left 31.01.23	130-135	8,000	0	140-145	200-205	9,700	-	210-215
David Hammond	Chief Operating Officer	Left 30.09.22	135-140	-	20-22.5	160-165	135-140	-	32.5-35	170-175
Bethan Eaton-Haskins	Director of Quality/Chief Nurse	Left 31.12.21	n/a	n/a	n/a	n/a	105-110	7,000	-	110-115
Ali Mohammed	Director of HR & OD		140-145	-	-	140-145	140-145	-	-	140-145
Emma Williams	Director of Operations		125-130	100	32.5-35	160-165	125-130	7,000	155-157.5	280-285

Judith Ward	Interim Director of Quality/Chief Nurse	Appointed 01.01.22 Left 13.02.22	n/a	n/a	n/a	n/a	10-15	-	-	10-15
Robert Nicholls	Director of Quality/Chief Nurse	Appointed 14.02.22	125-130	6,900	57.5-60	190-195	15-20	1,700	90-92.5	105-110
David Ruiz-Celada	Director of Strategy & Business Development		125-130	-	25-27.5	150-155	60-65	-	12.5-15	75-80
Rachel Oaten	Chief Medical Officer	Appointed 01.02.23	20-25	-	-	20-25	n/a	n/a	n/a	n/a
Martin Sheldon	Interim Chief Financial Officer	Appointed 01.10.22	70-75	-	-	70-75	n/a	n/a	n/a	n/a

*Philip Aistle resigned as Chief Executive on 17 May 2022 and Dr Fionna Moore became the Interim Chief Executive until Siobhan Melia was appointed.

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

*** Siobhan Melia was cross charged from NHS Sussex Community NHF FT for the interim period with the Trust. Upon her departure Martin Sheldon became Interim CE until Simon Weldon started in April 2023.

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.

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 2022-23 was £140,000-£145,000 (2021-22, £210,000-£215,000 restated to exclude pension). This was 3.9 times (2021-22, 5.9 restated to exclude pension) the median remuneration of the workforce, which was £37,382 (2020-21, £36,311). The reduction in the ratio relates to the mix of salaries paid where changes in pay/positions has in more employees in the £25-£50k and £50-£100k compared to above £100k.

In 2022-23, 1 (2021-22, 20) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £0-£5k to £205k-£210k (2021-22 £0-£5k to £170k-£175k restated to exclude pension).

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.

Percentage change in remuneration of highest paid director

As the highest paid director was on secondment for 2022/23, the comparison has been made to the highest paid director employed during 2021/22.

Salary and Allowances	24.4%
Performance pay and bonuses	-100.0%
Taxable benefits	-100.0%

Pay ratio information

Year	25 th percentile pay ratio	Median pay ratio	75 th percentile pay ratio
2022-23	5.1	3.96	3.0
2021-22	4.6	3.6	2.8

Pension entitlement								
Year ended 31 March 2023								
Name and title	Real increase in Pension at pension age (bands of £2,500)	Real increase in Pension lump sum at pension age (bands of £2,500)	Total Accrued pension at pension age (bands of £5,000)	Lump sum at pension age (bands of £5,000)	Cash equivalent Transfer 31 March 2022	Real increase in Cash Equivalent Transfer Value	Cash equivalent Transfer 31 March 2023	Employer's Contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Chief Executive								
Philip Astle <i>Chief Executive</i>	0-2.5	-	15-20	-	258	1	287	2
Siobhan Melia <i>Interim Chief Executive</i>	2.5-5.0	0-2.5	60-65	105-110	917	60	1,026	0
Executive Directors								
David Hammond <i>Chief Operating Officer</i>	0-2.5	-	30-35	-	353	10	405	10
Robert Nicholls <i>Director of Quality/Chief Nurse</i>	2.5-5	2.5-5	40-45	115-120	878	71	993	18
David Ruiz-Celada <i>Director of Strategy & Business Development</i>	0-2.5	-	0-5	-	9	1	26	17
Emma Williams <i>Director of Operations</i>	2.5-5	0-2.5	40-45	80-85	669	30	737	18
Rachel Oaten* <i>Chief Medical Officer</i>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Fionna Moore‡ <i>Medical Director</i>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ali Mohammed‡	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

<i>Director of Human Resources and Organisational Development</i>								
<i>Martin Sheldon</i> ‡ <i>Interim Chief Financial Officer</i>	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).								
‡Fionna Moore, Ali Mohammed and Martin Sheldon 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.								
*No data has been provided for Rachel Oaten from the NHS Pension Agency to date								
Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.								

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 <i>Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts</i>	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 <i>Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts</i>	N/A	N/A



Simon Weldon, Chief Executive Officer

Date: 28 June 2023

Staff Report

The Trust remains committed to implementing a restorative and just culture, the work towards which had to be delayed as activity and demand remained high throughout the year. We also remain committed to working with our recognised unions to identify and resolve collective issues as soon as possible, with some issues require cross-directorate working and consultation that necessarily require delicate handling and management.

As of 31 March 2023, the breakdown of our staff between clinical and support roles was as follows:

Staff Group	Permanent	Other	Headcount
A&E	2730	2	2732
111	472	2	474
EOC	604	1	605
Support	722	34	756
TOTAL	4527	39	4567

83% 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.

	2022/23			2022/21		
	Total £000	Permanently employed £000	Other £000	Total £000	Permanently employed £000	Total £000
Employee costs						
Salaries & wages	181,932	181,361	571	169,727	169,588	139
Social security costs	20,149	20,149	0	17,543	17,543	0
Employer contributions to NHS pension scheme	21,102	21,102	0	19,787	19,787	0

Pension cost – employer contributions paid by NHSE on provider’s behalf (6.3%)	9,213	9,213	0	8,662	8,662	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(879)	(879)	0	(663)	(663)	0
Costs capitalised as part of assets	222	142	80	465	339	126
Agency staff	4,733	0	4,733	2,881	0	2,881
Employee benefits expense	236,472	231,088	5,384	218,402	215,256	3,146

During 2022/23 there were 6 (2021/22: 6) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £277k (2021/22: £292k) 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	030 921	Medical Director/Deputy Lead General Practitioner	3 1
Manager	A0A	Operating Unit Manager Operational Team Leader Operations Manager	231
Manager	A0B	HART Operations Manager HART Team Leader	16
Consultant Paramedic	A4A & A4D	Consultant Paramedic	4
Specialist Practitioner	A6A	Critical Care Paramedic Paramedic Practitioner	168
Assistant Practitioner	A7A	Trainee Associate Ambulance Practitioner	326

Emergency / Urgent Care Support Worker	A8A	Emergency Care Support Worker	432
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	475
Paramedic in Emergency Care	ABA	Ambulance Paramedic Newly Qualified Paramedic (NQP)	1146
Paramedic in Hazardous Area Response Team	ABB	HART Team Operative	64

Ambulance Technician / Associate Practitioner in Emergency Care	AEA	Ambulance Technician Associate Ambulance Practitioner	461
Administration & Estates staff	G0-G3 (A-E)	Support Staff	1100
Midwife	N2C	Consultant Midwife	1
Mental Health Nurse	N6H	Mental Health Clinical Supervisor Senior Mental Health Practitioner 111 Nurse Clinical Advisor	85
Manager in Pharmacy	S0P	Chief Pharmacist	2
Therapist in Physiotherapy	S1E	Physiotherapy Team Leader	2

Scientist in Pharmacy	S2P	Pharmacist	15
Technician in Pharmacy	S4P	Pharmacy Health Care Professional	1
Technician in Dental	S4R	Dental Nurse	9
General payments	Z2E	Non Executive Director	8
TOTAL			4550

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

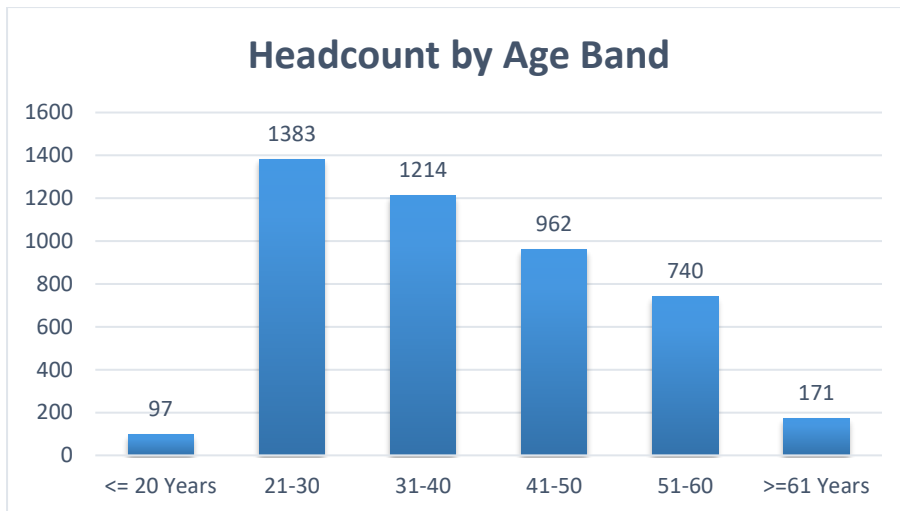
(Figures given are headcount)

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 Years	97
21-30	1383
31-40	1214
41-50	962
51-60	740
>=61 Years	171
TOTAL	4567



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 higher up the organisation, with only 31% of Directors being female, and just 36% of senior managers (Band 8+).

Gender	Headcount	Percent %
Female	2643	58%
Male	1924	42%
TOTAL	4567	100%

Gender - Directors	Headcount	Percentage %
Female	4	29%
Male	10	71%
TOTAL	14	100%

Gender (Band 8A+)	Headcount	Percentage %
Female	67	36%
Male	118	64%
TOTAL	185	100%

Gender (Band 8A+)	Headcount			
	AfC Pay band	Female	Male	Total
Band 8 – Range A		40	62	102

Band 8 – Range B	10	20	30
Band 8 – Range C	7	11	18
Band 8 – Range D	3	10	13
Band 9	3	2	5
Non AfC	4	13	17
TOTAL	67	118	185

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 based on the data as of 31 March 2022.

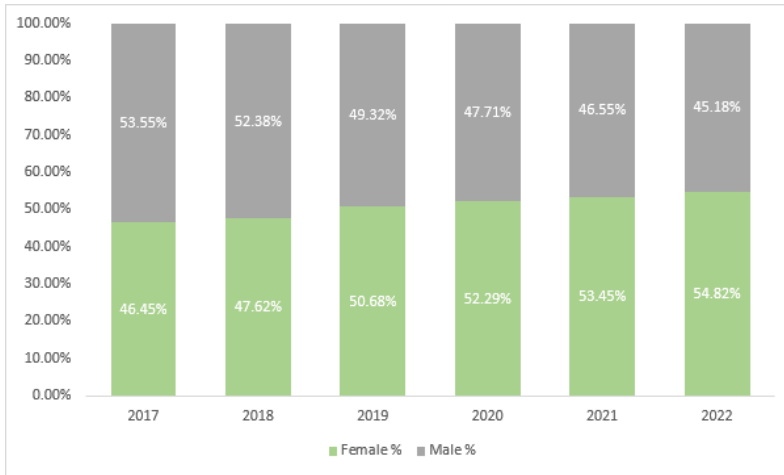
The gender pay gap is different to equal pay. Equal pay looks at the pay differences between men and women carrying out the same jobs, similar jobs or work of equal value. Any equal pay issues are addressed by our adherence to Agenda for Change terms and conditions and pay framework, and our robust and objective job evaluation process. The gender pay gap figures are affected by differences in the gender composition across our job grades and roles.

In March 2023, we published a third consecutive albeit small increase in our mean hourly pay gap for but a further decrease in the median pay gap. The improvement in the median indicates that women are progressing within the organisation though not yet at the rate we aspire too. The worsening of the mean pay gap is driven by the overrepresentation of women in the lowest paid roles.

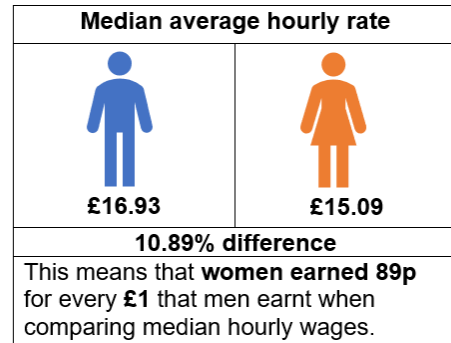
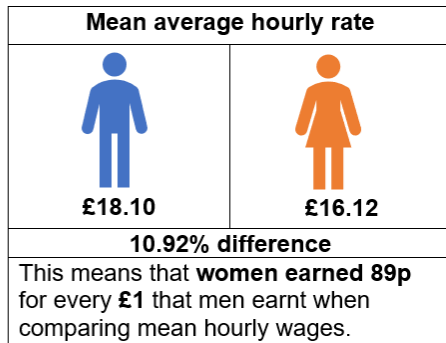
Within the period 1 April 2021 to 31st March 2022, there was a higher proportion of females than males in our workforce from Band 2 to Band 6. From band 7 upwards, there are more males than females in all bands.

Our workforce 31 March 2023

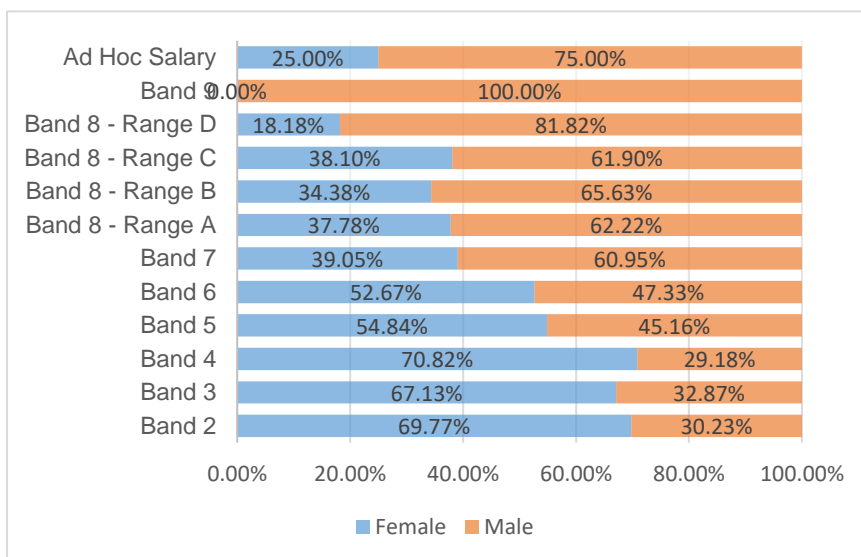
Gender	%	Count of Gender
Female	56.47%	2482
Male	43.53%	1913
Total	100%	4395



Overall Mean v/s Median average hourly rate: 31st March 2022



Workforce by Pay band and Gender, 31 March 2022



Steps to be taken to improve the gender pay gap

- Improve promotion of vacancies for senior positions to women
- Board commitment to having gender diverse interview panels to all roles since April 2021.
- Adoption of our Women's leadership programme as part of the Trust business as usual offering subject to evaluation.
- Support for the development a career coaching and interview preparation workshops.

Full details of our gender pay gap report for the workforce as at 31st March 2021 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 BME staff has been steadily increasing since 2020 from 4.9% to 7% in 2022.

Ethnicity label	2020		2021		2022	
	Headcount	%	Headcount	%	Headcount	%
BME	195	4.9%	246	5.6%	348	7%
Not Stated/ Blank	98	2.5%	95	2.2%	78	2%
White	3712	92.7%	4026	92.2%	4416	91%
Grand Total	4005	100%	4368	100%	4869	

Race	Headcount	Percentage %
A White – British	3915	87%
B White – Irish	30	1%
C White – Any other White background	134	3%
C3 White Unspecified	6	0%
CA White English	6	0%
CN White Gypsy/Romany	1	0%
CP White Polish	8	0%
CX White Mixed	1	0%
CY White Other European	7	0%
D Mixed – White & Black Caribbean	23	1%
E Mixed – White & Black African	6	0%
F Mixed – White & Asian	32	1%

G Mixed – Any other mixed background	30	1%
GC Mixed – Black & White	2	0%
GD Mixed – Chinese & White	1	0%
H Asian or Asian British – Indian	56	1%
J Asian or Asian British – Pakistani	15	0%
K Asian or Asian British – Bangladeshi	7	0%
L Asian or Asian British – Any other Asian background	20	0%
LH Asian British	1	0%
LJ Asian Caribbean	2	0%
LK Asian Unspecified	1	0%
M Black or Black British – Caribbean	21	0%
N Black or Black British – African	63	1%
P Black or Black British – Any other Black background	3	0%
PC Black Nigerian	1	0%
PD Black British	1	0%
PE Black Unspecified	1	0%
R Chinese	9	0%
S Any Other Ethnic Group	17	0%
SB Japanese	1	0%
SC Filipino	2	0%
SD Malaysian	1	0%
Unspecified	18	0%
Z Not Stated	74	2%
TOTAL	4516	100%

Disability

Disability Status	2020		2021		2022	
	Headcount	%	Headcount	%	%	Headcount
No	2247	56.1%	3845	88%	4219	87%
Not Declared/ Unspecified	1611	40.2%	337	7.7%	293	6%
Prefer Not To Answer	4	0.1%	3	0.1%	15	0.1%
Yes	143	3.6%	182	4.2%	342	7%
Grand Total	4005	100%	4368	100%	4869	100%

The percentage of staff who declare themselves as having a disability has risen to 7%, which is a rise of 2.8% against last year.

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 10% choosing not to provide a response.

Sexual Orientation	2020		2021		2022	
	Headcount	%	Headcount	%	Headcount	%
Bisexual	68	1.7%	82	1.9%	129	3%
Gay or Lesbian	184	4.6%	213	4.9%	239	5%
Heterosexual or Straight	3187	79.6%	3512	80.4%	3959	81%
Not stated (person asked but declined to provide a response)	558	13.9%	548	12.5%	262	5%
Other sexual orientation not listed	2	0%	5	0.1%	8	0%
Undecided	6	0.1%	7	0.2%	12	0%
Unspecified	Not available	Not available	Not available	Not available	260	5%
Grand Total	4005	100%	4368	100%	4869	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 continues to be under-reported, with 19% of staff having not stated their religion or belief.

Religious belief	2020		2021		2022	
	Headcount	%	Headcount	%	Headcount	%
Atheism	938	23.42%	1085	24.85%	1343	28%
Buddhism	19	0.47%	25	0.57%	19	0%
Christianity	1575	39.33%	1703	39.00%	1853	38%
Hinduism	21	0.52%	24	0.55%	31	1%
Islam	17	0.42%	27	0.62%	47	1%

Jainism	0	0.00%	2	0.05%	4	0%
Judaism	5	0.12%	4	0.09%	5	0%
Other	502	12.53%	557	12.75%	605	12%
Sikhism	5	0.12%	8	0.18%	8	0%
Unspecified	923	23.05%	932	21.34%	954	19%
Grand Total	4005	100%	4368	100%	4869	100%

Modern Slavery Act

In 2022/23 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 with our colleagues

We utilise a range of different mechanisms to try to communicate effectively with our colleagues, recognising the challenges of communicating across a large and widely distributed workforce, many of whom work diverse shift patterns and may have very few opportunities to meet face to face with their line manager or their fellow team members.

At the start of the year, we recognised that this was an area where we needed to make some changes and we worked hard during the year to refine and improve our communication mechanisms, based on feedback from our colleagues, including:

- Changing our weekly bulletin to an 'e-bulletin'
- Re-launching our Intranet.
- Closing our internal Facebook Community Page and introducing Yammer as our new internal social media platform
- Increasing our use of video as a medium in our weekly Chief Executive's Message and in a whole range of '2-minute films' on key topics

We will continue to seek feedback on the mechanisms we use to communicate with our colleagues moving forward and make improvements where necessary.

To support the development of a new Communications and Engagement Strategy and to provide an external perspective on our approach to internal communications, a specialist consultancy was engaged in October 2022 to support us.

Their review identified that overall, our communication mechanisms were good but that we needed to improve the consistent narrative we are sharing to help to address a number of the cultural issues identified by the CQC and through other channels.

This will be a key area of focus for us during 2023/24 as we engage a wide range of stakeholders, including our colleagues, in the development of our new Trust Strategy.

Another important area of focus for us during the year will be how we increase face to face communication with our colleagues, especially our front-line teams.

The findings of the Review helped to shape our new Communications and Engagement Strategy, which was signed off by the Trust Board in April 2023. The delivery of the Strategy, in alignment with the delivery of our People and Culture Strategy, will be a key focus during the year.

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.

We received 8,329 applications to our vacancies during the year. We recorded 955 'new to Trust' employees during the year with 880 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 1,490 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 Trust wide vacancy rate is at 11.83%.

Month 2022/23	Rolling Annual Turnover %	Month 2021/22	Rolling Annual Turnover %
Apr-22	18.09%	Apr-21	10.77%
May-22	18.17%	May-21	11.49%
Jun-22	18.32%	Jun-21	12.11%
Jul-22	18.45%	Jul-21	12.90%
Aug-22	18.22%	Aug-21	13.58%
Sep-22	18.29%	Sep-21	13.99%
Oct-22	18.07%	Oct-21	14.53%
Nov-22	17.34%	Nov-21	15.18%
Dec-22	17.82%	Dec-21	15.43%
Jan-23	17.95%	Jan-22	15.64%
Feb-23	18.06%	Feb-22	16.13%
Mar-23	17.60%	Mar-22	16.91%

Sickness absence

Sickness absence has dominated abstraction over the last year. The Trust has a target of all sickness at or below 5%, but for the year it averaged over 9%

2022/23

Absence % (FTE)	Days Lost (FTE)
9.06%	149,038

The monthly breakdown for the period is:

Month 2022/23	Rolling Annual Sickness %
Apr-22	9.60%
May-22	9.70%
Jun-22	9.82%
Jul-22	9.99%
Aug-22	9.98%
Sep-22	9.97%
Oct-22	9.88%
Nov-22	9.82%
Dec-22	9.80%
Jan-23	9.63%
Feb-23	9.42%
Mar-23	9.06%

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/nhssickness-absence-rates>

Counter-fraud and corruption

The Trust has a current Anti-Fraud and Bribery Policy which was reviewed in December 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.

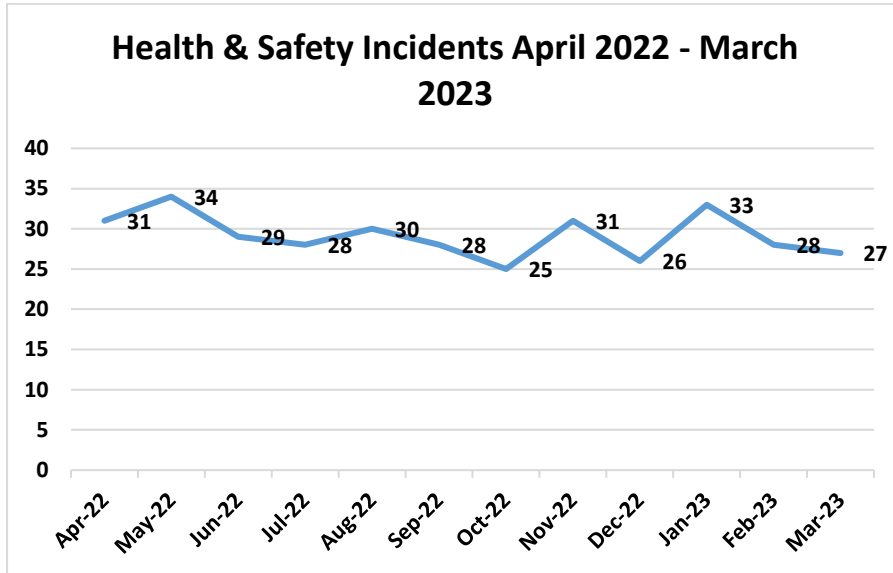
The Local Counter Fraud Specialist has provided a number of general fraud awareness sessions as well as bespoke finance, recruitment and cyber sessions for all staff to increase awareness and help mitigate the risks to the Trust wherever possible.

The Counter Fraud team continues to receive and investigate all allegations of fraud, in the past year there has been no significant financial losses due to fraud.

Health, Safety and Security

Health & Safety Incidents April 2022 to March 2023

During April 2022 to March 2023 staff reported **350** Health & Safety Incidents. This is a decrease of **23** incidents when comparing to the previous year.



Manual Handling Incidents April 2022 to March 2023

Staff reported **346** manual handling incidents during the year. This is a decrease of **6** incidents when comparing to the previous year.



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

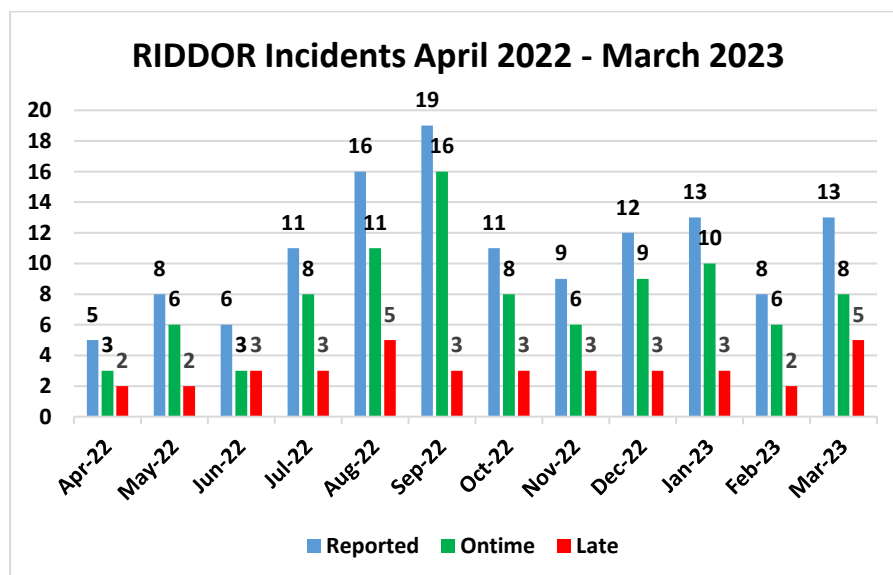
In order to protect our workforce, the RIDDOR regulation requires employers to report certain workplace accidents, occupational diseases and specified dangerous occurrences. Formal reporting is undertaken by the employer to the Health and Safety Executive: accidents resulting in over-seven-day incapacitation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

The Care Quality Commission (CQC) and the Health and Safety Executive (HSE) have a Memorandum of Understanding (MoU). The purpose of this MoU is to help ensure that there is effective, co-ordinated, and comprehensive regulation of health and safety for patients, employees, and members of the public. The (MoU) outlines the respective responsibilities of CQC, HSE and local authorities (Las) when dealing with health and safety incidents in the health and adult social care sectors.

RIDDOR Incidents April 2022 to March 2023

During April 2022 to March 2023 the Trust reported **131** RIDDOR incidents to the Health and Safety Executive. Overall, **94** incidents were reported on time to the Health and Safety Executive.

When comparing to the previous year the Trust reported **151** RIDDOR incidents with **122** incidents reported within the statutory time frame.



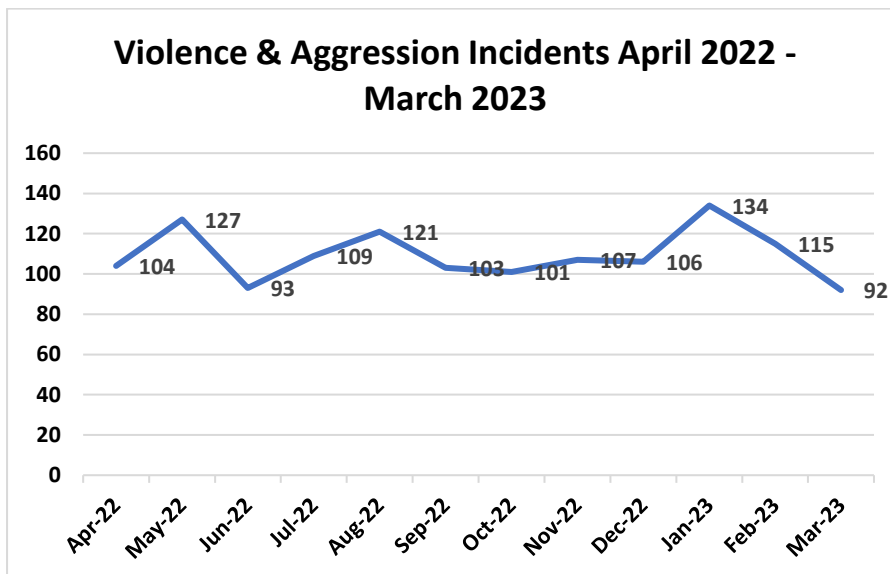
Security

The Trust security function covers the following areas:

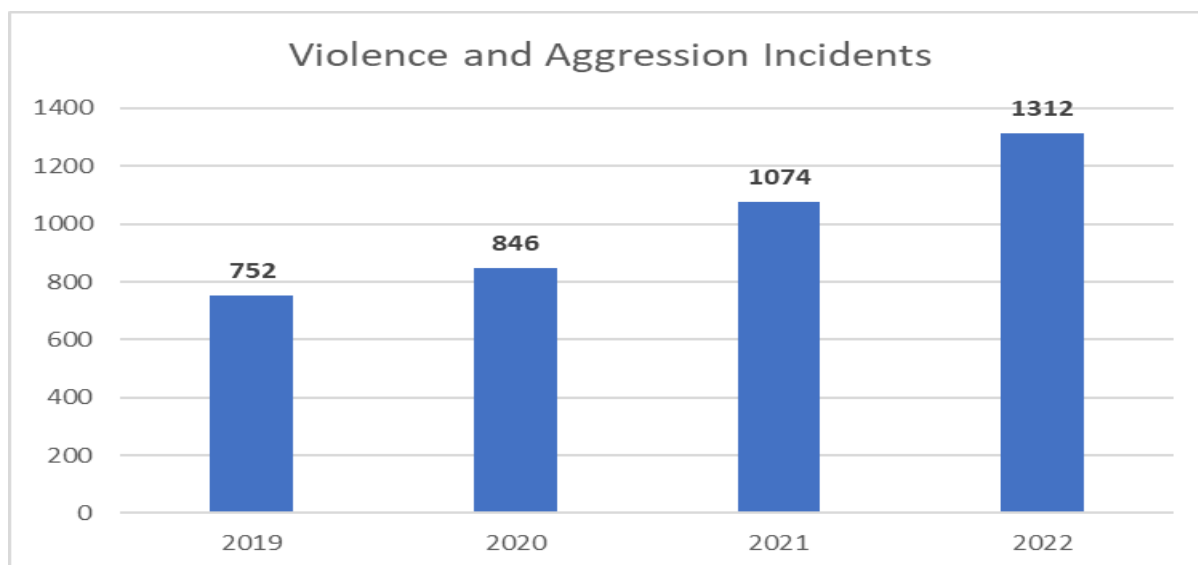
- Incidents of violence and aggression on staff
- Security of Controlled Drugs (CD)s, medicines, and medical gases
- Security of critical infrastructure
- Provision of the Trust Access Control System (entry and exit systems)
- Protection of Trust assets including vehicles and equipment
- Provision of Trust CCTV
- Prevention of loss, theft and matters interlinked with counter-fraud
- Prevention of criminal damage to Trust assets

Violence and Aggression Incidents against Staff 2022/23

Staff reported 1312 Violence and Aggression incidents, an increase of 238 incidents when compared to the previous year. Unfortunately, nationally the Ambulance sector continues to see annual increases with violence and aggression incidents. Work continues towards the Trust becoming fully compliant with the NHS Violence Reduction Standards, which currently stands at 43%.



Violence & Aggression Incidents – 2019 to 2022:



Body Camera trials

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

The Trust received funding in 2021 from NHSE/I to trial body cameras. The NHS England trial began in June 2021 and will continue until 2024. The Trust renewed the licences and expanded body worn cameras available to staff in 2022.

The original sites below have been expanded to cover all Operating Units. The additional locations are Hastings, Ashford, Chertsey, and Worthing. A standalone camera has been located at Burgess Hill College to allow new members of staff to be trained before commencing work within their Operating Unit. The original sites are listed below:

- Brighton
- Gatwick
- Medway
- Sheppey
- Thanet
- Tongham

Living our Values

Our Values define our Trust and what we stand for; they act as guiding principles to support our colleagues in their everyday operational and strategic decisions; supporting and guiding our interactions with each other and our patients.

The values were developed in discussion with staff across the Trust. In March this year, to support the work we are undertaking to transform the culture of our Trust, we engaged with colleagues to establish whether our values need refreshing. Feedback from our leadership engagement sessions and deep-dive cultural work within our emergency operations centres suggest are current values difficult to remember.

Feedback on the values is to be shared with the executive team and Board to decide on whether to proceed with a refined set of values or continue with our current values detailed below:

- 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.

Promoting Employee Wellbeing

The health and wellbeing of our colleagues is not only important for individuals' personal wellness, but also has a direct impact on our ability to care for our patients. It is vital that the Trust invests in the wellbeing of its workforce and in turn creates an environment where everybody feels, respected, valued, and supported.

The Trust has made significant investment providing an in-house Wellbeing Hub that provides quick and easy access to all wellbeing services. This has been invaluable, enabling us to consider and respond to the quickly changing wellbeing needs of our people.

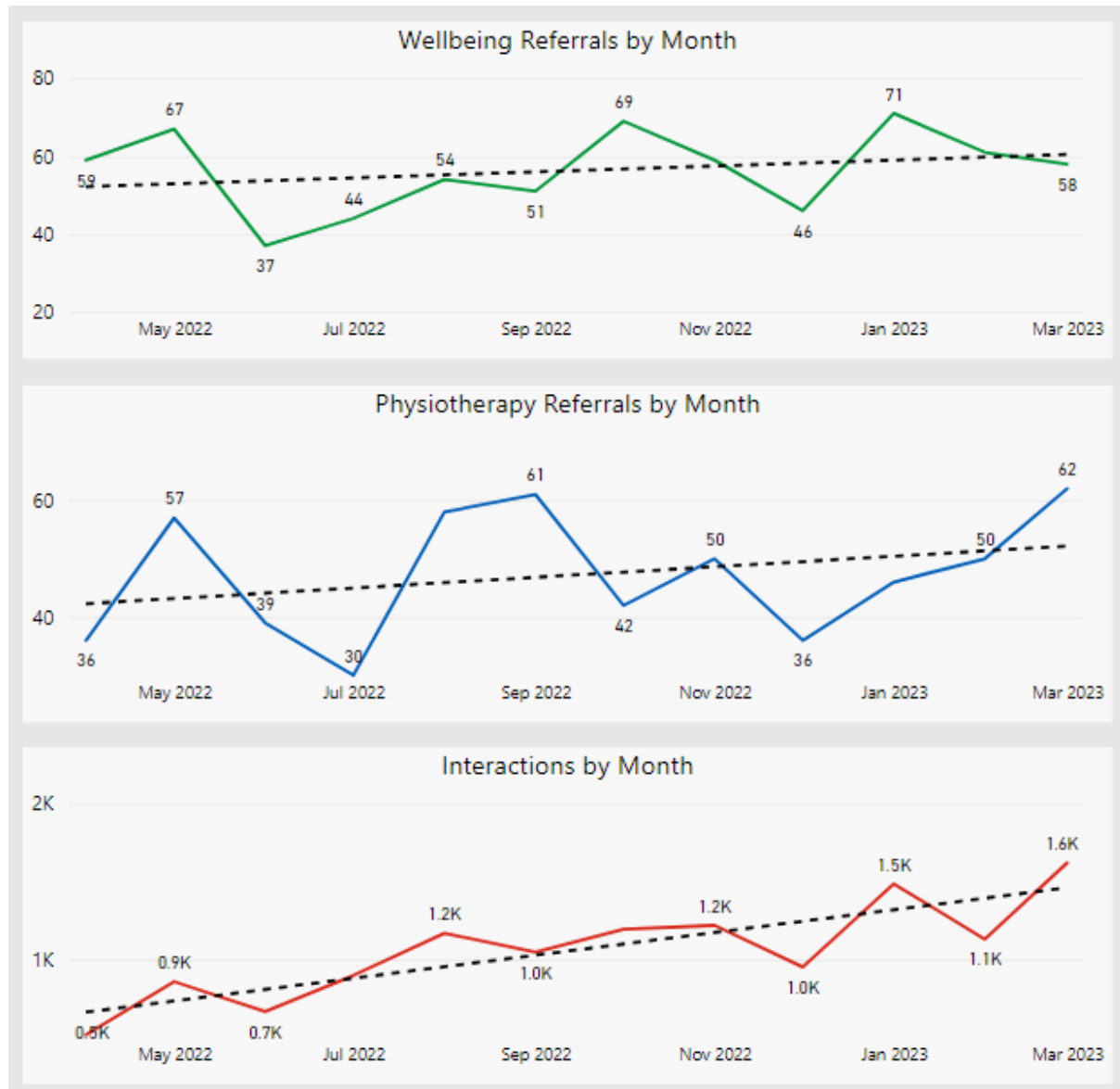
The Wellbeing Hub has developed a Wellness Plan for 2022/24 which has taken the place of a Wellbeing Strategy. This Wellness Plan was based on our findings from a review of the Trust provision against the NHS Wellbeing Framework Diagnostic Tool. The Diagnostic Tool, which assessed the whole Trust on 70+ lines of enquiry including Personal Health & Wellbeing, Fulfilment at Work, and Managers and Leaders, has also allowed us to consider future wellbeing services, including training for managers, which we will look to implement in future years.

The Wellbeing Hub continues to develop and integrate the Wellness Plan's aims and objectives whilst adapting to incorporate recently developed national guidelines.

Having a dedicated Wellbeing Hub providing a wide range of wellbeing initiatives has enabled us to provide individually tailored support to our people based on their needs. Some of the key offerings include:

- Wellbeing assessments with a wellbeing practitioner
- Fast track support for work related trauma
- BeMindful – mindfulness-based cognitive therapy
- Physiotherapy
- Sports massage
- Slimming world subscriptions
- Monthly Coffee mornings
- Backup Buddy app
- Extensive directory of wellbeing services database
- Development of wellbeing conversation templates
- Policy and procedure development
- A suicide postvention group to ensure that those affected by a suicide receive support quickly and that sensitive and honest communications are disseminated throughout the Trust.

During 2022/23, the Wellbeing Hub recorded 12,751 interactions, an average of 1,062 per month. Approximately 44% of these were new enquiries. 676 required a referral to our wellbeing practitioners and 567 to physiotherapy. The remainder were for matters such as Trauma Risk Management, Alternative Duties, signposting to external services, Slimming World subscriptions, general wellbeing queries, and follow ups.



We have long been aware that we see a large percentage of wellbeing referrals from our colleagues in the call centres. The Trust therefore applied for and was successful in securing £99,000 funding towards a new project to provide dedicated mental health practitioners in our call centres which will improve staff access to psychological assessments and support and enable prevention and education projects. We anticipate this will lead to a reduction in sickness absence, and improved outcomes for all.

The Trust's Health and Wellbeing Programme Board (HaWPB) has overseen the procurement of a new contract for our Trust Occupational Health provision from April 2023, which was awarded to Optima Health for the next three years. The new specification includes several new services including a Workforce Wellbeing website which has a large number of health and wellbeing resources for colleagues, and advice for managers.

The Wellbeing Volunteers were reactivated in Quarter 3 this year following a long period of sustained pressure for the Trust, seeing all five welfare support vehicles visit hospitals across the Trust area to supply hot drinks and snacks to our colleagues. This is an invaluable and much appreciated support service to our front-line colleagues. For 2023/24 onwards our Wellbeing Volunteers will move over to the Trust Community Resilience Team who support other volunteers within the Trust and are therefore better equipped to ensure our volunteers are appropriately managed and supported.

As a Trust we have always prioritised mental health and recently raised awareness of mental health and how to access available support through the 'Your Mind Matters' campaign. Every colleague in the Trust received a wallet card with information to help identify the different stages of mental health, the signs to look out for, and who to contact for help and support.

We have also bolstered the number Mental Health First Aid (MHFA) trained colleagues and managers and trained over 45 people in Applied Suicide Intervention Skills Training (ASIST).

NHS Staff Survey

The annual NHS Staff Survey is one of the ways in which our people provide feedback on their working experience and enables us to measure progress and take action to make improvements where required.

In 2021, the NHS Staff Survey underwent the most significant change for at least a decade, aligning it with the People Promise following a commitment in the NHS People Plan 2020/21.

The People Promise sets out, in the words of our NHS people, the things that would most improve our working experience – like health and wellbeing support, the opportunity to work flexibly, and to feel we all belong, whatever our background or our job. The Promise acts as a unifying framework, supporting organisations across the NHS to improve and discuss employee experience and engagement.

This year 2,609 members of staff completed the NHS Staff Survey. SECamb recorded a response rate of 62%, meaning we exceeded our 60% target for the third year in a row and achieved the joint highest response rate across all ambulance trusts in England. The median response rate for ambulance trusts in 2022 was 50%. In addition, 80 bank workers also completed the survey for the first time.

The survey provides a valuable opportunity for staff to provide feedback, anonymously, on key areas of employee experience, such as how compassionate and inclusive we are and how recognised and rewarded employees feel. The survey also continues to measure engagement and morale as separate themes.

The 2022 NHS Staff Survey was open from September to the end of November 2022 and facilitated by IQVIA, an independent organisation, on behalf of SECamb. The results were published nationally in March 2023.

Due to the re-design of the survey in 2021, People Promise scores can only be compared to 2021, and not to prior years.

2022 NHS Staff Survey Results

The results of survey questions are grouped into themes to provide 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 the average for our benchmarking group (ambulance trusts) is 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 (or cannot be compared).

Theme	2022		2021		2020	
	SECamb	Benchmarking Group	SECamb	Benchmarking Group	SECamb	Benchmarking Group
We are compassionate & inclusive	6.4	6.7	6.5	6.6	N/A	N/A
We are recognised & rewarded	4.8	5.0	4.8	5.1	N/A	N/A
We each have a voice that counts	5.4	5.8	5.6	5.9	N/A	N/A
We are safe & healthy	5.0	5.4	5.0	5.3	N/A	N/A
We are always learning	4.2	4.6	4.0	4.4	N/A	N/A
We work flexibly	4.7	5.0	4.8	4.9	N/A	N/A
We are a team	5.9	6.0	5.8	5.9	N/A	N/A
Staff Engagement	5.4	5.9	5.5	5.9	6.1	6.3
Morale	4.9	5.2	4.9	5.3	5.7	6.0

Our 2022 NHS Staff Survey results show that SECamb is performing below the ambulance trust average across all 9 elements and themes.

Our scores in 'We are always learning' and 'We are a team' have both improved since 2021, whereas our scores in 'We are compassionate and inclusive', 'We each have a voice that counts', 'We work flexibly', and 'Staff Engagement' have all declined over the same period. Our scores in 'We are recognised and rewarded', 'We are safe and healthy', and 'Morale' remain unchanged.

When looking at our results at a question level, 43 improved and 55 worsened. Our greatest improvement was in the percentage of staff receiving an appraisal, which improved by 10.5 points since 2021. Other questions showing a strong improvement centred around access to learning and development, opportunities to improve knowledge and skills, and whether managers are encouraging at work.

All managers will review local staff survey data and develop, in conjunction with staff, appropriate action plans to improve staff experience and meet the People Promise.

To support managers, a toolkit has been shared, which includes tools and guidance around effectively utilising NHS Staff Survey results.

Employee Engagement

Employee Engagement is key to the Trust meeting the range of challenges that it faces. Research shows that organisations with high levels of Employee Engagement produce better patient experience and outcomes.

In the NHS, Employee Engagement is measured through the levels of motivation and advocacy our employees feel, and how they feel about their involvement in decisions and changes that affect them. We can regularly measure Employee Engagement through both the NHS Staff Survey and the National Quarterly Pulse Survey.

Improving Employee Engagement requires a multi-dimensional approach, focusing on our culture, leadership philosophy and style, improved Employee Experience, effective channels for employee voice, and the ability of employees to be involved in quality improvement. It should not be confused with communicating with employees, as Employee Engagement is about how we feel about the organisation, and how invested we are in its success.

Line managers have the most frequent opportunities to impact Employee Engagement and Experience, and for this reason, research shows that they are the single most important factor in an organisation's success.

To that end, the Inclusion, Learning and Organisational Development team have developed a suite of toolkits for managers, as well as a new Employee Experience and Engagement Strategy and Listening Framework for SECAMB, focusing on all aspects of Employee Engagement and the factors that impact it. Stakeholder engagement and other work to identify interdependencies with the (in development) People & Culture Strategy, and Comms and Engagement Strategy is ongoing, and we hope to be able to deliver the strategy and framework very soon.

One aspect of employee engagement is our involvement in and influence over decisions and changes that affect us. Several initiatives have been started or continued over the last year, including the "Ops, EOC and 111 Town Hall", which is a responsive and effective forum for operational staff to raise concerns and suggestions directly to their senior managers. Members of our Executive Management Board and our Senior Management Group have also started and sustained new visibility and listening activities across the Trust, during which they attend Trust sites and ask the employees they meet for feedback directly. A new role was created to support the ongoing work to improve listening and involvement, and the Organisation Development & Engagement Coordinator now collates the feedback collected by senior leaders, carries out thematic analysis, and reports on the visibility and listening activities happening across the Trust. These reports ensure that employee feedback is considered in high-level decision-making processes.

Managers have a key opportunity to act on employee feedback and involve their team members in decisions and changes on the release of the NHS Staff Survey results. As in previous years, all managers have been provided with access to detailed survey results for their area, toolkits to support conversations with employees about the results, and action planning templates. Members of the OD &

Engagement Team are also providing a series of 1:1 sessions for managers to talk through their results, seek guidance on how to make local improvements to employee experience and engagement, and to ask any questions they may have.

Induction

Between 1 April 2022 and 31 March 2023 SECAmb welcomed 722 new colleagues (including bank) – of those 393 (54.43%) attended the Trust's main induction event which focuses on our Trust values, quality, and the patient experience.

Centralised reports indicate that not all new colleagues receive a local induction. Between 1 April 2022 and 31 March 2023, there were 722 new starters to the Trust. Of these 28 were recorded to have completed a local induction – this equates to just 3.87% of all new starters.

The Trust induction event has continued to be delivered virtually using MS Teams, planning is underway to return to providing induction as an in-person event enabling new colleagues to connect face-to-face and build lasting relationships with colleagues. The Learning and Organisational Development Team will continue to work with colleagues to provide a welcoming induction experience with specific focus on the Trust's values.

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 2022/23, 64.95% or 2,385 of our people had an appraisal.

During the year the Trust has focussed on rolling out the new appraisal process ESR Appraisal on a phased approach. To date ESR Appraisal has been rolled out to all Corporate Directorates and partially to teams within the Operations Directorate. The new appraisal process is based on every colleague having the opportunity for an anniversary-based review – meaning that the appraisal date will be set around the anniversary of the date on which individuals joined SECamb. To support colleagues during the roll out of the new appraisal, an Appraisal Hub was created on The Zone featuring a number of helpful resources. Resources include newly produced e-learning for appraisees and appraisers, detailed ‘interactive’ guides and instructional videos.

The Trust is working towards meeting its rolling year appraisal target of 85%. A new Appraisal task & finish group has been convened to review the current position and to develop solutions for improvement.

Joint Partnership Forum

The Joint Partnership Forum (JPF) is the body through which the Trust engages and consults with its recognised trade unions.

Within SECAmb, five trade unions are formally recognised:

- GMB
- RCN
- UNISON
- Unite the Union
- BMA

The work that we started last year with the development of a new recognition agreement remains ongoing, as there were more pressing industrial relations matters to address, not least of which was the strike action around pay.

As a Joint Partnership Forum work together on:

- 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,
- Health and safety concerns, and
- Hours of work.

Trade Union Facilities Time

The Trust is required to include this section in our report to demonstrate our commitment to facilitating Union time to undertake this important role.

Table 1 – Relevant Union Officials

Number of employees who were relevant union officials during the relevant period	Full Time Equivalent Union Officials
63	57.07

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%	12
1-50%	45
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	£288,440.70 (£17.50 average hourly rate)
Total pay bill	£ 236,250,000
% of the pay bill spent on facility time, calculated as (total cost of facility time/ total pay bill) x 100	0.12%

Table 4 – Paid Trade Union Activities

As a % of total paid facility time hours, the number of hours spent by employees who were relevant union officials during the relevant period on paid trade union activities.

Hours spent on paid facility time	10,000
Time spent on paid trade union activities as a % of total paid facility time hours calculated as (total hours spent on paid trade union activities by relevant trade union officials/ total paid facility time hours) x 100	0%
	NB: Trade Union Activities were included in the Paid Facility Time Figure for 2022/2023

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 2023 earning £245 per day or greater	Number of engagements
Number of existing engagements as of 31 March 2023	56
Of which ...	
Number that have existed for less than one year at time of reporting.	13
Number that have existed for between one and two years at time of reporting.	22
Number that have existed for between two and three years at time of reporting.	8
Number that have existed for between three and four years at time of reporting.	10
Number that have existed for between three and four years at time of reporting.	3

All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2023 earning £245 per day or greater	Number of engagements
Number of off-payroll workers engaged during the year ended 31 March 2023	71
Of which ...	
Not subject to off-payroll legislation*	0
Subject to off-payroll legislation and determined as in-scope of IR35*	70
Subject to off-payroll legislation and determined as out-of-scope of IR35*	1
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 in scope 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 2022 and 31 March 2023	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.	20

Expenditure on consultancy

The total expenditure for 2022/23 was £0 and we engaged no consultancy firms

Staff exit packages

There were 42 exit packages agreed in 2022-23 (2021-22: 13) at a total cost of £620k (2021-22: £265k).

Exit package cost band (including any special payment element)	2022-23			2021-22		
	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	22	0	22	5	1	6
£10,001-£25,000	12	0	12	4	0	4
£25,001-£50,000	6	0	6	1	1	2
£50,001-£100,000	2	0	2	0	0	0
£100,001 - £150,000	0	0	0	0	1	1
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type	42	0	42	10	3	13
Total resource cost (£000)	620	0	620	97	168	264

Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2023-23 (2021-22: nil) at a cost of £nil (2021-22: £nil) as shown below:

Exit packages: other (non-compulsory) departure payments	2022-23		2021-22	
	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 2022-23
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 organization 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	<p>A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> 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	<p>The annual report should include:</p> <ul style="list-style-type: none"> 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 2022-23
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 organization 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 System Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

In response to the CQC findings from the well led inspection in 2022 the Trust moved from Segment 2 to Segment 4 and is currently in the national Recovery Support Programme (RSP). It will remain in Segment 4 for the duration the RSP is in place. Exit criteria was agreed as part of Enforcement Undertakings agreed by the Trust Board in August 2022.

This segmentation information is the trust's position as at May 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website:

<https://www.england.nhs.uk/publication/nhs-system-oversight-frameworksegmentation/>

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.

A handwritten signature in black ink, appearing to read 'Simon Weldon'.

Simon Weldon, Chief Executive Officer

Date: **28 June 2023**

Annual Governance Statement (AGS)

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 2023 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 processes to manage risk are effective. It reports its level of assurance to the Trust Board after each meeting.

The Risk Assurance Group has cross-directorate membership and meets monthly to review new risks, those proposed for closure, and escalates to the Senior Management Group. A regular risk report is also received by the Executive Management Board.

Comprehensive training on Risk Management and the Datix Cloud Risk System has been made accessible to all staff via the SECamb Discover Training Platform. The training of Risk Owners and Risk Leads was prioritised to help ensure effective utilisation of the full risk management system. Additional support was provided by the Head of Risk & Incidents through face-to-face and virtual team meetings. The Trust has initiated communications and engagement with Operating Units and EOC/111 through attendance at Team B & C meetings, support of Quality Assurance Visits, and systemwide awareness-raising.

Internal Audit undertakes a review of risk management each year and this year it provided the Board with only *partial assurance*. The review confirmed that there is a

suitable Risk Management Policy to guide staff with the management of risk. However, the review also confirmed that overall, there are concerns within the wider organisation in implementing and embedding the risk management processes.

As set out in last year's Annual Governance Statement, the extent of some of the weaknesses in risk management were not fully known and the CQC inspection in March 2022 helped to highlight a greater degree of concern, in particular with the timeliness of actions being taken when risks are identified. I will set out the improvements we have made in past year in the next section (risk and control framework) of this statement.

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 within the Board Assurance Framework, seeking assurance that they are being adequately managed, and to seek assurance that services are being provided safely. The Board Assurance Framework is received by the Trust Board at each meeting.

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 escalates the same to the Trust Board, and 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 Quality & Nursing** is the executive lead responsible for ensuring that overall risk and assurance processes are established and implemented, reporting to the Executive Management Board 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 Executive Management Board and Trust Board, as required.

The **Chief Operating Officer / Executive Director of Finance** 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 **Executive Director of Operations** is the Accountable Emergency Officer and is responsible for ensuring the Trust complies with Emergency Planning, Preparedness and response (EPRR) statutory obligations and policy guidance.

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 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. Although improvement has been made in recent months, I am clear that there is much more to be done to ensure effective risk management processes are consistently applied. Further training will be provided to help embed the processes set out in the Policy, including how risks are scored and continually reviewed, and how risks are then escalated through the governance framework, when the controls are assessed as ineffective.

In March 2022 the CQC undertook a Well Led Inspection and rated this domain Inadequate. It also inspected EOC, Emergency & Urgent Care, Resilience (rated Requires Improvement) and 111 (rated Good). Overall therefore the Trust is rated Requires Improvement.

The findings from the Well Led inspection included concerns about the way corporate and clinical governance worked together to provide effective oversight of risks, and how harm was being assessed when undertaking harm reviews. There was also concern about how information was being used to ensure challenge and holding to account so that action is taken when risks are identified, and a culture of bullying where concerns were not always resolved in a timely way.

As a consequence of these findings NHS England issued an Enforcement Notice and accepted the Trust's enforcement undertakings, which included the need to establish a comprehensive improvement plan. This was established by the Trust Board in June 2022 and further details about our Improvement Journey is found within the Performance Overview section of the Annual Report.

The Trust Board monitors at each of its meetings the principal risks through the Board Assurance Framework and uses this to plan agendas for both the Board and its committees. The Board also assesses the impact on quality and performance through the Integrated Quality Report, which was significantly improved last year

following training the Board received from NHS England on 'Making Data Count'. As a result the Board uses a more succinct assurance process, which has helped to address the findings of the CQC related to how the golden thread of quality runs through our governance processes.

To help test the in-year improvements in governance and risk, a Board Effectiveness Review was undertaken by the Improvement Director. This identified a number of actions that the Board has been taking since November 2022. In addition, the Board completed a Well Led Framework self-assessment, which informed its ongoing development plan. Included in this plan is a review of the approach to risk appetite. The first board development session was held in April 2023 and this is scheduled to conclude in July 2023. The aim is to help the Board define how risk appetite impacts on risk management and guides the allocation of resources and aligns decision making.

The Trust's major risks during 2022-23 included:

Regulation - Warning Notice - Risk that the Trust is not able to demonstrate significant improvement against the areas highlighted by CQC in the Warning Notice.

In response we:

- Focused the Improvement Journey up to December 2022 on the issues listed in the Warning Notice, ensuring effective allocation of resources.
- Moved to monthly Board meetings to ensure specific attention to progress against the Improvement Journey
- Held a Quality Summit in September 2022
- Instructed external reviews on key areas, e.g. HR, finance, culture, comms, and Sis / harm reviews.
- In January 2023 the Trust Board presented its improvement to the CQC and this assured the CQC to the extent that no further enforcement action was deemed to be necessary.

Patient Safety & Quality - Risk that our operating model is not suitably designed to consistently ensure efficient and effective management of demand and patient need.

In response we:

- Established as part of the Improvement Journey actions to improve process and use of resources.
- Integrated Plan agreed with commissioners to increase clinical workforce to 2555 WTE.
- Further developed the Performance Cell to better predict where to allocate resources so that we can match these with demand. This informed a trust wide rota review.
- Started work on the development of a new clinically led Trust strategy that will lead to a new care delivery model.

Going forward we plan to:

- Engage widely with all internal and external stakeholders on the development of a new Trust strategy. The aim is to conclude this work by December 2023.

- Increase our clinical workforce, through the integrated workforce plan, to help ensure delivery against a 30-minute C2 mean.

People & Culture – Risk that a culture of bullying, sexual misconduct and poor/underdeveloped management and leadership practice will continue to result in poor employee experience, a high number of employee relations and FTSU cases as well as affecting staff turnover negatively.

In response we:

- Appointed a Culture Transformation Programme Director
- Developed a new People & Culture Strategy
- Established a programme of early resolution/mediation training for managers, unions and HR
- The Board’s development plan included its role in leading culture improvement
- Increased capacity within FTSU
- Provided fundamental training to first line managers
- Provided sexual safety training to all managers

Going forward we plan to:

- Implement the People and Culture delivery plan, which forms part of the strategic goals and corporate objectives

Financial Sustainability - Risk that we are unable to develop a robust long term financial plan to deliver safe quality and effective services, due to uncertainty over the future with national/regional plans.

In response we have:

- Established efficiency plans that reduced the in-year deficit and helped the Trust achieve a breakeven position.
- Using the external finance review undertaken in September 2022, worked with commissioners to provide clarity on the Trust’s underlying deficit.
- Established funding that will support a breakeven position for 2023/24 while achieving the national target of 30 minutes C2 Mean.

Going forward we plan to:

- Continue to work with commissioners to support a longer-term financial plan.

Cyber Security - In November 2022 there was a Trust wide IT system outage affecting the Internet, Cleric (the Trust’s Computer Aided Dispatch system), and Telephony systems in Nexus House, Crawley. Ashford 111 systems were also impacted by the outage. The complete loss of network connectivity at the Crawley site resulted in EOC teams moving to Coxheath, and corporate functions were severely hampered due to the protracted nature of the incident.

A Business Continuity Incident was declared and the SECAMB Command and Control structure was invoked. The BCI was stood down after 10 days.

The root cause has been difficult to establish, and an independent investigation is being carried out to ensure the ongoing resilience of our IT and digital infrastructure.

The Trust has an annual programme that includes completion of the Data Security and Protection Toolkit, 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 an outside attack. The Trust has made significant investment in security hardware and software.

Effectiveness of board and committee structures

The Board of Directors has a well-established committee structure. Each committee has a cycle of business to help guide the focus of its assurance and through the monitoring of information tests the impact of the design and implementation of controls and how management ensures standards are maintained and improved.

As part of its annual plan, the Audit and Risk Committee tests the effectiveness of the framework, including the effectiveness of the other Board committees.

The Trust Board receives at every meeting a comprehensive Integrated Quality Report detailing the key metrics. It uses this to help establish gaps in assurance and directs its committee accordingly as demonstrated by the Action Log. For example, in December it asked the People Committee to seek further assurance that we are identifying strategic solutions to improve the working experience in our EOCs, to address the very high turnover rates identified in the IQR. And in February it asked the Quality & Patient Safety Committee to explore the plans to increase Hear & Treat to seek assurance it is done safely to the benefit of patients.

Responsibilities of directors and committees

The terms of reference for each committee are reviewed at least annually. Each committee has a non-executive chair and executive lead, who work together with the company secretary to plan for meetings, ensuring dynamic assessment of the key issues requiring scrutiny. As part of the Board Effectiveness Review each committee reports to the Board progress against the actions agreed.

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 plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. 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 efficiency programme 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, principally through the monthly finance report.

The *reasonable assurance* internal audit review of financial systems supports the Board's assurance in financial controls. We have taken steps to revise our business case process and there have been constructive discussions with system partners about the Trust's underlying deficit. This has led to agreement on our workforce plan for the coming year that will maintain financial balance while improving patient care.

As stated earlier, despite the risks to our financial plan for 2022/23 we ended the year at a breakeven position.

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 are tracked and overseen by the Audit & Risk Committee. Details about the conclusions reached by Internal Audit is set out in the section below 'review of effectiveness'.

Information governance

The Trust's information governance framework ensures that information is managed and processed in a secure and confidential manner to deliver the best possible healthcare and services. This framework is fully embedded within the organisation and ensures that the Trust meets its statutory legal requirements in line with data protection legislation.

Compliance with information governance is integral to the management of both patient and employee information. It is also fundamental to the ongoing clinical integrations of shared patient care records relating to our ICBs', and the Trusts business as usual activities.

The COVID 19 pandemic saw an increase in external and internal data processing. All processing of data remained in line with legislation with internal assurance 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. Temporary legislation which was issued at the start of the pandemic in the form of a COPI Notice (Control of Patient Information Notice), ceased on the 30 June 2022.

Engagement with the IG team has remained positive. The past year has provided the opportunity to re-engage with services in a face-to-face environment although the Head of Information Governance / Data Protection Officer also continues to take a proactive approach and utilise Trust technologies to ensure engagement. The Information Governance Working Group is well established and includes widespread membership, comprising of Senior Managers, EOC 999, NHS111 and front-line service colleagues. Meetings take place monthly and in instances where this is not possible, alternative methods of communication are utilised to provide assurance.

External IG provision was sourced during the year to support the ongoing demand and activity within the IG portfolio. As a result of this the Head of Information Governance will be looking to increase the portfolio further during 2023 / 2024.

The Trust is an open and transparent organisation, and reports all significant IG breaches to its regulator, the Information Commissioners Office (ICO). During 2022-23 the Trust reported two breaches to the ICO. One related to a breach of confidentiality and the other related to a national cyber security attack, although the Trust was not directly affected.

In accordance with process, these were appropriately reviewed and graded using the national incident reporting tool and formally recorded through the Data Security & Protection Toolkit. The Trust issued a formal response to the ICO in relation to the breach of confidentiality detailing background, findings, and evidence of shared learning. This was formally accepted and no regulatory actions have been taken.

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.

I take assurance from the positive finding of the Internal Audit of data quality, this year in relation to the ambulance quality indicators, specifically C2 incidents. This concluded 'reasonable assurance' that the controls in place are suitably designed, consistently applied and effective.

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.

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, as I have referred to in earlier sections of this statement. The processes that have been applied in this regard include:

Board of Directors

The Board receives an update from me at each meeting on any significant issues that affect the Trust, as well as highlighting the key issues identified in the integrated quality report.

The Board receives a written escalation report from each of its committees following every meeting, and these reports describe the levels of assurance as well as any related actions taken and/or action required by the Board.

Changes to the way the Board organises its meetings has improved its focus on the strategic themes of Quality Improvement; People & Culture; Responsive Care; and Sustainability & Partnerships. Using the learning from Making Data Count, it implements the assurance cycle to ensure action is taken to close any gap in assurance. As I have mentioned earlier in this Statement, there are a number of examples that demonstrate how this has been effectively applied, as set out in the Board Action Log.

The Board's principal focus during 2022-23 was in the delivery of the improvements required by the Warning Notice, which included specific areas for Board development. In the latter part of the year the focus has been on the need to develop a new Trust strategy and model of care that better meets the future needs of our people. The aim is to conclude this by the end of 2023 and, in the meantime, clear objectives have been set that aligns with the four strategic themes.

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. For example, the executive was concerned about Procurement and so asked Internal Audit to undertake a review; the *minimal assurance* findings supported the concerns and informed the improvement plan that had already been put in place.

The committee has flexibility to ask internal audit to review any urgent issue as they arise. For example, to provide a further level of assurance, the Board asked Internal Audit to undertake a review the Improvement Journey and specifically how it was aligned to the findings from the CQC inspection. In addition, a review in March was requested following the emergence of a procurement issue related EV Chargers, indicating control issue with how POs are receipted.

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. The BAF has been updated to reflect the new corporate objectives agreed by the Board in April 2023, and the new version will be reported to the meeting on 1 June, and in addition to the risks, will cover progress against each objective.

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 linked to the BAF and Improvement Journey and, where it has identified gaps in assurance, it has asked management to set out the corrective action being taken. The areas the committee has asked for further assurance have included:

- NHS Pathways - Audits
- Safeguarding – Process and Training
- Incident Management – Backlog and Learning
- Welfare Calls – Compliance
- Medicines Management – Management of Risks

Clinical Audit

The Board lead for Clinical Audit is the Chief Medical Officer who ensures sustained focus and attention to detail of clinical audit activity. The 2022-23 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 Quality Governance Group which reports directly to the Executive Management Board.

On behalf of the Board, the Quality & Patient Safety Committee tests the clinical audit plan and receives regular progress updates. The committee received assurance with the effectiveness of clinical audit and in the delivery of the audit plan.

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 2022/23 the Head of Internal Audit Opinion is negative and confirms that *there are weaknesses in the framework of governance, risk management and control such that it could become inadequate and ineffective.*

The outcome of each review is listed below.

Reasonable Assurance
Station Visits
Fleet Management
Data Quality
Financial Systems
Partial Assurance
Statutory & Mandatory Training
Risk Management

Minimal Assurance

Procurement & Contract Management

Policy Management

Clear management actions have been identified to address the issues relating to each of these reviews and these are overseen by the relevant committee, in addition to the oversight by the Audit & Risk Committee, e.g. People Committee will test the impact of action related to Statutory & Mandatory Training.

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 arrangements for securing economy, efficiency and effectiveness in its use of resources. During 2022/23 the main weakness identified related to the value for money assessment and specifically in relation to the CQC Well Led inspection finding of Inadequate, which was published in June 2022. External Audit found that whilst progress has been made, many of the remedial actions have not been in place for the whole financial year and that actions taken will in any event require time to embed. The Trust's improvement priorities for 2023/24 were agreed by the Board in April and progress is monitored by the Board via the revised Board Assurance Framework.

Conclusion

From this Annual Governance Statement the following have been identified as *significant internal control issues*:

Significant Control Issue	Action Taken
Corporate and clinical governance not always working effectively together to ensure robust oversight of risks and issues.	This has been one of the areas of focus in year, related to the Warning Notice. Progress has been made as demonstrated to the CQC in January 2023, but further improvement is needed. This is reflected in the priorities agreed by the Board in April related to establishing a quality and performance management framework and a quality compliance surveillance framework.
Lack of timely action in response to when some risks were identified and when incidents of bullying were reported.	Established the Risk Assurance Group to oversee the review of risks and the related actions. Improvements have been made to the speed with which employee relations / FTSU cases are considered, as demonstrated in the IQR
Policy Management – high number of policies overdue their review date.	The Board has asked the CEO to ensure the executive improve the management grip in relation specifically to the review of policies, so they remain

up to date. Improvement is expected in the early part of 2023/24.

Procurement and Contract Management

An action plan is in place to address the issues highlighted by Internal Audit.



Simon Weldon, Chief Executive Officer

Date: 28 June 2023

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

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South East Coast Ambulance Service 
NHS Foundation Trust

2022/23 Annual Accounts

Accounts 31 March 2023

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.



28 June 2023
Simon Weldon, 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.



28 June 2023
Simon Weldon, 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 2023 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and 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 2023 and of its income and expenditure for the year then ended: and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

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 Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or 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 Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust 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 above conclusions are 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 and Risk Committee and internal audit as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Reading Board and Audit and Risk Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.

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 in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

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 the completeness of year-end accruals.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted to unusual accounts combinations and other unusual journal characteristics.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Agreeing a sample of year end accruals to relevant supporting documents, including actual invoices after year end, where applicable.
- Performing cut-off testing of expenditure in the period from 1 March 2023 to 30 April 2023 to determine whether amounts have been recorded in the correct period.
- Assessing 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 Accounting Officer and other management (as required by auditing standards), and from inquiry of the Trust's regulatory and legal correspondence and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

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

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

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law recognising the regulated nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and other management and inspection of regulatory and legal correspondence, if any. Therefore, if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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 Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; 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 by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") 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 2022/23. 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 all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 217, 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 either cease the services provided by the Trust or 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.frc.org.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.

In February 2022 the Care Quality Commission (CQC) undertook a "Well-led" inspection of the Trust, with the report published in June 2022. The CQC rated this domain as "inadequate" and Section 29A warning notices under the Health and Social Care Act 2008 were issued. The Trust's Well-led domain has not been subject to reinspection during 2022-23 and the Section 29A warning notices expired in November 2022.

In response to the CQC's findings and recommendations the Trust developed its "Improvement Journey". Plan. The plan has developed over time to encompass other transformational plans for the Trust.

Our review of the "Improvement Journey" plan noted that, whilst progress has been made, many of the remedial actions were not in place for the whole financial year and further action is required to ensure that all CQC recommendations have been fully addressed. Furthermore, actions taken will require time to embed into the Trust's activities.

We have raised a recommendation within our Auditor's Annual Report for the Trust to ensure that the ongoing implementation of the plan is appropriately monitored and reported against and there are assurance processes in place to assess the effectiveness of the actions taken.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 217, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its 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 its 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 planned our work and 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 to use 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.

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

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. We have nothing to report in this respect.

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. 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 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 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Jessica Hargreaves
for and on behalf of KPMG LLP (Statutory Auditor)
Chartered Accountants
15 Canada Square
London
E14 5GL

30 June 2023

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2023**

	NOTE	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Operating income			
Operating income from patient care activities	5	320,336	300,470
Other operating income	5.3	6,240	5,625
Operating expenses	8	<u>(332,865)</u>	<u>(311,564)</u>
Operating (deficit)/surplus		(6,289)	(5,469)
Finance costs:			
Finance income	12	835	26
Finance costs	13	(275)	(22)
Public dividend capital dividends payable		<u>(1,176)</u>	<u>(860)</u>
(Deficit)/surplus for the financial period		(6,905)	(6,325)
Gains/(losses) on disposal of non-current assets		<u>1,218</u>	<u>1,390</u>
Retained (deficit)/surplus for the period		<u>(5,687)</u>	<u>(4,935)</u>
Other comprehensive income			
Impairments and reversals	17	(45)	0
Gains on revaluations	14	<u>1,879</u>	<u>2,701</u>
Total comprehensive income for the period		<u>(3,853)</u>	<u>(2,234)</u>

The accompanying notes on pages 11 to 48 form part of these financial statements.

**STATEMENT OF FINANCIAL POSITION AS AT
31 March 2023**

	NOTE	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Property, plant and equipment	14	81,123	75,795
Right of use assets	16	34,780	0
Intangible assets	15	2,469	2,026
Total non-current assets		118,372	77,821
Current assets			
Inventories	19	2,381	2,598
Trade and other receivables	20	21,024	11,430
Non-current assets held for sale	22	656	1,474
Cash and cash equivalents	21	44,137	62,555
Total current assets		68,198	78,057
Total assets		186,570	155,878
Current liabilities			
Trade and other payables	23	(60,242)	(55,943)
Other liabilities	23	(498)	(825)
Borrowings	24	(6,317)	(46)
Provisions	26	(8,014)	(3,194)
Total current liabilities		(75,071)	(60,008)
Net current assets/(liabilities)		(6,873)	18,049
Total assets less current liabilities		111,499	95,870
Non-current liabilities			
Borrowings	24	(23,455)	(1,337)
Provisions	26	(9,528)	(12,460)
Total non-current liabilities		(32,983)	(13,797)
Total assets employed		78,516	82,073
Financed by taxpayers' equity:			
Public dividend capital		109,204	108,908
Income and expenditure reserve		(37,559)	(32,645)
Revaluation reserve		6,871	5,810
Total taxpayers' equity		78,516	82,073

The accompanying notes on pages 11 to 48 form part of these financial statements.

The financial statements were approved by the Board on 15 June 2023 and signed on its behalf by:



Signed:
Simon Weldon, Chief Executive

Date: 28 June 2023

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED**

	31 March 2023				31 March 2022			
	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	108,908	(32,645)	5,810	82,073	94,816	(27,912)	3,311	70,215
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	171	(171)	0	0	84	(84)	0
(Deficit)/surplus for the year	0	(5,687)	0	(5,687)	0	(4,935)	0	(4,935)
Impairments	0	0	(45)	(45)	0	0	0	0
Revaluations	0	0	1,879	1,879	0	0	2,701	2,701
Transfer to retained earnings on disposal of assets	0	602	(602)	0	0	118	(118)	0
Public Dividend Capital received	296	0	0	296	14,092	0	0	14,092
Balance at 31 March	109,204	(37,559)	6,871	78,516	108,908	(32,645)	5,810	82,073

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 11 to 48 form part of these financial statements.

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2023**

		Year ended 31 March 2023	Year ended 31 March 2022
	NOTE	£000	£000
Cash flows from operating activities			
Operating surplus/(deficit)		(6,289)	(5,469)
Depreciation and amortisation	8,14,15,16	17,203	13,951
Impairments and reversals	17	6,032	3,452
Income recognised in respect of capital donations (cash and non-cash)		(301)	0
(Increase)/decrease in inventories	19.1	217	(644)
(Increase)/decrease in trade and other receivables	20.1	(10,863)	4,708
Increase/(decrease) in trade and other payables	23	8,918	12,735
Increase/(decrease) in other current liabilities	23.1	(327)	745
Increase/(decrease) in provisions	26	368	(4,659)
Other movements in operating cash flows		0	0
Net cash inflow/(outflow) from operating activities		14,958	24,819
Cash flows from investing activities			
Interest received	12	835	26
Purchase of property, plant and equipment		(27,465)	(17,251)
Sales of plant, property and equipment		2,988	2,307
Purchase of intangible assets		(7)	(934)
Receipt of cash donations to purchase capital assets		301	0
Net cash inflow/(outflow) from investing activities		(23,348)	(15,852)
Net cash inflow/(outflow) before financing		(8,390)	8,967
Cash flows from financing activities			
Public dividend capital received		296	14,092
PDC dividend paid	1.25	(1,030)	(555)
Interest paid on finance lease liabilities	13	(330)	(62)
Interest paid	13	(2)	(2)
Capital element of finance lease rental payments		(8,965)	(43)
Cash flows from (used in) other financing activities		3	6
Net cash inflow/(outflow) from financing activities		(10,028)	13,436
Net increase/(decrease) in cash and cash equivalents		(18,418)	22,403
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		62,555	40,152
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	44,137	62,555

The accompanying notes on pages 11 to 48 form part of these financial statements.

NOTES TO THE ACCOUNTS

1. Accounting policies

NHS England 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 2022/23 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 UK endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DH group bodies.
- IFRS 17 "Insurance Contracts": Application required for accounting periods beginning on or after the 1 January 2021. Standard is not yet adopted by FReM which is expected to be from April 2025.

The DH Group Accounting Manual does not require these standards to be applied in 2022-23.

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 previous two years and the whole of the 2022/23 year continued being funded on this basis. This block funding has continued for April 2023 but will be updated once the Trust submits its 23/24 financial plan. However, the Trust 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 1.17; 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 main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts. These payments are accompanied by a variable element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differs from the agreed level set in the fixed payments, the variable element either increases or reduces the income earned by the Trust at a rate of 75% of the tariff price.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria. Adjustments for actual performance are made through the variable element of the contract payments.

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 assets are measured initially at cost, representing the costs 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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use 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 2022. 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 2023 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.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England 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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

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

1.14 Leases (continued)

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

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

Operating leases

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

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line or other systematic basis.

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.

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.

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

1.16 Cash and Cash Equivalents

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 of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

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 positive 1.70% (2021-22: minus 1.30%) 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.

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.

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

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

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.

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

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.

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 30) 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 activities are reported under Patient Services (including Clinical Commissioning Group revenue).

	Patient Services		Commercial Activities		Total	
	2022-23 £000	2021-22 £000	2022-23 £000	2021-22 £000	2022-23 £000	2021-22 £000
Income	326,397	305,949	179	146	326,576	306,095
Surplus/(deficit) before interest	(6,383)	(5,545)	94	76	(6,289)	(5,469)

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.

	2022-23 £000	2021-22 £000
Income	179	146
Full cost	<u>(85)</u>	<u>(70)</u>
Surplus/(deficit)	<u>94</u>	<u>76</u>

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)

	2022-23 £000	2021-22 £000
Ambulance services		
A & E income*	294,359	233,608
Other income	7,731	58,200
All services		
Agenda for change pay offer central funding	9,033	0
Additional pension contribution central funding**	9,213	8,662
Total income from activities	<u>320,336</u>	<u>300,470</u>

*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. This system partnership continued in 2022-23.

**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)

	2022-23 £000	2021-22 £000
NHS England	18,659	10,206
Clinical Commissioning Groups	70,018 *	289,584
Department of Health and Social Care	0	0
Intergrated Care Boards	231,205	0
Other NHS providers	0	(18)
Non-NHS:		
Injury costs recovery	454	470
Other	0	228
	<u>320,336</u>	<u>300,470</u>

* Included in the Revenue from Clinical Commissioning Groups of £301,223k (2021-22: £289,584k) is £29,158k (2021-22: £25,5574k) relating to the NHS 111 service, the contract for which is in the Trust's name. Also included in the current year balance is £7,442k (2021-22: £17,564k) of one-off Covid-19 income being reimbursement of expenses.

5.3 Other operating income

	2022-23 £000	2021-22 £000
Research and development	138	120
Education, training and research	4,062	3,769
Non-patient care services to other bodies	0	1
Income in respect of employee benefits accounted on a gross basis	104	0
Contributions to expenditure - consumables donated from DHSC for COVID response	447	578
Cash grants for purchase of assets	301	0
Charitable and other contributions to expenditure	129	0
Other revenue	<u>1,059</u>	<u>1,157</u>
	<u>6,240</u>	<u>5,625</u>

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 2022-23 the Trust received £447k (2021-22: £578k) of items purchased by DHSC for which full funding has been recognised in the above total.

6 Income from patient care activities (by nature)	2022-23	2021-22
	£000	£000
A & E income	294,359	233,608
AfC pay award central funding	9,033	0
Other non-protected clinical income	7,731	58,200
Additional pension contribution central funding	9,213	8,662
Other operating income	6,240	5,625
	326,576	306,095

Of total revenue from patient care activities, £309,436k (2021-22: £274,110k) is from Commissioner Requested Services and £17,140k (2021-22: £31,985k) 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	2022-23	2021-22
	£000	£000
Purchase of healthcare from non NHS bodies	16,033	19,013
Employee Expenses - Non-executive Directors	158	173
Employee Expenses - Staff	232,930	215,318
Drug costs	1,748	1,334
Supplies and services - clinical (excluding drug costs)	4,452	4,653
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	447	578
Supplies and services - general	2,987	2,755
Establishment	5,451	4,655
Research and development	227	125
Transport	16,922	20,500
Premises	17,086	20,662
Increase in bad debt provision	107	117
(Decrease)/increase in other provisions	(1,121)	(4,448)
Rentals under operating leases - minimum lease payments		
Depreciation on property, plant and equipment	15,099	11,651
Amortisation on intangible assets	2,104	2,300
Impairments/(reversals) of property, plant and equipment	6,032 **	3,452
impairments/(reversals) of intangible assets		
Audit fees :		
Audit services - statutory audit	119 *	106
Internal audit services	139	113
Other services	363	350
Clinical negligence	1,519	1,663
Legal fees	732	588
Training, courses and conferences	4,563	4,075
Insurance	389	435
Lease expenditure - short term leases (<= 12 months)	1,788	0
Redundancy	620	177
Losses, ex gratia & special payments	984	1,027
Car parking and security	247	168
Other	740	24
Total	332,865	311,564

* In 2022-23 audit fees for statutory audit and audit related assurance services (Value For Money work), excluding VAT, were £89k and £10k respectively (2021-22 £78k and £10k).

** 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 £6,032k (2021-22: £3,452k). Whilst the reporting of these impairments is an operating 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. Employee costs and numbers

9.1 Employee costs

	Total	2022-23 Permanently employed	Other	Total	2021-22 Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	181,932	181,361	571	169,727	169,588	139
Social security costs	20,149	20,149	0	17,543	17,543	0
Employer contributions to NHS pension scheme	21,102	21,102	0	19,787	19,787	0
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	9,213	9,213	0	8,662	8,662	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(879)	(879)	0	(663)	(663)	0
Costs capitalised as part of assets	222	142	80	465	339	126
Agency staff	4,733	0	4,733	2,881	0	2,881
Employee benefits expense	236,472	231,088	5,384	218,402	215,256	3,146

9.2 Average number of people employed

	Total	2022-23 Permanently employed	Other	Total	2021-22 Permanently employed	Other
	Number	Number	Number	Number	Number	Number
Ambulance staff	2,010	1,969	41	1,991	1,952	39
Administration and estates	993	919	74	997	955	42
Healthcare assistants and other support staff	1,277	1,254	23	1,236	1,215	21
Other	76	70	6	45	38	7
Total	4,356	4,212	144	4,269	4,160	109

Of the above:

Number of whole time equivalent staff engaged on capital projects

	2	7
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9.3 Staff sickness absence

	2022-23 Number	2021-22 Number
Total days lost	87,002	78,015
Total staff years	3,943	3,960
Average working days lost	22.1	19.7

During 2022-23 there were 6 (2021-22: 6) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £277k (2021-22: £292k) to the NHS Pension Scheme.

9.5 Staff exit packages

There were 42 exit packages agreed in 2022-23 (2021-22: 13) at a total cost of £620k (2021-22: £265k).

Exit package cost band (including any special payment element)	2022-23			2021-22		
	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages by cost band Number	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages by cost band Number
Less than £10,000	22	0	22	5	1	6
£10,001-£25,000	12	0	12	4	0	4
£25,001-£50,000	6	0	6	1	1	2
£50,001-£100,000	2	0	2	0	0	0
£100,001 - £150,000	0	0	0	0	1	1
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type	42	0	42	10	3	13
Total resource cost (£000)	620	0	620	97	168	265

9.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2022-23 (2021-22: nil) at a cost of £nil (2021-22: £nil).

9.7 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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

10 Directors' remuneration

The aggregate amounts payable to directors were:

	2022-23 £000	2021-22 £000
Salary	1,158	985
Taxable benefits	15	18
Employer's pension contributions	79	71
Total	<u>1,252</u>	<u>1,074</u>

Further details of directors' remuneration can be found in the remuneration report.

11. Better Payment Practice Code

11.1 Better Payment Practice Code - measure of compliance

	2022-23		2021-22	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	20,024	112,519	18,351	86,503
Total Non-NHS trade invoices paid within target	18,597	102,107	17,021	82,113
Percentage of Non-NHS trade invoices paid within target	93%	91%	93%	95%
Total NHS trade invoices paid in the period	272	2,287	213	2,311
Total NHS trade invoices paid within target	222	1,957	188	2,220
Percentage of NHS trade invoices paid within target	82%	86%	88%	96%

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 2022-23 Better Payment Practice Code percentages are marginally below the target (95%) for the full year related to third party creditors whilst NHS creditors were below this. To this end the total figures for March 2023 were under the 95% target and a return to exceeding the target payment level will remain a focus during the new financial year.

11.2 Late Payment of Commercial Debts (Interest) Act 1998

There were no material payments made as a result of late payment of Commercial Debts (2021-22: £nil)

12. Finance income

	2022-23 £000	2021-22 £000
Interest revenue:		
Bank accounts	835	26
Total	835	26

13. Finance costs

	2022-23 £000	2021-22 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	330	62
Unwinding of discount	(57)	(43)
Other	2	3
Total interest expense	275	22

14. Property, plant and equipment

	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
2022-23								
Cost or valuation at 1 April 2022	11,409	29,705	24,978	12,648	43,444	15,650	338	138,172
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	0	(2,914)	0	0	0	0	0	(2,914)
Additions purchased	0	0	22,670	0	0	0	0	22,670
Additions donated	0	0	301	0	0	0	0	301
Impairments charged to operating expenses	(34)	(7,552)	0	0	0	0	0	(7,586)
Reversal of Impairments	916	143	0	0	0	0	0	1,059
Reclassifications **	0	10,410	(16,516)	112	1,956	1,498	0	(2,540)
Revaluations	1,696	63	0	0	0	0	0	1,759
Disposals	(267)	(622)	0	0	(4,401)	0	0	(5,290)
At 31 March 2023	13,720	29,233	31,433	12,760	40,999	17,148	338	145,631
Depreciation at 1 April 2022	0	2,933	0	11,514	36,019	11,573	338	62,377
Provided during the year	0	982	0	773	2,607	2,716	0	7,078
Impairments charged to operating expenses	0	(326)	0	0	0	0	0	(326)
Reversal of Impairments	0	(169)	0	0	0	0	0	(169)
Revaluation surpluses	0	(120)	0	0	0	0	0	(120)
Disposals	0	(31)	0	0	(4,301)	0	0	(4,332)
Depreciation at 31 March 2023	0	3,269	0	12,287	34,325	14,289	338	64,508
Net book value								
Purchased	13,657	25,870	31,433	472	6,674	2,859	0	80,965
Donated *	63	94	0	1	0	0	0	158
Total at 31 March 2023	13,720	25,964	31,433	473	6,674	2,859	0	81,123

* Includes equipment donated from DHSC and NHSE for COVID response remaining after return made during 21-22 included in disposals.

** Reclassifications represent the Asset Under Construction 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.

14. Property, plant and equipment (cont.)

	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
2021-22								
Cost or valuation at 1 April 2020	7,234	34,658	10,838	12,850	48,310	11,132	338	125,360
Additions purchased	0	0	24,606	0	0	0	0	24,606
Impairments charged to operating expenses	98	(6,988)	0	(226)	0	0	0	(7,116)
Reversal of Impairments	469	612	0	0	0	0	0	1,081
Reclassifications	3,420	1,028	(10,444)	59	1,212	4,518	0	(207)
Revaluations	657	1,838	0	0	0	0	0	2,495
Transferred to disposal group as asset held for sale	(372)	(856)	0	0	0	0	0	(1,228)
Disposals	(97)	(587)	(22)	(35)	(6,078)	0	0	(6,819)
At 31 March 2022	11,409	29,705	24,978	12,648	43,444	15,650	338	138,172
Depreciation at 1 April 2020	0	3,630	0	10,194	38,443	7,143	338	59,748
Provided during the year	0	2,211	0	1,371	3,639	4,430	0	11,651
Impairments	0	(2,243)	0	(45)	0	0	0	(2,288)
Reversal of impairments	0	(306)	0	0	0	0	0	(306)
Revaluation surpluses	0	(206)	0	0	0	0	0	(206)
Transferred to disposal group as asset held for sale	0	(43)	0	0	0	0	0	(43)
Disposals	0	(110)	0	(6)	(6,063)	0	0	(6,179)
Depreciation at 31 March 2022	0	2,933	0	11,514	36,019	11,573	338	62,377
Net book value								
Purchased	11,346	25,334	24,978	1,133	7,420	4,077	0	74,288
Donated	63	94	0	1	0	0	0	158
Finance leased	0	1,344	0	0	5	0	0	1,349
Total at 31 March 2022	11,409	26,772	24,978	1,134	7,425	4,077	0	75,795
Asset financing								
Owned	11,409	25,428	24,978	1,134	7,420	4,077	0	74,446
Finance leased	0	1,344	0	0	5	0	0	1,349
Total 31 March 2022	11,409	26,772	24,978	1,134	7,425	4,077	0	75,795

14. Property, plant and equipment (cont.)

A total cost of £35k of equipment that was donated by DHSC and NHSE as part of the Covid pandemic was returned during the year.

All freehold land and buildings were valued by Montagu Evans as at 31 March 2023 to reflect their Existing Use Value (EUUV) method of valuation. The Trust has reviewed and updated the values declared for owned land buildings valued by their inspection 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

15. Intangible assets

	Computer software - purchased	Computer software (internally generated)	Licences and trademarks	Patents	Development expenditure (internally generated)	Total
2022-23	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2022	6,654	0	0	0	0	6,654
Additions purchased	7	0	0	0	0	7
Reclassifications*	2,540	0	0	0	0	2,540
Gross cost at 31 March 2023	9,201	0	0	0	0	9,201
Amortisation at 1 April 2022	4,628	0	0	0	0	4,628
Charged during the year	2,104	0	0	0	0	2,104
Amortisation at 31 March 2023	6,732	0	0	0	0	6,732
Net book value						
Purchased	2,469	0	0	0	0	2,469
Total at 31 March 2023	2,469	0	0	0	0	2,469

** 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.

15. Intangible assets (cont.)

	Computer software - purchased	Computer software (internally generated)	Licences and trademarks	Patents	Development expenditure (internally generated)	Total
2021-22	£000	£000	£000	£000	£000	£000
Gross cost at 1st April 2020	5,513	0	0	0	0	5,513
Additions - purchased	934	0	0	0	0	934
Reclassifications	207	0	0	0	0	207
Gross cost at 31 March 2022	6,654	0	0	0	0	6,654
Amortisation at 1st April 2020	2,328	0	0	0	0	2,328
Charged during the year	2,300	0	0	0	0	2,300
Amortisation at 31 March 2022	4,628	0	0	0	0	4,628
Net book value						
Purchased	2,026	0	0	0	0	2,026
Total at 31 March 2022	2,026	0	0	0	0	2,026

15.1 Amortisation rate of intangible assets

Software 3-5 years

16. Leases

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

The Trust had in a place one finance lease up until the end of the 2021-22 financial year. This was the lease of the Paddock Wood Make Ready Centre buildings on a 30 year commercial lease arrangement. Since 1 April 2022 the Trust has incorporated leases of greater than a year in duration into Right of Use assets below. This falls into two main areas:

- Property where the Trust leases buildings for use either in operational areas or support functions.
- Transport Equipment being the lease of front line vehicles such as ambulances, Single Response Vehicles and HART vehicles. In addition the lease of Trust cars and other support vehicles meeting the duration and value criteria are included within the figures below.

16.1 Right of Use Assets

2022-23	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Intangible assets £000	Total £000	Of which: leased from DHSC group £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	2,914	0	0	0	0	0	2,914	0
IFRS 16 implementation - adjustments for existing operating leases / subleases	15,144	0	13,952	0	0	0	29,096	0
Additions	776	0	8,496	0	0	0	9,272	0
Movements in provisions for restoration / removal costs	1,577	0	0	0	0	0	1,577	0
Impairments	(194)	0	0	0	0	0	(194)	0
Disposals / derecognition	(11)	0	(13)	0	0	0	(24)	0
Gross cost at 31 March 2023	20,206	0	22,435	0	0	0	42,641	0
Provided during the year	1,902	0	6,119	0	0	0	8,021	0
Impairments	(149)	0	0	0	0	0	(149)	0
Disposals / derecognition	(4)	0	(7)	0	0	0	(11)	0
Depreciation at 31 March 2023	1,749	0	6,112	0	0	0	7,861	0
Net book value	18,457	0	16,323	0	0	0	34,780	0
Right of use assets leased from other NHS providers								0
Right of use assets leased from other DHSC group bodies								0

16.2 Reconciliation of the carrying value of lease liabilities

	2022-23 Total £000
Carrying value at 31 March 2022	1,383
IFRS 16 implementation - adjustments for existing operating leases	28,098
Financing cash flows - principal	(8,965)
Financing cash flows - interest	(330)
Lease additions	9,272
Lease liability remeasurements	0
Interest charge arising in year	330
Early terminations	(16)
Lease payments (cash outflows)	0
Other changes	0
Carrying value at 31 March 2023	29,772

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 8 Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

16.3 Maturity Analysis of future lease payments

	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year;	6,651	0
- later than one year and not later than five years;	14,683	0
- later than five years.	10,064	0
Total gross future lease payments	31,398	0
Finance charges allocated to future periods	(1,626)	0
Net lease liabilities at 31 March 2023	29,772	0
Of which:		
- Current	6,317	0
- Non-Current	23,455	0

16.4 Maturity Analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The following table details the maturity of obligations under leases the trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	31 March 2022 £000
Undiscounted future lease payments payable in:	
- not later than one year;	104
- later than one year and not later than five years;	417
- later than five years.	1,436
Total gross future lease payments	1,957
Finance charges allocated to future periods	(574)
Net finance lease liabilities at 31 March 2022	1,383
of which payable:	
- not later than one year;	46
- later than one year and not later than five years;	216
- later than five years.	1,121
Total of future minimum sublease payments to be received at the reporting date	0

16.5 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021-22 £000
Operating lease expense	
Minimum lease payments	7,800
Contingent rents	0
Less sublease payments received	0
Total	7,800
	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year;	6,816
- later than one year and not later than five years;	12,062
- later than five years.	11,125
Total	30,003
Future minimum sublease payments to be received	0

16.6 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.14.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	30,003
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	29,916
Less:	
Commitments for short term leases	(73)
Commitments for leases of low value assets	0
Commitments for leases that had not commenced as at 31 March 2022	0
Irrecoverable VAT previously included in IAS 17 commitment	(2,619)
Services included in IAS 17 commitment not included in the IFRS 16 liability	0
Other adjustments:	
Differences in the assessment of the lease term	386
Public sector leases without full documentation previously excluded from operating lease commitments	0
Variable lease payments based on an index or rate	0
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	0
Amounts payable under residual value guarantees	0
Termination penalties not previously included in commitment	0
Finance lease liabilities under IAS 17 as at 31 March 2022	1,383
Other adjustments	488
Total lease liabilities under IFRS 16 as at 1 April 2022	29,481

17 Impairments and reversals

17.1 Impairment of assets

	31 March 2023	31 March 2022
	Total	Total
	£000	£000
Impairments charged to operating deficit	6,032	4,839
Impairments charged to the revaluation reserve	45	0
Total impairments	6,077	4,839

Following the revaluation exercise carried out at 31 March 2023 there was a net impairment booked of £6,077k as result of the external valuation with the main impairment coming from the Banstead make ready centre coming into operation this year.

17.2 Analysis of impairments and reversals recognised in 2022-23

	31 March 2023	31 March 2022
	Total	Total
	£000	£000
Property, Plant and Equipment impairments and reversals taken to Statement of Comprehensive Income (SoCI)		
Loss or damage resulting from normal operations	0	181
Over-specification of assets	0	4,421
Abandonment of assets in the course of construction	0	0
Total charged to Departmental Expenditure Limit	0	4,602
Changes in market price	6,032	(1,161)
Total charged to Annually Managed Expenditure	6,032	(1,161)
Total Impairments of Property, Plant and Equipment charged to SoCI	6,032	3,441
Impairments (and reversals) of right of use assets charged to the revaluation reserve (leased from ext to gov bodies)		
	45	0
Changes in market price	0	11
Other	0	0
Total charged to Annually Managed Expenditure	0	11
Total Impairments of Financial Assets	0	11

17.2 Analysis of impairments and reversals recognised in 2022-23 (cont.)	31 March 2023	31 March 2022
	Total	Total
	£000	£000
Total Impairments charged to Revaluation Reserve	45	0
Total Impairments charged to SoCI - Departmental Expenditure Limits	0	0
Total Impairments charged/(credited) to SoCI - Annually Managed Expenditure	<u>6,032</u>	<u>3,452</u>
Overall Total Impairments	<u>6,077</u>	<u>3,452</u>

17.3 Property, plant and equipment

The charge of £6,077k (2020-21: £3,452k) results from the revaluation of the Trust land and building portfolio.

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 2023 £000	31 March 2022 £000
Property, plant and equipment	3,133	10,185
Intangible assets	0	0
Total	3,133	10,185

The principal commitment relates to the Trust's Make Ready Centre capital developments.

19. Inventories

19.1 Inventory by category

	31 March 2023 £000	31 March 2022 £000
Drugs	1	1
Consumables	1,974	2,037
Fuel	406	560
Total	2,381	2,598

19.2 Inventories recognised in expenses

	31 March 2023 £000	31 March 2022 £000
Inventories recognised as an expense in the period	230	1,222
Inventories Consumed	(447)	(578)
Reversal of write-downs that reduced the expense	0	0
Total inventories recognised in the period	(217)	644

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 2022/23 the Trust received £447k (2021/22: £578k) 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 2023 £000	Non-current 31 March 2023 £000	Current 31 March 2022 £000	Non-current 31 March 2022 £000
Contract Receivables	11,713	0	1,574	0
Contract Assets	0	0	0	0
Provision for impaired receivables	(736)	0	(728)	0
Prepayments	7,092	0	8,068	0
PDC Receivable	579	0	725	0
Other receivables	2,376	0	1,791	0
Total	21,024	0	11,430	0

20.2 Allowances for credit losses 2022-23

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2022 - brought forward	0	728
Allowances at start of period for new FTs		
Transfers by absorption	0	0
New allowances arising	0	234
Changes in existing allowances	0	0
Reversals of allowances	0	(127)
Utilisation of allowances (write offs)	0	(99)
Changes arising following modification of contractual cash flows	0	0
Foreign exchange and other changes	0	0
Transfer to FT upon authorisation	0	0
Allowances as at 31 March 2023	0	736

20.3 Allowances for credit losses 2021-22

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2021 - brought forward	0	719
Prior period adjustments	0	-
Allowances as at 2021-22	0	719
At start of period for new FTs		
Transfers by absorption	0	0
New allowances arising	0	174
Reversals of allowances	0	(57)
Utilisation of allowances (write offs)	0	(108)
Transfer to FT upon authorisation	0	0
Allowances as at 31 March 2022	0	728

21. Cash and cash equivalents

	31 March 2023 £000	31 March 2022 £000
Opening Balance	62,555	40,152
Net change in year	(18,418)	22,403
Closing Balance	44,137	62,555
Made up of:		
Cash with Government banking services	44,115	62,533
Commercial banks and cash in hand	22	22
Cash and cash equivalents as in statement of financial position	44,137	62,555
Cash and cash equivalents as in statement of cash flows	44,137	62,555

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 2022	513	961	0	0	0	1,474
Less assets sold in the year	<u>(252)</u>	<u>(566)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(818)</u>
Balance at 31 March 2023	<u>261</u>	<u>395</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>656</u>
Balance at 1 April 2021	230	354	0	0	0	584
Plus assets classified as held for sale in the year	372	813	0	0	0	1,185
Less assets sold in the year	(89)	(195)	0	0	0	(284)
Less impairments of assets held for sale	0	(11)	0	0	0	(11)
Balance at 31 March 2022	<u>513</u>	<u>961</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,474</u>

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 Sittingbourne, Brighton and Littlehampton during the year; these are Dover and Crawley with a combined asset value of £656,000 (2021-22: £1,474,000). There are a further 8 properties at currently being reviewed, including Coxheath, Leatherhead and Redhill, 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 2024.

23. Trade and other payables	Current 31 March 2023 £000	Non-current 31 March 2023 £000	Current 31 March 2022 £000	Non-current 31 March 2022 £000
Trade payables - capital	7,541	0	12,035	0
NHS trade payables	1,841	0	451	0
Other trade payables	10,092	0	13,778	0
Taxes payable	4,179	0	4,160	0
Other payables	193	0	220	0
Accruals	29,253	0	17,982	0
Annual leave accrual	4,141	0	4,741	0
PDC payable	0	0	0	0
Pension contributions payable	3,002	0	2,576	0
Reclassified to liabilities held in disposal groups in year	0	0	0	0
Total	60,242	0	55,943	0

23.1. Other liabilities	Current 31 March 2023 £000	Non-current 31 March 2023 £000	Current 31 March 2022 £000	Non-current 31 March 2022 £000
Deferred income: contract liabilities	498	0	825	0
	<u>498</u>	<u>0</u>	<u>825</u>	<u>0</u>

24. Borrowings	Current 31 March 2023 £000	Non-current 31 March 2023 £000	Current 31 March 2022 £000	Non-current 31 March 2022 £000
Obligations under finance leases	6,317	23,455	46	1,337
Total	6,317	23,455	46	1,337

25.1 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 2022	0	0	1,383	0	1,383
Cash movements:					
Financing cash flows - payments and receipts of principal	0	0	(8,965)	0	(8,965)
Financing cash flows - payments of interest	0	0	(330)	0	(330)
Non-cash movements:					
Impact of implementing IFRS 16 on 1 April 2022			28,098		28,098
Additions	0	0	9,272	0	9,272
Application of effective interest rate	0	0	330	0	330
Early terminations			(16)		(16)
Carrying value at 31 March 2023	0	0	29,772	0	29,772

Carrying value at 31 March 2022	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2021	0	0	1,426	0	1,426
Impact of applying IFRS 9 as at 1 April 2020	0	0	0	0	-
Cash movements:					
Financing cash flows - payments and receipts of principal	0	0	(43)	0	(43)
Financing cash flows - payments of interest	0	0	(62)	0	(62)
Non-cash movements:					
Transfers by absorption	0	0	0	0	-
Additions	0	0	0	0	-
Application of effective interest rate	0	0	0	0	-
Change in effective interest rate	0	0	62	0	62
Changes in fair value	0	0	0	0	-
Other changes	0	0	0	0	-
Carrying value at 31 March 2022	0	0	1,383	0	1,383

26. Provisions	Current	Non-current	Current	Non-current
	31 March 2023 £000	31 March 2023 £000	31 March 2022 £000	31 March 2022 £000
Pensions relating to staff	316	2,957	325	4,098
Legal claims	171	0	169	0
Other	7,527	6,571	2,700	8,362
Total	8,014	9,528	3,194	12,460

	Pensions relating to staff £000	Legal claims £000	Other £000	Total £000
At 1 April 2021	4,575	188	15,593	20,356
Change in the discount rate	141	0	0	141
Arising during the year	71	0	1,643	1,714
Utilised during the year	(321)	0	(4,370)	(4,691)
Reversed unused	0	(19)	(1,804)	(1,823)
Unwinding of discount	(43)	0	0	(43)
At 31 March 2022	4,423	169	11,062	15,654
At 1 April 2022	4,423	169	11,062	15,654
Change in the discount rate	(933)	0	0	(933)
Arising during the year	102	2	3,637	3,741
Utilised during the year	(262)	0	0	(262)
Reversed unused	0	0	(601)	(601)
Unwinding of discount	(57)	0	0	(57)
At 31 March 2023	3,273	171	14,098	17,542

Expected timing of cash flows:

Within one year	316	171	7,527	8,014
Between one and five years	1,210	0	3,593	4,803
After five years	1,747	0	2,978	4,725

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £3,273k represents the Trust's pension liability for pre-1995 reorganisations (2021-22: £4,423k).

Legal claims are the member provision for personal injury claims being handled by the NHS Resolution.

A further £5,396k is included in the provisions of the NHS Resolution at 31 March 2023 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2021-22: £5,171k).

27. Contingencies

27.1 Contingent liabilities	2022-23 £000	2021-22 £000
Legal Claims	79	107
Total	79	107

The contingent liability for legal claims is based on information from NHS Resolution and relates to other legal claims shown in Note 26. 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. During the year the CCGs were replaced by Integrated Care Boards (ICBs) with which the Trust deals now with Kent, Sussex and Surrey ICBs.

The Trust has received revenue payments of £nil (2021-22: £235k) 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 (2021-22: £11k) for administration and associated costs and £nil (2021-22: £nil) representing other charges for the financial year 2022-23.

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 2023 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 2023 £000	31 March 2022 £000
Receivables	12,045	1,771
Cash at bank and in hand	44,137	62,555
Other financial assets	-	-
Total at 31 March 2023	56,182	64,326

29.2 Financial liabilities	31 March	
	2023 £000	2022 £000
Payables	55,209	45,112
Obligations under leases	29,772	1,383
Other borrowings	-	-
Provisions under contract	12,399	11,062
Total at 31 March 2023	97,380	57,557

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 2022-23 £000	Total Number of Cases 2022-23	Total Value of Cases 2021-22 £000	Total Number of Cases 2021-22
Losses				
Cash losses	125	112	92	90
Fruitless payments	0	0	0 *	0
Bad debts	0	0	0	0
Stores losses	0	0	0	0
Damage to buildings and property	339	1,090	309	1,241
Special payments				
Compensation under court order or legally binding arbitration award	43	6	58	7
Extra-statutory payments	0	0	0	0
Compensation payments	0	0	0	0
Special severance payments	0	0	168	3
Ex-gratia payments*	7	2	4,180	4
Total losses and special payments	514	1,210	4,807	1,345

The amounts are reported on an accruals basis but exclude provisions for future losses.

* The ex-gratia payments include overtime corrective payments in relation to the Flowers case of £4,162k which was nationally funded

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.

