

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

**Annual Report and Accounts
2024/25**

South East Coast Ambulance Service NHS Foundation Trust Annual Report and Accounts
2024/25

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

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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 respond 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).

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.

Performance Report

Introduction to Performance Report - Our Priorities during the year

During the year, the Board approved four strategic objectives and linked goals, which built on the Improvement Journey we began the previous year.

Progress against delivery of these objectives is monitored by the Trust Board throughout the year as part of its normal cycle of assurance both at the public and private Board sessions, as well as through its committees.

The Board also monitors progress against these objectives, as well as patient quality of care outcomes and overall performance through its Integrated Quality Report which is presented alongside the Board assurance Framework at every public Board.

To make it easier to interpret, we have structured the Performance Report into these four areas:

- Quality and Safety
- People & Culture
- Responsive Care
- Sustainability & Partnerships

Chief Executive's Statement - Overview of Performance

This year, I want to reflect on significant progress we've made across SECamb during 2024/25. It's been a year of hard work and dedication, and while challenges remain, I'm incredibly proud of what we've accomplished together.

In August 2024, we launched our new five-year strategy, *Saving Lives, Serving Our Communities*. Developed in collaboration with our people, patients, and partners, this clinically led framework focuses on three core aims: delivering high-quality care, making SECamb a great place to work, and being a sustainable partner in the wider NHS.

Despite increasing demand, including nearly 40,000 more 999 calls than the previous year, we exceeded the Category 2 response time targets—making us one of few ambulance trusts to do so. This achievement is a credit to the dedication and professionalism of our teams.

A key enabler of this performance has been the introduction of our five unscheduled care navigation hubs (UCNHs) across Kent, Sussex, and Surrey. These hubs bring together clinicians and system partners to ensure patients receive the most appropriate response—delivering more efficient, effective care.

We also achieved our highest-ever and nationally leading cardiac arrest survival rate. With resuscitation attempted on 2,709 patients, survival to 30 days reached 11.5%, a two percent increase on the previous year, saving 307 lives. These outcomes reflect not only clinical excellence but also the vital role of public involvement in CPR and defibrillator use.

We've also taken major steps forward in making SECamb a better place to work. We began restructuring the organisation to provide more local autonomy and stronger clinical leadership through a divisional model. This includes our appointment of Jaqualine Lindridge as our first Chief Paramedic Officer and the development of a comprehensive HR Improvement Plan under the leadership of our Chief People Officer, Sarah Wainwright.

In addressing historical pay concerns, we acted decisively to do what was right for affected staff. We've also improved how we recognise and engage with our workforce through initiatives like Star of the Month, our Celebrating Success events which mark the academic achievements of colleagues, and our annual Staff Awards, all underpinned by our new Trust values: Kindness, Courage, and Integrity.

Listening to our workforce has been central to our progress. Our 'Connect with the Chief' initiative and the upcoming launch of our Shadow Board are important steps in strengthening internal engagement. Participation in the 2024 NHS Staff Survey was our highest ever at 67%, and we were proud to achieve the best 'morale' score among all ambulance trusts—a testament to how far we've come.

We also celebrated the outstanding contribution of our volunteers at our annual Volunteer Conference, which brought together more than 200 community first responders (CFRs), chaplains, and support volunteers. Their work remains a cornerstone of our community response, and we look forward to building on this partnership.

Nationally, the NHS has faced ongoing financial pressures, making collaboration and innovation more important than ever. We've responded by focusing on productivity and efficiency and have embarked on key partnerships, including collaborative programmes with South Central Ambulance Service and the wider Southern Ambulance Services Collaboration. These initiatives will help us deliver high-quality care while maintaining local accountability.

Beyond frontline delivery, we've made notable progress in our infrastructure and sustainability, including estate and fleet improvements and the launch of our Green Plan. We also enhanced how we listen to and involve patients and the public.

Perhaps the most significant milestone this year was our exit from the NHS Oversight Framework Segment 4 and the Recovery Support Programme, previously known as special measures. NHS England recognised our sustained progress and the hard work of our teams in achieving this—while acknowledging that our improvement journey continues.

The difference in SECAmb today compared to two years ago is profound. I'm proud of the collective progress we've made and remain confident that, together, we can achieve even more in the years ahead.

A handwritten signature in black ink, appearing to read 'Simon Weldon', with a stylized, cursive script.

Simon Weldon, Chief Executive Officer

Date: 27/06/2025

Quality and Safety

Clinical Performance
Improvements in patient care (Quality Account)
Patient safety and Quality Improvements
Patient and public engagement
Health & Safety
Health Inequalities

Clinical Performance

All eleven ambulance services in England are required to report their clinical performance through a set of Ambulance Quality Indicators (AQIs). The AQIs comprise of both System Indicators (which includes the number of ambulance 999 calls and response times in all categories, as reported in the Responsive Care section) 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 (post ROSC 12 lead ECG, blood glucose, end-tidal CO₂ reading, oxygen administration, blood pressure monitoring, administration of fluids)
- 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.

Timeliness of Stroke Care

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

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.

Falls care bundle

The percentage of patients aged >64, experiencing a fall of less than 2m, and were not conveyed to hospital, who received a full bundle of care (detailed physical examination, medical history recorded, current medications documented, clinical observations recorded [pulse, respiratory rate, temperature, level of consciousness], 12 lead ECG, blood pressure monitoring for postural hypotension)

In the 2024/25 year, the Falls care bundle replaced the Sepsis care bundle that was previously reported on. To date, there have been two data submissions only, meaning that any data conclusions remain subject to change as further data is collected.

Recontact Audit

In May 2024, NASMeD (National Ambulance Service Medical Directors Group) and NHS England approved the introduction of an annual programme of national clinical audits, to replace the Stroke diagnostic bundle ACQI.

The first national audit, for 2024/25, relates to patients who have had reason to recontact the service and is based upon the successful 7-day audit of ambulance non-conveyance (NANA) carried out by English ambulance services in 2014-15.

Members of the National Ambulance Service Clinical Quality Group (NASCQG) agreed to select a single day (Monday 20th May 2024) and all re-contacts following both Hear and Treat (H&T - a process where a clinician provides advice and potentially treatment over the phone instead of a full ambulance response) and See and Treat (S&T – where an ambulance crew responds to a call, assesses a patient, and provides treatment at the scene without conveying the patient to hospital) outcomes within 24 hours of the initial call would be audited – examining first and second incident types including clinical assessment, interventions and attending clinician levels. It was agreed that Yorkshire Ambulance Service Trust would support the data collection and analysis.

The annual data set to March 2025, at the time of writing this report, is incomplete as NHS England submissions are three months in arrears, reporting is up to date as of December 2024, this occurs every year. To mitigate this, we have included 2-years' worth of figures to ensure trends are identified. There are also incomplete stroke timeliness figures. This is because the stroke data portal has been closed, undergoing improvements. SECamb has completed 100% of submissions required within the mandated timeframes

It is expected that the full data set will be available by the end of June 2025, which will then require verification, analysis and reporting.

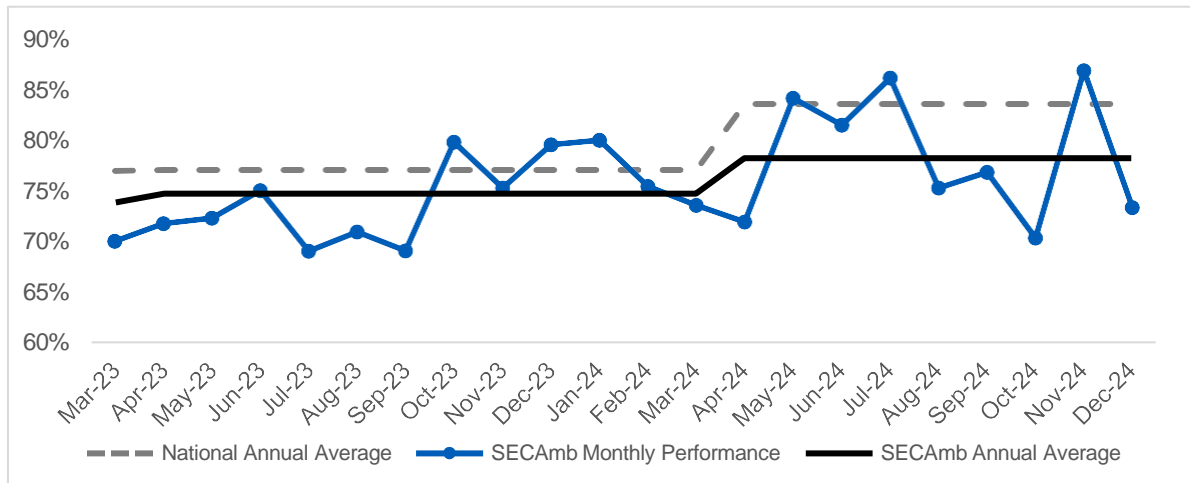
Cardiac Arrest

The Trusts Annual Cardiac Arrest Report 2023/24 can be found here:

[CS56976-SECamb-Cardiac-Arrest-Report-A4-v5.pdf](#)

Return of Spontaneous Circulation (ROSC) after Cardiac Arrest

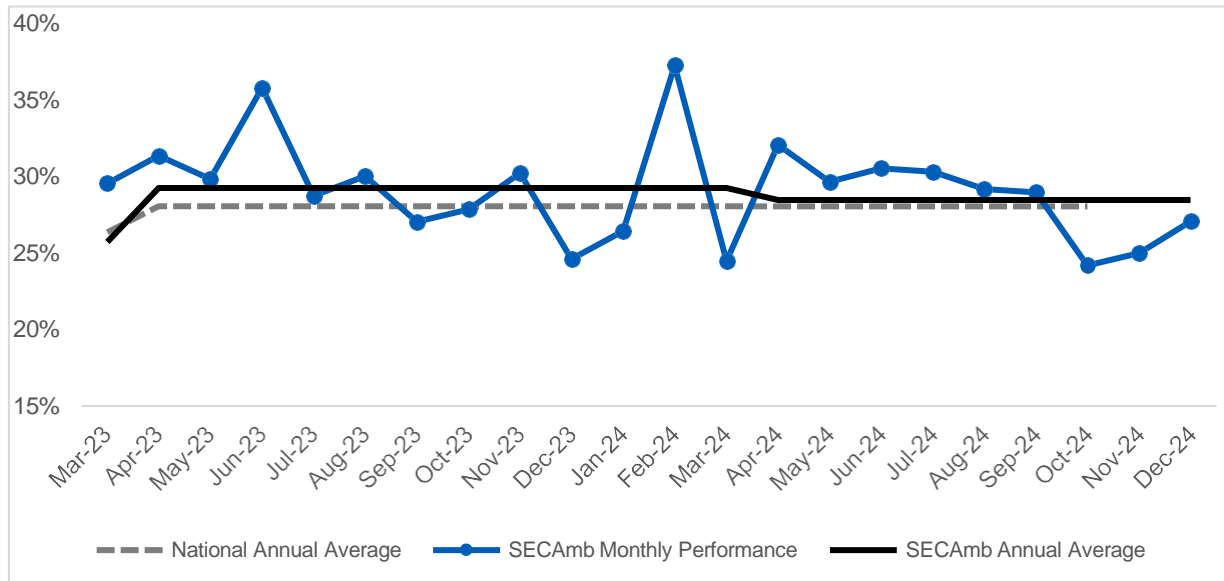
Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care:



The annual average performance has seen a slight increase in the 24/25 year, with variable performance throughout the year. The reporting of the bundle is based on documented care. It is noted that ROSC care bundle compliance remains lower than the national average, however this is not translated into poor patient survival figures, as SECamb had the highest survival rate of all English Ambulance Services in the 23/24 year. It is likely, therefore, to be an issue with documentation rather than care. We continue to feedback to operational units, we've started a pilot project including Critical Care Paramedics (CCPs) in cardiac arrest clinical feedback and are reviewing critical system options to improve documentation at multi-resource incidents.

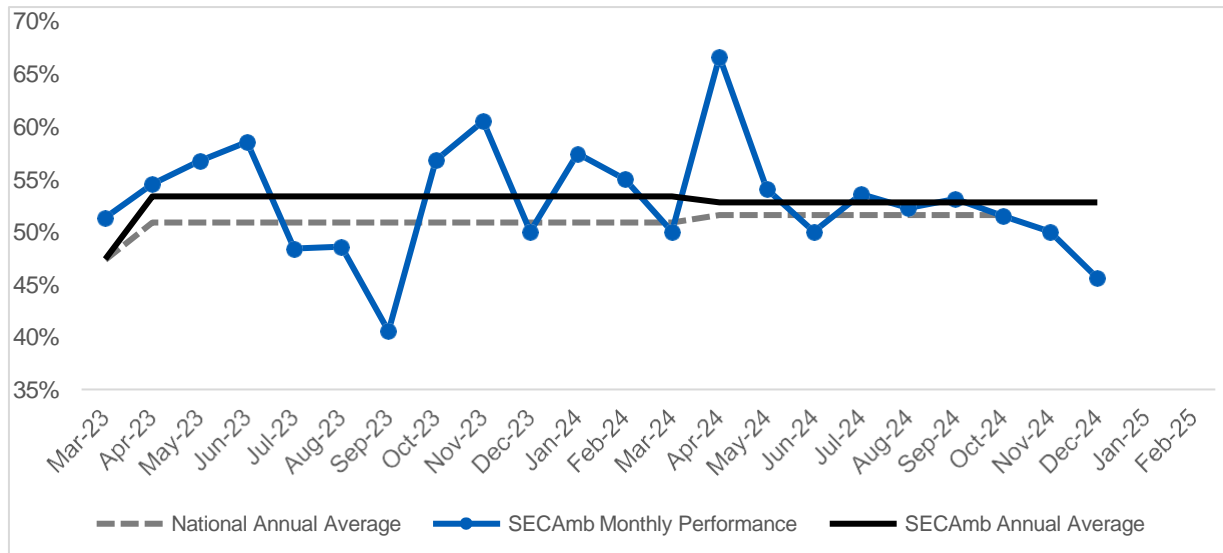
SECamb are contributing to improvement work at national level, looking at the efficacy and limitation of the care bundle. We have worked closely with the Cardiac Arrest Outcome Improvement Board and Operating Units to understand the barriers facing clinicians and will await national changes.

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



ROSC at hospital has seen a very slight decline in the 24/25 year but remains at the national average. This may be explained by the increase in resuscitation attempts. This has not affected survival rates.

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

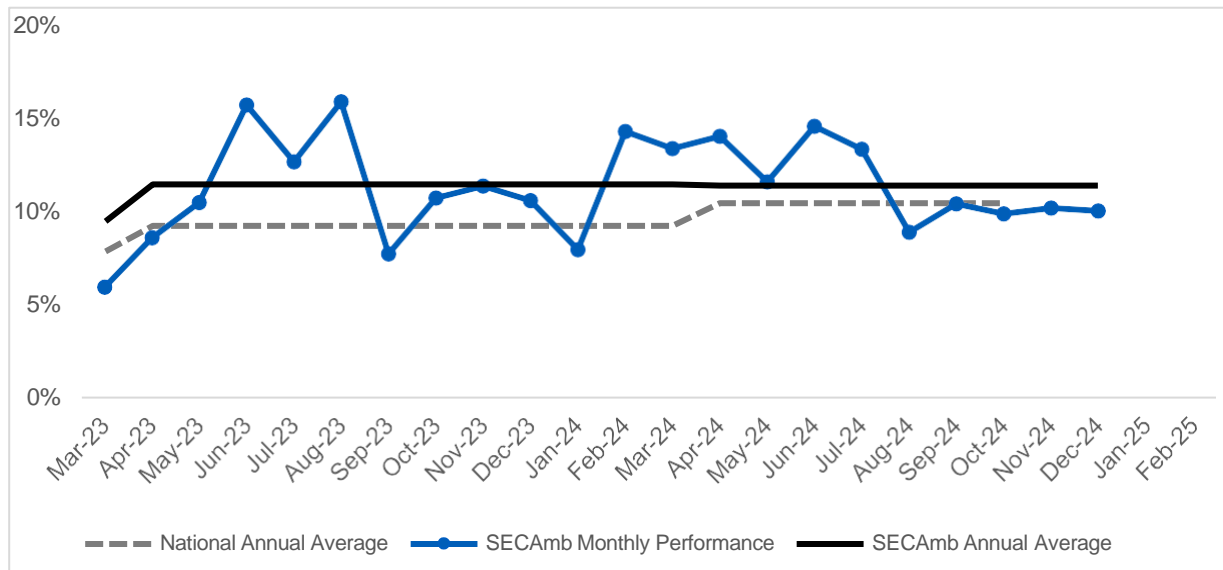


The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected.

We will continue to monitor for any themes or trends, being mindful that the dataset is very small so variation between months is anticipated. Performance for the year remains within the normal variables and shows SECamb is aligned to the national picture.

Survival to 30 days (Sto30) after Cardiac Arrest Survival to 30 days after cardiac arrest

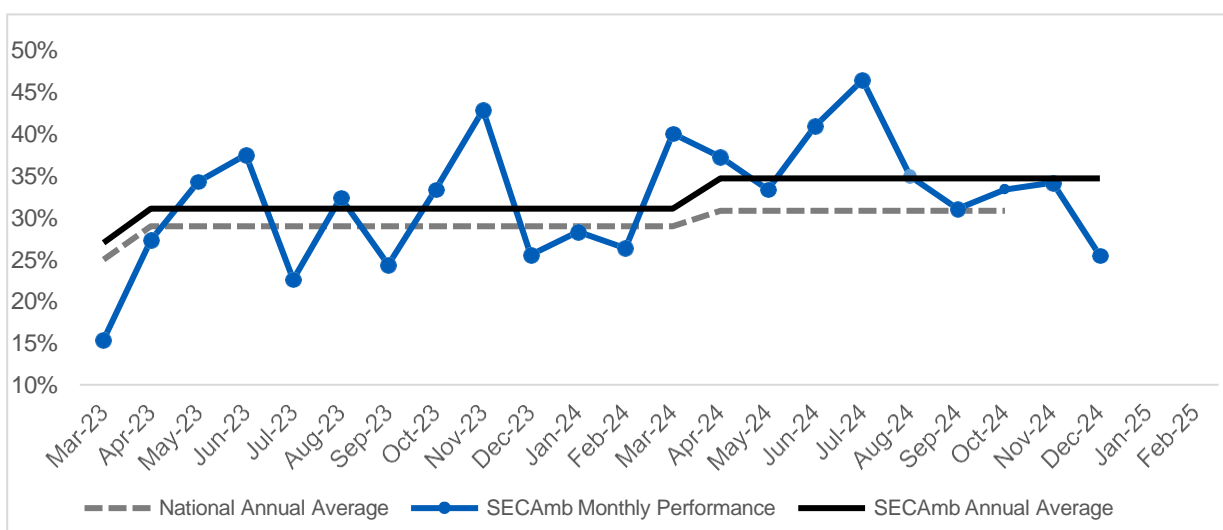
Survival to 30 days (Sto30) after Cardiac Arrest Survival to 30 days after cardiac arrest (all patients):



Performance in respect of survival rates remains high compared to the national picture, but has plateaued locally, with a very similar survival rate at SECamb sustained in the past 2 years.

Improvement work continues to be coordinated by the Cardiac Arrest Outcome Improvement Programme Board.

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

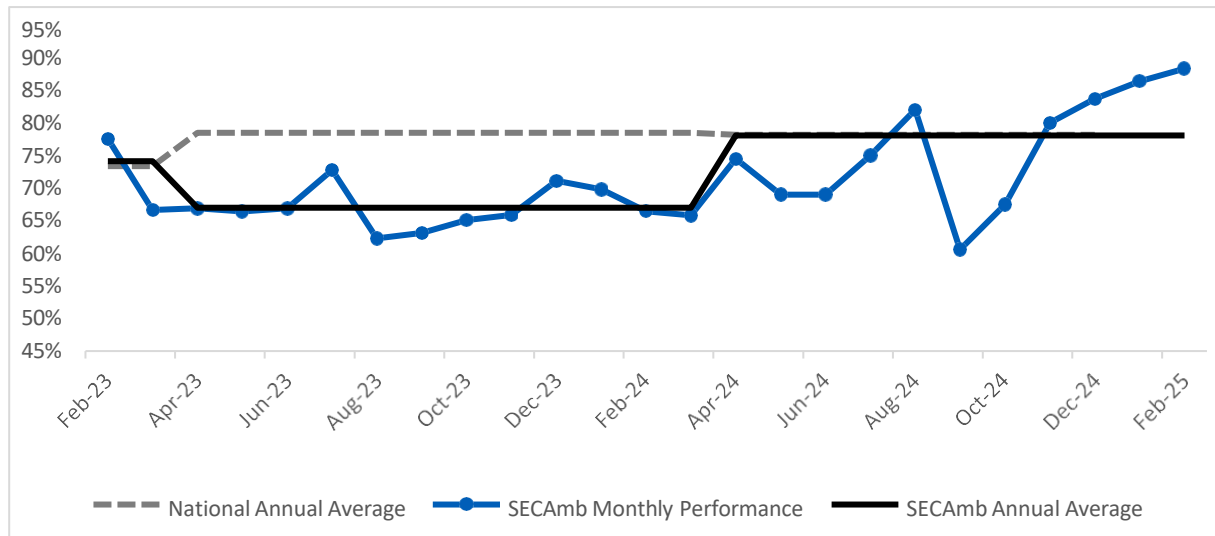


The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected.

Due to the nature of the group being reported there is a higher probability of survival.

Performance for the year has improved and remains higher than the national average for this indicator. The data is sensitive to fluctuation due to the small number of incidents eligible for inclusion in this element of data reporting.

Outcome from acute ST-elevation Myocardial Infarction (STEMI)



The percentage of patients experiencing a STEMI who received a full bundle of care has increased.

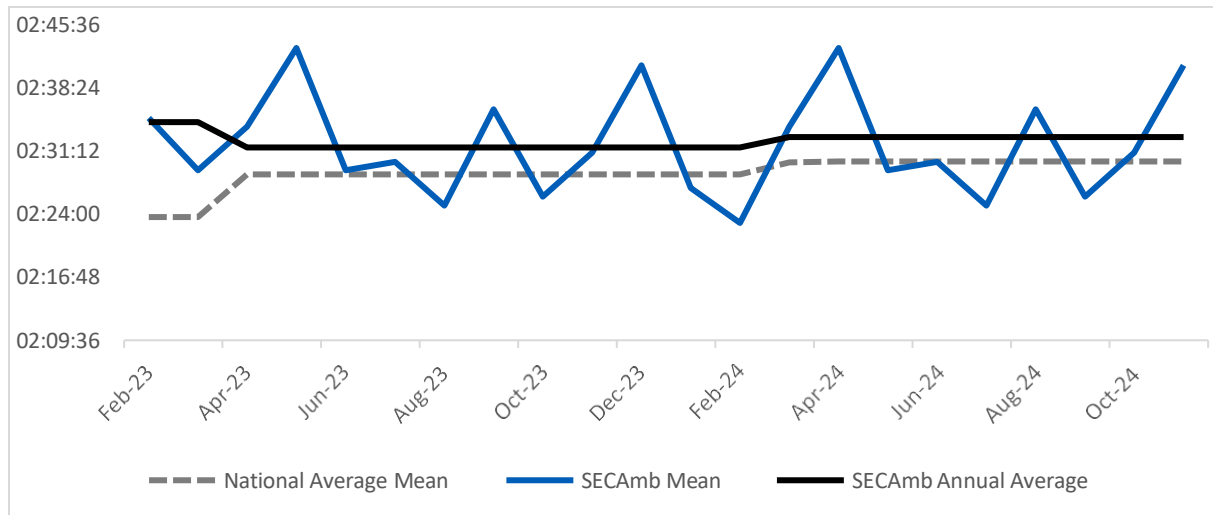
The diagnostic bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and the recording of two pain scores.

We saw significant improvement in this care bundle in the last half of 2024/5, this brings SECAmb aligned to national averages again.

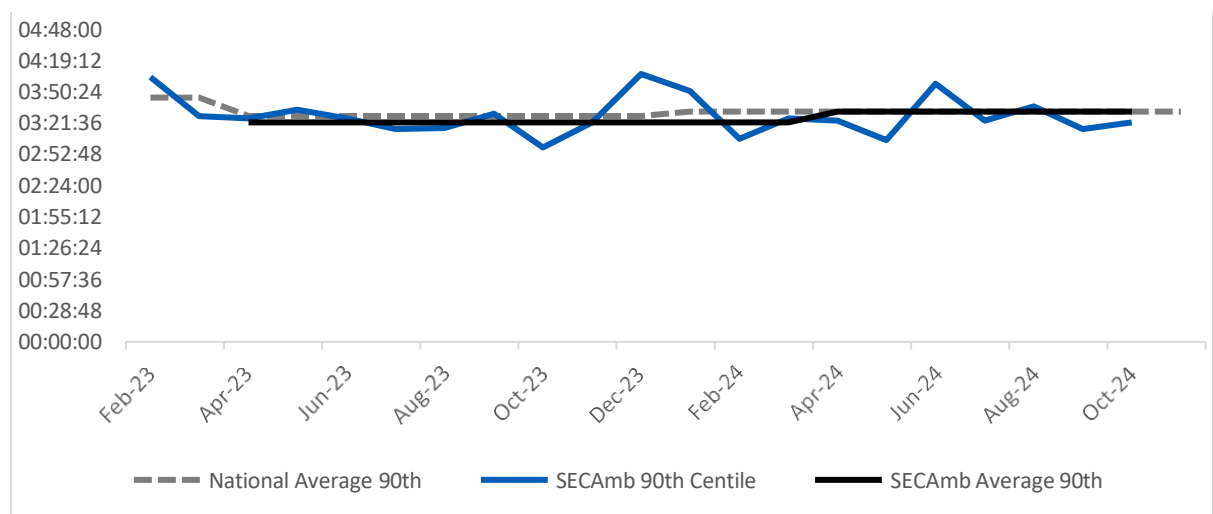
The most common areas of non-compliance continue to be the administration of analgesia and the documentation of two pain scores.

Improvement work has focused on joint working partnerships with the Operating Units to drive improved compliance on analgesia and two pain scores, this appears to be having an impact on compliance.

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



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



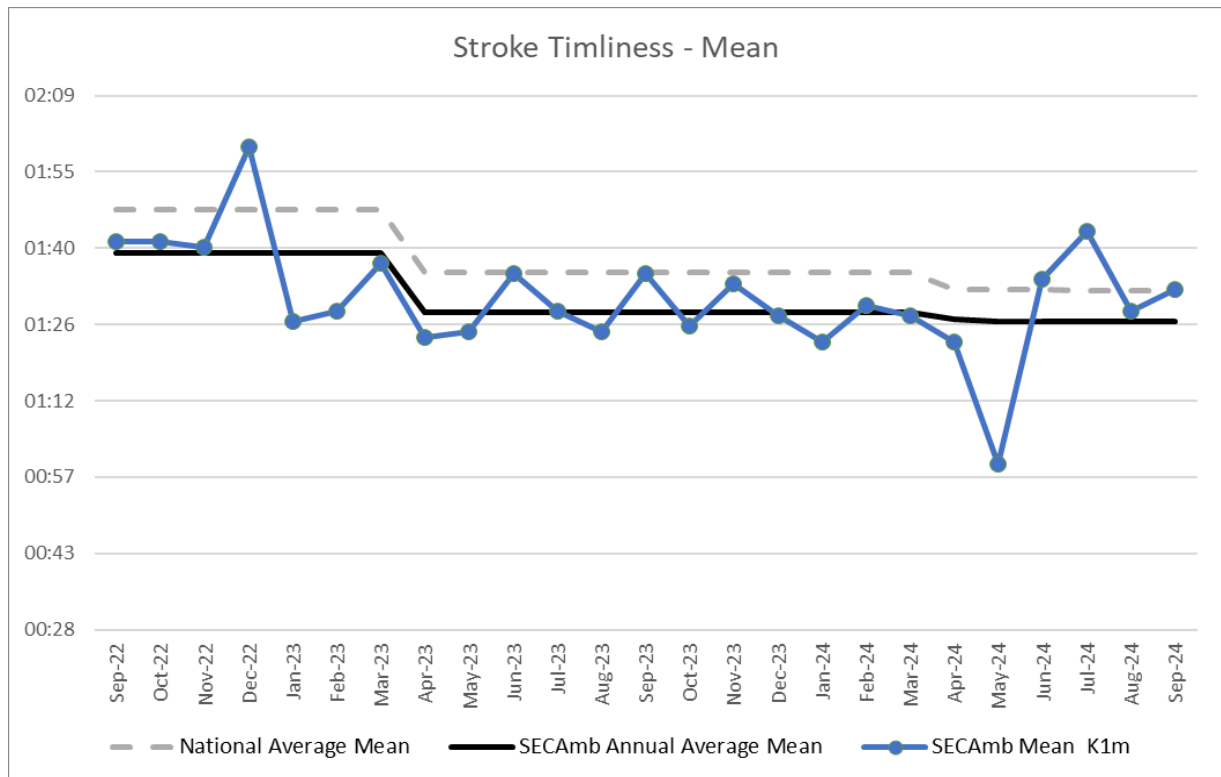
The above graphs for STEMI timeliness indicators show expected levels of variance from year start to year to date.

SECamb's STEMI mean average performance remains longer than national averages. Continued focus on reducing on-scene time will improve timeliness, however detailed analysis does demonstrate that there is significant variation depending on proximity to a PPCI centre. (PPCI (Primary Percutaneous Coronary Intervention) is a medical procedure, often referred to as angioplasty or stenting, used to open blocked coronary arteries).

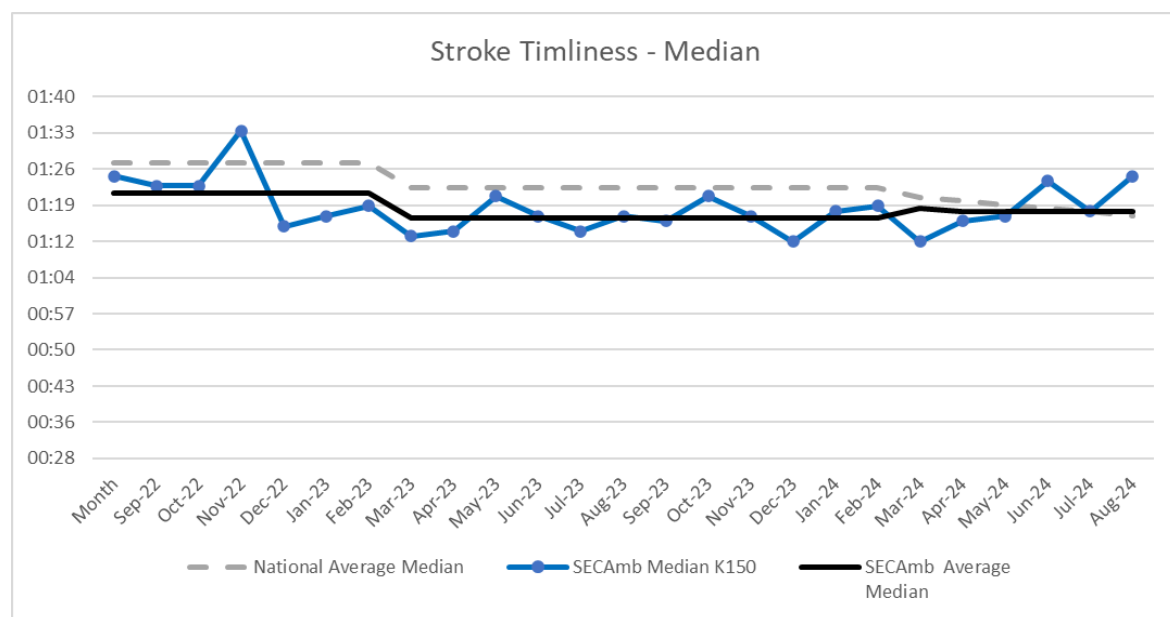
90th centile performance has remained stable and aligned to national averages.

Operating Units have requested this data alongside care bundle compliance to support ongoing oversight and improvement.

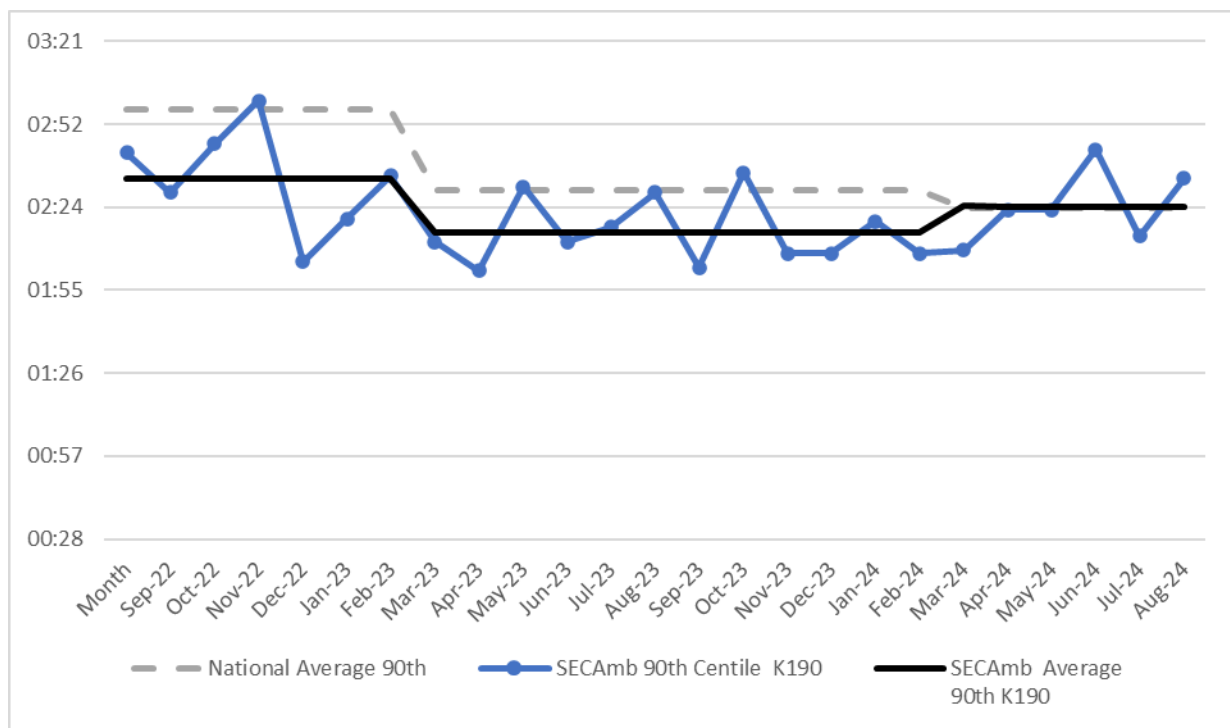
Mean time from call to hospital door for patients with suspected stroke:



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:



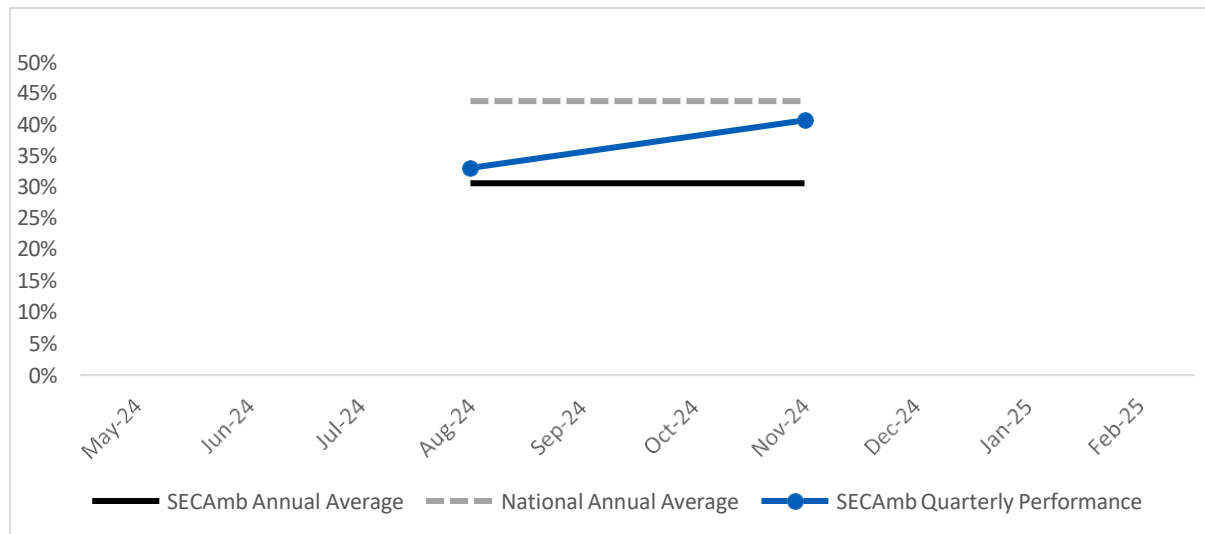
The above graphs, for Stroke timeliness indicators, show that SECamb remains ahead of the national average. National averages are reducing and this year SECamb has not seen a similar reduction in timeliness.

The introduction of telemedicine for FAST+ (suspected stroke) patients added around six to seven minutes onto every on-scene time, but correspondingly shortened hospital treatment times by a greater degree after hospital arrival.

Actions that are underway to improve stroke performance include a detailed audit to identify Operational Unit level performance and data, which will then inform further service improvement initiatives and sharing of best practice.

Falls

This table demonstrates the percentage of patients aged 65 and over who have had a fall from less than 2 meters, who received an appropriate care bundle. This data is published quarterly by NHS England.



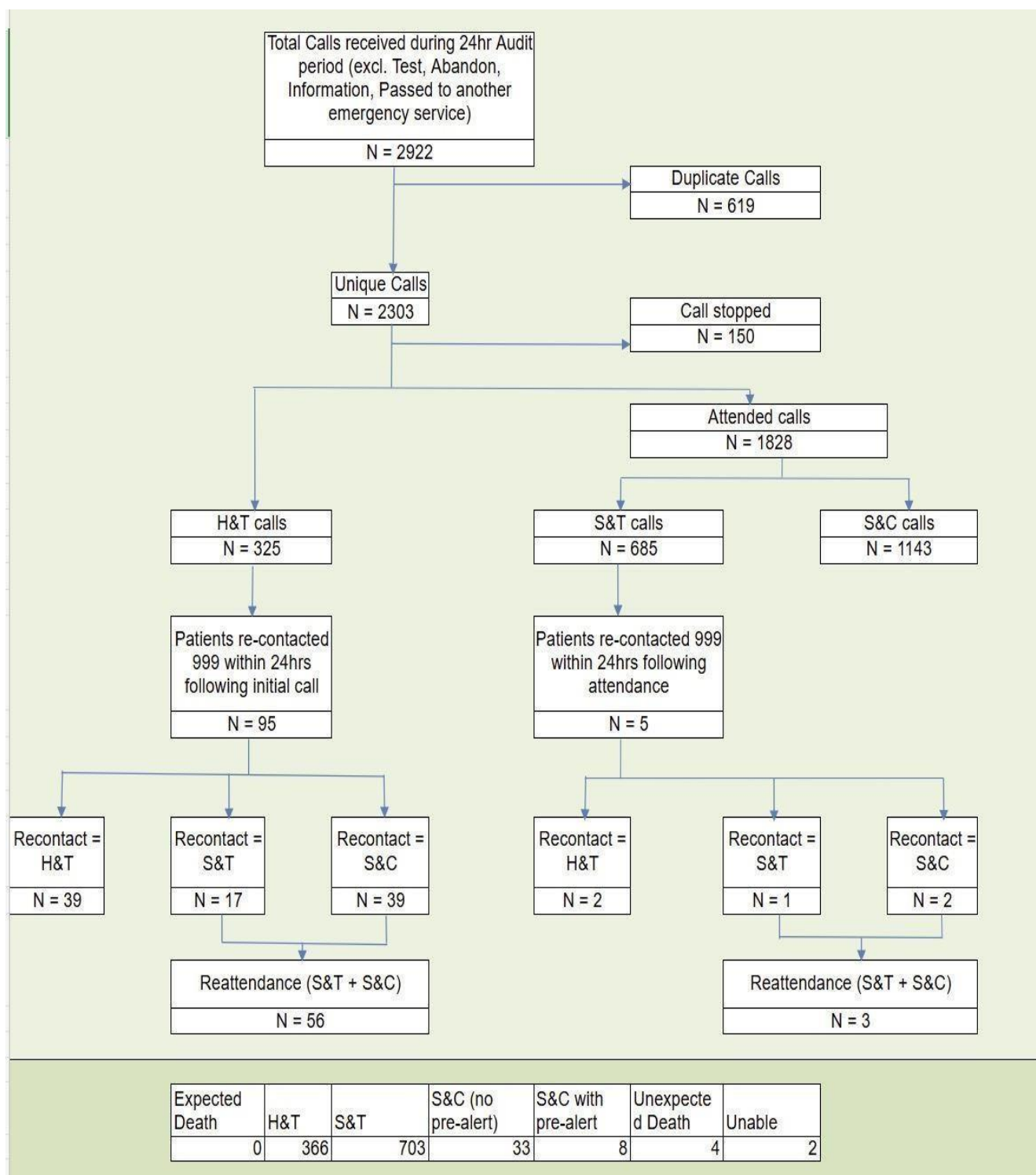
The graph above shows that SECAmb is currently below the national average but demonstrating improvement. This audit was introduced in August last year and is still in its early stages of data collection. Additionally, following a departmental restructure in July, enhancements are being made to Operating Unit feedback processes and recommendation actions. As the audit develops and more data becomes available for analysis, we expect to see significant improvements and refinement in performance.

Recontact

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Members of NASCQG agreed to select a single day (Monday 20th May 2024) and all re-contacts following both Hear and Treat (H&T) and See and Treat (S&T) outcomes within 24 hours of the initial call would be audited – examining first and second incident types including clinical assessment, interventions and attending clinician levels. It was agreed that Yorkshire Ambulance Service Trust would support the data collection and analysis.



2303 cases were identified as unique calls, 150 were removed due to calls being stopped, either by the patient or in house procedure. 59 cases required an attendance or reattendance. Four unexpected deaths were found, one of which has generated a DATIX report, reflecting the importance of this audit and its future potential in the regular audit cycle.

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

These include:

- COI improvement workstreams – this includes Cardiac Arrest Survival Letters and an Operating Unit Dashboard.
- Documentation audit (record keeping) work programme aligned to the Patient Related Data Solution (PDRS).
- Work programme to improve the paper patient clinical records (PCR) returns process.
- We have restarted Codestat (key CPR performance metrics data), in

collaboration with CCPs we are feeding back cardiac arrest skills, this remains a pilot project in 24/25.

Improvements in patient care

In June each year, we publish an annual Quality Account and throughout the year, work towards achieving the key areas for development identified within the Quality Account, referred to as priorities.

The information below is divided into two parts; the first sets out progress made against the priorities for 2024/25 and the second details the key areas of development for the next 12 months.

Looking back – report on the 2024/25 Quality Priorities

Two of the priorities identified for 2024/25 were agreed to be implemented over a two-year period to allow for a more comprehensive and sustainable approach. This extended timeline ensures that meaningful progress can be made, with opportunities for ongoing evaluation, refinement, and integration into practice. By committing to a two-year focus, we can maximize the impact of these priorities and drive long-term improvements in patient care and service quality.

There were three priorities during this period:

- **Priority 1 (Domain: Clinical Effectiveness)** – Feedback to staff on Patient Care Records (PCR) (two-year priority)
- **Priority 2 (Domain: Patient Safety)** – Unsafe discharge (one-year priority)
- **Priority 3 (Domain: Patient Experience)** – Health Inequalities (two-year priority)

Domain:	Clinical Effectiveness
Priority Title:	Feedback to staff on Patient Care Records (PCR)
Priority Details:	<p>Patient Care Records (PCRs) are integral to safe and effective patient care, affording an opportunity to ensure smooth transition of care across the patients care journey. They also support the Trust in measuring effectiveness and development of our clinical care through audit.</p> <p>The quality of patient care records is variable as identified through central clinical audit, and there is no defined and consistent process that supports PCR review and feedback at a local level.</p> <p>Feedback to colleagues on the quality of PCR completion will support the supervision agenda aligned to the Trusts</p>

	<p>developing strategy, improve the quality of documentation, as a result promoting safe and effective patient care and support the Trust in measuring effectiveness and development of clinical care.</p>
<p>The aim for 2024/25</p>	<p>The overall aim is to improve the quality of patient care record completion and support meaningful supervision to our colleagues.</p> <p>Intended outcomes include:</p> <ul style="list-style-type: none"> • The development of an approved procedure within the Trust outlining our approach to PCR review and feedback. <p>Evidence of having tested the procedure in practice ensuring this is working as planned, and measuring outcomes agreed as part of the process.</p>
<p>Our performance</p>	<p>During 2024/25:</p> <ul style="list-style-type: none"> • A project plan for the delivery and oversight of the objectives was created, along with a project group • The Trusts legacy Clinical Audit and Health Records Departments both successfully underwent a full restructure in accordance with the Trusts Organisational Change policy to align the teams into a single integrated Health Informatics Department. This not only integrated the functions and supported business continuity resilience but also ensured the capacity and capability to drive this priority forward. • During 2023/24 the technical infrastructure for the processing of PCRs was reviewed, resulting in the procurement of new digital software solutions. During 2024/25 and in collaboration with the suppliers, the new solutions have been significantly developed to meet specification and business requirements, supported by joint monthly contract review meetings • Engagement and floorwalking across the Trusts Operational Units (OUs) commenced during Q4 2024/25 to enable (a) the baselining of existing use of PCR data (b) to identify OU feedback approaches/mechanisms and (c) identify and define their local clinical data needs • Collaborative working with the Trusts Critical Systems team to ensure the timely configuration of the Trusts ePCR (electronic patient care record) requirements in

	<p>conjunction with the current supplier, and to include national Ambulance Data Set (ADS) fields</p> <ul style="list-style-type: none"> • Collaborative working with the Trusts Data Engineering Team to ensure high quality data matching from ePCR and CAD (Computer Aided Dispatch) to ensure complete and accurate patient record keeping • Gap analysis underway to scope variances between the Trusts paper PCR and ePCR data fields • Development and roll out of OU clinical performance dashboards • Development and quality assurance of a minimum dataset for clinical record completion, supported by a continuing work programme in conjunction with the digital software solution providers, to enable dashboard monitoring of performance. Data initially to report OU performance and subject to further development, to drill down to clinician level data also
Did we achieve this priority	<p>This is a two-year Quality Account priority, for development during 2024/25 and 2025/26, therefore work continues as per the project plan.</p>
Actions to be carried forward to 2025/26	<p>During 2025/26:</p> <ul style="list-style-type: none"> • The ongoing workstreams described above will continue in accordance with the plan • The Trusts paper PCR to be redesigned, to ensure congruence where required with the data fields in the Trusts ePCR. New paper PCR to be rolled out Trust wide, supported by documentation completion guidance • Work collaboratively with the Trusts Business Intelligence team in the development and roll out of an internal Data Application to facilitate clinical data feedback to operational colleagues • Development of an approved procedure within the Trust outlining our approach to PCR review and feedback. • Evidence of having tested the procedure in practice, ensuring this is working as planned and measuring outcomes agreed as part of the process.

Domain:	Patient Safety
Priority Title:	Unsafe discharge
Priority Details:	<p>Discharging patients on scene creates risks for a variety of reasons. These include factors such as:</p> <ul style="list-style-type: none"> • The nature of out-of-hospital care • The lack of immediate support and supervision • The variety of conditions patients present with • The inherent and ever-present reality of the fallibility of clinical decision making • The risk of diagnostic error. <p>We know from audit and other lines of enquiry that our staff are clinically effective and comply with policy and guidance when undertaking discharge. However, there are factors that limit this and so we need to consider measures that support clinicians to ensure that patients are not harmed should an unsafe discharge occur.</p>
The aim for 2024/25	<p>The aim for 2024/25 was to find ways to promote the safety of discharges, either directly supported by a senior clinical decision maker, most commonly an Advanced Paramedic Practitioner (Urgent & Emergency Care) – APPUEC - working in an Urgent Care Hub, or receive a “post discharge review”, also undertaken within the Urgent Care Hub setting undertaken by APPUEC teams.</p> <p>The work focused on the post-discharge review system as this creates a systemic barrier to the consequences of an unsafe discharge and promotes autonomy and learning among our colleagues.</p>
Our performance	<p>Summary statement</p> <p>The roll out of the PDR system has been rate limited by the need to ensure full compliance to the data protection regulations and this has necessitated a detailed Data Protection Impact Assessment before deploying the system across all operating units.</p> <p>We have continued to operate the PDR system in our Worthing and Tangmere OU and have undertaken around 1000 actual reviews. The data harvested has been analysed and we are exploring the best way to feedback to colleagues. An update to the system will see all PDRs found to be safe being sent to the originating clinician by email. This will allow them to see the</p>

	<p>comments made by the APP undertaking the review as a way of supporting good practice. PDRs that lead to an outcome of needing more information or being unsafe are not shared directly with colleagues, rather this data is thematically analysed for organisational level learning.</p>	
	Aims	Update/status
	Increase number of post-discharge reviews undertaken	Since the launch of the pilot, around 1500 PDRs have been completed
	Monitoring of staff access to discuss discharge on scene (using the ECAL system – emergency care advice line to speak to an APPUEC)	ECALs and joint decision making have continued to be promoted and there has been an increase in ECALs requested (see chart at the end of this report)
	An overall increase to as near to 100% in the total of post-discharge reviews and ECALs.	While there has been an increase, the trajectory towards 100% is lower than hoped.
	Reduction in complaints relating to discharge	Patient Experience Team has identified two complaints where discharge is the coded theme. Further work may be needed to understand how complaints about unsafe discharge are received and coded as the current figures appear low.
	Reduction in legal claims and coronial concerns relating to discharge	Between March 2023 and February 2025, there were 21 inquest cases where we discharged a patient on scene, and they went on to come to harm/die.
	Increased education and supervisory activity utilising data from post-discharge review.	Staff will soon start to receive outcome emails following PDRs. Also, clinical supervision is launching this year, and staff will be encouraged to discuss topics like discharge. The 2025/26 Key Skills programme has been developed over the last 12 months and now includes a 3-hour session on safe discharge.
Did we achieve this priority	<p>A significant amount of work has been done to support safe discharge. While the trust-wide roll out of the PDR system has</p>	

	<p>been set back, we are seeing increases in ECALs and educational opportunities for staff to help support them in practice.</p> <p>This quality account measure has been partially achieved with the intent to carry the work forward.</p>
Actions to be carried forward to 2025/26	<ul style="list-style-type: none"> • Full roll out of PDR trust wide following completion of DPIA sign off, including completion of standard operating procedure. <p>Completion of dashboard reporting to support the trajectory towards 100% safe discharge measures.</p>

Domain:	Patient Experience
Priority Title:	Health Inequalities
Priority Details:	<p>Health inequalities refer to the unfair and avoidable differences in health outcomes between different population groups, often driven by the conditions in which people are born, live, work, and age (The King's Fund, 2020). Around 80% of health inequalities stem from these wider determinants, which influence an individual's ability to access healthy choices and healthcare services equitably.</p> <p>To address these disparities, Core20PLUS5 is a national NHS England framework designed to guide action on reducing healthcare inequalities at both national and system levels. This approach identifies a target population—the "Core20PLUS"—and highlights five priority clinical areas requiring accelerated improvement. These five focus areas exist separately for adults and children. Governance for these priorities is overseen by national programmes, with national and regional teams working collaboratively to coordinate activity across local health systems and drive progress towards national health equity goals.</p>
The aim for 2024/25	<p>This is a two-year programme which is structured in two phases, focusing on patients with maternity needs and/or severe mental illness. The aim is to enhance clinical care and outcomes by reducing health inequalities.</p>
Our performance	<p>As part of our commitment to reducing health inequalities, we have actively engaged in a range of initiatives:</p> <ul style="list-style-type: none"> • We are members of the national Ambulance Health Inequalities Group, collaborating on best practices and shared learning.

	<ul style="list-style-type: none"> • In November 2024, we presented on health inequalities at a collaborative Integrated Care Board (ICB) meeting, gaining support from key stakeholders. We will return with data in May 2025. • A presentation was delivered to the Board, the Director of Public Health, and system partners in November 2024 to align efforts and drive action. • Our lead for health inequalities is actively engaged with ICB and regional networks, ensuring cross-system collaboration and securing support to advance our work as we establish baseline data. • In partnership with the patient engagement team, we are setting up a focus group to determine the most appropriate approach to collecting ethnicity data. • We have engaged colleagues and established dedicated groups to support this work. • A clear problem statement and hypothesis have been developed in collaboration with key stakeholders. • We continue to work closely with regional public health boards, staff, and other professional groups to drive progress in this area. • Staff engagement activities have been undertaken, including a local survey of frontline clinicians in Banstead, focusing on maternity-related health inequalities. The results provided insights into staff confidence in managing pain during pregnancy. • Through the national Ambulance Health Inequalities Group, we are identifying and connecting with others working on similar priorities. • We are in the process of establishing baseline data across a range of measures and metrics to inform future improvement efforts.
Did we achieve this priority	This Quality Account priority is part of a two-year development plan spanning 2024/25 and 2025/26. As such, work remains ongoing and will progress in line with the project plan.
Actions to be carried forward to 2025/26	<p>In the coming year, we will build on our progress and take the following actions to further address health inequalities:</p> <ul style="list-style-type: none"> • Maternity Survey Expansion: Review the outcomes of the initial maternity survey, refine its approach, and expand its reach across our clinical workforce. Approval will be sought for a Trust-wide rollout.

	<ul style="list-style-type: none"> • Mental Health Priority Briefing: A briefing paper, due in April 2025, will provide: <ul style="list-style-type: none"> ○ A summary of historical work on mental health and physical health checks. ○ A review of recent data and key findings. ○ A validated and visualised dataset to deepen our understanding of health inequalities in these priority areas. • Patient Involvement in Ethnicity Data Collection: Complete engagement work to refine how we approach ethnicity data collection. • Stakeholder Collaboration: Work with key partners, task and finish groups to develop actionable solutions for improvement. • Implementation & Testing: Introduce and evaluate proposed interventions to address health inequalities. • Continuous Monitoring & Improvement: Use quality improvement methodologies to track progress and refine interventions based on ongoing evaluation. • Stakeholder Communication: Maintain clear and consistent communication with stakeholders to ensure alignment and engagement in this work.
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Looking forward – report on the 2025/26 Quality Priorities

The process of identifying the 2025/26 Quality Account priorities was thorough and inclusive, incorporating strategic and business planning insights, quality intelligence, and stakeholder feedback to ensure a well-rounded and representative approach.

To gather public input, a survey was conducted as part of the Patient and Public Engagement Strategy. Additional insights were drawn from Patient Experience Questionnaires (PEQs) and discussions within community forums.

Internal stakeholders were engaged through a structured process, including a one-page guidance document on Quality Account Priority selection. This was shared on the Trust's intranet (Viva Engage) and disseminated by Senior Managers to ensure broad participation.

All stakeholder contributions were carefully analysed, refining a longlist of potential priorities by removing duplications and initiatives already in progress. This resulted in a streamlined shortlist of four key quality priorities.

Domain:	Patient Safety
Priority Title:	Framework for staff decision-making and documentation in managing suicidal patients declining conveyance
Why is this a priority?	<p>The interface between the Mental Health Act (1983) and Mental Capacity Act (2005) is a highly complex and challenging one, particularly when considering how best to support people who are in a mental health crisis and have expressed suicidal ideation or intent.</p> <p>There is no agreed national model that mandates the approach ambulance services should take when responding to patients who are experiencing suicidality, and neither the Mental Health Act (1983) or Mental Capacity Act (2005) provides an explicit approach.</p> <p>When considering the SECamb response, there is an absence of local guidance for practitioners and no explicit policy framework.</p> <p>Through informal engagement with frontline staff, and insights from various patient safety events and coronial processes, it is recognised that there are opportunities to provide clear guidance to frontline staff to enable appropriate decision making and documentation in cases where patients are experiencing suicidality.</p>
Aims and objectives	<p>To improve the experience of patients who are in a mental health crisis and experiencing suicidality.</p> <p>To improve the advice and guidance available to frontline staff to support them in making safe, well documented decisions when they are responding to patients who are experiencing suicidality.</p> <p>To work with partners in Surrey, Kent and Sussex to further inform and develop shared decision-making pathways.</p>
How will we achieve this?	<ul style="list-style-type: none"> • Develop an over-arching policy around management of patients who are experiencing suicidality this should include: <ul style="list-style-type: none"> ○ The overarching legal position of the Trust. ○ The approach to the Mental Health Act (1983) and Mental Capacity Act (2005). ○ Key definitions and terms. ○ Roles and responsibilities of all staff in this area, including development and training obligations. ○ The principles of shared decision making. ○ Data collection, audit and review of the framework.

	<ul style="list-style-type: none"> • Develop clear operational guidance and toolkit for frontline staff and clinicians on managing patients who are experiencing suicidality. • Review training, learning and development to ensure that staff are given education on the policy and guidance. • Review the emergency mental health care pathways in Surrey, Sussex and Kent to ensure there is a clear partnership framework for the most appropriate approach to supporting the emergency ambulance response to people who are experiencing suicidality. • All the above should include, at a minimum, engagement with: <ul style="list-style-type: none"> ○ Frontline staff and clinicians. ○ People with lived experience of experiencing suicidality. <p>Subject matter experts in mental health, neurodiversity and suicidality.</p>
How will we know if we have achieved the quality measure?	<p>There will be a policy and operational toolkit in place, an audit will be conducted to ensure compliance with both policy and toolkit.</p> <p>Training will be reviewed, and any training, learning and development needs will be addressed with attendance and/or compliance monitored.</p> <p>Staff feedback will indicate a greater confidence in decision-making and assessment of risk in these situations.</p>

On 22 October 2024, a final virtual stakeholder meeting was held with representatives from the Trust's Quality & Nursing, Medical, Operations, and Strategy & Partnerships directorates. The group reviewed the proposed priorities for strategic alignment, interdependencies, and patient safety considerations, while also identifying additional areas for improvement.

As a result, the following four priorities were shortlisted:

- My SECamb app
- Identifying reasonable adjustments
- Review of the back-up process
- Framework for Staff Decision-Making and Documentation in Managing Suicidal Patients Declining Conveyance

The final priorities for the 2025/26 Quality Account are as follows:

- Priority 1 (Clinical Effectiveness): Feedback to staff on PCR (two-year priority)

- Priority 2 (Patient Safety): Framework for staff decision-making and documentation in managing suicidal patients declining conveyance (new priority)
- Priority 3 (Patient Engagement): Health Inequalities (two-year priority)

The table below details information on the new priority to be focused on over 2025/26.

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

The Patient Safety Incident Response Framework (PSIRF) went live in January 2024, replacing the Serious Incident Framework as per the national directive. Progress is being made against key objectives.

Insights

The Trust invested time reclaimed from Serious Incident (SI) investigations into sixty learning responses, using a range of methodologies across several safety themes. The learning responses include our own patient safety priorities and have identified risks, issues and key areas for improvement.

Involvement

Our strategy to engagement and involve those affected by patient safety incidents continues to grow. We are committed to working with system partners to create Patient Safety Partners (PSP) roles in our region, ensuring patients have a voice as we develop our patient safety agenda.

Our people provided support to patients and / or their representatives, through Open and Honest conversations and routinely collect feedback from those involved to influence positive change.

Improvement

The patient safety team have undertaken nationally accredited, and specialist training to lead patient safety incident investigations for the Trust.

Key Highlights

- Completing of our first patient safety incident investigation
- Closure of our final Serious Incident report
- Facilitating patient safety network events

- Providing key patient safety syllabus training

Our Plan for 2025/26

- After Action Review (AAR) facilitator training
- Implementation of a Family Liaison role
- Develop a Trust wide Safety Improvement Plan

If you are interested in working with us as a patient representative or would like more information on how you can get involved, please contact engagementteam@secamb.nhs.uk.

Patient Advice and Liaison Services

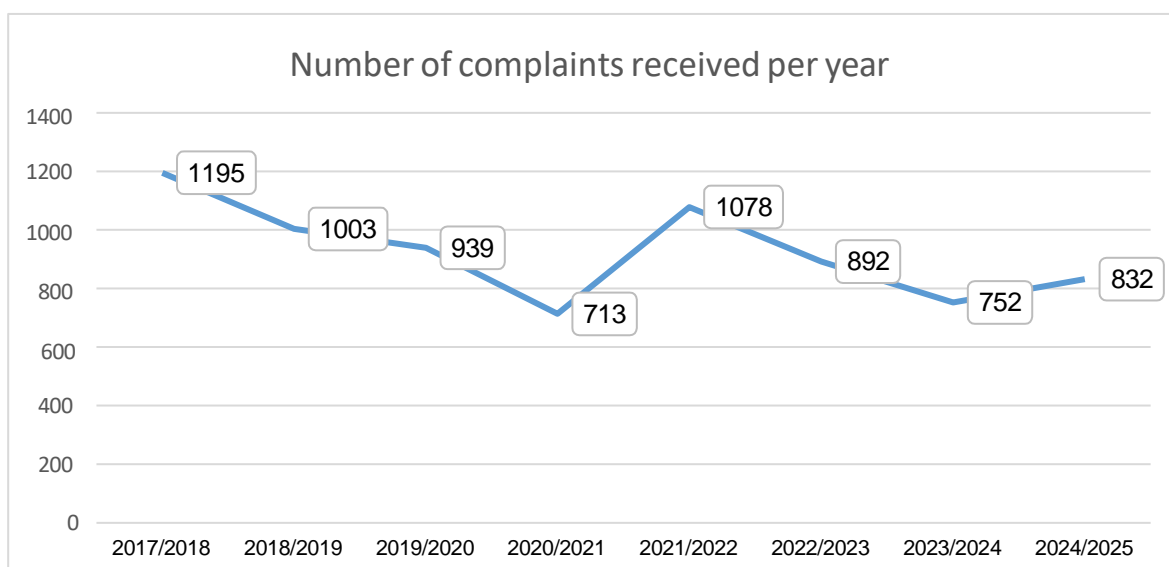
During 2024/25

- Our Emergency Operations Centre staff answered 1,036,160 calls.
- Our NHS 111 staff took 960,523 calls.
- Our A&E road staff attended 667,343 responses to patients.
- Total number of complaints received 832
- Total number of compliments received 1,980

This represents 1,996,683 interactions with our service users, which equates to one complaint for every 2,400 patient interactions and one compliment for every 1,008 patient interactions.

In 2024/25, the Trust has seen a 10.5% increase in complaints since the previous year. On review it has been noted that complaints for field operations have decreased but complaints related to our emergency operations centre have increased by 53% from 187 in 2023/24 to 287 in 2024/25. A deep dive into the reason for this increase will be completed during Q1 2025/26 and improvement recommendations made.

During 2024/25, 92.75% of the complaints received were responded to within the Trust's timescale, of 35 working days for level 2 complaints and 45 working days for level 3 complaints. This fell slightly short of the 95% target and actions have been identified to support improvement for the coming year.



Review and grading of complaints

Complaints are reviewed by the PALS team and graded according to their seriousness; this ensures they are investigated both appropriately and proportionately. These 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 of the service area concerned to investigate.
- Level 3 – a complaint which is serious, having had clinical implications or a physical or distressing impact on the patient / complainant, or to be of a very complex nature.

93.5% of complaints received during 2024/25 were graded as level 2, with the remaining 6.5% as level 3, this is an increase in level 3 complaints of 1.5% over 2023/24 when only 5% of complaints received were graded as level 3. The grades allocated are constantly reviewed during the investigation and can be changed either during or on completion, this may result in the grade being increased from a level 2 to a level 3. Consideration is also given to whether the complaint requires further review under the Patient Safety Incident Response Framework (PSIRF). Complaints can also be downgraded from a level 3 to a level 2, if during or on completion of the investigation the seriousness is not as great as originally thought.

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

Complaints received during 2023/24 by subject and service area

The highest volume of complaints was seen within the 999, Emergency Operations Centre (287) followed by field operations in the East of SECamb's geography (225). The most frequent themes were:

- Staff conduct/attitude (225 complaints, 27%) – the single largest category,

affecting all directorates, particularly field operations across the organisation.

- Timeliness – A&E (103 complaints) and Pathways (166 total, including 49 where an ambulance was not sent) – indicate operational pressure and potential patient dissatisfaction with triage or dispatch outcomes, particularly within 999 and 111 services.
- Inappropriate treatment (71 complaints) and not transported to hospital (47) – these clinical concerns highlight ongoing issues around care decisions and communication.
- Crew diagnosis (21) and safeguarding/social services referrals (13) – suggest possible gaps in clinical assessment or care escalation.

Complaints were more clinical and patient-care-related in 999 and field operations, whereas 111-related concerns focused on triage accuracy (Pathways) and timeliness.

Less frequent but notable issues include alleged theft (3), breaches of confidentiality (3), and patient injury (6).

Complaints Closed

NHS England require an annual report from all NHS Trust's to confirm how many complaints each Trust received were found to be either upheld, partially upheld, or not upheld. The decision on outcome is made by the Investigating Manager based on the findings from their investigation. The PALS Team review the decision on receiving the investigation report and will challenge the Investigating Manager should they feel their decision to be incorrect.

During 2024/25, 421, of the complaints closed (just over 50%) were found to be upheld or partly upheld by the Investigating Manager. 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 complaints which are closed due to consent not being received from the patient to disclose information from their medical records are still investigated and any learning that is identified by the investigating manager is implemented. There were 43 of these in 2024/25 just over 5% of the complaints that were closed.

There are also a small number that are withdrawn by complainants who specifically request an investigation does not take place and ask us to withdraw their complaint, there were 11 such cases, 1.3% in 2024/25.

When the PALS Team recognise that there may have been patient harm complaints are reviewed by the Patient Safety Team, if following review this is deemed to be the case the complaints are closed, and the case taken over by the Patient Safety Team. The complainant is informed by Patient Safety Team

of the new timescales for completion of the investigation. There were 10 such cases in 2024/25

The Trust has a robust process for learning from complaints, identifying learning at individual, team and organisational levels, ensuring continuous improvement. One example of Trust wide learning from a complaint in the last year relates to a complaint raised from a patient's daughter where the patient sustained a wound to their leg from a fire extinguisher which was located beneath the seat in the rear of the ambulance. Crew acted appropriately and reported this incident to the operational team leader and raised an incident on the Trust incident system, Datix. Following a full investigation, the Health and Safety Team recommended a change to the location of the fire extinguisher. The Trust Fleet Team are in the process of relocating all fire extinguisher in this model of vehicle to a more suitable location.

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 (Ombudsman) for review. When the Ombudsman's office receives a complaint, they contact the PALS Team to establish whether there is anything further the Trust feels it could do to resolve the issues. If we believe there is, the Ombudsman will pass the complaint back to the Trust for further work. If the Trust believes that local resolution has been exhausted, the Ombudsman will ask for copies of the complaint file correspondence to review and may investigate.

During 2024/25 there have been 9 cases reviewed by the Ombudsman. Of the 9 cases, 4 are still being reviewed by the Ombudsman, in 3 cases, recommendations for improvement have been made and in 2 the ombudsman have confirmed that no further action is being taken following their review.

Patient Advice and Liaison Service (PALS) issues

PALS is a confidential service that offers information or support, and to answer questions or concerns about the services provided by SECamb which do not require a formal investigation. These are entered on our electronic patient safety and risk management software system, Datix, as a Level 1 case. Year on year we see an increase in these PALS requests.

Type / Year	2021/22	2022/23	2023/24	2024/25
HCP concerns*	0	0	14	318
Information Requests	452	466	607	748
Enquiry's	18	39	61	88
Concerns	83	116	122	146
Total	553	621	804	1300

*HCP concerns were handled as incidents by the Datix Team up to March 2024 when they were moved to the PALS Team.

As you will see from the above table the Trust has seen a significant increase in the number of concerns, information requests and enquiries registered over the last four years.

Most PALS requests are for information and include Subject Access Requests under the Data Protection Act, where patients or their relatives require copies of the electronic patient care record (ePCR) completed by our crews when they attended them, or recordings of 999 or NHS111 calls, for a range of reasons. These requests are dealt with in accordance with the General Data Protection Regulations.

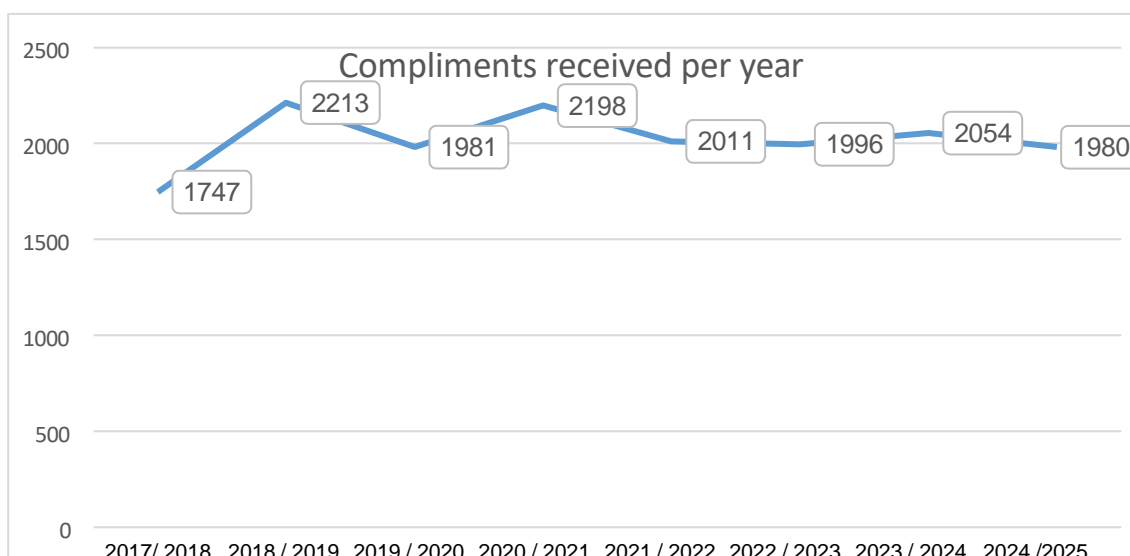
Other contacts are requests for advice and information regarding what to expect from the ambulance service, people wanting to know how they can provide us with information about their specific conditions to keep on file should they need an ambulance, calls about lost property, and on occasion, families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

Compliments

The Trust receives significantly more compliments than complaints (on average, five compliments for every one complaint). Compliments are recorded on our Datix system (electronic patient safety and risk management software system), alongside complaints, so both the positive and negative feedback is captured and reported back to operational staff. The staff concerned receive a letter from the Chief Executive in recognition of the dedication and care they provide to our patients.

Compliments are shared with crews and their leadership team; staff appreciate being recognised and feel valued when they receive compliments, this validates the good work they are delivering and makes them feel part of a successful team.

The number of compliments that we have received in the last eight years has averaged 2023 per year and remained relatively consistent.



The PALS team continue to ensure that staff receive compliments in a timely manner, the average number of days to process a compliment is five working days

Safeguarding

The safeguarding team at SECamb are responsible for ensuring that the organisation discharges its statutory duties to protect children, young people, and adults at risk of abuse or neglect. Safeguarding is a vital process and SECamb applies the principle that this is everybody's responsibility, supporting 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 2024/25, a total of 41,120 referrals were received across the NHS111 and 999 services: 32,056 for adults and 9,064 for children. This equates to an increase of 23 per cent compared to the previous year.

Key reasons for referral trends:

- Cost of living and environmental concerns.
- Increased social isolation across the age ranges.
- Significant increase in mental health concerns for adults and children with underlying safeguarding risks.
- Increased recognition of self-neglect; these have a lower reporting threshold than other areas of safeguarding.
- Significant increased safeguarding activity via the Trust's Emergency Operations Centre and NHS 111 service reflective of increasing care needs and carer support.
- Increasingly frailty within an ageing population.

All referrals continue to be reviewed by members of the Safeguarding team before sharing with the relevant local authority. Over the past four years, the Trust has identified a 75% increase in safeguarding referrals. The reason for

this is likely to be multifactorial, based on the following contributory factors:

- The increased profile of Safeguarding across the organisation.
- Impact of Safeguarding training and education programmes across the trust.
- Positive impact of the Care Navigation Hubs that allows for greater focus on oversight of safeguarding risks – previous evidence highlighted a significant spike in safeguarding referrals when the Ashford navigation hub pilot took place in 2023
- Greater multi-agency focusses 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.

Scrutiny of safeguarding practice demonstrates a very strong safeguarding reporting culture throughout the organisation. The recognition by our 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 proportion of initial concerns may not overtly identify safeguarding concerns, 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.

The visibility of safeguarding training has remained high across the organisation during the year. There has been a focus on embedding the concept of executive function (the mental processes that help people to set and carry out goals) within the principles underpinning the Mental Capacity Act.

Commissioning requirements for Safeguarding expect a minimum 85% compliance with safeguarding training across provider services. As of 31st March 2025, a total of 1,921 clinicians out of a total of approximately 2,613 (73.51%) are in date with their Level 3 Safeguarding training. However, confirmed bookings for attendance at L3 training dates for Q1 in 2025/26 indicate continued uptake of spaces that will increase overall training compliance towards the required minimum figure.

Throughout 2025/26 plans are in place to ensure that Level 3 safeguarding training compliance remains high across all trust services. A regular programme of L3 training is provided by the Safeguarding team. Dates are shared with local operational teams across the Trust, who have overall responsibility to ensure their workforce are accessing all relevant statutory training. All staff will be expected to complete Level 1&2 safeguarding training alongside a continued

focus on mental capacity training.

Information Governance (IG)

The Trust's information governance framework ensures that information is processed in a secure and confidential manner, enabling the best possible delivery of healthcare and services. Compliance with information governance is integral to the management and processing of employee, patient, personal and sensitive information ensuring that this is processed legally, securely, and efficiently.

This framework is firmly embedded within the organisation and ensures that the Trust meets its statutory legal requirements in line with data protection legislation. Internal assurance is met through robust Policies, Data Protection Impact Assessments, Records of Processing Activities, Information Sharing Agreements, and transparency materials.

As part of its contractual and national obligations the Trust completes an annual Cyber Assessment Framework / Data Security & Protection Toolkit. This is an online self-assessment tool which provides a systematic and comprehensive approach to assessing the extent to which cyber and information governance risks to essential functions are being managed

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security, and that personal information is processed correctly.

The Trust has a robust IG Working Group which meets on a 6-weekly basis. This has widespread membership comprising of Caldicott Guardian, Deputy Caldicott Guardian, SIRO, Deputy SIRO's and senior managers including representatives from front line operations.

Engagement within the Trust remains positive. Within the past year the Head of Information Governance has had the opportunity to engage with services within a face-to-face environment through formal service visits. These have been very well received providing the opportunity for engagement, discussions and shared learning.

Trust digital technologies continue to be utilised to support widespread engagement within the Trust and externally with our partner organisations.

Partnership working

In line with national programmes, the Trust continues to work closely with partner organisations, social care providers and Integrated Care System (ICS) groups to integrate clinical systems and develop new clinical pathways.

During 2024/25 the Trust implemented the Urgent Community Response Service and Urgent Care Navigation Hub programmes.

NHS England commission Urgent Community Response (UCR's) to respond to individuals with an urgent health or social care need. Each UCR is hosted by an NHS organisation / NHS provider, to provide short-term support, diagnose and treat conditions, provide appropriate equipment and care to the patient, to prevent a hospital admission. As part of direct patient care provision SECamb is working with its UCR teams who review lower category call patients and where clinically appropriate accept these into their UCR commissioned pathway.

Following successful trials at SECamb's Paddock Wood and Ashford Make Ready Centres, the Trust expanded its Unscheduled Care Navigation Hub (UCNHs) pilot across the region. This programme forms a key part of our Trust strategy and aligns with NHS England directives.

Each hub is designed to streamline patient care by ensuring patients are assessed, treated, or discharged safely and appropriately at their first point of contact by a co-located multidisciplinary team. Their role is to review emergencies being attended to by our clinicians and support through shared decision making the best treatment plan to avoid unnecessary conveyances to the emergency departments and promote utilisation of more appropriate referral pathways for our patients.

To ensure patient confidentiality, these UCNHs will operate within secure, closed environments within SECamb. Each hub conforms to the Cyber Assurance Framework / Data Security & Protection Toolkit requirements and Information Governance obligations.

The Trust is continuing with its clinical integration programme with partner organisations and ICBs within the Kent, Surrey, Thames Valley, and Sussex localities. It is now contributing data to the Kent, Medway Care Record (KMCR) and following testing will look to contribute data into the Thames Valley Care Record (TVS) around mid-June 2025. These are significant milestones which will present huge benefits to the ongoing delivery of patient care, leading to improved patient outcomes.

The trust is also planning to roll out view only access to the Kent, Medway Care Record, and Thames Valley Care Record systems to its front-line clinicians / front line operations during 2025.

As part of the Trusts digital strategy, it will be looking to implement access to the National Care Records Service (NCRS) via Trust issued iPads. This will allow clinicians to access patient information held on the NHS Spine. The NHS Spine is a major component of the health and social care IT infrastructure in England. It is a digital central point that allows key NHS online services and the exchange of information across local and national NHS systems. The Spine is

a set of national services used by the NHS Care Record Service, including the Personal Demographics Service (PDS), which stores demographic information about each patient and their NHS number.

All of these workstreams involve the review and completion of complex IG and IT assurance with robust checks and balances taking place prior to implementation. The integration of shared care patient records, ongoing partnership working, and implementation of our locality hubs are a significant milestone which will support the delivery of patient care leading to better outcomes.

Ongoing collaboration with the Trusts Digital Services Directorate provides technical expertise and ensures adherence to national mandated standards. Our partnership working with partner ICS', ICBs and Acute providers remains paramount to the success of these programmes.

Our transparency and compliance with data protection legislation continues to be evidenced. The Trust continues to utilise its external website and internal intranet to provide advice and guidance relating to information governance. Information published within our public facing website is regularly reviewed and updated, with the Trust holding a suite of Privacy Notices relating to its services, information on partnership working, data sharing, research, data subject access requests, and National Data opt Out.

Confidentiality and compliance with data protection legislation remains at the forefront of our organisation. As an Ambulance service, we process a significant volume and variety of personal and sensitive data: this information relates to our employees, contractors and those patients who enter our service.

To ensure compliance mandatory Trust wide IG training is completed on an annual basis. This modularised training is reviewed and updated annually by the Head of Information Governance / Data Protection Officer and republished in April each year. Training completion provides assurance that all staff are aware of their individual roles and responsibilities regarding confidentiality, appropriate data sharing, and the processing of personal data with a legal basis. It also ensures that the Trust meets its mandatory obligations in relation to the Cyber Assessment Framework / Data Security & Protection Toolkit. The toolkit was remotely audited by our internal auditors in April 2024, with a satisfactory level of assurance attained.

Under UK GDPR the completion of Data Protection Impact Assessments (DPIA) is a mandatory requirement for high-risk processing activities. These are completed in instances where there are changes to systems or processes involving personal data. Completion identifies any associated data protection risks, ensures compliance with legislation, and provides documented internal assurance. This process is fully embedded within the Trust with a dedicated information page available within the Trust's intranet.

Collaborative Working

Fundamental to the Trusts information governance agenda is the ongoing strategic development of an IG-aware culture. This is essential as the Trust continues with its integration programmes within the health and social care setting and its ongoing collaborative working with its ICS' and partner organisations.

During 2024/25 several face-to-face IG service visits with operational teams have taken place with existing software solutions continuing to be utilised to ensure that accessible remote based advice and guidance can be provided.

The Head of Information Governance / Data Protection Officer continues to work collaboratively at a national and local level with regular attendance at the national DPO forum facilitated by NHS England, National Ambulance Information Governance group and local membership with the Sussex, Surrey and Kent Information Governance groups. This collaborative working provides a professional forum for discussions, best practice and shared learning, all of which remain a vital component as we continue our clinical integration work with partner organisations.

Forward Plan 2025/2026

The Trust is a proactive, forward-thinking organisation. It continues to strategically develop its existing framework through the promotion and implementation of IG awareness and compliance. With increased, complex data sharing, integration of clinical systems and development of new clinical pathways within the health and social care setting, compliance with information governance remains a vital element.

Internal audits / service visits are fundamental to gauging IG awareness, and a requirement of the Cyber Assurance Framework / Data Security and Protection Toolkit. These audits will continue with findings formally presented to key stakeholders and the IG Working Group for assurance.

Reportable IG Breaches 2024/25

The Trust is an open and transparent organisation, and reports all significant IG breaches to its regulator, the Information Commissioners Office (ICO). During this reporting period (April 2024 – March 2025) the Trust reported 1 breach to the ICO which related to a breach of confidentiality. Details relating to this breach and the actions taken by the Trust were independently reviewed with the ICO, following review it was confirmed that no further action would be taken.

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

All breaches (significant and lower level) are internally reported, comprehensively reviewed, with shared learning completed. Should a reportable breach occur then a formal anonymised report summarising the breach and actions taken is presented to the IG Working Group. The Trust continues to have good engagement with its regulator with no further action taken by the ICO in relation to this reportable breach.

Infection Prevention Control (IPC)

The key aim for 2024/25 was to embed IPC practices across the Trust. With a fully resourced IPC Team we were able to designate an IPC Lead to each region and support the local teams and IPC Champions.

The main achievements during 2024/25 are as follows:

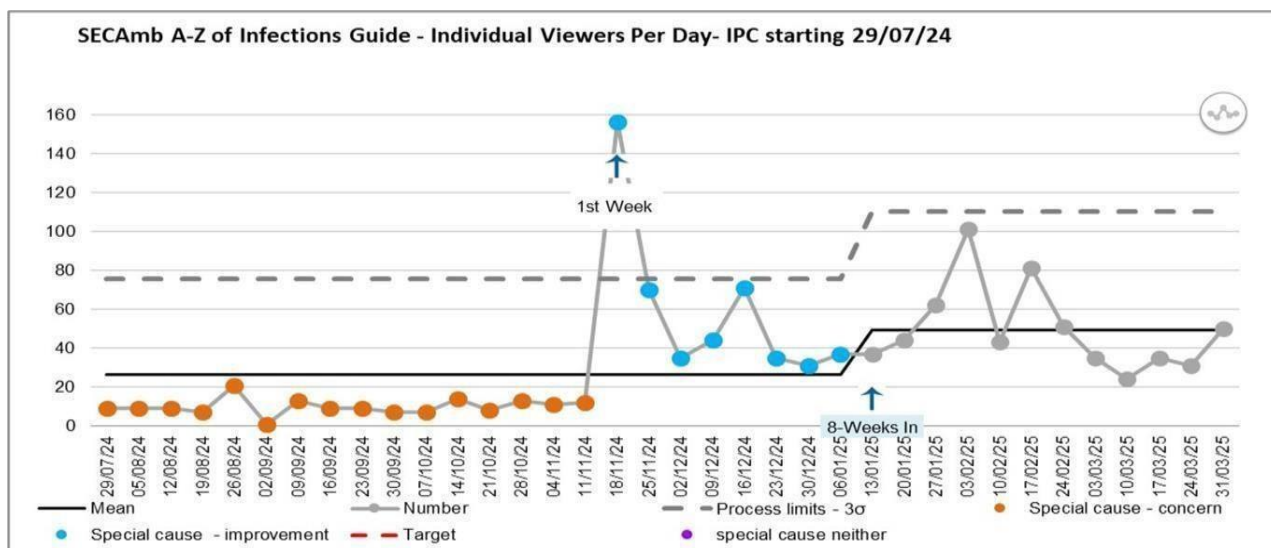
- Introduction of the new IPC App that staff could access on all Trust devices and the chart below shows the activity since its introduction.
- Development of Standard Process Control charts for all IPC reporting lines of compliance.
- Supporting the review of Health and Safety culture visits across the Trust.
- Refresh all of our IPC Champions in field operations with the first training day taken place on the 22 of April 2024.
- Introduction of a Dispatch Desk Dashboard to help the leadership teams with compliance issues for IPC practices. This is still to go live so staff can access it, but the IPC Team have been able to provide publish the dashboards to local teams throughout the year.
- Attendance at all new frontline starter courses to provide an IPC session, which has received good feedback from each session.
- IPC Team attending all ICB forums for IPC as well as Post Infection Review meetings.

This year the Trusts flu vaccination programme was once again managed by the IPC Team with support from relevant teams. A full Programme Plan was implemented, with the first planning meeting taking place in May 2024.

There was a slight improvement this year for Frontline staff uptake from 72.9% to 73.7% (0.8% improvement). However, we did see a decline in the overall Trust uptake especially our call centre staff and we need to develop an improvement plan to increase uptake for next year.

Lessons learnt have been added to next year's programme and the first meeting of the flu vaccination programme team has been scheduled for May 2025.

IPC App Views:



Patient and Public Engagement: A Year of Progress

Over the course of 2024/25, the Trust has made significant strides in strengthening our approach to patient and public engagement, culminating in the development of the **Patient and Public Engagement Strategy 2025-2029**. This strategy reflects our commitment to ensuring that the voices of patients, carers, and the wider public are at the heart of service improvement, enhancing the quality, safety, and experience of care.

Engaging Stakeholders: A Collaborative Approach

The foundation of this strategy was built on active engagement with a diverse range of stakeholders, ensuring that the final document was shaped by the people it is designed to serve. We undertook a comprehensive consultation process, engaging with:

- **Patients and their families** through surveys, interviews, and focus groups.
- **Community representatives and advocacy groups**, ensuring inclusivity for underrepresented populations.
- **Frontline staff and clinical teams**, incorporating their insights into how engagement can improve service delivery.
- **Local system partners**, including NHS trusts, commissioners, and voluntary sector organisations, to ensure alignment with broader healthcare priorities.

A key tool in our engagement efforts was the **Patient Experience Questionnaire**, developed to capture direct feedback from those who have accessed our 999 services. Additionally, we expanded our **Virtual Community Forum**, providing a structured platform for patients and the public to share their experiences and contribute to shaping our services.

Key Themes and What We Heard

Throughout our engagement, we identified several recurring themes that shaped the priorities of the strategy:

- The need for **more accessible and inclusive engagement methods**, particularly for people with learning disabilities, neurodivergent conditions, and those who may struggle with digital access.
- A stronger emphasis on **youth engagement**, including outreach in schools and community programs.
- The importance of **strengthening our partnerships** with other trusts and community organisations to foster a more integrated approach.
- Increasing our **presence at community events** to enhance direct engagement and visibility.

Direct patient quotes reinforced these insights, such as calls for “*regular school visits with opportunities to try out CPR*” and “*better understanding of people with learning disabilities and communication needs.*”

Integrating Engagement into Our Future Plans

The insights gained throughout this process have directly informed the **five key enablers** of our engagement strategy, ensuring that our efforts are sustainable and continuously evolving. As we move forward, our strategy will focus on:

- Enhancing digital and non-digital communication channels to reach a broader audience.
- Strengthening governance structures to ensure patient engagement remains a core priority at all levels of decision-making.
- Implementing a structured delivery plan, ensuring clear actions and measurable outcomes over the next five years.

Looking Ahead

The development of the **Patient and Public Engagement Strategy 2025-2029** marks a significant milestone in our journey toward a more patient-centred approach. By embedding meaningful engagement into our culture, we are committed to continuously improving our services based on real-world patient and public experiences. We will continue to seek feedback, refine our approach, and uphold our commitment to **saving lives through engaging our communities**.

Health & Safety

The Trust is committed to Health & Safety (H&S) and continues to ensure that we remain compliant with our legal obligations. During 2024/25 the board commissioned an internal Health and Safety review. The objective of the review was to:

- Provide assurance that the Trust is legally compliant with all aspects of H&S and ensuring the safety of our staff, patients, visitors, and others who may be affected by the Trust’s work activities.
- Confirm that current H&S organisation and arrangements are appropriate and support good H&S governance.

- Evaluate the H&S culture within the organisation and provide recommendations to positively improve this.

The review was led by the Head of H&S and each site visit included a minimum of 3 members of staff from the stakeholder list below and was led by a H&S Manager.

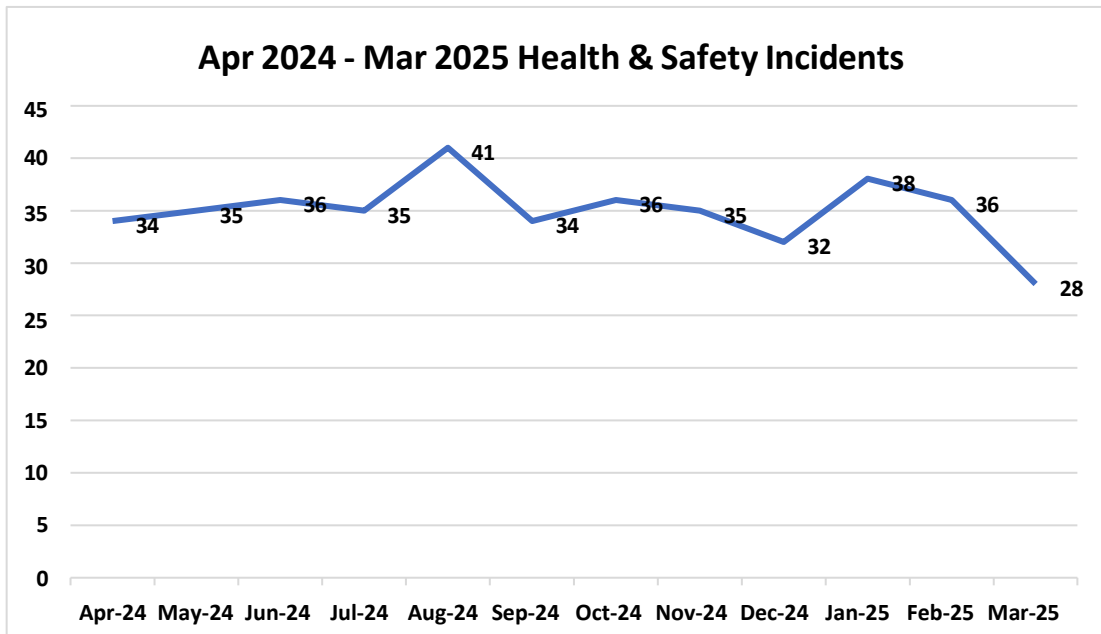
- Health & Safety
- Trade unions
- Clinical Education
- HR
- Wellbeing
- Estates
- Operational Leadership
- NED's
- IPC
- Quality Improvement
- External NHS Trusts (H&S Practitioners)

The review provided positive assurance of the Trust's overall H&S framework, while clearly outlining targeted improvement areas. The Trust is progressing well in creating a positive H&S culture. The implementation of targeted actions and leadership support is well positioned to achieve positive progress in safety and staff well-being.

The Trust remains committed to continuous improvement in health and safety management, strengthening systems, processes, and culture to protect staff, patients, and the public.

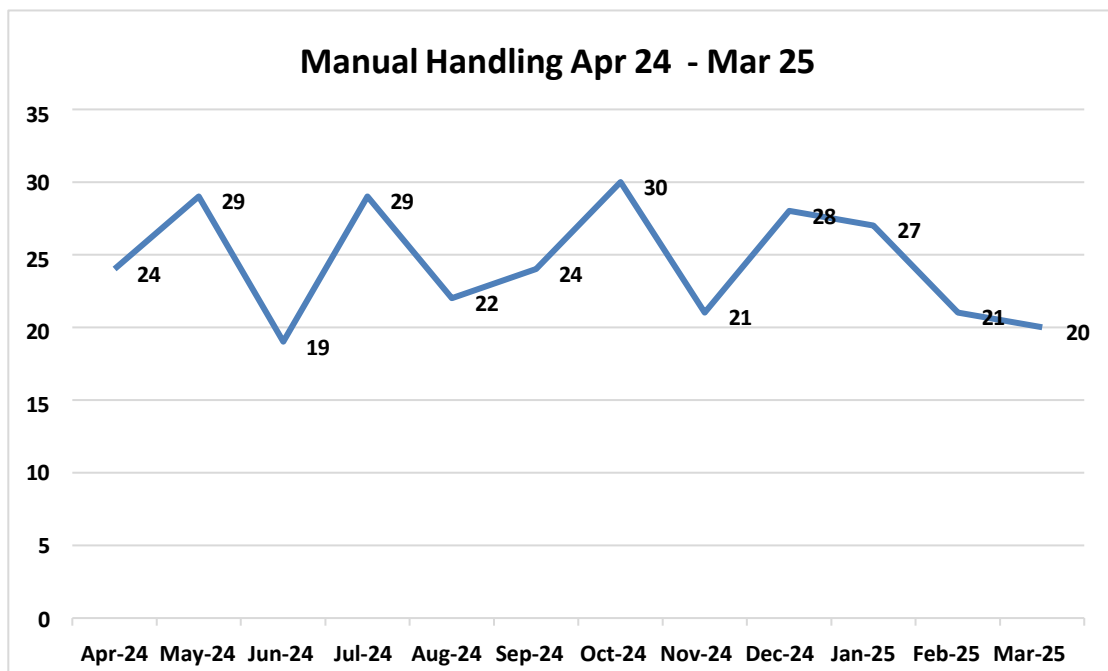
Health & Safety Incidents April 2024 – March 2025

From April 2024 to March 2025, staff reported 420 health and safety incidents — a 14% increase from the previous year. The most common incidents involved slips, trips, and falls, cuts and abrasions, and environmental issues. From these, 77% caused no harm, 19% caused moderate harm, and 4% were classified as near misses, suggesting a positive reporting culture.



Manual Handling Incidents April 2024 – March 2025

Manual handling incidents decreased slightly, with 294 incidents reported, showing an 11-incident reduction compared to the previous year. The Trust is actively working to reduce accidents and near misses, with a focus on manual handling incidents. Recently a Task & Finish group was formed by the Health & Safety team and internal stakeholders, the group will be reviewing training, equipment, and related activities. Key findings indicate that manual handling is the leading category for RIDDOR-reportable incidents.



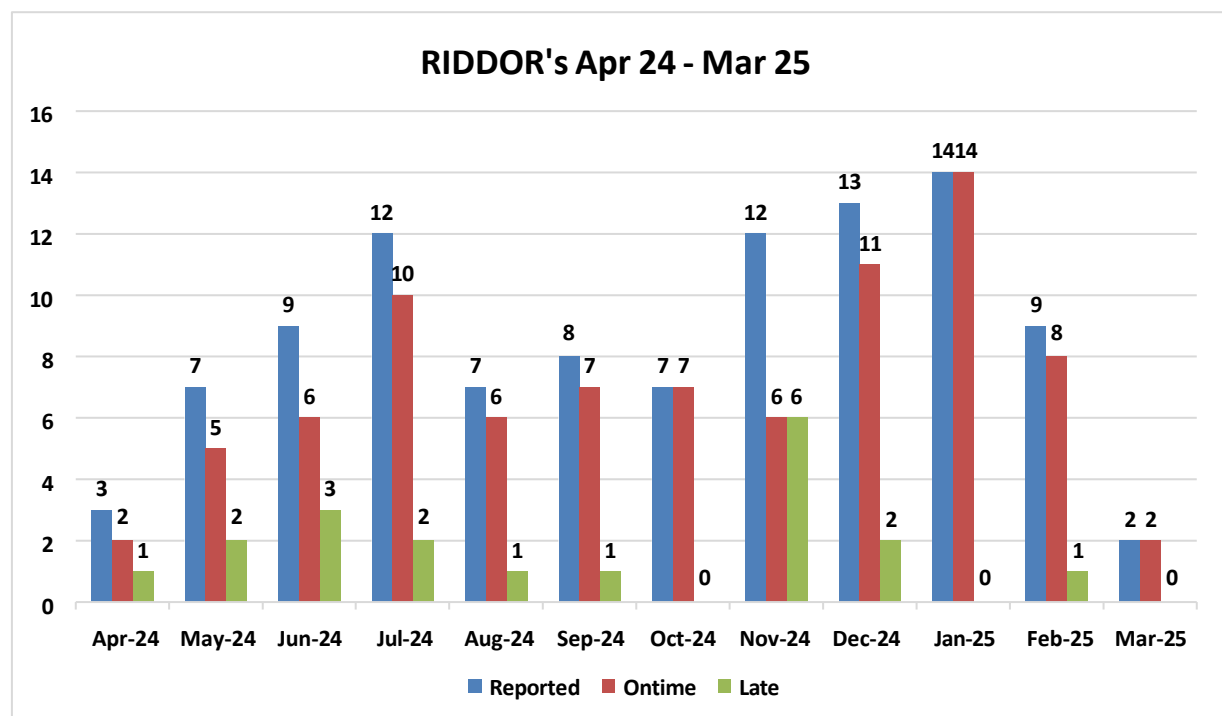
RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

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, coordinated, 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 2024 – March 2025

The Trust reported 103 RIDDOR-reportable incidents, with 84 submitted within the required timeframe. This marks a slight improvement over the previous year, where 108 incidents were reported, and 81 were submitted on time. Shared learning from significant RIDDOR incidents occurs regionally through local Health & Safety group meetings where these are discussed and improvement actions identified.



Security

The Trust security function covers the following areas:

- Incidents of violence and aggression on staff
- Security of Controlled Drugs (CDs), medicines, and medical gases

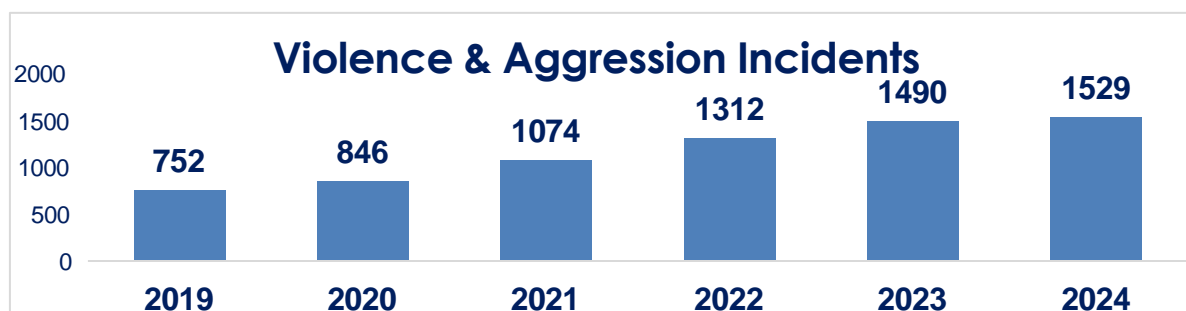
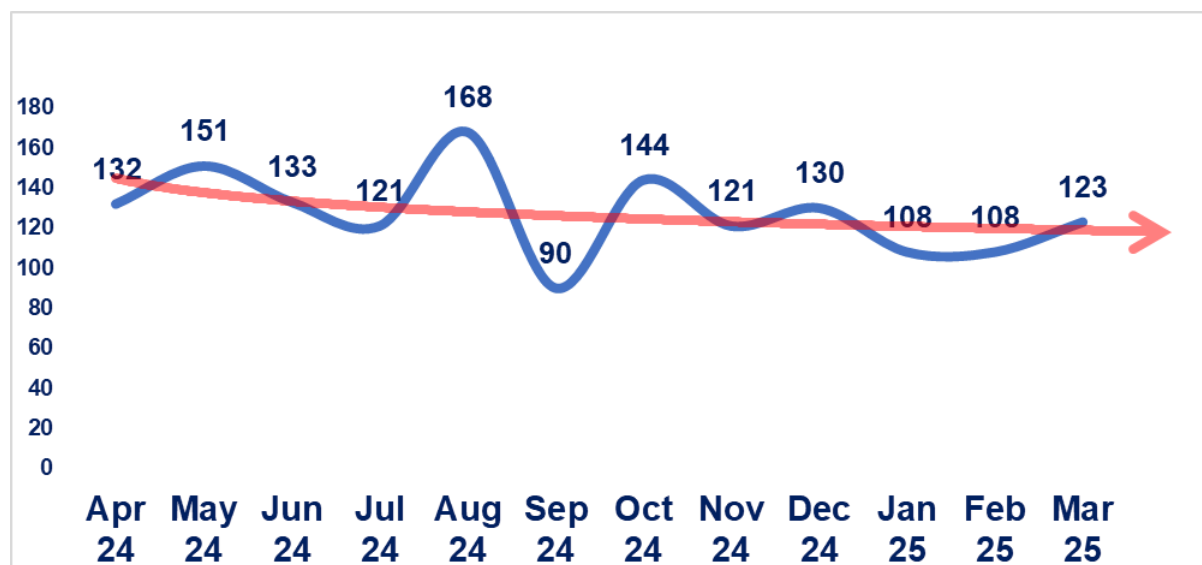
- Security of critical infrastructure
- Provision of the Trust Access Control System (entry and exit systems)
- Protection of Trust assets including vehicles and equipment
- Provision of Trust CCTV
- Management of body worn cameras
- Prevention of loss, theft and matters interlinked with counter-fraud
- Prevention of criminal damage to Trust assets

Violence and Aggression Incidents against Staff April 2024 – March 2025

Our colleagues reported 1,529 Violence and Aggression incidents during the year, an increase of 39 incidents when compared to the previous year. Six of the last seven months saw either a reduction or no increase in incidents compared to the previous year.

Unfortunately, nationally the ambulance sector continues to see annual increases with violence and aggression incidents.

SECamb has several programmes of work in place to support our staff in effectively preventing incidents of violence and aggression, these are conflict resolution training, use of body worn cameras, debriefing for staff who have been involved in any incidents and a violence reduction working group. The Trust evidenced compliance with the 2020 NHS Violence Reduction Standards in June 2024 and are now reviewing compliance with the new standards published in December 2024.



Conflict Resolution Training

The Trust commenced conflict resolution training for staff during the 2024/25 reporting year. Road staff receive one day of mandatory training, including Community First Responder staff. As of the end of March 2025, 1,911 members of staff have completed the training.

People and Culture

Our Volunteers
Clinical Education & Training
Inclusion
Communicating with our colleagues
Recruiting and retaining staff
Employee wellbeing
Staff experience & engagement
Appraisals
Joint Partnership Forum (JPF)
Living our values

Our Volunteers

The previous 12 months has been a busy, but also a changeable, period within the Community Resilience Team which supports volunteers within the Trust. 2024 saw the team successfully deliver their four-year strategy which has led to a number of enhancements to the support, and contribution, of volunteers within the Trust – however there have also been some challenges particularly in terms of the capacity of the team to support the large volunteer workforce. Funding has, in part, been provided through money obtained from NHS Charities Together, as well as the South East Coast Ambulance Service Charitable Fund (Registered charity number 1059933), and whilst this has supported several beneficial initiatives, it is also time-limited and leads to a challenge in recruiting to substantive post holders.

The launch of the new Trust clinically led strategy now offers the opportunity for the Community Resilience Team, under the interim leadership of a new Head of Community Resilience, to develop a five-year volunteering strategy with the associated support structure and funding which will align with the Trust's Clinical Operating Model. The collaborative development of this strategy will be the primary focus of the first part of the coming year and will ensure that the Trust matches the national NHS vision to embed volunteering within all appropriate areas of the business.

At the time of writing (April 2025), the Trust has over 450 volunteers serving our community, and recruitment and training of new volunteers remains ongoing. The largest cohort of volunteers are those providing patient responses as either Community First Responders (CFRs) or Emergency Responders (ER), who collectively have contributed nearly 90,000 hours of their time during the 2024/25 financial year – a significant increase over the previous year. During this time, they have responded to over 19,000 calls. Nearly one in five of these were the highest priority of call (Category 1), indicating an immediately life-threatening condition, with a CFR being first on scene in around half of these cases. On average, our volunteer responders were on scene at cardiac arrest calls around 6 minutes before the ambulance resource arrived, contributing directly to an improvement in our overall C1 response.

Building on the success of the inaugural volunteer's conference in November 2023, a second conference took place in April 2025 and was attended by over 200 volunteers with a focus on engagement, networking and learning – as well as the opportunity to recognise the valuable contribution of volunteers across the Trust. The event was opened by Simon Weldon (CEO) and Liz Sharp (Deputy Chair) and attended by a number of the Trust board who took the opportunity to speak with our volunteers, answer their questions, and thank them for their contribution to patient care.

SECamb Chaplaincy

Our volunteer Chaplain team continue to support our staff and volunteers, providing a 24-hour support function for all colleagues at their time of need. The service is provided for those of any faith and those of none and offers a confidential listening ear as well as signposting towards other appropriate avenues of support. SECamb are the only ambulance Trust in the UK to provide this level of response, and alongside the pastoral care available, the chaplains maintain a local involvement at each Operating Unit (OU) to support the day-to-day needs of colleagues.

As of early 2025, the Chaplains have moved within the Trust structure and are now supported by the Quality and Nursing directorate – this is to continue improving the support for the chaplains themselves, as well as enhancing the governance around the scheme and ensuring full alignment with the Trust’s wellbeing provision.

Volunteer Emergency Responders

The Emergency Responder scheme launched in 2023 utilising charitable funding, with the aim of evaluating whether an alternative model of response for volunteers would provide a benefit to patient care. The scheme involves Community First Responders with additional accredited blue light driver training working on a dedicated marked vehicle to provide an initial patient response in specific rural areas where a standard ambulance response may be delayed. The trial, due to complete in March 2025, has been extended for a further six months to allow for a full external review to be undertaken.

The two schemes currently operate from Horsham in West Sussex, and New Romney in Kent. During the previous year they have attended over 3,000 emergency calls and provided over 7,000 hours of their time voluntarily to be available to respond.

Support volunteers and welfare vehicles

The Community Resilience team provides four Welfare Vehicles which are strategically located around the Trust’s geographical footprint, at Banstead, Brighton, Medway and Tangmere. The vehicles are provided to support colleagues from across the Trust during periods of increased demand but are also available to deploy for major incident support and can be used to provide welfare facilities at public engagements events. The bespoke vehicles have been specifically designed to cater for staff needs, such as hot and cold drinks, snacks, basic food heating facilities, and a seated rest area.

Since the introduction of the Support Volunteer role, 2024/25 has seen a focus on recruiting and training support volunteers who are able to provide a variety of non-clinical support services to the Trust. As well as crewing the welfare vehicles, they can undertake support with refreshments within Emergency Operations Centres and provide logistical support to other volunteers and the wider Trust. There are now nearly 50 support volunteers working across the Trust.

Public engagement

Public engagement, training and education continues to be an important element of the Community Resilience portfolio, supported by both the paid staff within the team and the volunteers across the Trust. Currently this is often completed on an ad-hoc basis depending on the availability of resources when requests for support are received, but the strategic direction for the department involves identifying specific areas of need, particularly where health inequalities may exist, and proactively supporting these groups or geographical regions.

The team also continue to support national initiatives to engage school attendees to learn Basic Life Support, including Junior Citizens Schemes and the British Heart Foundation Restart a Heart campaign, which saw over 15,000 members of the public trained in Cardio-Pulmonary Resuscitation (CPR) and Defibrillation in October 2024. These numbers are brought to life by several occasions over the past year where the

team have been contacted by individuals who have been trained through our public engagement initiatives and subsequently been able to use their newly acquired skills in order to save a life.

Public Access Defibrillators and GoodSAM

All active Public Access Defibrillators (PAD sites) are now registered on the British Heart Foundation “The Circuit” database. They are registered by the owner of the defibrillator, who are reminded to check them regularly by an automated system, and the Community Resilience team provide support and advice to areas where a PAD is identified as inactive in order to increase availability of these devices.

The Circuit database is linked to our dispatch system and an Emergency Medical Advisor can point a member of the public towards the nearest available defibrillator, if required, during a 999 call. It is usually only shown if it is within 500 metres of the patient. This is a much safer and robust system and offers an improved opportunity to improve cardiac arrest survival rates.

GoodSAM is a voluntary programme which allows individuals trained in CPR to download an app and register to be alerted to known cardiac arrests within a designated vicinity of their current location, with the intent of providing early ‘hands on chest’ (CPR) which evidence shows is one of the most significant factors in a successful outcome for the patient. The past year has seen an increase in both the number of users who have signed up to receive alerts from the app, and the number of activations provided by the Trust, and this has been highlighted as a key area for development in the future volunteering strategy.

Volunteer recognition

All the activity discussed within this report is only possible through the dedication and commitment of the selfless team of volunteers who choose to spend their spare time supporting the activities of the Trust, serving their community and saving lives. As a Trust we recognize this through a range of internal and external mechanisms, and we remain grateful to our volunteers and those who support them.

Clinical Education and Training

We have continued to develop the Clinical Education and Training offer throughout this year, that has focussed upon delivering our board approved enabling strategy ‘Clinical Education and Training Strategy 2022-2025’ whilst responding to feedback from our people and strategic direction within the Trust.

While continuing to plan, coordinate and deliver our educational offer that includes:

- Transition to Practice, a programme for Newly Qualified Paramedics
- Combined Clinical Conversion Course, a programme for new operational colleagues joining the Trust as experienced clinicians
- Key Skills, the Trusts annual update programme
- Practice Educator, and Associate Practice Educator programmes
- L3 Certificate in Emergency Response Ambulance Driving (L3CERAD)
- S.19 High Speed Driving assessments

- Teaching and Assessor qualifications

We introduced our new 'Operational Readiness' programme, to ensure that our people are truly prepared for operational deployment, improving consistency and quality of operational preparedness.

In addition, we have included other externally awarded programmes including the delivery of First Aid at Work and Emergency First Aid qualifications for our non-clinical colleagues improving awareness and capability within our corporate services.

As with previous years, the Clinical Education and Training department have proudly provided an expansive Continued Professional Development (CPD) offering that includes paid qualifications, programmes and academic modules through to webinars and specialist focus sessions.

To support sustainability, and in keeping with delivering our enabling strategy there has been further growth in the department, with an increase in budgeted establishment of both driving instructors and clinical teaching colleagues. With this increase in establishment, we have been able to realise our ambition of providing educational support at a local level, with every operational unit having named education staff and driving instructors allocated to the operating unit.

SECamb proudly appointed our first Chief Paramedic Officer during this year, and with this appointment saw the move of education and training activity under their executive directorship. This has enabled the move of 'learning and development' from our People Directorate into Clinical Education, a move that is seeing greater alignment of our clinical and non-clinical education offer within the Trust.

In supporting our educational offer, we have successfully brought into the organisation over three million pounds in apprenticeship levy transfers that support our Paramedic, Associate Ambulance Practitioner and Emergency Care Support Worker apprenticeship programmes delivered in partnership with the University of Cumbria and Chichester College Group (Crawley College).

In seeking feedback from learners with a view to inform continual improvement programmes, we are proud to see a 55% increase in student responses to the 2024 National Education Training Survey (NETS), we ranked second in dimensions assessing the quality of education amongst our Southern Ambulance Alliance partners. The survey told us of challenges in supervision, examples of discrimination and a perception surrounding sexual safety – this triangulates with the Trusts other data points and plans already exist to ensure a focus upon these areas not only in the Education and Training space but pan Trust.

The Trust achieved a year end position of 88.51% compliance against a Statutory and Mandatory training target of 85%, which is an increase upon last year's performance. To further improve this compliance rate, collaboration between Operations and the Education department has seen changes into how we support colleagues in the workplace to achieve their Statutory and Mandatory learning.

In recognition of the significant changes afoot, coupled with feedback from numerous surveys and from our partners (Higher Education Institutions, Further Education colleges)

and NHS England we have developed and implemented an Education Improvement Plan ensuring a programmed approach to sustainable change and improvement. This is underpinned by clear governance oversight and reporting for assurance through to Board.

As we look into 2025/26, we continue to focus upon the quality and provision of our education offer and will be working to:

- Continue our programme of improvement aligned to an iterative Education Improvement Plan
- Introduce Safe Learning Environment Charter (SLEC) into SECamb
- Further enhance our apprenticeship provision to include non-clinical qualifications for our corporate and support service teams
- Explore further our career development opportunities ensuring alignment to the Trusts strategy and contributing to the planned changes to our care delivery model.

Inclusion – Valuing difference

SECamb prioritises fairness, equity, and diversity, striving to deliver accessible, non-discriminatory healthcare. The Trust supports the nine protected characteristics under the Equality Act 2010.

To uphold its legal and ethical responsibilities, SECamb complies with reporting duties such as the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap analysis. In 2024, efforts centred around the Integrated Equality Action Plan (IEAP), aligning with national frameworks like the Equality Delivery System 2 (EDS2).

SECamb also partners with external networks such as the Employers Network for Equality and Inclusion (ENEI) and holds a silver award for the Armed Forces Covenant.

111 and 999 Services

The Trust actively seeks feedback to improve patient care through tools like the 111 Patient Survey and 999 Patient Experience Questionnaire (PEQ). Key demographic data from 999 PEQ respondents in 2024 revealed:

- Gender Identity: 59% identified as female, 40% male, with a small percentage identifying otherwise or preferring not to say.
- Age Distribution: The largest age group was 55-64 (19%), with nearly 18% opting not to disclose their age.
- Ethnicity: 92% of respondents identified as White, while minority ethnic groups were underrepresented.
- Disability: 30% of respondents reported having a disability.

This data aids SECamb in identifying potential disparities and tailoring services for underserved groups, such as flagging on the computer aided dispatch system when patients require reasonable adjustments and working closely with the clinical lead for learning disabilities to embed new methods for communicating with patients and the public.

Staff Networks and Inclusion Initiatives

Gender Equality Network (GEN)

By end-2024, GEN had over 300 members and hosted numerous events, including:

- Discussion Rooms on topics such as gender bias, maternity leave, and mental health.
- Launch of “Spotlight” and a Living Library to share personal stories.
- Menopause cafés and the Springboard development program for women. GEN also collaborated with East Midlands Ambulance Service on reverse mentoring.

Armed Forces and Reservists Network

Initiatives in 2024 included:

- Participation in Step into Health webinars and military careers fairs.
- Insight Day for veterans and dedicated Armed Forces Day communications.
- Commemorative events like the Remembrance Sunday and D-Day Wellness Walk, honouring military history and service.

Inspire (BME Staff Network)

In 2024, Inspire focused on expanding membership, fostering a safe space, and influencing Trust policies. The network planned drop-in sessions for staff to report abuse or discrimination for the new year and committed to regular updates and consultations. The network launched a Christian subgroup and supported colleagues through the fasting period of Ramadan. In October, the network worked with the Inclusion team to deliver a number of lunch and learns to celebrate Black History Month.

Enable (Disability Staff Network)

Recognised with a Staff Award for inclusion efforts, Enable expanded its committee to include three deputy Chairs and one communication lead. They amplified advocacy for staff with differing abilities through their launch of their monthly Neurodiversity Cafe.

Pride

The Pride Network has made significant strides over the past year, strengthening ties with national partners and contributing to new HIV awareness materials to be launched at the 2025 national conference. Led by Co-Chair Declan-Lee, the group has aligned local objectives with national strategies. Chair Garrie has been a strong advocate for transgender and non-binary staff, leading a campaign during Transgender Awareness Week that highlighted healthcare challenges and inadequate facilities within SECamb. The network, led by co-chair Benjamin, actively participated in key events including Trans Pride, Margate Pride, and Rochester Pride, and celebrated a major presence at Brighton Pride with over 100 attendees, showcasing unity across the trust and its partners.

In March 2025, we held our inaugural Board Seminar dedicated to Equality, Diversity, and Inclusion (EDI). This milestone event brought together executive and non-executive directors, senior management, operating unit managers, HR business partners, and staff network chairs in a collaborative and reflective space. The seminar focused on three key objectives:

- Understanding the Importance of EDI: Emphasising the critical link between EDI, patient outcomes, and staff well-being, and reaffirming its status as a strategic priority for the organisation.
- Analysing Organisational EDI Data: Reviewing key findings from the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), gender pay gap reports, and staff surveys to identify and address systemic barriers.
- Amplifying Lived Experiences: Hearing first-hand accounts from staff to illustrate the real-world impact of workplace inequalities and inform future actions.

We also launched a dedicated workstream to introduce an Inclusion Ambassadors Programme, aimed at ensuring fairness in recruitment and during formal processes panels. This programme will provide an equality representative for all recruitment processes across the organisation, supporting more equitable decision-making.

In 2024, we also launched the organisation's first Reverse Mentoring Programme, with 15 mentor-mentee pairs trained. The initiative received strong interest and is designed to foster greater understanding among senior leaders of the experiences faced by more junior colleagues from protected groups.

Our leadership development initiatives continued to grow. We successfully delivered the 6th and 7th cohorts of Springboard, our leadership programme for women, and the 2nd cohort of Ascend, a leadership development programme tailored for Black and Minority Ethnic (BME) colleagues.

We have also secured a new professional development opportunity for all staff network chairs and co-chairs. Beginning in June 2025, they will participate in an Accredited Network Chair Programme, supporting their growth as inclusive leaders and effective advocates for staff voices.

Additionally, we have developed a new Reasonable Adjustments Policy, which is currently awaiting approval. To support its implementation, we launched Reasonable Adjustments Clinics for both colleagues and managers, aimed at improving understanding of the process and ensuring that support is accessible and consistent.

These collective efforts reflect our ongoing commitment to embedding EDI at the heart of our organisational culture and improving outcomes for all.

Communicating with and recognising our colleagues

We are committed to delivering effective communication across our large and geographically dispersed workforce, recognising the challenges this present by diverse shift patterns and limited face-to-face interactions with line managers and peers. To address this, we continue to evolve and enhance the ways we connect with colleagues.

Throughout 2024/25, we've strengthened our internal communications by focusing on timely updates, inspirational staff/patient focused positive news and across all our communication platforms. Key communication channels included:

- **Weekly e-bulletins** sent to all colleagues
- **Video communications**, including regular updates from the Chief Executive and '2-minute films' highlighting key initiatives
- **A refreshed and updated intranet**, serving as a central hub for news and resources
- **Viva Engage**, our internal social media platform for real-time sharing and interaction
- **External social media platforms**

These channels are continually reviewed and refined based on colleague feedback, aligned with our Communications and Engagement Strategy.

Equally, we have progressed delivery on our Reward and Recognition Framework, launched in 2023. This comprehensive approach includes both traditional and digital recognition methods, ensuring colleagues feel valued for their contributions. Highlights include:

- Our well-regarded annual Staff Awards
- The Star Zone – a new digital platform enabling colleagues to send e-cards and nominate peers for the monthly Star of the Month award
- Celebrating Success Events – recognising academic achievement

Use of The Star Zone has grown consistently each month, with increasing numbers of nominations celebrating achievements across the organisation. The platform also supports key strategic priorities, such as our work on equality, diversity, and inclusion.

Importantly, patient appreciation continues to play a central role in recognising colleague impact. Over the past year, we facilitated 53 patient reunions from April 2024 to March 2025, offering individuals the chance to meet and thank the teams involved in their care—an experience deeply valued by our people.

Recruiting and retaining staff

Over the past year we have 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 appropriately. We ensure all posts have the required approvals in place and that all interview paperwork is attached to candidate records for feedback and development. We verify

interview panel members are interview skills trained and that there is diversity on all panels. We have replaced the knowledge and skills framework approach with a values-based recruitment model, based on our Trust values and the wider NHS values and behaviours.

Our Trust retention strategy proved effective and enabled us to retain staff within our targeted areas of EOC and our front-line workforce. We received 13,732 applications to our vacancies during the year and recorded 1,081 'new to Trust' employees during the year.

We received 1,515 applications from applicants who declared a disability, of which 257 were hired. There were 216 candidates recruited who preferred not to disclose if they had disabilities.

We received 5,003 applications from BME candidates (2,266 applications did not have right to work in the UK status and not eligible for sponsorship) and hired 303 BME staff (24 hired staff preferred not to state their ethnicity).

Turnover rate

Month 2024/25	Rolling Annual Turnover %	Month 2023/24	Rolling Annual Turnover %
April 2024	17.47	April 2023	18.23
May 2024	17.85	May 2023	17.86
June 2024	17.15	June 2023	18.79
July 2024	16.32	July 2023	19.03
August 2024	16.61	August 2023	18.94
September 2024	16.14	September 2023	18.76
October 2024	15.83	October 2023	18.35
November 2024	15.43	November 2023	18.58
December 2024	15.53	December 2023	18.44
January 2025	15.12	January 2024	17.64
February 2025	15.11	February 2024	17.92
March 2025	16.95	March 2024	17.52

Our Values

Our Trust values shape the way we conduct our business and serve as a guide for how we expect our people to treat one another and, most importantly, our patients.

Our new Values, which were introduced in April with the launch of our Strategy and branding, support us in making every day operational and strategic decisions. Our new values:

- **Courage – Standing Up for What is Right and Treating Everyone Fairly to Ensure Exceptional Patient Care.**
At SECamb, courage is fundamental to delivering exceptional care. It means standing up for what is right, advocating for fair treatment, and striving for excellence in patient care.
- **Kindness – Being Compassionate, Caring and Respectful Towards Others.**

At the heart of SECamb, kindness defines our approach to care. We are committed to being compassionate and respectful in every interaction, ensuring that every patient, colleague, and community member feels valued and supported.

- Integrity - Being accountable, honest and doing the right thing.

Integrity underpins every aspect of SECamb, ensuring we act with honesty and transparency. We are committed to making fair and ethical decisions, maintaining consistency in our practices. By embedding integrity in all we do, we uphold the highest standards of care and build trust with everyone we serve.

To drive awareness of the Trust's new values we've incorporated them into our Trust's new branding and have been added them to key documentation and our appraisal system.

A working group, made up of colleagues from across the organisation, was also set up to look at how we embed our values further into the Trust business and with their support, a framework to support managers embed the values into their work areas is being developed to support the cultural transformation of our organisation.

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 we invest in the wellbeing of our workforce and in turn create an environment where everybody feels respected, valued and supported. We have made significant investment into 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 Hub continues to use the Wellness Plan as a guide for decision making and action. The plan was developed following completion of the NHS Framework Diagnostic tool which highlighted potential gaps in our wellness provision throughout the Trust. The framework is regularly revisited and updated based on our activity against the actions, and the plan is adjusted accordingly for the year ahead.

In December we saw a change of Directorate and Leadership for Wellbeing as part of our lean in support programme and review of executive portfolios to better align workstreams. The wellbeing team is now part of the Nursing and Quality and led by the newly appointed Head of Mental Health. A Wellbeing Strategy is now being developed.

In the previous year, The Hub was granted funds from NHS Charities Together which was used to support wellbeing needs of our call centre colleagues, through a 12-month trial of two Senior Wellbeing Practitioner positions within the EOC/111. Following completion of the trial in November 2024, an evaluation was completed. The effectiveness of the two Senior Wellbeing Practitioners was demonstrated through 111 reducing sickness absence from a high of 13.61% to 10.73%. There was also a significant impact on turnover from a high of 60.09% to 43.50%. The improvements were also experienced in EOC. EOC reduced sickness absence from a high of 9.11% to 8.05%. The impact on turnover was from a high of 50.94% to 43.32%.

We continue to offer a range of dedicated services. Some of the key offerings include:

- Wellbeing assessments with a wellbeing practitioner
- Fast track support for work related trauma
- Trauma Risk Management (TRiM)
- Physiotherapy
- Sports massage
- Backup Buddy app
- Extensive directory of wellbeing services database
- Mental and physical health support videos
- Development of wellbeing conversation support
- 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
- Alternative duties for those who are temporarily unable to fulfil their substantive posts for medical reasons or for pregnancy
- Regular wellbeing newsletters/promotions

During 2024/25 the wellbeing hub recorded 27,800+ interactions, an average of 2,318 per month. 832 required a referral to a Wellbeing Practitioner and 886 to Physiotherapy. The remainder were for matters such as Trauma Risk Management, Alternative Duties, signposting to external services, general wellbeing queries, and follow ups.

Staff Experience & Engagement

Over the past year, significant progress has been made in enhancing staff engagement and experience through a range of targeted initiatives.

Research consistently shows that high levels of employee engagement led to improved patient experience and outcomes—an area to which the Trust remains deeply committed.

To support this priority, we have invested in a dedicated engagement resource. In January, we welcomed a new Communications Officer with responsibility for staff engagement. This role has been central to delivering key elements of our Communications and Engagement Strategy, as well as our Reward and Recognition Framework.

Our ongoing engagement initiatives include:

- **The Big Conversation** – Open to all staff, these virtual meetings are chaired by our Chief Executive Officer. They provide a platform to share updates, discuss key workstreams, and gather direct feedback and ideas from colleagues across the organisation.
- **Town Hall Meetings** – These fortnightly forums enable operational staff to raise concerns and make suggestions directly to senior managers in a responsive and transparent environment.

- **Engage with the Exec** – Directorates, supported by the Communications and Engagement team, conduct monthly visits to localities. All feedback and resulting actions are tracked to ensure follow-through and accountability.
- **Connect with the Chief and Chair** – These monthly visits across Trust locations give staff the opportunity to participate in one-to-one meetings or informal roundtable sessions. All feedback is captured, and actions are reported back to staff.

We continue to monitor employee engagement through the NHS Staff Survey and the National Quarterly Pulse Survey. The NHS Staff Survey also provides valuable insights into staff experience through the NHS People Promise theme scores.

NHS Staff Survey

The annual NHS Staff Survey continues to be a key measure of colleague experience across the Trust. Since 2021/22, the survey questions have been aligned to the seven elements of the NHS 'People Promise', alongside the continuing themes of engagement and morale. These replaced the ten thematic indicators used up to 2020/21. All results are scored out of 10.

In 2024/25, the Trust achieved its highest ever response rate at 67%, a notable increase from 60% in 2023/24. Encouragingly, we saw improved scores across all nine indicators. See table below:

When benchmarked against other ambulance trusts, the Trust outperformed the sector average in all nine indicators. We ranked in the top three in eight of these and achieved the highest score sector-wide for 'morale'. This marks a substantial improvement on our 2023/24 results, where we had been below the sector average in the majority of areas.

Notably, our year-on-year improvement outpaced that of our benchmarking group, and all theme-level gains remained statistically significant.

To support these ongoing improvements, we developed a comprehensive survey dashboard. This tool enables directors, heads of departments, and locality leads to analyse their own data and develop tailored action plans. These plans are expected to be finalised and shared in June, ahead of the Quarter 2 Pulse Survey.

In addition, the Trust held a CEO-led 'Big Conversation'—a dedicated session focused on the survey findings. This provided all staff with the opportunity to share their ideas and shape the next phase of our improvement journey.

Appraisals

During 2024/25, we have continued to support colleagues in having successful and meaningful appraisals—promoting development, recognising performance, and contributing to the overall success of the organisation.

Between 1 April 2024 and 31 March 2025, a total of 3,167 colleagues completed their annual appraisal, representing 65.39% of SECamb staff. However, our National Staff Survey results indicate that 74.21% of colleagues report having received an appraisal

during this period. This suggests that while appraisals are taking place, many may not be formally recorded within the Electronic Staff Record (ESR) system, and we will be working over the coming months not only to improve our position further, but also to ensure all appraisals are reported appropriately.

Appraisals are a cornerstone of our approach to staff development and organisational performance. While we have made progress, we recognise the need to enhance consistency and improve the quality of the appraisal experience across all areas. Feedback from staff and internal reviews carried out throughout the year have highlighted opportunities to improve both the value and accessibility of the process to better support development and engagement.

The Trust is launching a 12-month programme focused on cultural and operational improvement. This programme will embed an outcomes-based appraisal approach that supports career development, recognises performance, and aligns with our organisational values—delivered via a more user-friendly platform.

The Appraisal Hub—available on the staff intranet—provides a dedicated space with short instructional videos, detailed interactive handbooks, and e-learning modules for both appraisees and appraisers. These resources are regularly promoted through multiple communication channels including the weekly bulletin, Viva Engage, and targeted emails.

Tailored support is being provided to managers and their teams to help remove barriers and ensure that appraisals are completed effectively.

We remain committed to achieving a rolling appraisal completion target of 85% and will continue working collaboratively across the Trust to reach this goal.

Working with our trade unions

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:

- RCN (Royal College of Nursing)
- UNISON
- Unite the Union
- BMA (British Medical Association)
- GMB (General, Municipal, Boilermakers and Allied Trade Union)

Despite the challenges of the previous year with the industrial relations climate, we have remained focused on working in partnership to address matters important to our people.

As a Joint Partnership Forum, Management and Unions 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, bullying & harassments, sexual safety and capability procedures,
- Staff amenities,
- Health and safety concerns
- Hours of work.

2024/25 has seen a specific focus on resolving pay challenges pertaining to the ECSW and Trainee Ambulance Technician workforce, with an agreement reached on re-banding from AfC Band 3 to AfC Band 4 for ECSWs. Partnership work on Agenda for Change Section 2 unsocial hours has continued into 2024/25. This is a complex piece of work with the Trust committed to resolving this and addressing past issues. We continue to work collaboratively, engaging our Trade Union partners in the development of our strategy, our Trust Values, implementing the Sexual Safety Charter, and designing our Employee Relations Investigation Manager training program.

Trade Union Facilities Time

This demonstrates 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
70	56.7

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%	7
1-50%	56
51-99%	7
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	£328,938.85 (£19.37 average hourly rate)
Total pay bill	£274,609,000
% 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 2024/25

Responsive care

999 Performance
111 Performance
Emergency Preparedness, Resilience & Response (EPRR)

999 Performance

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.

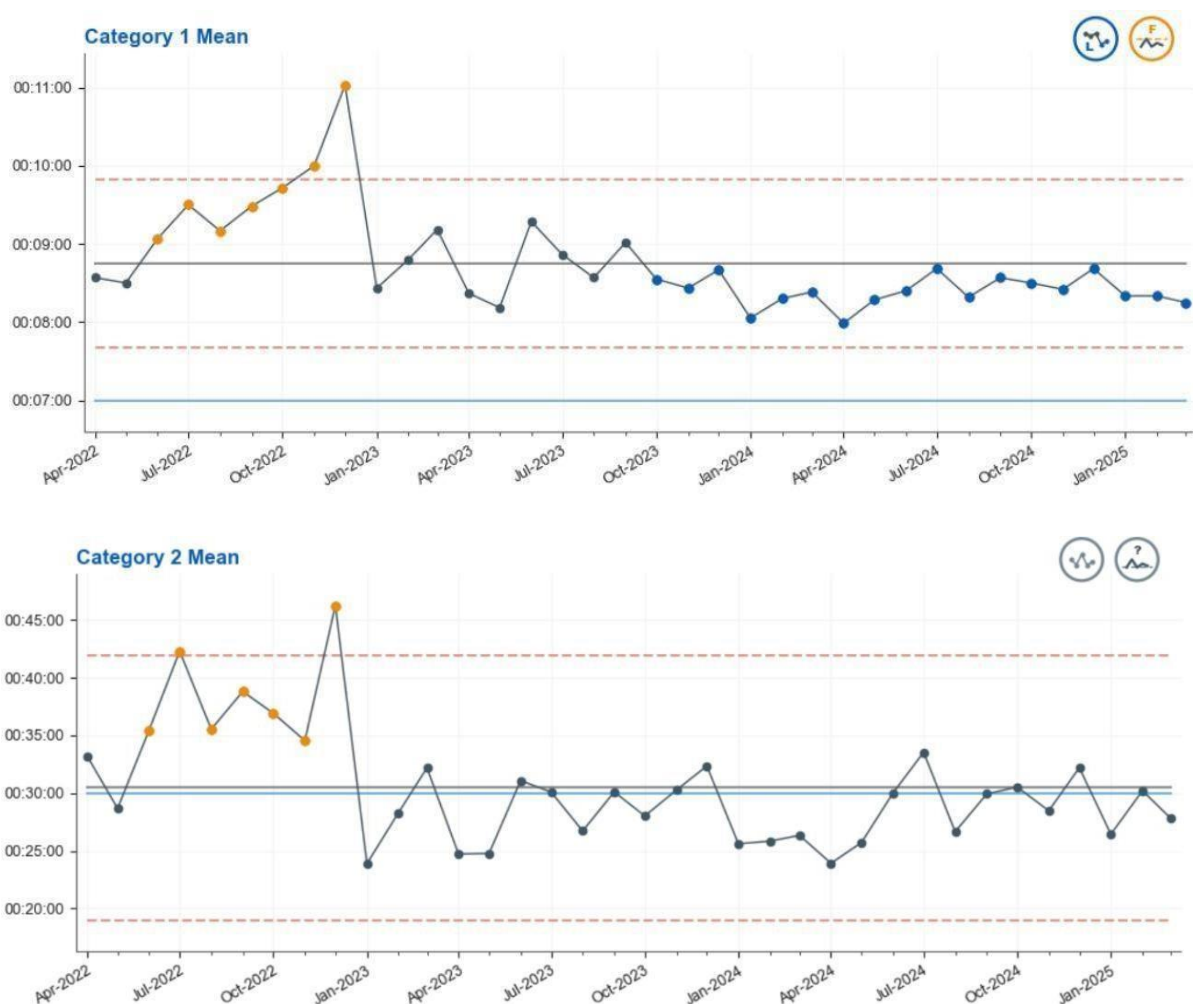
The table below shows the overall performance against the key ARP targets as well as call outcomes between 1 April 2024 and 31 March 2025.

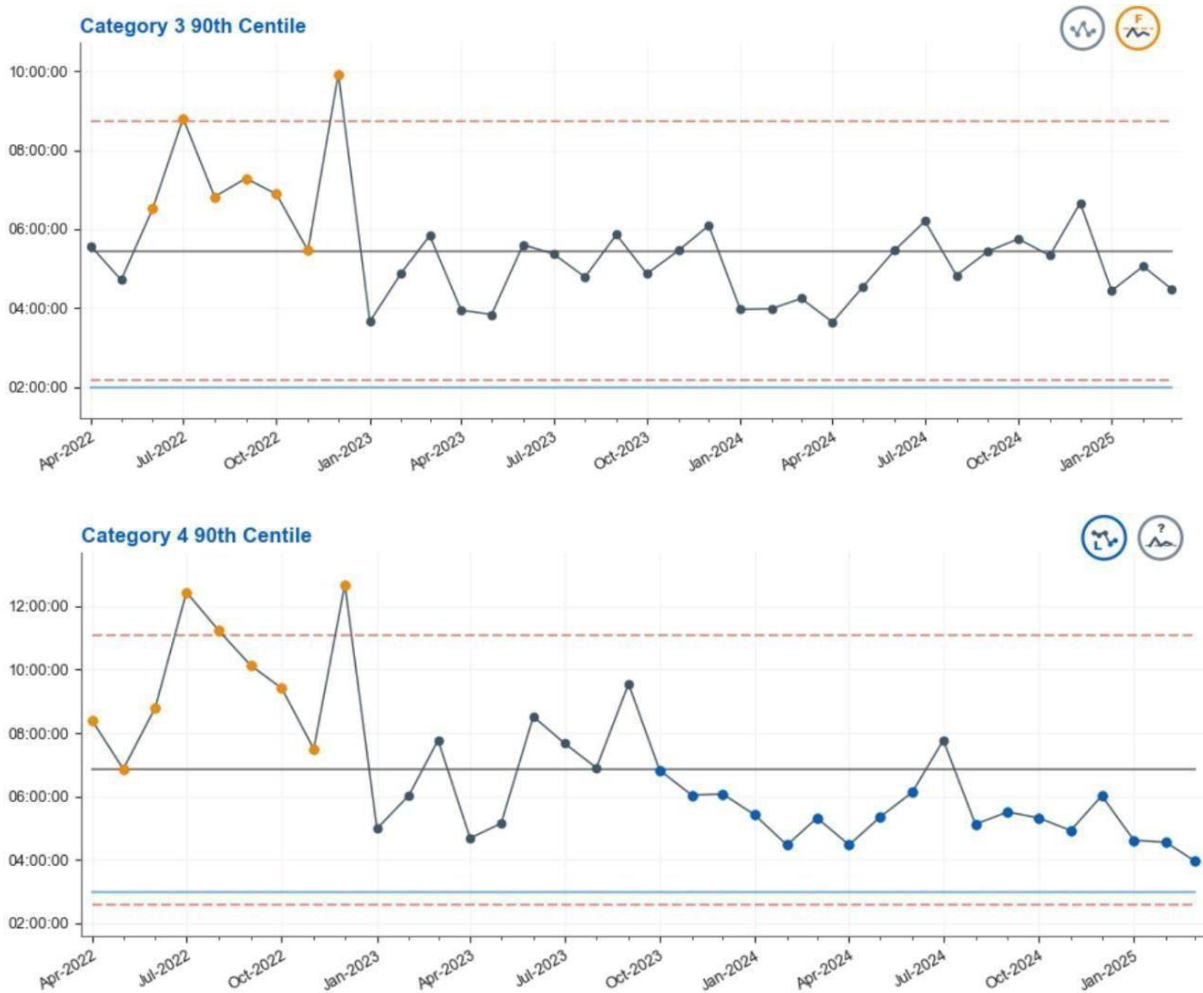
	Target		AQI		
Category	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	61158	00:08:24	00:15:29
C1T	00:19:00	00:30:00	37866	00:09:45	00:18:06
C2	00:18:00	00:40:00	409746	00:28:50	00:59:06
C3		02:00:00	158114	02:16:12	05:06:58
C4		03:00:00	7166	02:29:02	05:14:37
HCP 1 (C1)			966	00:10:21	00:18:28
HCP 2 (C2)			30435	00:26:15	00:52:25
HCP 3			13201	02:06:32	04:46:03
HCP 4			10574	02:47:14	06:45:42
IFT 1 (C1)			1034	00:10:00	00:19:45
IFT 2 (C2)			15785	00:27:51	00:58:58
IFT 3			6751	02:16:53	05:11:19
IFT 4			1510	02:47:56	06:55:28
HT	All Incidents		112306	14.4%	
ST	All Incidents		238414	30.6%	
SC	All Incidents		428989	55.0%	
Count of Incidents with a Response			667403		
Mean	999 Call Answer 00:05		913382	00:06	
90th centile	999 Call Answer 00:10			00:03	
95th centile				00:40	
99th centile				01:46	
Trust EOC 999 Abandoned Calls			1507	0.16%	
UHU	Calls Answered		1036160		

As can be seen from the data above we did not meet all the ARP performance standards for C1,2,3 & 4. The graphs below show how the performance across the financial year fluctuated but consistently remained outside the target levels. On a national level, however, in comparison with other English ambulance services, we performed well with our C2 mean response consistently being in the top quartile.

NHS England set a clear target for 2024/25 that the C2 mean performance must be no greater than 30 minutes and this requirement was met across the year.

Overall, the performance against these metrics was supported by additional non-recurrent funding from NHS England to provide increased resource (staffing / hours on the road / call handling provision) to meet activity levels. The charts below show the trends for four ARP performance metrics across the year.



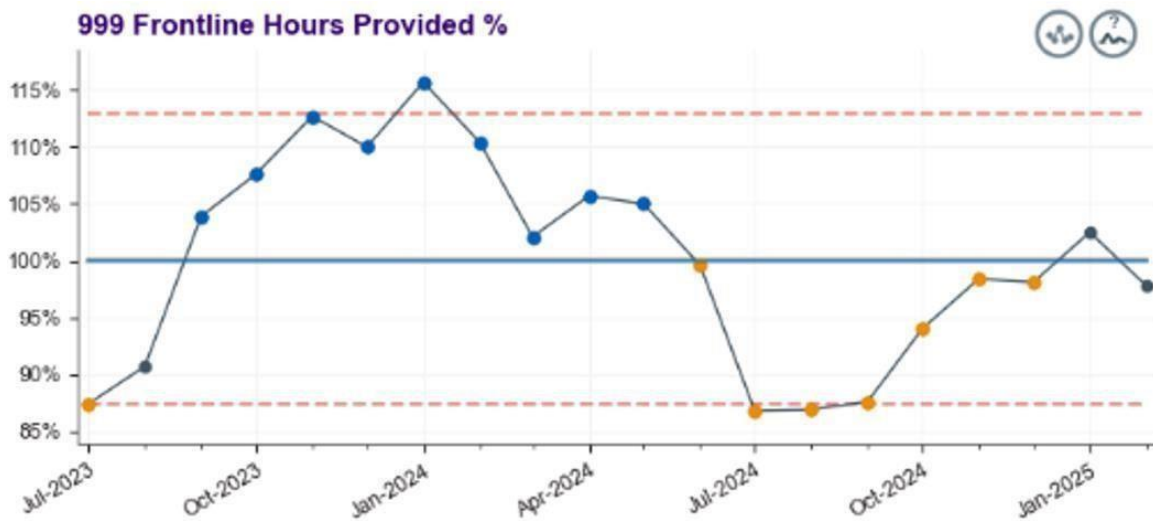


Front-line resourcing

Abstraction levels (time for supporting activities for our colleagues) increased during the year, due to enhanced Trust commitments to training, education, and development opportunities. This can create pressure to deliver front lines services but had a positive effect on frontline staff experience with reduced attrition and a reduction in sickness levels offsetting this pressure.

SECamb has continued with its proactive recruitment programmes to frontline operational roles which together with reduced attrition has led to low vacancy rates. In some areas this has offered an opportunity to develop staff training to support our virtual response in the local Operating Units to support clinicians in EOC.

Private Ambulance provision that had supplemented staffing levels where resource had been most challenged ended in June 2024 and to ensure service delivery remained strong, we utilised staff more flexibly across our systems and did not see an impact on our responses to patients.

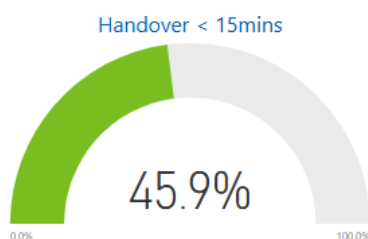


Hospital handover times

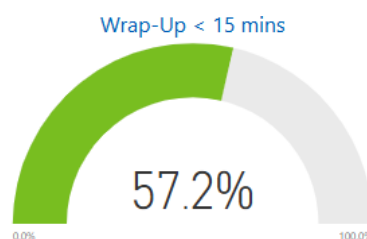
Strong local and regional relationships between SECamb teams, local hospitals and ICB commissioners have been essential to manage hospital hand over times during the last year.

Whilst overall compliance with the 15-minute handover national target was not met we continue to work in close collaboration with all Acute Trusts and respond to pressures jointly. This enabled us to deliver relatively robust and consistent handover times averaging less than 20minutes across the year.

The standard for all wrap-up times to be 15 minutes or less was not met, but there have been some small improvements from last year: 57.2% of wrap up times were less than 15 minutes, an increase of 2.7% on last year and the average wrap up time improved by 44 seconds.



Avg Handover Time
00:19:14



Avg Wrap-Up Time
00:16:20

Handover time	Proportion of handovers within the category
15mins or less	46.3%
15 to 30mins	40.9%
30 to 60 mins	10.8%
60mins or greater	1.9%

Key actions taken across the year to improve operational performance:

In line with national ambulance guidelines, the Trust continues to manage its level of escalation according to the Resource Escalation Action Plan (REAP). This is a document that provides a framework under which to assess current pressures, linked to a suite of potential actions to manage associated risk against quality and performance considerations. 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 Clinical Safety Plan (CSP) to dynamically manage fluctuations in service challenges in real time. This plan has a structured phased process with clearly defined actions to be taken to manage and/or mitigate immediate risks and issues. Given the service challenges that the whole healthcare system experiences across winter, the Trust developed an additional suite of actions captured within a winter bulletin, which were developed by multi-disciplinary leaders and overseen through the Trust's governance processes.

All ambulance services have been in sustained periods of elevated REAP (Resource Escalatory Action Plan) status during the past year. SECamb was able to operate across the winter period in REAP 2 and 3 and managed spikes in demand and challenges to our ability to respond using elevated levels of Clinical Safety Plan (CSP) actions.

During quarter three of the year SECamb in partnership with its four Integrated Care Boards (ICBs) and provider trusts across the region introduced five new Unscheduled Care Navigation Hubs (UCNHs). These hubs build on the successful trials conducted in Kent & Medway over the previous year, that have helped in providing appropriate care for patients, avoiding unnecessary emergency department attendances. The hubs are located at Strood (covering North Kent), Polegate, Brighton Make Ready Centre (covering East Sussex) and two virtual hubs covering east and west Surrey in Banstead and Tongham, respectively. These are in addition to our existing multi-disciplinary clinical hubs in Ashford and Paddock Wood, covering east and west Kent.

The hubs enable SECamb's highly skilled clinicians to work collaboratively with specialist teams from across the local healthcare system to ensure 999 calls are receiving the most appropriate response. The multi-disciplinary hubs complement SECamb's existing urgent care hubs, which provide support and advice to ambulance crews. The introduction of the hubs, along with an overall increase in partnership working, is key to ensuring SECamb delivers on its five-year strategy. The clinically led strategy, launched in August 2024, saw SECamb set out its ambition to embrace innovative technologies and transition from an ambulance-based response model to a more differentiated approach, where the type of response is tailored to the individual needs of each patient.

Advanced Paramedic Practitioners (APPs) continue to work within local 'hubs' on each operating unit. These hubs provide peer support and clinical decision-making assistance and have extended to undertake clinical call-backs to patients presenting with lower acuity conditions. This creates greater capacity within the overall system to provide hear and treat care and support those patients awaiting a response. The Emergency Operations Centre (EOC) clinical team has supported the hubs with clinician training, mentoring, and coaching in NHS Pathways Clinical Consultation System (PaCCS), in addition to ongoing support with audit.

All Clinical Hubs are currently being evaluated and SECamb is continuing to work with system partners to ensure they meet the needs of the patients and provide cost effective care that prevents unnecessary admissions to Emergency Departments.

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 are used 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 (IQR).

999 Emergency Operations Centre Performance

Following a challenging 2023/24, including the closure of East EOC in Coxheath and the opening of the new multi-purpose site at Medway, SECamb embarked on a robust 999 call answering improvement plan. The focus for 2024/25 was centred around better recruitment and retention, and the introduction of psychometric testing and improved collaboration between operations (including training) and the HR Recruitment team underpinned our success. EOC also implemented the first full staff rota review since before the COVID pandemic. We delivered against our recruitment plan, and by the end of 2024/25, had the appropriate number of Emergency Medical Advisors (EMAs) answer 999 calls within AQI target of 5 seconds consistently.

The Trust achieved the 5 second target every month this year in quarters one and four, however, a challenging quarter three meant SECamb finished the year marginally outside of the AQI target. The final figure of a 6 seconds mean in 2024/25 represented a significant improvement on the 16 seconds achieved the previous year. It is also worth noting that the Trust's 90 centile mean target of 10 seconds was comfortably achieved, demonstrating how effectively SECamb has reduced the "tail" of its 999 calls waiting to be answered.

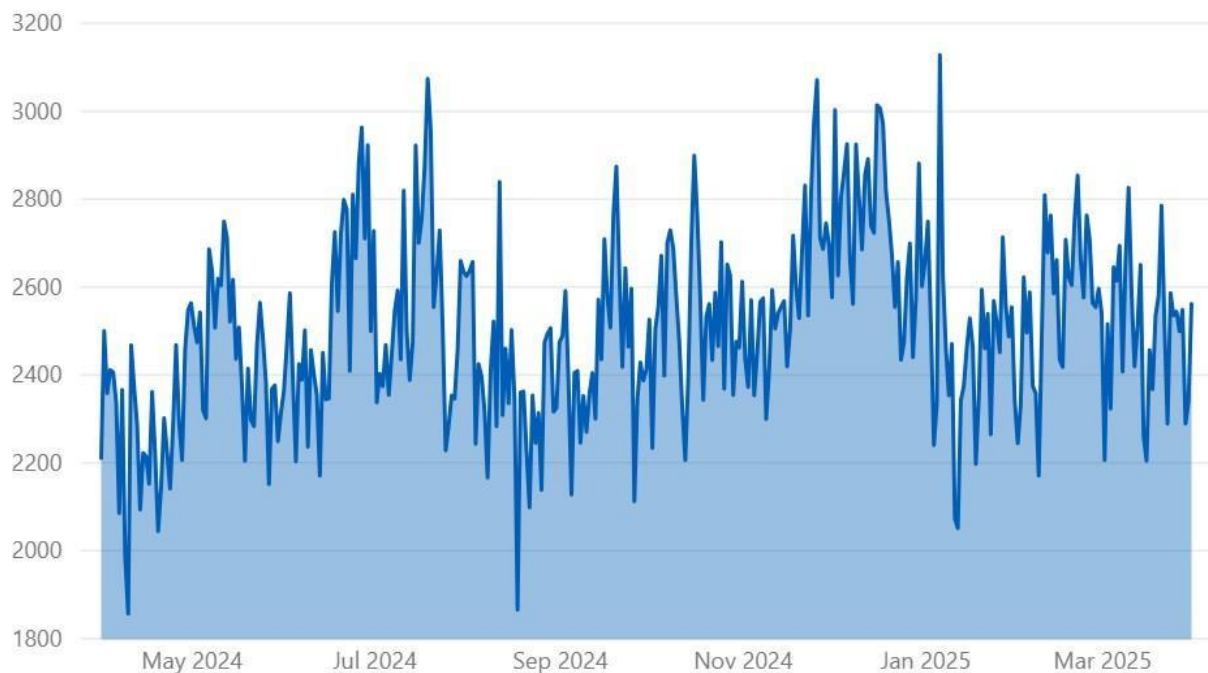
The 999 call volume and associated activity remained high during the year but was marginally lower by 4.5%, or 37,435 calls, throughout the financial year compared to the previous financial year (837,024 in 24/25 vs. 874,459 in 23/24)

The reduction in calls is linked to several factors including better call answering resulting in significantly less abandoned calls (0.2% in 24/25 vs. 2.4% in 23/24) better operational performance, thereby reducing the number of "duplicate" calls when patients contact 999 regarding a previous request. In addition, call demand profiles were reasonably

consistent throughout the year.

The graph below shows calls answered by day for April 2024 to March 2025 inclusive:

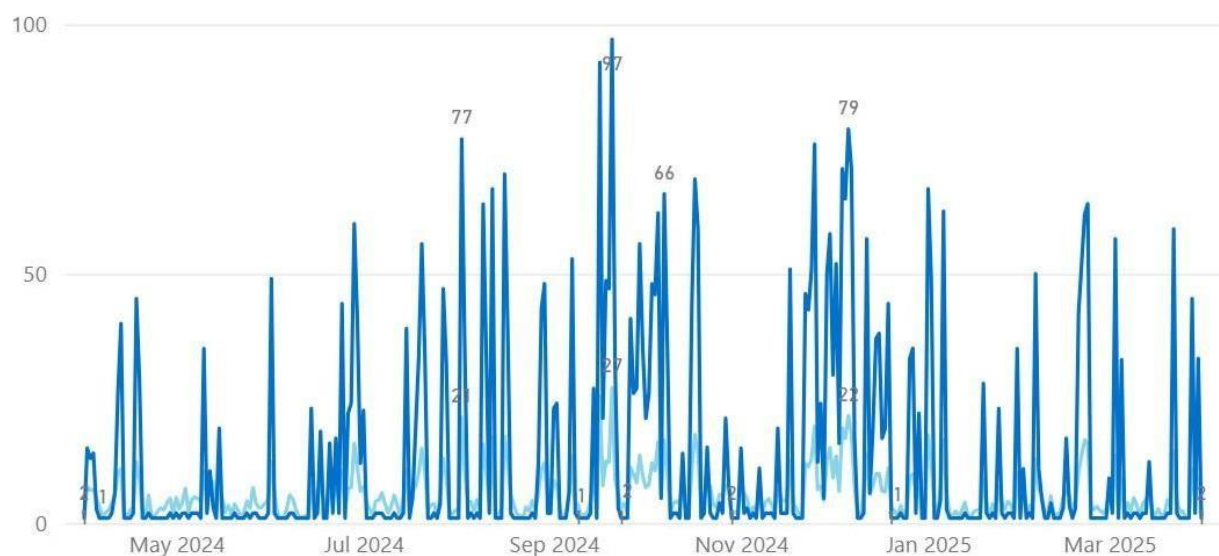
Calls Answered by Day, W/C, Month



Below is a graph showing Mean and 90th Centile Call Answer Times by day for April 2024 to March 2025 inclusive:

Mean & 90th Centile Call Answer Time (seconds)

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



The IRP (Intelligent Routing Platform) model that NHS England introduced in 2022 as a form of national 999 call answering resilience was further refined. Whereas in 23/24

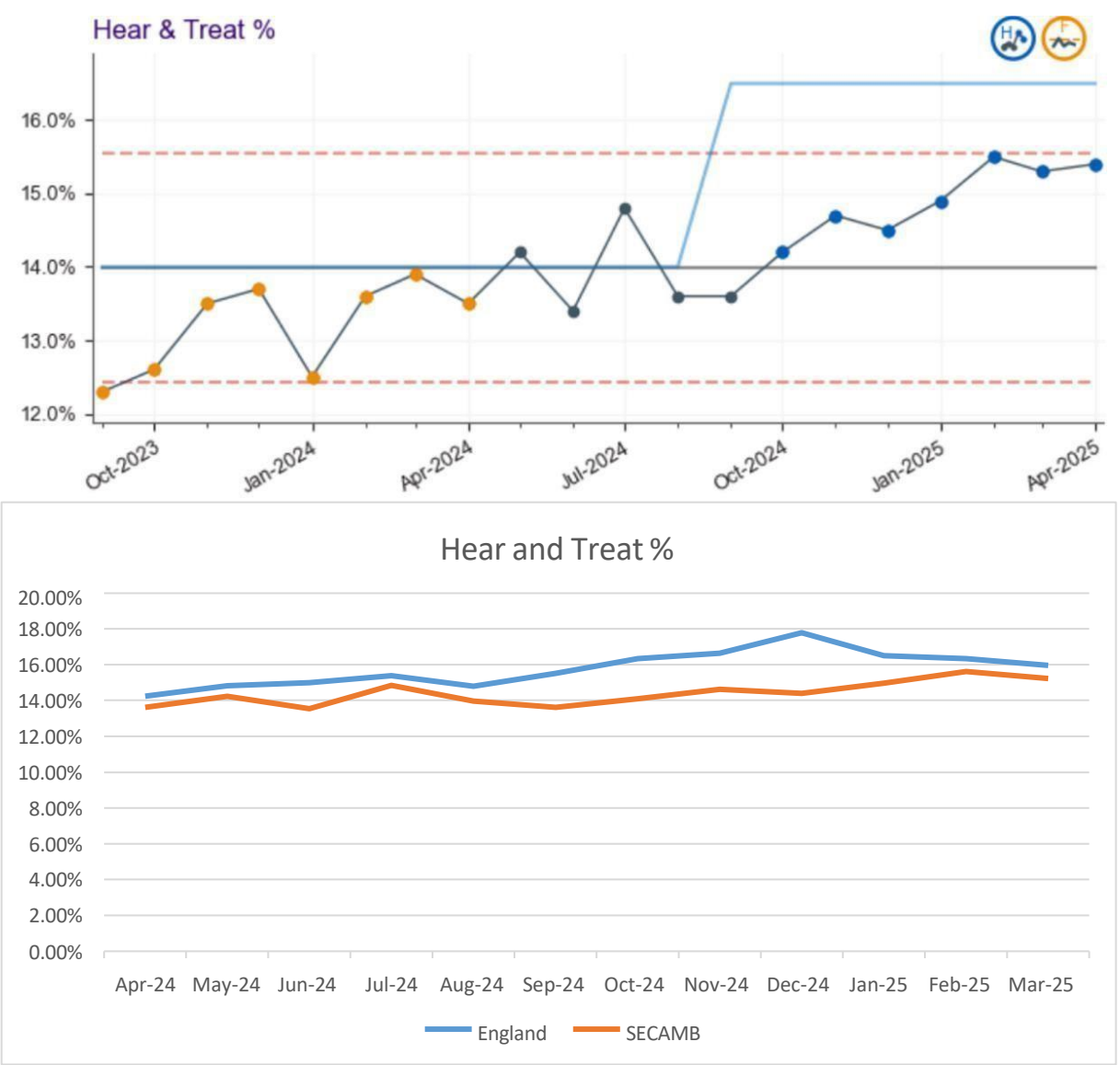
SECamb was a net beneficiary of IRP, in 24/25 SECamb 999 call answering was stable, and the Trust was a net supporter of other trusts, answering calls from trusts unable to answer their own 999 calls in a timely manner.

Toward the end of this year NHS England informed the ambulance sector that IRP would cease to function. AACE, on behalf of ambulance services, is in dialogue with NHS England to explore options in relation to call answering support going forward.

Hear & Treat

From a clinical perspective, EOC areas of focus were supporting the roll-out of the Trust’s UCNHs and the increase in virtual care to generate higher Hear & Treat. The Trust secured funding from NHS England in Q2 and Q3 to ensure we maintained 999 call answering, were able to train UEC Paramedics in NHS PaCCS to undertake virtual clinical assessment and to facilitate additional DCAs via overtime at key times.

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



Hear and Treat remains a key focus for us, and there was a high focus on this during 24/25. In the first half of 24/25 the Integrated Care Senior Leadership Team delivered a Hear and Treat plan, which ensured that following clinical intervention, improving clinical effectiveness, and finding safe and appropriate outcomes for 999 patients was central to the Trust’s achievements for the year.

The AQI (Ambulance Quality Indicator) for Hear and Treat is linked to the number of

clinicians who actively work on the cases in the 999 clinical queue and pending dispatch stack. The Trust delivered an improved Hear and Treat rate but fell short of its stretch goal of delivering a monthly Hear and Treat rate of 16.5% by the end of the financial year.

The various workstreams that underpinned the Trust's ongoing improvement included:

- Further refining 999 C3/C4 clinical validation, endeavouring to have a clinical review of all C3 and C4 non-emergency ambulance dispositions.
- Further development of C2 Segmentation, an NHS England work stream whereby a clinical intervention is allowed for specific C2 cases, subject to their symptom coding. This work has been critical in Q4 of 24/25, and the Trust secured NHS England funding to initiate a step change in the number of clinical interventions undertaken on C2s.
- Improved recruitment, with the cohort of overseas nurses recruited in 23/24 fully onboarded, and now an integral part of the EOC clinical team.
- Extended use of a UCR (Urgent Care Response) service portal, enabling the Trust to collaborate with downstream providers to identify safe and appropriate alternative services for patients.
- Extension of training and the use of NHS PaCCS (Pathways Clinical Consultation System) by UEC Paramedics and Advanced Paramedic Practitioners working in Field Operations, associated with the launch of the Trust's additional UCNHs in H2 of 24/25.
- Greater collaboration between the Trust's 999 and 111 services, enabling the sharing of insights, learns and best practice, especially with regards to specific clinical expertise e.g. paediatrics, and navigation, in addition to Directory of Services (DoS) training as part of Key Skills.

In the latter half 24/25 and under the oversight of a new Chief Operating Officer (COO), multiple independent work streams have now been aligned under one overarching programme, Virtual Care (VC). The VC programme has four sub-sections in relation to developing a new Clinical Operating Model, governance, the use of alternative pathways and business intelligence, with a focus on clinical productivity and efficiency. The improvement of virtual care across the whole trust, be that in EOC/111 or hubs, operationally or clinically, is vital for the Trust to realize its strategic goals and business plan in 25/26.

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 (including specialists), 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 activity ratio of 80 / 20%, SECamb / IC24.

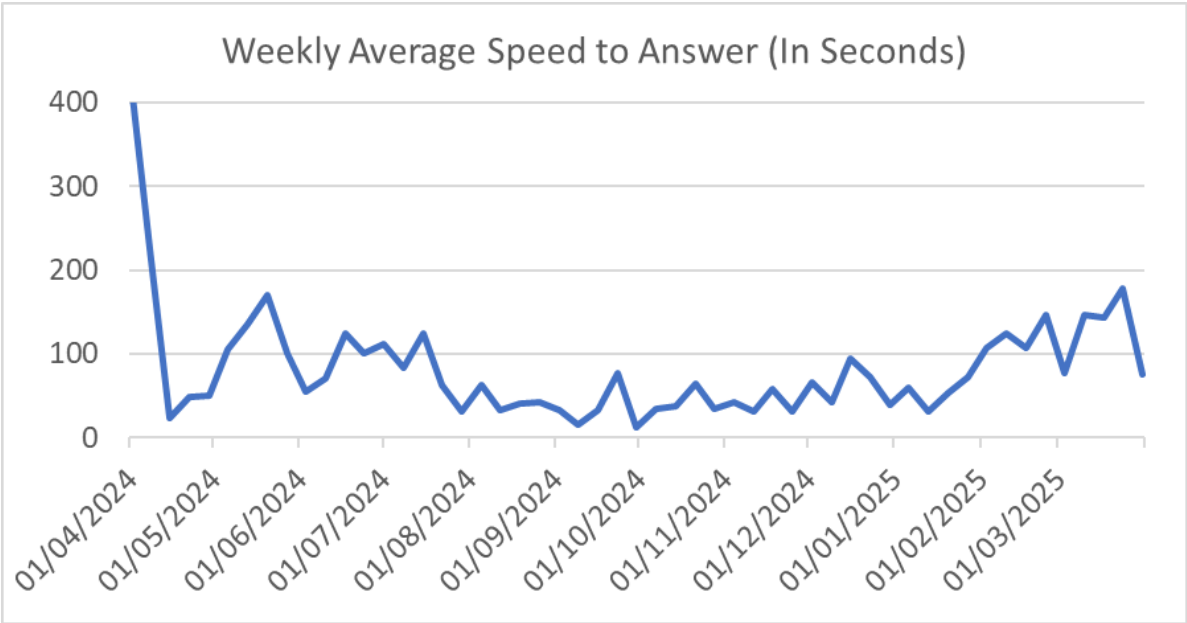
Calls are received through the freephone 111 number by members of the public, as well as healthcare professionals and service users through the NHS National IVR can press option 3 for healthcare professional routing system. Assessment and/or triage is undertaken by a Service Advisor or a Health Advisor and can result in an emergency ambulance being arranged at the point of call, symptom management advice given, or referral to the Clinical Assessment Service (CAS) or other services profiled in the DoS (Directory of Services), including but not limited to Direct Appointment Booking (DAB) into GP services and UTCs (Urgent Treatment Centres), and referral to other 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.

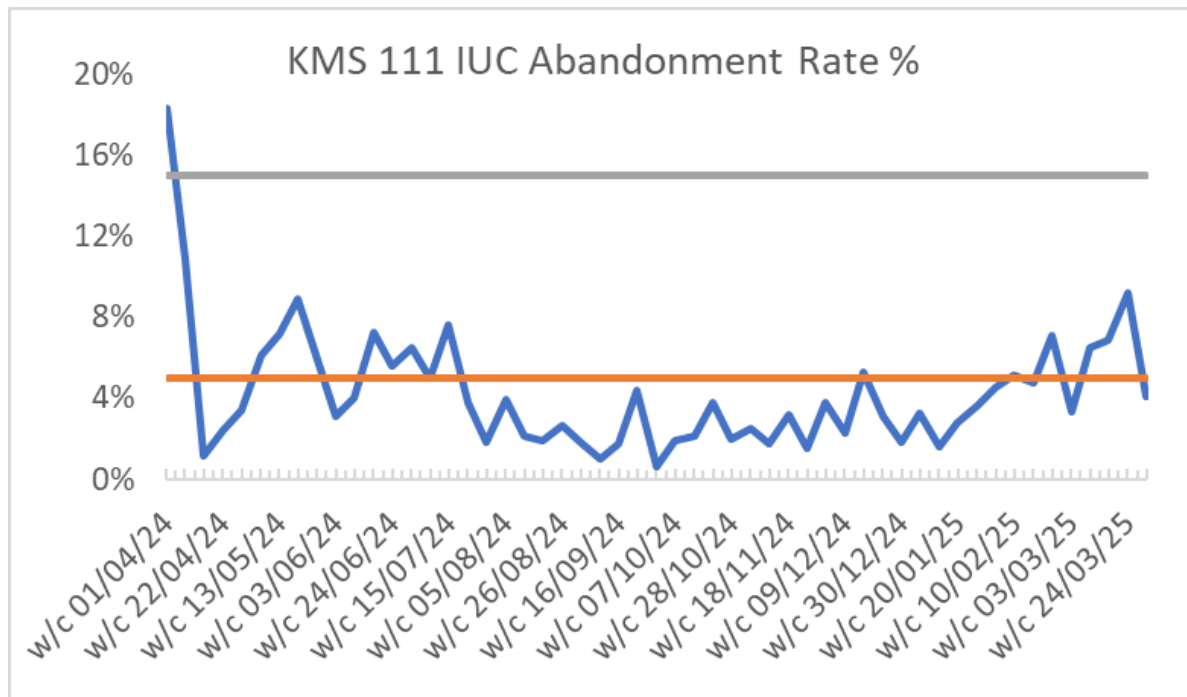
The repercussions of the COVID-19 pandemic and a health and social care system defined as “gridlocked” in the CQC State of Care report published on 21 October 2022 has continued to impact on 111’s activity (number of calls received) throughout the financial year. These external factors have led to increases and volatile variations in call demand and profile.

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

Below is a graph showing the average speed to answer calls in seconds, each week, from week commencing 11/03/24 to week commencing 16/03/25 inclusive:



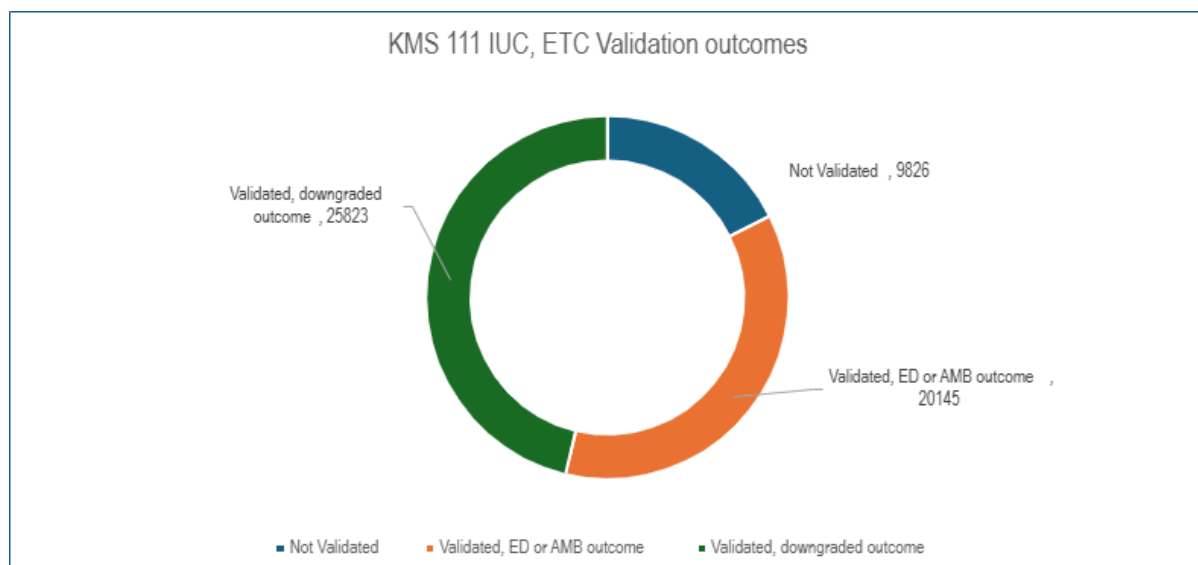
Below is a graph showing the percentage of calls abandoned by the caller after 30 seconds, each week, from week commencing 11/03/24 to week commencing 16/03/25 inclusive:



Emergency Treatment Centre and Ambulance Validation

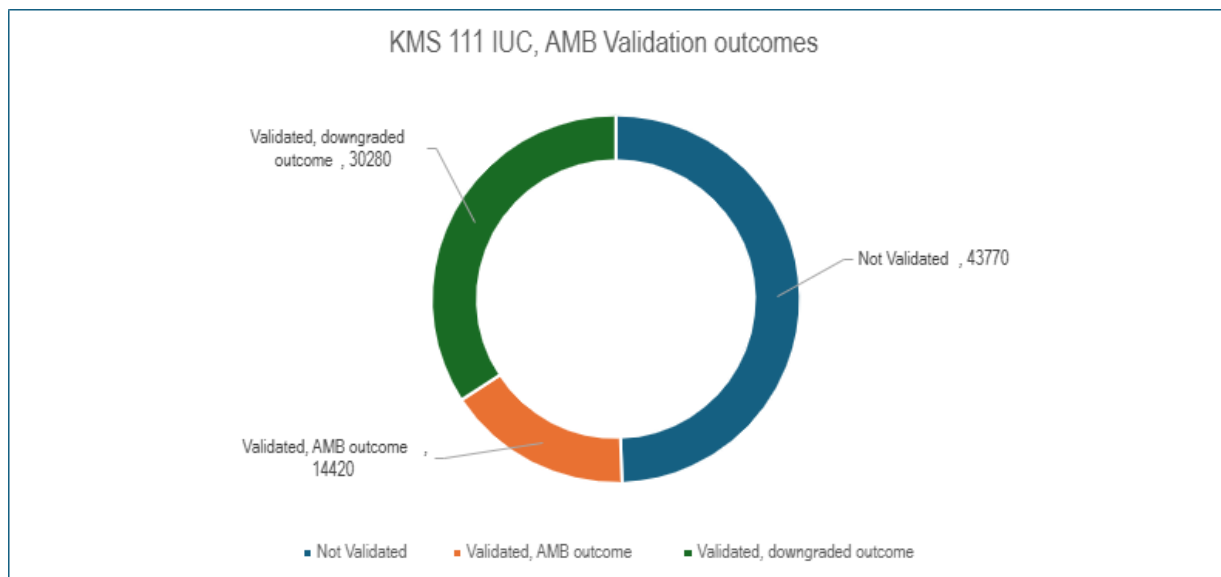
One of the key objectives for 111 is to protect the wider IUEC (Integrated Urgent and Emergency Care) system. Key to this is the clinical validation of Emergency Treatment Centre (ETC) and non-emergency C3/C4 ambulance dispositions.

Below is a chart showing the proportion of Emergency Treatment Centre validations for 11/03/2024 to 16/03/2025 inclusive:



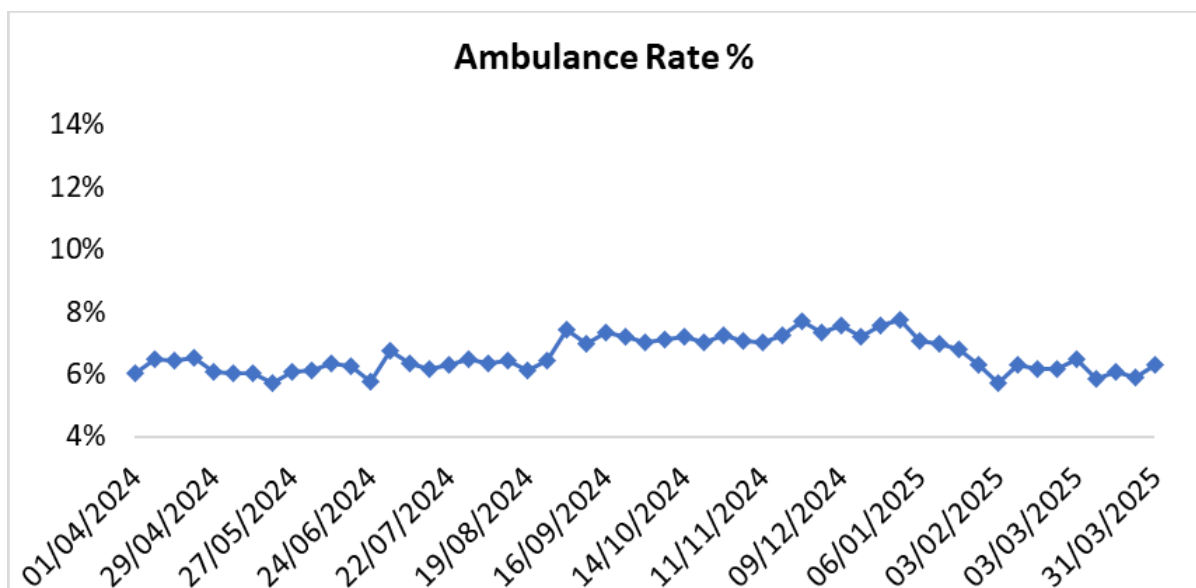
55,794 Emergency Treatment Centre disposition cases were clinically assessed during this period, of which 25,823 cases were downgraded (46%) to a less urgent disposition.

Below is a chart showing the proportion of AMB calls requiring validation for 11/03/2024 to 16/03/2025 inclusive:



Our 111 service clinically validated 50% (44,700 cases) of our non-emergency C3/C4 ambulance dispositions. This has made an enormous difference to our 999 service, protecting it from an excess of inappropriate ambulance referrals, and enabling apposite ambulance dispatch for patients.

Below is a chart showing the ambulance rate for week commencing 11/03/24 to week commencing 16/03/25 inclusive:



Although the 111 call answering in the KMS 111 service has been challenged at times throughout 2024/25, the Trust has seen improvement due to improved recruitment, an efficiency project and an emphasis on colleague wellbeing and staff retention. Attrition rates continue to improve which also results in an improved Average Handling Time

(AHT) with experienced staff, as well as the adoption of technology to assist call handlers such as visual Interactive Voice Recognition (IVR) which uses patient input demographic to search for patient records before arriving at a call handler and cutting down talk-time. NHS England has introduced option 2 on its front-end IVR for supporting mental health calls, which also supports service optimisation. The service continues to review processes and refine work streams to build on interventions and

improvements which enhance the patient experience, in addition to ensuring that 111 remains a key contributor to ensuring effective use resources across the healthcare economy.

The service received support from NHS England in the form of NHS 111 national resilience, with 10% of its calls handled by a third-party provider. However, funding for this ended on the 14th of February when the service was decommissioned, and so KMSS 111 has continued unaided from this point. However, the Trust has prepared for this and has managed to maintain a safe service with good performance metrics following this change.

SECamb's initial contract to deliver the 111 contract finishes in April 2025 however, SECamb has been asked by commissioners to continue delivering the 111 service with IC24 for the next two years, until April 2027. SECamb is working with IC24 to evolve the service and to transition to a new more cost effective and viable operating model, which continues to make a positive difference to service users and patients.

Resilience and Specialist Operations

Our 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 we are able to anticipate as best as possible any untoward events and to respond effectively any number of situations. In addition, SECamb resilience programs work across the Trust and with system partners to help build a 'resilient organisation', closely aligned with the wider community and stakeholders.

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, or indeed an issue with critical infrastructure.

The Civil Contingencies Act (2004) requires NHS organisations to demonstrate 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 works on a range of key elements, including:

Partnership working across Local Health Resilience Partnerships and Local Resilience Forums (Kent & Medway, Surrey and North-east Hampshire, Hampshire & Isle of Wight, and Sussex),

Collaboration with Police and Fire & Rescue Service colleagues, and

National interoperable programs (HART and SORT), and Business Continuity planning and incident management.

Our preparedness for such eventualities is assured and measured against a series of core standards every year, set by NHS England, and are known as the EPRR Core standards.

Our EPRR team engages and contributes to the national ambulance EPRR Group to share best practice and learning and engage in discussions and developments on national issues. The response to the Manchester Arena Inquiry recommendations also remains a key area of continued focus.

Assurance 2024/25

The annual resilience assurance process took place in late 2024, when we are assured against EPRR and Interoperability core standards by Surrey Heartlands ICB, as the Lead Commissioner for SECamb. This process also included other ICBs within the SECamb region.

Following a substantial evidence review and assessment process, the Trust achieved a 2024/25 rating at 'Substantially Compliant' for both interoperability and core standards, the first such rating since 2019.

In line with the 'deep dive' theme of 'cyber resilience' in the EPRR core standards process this year, work continues in conjunction with the Trust digital teams in terms of developing, testing, and exercising aspects of digital resilience in SECamb.

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

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. We 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 as well as enabling organisations to collaborate, share learning, and to develop and train as a system.

Resilience is recognized as a critical theme at all levels of SECamb and is a key organisational priority of the Board, the executive leadership team, and the wider Trust. As such, this year the 'Resilience Sub-Committee', a sub-committee of the board Audit Committee was established to assure and support the work of resilience and EPRR. In addition, the Trust has continued to increase resourcing to these programs and enabled the expansion of patient facing and leadership capacity in the teams.

This year we have also started the process of improving collaboration across organisational borders, exploring opportunities to work more closely between SECamb, South Central Ambulance Service NHS Trust, and colleagues across the Southern Ambulance Collaborative.

Hazardous Area Response Teams (HART) and Specialist Operations Response Team (SORT)

The Trust currently has two Hazardous Area Response Teams (HART), one at Ashford in Kent and the other in Crawley, West Sussex.

Each location is established to a total of 56 Paramedics, excluding managers, giving a total of 112, a year-on-year increase of 28 paramedics from the previous staffing level of 84 operational staff and team leaders.

HART is commissioned to provide Paramedic level care in a range of hazardous or challenging environments / disciplines:

- Chemical Biological Radiological and Nuclear (CBRN) / Hazardous Materials (HazMat)
- Urban Search and Rescue (USAR)
- 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. Our 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 care for patients safely.

The HART teams continue to improve and will be the focus of further support in 2025/6 to develop on learning from external reviews, assurance processes and staff survey results and will be working closely with colleagues from the Association of Ambulance Chief Executives to continue this work.

The SECamb Specialist Operations Support Team (SORT) is a national program to ensure that every region in the country has access to a cohort of specially trained staff able to respond to a marauding terrorist attack (MTA) or similar emergency or indeed to an incident involving chemical, biological, radiological, or nuclear (CBRN) contaminants requiring specialist personal protective equipment or decontamination. SECamb is required to maintain a cohort of at least 35 staff available at all times between 6am and 2am, a standard that the Trust achieves consistently, sometimes with more than 100 staff available.

This program continues to evolve and had been highly successful this year in attracting, recruiting, and training operatives, now established to over 300 SORT trained staff across the Trust at all clinical levels. In addition, the Trust has now received two specialist vehicles, equipped with the resources to provide care to hundreds of patients as required located strategically across the organisation.

Sustainability & Partnerships

Development of our new Strategy
Operational Support
Improvement Journey progress
Working with our partners
Working with local stakeholders

Delivering Our Strategy

The past year has marked a significant milestone in our journey to implement the Trust's 2024-2029 Strategy. As we move from design into delivery, our focus has been on embedding the foundational changes needed to transform how we provide care, support our people, and collaborate as a system partner. Guided by our core values of Integrity, Kindness, and Courage, we are beginning to realise the ambition of our clinically led strategy: to transition from a predominantly ambulance-based response model to a more differentiated approach, where the type of response is tailored to the individual needs of the patient.

This first year of implementation has been shaped by our three clear strategic aims: delivering high-quality patient care, ensuring our people enjoy working at SECamb, and being a sustainable and collaborative partner within an integrated NHS. Our work across each of these areas is already delivering tangible benefits, setting a strong foundation for continued transformation.

Delivery is being coordinated through our Programme Management Office and a suite of strategic programmes, ensuring structured oversight and alignment with our long-term goals.

Delivering High-Quality Patient Care

A central pillar of our strategy is improving how and where patients access care. Over the past year, we have expanded our virtual care offer and introduced new clinical models designed to ensure the right care is delivered in the right way, first time.

Five Unscheduled Care Navigation Hubs (UCNHs) were launched across our region as part of our Virtual Care programme. These multi-disciplinary hubs, developed in close collaboration with our Integrated Care Boards and partner healthcare providers, provide earlier clinical input and offer patients more appropriate alternatives to emergency department conveyance. The early impact has been notable, with the East Kent hub alone helping to save more than 180 bed days per week. A full evaluation of these hubs is underway and due in the first quarter of 2025/26.

We have also strengthened our virtual capabilities within our Emergency Operations Centres. Throughout the year, our Hear & Treat model consistently delivered increased levels of remote clinical assessment, reaching an average of 14.4%, and up to 15.6% in February 2025. These interventions are helping to manage rising demand in a more sustainable and patient-centred way.

The Trust achieved the highest out-of-hospital cardiac arrest survival rate of any English ambulance service in 2024. With a 30-day survival rate of 11.5%, a 2% increase on the previous year, this represents 307 lives saved, and the third consecutive year we have exceeded the national average. The public has played a vital role in these improved outcomes, with bystander CPR commenced in 77% of resuscitations and 223 public defibrillators used before ambulance arrival.

Operationally, we were proud to have met our performance trajectory in full, becoming one of only a small number of ambulance trusts to exceed the Category 2 response

standard over the 12-month period. Our average Category 2 response time was 28 minutes and 49 seconds, achieved despite an increase of nearly 40,000 999 calls compared to the previous year. The completion of our new Medicines Distribution Centre after 18 months of development also marked a major step forward, strengthening both clinical safety and operational resilience.

These achievements reflect the unwavering commitment of our people to improving patient outcomes and experience through innovative, clinically led care.

Our People

As our strategy sets out, delivering high-quality care depends on creating an environment where our people feel valued, supported, and able to thrive. While there is more to do, we made important progress this year in building the leadership, systems, and culture required for long-term change.

We successfully completed our executive leadership restructure, appointing to key roles including Chief Operating Officer, Chief Digital Information Officer, and Chief Paramedic. Alongside this, we began progressing our new divisional model, aligned to our ICS boundaries. Two Divisional Directors have been appointed for Surrey and Sussex, with a third to follow early in 2025/26. This structure provides greater system alignment and supports the delivery of services that better reflect local population needs.

Our People Improvement Plan has focused on strengthening the capacity and capability within our HR function. We launched a revised grievance triage process, an Employee Relations (ER) dashboard, and delivered targeted ER training for managers, steps that are helping to create consistency and clarity in how we support and engage with staff.

The 2024 NHS Staff Survey showed encouraging progress. With a record 67% response rate, the highest in the Trust's history, we outperformed the ambulance sector average in every area. We saw a six-percentage point increase in colleagues recommending the Trust as a place to work compared to the previous year, and a 20-percentage point improvement since 2022. Notably, 70% of staff said their immediate manager cared about their concerns, and the proportion of staff feeling safe to speak up rose from 45% in 2022 to nearly 60% in 2024.

These improvements reflect a growing sense of engagement and trust across our organisation, as we continue to develop a culture that enables all colleagues to contribute, grow, and lead.

Sustainability and Partnerships

This year also saw a decisive step forward in improving our financial sustainability, system collaboration, and environmental responsibility.

In March 2025, NHS England confirmed that the Trust had exited the Recovery Support Programme (formerly special measures), following sustained progress in quality, governance, and leadership. This milestone marks a turning point for the Trust and reflects the scale of improvement achieved over recent years.

Our commitment to system collaboration deepened further in 2024/25. Following the Southeast Regional Review commissioned by NHS England, we and South Central Ambulance Service agreed a formal collaboration after a series of joint Board and executive meetings. A Memorandum of Understanding was signed by both Trusts in February 2025, and a Joint Strategic Lead has been appointed to develop a shared case for change, with both organisations maintaining their independence while exploring aligned opportunities.

We also became a founding member of the Southern Ambulance Services Collaboration (SASC) in May 2024, alongside South Central Ambulance Service, South Western Ambulance Service, East of England Ambulance Service, and London Ambulance Service. This forum provides a platform to share best practice, enhance staff experience, and coordinate future innovation across the sector.

Looking Ahead

As we move into the second year of implementation, our focus turns to building on the strong foundations laid in 2024/25. We will continue to refine our models of care, enhance our virtual response capabilities, and improve clinical outcomes for specific patient groups. At the same time, we will strengthen our quality oversight and governance structures to align with our new divisional model.

For our workforce, the year ahead will see further development of our new operating model and leadership capability at all levels. We will continue investing in wellbeing, career progression, and inclusive working environments to ensure every colleague has the opportunity to thrive.

We will also take forward our strategic collaborations, most notably with SCAS and our ICBs, and explore joint working arrangements that support innovation and efficiency. Alongside this, we will progress our digital transformation, enhance our estate infrastructure, and deliver targeted investments in fleet and operational readiness.

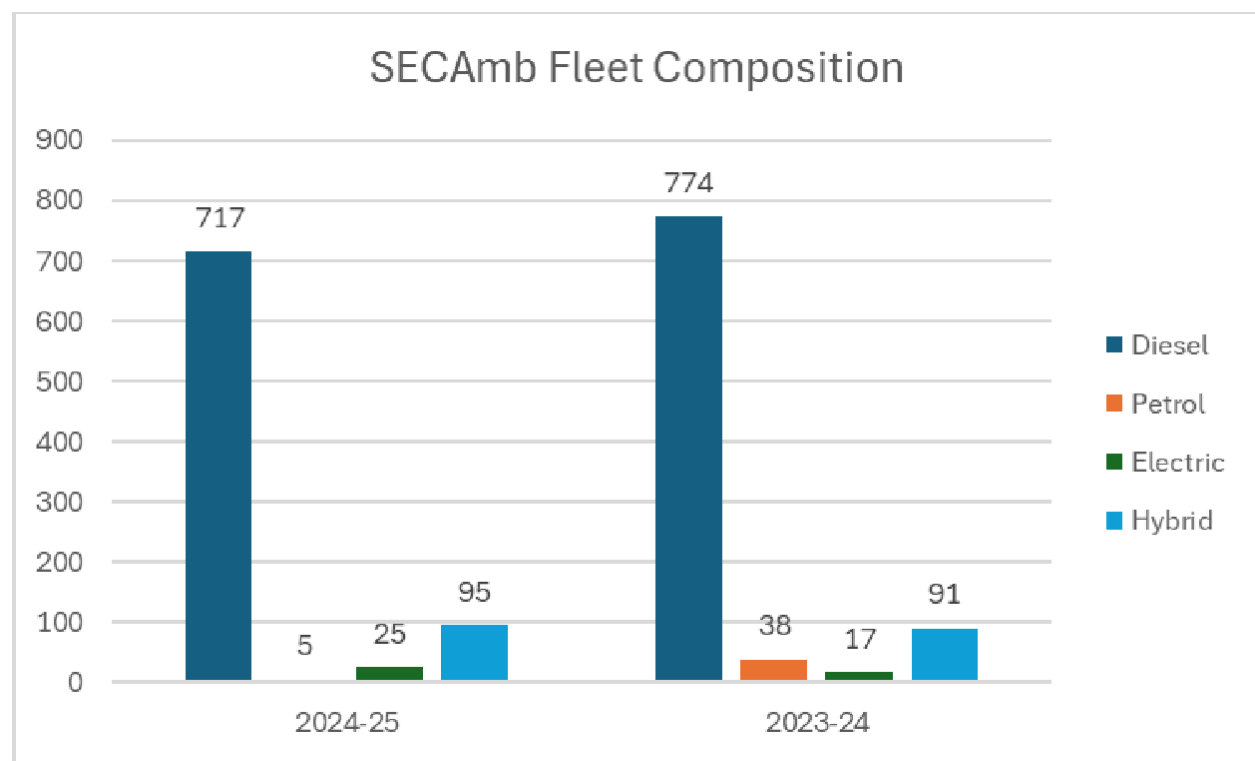
The Trust is confident that the priorities for 2025/26 will drive meaningful progress towards our long-term vision: saving lives and serving our communities.

Environmental Sustainability (including TCFD) Annual Report Performance Analysis

Switching to ultra-low or zero emission vehicles is essential to meet the carbon reduction targets for ambulance services, as identified in the NHS Travel & Transport Strategy 2023. The essential electrical supply upgrading work necessary for electric vehicle charging will also support the longer-term objectives of decarbonising the heating of the estate.

The move to electric vehicles is a core component of the Green Plan, in line with the NHS Travel & Transport Strategy 2023 which maps out the route to an entirely zero emission fleet by 2040. Low or zero emission vehicles now account for 14% of the Fleet, an increase from 12% the previous year.

SECamb Fleet Composition 2024/25



- SECamb will receive delivery of 5 fully electric E-Transits in Q1 2026/27, following London Ambulance Service's success with launching the world's first electric ambulance in January 2024.
- SECamb has participated in the NHS Zero Emissions Electric Vehicle (ZEEV) Pathfinder programme, with 3 fully electric Mercedes e-Vito Paramedic Practitioner Rapid Response Vehicles entering service. The programme demonstrated the importance of utilising the appropriate vehicle, ensuring that appropriate training package, risk assessment and vehicle charging infrastructure is in place to support frontline service provision.
- To support the ongoing electrification of vehicles, estates are progressing a two stage plan:

- Stage 1 of the installation of charging infrastructure has been completed. This includes 75 no. 7.2 kW and 6 no. 80kW Electric Vehicle Charging points installed at all our reporting bases
- Stage 2 of this installation is a much bigger piece of work and involves facilitating the transition of our existing fossil fuel powered operational vehicle fleet to electric by ensuring adequate charging infrastructure.

In 2023 SECamb commissioned an external expert consultancy firm to deliver a Zero Emissions Strategy which looked at relevant policies and legislation, an overview of our vehicle fleet and operating sites, their operation capacity and possible alternative EV models. They reviewed future EV technology and provided an indicative cost of this work. A quick summary of the final indicative plan was to install 54 EV Chargers Trust-wide: 18 no. 22kW, 29 no. 50kW and 7 mobile chargers based at MR Centres Chargers, with indicative cost of £8 million over 5 years.

We have also used the Electric Vehicle Resource Infrastructure Tool (EVRIT) created by the Travel and Transport department of NHS England.

We have applied for funding of approximately £300k through the Office for Net Zero Vehicles and await that decision.

Trials of the Acetech ECO-run® vehicle management technology which aims to reduce idling emissions have concluded, however this was not successful as we were unable to install onto a Vito as the product did not meet the required specification, and when installed onto a Fiat Ducato it introduced faults into the vehicle rendering it unfit for use 80% of the trial period.

Significant Developments:

- As part of the Green Plan our estates department are committed to the delivery of energy saving measures such as solar PV and battery storage, retrofit double glazing, roof insulation and LED lighting to several of our most appropriate sites.
- To support this Estates have commissioned a six-facet survey that is currently being completed and will use this information to complete a business case to install interventions over several years provisionally from FY25/26. However, the indicative costs from the plan indicates an investment need of approximately £6 million over eleven years.
- We submitted a funding bid to the National Energy Efficiency Fund for Solar PV and battery storage but on this occasion, we were unsuccessful. However, a £100k grant was awarded to invest in cutting edge “daylight harvesting” LED systems across multiple sites, expecting to yield large electricity savings and improve the quality of working environments for staff.
- The Trust continues to purchase gas and electricity from Laser Energy who include REGO (Renewable Energy Guarantees of Origin) as part of their contract. This involves transparency of where our energy comes from and how much is from renewable sources an estimated emission reduction of 24tCO₂e over three years.
- Improving waste management offers considerable potential annual savings and reductions in carbon emissions for SECamb, particularly if we fully adopt the

recommendations of Health & Technical Memorandum (HTM) 07-01, Safe and Sustainable Management of Healthcare Waste. This aims to implement the NHS Clinical Waste Strategy, to eliminate avoidable waste and support efforts to prevent “offensive” waste being incorrectly classified and segregated as “infectious” waste in order to improve the effectiveness of waste management systems and reduce costs.

The following targets are set out:

- 20% of waste segregated to be sent to incineration, with only 4% of that being hazardous/clinical incineration
- 20% of waste segregated to be sent to alternative treatment
- 60% of waste segregated to be classified as offensive waste

In 23/24 the Trust waste management system evidenced that the split between types of waste was:

- 90% of waste segregated to be sent to incineration, with only 4% of that being hazardous/clinical incineration
- 10% of waste segregated to be sent to alternative treatment
- 0% of waste segregated to be classified as offensive waste

To support compliance with the targets in the Clinical Waste Strategy the Trust has introduced ‘Tiger’ (offensive) waste bags onto DCA’s with the objective that, with their addition, our carbon emission will be reduced by using the correct waste stream.

- The Trust has established a Green Network which meets quarterly to discuss and progress green initiatives. The Network has over 100 members which include local leads. Green Champions working alongside SECamb’s Leadership and Steering Group are a key part to the ongoing success of the Green Plan.
- The direct alignments between the digital transformation agenda and a net zero NHS are clear. The SECamb policy of Hear & Treat, as outlined in the Improvement Programme (01/10/22) to deliver some care remotely – with over 112,3060 cases dealt with during 2024/25 – will deliver significant carbon emissions reductions and cost saving.
- Included in the supply chain section of the ‘Delivering a ‘Net Zero’ National Health Service B1728-2022. is the specific commitment for the NHS to reduce the use of single use and disposable products.
- After a comprehensive review where stakeholders were consulted, The Green Plan Steering Group supported The Green Network and endorsed the removal of single use cups as the proposal included good economic and improvement case objectives with savings in carbon emissions and finances.
Included in the proposal was the option to provide all staff with a one-time offer on an opt-in basis, of a Travel mug (made from recyclable material and 100% recyclable). The Travel mug not only provides an alternative to single use cups but also support the new Trust strategy by including the new branding on the Travel

Mugs. The hope is that this will reduce carbon emissions from single use cups by 99% and reduce cost by approximately by 78% between 2025-2029.

- Through its supply and use Entonox contributed 11% of SECAMB's total carbon footprint 1,597tCO₂ in 2024/25 and the 2023/26 Green plan commits SECAMB to exploring greener alternatives to delivering medical equipment and gases whilst ensuring we don't compromise patient care.
- A major issue we found when trying to track our use of Entonox usage was a lack of governance and oversight on stock management. One of the proposals was to utilise a Track and Trace system for medical gases. The new NHS gas contracts have the provision for track and trace, which the Medicine department are exploring. It's important to note that while Track & Trace would give us better assurance of where our cylinders are, it won't change the bottom line of emissions.

Another carbon saving intervention is the introduction of Methoxyflurane, otherwise known as Pentrox®. To support this our Medical Directorate have rolled out its use to all clinicians. Pentrox® is an inhaled analgesic that is likely to replace non-maternity use of Entonox in due course. In addition, the company have applied for a paediatric licence, and we are hopeful this will be approved in the late spring/summer. As there are currently significant limitations to the use of Pentrox® we would still need to stock, and our clinicians administer, Entonox but possibly at a reduced level.

Staff at Sheppey ambulance station took advantage of a free tree planting scheme organised by NHS Forest, run by the Centre for Sustainable Healthcare, by planting nearly 100 trees around the site. The initiative is part of the Green Space for **Health** programme, encouraging NHS sites to develop outdoor areas for socialising learning recreation and exercise.

Task force on climate-related financial disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures, as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024/25.

These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications.

Governance

Board oversight of climate-related issues

The Board approved the Trust's Green Plan 2023-2026 in Q2 23/24. This plan superseded the Trust's Green Strategy approved in 2022. A refreshed Green Plan for 2025-2030 is being prepared and is anticipated to receive Board approval ahead of the July 31st, 2025, deadline advised by NHS England.

The Green Plan includes a Green Action Plan which clarifies the Trust's Strategic Objectives for climate-related issues and identifies a series of key deliverables essential for realising those objectives.

Each of the key deliverables is reduced to a set of specific actions and initiatives, and allocated to the relevant workstream leads. A summary of progress against these actions is compiled in a 6 weekly to the Senior Management Team, presented by the Associate Director of Support Services. The Senior Management Team reports to the Board's Chief of Strategy who is the Senior Responsible Officer for Sustainability. The Chief of Strategy is responsible for providing assurance and escalating risks related to climate-related risks and opportunities. The board also receives assurance on the progress towards net zero within the Senior Management Group Report which includes monthly reporting of the carbon footprint against a target emissions level.

Management's role in assessing and managing climate-related issues

The Board, whilst maintaining overall responsibility, have delegated responsibility for assessing and managing climate-related risks and opportunities. The Trust employs a 0.75WTE Interim Sustainability Lead to provide oversight to understand and mitigate risks and identify and act upon opportunities. Figure 1 shows the structure of governance for climate-related risks and opportunities.

The Green Plan Steering Group brings together managers across key areas and is responsible for delivering the Green Plan and progressing towards net zero carbon. The group are also responsible for escalating risks and issues to the Strategic Planning & Transformation Directorate. A separate group focused on electric vehicles is planned to be established in FY 25/26 due to the recognition of a greater potential risk related to this area, providing a greater level of governance to understand and manage climate-related risks and opportunities specific to the transition to electric vehicles.

The Senior Management Group receive quarterly reports assessing risks and opportunities pertaining to the Green Plan and providing assurance on progress in the monitoring of these. The SMG can escalate these risks to the Board.



Figure 1 Committee governance structure for assessing and managing climate- related risks and opportunities.

Risk Management

Describe the organisation's processes for identifying and assessing climate-related risks

The Trust's approach to identifying and assessing risks is set out in the Risk Management Policy. The document identifying risks relies on managers identifying risks which relate to their objectives and targets either following legislative update, an incident or through discussion with colleagues or within committees and groups. Individual managers are responsible for the identification of risks which may impact their team.

The proposed Sustainability Impact Assessment process will encourage managers and committee members to consider climate risk and determine any necessary steps to manage risks identified.

At present, the Trust's business continuity plans do not directly reference climate risks, however, do feature some of the potential consequences (e.g. loss of building due to factors such as flooding).

The Emergency Preparedness, Resilience and Response Team are currently reviewing and revamping the business continuity arrangements. Within this, it is proposed that climate risk and adaptations are incorporated into the process, in line with the Greener NHS plan.

However currently:

- The National Security Risk Assessments provide a strategic context, with climate-related risks increasingly relevant
- Local Resilience Forums consider climate risks such as wildfires and extreme heat, something that informs and shapes EPRR's work in this area
- Seasonal planning (summer and winter) through LRFs includes mitigations for severe weather impacts

- Planning is undertaken in response to weather warnings, ensuring preparedness across services
- The health alerts system covers climate-related issues, supporting early action and response
- 'Zero level' planning ensures year-round consideration of climate-related threats
- TacAds provide briefings to Trust leadership on weather warnings and related risks
- BIAs will include environmental risks such as flooding to provide assessment of climate related risks
- For stations located in flood-prone areas, we are actively identifying and implementing mitigation strategies in order to look at future climate risk, not just historical data

Key climate related risks identified in the Trust's risk register are included in the table below, local and specific risks have not been included at this stage.

Source	Risk	Score	Mitigations and Controls	Risk Owner
Corporate Risk Register	<p>NHS England has set the aim to be the world's first net zero national health service with two key targets:</p> <p>* For direct emissions (NHS Carbon Footprint): net zero by 2040, with 80% reduction by 2028-2032</p> <p>* For indirect emissions (NHS Carbon Footprint Plus): net zero by 2045, with 80% reduction by 2036-2039</p> <p>SECAmb signed off our Green Plan in 2023 committing to these targets.</p> <p>Risk Description: There is a risk that the trust cannot meet its long-term sustainability and net zero commitments due to:</p>	4Lx3C=12	<p>By 31/03/2023 the Trust will have developed a 3-5-10 year Green Plan which will identify the interventions required to meet de-carbonisation targets. This will enable us to understand and quantify the risks better, as well as establish further controls in place. This work is already commissioned., Initiatives offered by staff to support route to Net Zero to be implemented</p> <ul style="list-style-type: none"> - The removal of milk pods, The removal of paper, Fuel Consumption, 	David Ruiz-Celada (Chief Strategy Officer)

	<p>* Significant unquantified investment required for decarbonization not currently identified in investment plans, including:</p> <ul style="list-style-type: none"> - Fleet transition to zero-emission vehicles - Building infrastructure modifications and energy efficiency improvements - Sustainable medical equipment and consumable supplies procurement <p>* Operating model implications not fully understood or insufficient time allocated for required changes:</p> <ul style="list-style-type: none"> - Impact on service delivery and response times with new sustainable vehicles - Changes to clinical practice to reduce carbon footprint - Staff training and adaptation to new sustainable practices <p>*Clinical strategy not adequately reviewed to reflect:</p> <ul style="list-style-type: none"> - Population health needs under increasing climate change impacts - Alternative low-carbon treatment pathways 		<p>Block Booking hotels, Out of date kit for training, Reducing printing, The reduction of staff travel, Using recyclable material for tags and patient possession bags, Procurement Contract supply chain, LW has been in communication with SCAS Sustainability Lead to join our resources</p>	
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	<ul style="list-style-type: none"> - Resilience planning for extreme weather events *Overall sustainability commitments as outlined in the Green Plan may not be achievable within set timeframes * Supply chain dependencies and their ability to meet NHS sustainability requirements * Resource and expertise constraints in implementing green initiatives <p>Impact:</p> <ul style="list-style-type: none"> * Financial: <ul style="list-style-type: none"> - Penalties for missing NHS-mandated targets - Unexpected costs for rapid transition to sustainable alternatives - Potential impact on funding and commissioning arrangements * Operational: <ul style="list-style-type: none"> - Service delivery disruption during transition to sustainable practices - Increased complexity in procurement and supply chain management - Potential limitations on clinical practice options * Stakeholder Relations: 			
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	<ul style="list-style-type: none"> - Damaged relationships with strategic partners who depend on our meeting these commitments - Impact on collaborative initiatives and shared services - Reduced trust from commissioning bodies <p>* Environmental:</p> <ul style="list-style-type: none"> - Continued negative environmental impact on local communities - Higher carbon footprint affecting population health - Increased vulnerability to climate-related service disruptions <p>* Reputational:</p> <ul style="list-style-type: none"> - Public perception of environmental responsibility - Staff morale and retention - Position as a healthcare leader in the region <p>Dependencies:</p> <ul style="list-style-type: none"> * NHS England guidance and support * Technology advancement in sustainable healthcare solutions * Supply chain adaptation to green requirements * Staff engagement and behavioural change 			
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	* Available funding and resources * Partner organisation collaboration			
Green Plan Steering Group	Lack of attendance and Engagement from key stakeholders and wider teams	3Lx3I=15	Monthly GPSG meetings are scheduled 9 months in advance with timely reminders Trust wide Green Network meeting held quarterly scheduled in advance with timely reminders	
Strategic Estates Group	Electric vehicle infrastructure	3Lx 2C = 6		Paul Ranson

Describe the organisation's processes for managing climate-related risks

Risks identified by the organisation which require treatment and mitigation are added to a risk register. Managers are responsible for managing risks which impact their objectives within the organisation. The risk register assesses and scores the risk based on the likelihood and impact (1-5, with the highest risk score of 25). Each risk must have controls identified and planned mitigating actions to reduce or to eliminate the identified risk. The green plan management group is responsible for managing this risk.

Risk registers are carefully managed within the organisation. Executive Directors and other senior teams have oversight of their relevant directorate's risk register. The risk registers are reviewed and collated on a monthly basis, additionally the risk registers are presented for challenge, assurance and to support decision-making at a different committee on a regular basis. Risks from the Corporate Risk Register, specifically the high-level risks with a score of 15 or above are discussed at the senior management meetings within this assurance process.

The Corporate Risk Register identifies risks associated with the delivery of the Green Plan and maintaining compliance with environmental legislation.

Where there is specific climate risks identified which are acutely impacted an individual team these are also identified on the local risk register, for example sites or areas particularly susceptible to flooding. The Trust is commencing processes for understanding how to mitigate and minimise these local known risks and has, for example, mapped flood risk throughout our geography. We do not employ external risk frameworks relating specifically to climate-related risks.

Describe how processes for identifying, assessing, and managing climate-related risks are integrated into the organisation's overall risk management

The Trust intends to manage climate-related risks and issues in much the same way as any other risks or issues, as set out in the Risk Management Policy.

Metrics and Targets

Disclose the metrics used by the organisation to assess climate-related risks and opportunities in line with its strategy and risk management process

The key metric is measuring the carbon emissions of the Trust, using energy and fuel consumption data for Scope 1, 2 and 3 emissions.

The Trust also submits reports to the Greener NHS Data Collection portal on a quarterly basis, providing data on carbon accounting, travel schemes, electricity sources, nitrous oxide, procurement requirements for carbon reduction plans and social value, and climate related risk adaptation planning.

Data on fleet composition is submitted to the Greener NHS Fleet Data Collection on an annual basis, the number of low and zero emission vehicles being of considerable importance in assessing climate related opportunities.

Describe the targets used by the organisation to manage climate-related risks and opportunities and performance against targets.

In accordance with the statutory guidance issued in the "Delivering a Net Zero NHS" report published in July 2022, the Trust prepared a new Green Plan to complement the existing Trust's Green Strategy. The Green Plan was approved by the Board in July 2023.

NHS England set two clear and feasible targets for the Trust:

- For the emissions controlled directly (the NHS Carbon Footprint), achieve net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039

However, these targets related to 1990 as a baseline, for which SECamb had no comparable data as it did not exist in its current form. Using the Greener NHS Methodology, the Green Plan recalculated the reduction trajectory using 2019/20 as a baseline year.

To ensure SECamb was on track to achieve these targets, we set our own targets against our 2019/20 baseline and in line with the Paris Agreement

- SECamb has set a tentative near-term target of 50% emissions reduction by 2028-2032, in line with the Paris Agreement's recommendation to halve emissions by 2030.
- SECamb is committed to achieving net zero emissions by 2040.

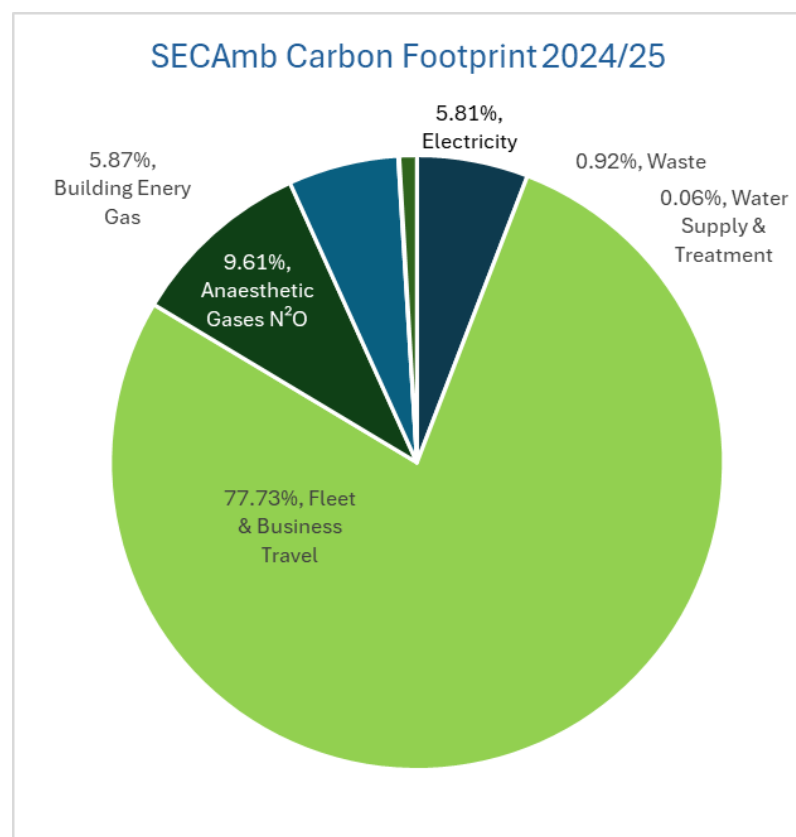
These have been adopted as the Trust's strategic objectives in the approved Green Plan.

Although publishing Scope 1, 2 and 3 emissions is not required by TCFD, the Trust has found it necessary to calculate and disclose these to assess progress against targets.

Carbon Footprint Baseline 2019/20 and subsequent years.

		NHS England Baseline					
	Sub Category	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Carbon Footprint	Scope 1						
	Owned Assets - building Energy Gas	2000	-	-	-	946	959
	Fuel Operational and support fleet	9236	-	-	-	10043	10098
	Anaesthetic Gases N ₂ O	1504	-	-	-	886	1597
	Total Scope 1:	12740	-	-	-	11875	12654
	Scope 2						
	Electricity	146	-	-	-	706	716
	Total Scope 2:	146	-	-	-	706	716
	Scope 3(indirect emissions arising from activities directly controlled by SECAmb)						
	Business miles	-	-	-	-	-	459
	Well to Tank - Fuel	-	-	-	-	2303	2367
	Electricity Transmission& Distribution	-	-	-	-	231	250
	Upstream Gas	-	-	-	-	16	16
	Water Supply & Treatment	-	-	-	-	-	10
	Waste	-	-	-	-	-	153
	Total Scope 3:	1809	-	-	-	2550	3251
	SECAmb Carbon footprint:	146G5				15131	16621

SECAmb Carbon Footprint 2024/25 by Source



Due to the data not being available we have been unable to calculate and include the Trusts Carbon Footprint Plus Scope 3 emissions

The proportion of carbon emissions attributed to Fleet and Business Travel has increased from 63% to 77%, reflecting the increase in fossil fuel consumption.

Performance against target:

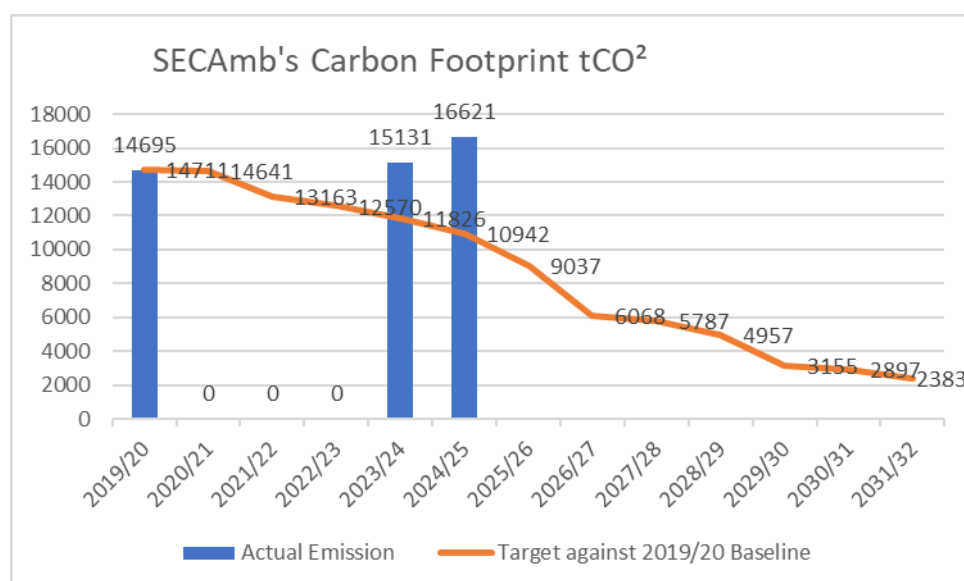
Carbon Footprint

In the 3 years out of the last 5, we have seen an increase in the SECamb Carbon Footprint by 13% from the baseline

The original plan specifically stated that we would start to replace the Non-Operational and Single Response ICE vehicles in our Fleet with electric and hybrid versions in 2023/24. This has not happened.

As a result, emissions for the financial year 2024/25 are 41% higher than the target trajectory, which will require further annual reductions of the 2019/20 baseline. However the plan is that the Trust will move back on target as more electric vehicles are acquired per NHS England guidelines.

SECamb Carbon Footprint emissions against target



The carbon reduction plan for Fleet takes into account our Fleet Replacement Strategy and predictions of EV acquisition at specific dates, hence its non-linear nature.

We have not captured and calculated the Trust's Carbon Footprint PLUS, which includes the emissions arising from all the goods and services we purchase. However taking into consideration the figures calculated by our collaborative colleagues South Central Ambulance Service, this element may increase our total carbon emissions by a factor of 6. According to SCAS, this has been rising each year, entirely due to a large increase in transport-related emissions from the goods and services we purchase, particularly as a large proportion of the services are transport-related.

Operational Support

Fleet

Efforts continue to modernise the fleet and reduce the average age of the Double Crewed Ambulance (DCA) fleet with the commissioning of the last batch of 57 new Fiat van conversion DCAs, all of which have been modified following full engagement with staff over areas such as LP15 placement, storage, and other key aspects. These are the final batches of these specific vehicles, as NHS England has expanded the options for future DCA selections. These options include:

- MAN DCA van conversion
- FORD Transit DCA chassis cab box conversion
- MAN DCA chassis cab box conversion
- Fiat van conversion
- eTransit DCA

Following a full stakeholder engagement roadshow across the Trust, the MAN box conversion was identified as the preferred option. A paper outlining the findings, costings, and technical considerations was submitted to the Board for final decision. An initial order of 27 MAN box DCAs has been placed for 2025/26, with a further order of 65 MAN box DCAs and 5 fully electric Ford Transit DCAs secured through a successful business case to NHS England.

These 97 new replacement DCAs will ensure all operational vehicles remain within the agreed replacement cycles—five years for van conversions and seven years for box conversions. The introduction of these newer vehicles is also expected to support the reduction of the Trust's current DCA Vehicle Off Road (VOR) rate, which averages 17%, with a target reduction to 10%, supported by improved reliability, better main dealer servicing, and enhanced parts supply chains.

The introduction of a small number of fully electric DCAs in 2025/26 will complement the fleet and support the Trust's ambition to move towards net zero, offering proof of concept and valuable data insights.

The total DCA fleet remains at 414 vehicles, meeting peak rota requirements while maintaining resilience for both planned and unplanned maintenance. A review of future electric Single Response Vehicle (SRV) options will also be conducted this year, as the Trust prepares to phase out internal combustion engine SRVs. The grey fleet will continue to be reviewed to ensure that replacement vehicles are fit for purpose and aligned with our green agenda.

An apprenticeship programme is also planned for 2025 in collaboration with local colleges, aimed at attracting younger recruits into technical roles and offering an alternative to traditional employment pathways.

Logistics

The logistics team has successfully concluded a quality improvement (QI) project focused on centralising medical consumables at the Trust's East and West Logistics Hubs. Led by the Chair, the QI Team, and key stakeholders, the project has now transitioned to business-as-usual operations, following the presentation of a formal closure report to the Senior Management Group (SMG).

The introduction of the new Excel SLR system, soft-launched in February 2025 and fully operational from March 2025, has enabled improved stock control and enhanced efficiency. The project has delivered cost savings of £48,000 in its first year, with further efficiencies expected in 2025/26. Updates on the ongoing benefits of this work will continue to be shared with the SMG.

Building on this success, a new QI project has been proposed to address lost or missing medical equipment. With an estimated potential saving of £500,000, the project will explore improved reporting processes and the implementation of asset tagging and track-and-trace systems. This initiative will be delivered collaboratively by the QI Team, the Logistics Service Manager, and the newly appointed Chair, with full engagement from key stakeholders.

The Trust has also secured approval for the implementation of the Pro-Cloud digital platform, which will enable high-level stock management and full track-and-trace capabilities for medical consumables and devices. This will further enhance operational efficiency, safety, and accountability.

In parallel, the logistics team has commenced the 2025 servicing programme for Lifepak 15 defibrillator and Lucas 3 chest compression system, working closely with Stryker to drive cost efficiencies while maintaining high service standards.

Uniform Review Programme

Work is underway through the Uniform Review Working Group to deliver efficiencies and improvements across six key domains:

- Corporate staff and Trust dress code (including Fleet, Logistics, IT Engineers)
- Epaulettes (command, clinical, role identification)
- Helmets (vehicle-based, RCMs, on-call functions)
- Field operations, including resilience roles
- Voluntary services (Community First Responders, Emergency Responders, Chaplains, Community Partnership Leads)
- 111 and EOC uniform standards

Once the review is complete and approved by SMG, a refreshed uniform policy will be developed to support consistent and professional standards across the Trust.

Driving Standards

The Trust's automated quarterly driving licence checks remain fully embedded and continue to provide assurance that all staff operating vehicles meet the required legal standards. Compliance within Operations has now reached 99.48%.

The Driver Safety Forum meets monthly, bringing together representatives from Operations, Fleet, Driver Training, Risk, and the Trust's insurance partners. In addition, the Trust participates in national forums, including the Accident Reduction Group and Driver Trainers Action Group, and has established a quarterly working group of Driving Standards Managers across all UK ambulance services to share learning and best practice.

The Driving Standards Review Panel, meeting weekly, continues to provide robust oversight of road traffic collisions (RTCs) and driving behaviours, with actions ranging from local support and guidance to formal reviews and training interventions.

The Trust has successfully delivered several education campaigns, including 'Safe in the Back,' safe use of banks-persons, vehicle daily inspections, and the 'Speak Up Driving Standards' initiative, which encourages staff to report driving concerns. Notably, this campaign was referenced in a Regulation 28 Prevention of Future Deaths report from the Kent Coroner following an inquest.

The Driving Standards Manager and Assistant Driving Standards Manager actively contribute to a national working group on drink and drug driving policies. Internal training continues for new staff on road safety and includes a three-hour session on scene management and post-incident processes for all operational supervisors.

The Trust remains committed to innovation in driving safety, becoming the first emergency service organisation in the UK to implement digital alerting in vehicles via HAAS Alert and Acetech telematics, enhancing road user awareness of approaching emergency vehicles.

Driving standards remain a key focus of the Executive Board, which remains fully supportive of the ambition for SECamb to become the safest ambulance trust in the country for driving standards.

Make Ready

The contract for Make Ready services, which ensures that DCAs and other operational vehicles are cleaned and stocked pre-shift, is now in its fourth year. The extension into the fifth and final year of the current contract has been agreed.

As the contract approaches its conclusion, the Trust is considering future options, including either retendering via the current framework or bringing the service in-house. Bringing Make Ready services in-house may offer improved value for money, greater efficiencies, and higher-quality service delivery.

To support continuous improvement in the interim, amendments have been made to the final 18 months of the existing contract. These changes are designed to bring forward efficiencies and maintain a focus on enhancing the experience of both patients and operational staff. The business case for future service provision is expected to progress to evaluation early in 2025.

The Operational Support teams remain fully committed to delivering high standards of service, supporting operational colleagues, and contributing to the Trust's ongoing improvement journey.

Improvement Journey Progress

Overview

The Improvement Journey Programme, initiated in 2022, has been pivotal in shaping SECamb's transformation. Over the past year, we have made significant progress in governance, cultural change, performance, and financial sustainability. A key milestone was the Trust's successful exit from the Recovery Support Programme (RSP), marking a transition to NHS Oversight Framework (NOF) 3. This move reflects the substantial improvements made across various domains, enabling a shift toward sustained progress and operational excellence.

Quality Improvement

SECamb has continued to prioritise patient safety and service enhancement. The Trust has implemented targeted improvements based on patient feedback, strengthened governance frameworks, and ensured continuity in medicines management. The robust risk identification mechanisms in place foster a proactive response culture, supporting incident learning and continuous service enhancement. The Care Quality Commission (CQC) has acknowledged these improvements, with no major quality or safety concerns currently identified.

Responsive Care

SECamb has significantly improved operational performance, particularly in Category 2 response times. The Trust's year-to-date (YTD) Category 2 mean average stands at 28 minutes 36 seconds, ranking it among the top-performing ambulance services nationally. Additionally, improvements in 999 call answering performance have been achieved, with the Trust now meeting the national standard of a 7-minute mean response time for a Category 1 call. Enhanced dispatch processes and the introduction of the Unscheduled Care Navigation Hubs have streamlined emergency response and strengthened partnership working.

People & Culture

Cultural transformation remains a key focus. The Trust has made significant strides in staff engagement and wellbeing, evidenced by the 2023 Staff Survey results showing a

marked improvement and the recently released 2024 Staff Survey results where the key headlines were:

- **Response Rate:** 67% – significantly above the sector average of 49%.
- **Performance Across Themes:** The Trust outperformed the sector average in all nine themes and was the top-scoring ambulance trust for “Morale.”
- **Year-on-Year Improvement:** Statistically significant improvements were recorded across all nine themes compared to 2023.
- **Care as a Priority:** A 5% increase in staff agreeing that “Care of patients is my organisation’s top priority.”
- **Staff Recommendation:** A 6% rise in staff willing to recommend the organisation as a place to work.
- **Workplace Safety:** A 1% reduction in reports of unwanted sexual behaviour from staff — the best result in the sector.

Leadership development has also been strengthened, notably through the appointment of a Chief Paramedic, reinforcing clinical leadership across the organisation.

Additionally, the HR function is undergoing a comprehensive restructure, supported by a two-year HR improvement plan. This plan focuses on four key priorities: enhancing responsiveness by ensuring People Services delivers timely and effective support; driving efficiency through the optimisation of processes and systems to create a more streamlined and productive service; strengthening support by building trust and confidence in the People Services function; and elevating professional standards through continued investment in the development and capability of the People Services team.

Sustainability & Partnerships

The Trust has successfully delivered its financial plans over the past two years and met its 2024/25 £7k surplus financial plan. Strategic collaboration with system partners has been instrumental in securing long-term financial sustainability. SECamb, alongside South Central Ambulance Service NHS Foundation Trust and our ICBs, have contributed to the South East Ambulance Transformation Review, identifying efficiencies and service improvements. This initiative aims to enhance patient outcomes while addressing financial sustainability. Board and Executive members have strengthened collaborative relationships with South Central Ambulance Service, establishing a foundation for future transformation and partnership opportunities.

Governance and Board Development

SECamb has significantly strengthened its Board and executive leadership, fostering stability and accountability. The Trust has implemented an enhanced Board Assurance Framework (BAF), incorporating strategic and operational plan commitments. The latest Well-Led Review (February 2024) confirmed that SECamb’s governance structures are now in line with national best practices. Continued Board development initiatives and peer support mechanisms will ensure sustained governance excellence.

Future Outlook

With the successful exit from RSP, we are positioned for long-term success under NOF 3 oversight. The Trust's strategic priorities include continued performance improvements, financial recovery, and workforce development. The collaborative approach with Integrated Care Boards (ICBs) and regional partners will drive innovation and efficiency across the healthcare system.

SECamb remains committed to delivering high-quality, patient-centred care, fostering a supportive and inclusive culture, and maintaining its role as a key partner in the wider NHS system. The progress made in 2024/25 lays a strong foundation for the future, ensuring the Trust's ability to meet evolving healthcare demands while upholding its commitment to excellence.

Financial Performance

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.

Financial Performance

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

This section of the annual report reflects the financial performance of the Trust in relation to the activities for the year ended 31 March 2025. 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 2024/25 the Trust reported £0.1m surplus in line with its plan. Excluding the impact of the technical system adjustments (impairment and capital grants and donations), the Trust delivered a £0.8m surplus for the year.

The following table summarises the income and expenditure for the year against plan and the prior year.

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.

Income and Expenditure Summary

	2024/25			2023/24
	Plan	Actuals	Variance	Actuals
	£m	£m	£m	£m
Income	367.2	365.2	(2.0)	332.9
Operating Expenditure	368.0	365.0	3.0	352.0
Operating Surplus/(Deficit)	(0.8)	0.2	1.0	(19.1)
Finance interest, expenditure & dividend	0.8	0.0	0.8	(0.6)
(Loss)/gain on sale of assets	1.7	0.6	(1.1)	3.1
Retained surplus / (deficit)	0.1	0.8	0.7	(15.4)
Adjustment for				
Impairment	0.0	(0.7)	(0.7)	15.4
Capital grants and donations	0.0	0.0	0.0	0.0
Adjusted surplus / (deficit)	0.1	0.1	0.0	0.0

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 9.7 percent and by £32.3m compared to the prior year.

The Trust received most of its income from the Integrated Care Boards under a block contract, which accounted for 93% of the total income. The Trust was allocated £13.3m additional 999 income including additional £6.0m ambulance funding to support performance. It included £7.3m inflationary funding, that is net of £3.5m convergence. The Trust also received a £10.5m, non-recurring support funding that was agreed during the planning process.

In respect of the employer contribution rate for NHS pensions which increased from 14.3 percent to 20.6 percent on 1 April 2019 and to 23.7 percent from 1 April 2024, 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 9.4 percent in the year was £17.2m (£10.2m (6.3 percent) in 2023/24).

The Trust has completed the fifth 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. Commissioners have extended the contract by two years in line with terms and conditions. This is in partnership with IC24 (a not-for-profit Social Enterprise providing a range of health and social care services).

Expenditure

Operating expenditure, including depreciation and impairment in 2024/25 was £365.0m and 3.7 percent higher than 2023/24. The largest expenditure area remains employee expenses, which accounted for 74.0 percent (69.0 percent in 2023/24) of operating expenditure.

The main drivers for the £13.0m increase in expenditure from last year includes:

- Employee expenses increased by £28.0m. £7.0m relates to the increase in pension contribution from 20.6 to 23.7 percent). Our frontline substantive staff increased allowing for the discontinued use of private ambulance providers. NHS staff received a 5.5% pay award to compensate for the higher cost of living matched by increase in income though inflation increases.
- There was an increase of £1.5m in Training, reflecting increased courses for our operational colleagues, including advanced paramedic courses, supported by educational funding.
- Establishment costs increased by £1.5m, this included external support in implementing a new PMO and improving response to employment issues.
- Other provisions increased by £1.2m. The main drivers are the increase of £0.9m for P11D issues, £0.3m in restructure/redundancy costs.
- Premises spend increased by £0.6m reflecting the impact of inflation for energy bills.
- Clinical supplies increased by £0.7m due to increased activity, treating patients in need, supporting our improved C2 performance
- Purchase of healthcare was £3.5m lower than 2023/24. This is driven from the removal of private ambulance provision from Q2.
- Transport charges reduced by £0.8m, mainly due to the benefit of lower fuel prices
- Redundancies were £1.5m less in 2024/25 as few redundancies were required, a MARS scheme was made available to staff during the year, and the costs are included in employee expenses.
- Impairments were £16.1m less in 2024/25, following the revaluation of the Medway Make Ready in 2023/24, no major new property builds were completed in 2024/25.

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

	2024/25		2023/24	
	£m	%	£m	%
Employee Expenses	270.0	74%	243.5	69%
Supplies and services - clinical	6.6	2%	5.9	2%
Supplies and services - general	4.2	1%	3.9	1%
Premises	22.8	6%	22.1	6%
Transport	15.9	4%	16.7	5%
Other provisions	(0.7)	(0%)	(1.9)	(1%)
Depreciation and Amortisation	18.3	5%	18.0	5%
Training, courses and conferences	5.3	1%	3.8	1%
Purchase of healthcare	10.2	3%	13.8	4%
Impairment	(0.7)	0%	15.4	4%
Establishment	7.4	2%	6.0	2%
Other expenditure	5.6	2%	4.6	1%
Total	365.0	100%	352.0	100%

*Further details can be found within note 8 of the accounts.

Capital Expenditure

The Trust invested £21.4m on capital expenditure in 2024/25 including Right of Use (ROU) assets of £7.1m.

IFRS 16, requires organisations to recognise both the ROU asset and liabilities for all leases more than 12 months. Overall, the Trust has shown a ROU asset of £30.8m and a finance lease liability of £24.5m. Under the standard in the income and expenditure account the operating payments are replaced by higher depreciation and interest charges.

Cash

The March 2025 year-end cash balance was £29.0m compared to £35.6m in 2023-24. The £6.6m decrease was anticipated and planned for and allowed the Trust to reduce its creditors to make payments in line with contractual obligations.

Efficiency Programme/Cost Improvement Programme

The Trust delivered the £23.9m planned efficiency in 2024/25. £17.7m (74.1 percent) of the savings were achieved recurrently and £6.2m (25.9 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 2025/26

The coming financial year continues to be challenging as the NHS focuses on the recovery of core services and productivity and the Trusts begins to embed its strategy. The Trust submitted a break-even plan for 2025/26 and a Category 2 performance target of 25 minutes in compliance with the requirements in the planning guidance, supported by additional ambulance growth funding, and increases in productivity and efficiency. The

Trust is expected to continue to support the delivery of the Integrated Care System's plans.

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 investing in our fleet, 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 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.

Better Payment Practice Code

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 2024/25 Better Payment Practice Code percentages are below the target (95%) for the full year relating to third party (Non-NHS) and NHS creditors. To this end the total figures for March 2025 were under the 95% target and a return to exceeding the target payment level will remain a focus during the new financial year.

Better Payment Practice Code - measure of compliance	2024/25		2023/24	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	16,340	93,831	18,646	102,174
Total Non-NHS trade invoices paid within target	15,344	84,856	17,106	89,433
Percentage of Non-NHS trade invoices paid within target	93.9%	90.4%	91.7%	87.5%
Total NHS trade invoices paid in the period	335	3,722	338	3,655
Total NHS trade invoices paid within target	269	3,311	272	2,953
Percentage of NHS trade invoices paid within target	80.3%	89.0%	80.5%	80.8%
Total trade invoices paid in the period	16,675	97,553	18,984	105,829
Total trade invoices paid within target	15,613	88,167	17,378	92,386
Percentage of trade invoices paid within target	93.6%	90.4%	91.5%	87.3%

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 2024/25 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.

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).

Simon Weldon, Chief Executive Officer

A handwritten signature in black ink, appearing to read 'Simon Weldon', with a stylized, cursive script.

Date: 27/06/2025

Accountability Report

Directors Report
Remuneration Report
Staff Report
Disclosures set out in the NHS Foundation Trust Code of Governance
Statement of Accounting Officer's Responsibilities
Annual Governance Statement

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

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, 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.

The Board has reviewed and confirmed the independence of all the Non-Executive Directors who served during the year.

At year end 2024/25, the Trust Board as formally constituted includes the Chair, seven Independent Non-Executive Directors, the Chief Executive and seven Executive Directors. The trust appointed its first ever Chief Paramedic Officer and also Chief Digital Information Officer.

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 Trust Board is supported by six standing Committees:

- Appointments & Remuneration Committee
- Audit and Risk Committee
- Charitable Funds Committee
- Finance and Investment Committee
- Quality and Patient Safety Committee
- People Committee

All Board meetings 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.

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.

There have been no political donations made by the Trust.

Michael Whitehouse OBE – Chair (from 8th March 2025)

Michael was appointed Chair 8th March 2025.

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.

Declared Interests:

- Board member and chair of Audit Committee of Medicines and Health Care Products Regulatory Agency
- Jersey Audit Office – Chair of the board of governance.

Usman Khan – Chair (01 June 2024 – 07 March 2025)

Usman has been Managing Director of Modus Europe Limited since 2012. The company undertakes management and consultancy assignments and conducts research, analysis and change management activities within the fields of health and social care.

He is also Chair of the Motor Neurone Disease Association, and during the above period he was also Vice Chair of London Metropolitan University. During the above period Usman currently serves as a NED for North Central London NHS Integrated Care Board. He has been a Visiting Professor in Health Management and Policy at KU Leuven, Belgium, since 2019.

His previous executive director roles include with the European Patient Forum (2019-2020), and the European Health Management Association (2016- 2019). Between 2001 and 2012 he served as Managing Director of Matrix Insight – a health economics and evaluation consultancy.

In January 2025, Usman announced that he would be leaving SECamb in March 2025 to take up a full time Executive Director role elsewhere in the NHS.

Declared Interests:

- Managing Director, Modus Europe Ltd (2012 – Current)
- Motor Neurone Disease Association (2021 – Current) – Chair of Board of Trustees (Member of Governance & Finance and Audit Committees)
- North Central London Integrated Care Board (2022 – Current) – Non-Executive Member (Chair of Primary Care Committee and Finance Committee)
- London Metropolitan University (2022 – Current) – Vice Chair of Governors (Chair of Audit and Risk Committee and Member of Governance Committee)
- Bevan Commission (2022 – Current) – Bevan Commissioner
- KU Leuven (2019 – Current) – Visiting Professor in Health Policy and Management

David Astley OBE – Chair

David was Chair from 25 September 2018 until 30 May 2024. David was awarded an O.B.E in 2006 for services to the NHS, has held a number of very senior roles in the NHS including Chief Executive of East Kent University Hospitals NHS Trust between 1999 and 2006 and Chief Executive of St George's Healthcare NHS Trust between 2006 and 2011. From 2011 to 2015 David was Chief-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.

Simon Weldon – Chief Executive Officer

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.

Prior to this position, Simon was Chief Executive of Kettering General Hospital NHS Foundation Trust where he led the organisation out of quality special measures.

Declared Interests

- None

Simon Bell – Chief Finance Officer

Simon Bell joined SECamb as Chief Finance Officer from 1 March 2024 on a temporary basis and following a successful competitive recruitment selection, was made substantive in December 2024.

He has more than 27 years of financial leadership in the NHS, with 13 years as a Director of Finance. Before joining the Trust Simon worked in the South West and North East and Yorkshire regions of England, latterly as a Place Director of Finance with an Integrated Care Board. Prior to that Simon was the Chief Finance Officer in two different Clinical Commissioning Groups and helped lead both organisations out of financial special measures and back to delivering break-even financial plans.

Declared Interests

- None

Sarah Wainwright – Chief People Officer

Sarah joined SECamb as Chief People Officer from March 2024 on a secondment basis and following a successful competitive recruitment selection, was made substantive in December 2024.

Prior to joining the Trust, Sarah was Regional Deputy Director of Workforce at NHS England (South East), with strategic leadership for the workforce transformation and workforce supply across integrated care systems in South East. Sarah has over 20 years' experience in senior HR roles both within the Civil Service and the NHS. Sarah is an experienced system leader, delivering people and culture change programmes at both system and organisational level, and is passionate about people development and how we best support staff wellbeing & experience at work to enable better patient care.

Declared Interests:

- None

Jaqualine Lindridge – Chief Paramedic Officer

Jaqualine is SECamb's first-ever Chief Paramedic Officer who started with us on 01 October 2024. With more than two decades of experience in ambulance services, Jaqualine has a wealth of clinical expertise and leadership. Prior to joining SECamb she was Director of Quality Improvement at London Ambulance Service and has held various clinical roles since becoming an ambulance technician in 2000 and qualifying as a paramedic in 2003.

Jaqualine has been instrumental in advancing paramedic practice, leading the introduction of advanced paramedic practitioners in urgent care, and serving on national clinical guidance committees. At SECamb she will oversee education, training, and clinical supervision, working across the organisation to enhance patient care.

Declared Interests:

- Trustee on the Board of Trustees for the College of Paramedics.
- Listed as a director for Coach House (Woldingham) Residents Limited.

Dr Richard Quirk – Acting Chief Medical Officer

Richard has worked with SECamb since 2017 when he joined the Trust as Improvement Director for NHS England. Richard was then successful at being appointed as Deputy Medical Director at SECamb. He has been Acting Chief Medical Officer since 15 January 2024.

Richard is a GP and was previously Medical Director at Sussex Community NHS Foundation Trust. He has a passion for delivering high-quality patient care and supporting staff in the challenging environment of 111 and 999.

Declarations:

- Richard continues to work part-time as a GP based in West Sussex.

Dr Rachel Oaten - Chief Medical Officer

Dr Oaten was Chief Medical Officer from 1 February 2023 until 26 November 2024. 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

- North Bristol NHS Trust. Southmead, Bristol, Regional Trauma Team Leader, started 01/06/2022 – Ad hoc 12-hour shifts at weekend covering the region from major trauma. Expectation is to work around 6 shifts a year and this is shared.
- QALSAFE Awards, Position Held: Review Panel Member for First Aid Publication, Date Employment Commenced: September 2018, Clinical review of a first aid publication refreshed on a regular basis to ensure in line with current guidance. Days worked: 1/year maximum.
- Salisbury NHS Foundation Trust. Position Held: ED Consultant Date Employment Commenced: 01/08/2017 hours: 1PA contract a week (16 hours a month clinical shifts only mainly done at weekends to maintain ED Consultant skills and competencies.
- ACOS Medical, Codford, Position Held: Company Director and Medical Lead Date Employment Commenced: September 2016, hours: Company that is CQC registered and provides medical cover to private events e.g. large festivals. There are no NHS contracts held and no intention to look at any expansion into this area. Company also supplies clinical governance/CQC support to a number of Companies that work on the NHS framework across the Country locally these include Elite Medical and Ambulance (Hailsham) and MEDi4 (Crawley Down) who are based within the SECAMB footprint. There are other Doctors who can support with those specific in the SECAMB locality should there be a conflict e.g. patient safety case / concern raised. Provision of clinical governance to Wiltshire Police and provision of a named Doctor as part of a service level agreement. Days worked: Variable – split with other Directors and personnel in Company mostly at

weekends and highly seasonal mainly in the summer no impact to SECAMB completed in days off/annual leave.

Jennifer Allan – Chief Operating Officer

Jennifer Allan joined SECAMB on 1 October 2024, bringing extensive leadership experience from her role as Chief Operating Officer at South West London and St George's Mental Health NHS Trust.

Prior to working at SWLSG, Jennifer was Director of Operations at Guy's and St Thomas's NHS Foundation Trust where she led operationally on the Trust's adult surgical services. At Central London Community Healthcare NHS Trust, she led the delivery of district nursing, rapid response and rehabilitation services.

With a strong background in operational leadership, Jennifer is focused on improving patient care and supporting SECAMB's strategic development across its region.

Declared Interests:

- None

Lara Waywell – Interim Executive Director of Operations

A nurse by background, Lara joined SECAMB in May 2024 on a 12-month basis and brings a wide variety of experience, having operated in board level operational and improvement roles within community and acute trusts both in the UK and Qatar.

She became Acting Director of Operations on 9 September 2024 following Emma Williams' departure (see below) and ahead of Jennifer Allen joining the Trust on 1 October 2024.

Declared Interests:

- None

Emma Williams – Executive Director of Operations

Emma joined SECAMB on 30 September 2019. Her 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.

Emma left SECAMB on 18 September to take up a new role at Mersey & West Lancashire Teaching Hospitals NHS Trust.

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.

David Ruiz-Celeda – Chief Strategy Officer

Originally from Barcelona and an aeronautical engineer by training, David now lives in Kent and joined 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. This role saw him work in a number of key areas including developing forecasting and modelling capability within the airport and delivering a number of improvement initiatives using technology and process changes to increase capacity.

Declared interests:

- Board Strategic Advisor at South Central Ambulance Service, operating under and to the scope of jointly agreed MOU between SCAS and SECamb, with oversight via the joint Advisory Committee setup by the boards to oversee the work pertaining to the formation of a case for change and roadmap for the formation of a group model.
- Father (Luis Antonio Ruiz-Avila), is an Angel investor in the bio-technology sector, holding multiple CEO and Board Advisory positions. No direct relationship between the NHS provider Trusts and the companies he is involved in exists.

Margaret Dalziel – Chief Nursing Officer/Deputy Chief Executive

Margaret is a paediatric nurse and leader who has worked in the NHS for 40 years with extensive experience in senior operational and professional leadership roles across all healthcare systems and sectors including acute, community & mental health providers.

Margaret was appointed our Deputy Chief Executive in January 2025.

Declared Interests

- None

Stephen Bromhall – Interim Chief Digital Strategy Officer

Stephen joined SECamb on secondment on 1 May 2024.

He studied Computer Science and Technology from 1983-1986. He is an International Certified Healthcare CIO (CHCIO), a Fellow of the British Computer Society, and a Leading Practitioner of the Federation of Information Practitioners.

Stephen is the Chair of the Association of Ambulance Chief Executives (AACE) Digital Group and has worked within healthcare for a large proportion of his career in healthcare technology at East of England Ambulance Service NHS Trust (EEAST), GE Healthcare, Agfa Healthcare, Smiths Healthcare (now ICU Health) and BT Health.

Stephen is joining us on secondment from East of England Ambulance Service NHS Trust where he is currently the CDIO and SRO for Digital Transformation at EEAST has held senior leadership positions in IT and Informatics within Operations, Program Delivery, Strategy, Commercial and Contract functions.

Declared Interests:

- Shareholder in Microfocus.

- Employed by East of England NHS FT
- Chair of the Association of Ambulance Chief Executives (AACE)

Professor Karen Norman - Senior Independent Director

A nurse by background, Karen has worked in healthcare for 45 years in both the public and private sectors in the UK, Australia, New Zealand and Gibraltar.

She has 20 years' experience as an Executive Director at board level, as Gibraltar's Chief Nursing Officer, including responsibilities as Director of Gibraltar Ambulance Services, (2004-2013) and as Director of Nursing and Clinical Governance at Brighton and Sussex University Hospitals NHS Trust (1993-2004).

She has also worked as a management and leadership consultant and was a former reviewer for the Commission for Health Improvement.

Declared Interests:

- Senior Independent Non-Executive Director, Queen Victoria Hospital NHS Foundation Trust.
- Visiting Professor, Doctorate in Management Programme, Complexity and Management Group, Business School, University of Hertfordshire.
- Visiting Professor, School of Nursing, Allied and Public Health, Faculty of Science, Social Care and Education, Kingston University.
- Professional registration with the Nursing and Midwifery Council.

Howard Goodbourn – Independent Non-Executive Director

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

Dr Subo Shanmuganathan - Independent Non-Executive Director

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:

- Non-Executive Director Bromley Community Interest Company.
- Non-Executive Director for the Crown Prosecution Service.

Paul Brocklehurst - Independent Non-Executive Director

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

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.

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

Max is a strategic communications and business transformation leader with wide-ranging experience, both in-house and consulting, across the public, private and charity sectors. In February 2024, he joined FTSE 250 listed global IT and technology services provider, Computacenter, as Business Strategy and Communications Director.

Previous roles include Business Transformation Director at global communications consultancy, BCW, Head of Colleague Communications and Engagement at Tesco Bank, and Employee and Change Communications Director at Sodexo. Before joining SECamb, he served on the Board of the Salvation Army in the UK and Ireland, providing counsel on reputation, marketing and fundraising matters.

Declared interests:

- Full-time employed as Business Strategy and Communications Director at Computacenter plc, which often works with the public sector
- Director and Vice-Chair of the Board of Governors at Trinity Laban Conservatoire of Music and Dance (pro-bono)
- Postgraduate Executive MBA candidate at the University of Surrey
- Fellow and member of the Chartered Institute for Public Relations (CIPR) and Institute of Internal Communication (IOIC).

Mojgan Sani – Independent Non-Executive Director

Professor Mojgan Sani began a three-year term on 1 June 2024 and has a professional background as a Chief Pharmacist, Controlled Drugs Accountable Officer, and Director of Medicines Optimisation in large, complex multi-site NHS acute hospitals.

Her recent positions have included serving as Corporate Director of Clinical Outcomes and Effectiveness at University Hospitals Sussex. She has also served as a trustee to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), and as a Public Governor to Tees, Esk and Wear Valleys NHS Foundation Trust – a large mental health trust.

Mojgan is the South-East South-Central Chair of the National Quality Improvement and Clinical Audit Network (NQICAN), a visiting professor at a number of universities for Medicines Optimisation and Clinical Pharmacy, and a non-executive director for HIOW ICB and Medway NHS Foundation Trust.

Declared Interests:

- Non-Executive Director Hampshire and Isle of Wight ICB
- Non-Executive Director Medway NHS Foundation Trust
- Non-Executive Director Sussex Community Foundation Trust
- Visiting professor (Clinical pharmacy and medicines optimisation), University of Portsmouth
- CQC specialist advisor for medicines optimisation
- Regional chair for South East and South Central Network of NQICAN (National Quality Improvement and Clinical Audit Network)

Board attendance (meetings held in public)

Board Meeting		Thursday 4 April 2024	Thursday 6 June 2024	Thursday 8 August 2024	Thursday 3 October 2024	Thursday 5 December 2024	Thursday 6 February 2025
David Astley	Chair	✓					
Usman Khan	Chair		✓	✓	✓	✓	✓
Simon Weldon	Chief Executive	✓	-	-	✓	✓	✓
Simon Bell	Chief Finance Officer		✓	✓	✓	✓	✓
Rachel Oaten	Chief Medical Officer	-	-	-	-		
Jennifer Allan	Chief Operating Officer				✓	✓	-
Jaqualine Lindridge	Chief Paramedic Officer				✓	✓	✓
Richard Quirk	Interim Chief Medical Officer	✓	✓	✓	✓	✓	✓
Stephen Bromhall	Chief Digital and Information Officer		A	A	A	A	A
Emma Williams	Director of Operations	✓	✓	✓			
Sarah Wainwright	Chief People Officer	✓	✓	-	-	✓	✓
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	✓	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	-	✓
Subo Shanmuganathan	Non-Executive Director	✓	✓	-	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	✓	✓	✓
David Ruiz-Celada	Chief Strategy Officer	✓	✓	✓	✓	✓	✓
Margaret Dalziel	Chief Nursing Officer	✓	✓	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓
Max Puller	Non-Executive Director	✓	✓	✓	✓	✓	-
Mojgan Sani	Non-Executive Director		✓	✓	✓	-	✓
Karen Norman	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 4 April 2024	Thursday 25 April 2024	Thursday 6 June 2024	Thursday 8 August 2024	Thursday 5 December 2025	Thursday 6 February 2025
David Astley	Chair	✓	✓				
Usman Khan	Chair			✓	✓	✓	✓
Simon Weldon	Chief Executive	✓	✓	✓	-	✓	✓
Sarah Wainwright	Chief People Officer	✓	✓	✓	-	✓	✓
David Ruiz-Celada	Chief Strategy Officer	✓	-	✓	✓	✓	✓
Jennifer Allan	Chief Operating Officer				-	✓	-
Emma Williams	Director of Operations	✓	✓	✓	✓		
Jaqualine Lindridge	Chief Paramedic Officer				-	✓	✓
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	✓	✓
Max Puller	Non-Executive Director	✓	✓	✓	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	✓	✓	✓
Rachel Oaten	Chief Medical Officer	-	-	-	-		
Richard Quirk	Interim Chief Medical Officer	✓	✓	✓	-	✓	✓
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	-	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	-	✓
Mojgan Sani	Non-Executive Director			✓	✓	-	✓
Karen Norman	Non-Executive Director			-	✓	-	✓
Margaret Dalziel	Chief Nursing Officer	✓	✓	-	✓	✓	✓
Simon Bell	Chief Finance Officer		✓	✓	✓	✓	✓
Stephen Bromhall	Chief Digital and Information Officer		A	A	A	A	A

Key	
✓	Member In attendance
A	Attends
-	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 England 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.

		Thursday 25 April 2024	Thursday 27 June 2024	Friday 1 November 2024	Thursday 12 December 2024	Tuesday 4 March 2025
Subo Shanmuganathan	Non-Executive Director	✓	✓	-	-	-
David Astley	Chair	✓				
Usman Khan	Chair		✓	✓	✓	-
Simon Weldon	Chief Executive	✓	✓	✓	✓	✓
Howard Goodbourn <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	✓
Max Puller	Non-Executive Director	✓	-	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	-	✓	-	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	-
Mojgan Sani	Non-Executive Director		-	✓	-	✓
Karen Norman	Non-Executive Director			-	✓	✓
Sarah Wainwright	Chief People Officer	-	-	-	-	A
Key						
✓	Member in attendance					
A	Attends					
-	Not in attendance					
	Not in post					

For any decisions relating to the appointment or removal of the Executive Directors, 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 Chief Finance Officer or external advisors may be invited to attend the Committee for specific agenda items or when issues relevant to their areas of responsibility are to be discussed.

Audit and Risk Committee (AuC)

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

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

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

Audit and Risk Committee (AuC)		Thursday 30 May 2024	Thursday 20 June 2024	Thursday 18 July 2024	Thursday 19 September 2024	Thursday 19 December 2025	Monday 24 March 2025
Simon Weldon	Chief Executive	-	A	-	-	-	-
Usman Khan	Chair (30 th May Chair Delegate)	A	-	-	-	-	
Paul Brocklehurst	Non-Executive Director	-	-	-	-	-	✓
Michael Whitehouse <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓	-
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓
Howard Goodbourn	Non-Executive Director (Chair from 24 th March 2025)	✓	✓	✓	✓	✓	✓

Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	-	✓	-
Margaret Dalziel	Chief Nursing Officer	-	-	A	-	A	A
Simon Bell	Chief Finance Officer	A	A	A	A	A	A
Stephen Bromhall	Chief Digital Information Officer	-	-	A	-	-	-
David Ruiz-Celada	Chief Strategy Officer	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. This year due to various factors the committee only met once.

19 December 2024		
Michael Whitehouse <i>Committee Chair</i>	Non-Executive Director	✓
Subo Shanmuganathan	Non-Executive Director	✓
Simon Bell	Chief Finance Officer	✓
Margaret Dalziel	Interim Director of Quality & Nursing	-
Sarah Wainwright	Chief People Officer	-
Max Puller	Non-Executive Director	✓

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)		Thursday 1 August 2024	Thursday 26 September 2024	Thursday 28 November 2024	Thursday 23 January 2025	Thursday 27 March 2025
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	-
Paul Brocklehurst <i>Committee Chari effective February 2025</i>	Non-Executive Director	✓	✓	-	-	✓
David Ruiz-Celada	Chief Strategy Officer	✓	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	-	✓	-	-	-
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	✓
Margaret Dalziel	Chief Nursing Officer	-	✓	✓	-	-
Simon Bell	Chief Finance Officer	✓	✓	✓	✓	✓
Mojgan Sani	Non-Executive Director			✓	-	✓
Jennifer Allan	Chief Operating Officer				✓	✓
Stephen Bromhall	Chief Digital Information Officer	A	A	A	-	A

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

Quality and Patient Safety Committee (QPS)

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

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

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

Quality and Patient Safety Committee (QPS)			2 June 2024 (Extraordinary)	20 June 2024	19 September 2024	17 October 2024	9 January 2025
David Astley	Chair	✓					
Usman Khan	Chair		✓	✓	-	A	-
Simon Weldon	Chief Executive	-	-	-	-	A	-
Rachel Oaten	Chief Medical Officer	-	-	-	-	-	
Emma Williams	Director of Operations	A	A	A			
Jennifer Allan	Chief Operating Officer					A	✓
Richard Quirk	Acting Chief Medical Officer	✓	✓	✓	✓	A	✓
Elizabeth Sharp <i>Committee Chair</i>	Non-Executive Director ()	✓	✓	✓	✓	✓	✓
Margaret Dalziel	Chief Nursing Officer	✓	✓	-	✓	A	✓
Jaqualine Lindridge	Chief Paramedic Officer					A	✓
David Ruiz-Celada	Chief Strategy Officer	-	-	A	-	-	-
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	-	-	-
Mojgan Sani	Non-Executive Director		-	A	✓	✓	-

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

People Committee

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.		9 May 2024	9 July 2024	12 September 2024	14 November 2024	30 January 2024
People Committee						
Subo Shanmuganathan <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓
Michael Whitehouse	Non-Executive Director	✓	-	-	-	-
Mojgan Sani	Non-executive Director				✓	-
Emma Williams	Director of Operations	✓	✓			
Jennifer Allan	Chief Operating Officer			-	-	✓
Sarah Wainwright	Chief People Officer	✓	-	✓	✓	✓
David Ruiz-Celada	Chief Strategy Officer	-	✓	✓	-	✓
Max Puller	Non-Executive Director	✓	✓	✓	-	✓
Paul Brocklehurst	Non-Executive Director	-	-	-	✓	-
Karen Norman	Non-Executive Director		✓	-	-	✓
Rachel Oaten	Chief Medical Officer	-	-	-	-	
Richard Quirk	Acting Chief Medical Officer	-	✓	✓	✓	-
Margaret Dalziel	Chief Nursing Officer	-	A	-	-	-
Simon Bell	Chief Finance Officer	A	-	-	-	-
Stephen Bromhall	Chief Digital and Information Officer		A	-	A	A

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

The Council of Governors

We would like to thank all Governors for their time and contributions over the last year. The Council has seen several Governors stand down due to a variety of personal reasons. In the 2025 elections, the election 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 four formal meetings and two joint meetings with the Board, all meetings were held in person with the Council meetings being live streamed via MS Teams. The Council held two extraordinary meetings for the appointment of two new Non-Executive Directors and the Chair's objectives for 2024/25. The Council's formal meetings, Governor Committees, and the September Annual Members Meeting were in person. The Council meetings are held on separate days from the Board meetings: however, Governors attended the Board, and the Board members attended each Council meeting.

The Council has a Membership Development Committee and a Governor Committee, which the Council of Governors decided to combine the two committee meetings making the Governor and Membership Development Committee. The first combined meeting will take place in June 2025. The Governors also make up most of the members of the Nomination Committee.

A summary of the functions and activities of these committees is outlined below.

Membership Development Committee (MDC)

Peter Shore (Surrey Public Governor) chairs the MDC, Sam Bowden being the Deputy. The MDC is open to all Governors and is supported by the Trusts' Corporate Governance and Membership Manager and Head of Corporate Governance.

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 four times this year, the 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.

The MDC regularly invited stakeholders to the meetings to provide an update on topics such as Patient Engagement, Equality, Diversity and Inclusion, and Wellness and HR updates. The MDC agreed on local events and with the support of operations were able to attend 7 local events to engage with the public and increase the membership figures. The MDC agreed that for 2024 the Governors would attend four events with large footfall and invite other directorates to help showcase SECamb, as the events in 2023 showed that the public were interested in working and volunteering for SECamb.

Our Annual Members Meeting (AMM) took place at the South of England Showground in Ardingly, West Sussex. This event provided a valuable opportunity for members, staff, volunteers, and the public to engage with all aspects of SECamb. The meeting featured an interactive question and answer session with the Board members, hosted by our Chief Executive Officer and Chair. During this session, a grateful patient stood up to express heartfelt thanks to the crew and services that assisted him during a heart attack. Additionally, there was a live demonstration showcasing our response to a suspected heart attack, illustrating the process from initial assessment to CPR.

Governor Development Committee (GDC)

The GDC meets four times during the year and is open to all Governors to attend and is supported by the Trust's Head of Corporate Governance. The GDC is currently Chaired by Andrew Latham the Lead Governor and Peter Shore the 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.

Nomination 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 Karen Norman 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 Nominations Committee (NomCom) is a Committee of the Council that makes recommendations to the Council on the appointment and remuneration of Non-Executive Directors (NEDs) and considers NEDs' appraisals, including the appraisal of the Chair.
- Chair Recruitment
 - The Nominations Committee led a process to appoint a new Chair to the Trust.

This culminated in the appointment of Usman Khan and then Michael Whitehouse OBE.

- Michael commenced in post in March 2025.
- Usman left this post due to take up a full-time Executive Director role elsewhere within the NHS.
- Non-Executive Directors Recruitment
 - The Nominations Committee led a recruitment process, using Gatenbysanderson head-hunter for a new Non-Executive Director which led to the Council accepting the recommendation to appoint both Professor Karen Norman and Mojgan Sani.

The Council of Governors

The Council comprises Public Governors, Staff-elected Governors, and Appointed Governors from key partner organisations. Public Governors represent four constituencies across the area where SECamb works: Surrey, Kent and Medway, West Sussex, and Brighton and East Sussex. Staff-elected Governors represent either operational (Frontline) or non-operational staff. The council elects a Lead Governor and Deputy Lead Governor every two years.

Lead Governor's Report

Leigh Westwood (Public Governor, Brighton and East Sussex Governor), Lead Governor from 2020 to 2024, reports on behalf of the Council of Governors.

This report will focus on how the Council – a group of 23 volunteers, including public, staff, and people from our key partner organisations has fulfilled its statutory duties in the past year.

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

- To represent the interests of our Foundation Trust members and the wider public
- To hold the Non-Executive Directors (NEDs) to account for the performance of the Board
- To be consulted and continue to trust forward plans
- Recruit Independent Non-Executive Directors

Throughout the year, the Governors have continued to observe the Board meetings and Board Committees, and this has provided the Council with the assurance that the Board Scrutiny and oversight have continued. The Foundation Trust membership engagement and recruitment, as well as external events, have been successful, with attendance:

- South of England Show
- Eastbourne 999 Emergency Services Weekend
- KSS Air Ambulance Heli Hike/Fun Days
- Brooklands Emergency Services Day

Communication via our membership newsletter, Membership Matters, has continued, and although our membership numbers remain strong, we are consistently looking at ways to increase and engage with our membership. By doing so, we can listen to the public we serve and ensure that we continue to shape ourselves into a service with vision, direction

a known strategy, not just visible to our colleagues but also the public. We have restarted holding online governor-led constituent events as another way to ensure we are hearing from our membership base.

The Council has a rolling agenda of scrutiny items covering the remits of each of the Board Committees, and these have continued throughout the year. The Governors have questioned the non-executives between meetings which have included the following topics:

- Safety of colleagues on the frontline
- Seeking assurance on the provision of wellbeing and mental health support for colleagues
- Progress made in recording Public Access Defibrillator locations and maintaining them
- Supporting the effective use of our Community First Responders, Emergency Responders, and Community Falls Teams to respond to calls
- Financial performance
- Development and implementation of the Trust Strategy
- Trust performance with a focus on C2 mean

The core function of the role as a Governor is to recruit the Trust Chair and Non-Executives. This year, the Council has made the following NED appointments and reappointments:

- Usman Khan, the Trust's new Chair, was recruited by the Nominations Committee of the Council, along with Mojgan Sani and Karen Norman
- Usman left the trust to take up another appointment with the NHS. The committee then ran a process to appoint Michael Whitehouse as the Chair of the trust.
- The Council approved a second term of office for Liz Sharp, Paul Brocklehurst, and Subo Shanmuganathan, along with an extension for Michael Whitehouse as our Senior Independent NED.

Governor elections were opened on 13 September 2024, where 10 spaces as Public and Staff Governors are open. It was mentioned that if members would like more information to go to the Governor stand at the AMM.

Finally, I would like to express on behalf of the Council of Governors and the public we serve our very grateful thanks to everyone working for or within SECamb and across the wider health and social care system during the past year for all their care, compassions and service. Thank you for all you have done and continue to do in this challenging environment. As previously mentioned, Governors are required to hold the Non-Executive Directors to account for the performance of the Board and I would like to thank them for the open working relationship that we continue to experience. As a Council, we will continue to ensure that we discharge our duties to the best of our abilities, to continue serving those we represent.

Meet the Governors

Staff Governors

Kirsty Booth, Non-Operational

Kirsty's second term of office runs from 1 March 2022 to 28 February 2028.

Kirsty is the Business Support Manager for the Medical Directorate and has worked for the Trust in a variety of roles for 20 years and is currently the Deputy Lead Governor. 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.

Membership Development Committee member

Governor Development Committee member

Nominations Committee member

Declared interests: Bank contract with National Air Traffic Service (NATS)

Nicholas Harrison, Operational

Nicholas' second term of office runs from 1 March 2022 to 28 February 2028.

Nick was previously a Staff Governor, 2017 – 2020 and was re-elected in 2022. Nick has worked in varying roles within the ambulance service for nearly 18 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 Interest: None

Sam Bowden, Operational

Sam's first term of office started on 1 March 2023 until he resigned 12 December 2024.

Sam started as an Emergency Care Support Worker and progressed internally to a Paramedic and worked through the scope 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 Interest: None

Ariel Mammana, Operational

Ariel's first term of office runs from 1 March 2025 until 28 February 2026.

Ariel Mammana has dedicated over 20 years to SECamb, serving in various roles. He began his career in the Patient Transport Service and advanced to positions as an ambulance technician and paramedic. In recent years, Ariel has supported the Trust and his colleagues as an Operational Team Leader.

Ariel is strongly committed to inclusion, staff welfare, and equality and diversity. He chaired the Inspire Network for one tenure after serving as deputy chair for two years. Ariel is passionate about ensuring meaningful engagement and representing the voices of operational colleagues.

Membership Development Committee Member
Governor Development Committee Member

Declaration of Interest: Trade Union organiser – Trade union activities within the Trust including Joint Partnership Forum (JPF) membership. Member of Ethics Committee for Sussex Police

Garrie Richardson, Operational

Garrie's first term of office runs from 1 March 2025 until 29 February 2028.

Garrie Richardson has been a dedicated member of our West Emergency Operations Centre where he has served as a senior manager for the past six years. In this role as an Emergency Operation Centre Manager, he has overall responsibility for the busy and high-pressured operations centre, including 999 call handling and dispatch functions

His latest role as Business Support Manager sees him provide support within the Integrated Emergency and Urgent Care Directorate for key stakeholders across the trust.

Garrie is also the Chair of the Staff LGBTQ+ Network, 'Pride in SECamb', where he champions inclusivity and support for all staff members.

As an Operational Staff Governor, Garrie is passionate about addressing inequalities in healthcare and combating discrimination. He is committed to ensuring that training within the trust framework is comprehensive and equitable for all.

Membership Development Committee Member
Governor Development Committee Member

Declared Interest: Chair of LGBT Network at SECamb.

Chris Burton, Operational

Chris' first term of office ran from 1 March 2024 until he retired on 9 September 2024.

Chris was previously a Staff Governor ending his term and having a break in 2023.

Membership Development Committee Member
Governor Development Committee Member

Declaration of Interests: None

Public Governors

Brighton & East Sussex

Leigh Westwood

This is Leigh's second term of office running from 1 March 2023 to 28 February 2026.

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. Leigh was also Lead Governor from 2020 till 2024.

Membership Development Committee Member
Governor Development Committee Member
Nomination 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.

Zak Foley

Zak's first term of office runs from 1 April until 31 March 2027.

Zak is at the beginning of his career in the vast healthcare world. In addition to studying Health and Social care, he works as a Lifeguard and volunteers for St John Ambulance. From a young age, Zak has admired the Ambulance Service and all who are a part of it with his future goal to join them as a Paramedic. He has lived in the Brighton area all of his life and is excited to work with others and represent the local community with SECAmb. Zak is our youngest Governor.

Membership Development Committee Member
Governor Development Committee Member

Declared Interests: None

Mark Rist

This is Mark's first term of office starting on 1 March 2025, and will end on 29 February 2028.

Mark Rist retired as Director of Response & Resilience from Kent Fire and Rescue Service in December 2024, after 31 years of dedicated service. His career spanned roles in East Sussex Fire & Rescue Service, the London Fire Brigade, and Kent Fire & Rescue Service.

Throughout his service, Mark worked closely with ambulance service colleagues in frontline operations and later in planning multi-agency responses, including support for SECamb during the COVID-19 pandemic. This experience provided him with valuable insights into the workings of the ambulance service and the dedication of its staff to delivering excellent public service.

In 2021, Mark was appointed as a Governor for SECamb, finding the role both informative and rewarding. Governors actively contribute to the service by supporting the board, particularly the Non-Executive Directors. Upon retiring, Mark chose to continue his support for SECamb and was elected as a Public Governor for Brighton & East Sussex.

Mark continues to work part-time, mentoring and developing the next generation of Fire and Rescue Service commanders.

Membership Development Committee Member
Governor Development Committee Member

Declared Interest: Trustee for the charity Kent Search & Rescue

Kent & Medway

Colin Hall

Colin's second term of office started on 1 March 2023 until he resigned in April 2025.

Colin worked for Kent Ambulance Service for 15 years in the 1970s and 1980s and went on to work with London Ambulance Service in their 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

Linda's first term of office began on 1 March 2022 and ended on 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. 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.

Frances Pollard

Frances' first term of office runs from 1 March 2025 until 29 February 2028.

Frances Pollard has lived and worked in South East England for more than 50 years and has had a connection with the emergency services for most of her working life.

In the late 80s and 90s, Frances worked as a nurse in both the NHS and the private sector before opting for a career change and becoming a police officer in 1995. She retired in 2022 at the rank of Chief Inspector, with more than 26 years of service with the Metropolitan Police Service.

Frances is deeply committed to those who work in the emergency services. She has previous experience using the ambulance service and has worked closely with them in her previous roles. She joined SECamb as a governor to help consider how to improve public and employee satisfaction and promote acknowledgment of the important role of SECamb undertakes within the NHS structure.

Frances is dedicated to improving the systems and support for the emergency service workers and is passionate about making a positive impact in her community.

Membership Development Committee Member

Governor Development Committee Member

Declared Interest: Invigilator for public exams.

Barbara Wallis

Barbara's first term of office began on 1 March 2023 and ended when she resigned on 15 April 2024.

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.

Membership Development Committee Member

Governor Development Committee Member

Declaration of Interests: None

Surrey

Martin Brand

Martin's second term of office runs from 1 March 2024 until 28 February 2027.

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 and then as a program/project manager. Before this, he had a career in the Post Office and then Royal Mail.

He has user experience with 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 of 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 constructively.

Membership Development Committee Member

Governor Development Committee Member

Declared interests: Lay representative NHS England Training and Workforce Directorate Kent, Surrey and Sussex 2022 - 2027

Ann Osler

Anne's first term of office started on 1 March 2022, ending 28 February 2025.

Ann lives in Guildford and has been a member of our Trust for 10 years. 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 program and systems IT analyst for 20 years and then in 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

Peter's first term of office runs from 1 March 2023 until 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. Before 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 - Chair
Governor Development Committee member – Deputy Chair

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

Raymond Rogers

Raymond's first term of office runs from 1 April 2024 until 31 March 2027.

Ray was for 12 years a Governor at the Royal Surrey NHS Foundation Trust until his term of office recently came to an end. For 3 years he was Deputy Lead Governor. During that time, he experienced the value of the involvement of the public in a Trust's affairs through its Governors. He also saw firsthand the importance of the ambulance service and the skills of its staff. Consequently, he decided to put his name forward to be a Governor at SECamb and was delighted to be elected.

As for his background, he was

- A medical physicist.
- Director of the UK body responsible for all medical devices except medicines.
- Director, Department of Health, responsible for information management and IT in the NHS.
- Membership Development Committee Member
- Governor Development Committee Member

Declared Interests: None

Aidan Parsons

Aidan's first term of office runs from 1 March 2025 until 29 February 2028.

Aidan is an experienced NHS operational leader with more than 10 years' service in acute NHS providers across Surrey. He has previously served as a staff governor at Ashford and St Peter's Hospitals NHS Foundation Trust. Currently, Aidan is Head of General Medicine at Royal Surrey County Hospital and is keen to support SECamb as a key partner organisation.

In his spare time, Aidan serves as a Commissioned Officer in the British Army, leading medical teams as a Troop Commander in the Royal Army Medical Service.

He has deployed alongside military paramedics and combat medics both domestically and internationally to support their development and capabilities.

Aidan has a strong interest in NHS leadership and decision-making. He is currently undertaking PhD research in this field, aiming to enhance how NHS leaders evaluate complex environments and make decisions.

Membership Development Committee Member
Governor Development Committee Member

Declared interests: Employed full time with Royal Surrey Council County Hospital NHS Foundation Trust

West Sussex

Andrew Latham, Lead Governor 2024 – 2025

Andrews second term of office runs from 1 March 2022 until 28 February 2028.

Andrew 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 and his involvement with the Trust goes back for over thirty years as he has been a St John Ambulance volunteer for decades. Andrew Latham has taken over the role of Lead Governor from June 2025 for a two year term.

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

Declared interests: SECamb Volunteer Responder

Harvey Nash

Harvey's first term of office runs from 1 March 2023 until 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.

Membership Development Committee member
Governor Development Committee member

Declared interests:

- Teir 1 Judge & Presiding Justice of the Family Court – Current till 24 May 2026.
- Co-Chair, Sussex Family Panel – Current till 31 March 2026
- Magistrates Association, MA Council Member for Sussex, Member Sussex MA Executive – Current till 24 May 2026

Andrew Cuthbert

Andrew's first term of office runs from 1 March 2025 until 29 February 2028.

Born in Ayrshire, Scotland, Andrew has dedicated more than two decades to the fire service, bringing a wealth of experience and expertise to emergency response and public safety.

He has lived in West Sussex for more than 23 years, where his career in firefighting first began with West Sussex Fire and Rescue.

Currently serving as a Station Officer at Paddington Fire Station within the London Fire Brigade, Andrew plays a crucial role in leading crews, managing emergency incidents, and ensuring operational readiness.

His professional development and achievements include training in Tier 3 fire investigation and emergency response driving, equipping him with the skills to assess fire scenes and make critical decisions under pressure.

Andrew has managed many high-profile incidents and consistently drives high standards in his daily work. With a deep commitment to public safety, leadership, and continuous learning, he has built a reputation for reliability, integrity, and excellence in his field. His extensive experience in fire service operations has made him a respected figure among colleagues, always striving to uphold the highest standards of safety and professionalism.

Membership Development Committee Member
Governor Development Committee Member

Declared Interests: Secondary employment – station officer with London Fire Brigade.

Appointed Governors

Charity Sector

Vanessa Wood Chief Executive of Age UK Thanet

Vanessa's second term of office runs from 8 July 2022 until 7 July 2025.

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. This branch of Age UK supports those aged over 50 living in Thanet to remain independent. They also work to reduce loneliness and isolation

Membership Development Committee member
Governor Development Committee member

Declared interests: CEO of Thanet Age UK

Fire

Mark Rist – Director of Response and Resilience

Mark's first term of office ran from 15 July 2022 until his retirement in September 2024.

Mark is the director of Response and Resilience for Kent Fire and Rescue Service (KFRS) and is responsible for service delivery from the service's 56 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.

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.

Matthew Deadman

Matthew's first term of office runs from 9 December 2024 until 8 December 2027.

Matt is responsible for delivery of Kent Fire and Rescue Service's operational response, our fire stations, fire and rescue control centre, and national resilience assets.

Matt's areas of responsibility also include health and safety, fleet and equipment, business continuity, and emergency planning arrangements.

Matt has served with KFRS for 20 years. Prior to becoming director, Matt served as an area manager and then assistant director in KFRS, leading the response function. He began his career as a firefighter and has also worked in our fire and rescue control centre. Matt has additional roles with the National Fire Chiefs Council (NFCC) as the lead officer for transport and infrastructure. He has also recently been appointed as a trustee of Kent Search and Rescue (KSAR).

Matt holds a BA in War Studies and History, an MA in Management, and is also a Member of the Institute of Fire Engineers. Matt deputises for the chief executive as required.

Membership Development Committee member

Governor Development Committee member.

Declared Interests: Director of Responses and Resilience for Kent and Rescue Services

University**Dr Angela Glynn – Dean of the School of Sport & Health Sciences, University of Brighton**

Angela's first term of office runs from 15 July 2022 until 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 to meet workforce needs.

Membership Development Committee member

Governor Development Committee member.

Declared interests: Employed by University Hospitals Sussex

Ellie Simpkin

Elli's first term of office runs from 8 March 2024 until 7 March 2027.

Ellie is a Governance Officer at Queen Victoria Hospital NHS Foundation Trust. Working as part of the corporate governance team she provides support to the Trusts assurance committees, ensuring information flow from ward to board and sound decision-making. She believes that robust governance systems and practices are fundamental in the provision of high-quality patient care.

Ellie joined QVH in August 2022 from East Sussex Fire & Rescue Service and has spent much of her career working in governance roles within local authorities. She is currently studying with the Chartered Governance Institute for her Advanced Certificate in Health Service Governance.

Membership Development Committee member
Governor Development Committee member.

Declared interests: None.

Stephen Mardlin

Stephen's first term of office runs from 19 March 2024 until 18 March 2027.

Stephen is the Hospital Director for Worthing and Southlands Hospitals, part of University Hospitals Sussex NHS Foundation Trust. Appointed in March 2023 he is responsible and accountable for the management and leadership of the Hospitals, including delivery of safe and high-quality clinical care and the best possible patient experience. He delivers hospital performance and effective day-to-day flow whilst working with the clinical leadership teams to deliver local and national performance targets and standards. Before joining the Trust, Stephen was a Captain in the Royal Navy where he served for 33 years as a Logistics Officer.

Membership Development Committee member
Governor Development Committee member.

Declared interests: None.

Andy Erskine

Andy's first term of office runs from 25 April 2024 until 24 April 2027.

Andy is a qualified social worker who has held a variety of leadership roles within health and social care for almost 30 years. He is currently the Deputy Chief Operating Officer at Surrey and Borders Partnership NHS Foundation Trust. Within his roles he has supported the development of a Single Point of Access (connecting with 111) for people who have poor mental health and Safe Havens within Surrey (drop-in services for people that reduce presentations to Emergency Departments). He has a keen interest in how all of the public sectors can work together to support marginalised and vulnerable groups of people.

Membership Development Committee member
Governor Development Committee member.

Declared interests: Deputy Chief Operating Officer for Surrey and Borders NHS Foundation Trust.

Statutory Duties

The Governors have certain statutory duties that they are expected to perform as part of their role. The statutory responsibilities of the Council of Governors as a collective body are:

- Appoint and, if appropriate, remove the Chair and Non-Executive Directors.
- Set the pay levels and conditions of employment for the Chair and Non-Executive Directors.
- Approve the appointment of the Chief Executive (the Council does not appoint the Chief Executive).
- Appoint and, if appropriate, remove the NHS Foundation Trust's auditor; and
- Receive the NHS Foundation Trust's Annual Accounts, and report of the auditor on them, and the annual report at a general meeting of the Council of Governors.

Other Governor Engagement Activities

- Governors attended numerous local events during the year to recruit new members into the Trust including the South of England Show at Ardingly in West Sussex, KSS Air Ambulance Days in Guildford, Midhurst and Aylesford, Brooklands Emergency Fun Day in Surrey, and 999 Emergency Service Weekend in Eastbourne.
- The Governors are invited to observe our frontline crews in action by spending time on our ambulances and in our Emergency Control Centre's. They are also invited to take part in the Quality and Engagement visits and the Health and Safety Audit review visits.
- Appointments and Elections.
- Governors are asked to observe the NEDs Committees, the aim of the observation is for the Governors to see and understand the assurance NEDs seek in action.

Public and Staff Governor Elections were held during the year, and the results were announced on 11th November 2024 as follows:

- Garrie Richardson – Operational Staff
- Nicholas Harrison – Operational Staff
- Aidan Parsons – Surrey
- Andrew Cuthbert – West Sussex
- Frances Pollard – Kent and Medway
- Mark Rist – East Sussex and Brighton
- Kirsty Booth – Staff Non-Operational

We were joined by Matt Deadman who is Director of Response and Resilience with Kent Fire and Rescue Service. Matt is our Appointed Governor covering the position of a Category 1 Responders Network.

At the end of the year, we have the following vacancies for Public Governors:

- Kent and Medway x 3

We will be looking to fill three Appointed Governor positions from July 2025.
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	Extraordinary 26 April 2024	12/07/24	Extraordinary 26 July 2024	13 September 2024	12 December 2024	Extraordinary 7 January 2025	Extraordinary 5 February 2025	13/03/2025
Usman Khan	Chair	✓ (as delegate)	✓	✓	✓	✓	✓	✓	
David Astley	Chair	-							
Simon Weldon	Chief Executive	-	✓	-	✓	✓	-	-	-
Michael Whitehouse	Senior NED	✓	✓	✓	✓	✓	-	-	✓
Subo Shanmuganathan	NED	-	✓	-	✓	✓	-	-	✓
Howard Goodbourn	NED	-	-	-	✓	✓	-	-	✓
Liz Sharp	NED	-	✓	-	✓	✓	-	-	✓
Karen Norman	NED	-	✓	-	✓	✓	-	-	✓
Paul Brocklehurst	NED	-	✓	-	-	-	-	-	✓
Max Puller	NED	-	-	-	-	-	-	-	-

Peter Lee	Director of Corporate Governance and Company Secretary	-	✓	✓	✓	✓	✓	✓	✓
Mojgan Sani	NED	-	-	-	-	-	-	-	-

Key	
✓	In attendance
A	Attends
-	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:

			CoG								Joint Board/CoG		GDC				MDC		
			* 28 April 2024	12 July 2024	* 12 July 2024	13 September 2024	12 December 2024	* 7 January 2025	* 5 February 2025	13 March 2025	25 April 2024	5 December r 2024	13 June 2024	15 August 2024	14 November r 2024	20 Februar y 2025	13 June 2024	15 August 2024	14 November r 2024
Andrew Latham	01.03.22 28.02.25	-	West Sussex	-	✓	✓	-	✓	✓	-	✓	✓	-	✓	✓	✓	-	✓	✓
Andy Erskine	25/04/24 24/04/27	-	Appointed	✓	✓	-	✓	✓	✓	-		✓	-	✓	✓	✓	-	-	-
Angela Glynn	15.07.22 14.07.25	-	Appointed	-	✓	✓	✓	✓	✓	-	✓	-	✓	-	✓	-	✓	✓	✓
Ann Osler	01.03.22 28.02.25	-	Surrey	-	✓	✓	✓	✓	✓	-		✓	-	✓	✓	✓	-	-	✓
Barbara Wallis	01.03.23 Resigned		Kent and Medway																
Colin Hall	2 nd Term		Kent and Medway	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chris Burton	01.03.24 Resigned 09.09.24	-	Operational	✓	✓	-					✓		✓	-			✓		
Ellie Simpkin	08/03/24 07/03/24	-	Appointed	-	✓	✓	✓	✓	-	✓	✓	✓	-	✓	-	-	-	✓	-
Harvey Nash	01.03.23 28.02.26	-	West Sussex	-	-	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kirsty Booth	01.03.22 28.02.25	-	Non- Operational	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	-
	2nd term			✓	✓	✓	✓	✓	✓	✓	✓	-	✓	-	-	✓	✓	-	-

Leigh Westwood	01.03.23 28.02.26	-	East Sussex and Brighton																
Linda Caine	01.03.22 28.02.05	-	Kent and Medway	✓	✓	✓	-	-	✓	✓		✓	-	-	-	-	-	-	-
Mark Rist	15.07.22 Resigned 01.09.2024	-	Appointed	✓	✓	✓						-		-	✓			-	✓
Mark Rist	01/03/2028- 29/02/2028		East Sussex and Brighton								-								
Martin Brand	01.03.22 29.02.24	-	Surrey	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	-	-	✓	✓	-	✓
Nicholas Harrison	2nd Term		Operational	✓	✓	✓	✓	✓	✓	✓	✓	-	-	✓	-	-	-	-	-
Peter Shore	01.03.23 28.02.26	-	Surrey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ray Rogers	01/04/27 31/03/27	-	Surrey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	-	-	✓
Sam Bowden	01.03.23 Resigned 12/12/24	-	Operational	✓	✓	-	✓	✓				✓	-	-	-	-	-	-	-
Stephen Mardlin	19/03/24 18/03/27	-	Appointed	-	-	-	✓	-	✓	-	✓	✓	-	✓	-	✓	-	-	-
Vanessa Wood	2nd Term 08.07.22 07.07.25	-	Appointed	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Zak Foley	01/04/24 31/03/27	-	East Sussex and Brighton	-	✓	✓	✓	✓	-	✓	✓	✓	-	✓	-	✓	✓	-	✓
Frances Pollard	01/03/2025 - 29/02/2028		Kent and Medway								✓								

Garrie Richardson	01/03/2025 - 29/02/2028	Operational								✓									
Matthew Deadman	01/03/2025 - 29/02/2028	Appointed								✓									
Ariel Mammana	01/03/2025 - 29/02/2028	Operational								-									
Aidan Parsons	01/03/2025 - 29/02/2028	Surrey								✓									

Key	
*	Extraordinary Meeting
✓	Member in Attendance
A	Attends
-	Not in attendance
	Not in post

Membership Report

SECamb continues to be actively engaged with the community and encourages local people to sign up as a Trust member. SECamb has a total Public membership of 9,243 as of 23rd April 2025. There are just over 4,800 staff members who are automatically members of the Trust after a year of service.

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 operates.

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.

Demographics	Public	% of Membership	Base	% of Area
0-16	2	0.02	2,742,832	19.36
17-21	38	0.41	848,803	5.99
22-29	300	3.25	1,651,977	11.66
30-39	799	8.64	2,208,300	15.59
40-49	1,029	11.13	1,957,064	13.81
50-59	1,126	12.18	1,803,010	12.73
60-74	1,319	14.27	1,891,683	13.35
75+	919	9.94	1,063,507	7.51
Gender	9,243	100.00	14,167,175	100.00
-	685	7.41	0	0.00
Male	3,552	38.43	6,896,765	48.68
Female	4,974	53.81	7,270,410	51.32
Neither of these options	21	0.23	0	0.00
Prefer not to say	11	0.12	0	0.00
Ethnicity	9,243	100.00	13,759,406	100.00
White - English, Welsh, Scottish, Northern Irish, British	7,295	78.92	7,276,519	52.88
White - Irish	85	0.92	199,642	1.45
White - Gypsy/Romany	7	0.08	63,230	0.46
White - Other	193	2.09	1,583,833	11.51
Mixed - White and Black Caribbean	14	0.15	162,252	1.18
Mixed - White and Black African	9	0.10	97,962	0.71
Mixed - White and Asian	28	0.30	172,178	1.25
Mixed - Other Mixed	29	0.31	209,696	1.52
Asian or Asian British - Indian	102	1.10	749,529	5.45
Asian or Asian British - Pakistani	39	0.42	325,466	2.37
Asian or Asian British - Bangladeshi	12	0.13	341,399	2.48
Asian or Asian British - Chinese	18	0.19	176,855	1.29
Asian or Asian British - Other Asian	56	0.61	484,690	3.52
Black or Black British - African	51	0.55	768,151	5.58
Black or Black British - Caribbean	33	0.36	363,527	2.64
Black or Black British - Other Black	17	0.18	158,606	1.15
Other Ethnic Group - Arab	0	0.00	0	0.00
Other Ethnic Group - Any Other Ethnic Group	19	0.21	625,871	4.55
White - Roma	0	0.00	0	0.00
White - Traveller of Irish origin	0	0.00	0	0.00
Not stated	1,236	13.37	0	0.00

We monitor our representation in terms of disability, sexual orientation, and gender, although this is not required by our regulator. The data in this report excludes 3,711 public members with no stated date of birth, 1,236 members with no stated ethnicity, and 685 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.

Annual Members Meeting

The Trust held its Annual Members Meeting (AMM) on Friday 13th September 2024 incorporating a showcase of SECamb's services and service developments, updates on the Trust's Strategy plan, and a Q&A session with SECamb staff, Board members and Governors.

The AMM was held on the same day as our Public Council meeting but there was a low number of public members observing both the Council and Formal AMM meeting compared to last year's meeting. The Trust Members and general public were invited through our website, social media platforms, newsletter and emails. Though there was a low number of Public members, there was a high number of Staff members that attended the AMM exhibition and Formal meeting. For the next AMM there is a big push on getting public members and the general public to attend.

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.

East Sussex, Brighton & Hove:
eastsusgov@secamb.nhs.uk

Kent, Medway, East London:
kentgov@secamb.nhs.uk

Surrey, NE Hampshire & West London:
surreygov@secamb.nhs.uk

West Sussex:
westsusgov@secamb.nhs.uk

NHS England Well-Led Framework

The last CQC inspection was in 2022 when the Trust was rated Requires Improvement; Inadequate for Well Led. This led to Enforcement Undertakings and in June 2022 being placed in the Recovery Support Programme (RSP).

As reported in the Annual Report in 2023/24 significant focus was given to addressing the shortcomings against the Well-Led Framework and during the past 12 months further progress was made, supported by the significantly improved feedback from the Annual Staff Survey, with the issues identified in the RSP exit criteria now addressed. NHS England confirmed in March 2025 that the Enforcement Undertakings had therefore been removed, and the Trust had exited RSP.

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), which guides the focus of the Board and its committees. This helps enable to the Board to seek ongoing assurance that the Executive continues to maintain a sound and effective system of internal control. The BAF sets out progress with the agreed objectives for the year, which were aligned with our strategic aims - Quality, People, and Sustainability & Partnerships.

The work of Internal Audit is key source of assurance for the Board that the actions to improve the governance of quality are effective. As set out on the Annual Governance Statement, the level of assurance has improved compared to last year with a positive Annual Head of Internal Audit Opinion.

There are no material inconsistencies between the Annual Governance Statement, the annual report, the BAF or reports from the CQC.

Remuneration Report

Annual Statement on Remuneration

Details of the membership and attendance at the Appointments and Remuneration Committee (ARC) 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. There were no substantial changes related to remuneration of directors in the past year, other than a cost-of-living increase.

For details regarding the date of service contract for directors please refer to the Director's Report.

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 2024 the NHS England National Chief Workforce Officer wrote to the Chairs of Foundation Trusts informing them of the recommendation for the 2024/25 annual pay increases for Very Senior Managers (VSMs). The ARC implemented this recommendation which was a 5% increase to be applied during 2024/25 and backdated to 1 April 2024.

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

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.

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

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

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

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

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

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

The current Chair's remuneration is £49k per annum which is between the Median and Upper Quartile, and this remains the remuneration received by the Chair as at 2024/25.

The Nominations Committee 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

	2024/25	2023/24
Number of Directors	23	21
Number of Directors claiming expenses	17	6
Total claimed (£'00)	226	110

Governor Expenses

Governors	Amount £
ANN OSLER	238.41
LINDA CAINE (RAINHAM)	69.22
MARTIN BRAND	50.31
PETER SHORE	242.55
RAYMOND ROGERS	289.11
STEPHEN MARDLIN	142.20
ZAK L FOLEY	184.64
HARVEY NASH	137.16
FRANCES POLLARD	106.56
MARK RIST	45.00
Total	1,505.16

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.

2024-25 Remuneration report

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
David Astley*	Chair	5-10	0	0	0	0	5-10
Usman Khan**	Chair	40-45	0	0	0	0	40-45
Michael Whitehouse***	Chair	0-5	0	0	0	0	0-5
Simon Weldon	Chief Executive	205-210	0	0	0	0	205-210
Simon Bell	Chief Finance Officer	185-190	0	0	0	0	185-190
Niamat (Ali) Mohammed****	Executive Director of HR & OD	160-165	0	0	0	0	160-165
Sarah Wainwright	Director of HR & OD	130-135	0	0	0	0	130-135
Dr Rachel Oaten*****	Chief Medical Officer	210-215	0	0	0	0	210-215
Dr Richard Quirk	Acting Chief Medical Officer	130-135	0	0	0	2.5-5.0	135-140
Emma Williams*****	Executive Director of Operations	65-70	0	0	0	0	65-70
Justine (Lara) Waywell*****	Acting Executive Director of Operations	5-10	0	0	0	0	5-10

*Left May 2024

** Started May 2024 left March 2025

*** Begun role of Chair in March 2025

**** Left October 2024. Salary includes a contractual Payment in Lieu of Notice £80k and payment in lieu for annual leave.

***** Left November 2024. Salary includes a contractual Payment in Lieu of Notice £77k and payment in lieu for annual leave.

***** Left September 2024

***** Started and left role September 2024

2024-25 Remuneration report (continued)

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Jennifer Moore (Allan)*	Chief Operating Officer	100-105	0	0	0	0	100-105
Jaqualine Lindridge**	Chief Paramedic	65-70	0	0	0	42.5-45.0	110-115
David Ruiz-Celada	Executive Director of Strategic Planning & Transformation	135-140	0	0	0	32.5-35.0	165-170
Stephen Bromhall***	Chief Digital Information Officer	165-170	0	0	0	0	165-170
Margaret Dalziel	Director of Quality & Nursing	160-165	0	0	0	37.5-40.0	200-205
Michael Whitehouse****	Independent Non- Executive Director	15-20	0	0	0	0	15-20
Howard Goodbourn	Independent Non- Executive Director	10-15	0	0	0	0	10-15
Dr Subathra (Subo) devi Shanmuganathan	Independent Non- Executive Director	15-20	0	0	0	0	15-20
Paul Brocklehurst	Independent Non- Executive Director	10-15	0	0	0	0	10-15

*Started October 2024

** Started October 2024

*** Started May 2024

**** Left role to become Trust Chair in March 2025

2024-25 Remuneration report (continued)

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Elizabeth Sharp	Independent Non-Executive Director	15-20	0	0	0	0	15-20
Mark (Max) Puller	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Professor Mojgan Sani*	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Professor Karen Norman**	Independent Non-Executive Director	10-15	0	0	0	0	10-15

* Started June 2024

** Started July 2024

2023/24 single total figure table

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
David Astley	Chair	45 - 50	0	0	0	0	45 - 50
Simon Weldon**	Chief Executive	210 - 215	0	0	0	0	210 - 215
Martin Sheldon***	Interim Chief Executive	15 - 20	0	0	0	0	15 - 20
Charles Porter	Interim Chief Finance Officer	40 - 45	0	0	0	0	40 - 45
Saba Sadiq	Chief Finance Officer	110 - 115	0	0	0	7.5 - 10	120 - 125
Simon Bell	Interim Chief Finance Officer	15 - 20	0	0	0	0	15 - 20
Niamat (Ali) Mohammed	Executive Director of HR & OD	160 - 165	0	0	0	0	160 - 165
Tim Widdowson	Interim Director of HR & OD	5 - 10	0	0	0	0	5 - 10
Dr Rachel Oaten	Chief Medical Officer	150 - 155	0	0	0	0	150 - 155
Dr Richard Quirk	Acting Chief Medical Officer	20 - 25	0	0	0	0	20 - 25
Emma Williams*	Executive Director of Operations	130 - 135	4,400	0	0	0	140 - 145
David Ruiz-Celada	Executive Director of Strategic Planning & Transformation	125 - 130	0	0	0	27.5 - 30	155 - 160

* All taxable benefits disclosed in col b are in respect of leased cars

**Started April 2023

***Started April 2023 Left April 2023

2023/24 single total figure table (continued)

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Robert Nicholls	Executive Director of Quality & Nursing	5 - 10	0	0	0	0	5 - 10
Margaret Dalziel	Interim Director of Quality & Nursing	95 - 100	0	0	0	30 - 32.5	125 - 130
Michael Whitehouse	Independent Non-Executive Director	15 - 20	0	0	0	0	15 - 20
Howard Goodbourn	Independent Non-Executive Director	10 - 15	0	0	0	0	10 - 15
Dr Subathra (Subo) devi Shanmuganathan	Independent Non-Executive Director	10 - 15	0	0	0	0	10 - 15
Paul Brocklehurst	Independent Non-Executive Director	10 - 15	0	0	0	0	10 - 15
Elizabeth Sharp	Independent Non-Executive Director	10 - 15	0	0	0	0	10 - 15
Mark (Max) Puller	Independent Non-Executive Director	10 - 15	0	0	0	0	10 - 15
Professor Thomas Joseph Quinn	Independent Non-Executive Director	10 - 15	0	0	0	0	10 - 15

Fair pay disclosure

Percentage Change in Remuneration of Highest Paid Director

Reporting bodies are required to disclose the percentage change in remuneration for the highest paid director between financial years, along with the percentage change for employees of the entity as a whole. The below table provides a comparison of these changes for Salary and Allowances, and for Performance Pay and Bonuses.

2024 to 2025	Percentage Change for Highest Paid Director	Percentage Change for Employees as a Whole
Salary and Allowances	-2.4%	2.3%
Performance pay and bonuses	-	-

2023 to 2024	Percentage Change for Highest Paid Director	Percentage Change for Employees as a Whole
Salary and Allowances	49.1%	4.2%
Performance pay and bonuses	-	-

The highest paid director's salary and allowance decreased year on year due to the director taking an unpaid break during the year. The significant increase from 2023 to 2024 is driven by the highest paid director in 2022-23 taking on the acting up role of Chief Executive (CEO), whilst agreeing to remain on non-CEO Very Senior Manager (VSM) contract that attracted a lower pay than a CEO VSM contract.

Pay ratio information

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest-paid director in the organisation in the financial year 2024-25 was £205,000-£210,000 (2023-24, £210,000-£215,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2024 to 2025	25th percentile	Median	75th percentile
Total remuneration (£)	33,108	40,212	50,914
Salary component of total remuneration (£)	33,108	40,212	50,914
Pay ratio information	6.3:1	5.2:1	4.1:1

2023 to 2024	25th percentile	Median	75th percentile
Total remuneration (£)	31,591	39,861	50,989
Salary component of total remuneration (£)	31,591	39,861	50,989
Pay ratio information	6.8:1	5.4:1	4.2:1

The ratio between the current and prior years are driven by the in year 5.5% NHS Agenda for Change pay award and the highest paid director taking an unpaid break during the year.

In 2024-25, 0 (in 2023-24, 1) employees received remuneration in excess of the highest-paid director / member. Remuneration ranged from £23,615 to £221,171 (2023-24 £22,383-£266,863).

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

2024/25 Pension benefits

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age as at 31 March 2025 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000) £000	Cash Equivalen t Transfer Value at 01 April 2024 £000	Real Increase in Cash Equivalen t Transfer Value £000	Cash Equivalen t Transfer Value at 31 March 2025 £000	Employe rs Contribu tion to Stakehol der Pension £000
Simon Weldon	Chief Executive	0	0	10-15	0	1,591	0	206	32
David Ruiz-Celada	Executive Director of Strategic Planning & Transformation	2.5-5.0	0	5-10	0	63	12	95	19
Margaret Dalziel	Director of Quality & Nursing	2.5-5.0	0	5-10	0	37	31	89	22
Jaqualine Lindridge	Chief Paramedic	0.0-2.5	2.5-5.0	40-45	105-110	718	41	860	9
Dr Richard Quirk	Acting Chief Medical Officer	0.0-2.5	0	30-35	70-75	543	0	591	19

2023/24 Pension benefits

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age as at 31 March 2024 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01 April 2023 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2024 £000
Simon Weldon	Chief Executive	0 - 2.5	40 - 42.5	65 - 70	170 - 175	1,275	160	1,591
Saba Sadiq	Chief Finance Officer	0 - 2.5	0 - 2.5	20 - 25	0 - 5	241	25	323
Emma Williams	Executive Director of Operations	0 - 2.5	27.5 - 30	45 - 50	120 - 125	737	183	1,012
David Ruiz-Celada	Executive Director of Strategic Planning & Transformation	0 - 2.5	0.00	5 - 10	0 - 5	26	18	63
Robert Nicholls	Executive Director of Quality & Nursing	0.00	0.00	5 - 10	0 - 5	993	0	109
Margaret Dalziel	Interim Director of Quality & Nursing	0 - 2.5	0.00	0 - 5	0 - 5	0	23	37
Dr Richard Quirk	Interim Chief Medical Officer	5 - 7.5	15 - 17.5	25 - 30	70 - 75	0	99	543

The Trust is a member of the NHS Pension Scheme which is a defined benefit Scheme, though accounted for locally as a defined contribution scheme. The Trust does not operate nor contribute to a stakeholders pension scheme. Non-Executive Directors are not members of the Trust pension scheme. Disclosure is made in respect of pension benefits for those Directors who were active members of the NHS Pension Scheme during 2024/25. Where a Director temporarily suspends their membership and subsequently rejoins the Scheme, their increases in pension benefits and CETV can be significant as they will cover the period where membership was suspended.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The Public Sector Pension Scheme Remedy - (McCloud)

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The Public Service Pensions Remedy puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'.

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

The Appointments & Remuneration Committee is responsible for setting senior managers remuneration and ensure these are reasonable.

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: 27/06/2025

STAFF REPORT

Staff Report

As of 31 March 2025, the breakdown of our staff between clinical and support roles was as follows:

Staff Group	Permanent	Other	Headcount
A&E	3166	130	3296
111	441	24	465
EOC	599	118	717
Support	555	103	658
TOTAL	4761	375	5136

87% 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.

	Total	2024/25	Other	Total	2023/24	Total
	£000	Permanently employed £000	£000	£000	Permanently employed £000	£000
Employee costs						
Salaries & wages	208,086	207,572	514	191,237	191,075	162
Social security costs	21,641	21,641	0	20,478	20,478	0
Employer contributions to NHS pension scheme	26,362	26,362	0	23,375	23,375	0
Pension cost - employer contributions paid by NHS England on provider's behalf: (2024/25: 9.4% 2023/24: 6.3%)	17,170	17,170	0	10,174	10,174	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(1,015)	(1,015)	0	(1,100)	(1,100)	0
Costs capitalised as part of assets	705	78	627	676	511	165
Agency staff	2,348	0	2,348	2,422	0	2,422
Employee benefits expense	275,297	271,808	3,489	247,262	244,513	2,749

III Health Retirement

During 2024/25 there were 5 (2023/24: 10) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £682k (2023/24: £1,143k) 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 Centre role	Information Occupational	NHS Information Centre Occupational code	SECamb equivalent roles	FTE workforce (rounded to nearest whole no.)
Doctor		030 921	Medical Director/Deputy Lead General Practitioner	2 1
Manager		A0A	Operating Unit Manager Operational Team Leader Operations Manager	454
Manager		A0B	HART Operations Manager HART Team Leader	34
Consultant Paramedic		A4A & A4D	Consultant Paramedic	4
Specialist Practitioner		A4D A6A	Critical Care Paramedic / Advanced Paramedic Practitioner	244
Assistant Practitioner		A7A	Trainee Associate Ambulance Practitioner	356
Emergency / Urgent Care Support Worker		A8A	Emergency Care Support Worker	398
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	546
Paramedic in Emergency Care	ABA	Ambulance Paramedic Newly Qualified Paramedic (NQP)	1381
Paramedic in Hazardous Area Response Team	ABB	HART Team Operative	80
Paramedic in Call Handling	ABE	111 Paramedic Clinical Advisor	7
Ambulance Technician / Associate Practitioner in Emergency Care	AEA	Ambulance Technician Associate Ambulance Practitioner	444
Administration & Estates staff	G0-G3 (A-E)	Support Staff	1134
Midwife	N2C	Consultant Midwife	1
Mental Health Nurse	N6H	Mental Health Clinical Supervisor Senior Mental Health Practitioner	22
Nurse Consultant Community Services	NAH	HCP Consultant for Safeguarding	0
Manager in Pharmacy	S0P	Chief Pharmacist	1
Therapist in Physiotherapy	S1E	Physiotherapy Team Leader	1
Scientist in Pharmacy	S2P	Pharmacist	11
Technician in Pharmacy	S4P	Pharmacy Health Care Professional	1
Technician in Dental	S4R	Dental Nurse	7
General payments	Z2E	Non-Executive Director	7
TOTAL			5136

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 Centre's 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 coordinating 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 profile 2024/25 (as of 31 March 2025):

Age band	Headcount
<=20 Years	128
21-25	852
26-30	797
31-35	779
36-40	612
41-45	468
46-50	495
51-55	476
56-60	325
61-65	162
66-70	34
>=71 Years	8
TOTAL	5136

Gender profile 2024/25:

Gender	Headcount	Percentage
Female	3068	60%
Male	2068	40%
TOTAL	5136	100%

Gender Directors NEDs	– / Headcount	Percentage
Female	7	47%
Male	8	53%
TOTAL	15	100%

Gender (Band 8A+)	Headcount	Percentage
Female	89	40%
Male	135	60%
TOTAL	224	100%

Gender (Band 8A+)	Headcount		
AfC Pay band	Female	Male	Total
Band 8 - Range A	52	67	119
Band 8 - Range B	14	30	44
Band 8 - Range C	4	11	15
Band 8 - Range D	2	7	9
Band 9	7	3	10
Non AfC	10	17	27
TOTAL	89	135	224

The Gender Pay Audit (GPA) obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. All organisations that employ more than 250 people and listed in Schedule 2 of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, must publish and report specific information about their gender pay gap annually.

Our data for this submission period (as of 31 March 2024) shows that the Trust workforce consisted of 2774 females (57.92%) and 2051 males (42.08%), which totalled 4825 employees.

There was an increase of 323 employees between 31st March 2023 and 31st March 2024. During the same time, there was a 1.72% increase in the female workforce.

Our female workforce continues to grow year on year, and we have seen a reduction in our male workforce for three consecutive years.



Even though the overall workforce is comprised of more females than males, the data shows discrepancies in the ratio of males to females within the pay bands. This is a continuous theme from previous years.



There is a higher proportion of females than males in our workforce from Band 2 to Band 6. From Band 7 to VSMs (included in Adhoc salaries), with the exception of Band 9, there are less females than males in all the bands. At Band 9, we now have three female staff. This is the same as previous year.

Data shows that the Trust currently has a mean gender pay gap of 10.32% and a median gender pay gap of 9.04%.

We continue to see an annual increase in the mean hourly rate for both males and females as well as a growth in the mean difference. This figure is impacted by colleagues with very high or very low salaries.

	31st March 2019		31st March 2020		31st March 2021		31st March 2022		31st March 2023		31st March 2024	
Gender	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Male	£14.52	£13.71	£15.78	£14.85	£17.22	£16.04	£18.10	£16.93	£19.13	£17.74	£20.19	£18.74
Female	£13.22	£11.96	£14.37	£13.17	£15.50	£14.26	£16.12	£15.09	£17.22	£16.23	£18.10	£17.05
Difference	£1.30	£1.75	£1.42	£1.68	£1.72	£1.78	£1.98	£1.84	£1.90	£1.52	£2.08	£1.69
Pay Gap %	8.95%	12.77%	8.99%	11.30%	9.98%	11.09%	10.92%	10.89%	9.96%	8.54%	10.32%	9.04%
Difference per £	£0.91	£0.87	£0.91	£0.89	£0.90	£0.89	£0.89	£0.89	£0.90	£0.91	£0.90	£0.91

Mean average hourly rate	
 £20.19	 £18.10
10.32% difference	
This means that women earned 90p for every £1 that men earned when comparing mean hourly wages.	

Median average hourly rate	
 £18.74	 £17.05
9.04% difference	
This means that women earned 91p for every £1 that men earned when comparing median hourly wages.	

Equality, Diversity and Inclusion (EDI)



Disability

Yes	No
10.9%	84.4%
N/D	N/S
2.53%	1.66%

Gender

59% female
41% male
5,289 colleagues

Ethnic group

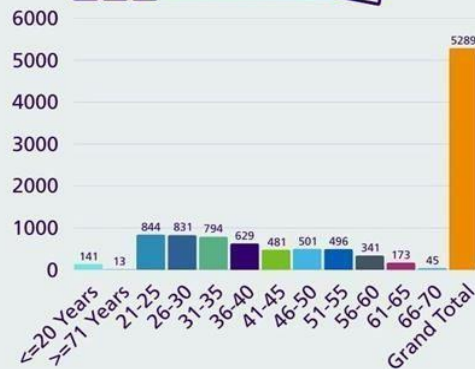
BME	White
8.4%	89%
Blank	N/S
0.8%	89%



Sexuality



Age



Religious beliefs



Modern Slavery Act

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 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.

Arrangements to prevent slavery and human trafficking:

We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity.

Our commitment to social and environmental responsibility is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements.

Safeguarding:

Our commitment is to ensure no modern slavery is reflected in a number of our policies and procedures. These include our Safeguarding Policy and Procedures for Children, Young People and Adults.

Training and promotion:

Our enhanced safeguarding training includes role relevant modern slavery awareness. The Trust promotes awareness of modern slavery e-learning via the relevant on-line platform and SECAMB's intranet pages for staff provides further support and resources on modern slavery and human trafficking.

Suppliers/tenders:

The trust complies with the Public Contracts Regulations 2015 and uses the mandatory Crown Commercial Services (CCS) Pre-Qualification Questionnaire on procurements, which exceed the prescribed threshold. Bidders are required to confirm their compliance with the Modern Slavery Act.

Sub-contracts:

Our procurement and contracting team are qualified and experienced in managing healthcare contracts, which includes:

- Using our routine contract management meetings with our providers, to address any issues around modern slavery
- Implementing any relevant clauses contained within the Standard NHS Contract.

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.

Table 1: Length of all highly paid off-payroll engagements.

For all off-payroll engagements as of 31 March 2025, for more than £245* per day

	Number
Number of existing engagements as of 31 March 2025	53
Of which, the number that have existed:	
for less than one year at the time of reporting	14
for between one and two years at the time of reporting	16
for between 2 and 3 years at the time of reporting	6
for between 3 and 4 years at the time of reporting	15
for 4 or more years at the time of reporting	2

Table 2: Off-payroll workers engaged at any point during the financial year.

For all off-payroll engagements between 1 April 2024 and 31 March 2025, for more than £245 per day

	Number
No. of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	84
Of which...	
No. not subject to off-payroll legislation ⁽¹⁾	0
No. subject to off-payroll legislation and determined as in-scope of IR35 ⁽¹⁾	84
No. subject to off-payroll legislation and determined as out of scope of IR35 ⁽¹⁾	0

the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. 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

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year ⁽¹⁾	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or senior officials with significant financial responsibility”, during the financial year. This figure must include both on payroll and off-payroll engagements ⁽²⁾	24

(1) There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months.

(2) As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero.

Expenditure on consultancy

The total expenditure for 2024/25 was £20k (2023/24 £355k).

Staff exit packages

There were 35 exit packages agreed in 2024/25 (2023/24: 56) at a total cost of £1,020k (2023/24: £1,515k):

Exit package cost band (including any special payment element)	2024/25			2023/24		
	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	0	4	4	17	0	17
£10,001-£25,000	3	15	18	21	0	21
£25,001-£50,000	2	5	7	7	1	8
£50,001-£100,000	0	6	6	8	0	8
£100,001 - £150,000	0	0	0	2	0	2
£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	5	30	35	55	1	56
Total resource cost (£000)	140	880	1,020	1,474	41	1,515

Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2024/25 (2023/24: nil) at a cost of £nil (2023/24: £nil) as shown below:

Exit packages: other (non-compulsory) departure payments	2024/25		2023/24	
	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

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.

Part of Schedule A / Code Section	Summary of requirement	Where this disclosure is in the Annual Report 2024/25
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	Performance Report Annual Governance Statement
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Performance Report
A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	Performance Report

B.2.6	<p>The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:</p> <ul style="list-style-type: none"> • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. <p>Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.</p>	Directors' Report
B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	Directors' Report
B.2.17	For foundation trusts, this schedule 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. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	Directors' Report
C.2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	Staff Report
C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	Directors' Report Remuneration Report
C.4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	Directors' Report

C.4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	Annual Governance Statement
C.4.13	<p>The annual report should describe the work of the nominations committee(s), including:</p> <ul style="list-style-type: none"> the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served the gender balance of senior management and their direct reports. 	Directors' Report Remuneration Report
C.5.15	Foundation trust 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.	Performance Report Annual Governance Statement
D.2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. 	Annual Governance Statement

D.2.6	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, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	Directors' Report
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	Performance Report Annual Governance Statement
D.2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	Annual Governance Statement
D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the <i>DHSC group accounting manual</i> and <i>NHS foundation trust annual reporting manual</i> which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	Performance Report
E.2.3	Where a trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	Not Applicable
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Directors' Report
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	Directors' Report
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has 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, e.g. through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Directors' Report

<p>Additional requirement of FT ARM resulting from legislation</p>	<p>If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.</p> <p>This is required by paragraph 26(2) (aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.</p> <p>* 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 trusts or directors' performance).</p>	<p>Not Applicable</p>
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NHS System Oversight Framework

NHS England's 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 was placed in the national Recovery Support Programme (RSP), as set out in the Well Led Framework section of the Annual Report.

In January 2025 the Trust exited RSP and moved from Segment 4 to Segment 3.

This segmentation information is the trust's position at June 2024. 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-framework-segmentation/>

STATEMENT OF ACCOUNTING OFFICERS RESPONSIBILITIES

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 England.

NHS England 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 England, 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

Signed.....

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

Simon Weldon, Chief Executive Officer
Date: 27/06/2025

ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of South East Coast Ambulance Service NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in South East Coast Ambulance Service NHS Foundation Trust for the year ended 31 March 2025 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 Executive Management Board has established a Risk Assurance Group, to support the effective management of risk. It has cross-directorate membership and meets monthly to review risks and how they are being managed. A monthly risk management report is received by the Executive Management Board.

Comprehensive training on Risk Management and the Datix Cloud Risk System is available on the SECamb Discover Training Platform. This training is aimed at Risk

Owners and Risk Leads to help ensure effective utilisation of the risk management system.

Risk Awareness Training also available on Discover. This training is aimed to cover the basics of risk and risk management and is available to all staff. However, take up of this is low and so a training needs analysis was undertaken in Q4 with the aim of making risk training more accessible.

Additional support and training is provided by the Head of Risk. This includes attendance at team meetings, Directorate awaydays, and support through the Quality Assurance Visits.

Internal Audit undertook a Risk Maturity Assessment, and several areas of strength were identified, including:

- Clear arrangements for how risk management is delegated, with defined 3-year risk management priorities
- Good alignment of strategic risks within the BAF
- Risk policy set out, available, and communicated throughout the organisation, describing a robust process for how risks are identified, assigned and escalated.

There were also areas requiring further focus, which included:

- Rolling out trust wide risk training; this has informed the training needs analysis and approach for 2025-26
- Drafting a risk appetite framework; this was completed and approved by the Board in April 2025.
- Greater clarity on risk actions required to achieve the target risk score; this is one of the risk priorities for 2025-26 including how we better assess risk 'proximity' so that there is greater awareness of when risks are likely to materialise.

The recommendations informed the updated risk management priorities.

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, evaluated, transferred and controlled. 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.

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. Also, to ensure robust analysis of the risk register to drive the business of the Trust. Although improvement has been made in the past year, there is more to be done to ensure effective risk management processes are consistently applied, and more overt reference to the risk register is needed through our governance framework.

During Q4 the Board oversaw the development of a new Risks Appetite Framework. This was approved in April 2025 and will be piloted before being rolled out more widely. The key benefits of this approach include ensuring a better focus and clarity on risks, e.g. those outside of appetite, to inform the amount and type of risk the Board is willing to accept to meet its aims, as set out in the BAF; support decision making; and encourage proactive risk seeking, especially in the context of innovation.

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 (BAF), 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 well-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 in line with the assurance cycle.

While I am accountable for the leadership of risk within the Trust, I delegate responsibility to specific directors:

- The Director of Corporate Governance is the director responsible for ensuring that overall risk and assurance processes are established and implemented, reporting to the Executive Management Board and Trust Board appropriately.
- The three clinical directors (Chief Nursing Officer, Chief Medical Officer, and Chief Paramedic Officer) are responsible for providing assurance on all aspects of clinical effectiveness reporting to the Executive Management Board and Trust Board, as required.
- The Chief Finance Officer 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 Chief Operating Officer 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.

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. Further details about our Improvement Journey can be found in the Performance section of the Annual Report.

In Q4, following significant improvements being demonstrated in the last year, including through the feedback in the Staff Survey, the Trust exited the Recovery Support Programme, and was moved by NHS England to segment 3 of the NHS Oversight Framework – see the NHS Oversight Framework 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 (IQR).

The Board undertook in Q4 a Board Effectiveness Review, informed by the outputs of the external Well Led Review in February 2024 and the Insightful Board publication. The output of this was reported to the Board in June 2025. The review helped to reinforce the many strengths of the Board, consistent with the model outlined by the Insightful Board. Including the strengthening of its leadership with the establishment on two new Executive roles:

Chief Paramedic Officer – the development of this role is seen as a significant step in advancing paramedicine in the ambulance sector and working with the Chief Medical Officer and Chief Nursing Officer strengthens the clinical leadership at the Board.

Chief Digital & Information Officer – this is another critical leadership role to help develop our digital agenda, which is central to the Trust strategy.

The review also helped to identify areas for further development, which will inform the Board's ongoing programme of development.

The Trust's major risks during the past year, included:

Patient Safety & Quality - Risk that the leadership structure needed to support delivery of our long-term strategic aims and clinical model is not adequately implemented, as a consequence of the NHS funding environment.

In response we:

- Implemented a revised Executive structure, including a new Chief Paramedic Officer role.
- Started the design of a new corporate structure to support the new operating model
- Appointed three new Divisional Directors, as part of the new divisional leadership structure.

People – There is a risk that without an effective Human Resources function, we impact our ability to deliver parts of our Strategy.

In response we:

- Established a People Services Improvement Plan
- Invested in external support to focus on improvements to Employee Relations training, investigations and complex casework
- Provided additional training to the HR Business Partners in relation to all aspects of HR and ER for them to roll out across the organisation.

Financial Sustainability - There is a risk that due to uncertainty over medium to long term funding (3-5 years), that the Trust is unable to agree with Commissioners a sustainable financial plan which delivers safe and effective services and improves value for money.

In response we have:

- Engaged with the national and regional teams about the medium-term financial settlement.
- Established a recovery plan, which includes additional cost savings within three years.
- Secured deficit support funding for 25/26.
- All of which has helped ensure the Trust achieved its financial break-even plan for the year

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 committees accordingly as demonstrated by the Action Log. For example, it asked the People Committee to oversee the development of the divisional model, in particular the underlying design principles and how these will be implemented. It asked the Quality & Patient Safety Committee to QPSC to review the evaluation of the provider collaboratives we are involved with and the national transformation group reviewing care pathways.

Responsibilities of directors and committees

Committees are an extension of the Board each one 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 risks and issues requiring scrutiny. The Board receives a report from each meeting setting out judgments on assurance and confirming if any intervention from the Board is required on a particular issue.

Reporting lines and accountabilities

There is a clear distinction between the Board (assurance) and Executive (management) - 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.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The 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 Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of 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, and internal and external audit.

Each efficiency programme is supported by a plan, a quality and equality 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.

In year there has been robust Board monitoring, challenge, and scrutiny that supported the achievement of the financial plan while continuing to improve patient care; the Trust ended the year at a breakeven position and achieved the Category 2 30-minute mean. The Trust plans to achieve breakeven again in 2025-26 while improving C2 mean to 25 minutes, but this comes with significant risk, which is set out in the BAF. The Board is fully aware of the underlying deficit, which is subject to ongoing discussion with commissioners, and ensuring financial sustainability will be a key priority for the coming year.

The Trust appointed BDO as its new internal audit service provider for 2024-25. The audit plan is approved and overseen by the Audit & Risk Committee, and this process ensures alignment to the Trust's objectives, risks, and areas management are concerned about the quality of controls.

In accordance with the approved audit plan, several reviews were carried out during the year. There has been marked improvement in the outcome from these reviews, when compared with the year before. Each conclusion was positive 'moderate assurance', which is defined as significantly meeting expectations in the system of internal control. The reviews also helped to identify 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, internal and external partnership working, and the Trusts business as usual activities.

Engagement within the Trust and with external stakeholders remains positive. The Head of Information Governance / Data Protection Officer continues to take a proactive approach and utilise Trust technologies to ensure widespread engagement. The past year has provided further opportunity for the Head of Information Governance to engage with services through formal service visits. These have been very well received and have provided opportunity for engagement and useful discussion.

The Trusts Information Governance Working Group is well established and meets every six weeks. Membership is widespread and includes the SIRO, Deputy SIRO, Caldicott Guardian, Senior Managers, EOC 999, NHS111 and front-line operational colleagues.

Additional investment was agreed in year to increase the IG provision in order to support the increasing demand and activity.

The Trust is an open and transparent organisation, and reports all significant IG breaches to its regulator, the Information Commissioners Office (ICO). During this reporting period (April 2024 – March 2025) the Trust reported 1 breach to the ICO which related to a breach of confidentiality. Details relating to this breach and the actions taken by the Trust were independently reviewed with the ICO, following review it was confirmed that no further action would be taken.

In addition, the Director of Corporate Governance formally engaged the ICO in January 2025 to set out ongoing issues with compliance against the FOI Act. In particular, our ability to ensure consistent timely responses to requests. A Practice Recommendation Notice was issued by the ICO in March 2025. This set out helpful advice to inform our improvement plan, which was reported to the Audit & Risk Committee. We provide the ICO with monthly updated and as of June 2025, significant improvement has been made with the backlog reduced to 34 (from 98 in February). The redesign of controls will help ensure this improvement is sustained.

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 last Internal Audit of data quality which focused on the Ambulance Quality Indicators (AQIs), specifically C2 incidents. This was a positive review confirming assurance that the controls including data validation and

quality checks in place are sufficient and that there are clear policies and procedures in place for AQI data quality.

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 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 & 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.

The Board also 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.

Board meetings focus on the strategic themes of Quality; People; 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 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 2024-25 was to continue the improvements to help achieve the Recovery Support Programme Exit Criteria and deliver year one of the new Trust strategy. Significant progress has been demonstrated in-year, for example:

- Delivered the C2 mean target – one of the best of all ambulance trusts in England. In 2025-26 we have agreed a plan to improve this further.

- Delivered with system partners seven Unscheduled Care Navigation Hubs, to help better support the needs of patients by directing their care in a more targeted way. The evaluation of the Hubs is due to be completed in Q1 of 2025-26.
- Improved cardiac arrest outcomes; in the last year survival to 30 days post arrest for our patients was 11.5%, which was our highest ever reported survival figure, and the highest survival figure reported by all English ambulance trusts. This is also a 2% increase on last year and 2% higher than the national average, which we have remained above for the past three years.
- Embedded or approach to Quality Improvement. One of the QI projects helps to automate 'welfare' text messaging. Just one week after this was launched in July 2024 - 9264 welfare texts were sent; 454 cancellations were received as a result; 308 hours saved in welfare calling; 22 hours saved in call handling; 15 hours saved in closing duplicate calls.
- Took action in response to staff feedback to improve the experience of our people, as demonstrated by the annual staff survey where a record number of colleagues (3,268 / 67%) completed the survey – the highest return rate ever recorded by the Trust. The survey also shows SECamb as performing above the ambulance sector average in every area and reveals a 6% increase on 2023 in the number of colleagues recommending SECamb as a place to work and a 20% increase compared to 2022. Further information about the Staff Survey can be found in the Performance Report.
- Speaking Up – the National Guardian for Freedom to Speak Up wrote to us to commend the real progress we are making in improving our 'speaking up' culture. The 2023 NHS Staff Survey results showed that we had seen the biggest improvement in our FTSU scores of any Trust in the country. This was maintained in 2024 and means that our staff not only feel safer speaking up but also feel that they are being listened to and that action will be taken in response where needed.
- Ensured the right pay for our people, related to legacy pay issues for our ECSWs. This was prospectively corrected in year.
- Introduced greater collaboration with our partners in the establishment of the Southern Ambulance Service Collaboration, which was formed in the context of a challenging operational and financial environment. The five ambulance trusts have the ambition to improve the care and services that we provide to our patients and communities and have formalised our collaboration. Procurement is the first area of focus. We have also started to collaborate more closely with South Central Ambulance Service, and by October 2025 aim to agree a business case on how this will be taken forward for the benefit of our people and patients.
- Achieved financial balance with improved financial controls, helping to achieve over £21m in efficiencies.

- Improved our Emergency Prevention Preparedness and Response (EPRR) – the annual assessment reported in November 2024 confirmed that SECamb has been rated as ‘Substantially Compliant’, having achieved compliance against the NHS England EPRR Core Standards and NHS England Interoperability Standards. This represents significant progress compared with the last four years where the Trust has been rated ‘Partially Compliant’.
- We have also made good progress in establishing a new governance and leadership model. Three new divisional directors have been appointed and during Q1 are establishing their leadership teams as part of the move to more local autonomy. This will be a key area of focus for 2025-26.

There were also a number of issues monitored by the Board, including:

People-related controls

There have been concerns about our approach to employee relations resulting in a high number of outstanding cases. This was a key aspect of the People Services Improvement Plan and additional leadership resource was provided. While good progress has been made in the past year, the Board has asked for greater assurance and will scrutinise this as part of year 2 of the Plan, approved in June 2025.

IT / Digital

As I set out in last year’s Annual Governance Statement, an external review was undertaken in 2023-24 of the IT function, which identified a number of control issues. Improvements have been made in the past year and a new Digital Strategy was approved by the Board in October. However, the Board has asked for greater clarity on the strategic delivery plan and the newly appointed CDIO is due to present this to the Board in August 2025.

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 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.

Every Internal Audit review in 2024-25 concluded Moderate Assurance, which is a significant improvement to the year before. This has been reflected in the positive Annual Head of Internal Audit Opinion.

The independence and effectiveness of the external audit process has been assessed by the Audit & Risk Committee prior to the appointment of the incumbent auditor for (3+1+1 years) via the Crown Commercial Service framework in 2021 and during their

tenure of four years. The Trust is planning to retender external audit services for the financial year 2025/26.

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, 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:

- Right Care Right Person – this was to ensure the Joint Operating Procedures in development across the three county Police Forces were operating effectively to limit the impact on our services. Positive assurance was received through the year on this issue.
- Learning Framework – slow progress has been made with this and this will be an areas of focus during 2025-26, with the new Chief Paramedic Officer
- Private Ambulance Provision (PAP) – while the Board supported the decision in the summer to cease use of PAPs, the committee sought ongoing assurance that there was no negative impact on patients. As I have set out earlier, performance through the year was good and, as anticipated, not negatively impacted by this decision.
- Volunteers / CFRs - Increasing both the numbers and scope of our CFR volunteers is a key enabler of our strategic direction. One of the objectives in the BAF, the committee was concerned in Q3 that there was still no agreed way forward. This led to me commissioning AACE to undertake an external review, which was reported to the Board in June 2025. A number of actions have already been taken in response to the recommendations, and this will inform a new volunteer strategy, which is being developed.

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 2024-25 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 delivery of the plan and explored how outcomes are used to improve services.

Internal Audit

Internal audit provides an independent and objective opinion to the Board on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives. It provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control and governance processes. Based on the work undertaken in 2024/25 the Head of Internal Audit Opinion is *Moderate Assurance that there is a sound system of internal controls, designed to meet the Trust's objectives, that controls are being applied consistently across various services.*

I am pleased with this Opinion which is an improvement to the year before and reflects the progress we have continued to make.

The outcome of each review is listed below.

Moderate Assurance

- Cyber Security
- EOC
- IT Disaster and Business Continuity
- Procurement and Contract Management
- Key Financial System – Main Accounting System
- Procurement and Contract Management
- Raising Concerns – FTSU
- Station Visits
- Data Security (Advisory)
- Risk Maturity (Advisory)

External Audit

KMPG are appointed by the Council of Governors as the Trust's external auditors. They are confirmed as being independent on appointment, and the Audit & Risk Committee ensures their ongoing independence.

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 2024-25 no significant issues were identified.

Conclusion

While I and the Board are clear about the improvement priorities and challenges ahead, which are set out in the Board Assurance Framework, I believe the past year has been a positive one for the Trust. We have a stronger executive team and Trust Board, who has provided the leadership needed to help ensure we have delivered for our people, patients and partners. This has been externally validated by the move to segment 3 of the NHSE Oversight Framework, by the improved Opinions by our internal and external auditors, and by the positive feedback from our people in the Staff Survey.

I confirm that no significant internal control issues have been identified in the past 12 months.



Signed.....

Chief Executive

Date: 27/06/2025

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.

For more information:

South East Coast Ambulance Service NHS Foundation Trust

Nexus House, 4 Gatwick Road

Crawley

RH10 9BG

Tel: 0300 123 0999

Email: enquiries@secamb.nhs.uk

www.secamb.nhs.uk

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



South East Coast Ambulance Service 
NHS Foundation Trust

2024/25 Annual Accounts

**FOREWORD TO THE ACCOUNTS OF
SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

These accounts, for the year ended 31 March 2025, have been prepared by South East Coast Ambulance Service NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

A handwritten signature in black ink, appearing to read 'Simon Weldon', is positioned above the date and name of the Chief Executive.

27 June 2025
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 2025 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 financial position of the Trust as at 31 March 2025 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 February 2025 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2024/25; 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 Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's 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.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit Committee and internal audit as to the Trust’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual 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 identified a fraud risk related to completeness, existence and accuracy of expenditure in response to the incentive for management to misstate non-pay expenditure to report that the control total has been met.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected account code combinations with cash and journals posted to reduce accruals in the final period of the year.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias. Agreeing a sample of year end accruals to relevant supporting documents, including actual payments made after the year end, where applicable.
- Performing a year-on-year comparison of the accruals made in the prior year and current year and challenged management where the movement is not in line with our understanding of the entity.

Identifying and responding to risks of material misstatement related to 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 (as required by auditing standards) and discussed with the Accounting Officer 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.

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 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 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 fraud 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.

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 2024/25.

Accounting Officer's and Audit Committee's responsibilities

As explained more fully in the statement set out on page 198 of the Annual Report, 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.

The Audit Committee is responsible for overseeing the Trust's financial reporting process.

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.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 198 of the Annual Report, 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 its use of resources are operating effectively. We are also not required to satisfy ourselves that the Trust has achieved value for money during the year.

We planned our work and undertook 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.

Statutory reporting matters

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

- we issue a report in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006; or
- we make a referral to the Regulator under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in these respects.

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.

DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the trust accounts consolidation pack of the Trust for the year ended 31 March 2025 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete. Until we have completed this work, we are unable to certify that we have completed the audit of the financial statements of South East Coast Ambulance Service NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the NAO Code of Audit Practice.



for and on behalf of KPMG LLP

Chartered Accountants

15 Canada Square

E14 5GL

27 June 2025

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2025**

	NOTE	Year ended 31 March 2025 £000	Year ended 31 March 2024 £000
Operating income			
Operating income from patient care activities	5	358,776	327,183
Other operating income	5.3	6,391	5,670
Operating expenses	8	(365,042)	(352,008)
Operating surplus/(deficit) from continuing operations		125	(19,155)
Finance costs:			
Finance income	11	1,771	2,212
Finance costs	12	(715)	(502)
Public dividend capital dividends payable		(1,115)	(1,084)
Net finance costs		(59)	626
Other gains / (losses)		642	3,093
Retained (deficit)/surplus for the period		708	(15,436)
Other comprehensive income			
Impairments and reversals	17	(1,341)	0
Gains on revaluations	14	616	0
Other reserve movements		0	(3)
Total comprehensive income for the period		(17)	(15,439)

The accompanying notes on pages 11 to 51 form part of these financial statements.

**STATEMENT OF FINANCIAL POSITION AS AT
31 March 2025**

	NOTE	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Property, plant and equipment	14	72,472	69,051
Right of use assets	16	30,802	28,915
Intangible assets	15	1,895	2,131
Other financial assets		0	0
Trade and other receivables	20	47	0
Total non-current assets		105,216	100,097
Current assets			
Inventories	19	2,695	2,684
Trade and other receivables	20	14,579	6,739
Non-current assets held for sale	22	1,373	1,953
Cash and cash equivalents	21	29,027	35,568
Total current assets		47,674	46,944
Total assets		152,890	147,041
Current liabilities			
Trade and other payables	23	(33,740)	(33,627)
Other liabilities	23	(4,242)	(608)
Borrowings	24	(5,662)	(5,245)
Other financial liabilities		0	0
Provisions	26	(18,891)	(13,881)
Total current liabilities		(62,535)	(53,361)
Net current assets/(liabilities)		(14,861)	(6,417)
Total assets less current liabilities		90,355	93,680
Non-current liabilities			
Borrowings	24	(18,797)	(19,513)
Trade and other payables		0	0
Other financial liabilities		0	0
Provisions	26	(7,813)	(10,757)
Other liabilities		0	0
Total non-current liabilities		(26,610)	(30,270)
Total assets employed		63,745	63,410
Financed by taxpayers' equity:			
Public dividend capital		109,889	109,537
Revaluation reserve		5,413	6,871
Income and expenditure reserve		(51,557)	(52,998)
Other reserves		0	0
Total taxpayers' equity		63,745	63,410

The accompanying notes on pages 11 to 51 form part of these financial statements.

The financial statements were approved by the Board on 24 June 2025 and signed on its behalf by:



Signed:
Simon Weldon, Chief Executive

Date: 27 June 2025

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED**

	31 March 2025				31 March 2024			
	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	109,537	(52,998)	6,871	63,410	109,204	(37,559)	6,871	78,516
Transfers between reserves	0	0	0	0	0	0	0	0
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	305	(305)	0	0	0	0	0
Surplus/(deficit) for the year	0	708	0	708	0	(15,436)	0	(15,436)
Impairments	0	0	(1,341)	(1,341)	0	0	0	0
Revaluations	0	0	616	616	0	0	0	0
Transfer to retained earnings on disposal of assets	0	428	(428)	0	0	0	0	0
Public Dividend Capital received	352	0	0	352	333	0	0	333
Other reserve movements	0	0	0	0	0	(3)	0	(3)
Balance at 31 March	109,889	(51,557)	5,413	63,745	109,537	(52,998)	6,871	63,410

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 51 form part of these financial statements.

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2025**

		Year ended 31 March 2025	Year ended 31 March 2024
	NOTE	£000	£000
Cash flows from operating activities			
Operating surplus/(deficit)		125	(19,155)
Depreciation and amortisation	8, 14, 15, 16	18,275	18,020
Impairments and reversals	17	(661)	15,439
(Increase)/decrease in inventories	19.1	(11)	(303)
(Increase)/decrease in trade and other receivables		(8,198)	14,017
Increase/(decrease) in trade and other payables	23	564	(22,080)
Increase/(decrease) in other current liabilities	23.1	3,634	110
Increase/(decrease) in provisions	26	(372)	7,041
Net cash inflow/(outflow) from operating activities		13,356	13,089
Cash flows from investing activities			
Interest received	11	1,771	2,212
Purchase of property, plant and equipment		(14,945)	(19,516)
Sales of plant, property and equipment		1,193	4,240
Net cash inflow/(outflow) from investing activities		(11,981)	(13,064)
Net cash inflow/(outflow) before financing		1,375	25
Cash flows from financing activities			
Public dividend capital received		352	333
PDC dividend paid	1.18	(621)	(816)
Interest paid on finance lease liabilities	12	(634)	(445)
Interest paid	12	0	(2)
Other capital receipts		0	23
Capital element of finance lease rental payments		(7,018)	(6,720)
Cash flows from (used in) other financing activities		5	(967)
Net cash inflow/(outflow) from financing activities		(7,916)	(8,594)
Net increase/(decrease) in cash and cash equivalents		(6,541)	(8,569)
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		35,568	44,137
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	29,027	35,568

The accompanying notes on pages 11 to 51 form part of these financial statements.

NOTES TO THE ACCOUNTS

1. Accounting policies

1.1 Basis of Preparation

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 2024/25 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.

1.2 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.

1.3 Interests in other entities

The Trust has an interest in South East Coast Ambulance Service Charitable Fund.

1.4 Non-consolidation

Charitable Funds

The Trust is the corporate trustee of 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 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.

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

1.5 Revenue (continued)

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 NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

The contract funding is allocated and involves:

- providers and commissioners locally agreeing a fixed element to deliver an agreed level of activity; and
- a variable element to reflect quality of care (best practice tariffs and CQUIN) and address deviations from planned activity levels used to set the fixed element.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN 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 and accounted for as variable consideration under IFRS 15. In 2024/25 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria. Commissioners confirmed there will be no adjustments for actual performance through the variable element of the contract payments.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.6 Other forms of income

Grants and donations

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 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 apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

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

1.7 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from 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.

Pension costs

NHS Pension Scheme

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 employer, 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 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.

National Employment Savings Trust ("NEST") Pension Scheme

The Trust provides certain employees, who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period.

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.

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
- 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, had broadly simultaneous purchase dates, are anticipated to have similar 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, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

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

1.9 Property, plant and equipment (continued)

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 above. The carrying amount of the part replaced is de-recognised. 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.

Measurement

Valuation

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 (ie 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
- Assets held for sale - lower of carrying amount and current value less costs to sell

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

1.9 Property, plant and equipment (continued)

Measurement continued

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

Montagu Evans conducted the current and previous year's valuation and it deems their valuation is not reported as being subject to material valuation uncertainty.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use to the Trust.

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 expenditure.

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'.

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

1.9 Property, plant and equipment (continued)

Impairments

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.

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.

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.

Notes to the Accounts - 1. Accounting Policies (Continued)**1.9 Property, plant and equipment (continued)****Useful lives of property, plant and equipment**

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

Description	Minimum life	Maximum life
Land	Indefinite	
Buildings, excluding dwellings	3	75
Plant & machinery	5	7
Transport equipment	3	7
Information technology	1	5
Furniture & Fittings	10	10

1.10 Intangible assets**Recognition**

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of sale separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets 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.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

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 where it meets recognition criteria .

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

1.10 Intangible assets (continued)

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued 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.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below.

Description	Minimum life	Maximum life
Software purchased	3	5

1.11 Inventories

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

Between 2020/21 and 2023/24 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. Distribution of inventories by the Department ceased in March 2024.

1.12 Investment properties

The Trust does not hold any investment properties.

1.13 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

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

1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

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

1.14 Financial assets and financial liabilities (continued)

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise stage 1 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 and stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual 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.

1.15 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

Initial recognition and 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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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.

Also, the Trust has not applied the above recognition requirements where the lease or rental arrangements do not meet the right of use IFRS16 criteria for substitution.

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

1.15 Leases (continued)

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.

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.

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

1.16 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 HM Treasury's discount rates.

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

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.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 26.0 but is not recognised in the Trust's accounts.

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.

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

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27.2 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 27.1, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 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 organisation. 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 Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (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 calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.19 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.

1.20 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.

1.21 Climate Change Levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

1.22 Foreign currency

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

The Trust has no material transactions or assets and liabilities denominated in a foreign currency.

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

1.23 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.24 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.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.25 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 Insurance contracts

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

- Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline. These changes are not

- Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

- Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed.

The DH Group Accounting Manual does not require these standards to be applied in 2024/25.

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

1.28 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.

1.29 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Asset Valuations

All land and buildings are revalued to fair value. Details of these revaluations are shown in Note 1.12. 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 Note 14C and Note 15. 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 1.20 the carrying values of provisions are shown in Note 26.

1.30 Adjusted financial performance surplus/(deficit)

The Trust has reported a surplus of £708k (£15,436k 2023/24) for the year, however the Trust is monitored by NHS England against an adjusted financial performance target. The Trust achieved it's financial target for both 2024/25 and 2023/24.

	Year ended 31 March 2025 £000	Year ended 31 March 2024 £000
Retained (deficit)/surplus for the period	708	(15,436)
Adjustments		
Add back all I&E impairments/(reversals)	(661)	15,439
Remove capital donations/grants/peppercorn lease I&E impact	2	2
Adjusted financial performance surplus/(deficit)	49	5

2. Pooled budget

The Trust has no pooled budget arrangements.

3. Operating segments

The relevant standard is IFRS 8, Operating Segments:

A separate segment must be reported only if it exceeds one of the quantitative thresholds: 10% of revenue, profit/loss or assets; unless this would result in less than 75% of the body's revenue being included in reportable segments, in which case additional reportable segments are identified such that the 75% threshold is reached or exceeded.

As the Trust has no segments that exceed the 10% threshold no disclosure is required.

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.

	2024/25 £000	2023/24 £000
Income	66	18
Full cost	(32)	(9)
Surplus/(deficit)	34	9

5. Income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy, note 1.5.

5.1 Income from patient care activities (by nature)	2024/25 £000	2023/24 £000
Ambulance services		
A & E income	300,583	289,041
Other income	41,023	27,968
All services		
Additional pension contribution central funding**	17,170	10,174
Total income from activities	358,776	327,183

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

5.2 Income from patient care activities (by source)	2024/25 £000	2023/24 £000
NHS England	18,014	10,605
Integrated Care Boards	339,748 *	316,131
Other NHS providers	404	7
Non-NHS:		
Injury costs recovery	456	440
Other	154	0
Total income from activities	358,776	327,183

* Included in the Revenue from Integrated Care Boards of £339,748k (2023/24: £316,131k) there was £28,335k (2023/24: £27,098k) relating to the NHS 111 service. The contract for the latter is in the Trust's name.

5.3 Other operating income	2024/25 £000	2023/24 £000
Research and development	224	220
Education, training and research	4,439	4,352
Income in respect of employee benefits accounted on a gross basis	4	22
Contributions to expenditure - consumables donated from DHSC for COVID response	0	30
Charitable and other contributions to expenditure	165	198
Other revenue	1,559	848
	6,391	5,670

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. In 2024/25 the Trust required £0k (2023/24: £30k) of items purchased by DHSC for which full funding has been recognised in the above total.

6 Income from activities arising from commissioner requested services

non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2024/25 £000	2023/24 £000
Income from services designated as commissioner requested services	330,130	314,473
Income from services not designated as commissioner requested services	28,646	12,710
Total income from activities	358,776	327,183

7. Revenue

Revenue is almost totally from the supply of services. Revenue from the sale of goods is immaterial.

8. Operating expenses

	2024/25 £000	2023/24 £000
Purchase of healthcare from NHS bodies	0	44
Purchase of healthcare from non NHS bodies	10,246	13,784
Employee Expenses - Non-executive Directors	184	174
Employee Expenses - Staff	269,683	241,721
Drug costs	1,515	1,497
Supplies and services - clinical (excluding drug costs)	5,124	4,366
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	n	n
Supplies and services - general	4,174	3,931
Establishment	7,405	6,044
Research and development	233	231
Transport	15,934	16,697
Premises	21,207	20,378
Increase in bad debt provision	136	26
(Decrease)/increase in other provisions	(686)	(1,851)
Rentals under operating leases - minimum lease payments		
Depreciation on property, plant and equipment	16,551	16,347
Amortisation on intangible assets	1,724	1,673
Impairments/(reversals) of property, plant and equipment	(661) **	15,439
Impairments/(reversals) of intangible assets		
Audit fees :		
Audit services - statutory audit	175 *	133
Internal audit services	148	150
Other services	388	376
Clinical negligence	2,082	1,893
Legal fees	496	433
Consultancy costs	20	355
Training, courses and conferences	5,052	3,537
Insurance	336	446
Lease expenditure - short term leases (<= 12 months)	1,574	1,761
Redundancy	97	1,566
Losses, ex gratia & special payments	999	1,036
Car parking and security	246	196
Other	660	(405)
Total	365,042	352,008

* In 2024/25 audit fees for statutory audit and audit related assurance services (Value For Money work), excluding VAT, were £127k and £11k respectively (2023/24 £92k and £10k). The reported values for 2024/25 includes VAT.

** 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 -£661k (2023/24: £15,439k). 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 NHSE on the performance of the Trust.

9. Employee costs and numbers**9.1 Employee costs**

	Total	2024/25 Permanently employed	Other	Total	2023/24 Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	208,086	207,572	514	191,212	191,050	162
Social security costs	21,641	21,641	0	20,478	20,478	0
Employer contributions to NHS pension scheme	26,362	26,362	0	23,375	23,375	0
Pension cost - employer contributions paid by NHSE on provider's behalf: (2024/25: 9.4% 2023/24: 6.3%)	17,170	17,170	0	10,174	10,174	0
Pension cost - other contributions	17	17	0	25	25	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(1,015)	(1,015)	0	(1,100)	(1,100)	0
Costs capitalised as part of assets	705	78	627	676	511	165
Agency staff	2,348	0	2,348	2,422	0	2,422
Employee benefits expense	275,314	271,825	3,489	247,262	244,513	2,749

9.2 Average number of people employed (WTE)

	Total	2024/25 Permanently employed	Other	Total	2023/24 Permanently employed	Other
	Number	Number	Number	Number	Number	Number
Ambulance staff	1,782	1,767	15	1,668	1,644	24
Administration and estates	1,136	1,078	58	1,101	1,042	59
Healthcare assistants and other support staff	1,737	1,726	11	1,638	1,617	21
Other	96	94	2	89	88	1
Total	4,751	4,665	86	4,496	4,391	105

Of the above:

Number of whole time equivalent staff engaged on capital projects

21	7
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9.3 Staff sickness absence

	2024/25 Number	2023/24 Number
Total days lost	68,434	66,809
Total staff years	4,150	4,163
Average working days lost	16.5	16.0

9.4 Retirements due to ill-health

During 2024/25 there were 5 (2023/24: 10) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £682k (2023/24: £1,143k) to the NHS Pension Scheme.

9.5 Staff exit packages

There were 35 exit packages agreed in 2024/25 (2023/24: 56) at a total cost of £1,020k (2023/24: £1,515k).

Exit package cost band (including any special payment element)	2024/25			2023/24		
	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	0	4	4	17	0	17
£10,001-£25,000	3	15	18	21	0	21
£25,001-£50,000	2	5	7	7	1	8
£50,001-£100,000	0	6	6	8	0	8
£100,001 - £150,000	0	0	0	2	0	2
£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	5	30	35	55	1	56
Total resource cost (£000)	140	880	1,020	1,474	41	1,515

9.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2024/25 (2023/24: nil).

9.7 Pension costs

Past and present employees are covered by the provisions of the 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

10. Better Payment Practice Code

10.1 Better Payment Practice Code - measure of compliance

	2024/25		2023/24	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	16,340	93,831	18,646	102,174
Total Non-NHS trade invoices paid within target	15,344	84,856	17,106	89,433
Percentage of Non-NHS trade invoices paid within target	94%	90%	92%	88%
Total NHS trade invoices paid in the period	335	3,722	338	3,655
Total NHS trade invoices paid within target	269	3,311	272	2,953
Percentage of NHS trade invoices paid within target	80%	89%	80%	81%

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.

10.2 Late Payment of Commercial Debts (Interest) Act 1998

There were no material payments made as a result of late payment of Commercial Debts (2023/24: £nil)

11. Finance income

	2024/25 £000	2023/24 £000
Interest revenue:		
Bank accounts	1,771	2,212
Total	1,771	2,212

12. Finance expenditure

	2024/25 £000	2023/24 £000
Interest on loans and overdrafts	0	2
Interest on obligations under finance leases	634	445
Unwinding of discount	79	55
Other	2	0
Total interest expense	715	502

13. Other gains / (losses)

	2024/25 £000	2023/24 £000
Gains on disposal of assets	818	3,104
Losses on disposal of assets	(176)	(11)
Total gains / (losses) on disposal of assets	642	3,093
Total	642	3,093

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
Cost or valuation at 1 April 2024	11,538	38,174	10,121	13,941	41,301	21,314	338	136,727
Additions purchased	0	0	14,311	0	0	0	0	14,311
Impairments charged to operating expenses	(32)	(2,258)	0	0	0	0	0	(2,290)
Impairments charged to the revaluation reserve	(1,341)	0	0	0	0	0	0	(1,341)
Reversal of Impairments	1,409	500	0	0	0	0	0	1,909
Reclassifications **	0	2,810	(14,725)	(84)	6,692	3,743	0	(1,564)
Revaluations	158	(61)	0	(124)	50	0	0	23
Disposals	0	(1,242)	0	(8,418)	(8,228)	(12,817)	(338)	(31,043)
At 31 March 2025	11,732	37,923	9,707	5,315	39,815	12,240	0	116,732
Depreciation at 1 April 2024	0	4,339	0	12,700	32,513	17,786	338	67,676
Provided during the year	0	1,090	0	446	4,426	2,880	0	8,842
Impairments charged to operating expenses	0	(588)	0	0	0	0	0	(588)
Reversal of Impairments	0	(454)	0	0	0	0	0	(454)
Reclassifications **	0	0	0	(76)	0	0	0	(76)
Revaluations	0	(113)	0	(124)	50	0	0	(187)
Disposals	0	(1,167)	0	(8,418)	(8,213)	(12,817)	(338)	(30,953)
Depreciation at 31 March 2025	0	3,107	0	4,528	28,776	7,849	0	44,260
Net book value								
Purchased	11,732	34,814	9,707	787	11,039	4,391	0	72,470
Donated	0	2	0	0	0	0	0	2
Total at 31 March 2025	11,732	34,816	9,707	787	11,039	4,391	0	72,472

** 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
Cost or valuation at 1 April 2023	13,720	29,233	31,433	12,760	40,999	17,148	338	145,631
Additions purchased	0	0	14,981	0	0	0	0	14,981
Impairments charged to operating expenses	(1,341)	(14,098)	0	0	0	0	0	(15,439)
Reclassifications	(143)	24,839	(36,293)	1,189	4,907	4,166	0	(1,335)
Transferred to disposal group as asset held for sale	(421)	(1,153)	0	0	0	0	0	(1,574)
Disposals	(277)	(647)	0	(8)	(4,605)	0	0	(5,537)
At 31 March 2024	11,538	38,174	10,121	13,941	41,301	21,314	338	136,727
Depreciation at 1 April 2023	0	3,269	0	12,287	34,325	14,289	338	64,508
Provided during the year	0	1,135	0	421	2,774	3,497	0	7,827
Transferred to disposal group as asset held for sale	0	(57)	0	0	0	0	0	(57)
Disposals	0	(8)	0	(8)	(4,586)	0	0	(4,602)
Depreciation at 31 March 2024	0	4,339	0	12,700	32,513	17,786	338	67,676
Net book value								
Purchased	11,478	33,747	10,121	1,241	8,788	3,528	0	68,903
Donated	60	88	0	0	0	0	0	148
Total at 31 March 2024	11,538	33,835	10,121	1,241	8,788	3,528	0	69,051

14. Property, plant and equipment (cont.)

All freehold land and buildings were valued by Montagu Evans as at 31 March 2025 to reflect their Existing Use Value (EUV) method of valuation. The Trust has reviewed and updated the values declared for owned land buildings valued by their inspection exercise.

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.

15. Intangible assets

	Computer software - purchased	Total
2024/25		
	£000	£000
Gross cost at 1 April 2024	10,536	10,536
Reclassifications*	1,565	1,565
Disposals	(334)	(334)
Gross cost at 31 March 2025	11,767	11,767
Amortisation at 1 April 2024	8,405	8,405
Reclassifications	77	77
Disposals	(334)	(334)
Charged during the year	1,724	1,724
Amortisation at 31 March 2025	9,872	9,872
Net book value		
Purchased	1,895	1,895
Total at 31 March 2025	1,895	1,895

15. Intangible assets (cont.)

	Computer software - purchased	Total
2023/24		
	£000	£000
Gross cost at 1 April 2023	9,201	9,201
Additions - purchased	0	0
Reclassifications	<u>1,335</u>	<u>1,335</u>
Gross cost at 31 March 2024	<u>10,536</u>	<u>10,536</u>
Amortisation at 1 April 2023	6,732	6,732
Charged during the year	1,673	1,673
Amortisation at 31 March 2024	<u>8,405</u>	<u>8,405</u>
Net book value		
Purchased	<u>2,131</u>	<u>2,131</u>
Total at 31 March 2024	<u>2,131</u>	<u>2,131</u>

15.1 Amortisation rate of intangible assets

Software purchased 3-5 years

16. Leases

16.1 Right of Use Assets

2024/25

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Gross cost at 1 April 2024	20,045	23,544	43,589	0
Additions	455	6,673	7,128	0
Remeasurements of the lease liability	23	33	56	0
Dilapidation provisions arising (capitalised in RoU asset)	2,430	0	2,430	0
Dilapidation provisions reversed unused	(71)	0	(71)	0
Revaluations	92	0	92	0
Disposals / derecognition	<u>(864)</u>	<u>(5,477)</u>	<u>(6,341)</u>	<u>0</u>
Gross cost at 31 March 2025	<u>22,110</u>	<u>24,773</u>	<u>46,883</u>	<u>0</u>
Depreciation at 1 April 2024	3,856	10,818	14,674	0
Provided during the year	1,911	5,798	7,709	0
Revaluations	(314)	0	(314)	0
Disposals / derecognition	<u>(732)</u>	<u>(5,256)</u>	<u>(5,988)</u>	<u>0</u>
Depreciation at 31 March 2025	<u>4,721</u>	<u>11,360</u>	<u>16,081</u>	<u>0</u>
Net book value	17,389	13,413	30,802	0
Right of use assets leased from other NHS providers				0
Right of use assets leased from other DHSC group bodies				0

16. Leases

16.1 Right of Use Assets (cont.)

2023/24

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	leased from DHSC group bodies £000
Gross cost at 1 April 2023	20,206	0	22,435	42,641	0
Additions	1,920	0	2,638	4,558	0
Remeasurements of the lease liability	(1,860)	0	0	(1,860)	0
Disposals / derecognition	(221)	0	(1,529)	(1,750)	0
Gross cost at 31 March 2024	20,045	0	23,544	43,589	0
Depreciation at 1 April 2023	1,749	0	6,112	7,861	0
Provided during the year	2,328	0	6,192	8,520	0
Disposals / derecognition	(221)	0	(1,486)	(1,707)	0
Depreciation at 31 March 2025	3,856	0	10,818	14,674	0
Net book value	16,189	0	12,726	28,915	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

	2024/25	2023/24
	Total £000	Total £000
Carrying value at 31 March 2024	24,758	29,772
Financing cash flows - principal	(7,018)	(6,720)
Financing cash flows - interest	(634)	(445)
Lease additions	7,128	4,558
Lease liability remeasurements	56	(1,860)
Interest charge arising in year	634	445
Early terminations	(465)	(992)
Carrying value at 31 March 2025	24,459	24,758

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 2025 £000	Of which leased from DHSC group bodies: 31 March 2025 £000	Total 31 March 2024 £000	Of which leased from DHSC group bodies: 31 March 2024 £000
Undiscounted future lease payments payable in:				
- not later than one year;	6,072	0	5,585	0
- later than one year and not later than five years;	12,481	0	12,572	0
- later than five years.	7,562	0	8,117	0
Total gross future lease payments	26,115	0	26,274	0
Finance charges allocated to future periods	(1,656)	0	(1,516)	0
Net lease liabilities at 31 March 2025	24,459	0	24,758	0
Of which:				
- Current	5,662	0	5,245	0
- Non-Current	18,797	0	19,513	0
Net lease liabilities at 31 March 2025	24,459	0	24,758	0

17 Impairments and reversals

17.1 Impairment of assets

	2024/25 Total £000	2023/24 Total £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	0	0
Over specification of assets	0	0
Abandonment of assets in course of construction	0	0
Unforeseen obsolescence	0	0
Loss as a result of catastrophe	0	0
Changes in market price	680	15,439
Other	(1,341)	0
Total net impairments charged to operating surplus / deficit	(661)	15,439
Impairments charged to the revaluation reserve	1,341	0
Total net impairments	680	15,439

17.2 Property, plant and equipment

The charge of £680k (2023/24: £15,439k) results from the revaluation of the Trust land and building portfolio.

18. Capital commitments

18.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	6,258	8,595
Intangible assets	0	0
Total	6,258	8,595

The principal commitment relates to the Trust's Make Ready Centre capital developments.

19. Inventories

19.1 Inventory by category

	31 March 2025 £000	31 March 2024 £000
Drugs	241	0
Consumables	1,994	2,278
Fuel	460	406
Total	2,695	2,684
of which:		
Held at fair value less costs to sell	0	0

Inventories recognised in expenses for the year were £1,307k (2023/24: £31k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

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 2023/24 the Trust received £30k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

20. Trade and other receivables

20.1 Trade and other receivables by category

	Current 31 March 2025 £000	Non-current 31 March 2025 £000	Current 31 March 2024 £000	Non-current 31 March 2024 £000
Contract Receivables	2,767	0	876	0
Provision for impaired receivables	(898)	0	(762)	0
Prepayments	9,596	0	4,217	0
PDC Receivable	0	0	311	0
VAT receivables	1,061	0	453	0
Other receivables	2,053	47	1,644	0
Total	14,579	47	6,739	0
Of which receivable from NHS and DHSC group bodies:	2,422	47	729	0

20.2 Allowances for credit losses 2024/25

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April 2024 - brought forward	0	762
New allowances arising	0	239
Reversals of allowances	0	(103)
Allowances as at 31 March 2025	0	898

20.3 Allowances for credit losses 2023/24

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April 2023 - brought forward	0	736
Allowances as at 1 April 2023	0	736
New allowances arising	0	97
Reversals of allowances	0	(71)
Allowances as at 31 March 2024	0	762

21. Cash and cash equivalents

	31 March 2025 £000	31 March 2024 £000
At 1 April 2024	35,568	44,137
Net change in year	(6,541)	(8,569)
At 31 March 2025	29,027	35,568
Made up of:		
Cash with Government banking services	29,005	35,546
Commercial banks and cash in hand	22	22
Cash and cash equivalents as in statement of financial position	29,027	35,568
Cash and cash equivalents as in statement of cash flows	29,027	35,568

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 2024	615	1,338	0	0	0	1,953
Less assets sold in the year	(182)	(398)	0	0	0	(580)
Balance at 31 March 2025	433	940	0	0	0	1,373
Balance at 1 April 2023	261	395	0	0	0	656
Plus assets classified as held for sale in the year	562	1,255	0	0	0	1,817
Less assets sold in the year	(67)	(153)	0	0	0	(220)
Less assets no longer classified as held for sale, for reasons other than disposal by sale	(141)	(159)	0	0	0	(300)
Balance at 31 March 2024	615	1,338	0	0	0	1,953

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 (Coxheath and Crawley) in Assets Held for Sale after the disposal of Medway during the year; with a combined asset value of £580,000 (2023/24: £220,000).

The expected disposal date of the remaining ambulance stations is prior to 31 March 2026.

23. Trade and other payables	Current 31 March 2025 £000	Non-current 31 March 2025 £000	Current 31 March 2024 £000	Non-current 31 March 2024 £000
Trade payables - capital	2,372	0	3,006	0
NHS trade payables	442	0	498	0
Other trade payables	8,153	0	8,043	0
Taxes payable	4,946	0	4,721	0
Other payables	2,247	0	126	0
Accruals	9,734	0	12,584	0
Annual leave accrual	1,967	0	1,283	0
PDC payable	183	0	0	0
Pension contributions payable	3,696	0	3,366	0
Total	33,740	0	33,627	0

Of which payables from NHS and DHSC group bodies: 893 0 2,026 0

23.1. Other liabilities	Current 31 March 2025 £000	Non-current 31 March 2025 £000	Current 31 March 2024 £000	Non-current 31 March 2024 £000
Deferred income: contract liabilities	4,242	0	608	0
	4,242	0	608	0

24. Borrowings	Current 31 March 2025 £000	Non-current 31 March 2025 £000	Current 31 March 2024 £000	Non-current 31 March 2024 £000
Obligations under finance leases	5,662	18,797	5,245	19,513
Total	5,662	18,797	5,245	19,513

25.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000
Carrying value at 1 April 2024	0	0	24,758	0
Cash movements:				
Financing cash flows - principal	0	0	(7,018)	0
Financing cash flows - interest (for liabilities measured at amortised cost)	0	0	(634)	0
Non-cash movements:				
Additions	0	0	7,128	0
Lease Liability Remeasurement	0	0	56	0
Interest charge arising in year (application of effective interest rate)	0	0	634	0
Early terminations	0	0	(465)	0
Carrying value at 31 March 2025	0	0	24,459	0

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000
Carrying value at 1 April 2023	0	0	29,772	0
Cash movements:				
Financing cash flows - principal	0	0	(6,720)	0
Financing cash flows - interest (for liabilities measured at amortised cost)	0	0	(445)	0
Non-cash movements:				
Additions	0	0	4,558	0
Lease Liability Remeasurement	0	0	(1,860)	0
Interest charge arising in year (application of effective interest rate)	0	0	445	0
Early terminations	0	0	(992)	0
Carrying value at 31 March 2024	0	0	24,758	0

26. Provisions	Current 31 March 2025 £000	Non-current 31 March 2025 £000	Current 31 March 2024 £000	Non-current 31 March 2024 £000
Pensions relating to staff	340	2,964	340	2,924
Legal claims	385	0	376	0
Other	18,166	4,849	13,165	7,833
Total	18,891	7,813	13,881	10,757
	Pensions relating to staff	Legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2023	3,273	171	14,098	17,542
Change in the discount rate	(190)	0	0	(190)
Arising during the year	467	205	11,031	11,703
Utilised during the year	(341)	0	(1,019)	(1,360)
Reversed unused	0	0	(3,112)	(3,112)
Unwinding of discount	55	0	0	55
At 31 March 2024	3,264	376	20,998	24,638
At 1 April 2024	3,264	376	20,998	24,638
Change in the discount rate	6	0	0	6
Arising during the year	323	78	11,065	11,466
Utilised during the year	(368)	0	(1,360)	(1,728)
Reversed unused	0	(69)	(7,690)	(7,759)
Unwinding of discount	79	0	2	81
At 31 March 2025	3,304	385	23,015	26,704

Expected timing of cash flows:

Within one year	340	385	18,166	18,891
Between one and five years	1,282	0	17	1,299
After five years	1,682	0	4,832	6,514

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £3,304k represents the Trust's pension liability for pre-1995 reorganisations (2023/24: £3,264k).

Legal claims are the member provision for personal injury claims being handled by the NHS Resolution.

A further £15,949k is included in the provisions of the NHS Resolution at 31 March 2025 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2023/24: £61,698k).

27. Contingencies

27.1 Contingent liabilities	2024/25 £000	2023/24 £000
Legal Claims	100	78
Total	100	78

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 the following related party transactions have taken place. Quallsafe Ltd £19k and College of Paramedics £3k.

The Department of Health & Social Care 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 agencies and public bodies for which the Department is regarded as the parent Department.

Of these the major transactions are with NHS England, NHS Kent and Medway ICB, NHS Surrey Heartlands ICB, NHS Sussex ICB, NHS Frimley ICB, NHS Resolution, East of England Ambulance Service NHS Trust and Medway NHS Foundation Trust.

In addition, the Trust has had a number of transactions with other government departments such as HMRC and other central and local government bodies.

The Trust has received revenue payments of £nil (2023/24: £nil) 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 £8k (2023/24: £8k) for administration and associated costs and £nil (2023/24: £nil) representing other charges for the financial year 2023/24.

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 Integrated Care Boards (ICB's) and the way those ICB'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 2025 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 ICB'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	31 March
	2025	2024
	£000	£000
Receivables	3,922	1,567
Cash at bank and in hand	29,027	35,568
Total at 31 March 2025	32,949	37,135

All financial assets held at amortised cost

29.2 Financial liabilities

	31 March	31 March
	2025	2024
	£000	£000
Payables	27,537	32,045
Obligations under leases	24,459	24,758
Provisions under contract	23,015	18,401
Total at 31 March 2025	75,011	75,204

All financial liabilities held at amortised cost

29.3 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March	31 March
	2025	2024
	£000	£000
In one year or less	33,609	37,630
In more than one year but not more than five years	12,481	12,572
In more than five years	30,577	26,518
Total	76,667	76,720

29.4 Fair values

There is no difference between the carrying amount and the fair values of financial instruments.

29.5 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

There were no cases over £300k in 2024/25 (2023/24: none)

The total number of losses and special payments cases and their total value is as follows:

	Total Number of Cases 2024/25	Total Value of Cases 2024/25 £000	Number of Cases 2023/24	Total Value of Cases 2023/24 £000
Losses				
Bad debts	0	0	3	165
Special payments				
Special severance payments	0	0	1	41
Total losses and special payments	<u>0</u>	<u>0</u>	<u>4</u>	<u>206</u>

The amounts are reported on an accruals basis but exclude provisions for future losses.

31. Events after the reporting period

There are no post balance sheet events.

