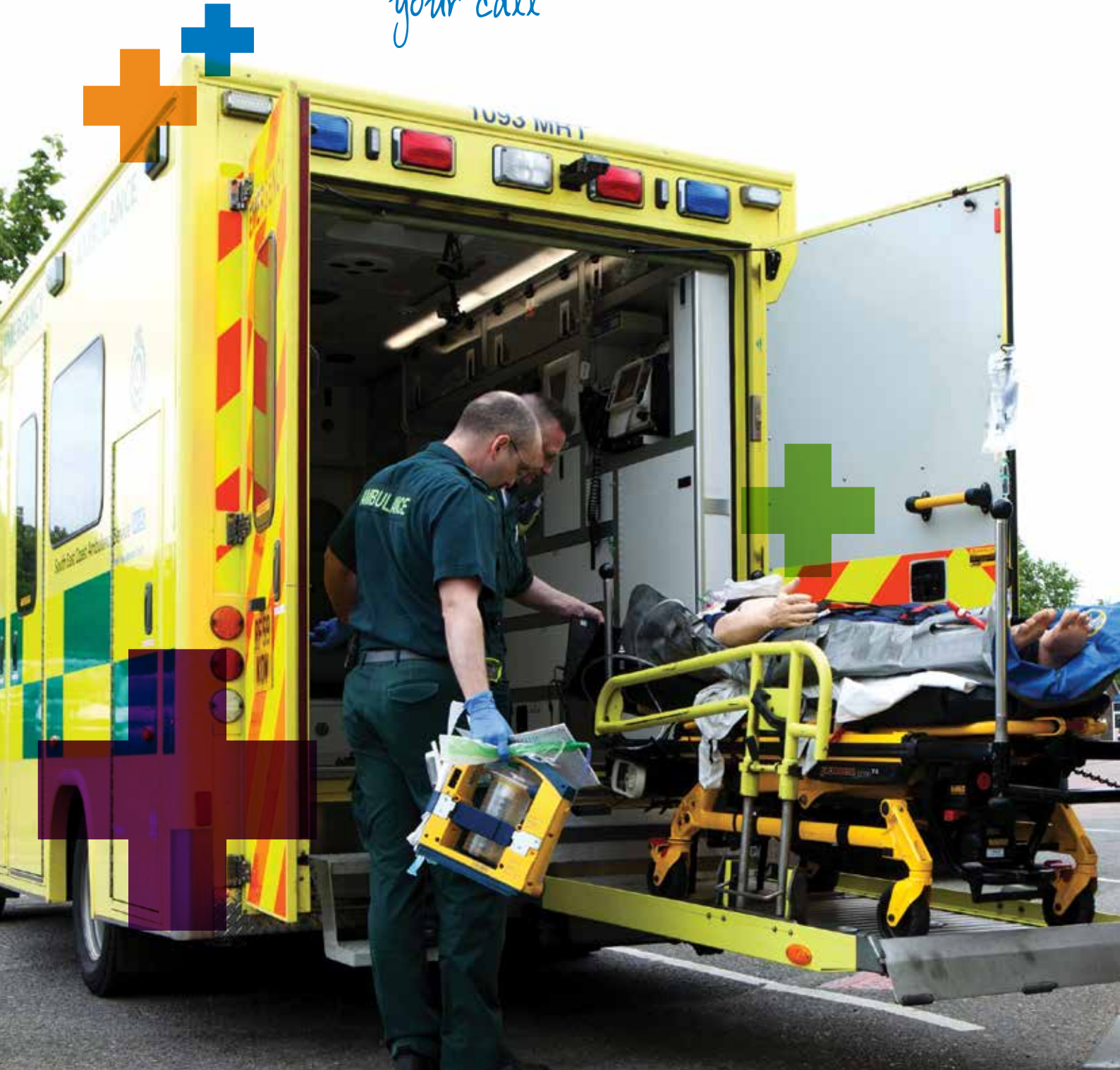South East Coast Ambulance Service **NHS**
NHS Foundation Trust

Annual Report and Accounts
1 April 2013 – 31 March 2014

Your service, your call

South East Coast Ambulance Service NHS Foundation Trust

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Statement as to disclosure to auditors

The Trust Board can certify that there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware and that the Board of Directors, both individually and collectively, have taken all the steps required in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

For more information

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Chairman's Introduction

In last year's report I ended by saying that I was confident that we had the leadership and staff capable to meet the challenges that the new financial year would bring. Thankfully we did, as 2013/14 proved a very challenging year.

On the 999 side, demand was significantly greater than the level we were commissioned to meet; the increase coming typically in the early evenings and at weekends. This made meeting our performance targets a real challenge throughout the year but the Board was clear that our response to our patients was key and committed to putting out more staff hours than originally planned. I am pleased that we ended the year well and met our operational targets for Q4.

Despite much hard work, our move into providing the NHS 111 service and the expanded PTS operations proved difficult. We have seen good improvement during the year but delivering efficient and effective services remains a challenge and we have faced financial pressures, for different reasons, in both areas.

The fact that we performed well, especially given the circumstances, is down to the performance of the staff, which was magnificent. Not only did they strive to meet the challenge of the higher than expected demand, they also performed exceptionally well when called to major incidents, including the Sheppey Bridge traffic pile-up and the winter floods which hit our region hard.

In the year we introduced changes to our patient experience reporting aimed at ensuring that we have good patient care across the Trust. An in depth, and independently run patient survey demonstrated very high satisfaction levels, including under the new 'friends and family test'. Similarly the positive audit by the Care Quality Commission highlighted the high attention our staff give to patient care.

In contrast to the above, the results of our annual staff survey highlighted a number of areas where staff feel we could do a lot better; particularly in terms of how we engage with them. This is a complex area but one that the Board will be giving a higher priority to in the coming year. Fortunately we remain an attractive organisation to join, which is vitally important in a competitive job market. During the year, we recruited a total of 156 clinical staff of which 125 were paramedics and another 77 of our existing staff began the paramedic degree programme. It was heartening to see the Trust's use of paramedic practitioners to help avoid unnecessary hospital admissions highlighted as a blueprint for the future in the recent Keogh Review into Urgent Care.

Nigel Penny's term of office on the Board of Directors ended on 30 June 2013 and I would like to thank him for his contribution to the work of the Trust, particularly in his role as Chair of the Audit Committee. Lucy Bloem joined the Board on 1 September 2013 as a new Non Executive Director.

Trevor Willington's initial three year tenure ended and I was pleased that the Council of Governors extended this for a further three years as Trevor makes a very valuable contribution to the Board. There were also changes to the portfolios of three of the executive directors; these being: Geraint Davies combining his commercial directorate with the HR role on an interim basis, Kath Start taking responsibility for the NHS 111 Service and Urgent Care and Operations Director, Andy Newton, assuming responsibility for PTS and Learning and Development, in addition to the A&E service.

The Council of Governors has continued to exercise its role well. Governors were well apprised of the difficulties the Trust faced during the year and gave the Board its full support for the plans to address these difficulties. The Council provided input into the Trust Strategy, the 2014/15 Annual Plan and the selection of the priorities included in the Quality Account. It also reviewed a number of the Trust's activities, including the Community Responder Schemes, PTS and 111. The process whereby the chair of each Board Committee reports back on the work of their committee is operating well, as is having small groups of Governors observing one meeting of each of the different committees.

The year saw changes to the Council with a number of governors either resigning or deciding not to stand when their term of office came up. The detailed changes are set out in the section of this report related to the Council of Governors but my thanks must go to those who have left for the excellent contribution they have made. I would like to particularly acknowledge the contribution of Ken Davies who held the Lead Governor's role from the formation of the Council in early 2011 to his retirement in March 2014; we have all benefited from his wise counsel.

I am pleased to welcome the following to the Council: Paul Chaplin, Chris Devereux, Jane Watson, Marguerite Beard-Gould and Michael Whitcombe as public governors; Chief Superintendent Paul Morrison (Surrey Police), Professor Tom Quinn (Surrey University) and Councillor Graham Gibbens (Kent County Council) as appointed governors and David Davis as a staff governor. Maggie Fenton, a Kent public governor has been elected Lead Governor with Brian Rockell as Deputy. I am confident that the Council will continue to be well led and I look forward to working with them.

2104/15 will be another tough year. Funding will be tight but with continued strong effort and innovation I am confident that we can both meet agreed targets and continue our clinical and service developments, to the benefit of our patients.

Tony Thorne, Chairman

Chief Executive's Report

Clearly 2013/14 was a difficult year for SECAmb. We had much to do, with mobilising the NHS 111 service across our entire area, continuing to improve the performance of Surrey and Sussex PTS services for patients, whilst delivering our 999 service against the highest rise in demand SECAmb has ever seen of around 9%.

This rise in demand placed real pressure on our 999 service and as a result we did not meet some of our response time targets. We are measured on a quarterly basis with Quarter 1 covering the months of April to June and so on and we have to reach 75% of Red 1 (life threatening) and Red 2 (serious but not the most life threatening) calls within 8 minutes and to reach 95% of these calls within 19 minutes.

We achieved our Red 1 target for the year reaching 76.8% of these patients within 8 minutes against 75.2% for the previous year. We missed our Red 2 target for the year arriving at 73.9% of these patients within 8 minutes against 75.6% for the previous year. We achieved the 19 minute target for the year arriving at 97% of these calls within 19 minutes. We achieved all three of these standards for Quarter 4 of 2013/14.

Responding to this significant increase in demand, in order to protect our response time to patients, naturally became the organisation's main focus for much of the year. This had consequences such as having to postpone the annual key skills refresher training for staff, although much developmental training and education did take place through the year. Situations like this are far from ideal and present challenges for the forthcoming year as we look to rectify some of the consequences of this focus.

Whilst there is further explanation of the causes of this increase in demand and the actions taken through the year to address it within the report, it is always disappointing to miss a response time target since it means patients waiting longer for our care than they should. However, I must say I was very impressed with the hard work our staff put in throughout the year to respond to the challenge of this overwhelming demand.

Our NHS 111 service went live just before the year started. However, we quickly realised during April 2013 that the demand patterns used as part of the commissioner and Department of Health authorisation process, against which we had planned our numbers of staff, were inaccurate. This meant that we had to go through a period of 'rectification' to get the service performing at an acceptable level. This meant a very significant recruitment campaign to identify, recruit and train a large number of additional staff. Again, I was very impressed with the way all of our staff responded to this challenge. Our recruitment team, our NHS 111 staff and our 999 staff, all rallied and brought our performance up to acceptable levels as quickly as possible. For example, we have met what is called our 'abandoned calls'

monthly target since June 2013. During the difficult Easter and bank holiday period when NHS 111 demand was at its peak, we were the best performing NHS 111 service in the Southern region and in the top three nationally for our main key performance indicators.

On the non-emergency side we have seen definite improvements in the delivery of the Patient Transport Services we provide in Surrey and Sussex during 2013/14 and recently both services have received highly positive feedback from patients. The financial challenge of providing these services in a cost-effective way remains and it is vital that we ensure we can match the challenge of providing a quality and responsive service that meets the needs of both patients and those commissioning the services, in an affordable and sustainable way that SECAmb can deliver.

I recognise that the significant demands the organisation is under and some of the actions required to respond to these demands, creates real pressure for our staff and the annual staff survey results paint a difficult picture of how our staff feel about their working lives and this is a cause of great concern to me. Whilst it can be hard to reconcile these results with the more positive feedback reported by the Care Quality Commission when they visited us in December 2013, it is important to understand the issues that lie behind the survey results and take action to address them. The new Staff Friends and Family Test, which all NHS organisations will be introducing during the coming year, will

also provide us with an opportunity to explore key questions about how staff feel about working for SECAmb and the care we provide on a regular basis.

Despite the tough year there were as ever a number of high points in 2013/14. In November 2013, the Department of Health published Professor Sir Bruce Keogh's initial report "Transforming urgent and emergency care services in England". We were delighted that the approach we have taken at SECAmb to tackle the growing demand for urgent care, developing our clinicians into the new front-line Paramedic Practitioner role, was singled out for particular praise within the report. This served to reaffirm our commitment to developing SECAmb into an ambulance service that is so much more than merely an emergency transport organisation.

The success of this commitment was also strongly borne out in our response to the massive road traffic collision on the Sheppey Bridge in Kent in September 2013, in which 250 vehicles were involved. Dozens of SECAmb staff attended the scene to assess and treat all those involved; miraculously there were no fatalities, and our Paramedic Practitioners and other clinicians were able to treat more than 200 people at the scene, thus avoiding unnecessary trips to hospital. At the other end of the care spectrum, our Critical Care Paramedics, HART Teams and other staff were also able to provide the very best care to the 35 patients who did require hospital treatment.

Our staff faced a very different kind of challenge during the prolonged bad

weather and flooding from December 2013 into February 2014, which brought such disruption and misery to many parts of the country, including our region. Through close working with our partners in the Police and Fire services and local authorities we were able to continue to meet the needs of our patients, despite the challenging travel conditions and the difficult personal circumstances many of our staff found themselves in. As always, our staff responded magnificently, earning special recognition from the Prime Minister for their efforts.

Looking forwards, I feel that 2014/15 will be a challenging but also an exciting year. The improvements we are bringing in to "how" we work – with the creation of new Make Ready Centres, the development of new Operational Units, which seek to bring more decision making down to a local level for managers and staff, and on-going clinical developments for our staff – should bring real and tangible benefits for staff and patients. I am also keen that we continue the emphasis we have seen this year on driving up our clinical performance in key areas like cardiac arrest and stroke.

Equally we must not under estimate the challenges ahead. We have already driven the service to provide year on year efficiencies, in order to ensure we can afford to invest in our staff and in developments like Make Ready which we believe will significantly improve the care we provide. Continuing to make further efficiencies will become increasingly difficult but is vital if we want to develop our services for patients further. We also need to continue to recognise that we deliver our service through our staff and responding to the ever growing and often unpredictable demand we face. This remains a tough challenge.

But, SECAmb is a "can do" organisation and is one I am proud to lead. I am sure that we can meet the challenges ahead and continue to provide the caring, compassionate and skilled clinical care that we are known for.

Paul Sutton, Chief Executive

At a glance

"We will match and exceed international excellence through embracing innovation and putting the patient at the heart of everything we do."

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) is part of the National Health Service (NHS). It was formed in 2006 following the merger of the three former ambulance trusts in Kent, Surrey and Sussex and became a Foundation Trust on 1 March 2011.

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

As a Foundation Trust, we have a Council of Governors made up of 14 publically-elected governors, four staff-elected governors and eight governors appointed from key partner organisations.

Our staff deliver our vision (above) through the Trust's values:

+ **Be proud –** taking pride in what we do, doing the best we can, valuing individuals

+ **Show respect –** caring for patients and for each other, being open and honest, listening and accepting differences

+ **Have integrity –** being reliable and trustworthy, being consistent, fair and just, keeping promises and doing what we day we will do

+ **Be innovative –** being open to new ideas, understanding risks and being prepared to take them, developing best practice through research and education

+ **Take responsibility –** understanding our goals and working to achieve them, admitting when something goes wrong and taking action to put it right, taking ownership and being accountable

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

+ Provide non-emergency patient transport services in Surrey & Sussex

+ Receive and respond to 111 calls from the public

We provide these services across the whole of the South East Coast Region (with the exception of patient transport services) – Kent, Surrey, Sussex and parts of North East Hampshire and Berkshire.

We work closely with our main partners in the region - 22 Clinical Commissioning Groups (CCGs), 12 acute hospital trusts and four mental health and specialist trusts within the NHS, the Kent, Sussex & Surrey Air Ambulance and our "blue light partners" – three police forces, four Fire & Rescue Services and the coastguard.

We deliver our services from 110 sites including:

+ Two regional offices at Lewes and Coxheath and the Trust HQ at Banstead.

Each of these sites also houses an Emergency Operations Centre (EOC) where 999 calls are received, clinical advice provided and emergency vehicles dispatched if needed

+ Two Contact Centres at Dorking and Ashford where 111 calls are received and responded to

+ Five Make Ready Centres

+ 46 Ambulance Stations

+ 51 Ambulance Community Response Posts

+ Two Hazardous Area Response (HART) centres

+ One Vehicle Maintenance Centre

We utilise a fleet of 704 vehicles including:

+ 299 A&E ambulances

+ 114 response cars

+ 19 4x4 vehicles

+ 163 PTS vehicles

+ 7 bariatric ambulances (used to transport patients with complex needs)

+ 4 neo-natal ambulances

+ 23 Hazardous Area Response Team (HART) vehicles

+ 14 Chemical Biological Radiological Nuclear (CBRN) vehicles

+ 61 support vehicles

During 2013/14 we received £189.1m of income and incurred expenditure and other costs of £189.0m, which resulted in the Trust achieving a surplus of £0.1m. The Trust has delivered a £9.6m capital plan during the year; the areas of significant spend included an extensive fleet replacement programme and investment in our Make Ready system.

We also achieved savings of £8.6m through our Cost Improvement Programme, allowing us to deliver improved services for lower cost.

During 2013/14 we:

+ Received a total of 862,466 emergency calls

+ Received 5,863 calls categorized as Red 1, the most urgent category of call and reached 76.8% of these patients within eight minutes, thereby reaching the national standard

+ Received 256,413 calls categorized as Red 2, the second most urgent category of call and reached 73.9% of these patients within eight minutes

+ Undertook 501,590 Patient Transport Journeys

+ Received more than 954,000 111 calls

Strategic Report

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The format of the annual report has been amended for 2013/14. Foundation Trusts are now required to publish a strategic report; separate from the Directors' and remuneration reports.

The purpose of the strategic report is to help users to assess how the Directors (the members of the Board) have performed in promoting the success of the Foundation Trust.

The strategic report is intended to provide a fair review of our business and a description of the principal risks and uncertainties facing the Trust. The strategic report is broken down into the following sections:

Our Strategy

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has a vision "to match and exceed international best practice through embracing innovation and putting the patient at the heart of everything we do."

Our strategy is to develop our emergency, urgent care and patient transport services so that patients in the South East Coast area receive the most effective and appropriate care and to ensure that our clinical, financial and operational targets are met or exceeded.

Our strategy

To achieve this strategy we will strengthen and extend our current core activities in emergency and urgent care and patient transport services through:

+ meeting operational performance standards and financial targets;

+ reducing the burden of the increase in demand on the wider health economy by safely reducing conveyance to hospital;

+ remaining at the forefront of innovation in emergency care; and

+ winning and performing against contracts for services that have a direct impact on the provision of unplanned care.

Given the significant challenges that SECAmb has faced over 2013/14, our plans are targeted at achieving a rapid improvement in our operational and financial performance in all areas of our operations.

We will pursue excellence in our 999 service by:

+ delivering a clinical strategy that focusses on cardiac arrest survival and stroke performance;

+ delivering operational performance targets through a focus on the underlying causes of performance issues in 2013/14 particularly by increasing staffing;

+ reinvigorating our Community First Responder (CFR) and Public Access Defibrillator (PAD) schemes; and

+ investing in the development of an electronic patient care record (EPCR) and improved medicines management systems.

In Patient Transport Services (PTS) we will drive productivity to ensure that the contracts meet financial expectations while maintaining acceptable service levels and manage our commercial relationship with commissioners.

In NHS 111 we will work to deliver a service that meets clinical and operational performance requirements within the available funding. This will involve the implementation of a productivity programme to improve the financial performance of the service.

We will utilise capability within our 999 and NHS 111 services to develop a strategy for the delivery of unplanned care e.g. out of hours services.

In order to deliver our plans we will need to significantly expand the workforce in our 999 service; substantially increasing our numbers of paramedics and emergency care support workers and increasing our resources in key clinical support areas.

Principal risks and uncertainties

We have faced significant challenges in terms of our operational, clinical and financial performance during 2013/14. 2013/14 saw a 9% growth in emergency activity, 2.5% of which was not funded by commissioners as per the agreed

contract, combined with contractual and service delivery issues in PTS in Surrey and Sussex. This was in addition to the introduction of the NHS 111 service in the South East Coast in March 2013. As a result our surplus for 2013/14 was £0.1m against a planned surplus of £3.5m.

The capacity clause in the contract for 2013/14 was invoked as a result of emergency activity exceeding the 2.5% variance against plan included within the contract. Lightfoot Solutions undertook the capacity review on behalf of SECAmb, the Clinical Commissioning Groups (CCGs) and Kent and Medway Commissioning Support Unit. All parties agreed to strategically review the contract baseline to inform the price for the minimum capacity to deliver the 999 service. The review recommended an increase in baseline funding of £6.1m to fund the additional resources needed to properly and safely meet demand. The outcome of the capacity review has informed the negotiation of the contract with commissioners for 2014/15.

The key risks to delivery of our 999 service relate to our ability to recruit sufficient numbers of paramedics and a substantial unplanned increase in activity, particularly if it is not funded appropriately. The recruitment risk would be compounded by any increase in turnover rates over plan for our existing paramedics.

SECAmb's 999 workforce will need to expand overall and to become more flexible to respond to variations in demand. The NHS 111 contract in our region is one of the largest in the country and the volume of calls at peak times has significantly increased demand on the 999 service during those periods, typically evenings and weekends. Even without the impact of the NHS 111 service, greater flexibility is required to respond to seasonal variations in 999 demand. Consultations will take place with staff and trade unions to negotiate changes to rota patterns that will allow the Trust to use its staff most effectively to meet the needs of the local population. However, the impact of additional recruitment and changes to rotas will not be felt immediately. As a result, the Trust will continue to require significant support from Private Ambulance Providers (PAPs) over the next two years to enable sufficient resources to be provided to meet demand.

Our contingency plans relate to making best use of alternative sources of paramedics and ensuring that we put in place robust contracts with PAPs. Plans are also being put in place to ensure that the level of turnover among our existing paramedics is as low as possible to avoid the need to increase the recruitment target further.

Both NHS 111 and PTS are currently loss making services. It is essential that we reduce these losses as far as possible within the current contracts. Improvements in productivity are being sought in both services but these will be carefully balanced against the need to provide a quality

Our strategy

service to patients. The current financial and performance issues affecting our PTS contracts in Surrey and Sussex are increased by differences between the service commissioned and the needs and expectations of the acute hospitals e.g. the much higher than anticipated number of discharges booked on the day. This issue is unlikely to be resolved during the life of the current PTS contracts. However, new IT processes and changes to the way staff are supervised will be implemented to improve the service we are able to offer to patients.

The risk to the whole healthcare system of delays handing over patients at some A&E Departments also poses a risk to quality. While handover delays have decreased in 2013/14 due to prioritisation of this issue in A&E departments, they remain a significant issue at some Acute Trusts and delay the availability of crews to respond to new incidents; some of which will be life threatening. Handover delays can also impact on our response times as they reduce the availability of crews and vehicles to respond to new calls.

Following a CQC inspection in December 2013, local compliance with the Medicines Management Policy is a defined risk on the corporate risk register overseen by the Risk Management and Clinical Governance Committee (RMCGC). Plans are being developed for the transition to standardised systems of procurement, storage, distribution and management of medicines across SECAmb. New medicines management systems will be linked to the roll out of Make Ready Centres (MRCs) across the region and in the interim period will be supported through the Vehicle Preparation Programmes that are being established in areas which do not yet have MRCs.

Our People

SECAmb employs 3,661 staff, 87% of whom are in direct contact with patients, either face to face or on the telephone. Equally as important are the 486 staff employed in support roles – fleet, HR finance, infection control, IT, clinical governance – and many others, as it is these staff who support front-line staff in carrying out their roles by ensuring that they have the right tools, skills and processes as needed. Regardless of individual role, all members of staff are focussed on ensuring patients receive the very best care possible and all staff are supported to deliver this.

Our people

This section provides information on our staff, highlighting the different roles within the organisation and gives detailed breakdowns on our workforce profile.

How we deliver our services

As at 31 March 2014, the breakdown of our staff between clinical and support roles was as follows:

Staff group	Headcount	Whole Time Equivalent (WTE)
A&E	2086	1840.2
EOC	427	369.6
PTS	358	310.2
111	227	144.7
HART	77	76.9
Support	486	431.2
TOTAL	3661	3172.8

A&E Workforce

The Trust has 901 (headcount) HCPC registered paramedics, including Clinical Managers and Clinical Team Leaders, plus 129 (headcount) Paramedic Practitioners and 39 (headcount) Critical Care Paramedics.

This is complemented by 637 (headcount) Ambulance Technicians and 380 (headcount) Emergency Care Support Workers. This gives a total A&E workforce of 2086.

51% of the A&E workforce are Specialist Practitioners/ Paramedics and 49% are Clinical Support Staff.

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 and paramedics. We have 380 Emergency Care Support Workers

***Technicians – 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. We have 637 technicians.

During recent years the role of the ambulance technician has changed significantly, in light of fundamental changes in the pre-hospital environment. As a result the Trust has opted not to recruit or train new technicians and has concentrated instead on increasing the numbers of paramedics and specialist paramedics (including Paramedic Practitioners and Critical Care Paramedics) who will be supported by Emergency Care Support Workers.

***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. We have 901 paramedics, including those working as clinical managers.

Professional entry routes have increased to 145 students per year directly to four universities on the three year

programmes and there are 80 part time places for ambulance technicians to convert to paramedics.

The above supports the need for more paramedics and helps to fill the vacancies that are created as a result of Paramedics progressing to Paramedic Practitioner, Critical Care Paramedic and Clinical Team Leaders roles.

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. We have 77 staff in these teams.

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. Paramedic Practitioners 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. We currently have 129 Paramedic Practitioners.

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 and ensuring the

patient is taken rapidly and safely to a hospital that is able to treat their complex needs. Critical Care Paramedics are able to assess and diagnose illness and injuries and treat patients using more powerful drugs and use equipment on scene that up to now was only used in hospital. We currently have 39 Critical Care Paramedics, plus a further six currently in training.

Clinical Team Leaders – are first line paramedic managers, responsible for managing teams of up to eleven clinical staff.

The number of Critical Care Paramedics and Paramedic Practitioners has increased over the last 12 months with a headcount of 168 staff actively working in these roles and a further 65 students.

Emergency Operating Centre Staff – 427 staff work in the Trust's three Emergency Operations Centres in a variety of roles including Emergency Medical Advisers, Dispatchers, Duty Dispatch Managers and Clinical Desk staff. These staff are responsible for receiving every one of the emergency calls sent to the Trust, providing support and clinical advice to callers as needed and co-ordinating the most appropriate response to send to the patient.

NHS 111 staff – 227 staff work in the contact centre in Ashford. Further NHS 111 staff are employed by Care UK and work in the contact centre in Dorking. 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.

Our people

Patient Transport Staff – provide a non-emergency service to take patients to and from NHS facilities for appointments, treatment and hospital admission. They also carry out non-urgent transfers between hospitals and discharge from hospital to home. All Patient Transport Services staff are trained in basic life support should one of their patients need emergency care. We employ 358 PTS staff.

Support staff – our front line staff are supported by 486 non-clinical staff who work in areas including finance, human resources, service development and corporate affairs, information management and technology, education and training, estate, fleet and logistics services, contingency planning and resilience and clinical governance and communications.

Workforce Profile

SECAmb values diversity, equal access for patients and equality of opportunity for staff. As an employer we will ensure all our employees work in an environment which respects and includes everyone and is free from discrimination, harassment and unfair treatment.

A key tool in order to help us ensure this is the case is workforce monitoring, whereby we collect relevant information on each member of staff.

Age

There are currently 462 (12.6%) staff aged 55 and above of whom 195 (5.3%) are A&E staff and may choose to retire within the next five years. 102 (2.8%) A&E staff within this age group are registered paramedics (PPs/CCPs/CTLs/Paramedics)

and 53 (1.5%) are technicians. The age profile for Critical Care Paramedics and Paramedic Practitioners tends to be younger with 76 of the 168 (45.2%) PPs/CCPs being below the age of 40.

The Trust is continuing to attract a younger age range of employees for front line services and it is expected that this trend will continue into the future.

Age	Headcount	Per cent rounded %
16 - 20	75	2.0%
21 - 30	741	20.2%
31 - 40	1002	27.4%
41 - 50	1055	28.8%
51 - 60	623	17.0%
61-65	123	3.4%
66 +	42	1.2%
TOTAL	3661	100.0%

Gender

In the workforce as a whole the gender split has remained the same during the last 12 months, 54.9% male and 45.1% female, supporting a continuing trend towards a more gender balanced workforce.

As at 31 March 2014 there were nine male Board Directors and five female Board Directors.

The highest ratio of male to female staff is in PTS: 67% to 33%. The next highest is A&E where 62% are male and 38% female. In the EOCs 70% of staff are female and 30% male. The ratio in support services is 42% male to 58% female

Gender	Headcount	Per cent %
Male	2008	54.9%
Female	1653	45.1%
Transgender	0	0.0%
TOTAL	3661	100.0%

Ethnicity

The % of staff classified other than 'white British' has remained the same during the last 12 months at 6.0%

Ethnic Group	Headcount	Per cent %
White British	3217	94.0%
White Other	104	3.0%
Mixed	42	1.3%
Asian or Asian British	19	0.6%
Black or Black British	31	0.9%
Other	8	0.2%
TOTAL	3421	100.0%
Unstated	240	

Disability

131 staff have declared themselves as having a disability (3.6%).

Disabled	Headcount	Per cent rounded %
Declared	139	4.0%
No disability	2207	62.4%
Unstated	1189	33.6%
TOTAL	3535	100.00%

The Trust's recruitment arrangements promote fairness and equality at all stages of the process and staff responsible for the selection of personnel are appropriately trained in recruitment practice and diversity. The policy refers specifically to disability, sex, sexual orientation, age, ethnicity, religious belief and gender reassignment.

As an equal opportunities employer, the Trust is a member of the Two Ticks 'Positive about Disabled People' scheme and welcomes applications from individuals with disabilities for training, career progression and promotion opportunities. Positive steps will be taken to ensure that disabled people can access and progress in employment and to ensure that disabled people can access our services

During 2013/14 the breakdown of applicants to advertised posts are as follows:

Disabled	400
Not disabled	6977
Undisclosed	72

And appointments were made as follows:

Disabled	38
Not Disabled	706
Undisclosed	6

Our people

The Trust values the contributions made by all staff and is committed to supporting staff in circumstances where adjustments are required to their working conditions/ environment, to enable them to remain in employment. The Trust also has a redeployment programme for staff who may become disabled to ensure we retain staff whenever possible. There are a number of policies and procedures in place which detail the support available to staff and managers and these include the:

+ Equality, Diversity and Human Rights Policy,

+ Sickness Absence Management policy and Rehabilitation Procedure,

+ Special Leave Policy,

+ Flexible Working Policy

Sexual Orientation

25.5% of staff have not disclosed their sexuality

Sexual Orientation	Headcount	Per cent rounded %
Bisexual	21	0.6%
Gay	45	1.2%
Lesbian	56	1.6%
Heterosexual	2311	65.4%
I do not wish to disclose my sexual orientation	300	8.5%
Undisclosed	802	22.7%
TOTAL	3535	100.00%

Religion and Belief

This area is under reported with 33.3% of staff having not stated their belief:

Religious Belief	Headcount	Per cent %
Atheism	513	14.0%
Buddhism	19	0.5%
Christianity	1492	40.7%
Hinduism	3	0.1%
Islam	9	0.3%
Judaism	6	0.2%
Other	400	10.9%
Undisclosed	1219	33.3%
TOTAL	3661	100.0%

Valuing difference

The year 2013/14 has seen substantial progress in embedding equality, diversity and human rights into core SECAmb business activity. It has been a year of change and development, with a new Equality, Diversity and Human Rights policy and a procedure for supporting transgender staff and service users being finalised. We also transitioned from the NHS Equality Delivery Scheme (EDS) to the new framework EDS2.

EDS2 is designed to support NHS commissioners and providers to deliver better health care outcomes for patients and communities, and better working environments for staff that are personal, fair and diverse. It is about making positive differences to healthy living and working lives so that everyone counts. Its purpose is to help us understand how equality

can drive improvements to strengthen performance and accountability of services to those using them; bring about work places free from discrimination; and help to embed equality into mainstream business.

During the year we undertook a review of our Inclusion Working Group membership so that the right people are involved in ensuring equity and fairness and elimination of discrimination for all our patients, staff and the public.

The General Equality Duty placed on all public bodies was the first phase of legislation from the Equality Act 2010, stating that public bodies must:

"in the exercise of their functions, have due regard to the need to:

+ Eliminate unlawful discrimination, harassment or victimisation and other conduct prohibited by the Act;

+ Advance equality of opportunity between people who share a protected characteristic and those who do not;

+ Foster good relations between people who share a protected characteristic and those who do not"

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

+ Publish sufficient evidence to demonstrate compliance with the general duty

+ Prepare and publish equality objectives

The above obligations were fully met and our Inclusion Hub Advisory Group, a diverse group of stakeholders, was involved in helping us achieve them.

The Inclusion Working Group is committed to promoting, recognising and valuing the diverse nature of our communities, stakeholders and staff, and removing or minimising inequalities of access and discrimination, to enable the Trust to meet the needs of patients. The group has overseen the implementation of the EDS2, the review and revision of equality objectives and development of action plans to enable these to be met. The group also monitors implementation of the Inclusion Strategy and receives feedback from the Inclusion Hub Advisory Group and the staff Foundation Council, which includes staff from right across the organisation, at each meeting. Ensuring that staff are aware of equality and diversity issues will be a high priority in 2014/15. The Staff Survey results indicate a deterioration in the number of staff who say they have received equality and diversity training. This is despite equality and diversity training being a mandatory requirement in 2013/14.

A notable achievement this year was being selected as an NHS Employers Equality and Diversity partner in recognition that we demonstrated the commitment of the Trust to embed equality, diversity and human rights into core business. In addition, and for the second year running we made it into the 'Stonewall Top 100' in their Workplace Equality Index. Our staff network, Pride in SECAmb was awarded 'Star Performing Network' status which is great news for lesbian, gay, bisexual and transgender staff.

Our people

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

Alternatively, please contact Angela Rayner, Inclusion Manager by email: angela.rayner@secamb.nhs.uk or Tel: 01737 364428, SMS/text:07771 958085, Textphone (via TextRelay): 18001 01737 364428, Fax: 01737 363881

Protecting our staff

We strive to provide a safe environment for both our staff and the patients we treat. However, with the type of service that we provide our staff may sustain injuries whilst treating or moving patients and on occasion, may potentially suffer aggressive behaviours or even violence from both service users and the public.

The Trust has a strong safety culture and operates an integrated and open incident reporting system, enabling trend analyses to be reported through clinical and corporate governance routes. The Central Health and Safety Working Group meets every three months. It is chaired by an Executive Director and its members include managers and staff representatives.

During 2013/14 we recorded 3,556 adverse incident reports, including:

+ 236 incidents related to staff sustaining musculoskeletal injuries

+ 155 incidents related to staff being assaulted

+ 97 of the incidents resulted in over seven days of sickness absence and were reported to the Health and Safety Executive under the RIDDOR regulations

We encourage staff to report adverse incidents as it assists in giving an accurate appraisal of the hazards which they face; these incidents are regularly analysed and reviewed at the Health and Safety Working Groups and the Risk Management Clinical Governance Committee. Where trends have been identified, measures are implemented to assist in reducing the likelihood of recurrence, thereby making it safer for staff and patients.

Recruiting and retaining staff

As at 31 March 2014 our turnover was as below:

STAFF TURNOVER	Turnover % as at 31 Mar 14	Turnover (%)
A&E	7.18	133.14
PTS	27.76	96.64
EOC	22.20	70.53
111	68.34	81.18
All other staff	15.52	66.37
Turnover Total	14.46	447.86

The figures in the table above include staff who have been promoted or changed roles within the organisation and those who have retired, but the Trust acknowledges that there are pockets of the organisation

where staff turnover is a challenge. To this end, a Staff Retention Improvement Plan has been agreed and presented at the Workforce Development Committee. The plan focuses on a number of key areas including; recruitment & selection, reporting and analysis, strong visible leadership, robust internal communication, exit interviews, flexible working, culture/ values and the training of new staff. Areas of the organisation that have been identified as experiencing high staff turnover are NHS 111 (Health Advisors), Patient Transport Services (Ambulance Care Assistants) and Operations Centre (Emergency Medical Advisors). The Trust is committed to reducing turnover and recognises the importance of a stable and experienced workforce.

Work has been completed to understand the workforce requirements for financial year 2014/15 and as part of this; the Trusts recruitment needs for additional operational personnel have been identified and presented at the Workforce Development Committee. Whilst it is welcomed that the Trust was able to deliver robustly against recruitment targets for the majority of positions in 2013/14, it was identified that like many other Ambulance Trusts, SECAmb may find it challenging to recruit the volume of qualified Paramedics required over the coming year. Plans have been developed to help mitigate this risk; the Trust has increased its graduate attraction activity and is working closely with university partners to help fill the gap. Early indications are positive and efforts continue to recruit graduate and qualified Paramedic staff. In the longer term the Trust has doubled the number of education commissions for university Paramedics within the region and this will greatly increase the pipeline of graduates for the future.

Our people

Engaging with and listening to our staff

Staff Survey results 2013/14

The NHS Staff Survey is undertaken annually and covers all staff who work for the NHS, regardless of area. It provides a valuable opportunity for staff to provide feedback, anonymously, on a number of important areas including the care provided by their Trust, training, engagement and personal development.

The 2013/14 survey was undertaken during November and December 2013 by Capita, an independent organisation, on behalf of SECAmb and the results were published in February 2014.

Rather than just sending the survey to a sample of staff, SECAmb opted to survey all staff and 1,319 staff completed and returned their surveys. The return rate compared to the national average for ambulance Trusts, can be seen below:

| | 2012/13 | | 2013/14 | | Trust Improvement or Deterioration |
	Trust	National average	Trust	National average	
Response rate	49%	39%	42%	42%	7% deterioration

Overall, SECAmb's results, once again, were disappointing. Although there are pockets of improvement, many areas have seen a deterioration compared to the previous year's results, potentially reflecting the real pressures staff have been working under:

| Top four ranking scores | 2012/13 | | 2013/14 | | Trust Improvement or Deterioration |
	Trust	National average	Trust	National average	
% of staff reporting errors, near misses or incidents witnessed in the last month	82%	81%	80%	79%	2% deterioration
% of staff having equality & diversity training in last 12 months	70%	43%	56%	55%	14% deterioration
Support from immediate managers	3.18	3.26	3.17	3.16	deterioration
% of staff appraised in last 12 months	81%	73%	67%	67%	14% deterioration
% of staff witnessing potentially harmful errors, near misses or incidents in last 12 months	42%	38%	43%	43%	1% deterioration

Bottom five ranking scores	2010/11		2011/12		Trust Improvement or Deterioration
	Trust	National average	Trust	National average	
% of staff reporting good communication between senior management and staff	9%	16%	10%	13%	1% improvement
Effective team working	3.12	3.29	3.17	3.27	improvement
% of staff working extra hours	90%	84%	89%	85%	1% improvement
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	35%	32%	52%	48%	17% deterioration
% of staff experiencing physical violence from staff in last 12 months	3%	3%	4%	3%	1% deterioration

Improving the staff survey results and staff satisfaction overall remains a key priority for the Trust Board.

Following the publication of the 2012/13 staff survey results, a dual approach was taken to address the issues raised by the results:

+ A "corporate" approach – a large staff event, the Staff Survey Summit was held in July 2013, which prioritised the key areas that staff wanted to see addressed. These areas have been pulled together into an over-arching plan

+ A "local" approach – the bespoke results by Operational Dispatch Area (ODA) have been compared with the Trust average and individual local action plans developed with local managers

In light of the 2013/14 results, it has been agreed that further work needs to be undertaken, to address the underlying issues behind the survey results. It has been recognized that it is vital to work with the Foundation Council, the staff-elected governors and the Joint Partnership Forum (JPF) to take this work forwards.

Our people

The following actions have been agreed:

+ **Develop and improve existing local action plans –** as described above, local action plans have been developed with each of the Senior Operations Managers for their respective Operational Dispatch Areas (ODAs). It is proposed to review the 2013 results by ODA, compare these to the existing plans and make amendments as necessary.

+ **Develop local actions plans for 111, EOC and PTS –** it is proposed to develop bespoke action plans for the areas above with local managers, in the same way as those developed previously for the ODAs.

+ **Further investigate link between staff attitude and patient care through the Quality Account –** this action has been included in this year's Quality Account as a Quality Measure, following input from a representative workshop. It is hoped that this exercise will evidence whether or not such a link exists in the ambulance service.

+ **Undertake quarterly testing through the introduction of the Friends & Family Test (FFT) –** all NHS Trusts are required to implement regular "testing" of their staff's perception of the quality of care provided as part of the national Friends & Family Test. Following discussions internally, we have agreed that this will be introduced during Quarter 1 of 2014/15 within SECAmb and will follow thereafter on a quarterly basis. It will utilise the format of surveying staff across the organization, in different geographical areas, using an on-line surveying tool.

+ **Identification of key areas for action –** in addition to all of the work-streams detailed above, it has also been agreed to focus on the four key areas as below:

  + *capacity to undertake job* – this was a recurring theme, that occurred amongst every staff group within the staff survey. Actions to be taken will need to include rota reviews, use of private ambulance providers, recruitment and retention

  + *values* – some work has been undertaken to date to share the Trust's values within the organization but this has been rather limited and needs further expansion

  + *staff on staff assaults* – the 2013 results once again showed staff reporting staff on staff assaults, which is of concern. There does not appear to be any evidence to support this reported elsewhere e.g. IR1s, however this will be investigated further.

Progress on the delivery of each strand of the work will continue to be reported through the Workforce Development Committee to the Trust Board, to the Council of Governors and to the Joint Partnership Forum (JPF).

In addition, the ASK scheme is now up and running, with over 20 advisors (members of staff) in place across the Trust. The advisors work in local 'huddles', each coordinated by a lead Chaplain, to provide information and details of the support available to staff on a range of subjects.

The ASK advisors act as a link between a member of staff and internal departments/external organisations, signpost staff to where help and support can be found, and build relationships with all colleagues at their location in order to provide a listening ear.

They can also liaise between a member of staff and a person or organisation by e.g. making the first phone call on their behalf, or introducing them to a key contact, but first and foremost their role is to be someone staff can turn to if they are not sure where to go or who to talk to – either for themselves or on behalf of a colleague/friend.

A second recruitment campaign has just been launched to increase the number of Advisors, who all take on this role in their own time, and opportunities to share experiences and learn from each other are planned in through the year.

Communicating and engaging with our staff

Communicating effectively with the more than 3,500 staff employed by SECAmb is always challenging, especially given the large geographical area the Trust covers and the diverse shift patterns worked by many staff.

The challenge has grown during the year with the expansion of our service areas into new PTS areas, as well as into partnership working with Care UK in providing NHS 111 services.

Recognising these challenges and the infrequency of opportunities for face to face communication, the Trust uses a range of different mechanisms to try to communicate effectively with staff, including:

+ A weekly electronic staff bulletin, which contains key performance information, as well as "beeline" messages, where staff pay tribute to their colleagues

+ Targeted briefings for managers on important topics including key messages, to enable them to brief their teams effectively

+ A dedicated "staff zone" on the Trust's website

+ A quarterly staff magazine – SECAmb News – which is produced electronically as well as in hard copy

+ "Face to face" briefings from the Executive team for operational managers

+ Use of "Twitter" – our main corporate account, as well as a secure "staff only" account

However, we recognise that there is still lots more to be done to improve how we communicate internally.

Plans in place for 2014/15 include:

+ Re-launching the weekly staff bulletin in a new and improved format, taking on board feedback from staff

+ Completing re-vamping the "staff zone" on the website – making it more accessible, easier to navigate and more attractive

+ Exploring all the communication possibilities that will form part of the development of the Electronic Patient Care Record – this will provide a vital electronic link to our front-line staff out in vehicles

Our people

We are also working hard to improve opportunities for engagement and staff feedback. A new Staff Suggestion Scheme was launched in Spring 2014 and has been enthusiastically received by staff. The quarterly staff forum, the Foundation Council, continues to play an active role – as a sounding board for ideas in development, as well as highlighting and raising issues important to staff.

But probably the biggest and most exciting opportunities in this area will come about with the development of local units as currently being trialled in Kent. Working in smaller, locally focussed teams will provide much better opportunities for improved communication and engagement.

Working in partnership with the Unions

The Joint Partnership Forum (JPF) remains the Trust's principal consultation and negotiation forum, where consideration is given to issues relating to pay and conditions of service, policies and procedures affecting staff employment and operational management. In the spirit of openness and transparency, all approved minutes of the JPF are published on the Trust's intranet.

Following the Trust's successful tender for the NHS 111 service and the commencement of this new contract in March 2013, discussions were held with the Trust's established unions and agreement was reached to add the Royal College of Nursing to the SECAmb Recognition Agreement, given the significant number of nurses employed within the 111 service.

For the majority of the year, the Trust included five unions in its Recognition Agreement, (UNISON, GMB, UNITE, APAP and the RCN) although APAP were de-recognised in March 2014. This change has brought a wider perspective to partnership working and helped to facilitate a more professional and pragmatic approach to employee relations issues within the Trust. To this end, Staff Representatives have initiated a 'Statement of Intent', setting out a number of key principles for standards of professional conduct to be observed by both Staff Side and Management, with the aim of enabling the JPF to "attain greater credibility with staff and deliver the ability to achieve positive, sustainable, change for patients, staff and SECAmb".

Significant progress has been made over the past year in resolving a number of key internal terms and conditions and policy issues but effective local partnership working was affected by the negotiations taking place at a national level to change the method of calculating and paying ambulance staff shift premia for unsocial hours worked and for the removal of unsocial hours and on call allowances during periods of sickness absence.

The parties remain focused on the common objectives they wish to pursue and achieve, as set out in the SECAmb Recognition Agreement. These are:

+ To ensure that employment practices in the organisation are conducted to the highest possible standards;

+ To enhance effective communication with all staff throughout the organisation;

+ To achieve greater participation and involvement of all members of staff on the issues to be faced in running and developing the organisation;

+ To ensure that equal opportunities are offered to staff or prospective staff and that the treatment of staff will be fair and equitable in all matters of dispute;

+ To engender a culture of staff engagement and involvement as a Foundation Trust and ensure that constructive and harmonious relationships are formed between the elected staff governors and union stewards.

Recognising the achievements of our staff

Each year, SECAmb holds two awards ceremonies to honour the achievements of staff, volunteers and members of the public. In March of this year, the ceremony for the West of the region was held at Woodlands Park Hotel in Cobham, Surrey and at The Orangery, Turkey Mill in Maidstone, Kent for the East of the region. Both ceremonies follow the same format, with guests enjoying dinner and receiving a commemorative brochure before the presentations begin.

Chief Executive, Paul Sutton, who presented many of the awards said:

"I am always delighted to host these events and acknowledge the outstanding achievements of staff, volunteers, colleagues from other emergency services and the public.

"It is important that we recognise the achievements and dedication of staff who continue to provide an outstanding service to the public, despite the ever-changing environment that we live and work in. However it is also important to remember that the achievements and dedication we honour at the ceremonies are only a snap shot of the outstanding patient care which is being delivered every day across our region."

First up on stage at each event were recipients of the Queen's Medal for Long Service and Good Conduct, which is presented to front-line staff who have completed a minimum of 20 years' service. 35 staff received their medals during the two ceremonies, which are presented on behalf of HM The Queen by the local Lord Lieutenant. This year, we were delighted to be joined by Deputy Lieutenants Peter

Dunt in Surrey and Dr Bhargawa Vasudaven in Kent to make the presentations.

Next followed awards for staff who had completed 20, 30 and an incredible 40 years' NHS service. Special mentions went to Derek Emery and Michael Cott at the East Ceremony and Michael Bowles and Andrew Brian at the West Ceremony, who had given more than 170 years' service between them!

Our people

The second half of each evening focussed on the presentation of Chief Executive Commendation, with awards in the following categories recognising:

+ Clinical Excellence

+ Going "above and beyond the call of duty"

+ Outstanding Patient Care

+ Leadership

+ Employee of the Year

+ Team of the Year

+ Community First Responder of the Year

The Team of the Year Award this year was awarded to all of those staff involved in responding to the massive road traffic collision on the Sheppey Bridge in Kent in September 2013, in which 250 vehicles were involved. Dozens of SECAmb staff attended the scene to assess and treat all those involved. Miraculously there were no fatalities, although 35 patients were taken to hospital and more than 200 treated at the scene. Those involved were recognised for their outstanding team work and patient care, in difficult circumstances.

Developing opportunities

Development of clinical roles
As a clinically driven organisation we are continually striving to improve the service we provide to patients through clinical innovation and developments. In 2013/14 we have continued to develop the Paramedic Practitioner (PP) and Critical Care Paramedic (CCP) programmes, referred to as specialist paramedics.

Paramedic Practitioners
Paramedic Practitioners are providing more and more clinical support to colleagues for all kinds of incidents, working together to make the care we deliver as safe and effective as possible.

Clinical support and supervision is a vital aspect of care, and the introduction of the PP desk last year into EOC has seen an emerging change in how our clinical workforce are adopting new ways of working to ensure patients get the best outcome. We work hard to ensure that all patients receive the correct disposition; conveyance, referral or discharge, and all these decisions have increasingly complex considerations. By promoting shared decision making, and putting the patient's wishes first, we can ensure that patient flow is optimised in a safe and sustainable way.

The PP desk takes around 1000 calls per month and arranges around 650 PP referrals. A PP referral is where a PP is dispatched to the patient in order to provide further assessment and treatment. For instance, patients who need wound assessment and closure can be referred to a PP rather than transport them to A&E for treatment.

SECAmb continues to strive to raise and maintain the quality of care for patients, and this must be done within an ever tighter financial envelope. In order to maintain an efficient and effective service, we are reviewing and evaluating ways of ensuring patients get the right care in the right place, and at the right time. Making sure we deploy paramedics and PPs to the patient as often as possible in order to provide a rapid response and apply good decision

making is still a high priority, and we are enhancing this further by developing new ways of providing high quality transport systems to back-up paramedics. Some patients do not need to be cared for by a paramedic en-route to A&E after they have been assessed by one. The ability to escalate or de-escalate the level of clinical escort to hospital will ensure we have our most skilled clinicians available as often as possible. We are now deploying A&E support crews, staffed by ECSWs and Ambulance Care Assistants who can focus on high quality care for patients in transit. Our modern communications infrastructure means that should the patient's condition change; we can provide support and supervision and send additional clinical resources. The protocols which govern the use of A&E support ensure that only stable patients are transported in this way.

The paragraphs below provide a summary of some of the key points for each role:

Paramedic Practitioners (PPs)
The last year has seen the numbers of PP teams grow to 29 core teams, and we have PPs operating from 41 locations in total (these include Clinical Team Leaders who have undergone the PP Course). We are working to ensure that PPs become more embedded into primary care, and we achieve this partly through the eight-week placements all PPs attend as part of their education programme, and through a programme starting this year to rotate PPs into Primary and Secondary care.

During the year we have continued to strive to treat as many patients as close to home as possible by continuously reviewing the deployment of PPs, to ensure as many patients as possible benefit from their additional skills.

PPs offer a wider range of treatments, including the ability to issue the patient with a course of medicines such as antibiotics, which speeds up the time to treatment. One of the key skills of the PP is their ability to provide a more definitive diagnosis for the patient.

The developments started last year on "point of care testing" are continuing with plans to introduce haemoglobin and white blood cell testing in the coming year, alongside a larger project in partnership with Frimley Park Hospital to develop a "lab in a bag" in order to undertake a much wider range of laboratory accurate tests to further support diagnosis and treatment for patients, without needing to attend hospital.

PPs are focussed on providing care closer to home and therefore have a lower conveyance rate to hospital, and this year will see a project to ensure that PPs focus on supporting patients and their colleagues, with less time spent on standby. There is a project starting in April 2014 in Crawley and Redhill which will see PPs taken out of the "cover plan" to ensure that we can promote as many referrals as possible in order to safely minimise conveyance to hospital.

Our people

Critical Care Paramedics (CCPs)

During the year, we have continued to see the number of CCPs steadily increase and we are on track to have a total of 63 by 2015. This enables us to provide a consistent level of CCP cover for those patients suffering serious injury or illness regardless of where they are within our area. Five of our CCPs are currently seconded to the Kent Surrey & Sussex Air Ambulance Trust Helicopter Emergency Medical Service (HEMS), working alongside the HEMS Doctors and Pilots, attending the most serious incidents across the region.

During 2013/14, we have continued to train CCPs and ensure that we maintain numbers required to provide consistent operational cover. This year will see the number of CCP teams reach nine, giving us cover for all of our operational areas to ensure that we can provide the highest level of care for patients with the most complex, life threatening conditions.

The CCP scope of practice has increased over the past year, and has seen the introduction of a new pain-killing medicine (Ketamine), and this has been done carefully, and with the oversight of our Medical Director. CCPs are evaluating a device for cooling patients who have suffered a cardiac arrest, as targeted temperature management may provide better long term outcomes. Also for cardiac arrest, the CCPs are using the LUCAS device, which provides mechanical chest compressions (heart massage). Even the best quality chest compression can only provide about 40% of the blood flow that the heart can provide when beating and the LUCAS device can provide as much as 60% blood flow as well as never tiring or varying the rate or depth of compressions. CCPs continue to use ultrasound to detect a range of serious conditions such as collapsed lungs in trauma patients

This year will see more focus on patients who have been resuscitated in order to provide the best care possible. Patients for whom we have achieved "ROSC" (return of spontaneous circulation) – in other words, their heart is now beating again – need specialist care to ensure that as their conscious level begins to return to normal, they don't become distressed or caused pain. Post-ROSC care includes a range of interventions and supportive therapies and aims to deliver the patient to definitive care in the best condition possible. This work will be delivered in collaboration between the Medical and Clinical Operations Directorates to ensure the highest quality of safe care is developed and delivered.

Our Patients

We are very keen to listen to and learn from patients' experiences of our services, be they good or bad. This year we have continued to see a rise in the number of 'compliments' received for our staff, where patients or their families write, call or email to express their thanks to staff who have helped them.

Our patients

During 2013/14 SECAmb received 1,518 'compliments', thanking our staff for the treatment and care they provide. This represents a 15% increase over the number received in 2012/13.

It is a credit to SECAmb that it receives more letters and calls of thanks than it does formal complaints; however we do encourage people to let us know if they are not satisfied with our service for any reason. We want to know how people feel about the care that we provide, as this valuable feedback helps us to learn and continually improve.

During 2013/14 we made over one million (1,151,761) emergency responses and PTS journeys and received 615 formal complaints – this equates to a complaint for approximately every 1873 journeys; and, although the national target to respond to formal complaints within 25 days was abolished last year, SECAmb is still committed to responding to as many as possible within this timeframe.

When we receive a formal complaint we appoint a manager to investigate, who will usually make arrangements to speak personally to everyone concerned, visiting complainants at home in many cases. Once the enquiries are complete, a full explanation, along with an apology where appropriate, is sent by the Chief Executive, or his deputy, to the complainant.

On completion of every complaint, we consider whether we feel it was upheld, upheld in part, not upheld or unproven. As this report was compiled, 559 of the 615 complaints for the year 2013/14 had been concluded, with outcomes as follows:

Complaint upheld	268
Upheld in part	154
Complaint not upheld	102
Unproven	35
Outcome not yet know	56
TOTAL	615

Many of the people who contact us with queries, questions or concerns prefer to have them dealt with less formally, and these are handled by our Patient Advice and Liaison Service (PALS) team. PALS provides a friendly, listening ear for those who don't necessarily want to make a complaint but have a query, concern or just need information. And if, further to their enquiry, a person does want to make a formal complaint, PALS can support them in doing this, explaining the process and helping to define their expectations and their desired outcome.

Complaints and PALS concerns help us to identify areas where improvements to quality and services can be made and, wherever possible, steps are taken to implement changes as a result. We also ensure that this learning is spread throughout the Trust.

PALS and complaints data are analysed and reports provided to our Trust Board, our commissioners, our Compliance Working Group and our Risk Management and Clinical Governance Committee (RMCGC) on a regular basis. The bi-monthly board report is available from the Board Papers section on the Trust's public website.

The Trust has a Professional Standards team, which works closely with the Patient Experience team to ensure that learning outcomes from our investigations are shared across the whole organisation, and this is done in a number of ways. In the first instance this is done directly with the crews through clinical case reviews and reflective practice, peer reviews, and is backed up with internal circulars such as training circulars. The Trust's weekly staff bulletin is also used to highlight learning issues taken directly from complaints and enquiries. The Professional Standards team produces a publication called 'Reflections', which highlights incidents that have occurred, looking specifically at the lessons learnt. This is distributed to all of our operational staff on a quarterly basis and provides valuable information to our crews that they can draw on should they come across a similar situation themselves.

We place great emphasis on learning from complaints and every effort is made to take all the steps necessary to help prevent similar situations recurring. Key skills training days are also used to provide additional training to our operational staff should our audits of complaints/incidents show that there is a trend in a specific area.

During 2013/14, PALS handled 5,517 enquiries and, as mentioned earlier, 1,518 of which were 'compliments'.

We record all of the compliments we receive, be they letters, cards, emails or phone calls, and members of staff who receive plaudits from patients and the

public then receive a letter of thanks from Chief Executive Paul Sutton.

If you have any comments, complaints or compliments you can contact our PALS team on 01273 484830 or pals@ secamb.nhs.uk. The SECAmb PALS team provides a free and confidential advice service and aims to resolve issues quickly and informally where possible.

Patient Surveys

Listening to our patients is fundamental to improving the care we provide, and in January 2014 we carried out our fifth 999 survey using a sample of December 2013 callers.

Previous 999 surveys achieved satisfaction levels of between 92%-93%, however the results of this survey have surpassed all others, with 86% of respondents 'very satisfied' and 11% 'satisfied', giving a welcome overall satisfaction level of 97%.

Callers were very positive about the call-taking element of the process, with over 97% stating that they felt able to answer the questions, that the call-taker explained the questions clearly, and that they were clear at the end of the call as to what to do next. While hear and treat respondents were the least satisfied, they still returned a high overall satisfaction level of 87.7%.

Of those receiving an ambulance response, 99.7% (all but two) felt that our staff were kind and caring and respected their privacy and dignity.

Our patients

Of the see and treat patients who were not conveyed to hospital, every one stated that they agreed with the decision, and 96% said they felt confident as to what to do next, which clearly demonstrates good decision-making and communication by our crews. The overall satisfaction level of see and treat patients was almost 99%, and conveyed patients was 99% - again exceedingly high.

While the survey does highlight some areas for improvement, such as ensuring paperwork is always left with patients not conveyed, and considering not only the patient's condition but also their circumstances when triaging calls, the results of this survey are a tribute to the standard of care, treatment and kindness provided day in, day out, by SECAmb staff.

SECAmb's PTS team conducts a patient experience survey every three months and each survey throughout 2013 showed very high satisfaction levels among the 3,000 randomly selected patients questioned each time across the areas SECAmb provides the service in Sussex and Surrey.

Some 92% of patients who responded said they were satisfied or very satisfied with the service they have received. In addition one in nine patients said they would be likely to recommend the service, and 97% of those surveyed found the transport staff friendly and helpful.

Another area SECAmb asked patients' views on was whether or not they arrived on time for their appointment. 80% of those surveyed felt that they had arrived on time.

Research and development

All ambulance services need to be prepared, engaged and responsive to the demands they will encounter in the coming years as the demands on the service are likely to increase. Research remains core business for all NHS Trusts no matter what the size and nature of the Trust and SECAmb continues to develop a diverse research portfolio to ensure that its service users receive excellent clinical care grounded in best evidence.

Over the past 12 months, we have participated successfully in a number of different research activities for example :

+ A 30-day study to evaluate efficacy and safety of pre-hospital vs. in-hospital initiation of Ticagrelor Therapy in STEMI patients planned for Percutaneous Coronary Intervention (PCI) (ATLANTIC)

+ Evaluation of the ABCD2 score in pre-hospital assessment of patients with suspected Transient Ischaemic Attack (TIA) - pilot study

+ Out of Hospital Cardiac Arrest outcomes (OHCAO)

+ Consensus towards understanding and sustaining professionalism in Paramedic practice (CUSPPP Project)

+ Decision making and safety in emergency care transitions

Full details of the above studies can be found in our Quality Account/Report.

In addition, members of the SECAmb Research and Development Group (RDG) continue to represent the Trust on the following external Research Committees which frequently generate additional activity for the RDG such as engagement in development of grant applications; participation in new and existing research studies; presentations at meetings, conferences and clinical development events; preparation of reports and/or activity plans:

+ College of Paramedics' Research and Development Advisory Committee

+ National Ambulance Research Steering

+ 999 Research Forum

+ Kent and Medway Comprehensive Local Research Network (CLRN)

+ Surrey and Sussex CLRN

+ Sussex Research Consortium

+ Kent Surrey and Sussex Academic Health Science Network

Also after review by the Research and Development Group, SECAmb has agreed in principle to participate in the following studies and preliminary work to support these studies has begun:

+ PRINCESS - use of early targeted temperature management intra cardiac arrest (Swedish Heart and Lung Foundation

+ ImPACT-ASCQI (University of Lincoln)

+ Understanding variation in rates of 'non-conveyance to an emergency department' of emergency ambulance users (University of Sheffield)

In conclusion, there are several research grant applications that have either been submitted already or are in development including:

+ What is the impact of the introduction of 'hear and treat' services for emergency ambulance callers on outcomes, process, access and cost?

+ Impact on patient outcome of expanded scope of practice for paramedics:

    + *Paramedic Practitioner*

    + *Critical Care Paramedic*

+ Implementation of mental healthcare pathways

+ Management of atrial fibrillation in pre-hospital settings

+ Investigation of stress when working in EOC

Highlighting lives saved

In September 2013, the Trust held its third Survivor's Event, where seven patients whose lives were saved by the clinical interventions of SECAmb staff were reunited with their lifesavers.

The event, held in the beautiful surroundings of Wakehurst Place near Haywards Heath, recognised the life-saving skills of SECAmb staff and celebrated the lives of everyone SECAmb has helped save.

Along with Chief Executive Paul Sutton and Chairman Tony Thorne, staff and guests were able to hear each patient's amazing recovery first hand as a short film, telling each patient's story, had been made and was shown for the first time at the event. The film, which is incredibly emotional and

moving, pays tribute to SECAmb's staff and celebrates each patient's recovery.

Among the stories of survival celebrated this year was that of teenager Galbu Sherpa from Ashford in Kent. Galbu, a fit and active fifteen year old, suffered a cardiac arrest whilst playing football. But thanks to the efforts of by-standers in carrying out effective CPR, advice provided over the phone from SECAmb's Control Centre and two ambulance crews, Galbu survived and went on to make a full recovery.

A further by-product of Galbu's remarkable story was the donation of a defibrillator to his football club, Ashford United and training to members of the club in its use, which could help to save more lives in future.

Chief Executive, Paul Sutton said:

"Our annual Survivors Event is a perfect opportunity to pay tribute to all our staff and also celebrate the lives which have been saved as a result of their tremendous work – from our emergency medical advisors in the first moments of an emergency to the work of those at the scene who provide highly-skilled life-saving care in often extremely challenging circumstances."

"The clinical interventions made by our staff, our community first responders and indeed members of the public are essential in ensuring patients have the best possible chance of survival."

"The stories featured are just a few of the many successes which take place across our region every day. They are testament to how far the ambulance service has developed in recent years, from a service which took the patient to a place of treatment, to a service taking treatment to the patient."

Providing the right response

During the past 12 months, the Trust has continued to work hard to ensure that when patients phone 999, they receive the most appropriate response for their needs:

Hear & Treat
For some 999 callers, once their reason for calling has been identified as being minor or self-limiting, care advice can be discussed with the patient by one of our "Hear and Treat" clinicians. We have teams of Paramedics and Nurses specially trained to provide care and advice to patients over the telephone, and these clinicians are on duty 24/7. Last year we dealt with 75,560 hear and treat calls, which is a massive change of 178% on the previous year (we dealt with 27,178 hear and treat calls during 2012/13).

See & Treat
The majority of 999 callers will need a response by a clinician, but this doesn't always mean that a trip to A&E is required. Each year we take a smaller percentage of patients to A&E, as this promotes care closer to home and reduces pressure on acute hospitals. Identifying which patients are suitable for treatment at home can be done by all our clinical staff, but these decisions are supported and checked to ensure the patient is safe. SECAmb has 129 paramedic practitioners (PPs); some of which are deployed in our Emergency Operations Centres (EOC), and the rest

are in single response vehicles to respond to calls. The PPs in EOC predominantly take calls from crews who wish to discuss referring a patient for on-going care by an operational PP, or to discuss and agree a care plan with the crew. PPs are educated to treat patients with minor injuries and illness, and support crews at the patient's side over the telephone or by attending the patient after the first crew leaves.

Last year, 226,734 patients were managed as See and Treat. We were asked by our commissioners to deal with 36.5% of our patients as See and Treat and the actual percentage was 41.6%.

See & Convey

For patients who cannot be managed over the telephone, via another pathway, or definitively at home, we convey the patient to hospital. This is known as See and Convey, and doesn't mean that we just provide transport, as the patients who fall into this group are usually those with the most serious conditions. Providing high quality care for patients en-route to hospital has always been the traditional cornerstone of ambulance services. Last year, 58.5% of our 999 callers were taken to hospital as a result of their call to us.

GPs in Emergency Operations Centres (EOC)

This year, SECAmb was asked to host General Practitioners (GPs) in the EOC to provide a medical presence to support care for patients. The model of care for GPs in EOC is still emerging, but we have shown how important it is for our specialist paramedics to rapidly access medical advice. SECAmb has structures in place utilising Nurses, Paramedics and PPs in EOC to support staff needing advice and support, but as patients become more and more complex, escalation to medical advice is essential to optimise care for patients with urgent care needs.

Providing a joined-up service

During 2013/14, SECAmb has continued to develop the use of IBIS throughout the healthcare community – an innovative software system which better links the ambulance service with other parts of the NHS. IBIS is now used by the following types of provider:

+ Community Trusts (community nursing and therapies)

+ Secondary care (supported reduction in readmission following discharge)

+ Hospices

+ Mental health trusts

We have 850 health professionals with IBIS user accounts. Training has been undertaken by a dedicated IBIS trainer, which became a requirement due to the sheer number of requests for user accounts.

As at the end of March 2014 there were nearly 7000 patients registered on IBIS, and the organisations using IBIS are pledging to collectively increase this number by several thousand over the coming months. There have been over 9500 care plans registered on IBIS since it began, and the benefits are being felt across the regions health economies, with over 1400 conveyances avoided, which in turn equates to nearly 500 avoided admissions to hospital.

Our patients

By registering patients on IBIS, when they have called 999, the information available to the clinician at the patient's side can have a huge impact on whether or not it is necessary to take the patient to A&E. During 2013/14 the IBIS patient cohort have made over 4300 emergency calls to SECAmb, resulting in only 1455 conveyances to A&E.

Another feature of IBIS is the clinical coding of non-conveyed patients. This function collects demographic information, GP practice details and the clinical coding for each non-conveyed patient. This data can be shared with "urgent care clinical dashboards", which exist in some parts of the region and are overseen by the CCGs using strict information governance protocols. The data helps shape future health services and can be used to predict patients at risk of developing long term conditions in the future, based on their use of health services.

We are also starting to use this data to identify our frequent callers. People who call 999 for the same condition time after time are not having their needs met effectively. 999 is often the first choice for unscheduled care needs, and SECAmb must ensure that we both support the patients' decision to call us, and ensure that we signpost to the most appropriate service. During 2013/14 a Task and Finish Group has been developing a robust system for managing patients identified as frequent callers. SECAmb are also represented at the national ambulance service frequent caller network (FreCANN).

A sub-set of frequent callers are the "frequent fallers" – patients who fall multiple times. Statistically, patients who suffer repeat falls are at much higher risk of sustaining serious injuries in subsequent falls. Part of the clinical coding function screens each non-conveyed incident for the presence of a fall and notifies local falls service of the incident using a pro-forma. Even if the patient isn't hurt, there is almost always a preventable feature with the fall that can be assessed by the expert therapists and nurses in the falls teams. During 2013/14, we have sent over 9000 falls notifications to falls services across the region using IBIS.

The two main functions of IBIS are progressing very well. Patients with long term conditions registered with us are attending hospital less, which means more care closer to home which avoids long ambulance journeys. Data about non-conveyed patients is being used to identify frequent callers and to inform community teams about patients at risk of repeat falls. Sharing clinical data, with patient consent, is a key aspect of improving healthcare.

In our discussions with commissioners this year, we have discussed putting the finances for IBIS on a sustainable footing. Our 22 CCGs have differing views about the future of IBIS based on their own strategies for integrating patient information. Together we have agreed to ring fenced funding for IBIS for 2014/15 and we will work together to develop an integrated strategy which will provide a clear path for the future of IBIS.

Our performance

This section reports on our performance, including operational and clinical aspects.

Our performance

Getting to as many patients as quickly as possible

999 response time performance

Ambulance services in England are subject to some of the most demanding response time targets in the world, requiring a response to at least 75% of patients whose life is, or might be, at threat within eight minutes.

2013/ 14 was the first complete year of the introduction of Red 1 and Red 2 performance standards, Red 1 patients are the most time critical and cover those patients who are not breathing and don't have a pulse, and other severe conditions. Red 2 patients are serious but less immediately time critical and cover conditions such as stroke and fits. A new clock start time allowed call handlers to get more information about the R2 patients so that they receive the most appropriate response for their specific clinical needs.

The Trust also reports and is measured against combined Red 1 and Red 2 performance (Category A) each quarter of the year.

The graph below shows:

SECAmb R1, R2 and CatA < 8 min Quarterly Response Performance and Year End 2013/14 – National Target 75%
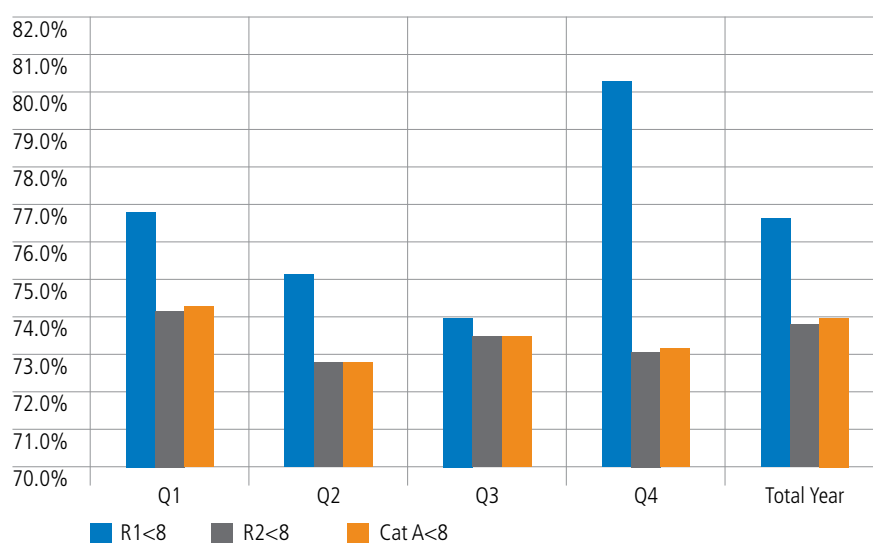
As the graph shows, the Trust achieved its response standard for the R1 category for the year end at 76.8% against the target of 75%. It achieved R1 for all Quarters with the exception of Quarter 3 (74.0% against the 75% target); one of the reasons for this was the extreme flooding experienced in the south of England in this period.

The Trust achieved the target performance for all categories (Red1, Red 2 and CatA) for Q4.

Red 2 performance was below the required standard for Quarters 1 to 3 (74.1%, 72.8% and 73.5% against the 75% target). As already mentioned Quarter 3 and beginning of Quarter 4 experienced the wettest winter

on record which caused major flooding across all areas of the Trust, though for Quarters 1 to 3, it was the high level of activity - on average some 4% above the contracted plan - that compromised delivery of the national response targets. This higher than contract level of activity resulted in the commissioning of a Capacity Review, the main finding of which highlighted a funding shortfall, necessary for the delivery of the National response targets.

PTS performance

At the commencement of the financial year 2012/13 SECAmb was providing Patient Transport Services across Kent, Surrey and Sussex under three separate contracts aligned to each county and commissioned by a lead CCG for each. The contract to deliver PTS services in Kent was awarded to another provider and the focus has been on ensuring a smooth transition of staff and services in Kent by July 2013.

During the early part of 2013/14 changes to staff rosters were implemented across Surrey and Sussex to ensure that staff duty time was distributed in accordance with patient demand for each hour of every day across seven operational areas.

Getting patients to and from their appointments on time is a defining quality measure for PTS. The two PTS contracts differ in their timeliness performance targets, but we aim to get 90% of patients to their appointments, no later than 15 minutes and picked up after their appointments within one hour. We also aim to collect patients discharged from hospital within two hours but this can be compromised by on the day bookings for transport for discharged patients that are above contracted levels. The following graph shows our performance, for each month of 2013/14, for these three key performance measures.
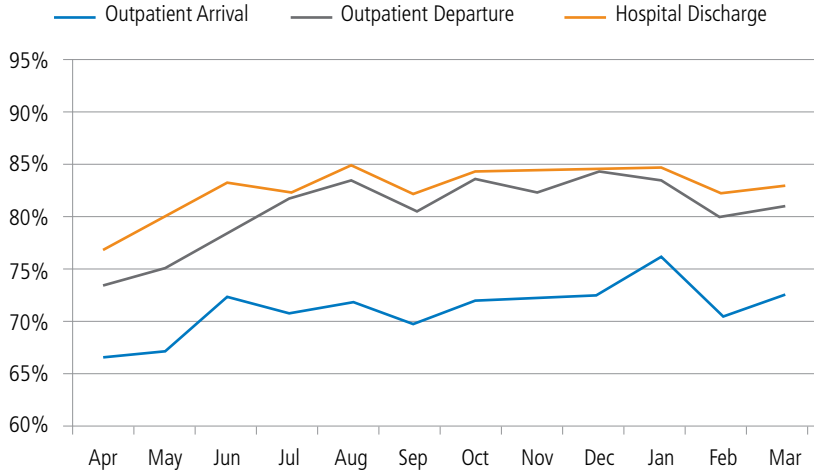
PTS undertook more than half-a-million patient journeys in 2013/14, the overwhelming majority of whom arrived on time. However, there are still a significant number of patients who were either late or kept waiting. The priority now is to improve the on-time performance for all of our PTS patients.

Our performance

NHS 111 performance

In our region, the NHS 111 service went live on 13 March 2013 – one of the first services nationally to go live - and faced some significant performance challenges during the first half of the year. As a new service, the demand we faced was significantly different from what we were expecting and had planned for, with particular pinch points when we simply did not have enough staff on duty to respond to the high call volumes. This led to real issues in meeting some of the contractual performance standards around call answering times and the time for healthcare professional feedback and in meeting the expectations of callers.

As a result, we were issued with a performance notice by the commissioners in April 2013, asking us to urgently address our service delivery in a number of areas and the service entered what we called a "rectification" phase, which focussed on improving the operational performance of the service.

However, despite this difficult start, which was also not helped by significant adverse national media surrounding the 111 service in other parts of the country, the remainder of the year has seen performance improve in most areas. Lots of hard work has gone into:

+ On-going recruitment and training of new staff

+ Better matching of staffing levels to anticipated call volume

+ Increasing the number of clinicians working in the 111 centres

+ Closer working between 999 and 111, to avoid the passing of unnecessary 111 calls to 999

+ Focus on achieving the clinical performance indicators; including the passing of calls to clinicians

National understanding of NHS 111 also began to grow amongst the public as the service has gone live in other areas of the country too. So, we were very pleased when the initial performance notice was officially lifted by the commissioners in September 2013.

Since then, although NHS 111 performance has improved overall, the delivery of the clinical performance indicators remains challenging, and we are very aware of the need to continue to make improvements. Regular service reviews are held with the service commissioners and local health care providers and performance is very carefully monitored. However we continue to experience periods of high demand when the service is under real pressure and unfortunately were issued with a second performance notice in February 2014.

The focus continues to be on achieving the clinical performance indicators and providing a responsive and safe service to callers. Looking forwards, it is also vital that the financial position of the NHS 111 contract is improved to ensure that we can provide the services required in an effective and efficient way.

Additional support when needed

In order to help us provide extra support when needed in the 999 service, the Trust utilises capacity from the Voluntary Aid

Societies, including St John Ambulance, as well as private ambulance providers to support predicted periods of increased demand and at short notice when activity increases above planned levels. All of these additional providers undergo a rigorous evaluation process including review of CQC registration and clinical competencies before we use them. Over the course of the year they have made up around 9% of the front-line A&E hours provided by the Trust. During the key winter months PTS also provided additional support to A&E to provide a basic life support tier.

In 2013/14 SECAmb PTS deployed 550,000 staff hours across Surrey and Sussex, 75,000 of which (14%) were delivered by private and third party providers. This was mainly due to high vacancies and sickness in Surrey and a decision in June by the commissioners in Sussex to transfer the control of all PTS resources to SECAmb. Significant progress has been made to ensure the reliance on private providers was minimised and this will comprise less than 3% of resources in 2014/15.

Improving treatment and outcomes

The NHS Operating Framework covers a number of measures regarding the quality of ambulance services in England. Clinical performance is measured in two ways. Clinical Performance Indicators measure the process of care for particular conditions whereas Clinical Outcome Indicators, which have been developed more recently, attempt to measure patient outcomes for a specific number of conditions.

Clinical Outcome Indicators

The NHS Operating Framework has seen an increased focus on outcome measures. Clinical Outcome Indicators are data that is collected from the National Ambulance Trusts in England as a component of the National Ambulance Quality Indicators that relate directly to the outcomes of those patients transported by ambulance and aims to measure the overall quality of care to patients and the clinical outcomes of care provided. The data is used by NHS England for performance monitoring purposes and is submitted by all Ambulance Trusts every month with data obtained with a three month data lag in order for those outcomes to be resolved and data to be validated.

Data for these indicators is a mixture of automated reporting and some manual interrogation by the Clinical Audit Department of individual patient clinical records. The monthly sample size for each Clinical Outcome Indicator is all cases within the data period. The inclusion and exclusion criteria for each indicator is defined and agreed nationally.

Internally, the Trust reviews clinical quality performance reports at the Risk Management and Clinical Governance Committee and also with the Lead Commissioners at the scheduled Quality Commissioning meetings.

Our performance

The nationally agreed 2013/14 Clinical Outcome Indicators were:

a. **Outcome from cardiac arrest :** return of spontaneous circulation (ROSC) - this indicator measures how many pa¬tients who are in cardiac arrest but follow¬ing resuscitation have a pulse/heartbeat on arrival at hospital.

b. **Outcome from cardiac arrest:** survival to discharge - this indicator measures the rate of those who recover from cardiac arrest and are subse¬quently discharged from hospital.

c. **Outcome from acute ST-elevation myocar¬dial infarction (STEMI) -** this indicator measures the outcome of those patients that suffer an out of hospital STEMI (a type of heart attack). Success of the STEMI management is shown by the number of patients that survived against all those patients that suffered a STEMI expressed as a percent¬age.

d. **Outcome following stroke for ambulance patients -** this indicator measures the time it takes from the 999 call to the time it takes those FAST positive patients to arrive at a specialist stroke centre so that they can be rapidly assessed for thrombolysis.

Clinical Outcome Indicator data has been published nationally for the period April to November 2013. At the time of writing the Trust is on a par with or exceeding the national mean for ROSC but is performing below the national mean in the other three indicators.

We have seen fluctuating performance in ROSC at hospital for patients in cardiac arrest but we are the second highest performing Trust for all patients in this indicator. We will continue to work with our acute partners to understand how we can contribute to the improvement required in the South East Coast region survival to discharge performance for cardiac arrest patients.

The survival to discharge indicator is affected by the care at the hospital. Volumes for these cases can be low and outcome data availability subject to delay for a variety of reasons by the hospitals, therefore the figures vary greatly from month to month.

The Trust has performed well compared to the national mean when getting patients to an appropriate treatment centre within 150 minutes of calling for help if they are experiencing a heart attack (STEMI), or 60 minutes if they have suffered a Stroke, though we will be focussing efforts to improve the care delivered to these patients before they arrive at hospital.

Improvement Programmes

Trust performance in CPIs and subsequently COIs have, over a total of 10 cycles, improved, peaked, plateaued and in some cases begun to decline slightly. The underlying reasons for the decline are multifactorial, and would include increased intensity of workload, including delays at hospital when Patient Clinical Records (PCRs) are normally in part completed. Therefore, work has continued during the year to implement targeted programmes of quality improvement and staff education and awareness.

a. *Cardiac Arrest Task Force:*

A Cardiac Arrest Task Force (CATF) was established to focus on reviewing the quality of care given to cardiac arrest patients and to positively impact on ROSC at hospital (both all and Utstein groups).

Data used by the Cardiac Arrest Task Force (CATF) calculated ROSC to Operational Dispatch Area (ODA) and station level. A peer review process identified incidents where care could have been improved or was not potentially delivered in accordance with clinical guidelines. The findings were reported back to the local Clinical Operations Managers (COMs) for them to address with the respective operational staff. The CATF then monitored the uptake of this local incident case management by the Operational Managers.

The Group also developed a new cardiac arrest form to improve documented assurance that reversible causes had been addressed as appropriate which has proved very successful.

b. *Quality Improvement Project:*

Building on the successful work of the CATF, a Quality Improvement Group has also recently been established to focus on improvements in Stroke and STEMI performance during 2014/15. In addition a formal procedure for the monitoring and management of STEMI <150 minute breaches is being developed.

Work also continues to support the production of performance metrics via the operational dashboard to aide pro-

active management of staff by Senior and Clinical Operational Managers, which is led by the Director of Clinical Operations.

Interaction with the Cardiovascular Network - The first fifteen months data of survival to discharge from hospital showed a nine fold difference in survival rates between hospitals, but the numbers involved, although they appear clinically relevant, are not sufficient to reach statistical significance. The Trust is starting to actively engage with this new group to ensure that they are sighted on resuscitation across the whole South East.

Our performance

Clinical Performance Indicators

Clinical Performance Indicators are collected by all ambulance services in England. Each indicator is collected on a rolling cycle with each indicator being measured twice a year. The indicators are underpinned by a number of metrics which have been refined and revised over successive cycles.

Data is collected by individual Trusts and submitted to the National Ambulance Service Clinical Quality Group. The performance of Trusts is compared, and the final report for each cycle is published and reported to the National Ambulance Services Medical Directors Group. Internally, the Trust reviews performance reports at the Risk Management and Clinical Governance Committee and also with the Lead Commissioners at the scheduled Quality Commissioning meetings.

As with our other clinical indicators, the data samples are obtained through mixture of automated reporting and some manual interrogation by the Clinical Audit Department of individual patient clinical records. The sample size for each indicator is three hundred cases with the inclusion and exclusion criteria for each indicator defined and agreed nationally. Not all participating Trusts have this number of cases for the indicator conditions, and the comparative data is adjusted to accommodate this.

During 2013/14, two cycles of data were collected and submitted for the conditions of:

a. Asthma

b. Hypoglycaemia

These were the 11th and 12th sets of data for each of these indicators and how well the Trust delivers care to patients with these long term conditions will be reported on in our 2013-14 Quality Accounts publication.

In 2013-14, subsequent to pilot cycles, two new indicators were formally adopted as national audits, and these are for the conditions of:

c. Lower Limb Fracture

d. Paediatric Care: Febrile Convulsions

At the time of this report one cycle of data has been submitted against these indicators and is demonstrated below.

Figure 1
Suspected Limb Fracture
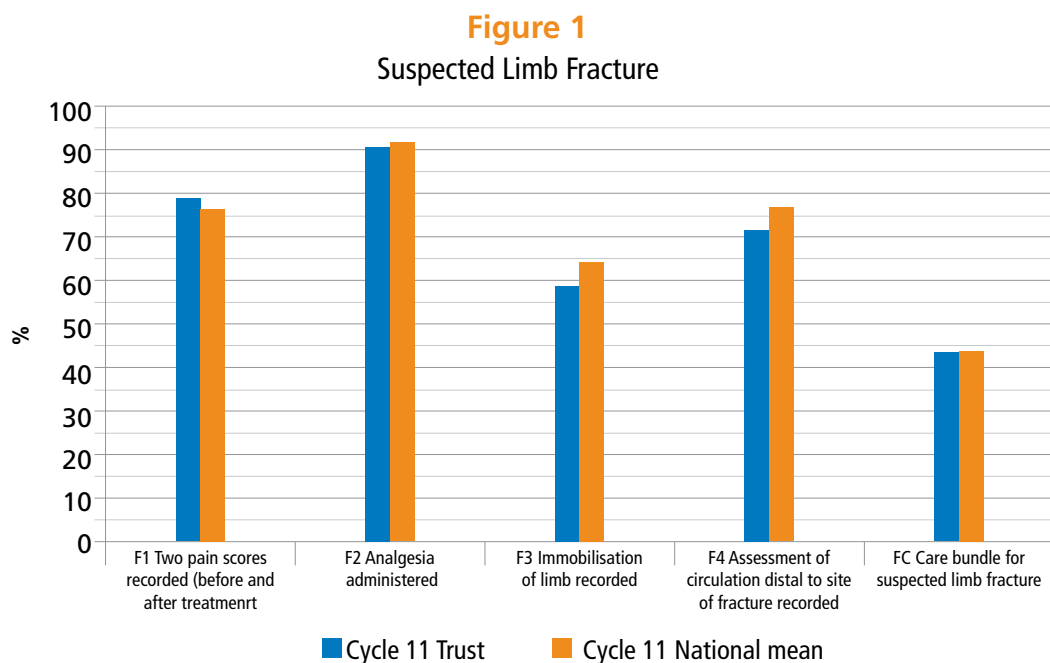
Figure 1: Lower Limb Fracture: Findings suggest room for improvement across all criteria in the management of lower limb trauma at a national level, but several Trusts' experienced difficulties in identifying cases for inclusion, so caution should be exercised in drawing conclusions from this dataset.

Figure 2
Paediatric Care - Febrile Convulsion Performance Patients < 5yrs of age with pre-hospital clinical impression of febrile convulsion

Figure 2: Paediatric Febrile Convulsions: The Trust is below the national mean for the Febrile Convulsion care bundle, due to low recording of blood glucose and the administration of anticonvulsant.

Our performance

CQUIN

CQUIN (Commissioning for Quality & Innovation) is a national framework for locally agreed quality improvement schemes. It makes a proportion of SECAmb's income conditional on the achievement of ambitious quality improvement goals and innovations agreed between commissioners and the Trust, with active clinical engagement. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement in all providers. The Trust received £3,733K of CQUIN income from commissioners during 2013/14. This was the full amount of CQUIN income available as part of the contract.

The SECAmb 2013/14 CQUIN Plan listed indicators (top level detail can be found below):

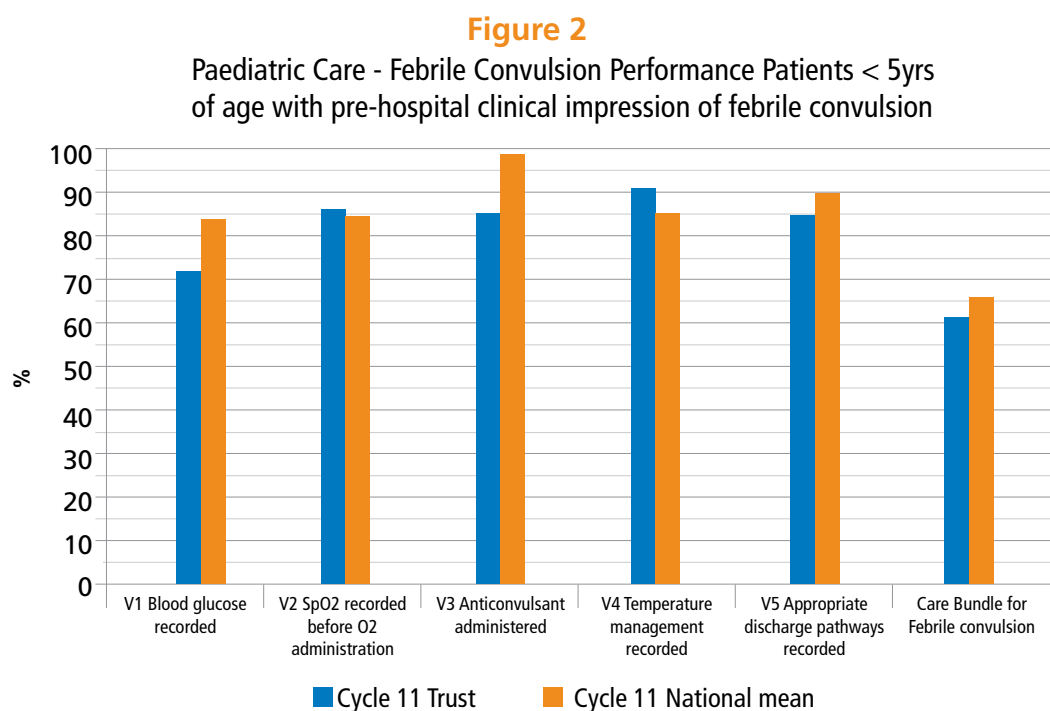|	
Healthcare Professional Calls. (GP pilot in an EOC)	To design and implement a mechanism for intervention in healthcare professional calls from GPs to ensure appropriateness or redirection.
Healthcare Professional Calls. (Nursing Homes)	To design and implement a mechanism for intervention in healthcare professional calls from Nursing Homes to ensure appropriateness or redirection.
IBIS - Access to anticipatory care plans (initial focus on East Sussex, then whole of SECAmb region)	To enable anticipatory care plans to be utilised by EOC, 111 and crews
Interoperability between IBIS and clinical care plan registers	Explore opportunities to develop interoperability between IBIS and other clinical registers to ensure that clinical registers are promoted and that care plans are enacted effectively.
Supported Conveyance (Pilot areas only)	Clinicians attending patients who have no time critical features/life threats or obvious diagnostic need/A&E treatment need. (i.e. suspected fracture etc.) will discuss conveyance decision with Senior Clinician/Supervisor in EOC.
Frequent Caller Management	System to identify patients who make frequent calls to 999 and develop care planning process to mitigate demand/meet patient need.
Audit of identified sites re ambulance arrivals using previous methodology	Examine a statistically significant sample of patients arriving at A&E who are discharged from the department within four hours and with minimal diagnostics or treatments. Feed this information back into practice via supported conveyance project and education for staff
Reduced handover and turnaround delays	Reduce patient delays due to handover delay at hospital, and delays in vehicles reaching patients due to crews at hospital

Additional income of £3.7m was available in 2013/14 to support this work. The Trust received 100% of this income in recognition of the work that the Trust had undertaken to achieve these quality improvement goals.

Using our resources effectively

This part of the report is about the Trust's financial performance in the period from 1 April 2013 to 31 March 2014. Our accounts for the period are attached at Appendix B. They are also available for downloading from the Trust's website.

Income and Expenditure Position

Our overall financial performance at the end of 2013/14 was in line with the Board decision during the year to commit additional resources to secure clinical and operational performance. This was necessary because of the much higher than contracted levels of activity in 2013/14. However it resulted in a departure from the expectations in our three year plan. The Trust made a surplus of £0.1m for the year ended 31 March 2014. The planned surplus for the same period was £3.5M.

The Trust continued to invest in the key areas of paramedic skills development (FLSM) and Make-Ready infrastructure.

Summary Financial Position year ended 31 March 2014			
Figures are subject to rounding		**£M**	
	Plan	Actual	Variance
Income	181.3	189.1	7.8
Operating Expenses	164.1	176.3	(12.2)
EBITDA	17.2	12.8	(4.4)
Interest, depreciation, and dividend	13.7	12.7	1.0
Retained Surplus/ (Deficit)	3.5	0.1	(3.4)

Our performance

Income

Income was up by 4.3%, this included monies relating to the provision of the core 999 service that exceeded the commissioned expectations and generated an additional £2.2M of income which was matched by costs. Further funding was received for winter pressures, staff development, PTS and NHS 111 services. The underlying position with income however remains challenging for the future.

In our core business of providing a 999 service, activity continues to grow steadily year on year. However the tariff deflator (effectively a price reduction) of 1.3% for the year 2013/14 leads to an overall price reduction annually. Furthermore our commissioners are challenging us to raise the level of 'Hear and Treat' and 'See and Treat' responses which reduces our overall income in future years.

Our services are also being commissioned differently, via 22 Clinical Commissioning Groups (CCGs).

PTS services remain challenging particularly in Sussex where the patient activity is via a patient booking service provided externally to the Trust. We also had the first full year effect of the service in Surrey. The main focus on the operations has been continuous improvement balancing the financial model with performance and cost improvements.

We had the first full year effect of providing the NHS 111 contract for Surrey, Sussex and Kent with our partners, Harmoni. This has been a challenging undertaking and additional resources had been required as the service bedded in. The Trust and the commissioners remain committed to delivering the best patient experience.

The Trust has met the requirement for its income from goods and services for the purpose of the health service to be greater than its income from the provision of goods and services for any other purpose. The income received from the provision of non NHS goods and services has had no impact on the provision of goods and services for the purposes of the health service.

Expenses

The 7.3% increase in operating expenses included investments to ensure operational delivery at the higher activity levels including the peak winter months. We also focussed on increasing the clinical workforce to meet demand along with the resulting staff training. There were further investments to support the delivery and development of NHS 111 and PTS activities.

In the future we continue to recognise that we will need to deliver improved efficiencies to counter the price pressure from the Operating Framework deflator and from the Hear and Treat and See and Treat changes as well as to ensure that we have the resources to support key investments in people and infrastructure. We will aim to do this through the cost improvement programme (CiPs) which is detailed later in this report.

Our Capital Spend in the period was £9.6M. We mainly invested in our vehicle fleet for the 999 service including medical equipment and improving the resilience of our IT

systems. We expect to continue to make significant capital investments in the next four to five years as our estates programme moves forward, but we are confident that our underlying cash generation will allow us to provide for these investments.

Our cash balance at the year-end was £28.0M. The plan was £27.6M.

Working Capital Facility

During the period the Trust had access to a Working Capital Facility of £13 million. The Trust has not needed to use this facility during the period. A decision was made in March 2014 to cease in the continuation of the facility. This decision will be reassessed during 2014/15.

Going Concern

After making enquiries, the Directors have a reasonable expectation that the Trust had adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

CiP Program

During the year we delivered CiPs of £8.6M against a resubmitted target of £9.2M (93% achievement). This was primarily driven by productivity gains within Clinical Operations delivered through management of Unit Hour Utilisation (UHU) and activity in Hear & Treat and See & Treat.

For the year 2014/15 we continue to focus on driving improvements in key operational areas including improvements in UHU, re-modelling rest days and changing activity

skill mix, reducing See & Convey activity and transformational savings by re-defining the PAPs framework. Other schemes include efficiency improvements within PTS and Trust wide Transport review savings.

All Cost Improvement Programmes (CIPs) are quality impact assessed. During 2013/14 a large programme of work was undertaken to develop and implement processes agreed at national level to assess any risks to quality resulting from the Trust's CIPs. Within SECAmb this is led by the Medical and Nurse Directors and includes key Director level staff from areas such as quality, workforce, finance and performance as per the national guidance.

The CIPs for 2014/15 have been quality impact assessed and mitigations put in place where there is a potential negative impact on quality, safety or patient experience. The quality impact assessments have been reviewed and will be monitored on a monthly basis and the outcome will be reported to the RMCGC. The same process will be undertaken for the CIPs identified for 2015/16.

Monitor Risk Ratings

We achieved a Financial Risk Rating of 3 throughout the quarters and delivered a Continuity of Service Risk Rating of 4 in line with plan. Our governance rating was green throughout 2013/14.

Counter Fraud and Corruption

We have focussed our efforts on education with respect to the risks and obligations that we face around Fraud and Bribery. We have adopted a risk based approach

Our performance

to focus this training on the areas most at risk. We have ensured that we have a Local Counter Fraud Officer who is active and that all staff are familiar with the procedure for raising concerns in a timely manner. In addition the Trust operates a whistleblowing hotline. We carry out thorough investigations if concerns are raised.

Audit Performance

We have an active internal audit program which is overseen through the Audit Committee. The programme aims to cover financial and non-financial controls on a risk basis. Much of that work is planned in advance, but we keep some resource to respond to any concerns that might arise during the year.

The audit program this year has focussed on areas including clinical audit, unsocial hours, the CiP programme and key financial controls.

Accounting Policies

The accounting policies for the Trust are set out on pages 9 to 18 of the annual accounts. The accounts have been under a direction issued by Monitor under the NHS Act 2006.

Accounting policies for pensions and other retirement benefits are set out in note 1.7 to the accounts and details of senior employees' remuneration can be found in the remuneration report.

The number of, and average additional pension liabilities for, individuals who retired early on ill-health grounds during the year can be found in note 10.4 to the accounts.

Annual Governance Statement

As Accounting Officer for the Trust, the Chief Executive is required to produce an Annual Governance Statement, setting out the systems for managing risk and an assessment of their effectiveness, this is located at the end of this report.

Better Payments 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, whichever is later:

Total invoices paid	Invoices paid on time	% of invoices paid within target	Total value paid £'000	Value paid on time £'000	% of invoices by value paid within target
33,787	31,309	92.7%	£74,228	£65,784	88.6%

Our strategy is to support suppliers by paying on time, this is normally within 30 days for all undisputed invoices. We have focussed on process improvements and during 2013/14 overall performance shows a significant improvement.

However, the percentages achieved are lower than the target of 95%. This is partly to do with errors found with invoices received from suppliers which resulted in additional checks taking place that caused further delays while the trust waited for agreed credits. In addition system issues with the scanning of invoices resulted in invoice images not being available to view for a number of weeks, which further delayed any payments due. Other reasons for the lower level of performance include the timing of NHS payment runs and invoices processed but not yet due.

Capital Structure

SECAmb's capital structure is similar to all NHS Foundation Trusts. The Treasury provides capital finance in the form of Public Dividend Capital. Annual dividends are payable on the Public Dividend Capital at a rate of 3.5% of average net assets. The Trust has reserves relating to income and expenditure surpluses and revaluations on fixed assets.

Audit Committee

The existence of an independent Audit Committee is the central means by which the Board of Directors ensures effective control arrangements are in place. In addition, the Audit Committee provides an independent check upon the executive arm of the Board.

The Audit Committee independently reviews, monitors and reports to the Board on the attainment of effective control systems and financial reporting processes. In particular, the Committee's work focuses on the framework of risk, control and related assurances that underpin the delivery of the Trust's objectives.

The Audit Committee receives and considers reports from Internal Audit, External Audit and the Local Counter Fraud Specialist.

Our performance

The Audit Committee membership in respect of the period ended March 2014 was:

+ **Nigel Penny**, Non-Executive Director and Chair of Audit Committee (April 2013 – June 2013)

+ **Trevor Willington,** Non-Executive Director and Chair of Audit Committee (July 2013 – March 2014)

+ **Christine Barwell,** Non-Executive Director

+ **John Jackson,** Non-Executive Director

+ **Graham Colbert,** Non-Executive Director

+ **Tim Howe,** Non-Executive Director

+ **Lucy Bloem,** Non-Executive Director (appointed September 2013)

The Director of Finance, Director of Commercial Services, Local Counter Fraud Specialist, Internal Audit and External Audit regularly attend the meetings of the Audit Committee.

The Audit Committee did not identify any significant issues in relation to the financial statements, operations and compliance as presented to the committee on 28 May 2014.

The Audit Committee provides a written report to the Board confirming that it has complied with its terms of reference each year. The Audit Committee undertakes an assessment of its effectiveness at the end of each meeting.

The external auditor for the Trust is Grant Thornton UKLLP. Grant Thornton were appointed as the Trust's External Auditors by the Council of Governors beginning with the audit of the financial year 2012/13 for a period of three years with the option to extend for a further two yearsgrant. The fees paid to the auditor in respect of the period were £55,440. The fees paid related to audit services, that is statutory audit and services carried out in relation to the statutory audit. There were no other services provided by Grant Thornton in the period.

Ensuring sustainability and protecting the environment

This year the Trust has been able to deliver on many of the plans laid down in the previous year.

We now have a Board approved Environmental Policy Statement which sets a clear commitment to minimising our environmental impacts as much as possible.

We also have a new Waste Management Policy and a Waste Management Working Group to oversee the delivery of our new three-year Waste Management Contract. Significant savings are expected from this contract as well as the establishment of a high quality recycling system.

In addition we are in the process of connecting our three Head Office Boardrooms with high definition video conferencing technology to provide a sustainable option to car travel for managers who would normally need to travel between the three sites to attend meetings. Further phases of this project will provide virtual meeting spaces to staff through their laptops and pcs and allow access to video and virtual meetings by external partners such as commissioners.

Our partnership work on Sustainability has intensified this year and we have worked closely with Sustrans, Volvo UK, South East EV Network and the Energy Savings Trust.

We have run two cost benefit analysis trials with a Volvo hybrid V60 D6 car and the Energy Savings Trust on driver behaviour and smarter driving skills.

The Trust now has clear plans to mobilise staff on issues associated with business travel and adapting to climate change. We are developing a Travel Plan for staff which consists of a group of projects that together can deliver carbon and efficiency savings year on year.

Our Adapting to Climate Change Plan 2014 – 2020 acknowledges the main risks to the Trust and sets out an action plan to ensure the service strengthens its resilience in the face of a changing climate.

Our partners

This section sets out the work undertaken with key stakeholders and explains our relationship with a diverse range of volunteers who support us in delivering our services.

Our partners

NHS 111

NHS 111 is a national telephone service, provided by various different healthcare organisations in each region. The service aims to make it easier for people to access healthcare services when they need medical help fast, but not in life-threatening situations.

Calls to the NHS 111 service from landlines and mobile phones are free of charge and the service is available 24 hours a day, 365 days a year to respond to people's healthcare needs when:

+ They need medical help fast, but it's not a 999 emergency

+ They don't know who to call for medical help or don't have a GP to call

+ They think they need to go to A&E or another NHS urgent care service

+ They require health information or reassurance about what to do next

Following a competitive tender process, SECAmb was awarded the contract to provide the Kent, Medway, Surrey and Sussex (KMSS) NHS 111 service across the region in partnership with Harmoni, now part of Care UK, in June 2012.

The KMSS NHS 111 service is delivered from two centres based in Dorking, Surrey and Ashford, Kent and in the last year has answered calls from 887,000 patients.

Calls are answered by trained Health Advisors and referred to Clinical Advisors when required. Callers to NHS 111 can be provided with self-care advice, health information or referred to a number of services, including:

+ GP practices

+ walk-in-centres

+ dentists

+ opticians

+ sexual health clinics

+ mental health services

+ accident and emergency departments

+ referral to 999 or the out of hours GP services.

HART

The Department of Health (DH) requires ambulance trusts to provide a Hazardous Area Response Team (HART) support to key sites across the country. SECAmb has two of these areas within its boundaries and therefore has two teams. One based in Ashford, Kent and the other in Gatwick, West Sussex. Ashford was the original site which has been operating since 2010 with Gatwick opening more recently in 2012.

HART is managed within the Trust but operates to the National Ambulance Resilience Unit (NARU) Guidelines and Standard Operating Procedures in line with all other teams. This provides a standard mode of operation that permits mutual support and common working processes to support that.

Each of the HART bases has an establishment of 42 clinicians working in seven teams of six including a Team Leader. Each team works as a cell which provides the necessary skills to deliver patient care in the most challenging environments.

The majority of the teams are made up of Paramedics however there are still fifteen Technicians in HART all of whom are actively seeking to gain or are in the process of attaining Paramedic qualification.

HART has 11 specialist vehicles at both bases. These range from a Forward Command Vehicle, two equipment carrying vehicles, a Polaris six wheel drive all-terrain vehicle, a Team Leader's 4x4 and a 4x4 to deal with flood or water incidents. In addition to these vehicles each team has two 4x4 Rapid Response Vehicles (RRV) that are part of the core team but are always available to respond to general emergency calls to support standard operations. SECAmb HART also operate a double manned Ambulance (DMA) from 11:00hrs – 20:00hrs daily to support operations and to maintain clinical skills for the HART Operatives. The DMA may be suspended if the core HART team of six falls below five. This is to ensure that the core HART team has sufficiently trained staff to operate as a core team.

Scoping is currently underway to co-locate a Critical Care Paramedic (CCP) team with each HART. This will work towards enhancing the HART clinical skills whilst providing the opportunity to develop the CCPs in the difficult access areas such as working at heights etc. The DMA will be extended to 24 hours and a HART operative will crew with a CCP which should provide a highly skilled and flexible asset for the patients.

The overall HART activations to incidents of all types (less DMA work) for 2013/2104 are:

Gatwick	5719 calls
Ashford	5731 calls
Total	11450 calls or 31 per day

The SECAmb HART embodies an ethos of being there to support operational resources to deliver patient care in some of the most challenging conditions. Also HART has to be able to respond to large scale incidents which could include travel infrastructure, environmental disasters, acts of terrorism or any other mass casualty situation.

Over the last two years SECAmb HART have attended the following significant jobs:

+ 2 x Major incidents involving Coaches and large number of casualties (A3 Hindhead Tunnel and M3 coach).

+ 1 x Major incident on the M20 Sheppey Bridge involving 150 vehicles, and just over 200 casualties, 35 of whom were transported to hospital over a 12 hour period.

+ 1 x Evacuation of an aircraft at Gatwick Airport with the aircraft deploying emergency evacuation.

+ Serious flooding in Bognor Regis which lasted over several days.

+ Further flooding In Kent around the Christmas period and also earlier in the year

+ Support to Operation Franklin (Surrey flooding which involved c 2500 homes) which lasted for two weeks and involved both teams working with the other services 24 hours a day.

+ Support to regional police forces in large scale public order (Op Wheeler)

Our partners

Other incidents that HART has attended and used specialist skills are:

+ Injuries in remote areas in which the all-terrain vehicles have been deployed

+ Rescues from water

+ Bariatric cases

+ Difficult access areas

+ Entrapments and a significant number of protracted RTCs.

+ Chemical suicides were breathing apparatus and gas tight suits were deployed.

+ Long protracted fire incidents where HART have been able to support fire services whilst releasing other SECAmb resources back into operations.

+ A number of mud rescues in conjunction with RNLI / HM coastguard

+ A number of cliff rescue incidents in conjunction with HM coastguard

+ Support to regional police forces as part of Counter Terrorist operations/raids.

Commissioning

Commissioners are responsible, in conjunction with the Trust, for establishing what level and type of activity needs to be planned to deliver the needs of the local population.

1 April 2013 marked the transfer of commissioning responsibilities to the CCGs. SECAmb provides services to twenty two CCGS. The CCGs are organised into cluster areas of 'Kent and Medway' and 'Surrey' and 'Sussex' and it is these clusters that are used to manage the 999 and 111 contracts on a monthly basis. The PTS

contracts are managed by Sussex and Surrey clusters. Hazardous Area Response Team (HART) services are commissioned nationally for each ambulance service.

Each CCG cluster reports to an NHS England Area Team of which there are two in our area; 'Kent and Medway' and 'Surrey and Sussex'. Area Teams report directly into the region of "South NHS England". There is an over-arching team that then feeds into Department of Health.

The commissioning process includes a discussion on the level and types of activity that we carry out over the year and forms the basis of how we plan our services; it also includes how we will maintain or improve our quality of care and how we continue to meet the needs of the patients within the area now and in the future.

It also includes discussions around how much the commissioners are willing to pay for our services and what support for future developments they are willing to give.

The annual contractual negotiations with commissioners are set within the context of national guidance. In 2013/14 this guidance was the planning framework "Everyone counts: Planning for Patients 2013/14", published in June 2013.

The framework sets out the key principles outcomes and areas of focus for the whole of the NHS. It forms the basis of discussions with commissioners about the services that they wish us to provide. The framework helps to ensure that all NHS organisations are focussed on the same goals and working towards the same outcomes.

The Planning Framework emphasised the themes of a 24 hour seven day a

week service, as provided by our A&E and NHS 111 services and the need for the NHS to be more customer focussed and outcome based.

The Planning Framework set a national provider efficiency requirement for 2013/14 of 4%. This was offset against estimated provider cost inflation of 2.7 percent; giving a net tariff adjustment of -1.3 per cent.

For 2013/14 the Trust was commissioned to provide £173m of activity from the Trust. The contract for A&E services included a "cap and collar" arrangement whereby the Trust took some of the risk in relation to activity growth in 2013/14. This meant that the Trust did not receive any additional income for the first 2.5% of additional activity above contracted levels. Activity growth during 2013/14 was much higher than contracted levels and above the 2.5% cap. This impacted adversely on the Trust's ability to achieve its planned surplus of £3.5m and triggered a capacity review as outlined elsewhere in the report.

Volunteers

Community First Responders (CFRs)

The trust currently has 119 schemes spread across its region. These are operated by a total of 905 Community First Responders, 193 of whom were recruited and trained in the last year. In 2013/14 they attended in excess of 20,000 emergency calls. Over 11,700 of these calls were categorised as life threatening including 660 of which were cardiac arrest calls.

Public Access Defibrillators

The placement of Public Access Defibrillators continues to be a priority for the Trust. Nationally there is an increasing focus on

these essential life saving devices with work being undertaken to ensure that their location and availability is as widely known as possible. We continue to work with suppliers and local organisations to support the roll out and training of these devices wherever possible. Our CFRs play a vital part in this work, undertaking training of members of the public in their own communities.

Chaplains

The appointment of a Senior Chaplain last year has been a great success. Our network of Chaplains now provides invaluable support to our staff right across the region, with local Chaplains working closely with their allocated stations. The 24 hour alerting/call out system enables staff and volunteers to access support whenever they need it. The Chaplains continue to attended many meetings and functions, to support the wider work of the trust.

Volunteer Drivers

SECAmb is fortunate enough to enjoy support from a network of around 163 volunteer car drivers supporting the delivery of PTS. Their support is key in the more rural parts of our region, where it is very difficult to run an effective and efficient service for patients travelling longer distances from more remote areas. Without the support of these volunteers we would be hard pressed to meet the needs of patients who have to travel very early, very late or greater than usual distances to attend their appointments.

Our Members

SECAmb has a total membership of 11,823 people as of 1 March 2014.

Our partners

We have 8534 public members and 3289* staff members. The public membership target for 2013/14 was to increase membership numbers by 10%, and we succeeded in increasing the public membership by 29%.

* as at 31 December 2013

Membership Eligibility

Public Constituency

Members of the public aged 16 and over are eligible to become public members of the Trust if they live in the area where SECAmb works. The public constituency is split into six 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: www.secamb.nhs.uk/get_involved/foundation_trust/become_a_member.aspx

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 and advised how they can opt out if they wish.

Membership Breakdown - Public membership report

Public constituency	Number of members	Population	Index
Age (years):			
0 - 16	18	53,339	17
17 - 21	212	238,320	47
22+	4,314	4,235,610	54
Ethnicity:			
White	6,872	4,190,333	86
Mixed	59	81,786	38
Asian	175	179,151	51
Black	49	49,815	52
Other	9	26,184	18
Socio-economic groupings:			
AB	1,713	841,882	107
C1	4,940	1,089,373	240
C2	1,159	458,208	134
DE	548	917,864	31
Gender analysis:			
Male	3,283	2,250,332	77
Female	4,242	2,276,937	98

Red – Under-represented   Green – Over-represented   Amber – Within correct tolerance

In 2012/13 the Trust focused on recruiting members from ethnically diverse communities and reported that we had succeeded in increasing representation of Asian and Black members to above the level necessary. However, our membership database was updated with the 2011 census data during 2013/14. This data indicates that the proportion of Black and Asian people in the South East Coast Area has risen substantially since the previous census, as a result these groups are once again under-represented within the membership. Renewed efforts will be made over the coming year to recruit more members from these communities. In addition, the Trust will prioritise recruiting more of our Patient Transport Service patients and also carers.

We also monitor our representation in terms of disability, sexual orientation, and transgender although this is not required by our regulator.

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 membership	
Non-operational	465
Operational	2608
Total	3073

Membership Strategy, Engagement and Recruitment

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

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

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

The Membership Development Committee has discussed and reviewed our strategies for membership recruitment and engagement during the year. Our public membership now represents 0.19% of the population.

Our partners

Constituency	Members	Population	Percentage of eligible population
Brighton & Hove	446	269,923	0.17%
East Sussex	1,374	522,155	0.26%
Kent	2,499	1,385,521	0.18%
Medway	585	260,376	0.22%
Surrey	2,139	1,291,937	0.17%
West Sussex	1,491	797,357	0.19%
Total	**8,534**	**4,527,269**	**0.19%**

The Trust has continued to focus on both staff and public FT member engagement and communications over the year. The staff forum, the Foundation Council, has gone from strength to strength. The Foundation Council consists of a group of staff from across the Trust, and provides our Staff-Elected Governors with a forum in which to share information about the work of the Council of Governors and hear the views of their constituents. This two-way conversation goes some way to enable the Staff-Elected Governors to represent the interests of staff on the Council, and also provides a forum for the Trust to communicate and engage with staff on plans, priorities and issues, and for staff members to raise issues with the Trust.

During this year, the Foundation Council has, on behalf of the wider staff membership, advised the Trust on workforce issues which present barriers to staff working effectively and easily, helped develop proposals to reduce long-term sickness and advised on developing Trust environment champions.

The Inclusion Hub Advisory Group of public members have similarly advised the Trust on many issues and engagement with this group is set out the following section.

In addition, both public and staff members were involved in commenting on our draft annual plans, and their feedback was reported to the Council of Governors prior to governors' work on the annual plan with members of the Board.

Annual Members Meeting

The Trust held its Annual Members Meeting on 26 September 2013 and all public and staff members were invited. We were pleased to welcome c70 public members and a similar number of staff members, and were able to recruit new members from stakeholder organisations we also invited. The AMM incorporated a showcase of SECAmb's services and service developments, with stalls at which members could talk to staff about the way we work and our future plans. The governors had their own stall where they could talk to members, which was well used. In addition, we invited several community organisations to attend to promote their work and raise awareness among staff and public members, for example about transgender issues and learning disability awareness. The AMM was held on the same day as our public Board and Council meetings and good numbers of staff and public members attended the formal meetings as well as the AMM.

Governors and other SECAmb staff have also participated in a number of recruitment and engagement events in different constituencies throughout the year. Among these were the Kent County Show, Surrey County Show, Brighton and Hove PRIDE, the Eastbourne 999 Show, and the Cranleigh Show. At events, governors often work alongside our volunteers and frontline staff to promote the Trust and recruit members.

Members have been invited to all public Council meetings during the year, through our membership newsletter and dates are also advertised on our website. Two issues of our membership newsletter, Your Call, have been sent to all public members this year. The newsletter contains invitations to get involved with the Trust, spotlight articles on different staff within the ambulance service to help raise awareness of what we do and also career opportunities within the Trust, and we regularly feature our volunteers and encourage members to get involved in this way. Our Staff-Elected Governors have also sent a newsletter to all staff members about their work and reports from the Foundation Council are regularly included in the Trust's staff bulletin.

Contacting Governors and the Trust

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

Membership Office

South East Coast Ambulance Service NHS Foundation Trust

40-42 Friar's Walk
Lewes
Sussex
BN7 2XW

Mobile: 07770 728250
Tel: 01273 484821
SMS/text: 07770 728250
Textphone (via TextRelay): 18001 01273 484821
Fax: 01273 489444

The Membership Office will forward any contacts intended for Governors to the Governors.

To become a member, members of the public should complete a membership form which can be requested from the Membership Office using the details above or can be completed online at: www.nhs-membership.co.uk/seas

Our partners

Inclusion

During the last year the Trust has continued to make progress on its Inclusion programme and implementation of the Inclusion Strategy. The strategy draws together the strands of membership and governor engagement, patient and public involvement and equality and diversity into a single strategy based on working effectively with all our stakeholders. We use the term 'inclusion' here to mean "involving and engaging with our stakeholders to help improve access to our services and eliminate discrimination, to better meet the needs of patients and fulfil statutory obligations."

Our vision is an inclusive, effective approach to engaging and involving people with an interest in SECAmb   We are committed to eliminating discrimination and reducing inequalities in care. The strategy embodies the NHS value "Nothing about me without me" and lives up to our own value of putting the patient at the heart of everything we do. It also fulfils the NHS Constitution right to be involved and SECAmb services will reflect the needs and preferences of patients, their families and carers.

The Inclusion Hub Advisory Group (IHAG) advises the Trust on effective engagement and involvement relevant to significant service development planning and implementation, annual planning and other annual engagement such as the Quality Accounts, significant workforce and volunteer developments, and patient experience. Members also work with the Trust, as our 'community of interest' on the Equality Delivery System 2, participate in equality analysis and monitoring the success of implementing our Inclusion Strategy and its success.

Working with a diverse membership in the Advisory Hub, provides us with insight at the start of our planning, and throughout development where relevant, which helps us get more things right, first time, more often. The Hub is also able to raise issues with us and representatives from it sit on the Trust's Inclusion Working Group alongside senior managers, so that the Hub's advice can be effectively incorporated into Trust activities.

Our approach enables the Trust to involve and engage in the most appropriate way. For example, simple engagement can take place virtually by email or survey, a single or series of focus groups, bespoke workshops or a large-scale engagement events are organised as appropriate.

Key achievements of the Inclusion Hub Advisory Group over the last year include:

+ Undertaking a review of our published equality information and providing feedback and recommendations for improvement.

+ Attending a two day Equality Delivery System 2 workshop to grade the Trust on its performance and review equality objectives.

+ Setting up a virtual Equality Analysis Reference Group

+ Holding a joint event with Governors and further joint working opportunities are planned.

+ Members have participated in a number of Trust working groups and sub groups and reported back on the outcomes.

+ Recommended and delivered Experts by Experience Training workshop with further workshops planned in 2014/15.

+ Recommended and helped plan three Trust 'Think you know your ambulance service engagement events'.

+ Participated in a project to deliver improvements for people with learning disabilities.

+ Attended a workshop on plans for the Thanet Make Ready building work which resulted in a number of amendments being taken forward.

+ Contributed to the development of a new Equality, Diversity and Human Rights policy and procedure for supporting transgender staff and service users.

Contact details for further information on the Inclusion Hub Advisory Group are listed below:

Contact Angela.Rayner@secamb.nhs uk, Tel: 01737 364428, SMS/ text: 07771 958085, Textphone (via TextRelay): 18001 01737 364428 or Fax: 01737 363881

Our priorities

This section sets out some of the areas that
we have identified as key priorities. Some
of these issues pose significant challenges
for the Trust and we are developing
robust plans to try to address them.

Our priorities

Working on what is important

A number of the priorities detailed below were also priorities in 2012/13 and have required further focus in 2013/14.

Tackling sickness

Sickness absence for the period 1 April 2013 to 31 March 2014 was 5.46%. The quarterly breakdown for the period is:

Quarter	
Quarter 1	5.46%
Quarter 2	5.52%
Quarter 3	5.13%
Quarter 4	5.33%
Total Days Lost	59733
Average working days lost during this period	22.29

Sickness absence data is calculated nationally from the Electronic Staff Record data warehouse and the Trust is required by central government to submit sickness absence data in a form that permits aggregation across the NHS.

Reducing sickness absence levels continues to be a high priority for the Trust. The sickness reduction action plan was revised for 2013/14 with a strong emphasis on health and wellbeing. In order for any health and wellbeing initiatives and publications to be easily identified by staff a single logo has been developed which is being used so that health and wellbeing has its own branding. Our new occupational health provider has established a health and wellbeing website for staff with information, signposting and personal responsibility opportunities in

an identified action plan questionnaire.

A Health and Wellbeing strategy is in the process of being drafted to ensure that we have a longer term plan for health and wellbeing and that it reflects the new developments. A programme of health and wellbeing communications has been implemented which is a combined approach from our occupational health provider and external counselling provider.

In October 2013 the Trust commenced a contract with FirstCare, which is a 24 hour seven day a week absence contact call centre where staff who are reporting sick speak directly to one of their clinically qualified staff. This contact then triggers a pro-active approach to absence management ensuring that the member of staff immediately receives the correct advice on managing their health issues before FirstCare issue timely notifications to all the key stakeholders. Detailed absence information and guidance on the most appropriate steps are provided to the manager together with guidance on the best steps to assist the member of staff back to work. We are piloting this for one year with our own call centres before considering whether to extend this to the rest of the Trust.

Musculo-skeletal and mental health related disorders remain two of the highest reasons for sickness absence in the Trust and we continue to work closely with the support and expertise available to all staff such as the Occupational Health service and external counselling service, which is accessible 24 hours a day seven days a week. Our

aim is to provide immediate support and early medical intervention to staff and where appropriate we will fund scans or other diagnostic tools to avoid overly long delays in treatment commencement. In addition we provide a Fast track service which guarantees to all staff a set amount of funding for either physiotherapy, osteopathy or chiropractic services. The aim is to avoid longer term problems through early intervention and staff can access these services immediately and directly. This service is well utilised by staff.

The Human Resource team works collaboratively with the Occupational Health service ensuring that the correct support framework is in place for individual staff. This is through regular case conferences involving the Occupational Health lead, a member of the Human Resources Team and the relevant line manager and regular review meetings with the Occupational Health provider. The Human Resource team also meets with the three external providers on a quarterly basis to ensure joint working.

Human Resources have continued to provide a rolling programme of absence management workshops for all managers so that they have the skills to manage absence through a good understanding of the Sickness Absence Management policy as well as equipping managers with the practical skills to ensure that constructive conversations take place around absence management. The workshops include

an element of health and wellbeing.

Improving our fleet

The Trust continues to improve fleet condition and effectiveness through standardisation on as few vehicle platforms as is operationally viable, whilst recognising the need to support the developing clinical specialisms in our work force.

This approach accounts for the needs of patients and staff set against the backdrop of the changing model of care, improved experience, safer environment and enhanced infection control.

Standardisation of the fleet also brings other added benefits such as system wide interoperability, economies of scale and better quality mechanical support which enables the development of high performance 'airline style' maintenance programmes specifically designed to counter the effects that our arduous use has on our vehicles.

Our priorities

During the year, the Trust has delivered some significant projects in relation to the fleet replacement programme, including:

+ The procurement of 30 emergency ambulances.

+ The introduction of a purpose built critical care paramedic (CCP) ambulance which has enabled specialist paramedics to deliver care to seriously compromised patients.

+ Considered the design of a new 'van conversion' emergency ambulance;

+ The design and build of four bespoke Neonatal Ambulances in conjunction with Paediatric Care Teams across the Region.

+ The completion of a replacement programme for dedicated Major Incident Support vehicles.

+ Finalisation of a tender for 39 Paramedic Practitioner Vehicles (PPV) to be introduced in 2014/15. These vehicles will improve access for patients to community based medicine.

+ The introduction of a vehicle based CCTV system, protecting our patients and staff both inside and outside of the vehicle.

All schemes have been innovative in their own right, seeing the use of smart technologies, antibacterial components and new construction methods. It is anticipated that this will result in improvements in infection control and a reduced carbon foot print.

Finally the Fleet Team has been instrumental in gaining Board approval for the business case endorsing the introduction of 'black box' technology to the fleet. This equipment will improve safety of patients and staff, reduces risk and wear on tear on the vehicles, reduce fuel use and therefore the impact the Trust has on the environment.

All of these benefits should improve productivity, enhance patient experience and add value for money.

Framework for External Providers

As a result of the much higher than anticipated levels of activity experience it became apparent during 2013/14 that the Trust would continue to need the flexible support provided by external ambulance providers at times of peak demand. During 2013/14 the Trust set up a procurement framework to include all our compliant and best value external providers – both Voluntary Aid Societies and private ambulance providers – for both A&E and PTS. As required by the EU Procurement Directives, the framework was advertised through OJEU (Official Journal of the European Union) to ensure the full opportunity for providers to apply and there was a comprehensive tendering process followed.

This has enhanced the governance process already in place for external providers, putting our use of providers on a strong contractual and legal footing. The framework itself does not result in any commitment of work to any provider, so the flexibility remains to use providers on an ad-hoc basis or make agreements with them for fixed provision over a period.

Ensuring clinical quality

The Board consistently takes an active leadership role on quality. Members have relevant skills and expertise that ensures that quality governance is a priority at Board level, and given scrutiny by the Non-Executive Directors.

Non- Executive Directors are regularly reviewed to ensure their skill set matches the requirements for the Board Sub Committees they chair. Executive Directors chair the Committee Working Groups to deliver and monitor the work of the Trust and ensure ownership for clinical quality is achieved. Their skill set is also considered in relation to leading on Trust Service Developments and programmes.

The Board continues to maintain clearly identified named Executive Leads such as the Caldicott Guardian, SIRO, Accountable Officer (medicines), Patient Champion, DIPC (infection control) and safeguarding as examples.

The Board assesses and understands current and future risks to quality and takes steps to address them. Action points and control measures are identified to reduce and mitigate risk to an acceptable level, or to remove the risk to the organisation.

All risks on the Corporate Risk Register are reviewed by the Risk Management and Clinical Governance Committee and the Trust Board at every public Board meeting (every two months). Strategic risks are presented to the Board via the Board Assurance Framework. External risks are identified through horizon-scanning, via all Directorates, and reported on the Corporate Risk Register, in addition to internal risks.

The Trust actively seeks external support and engagement on quality initiatives, such as engaging with Commissioners, the Local Improvement Net¬works (LINks), local Clinical Networks and Groups and with University and Dean¬ery Groups to discuss quality issues around new clinical initiatives.

The Trust ensures its arrangements to monitor and continuously improve the quality of healthcare provided to patients are undertaken in accordance with the Trust's defined corporate governance arrangements.

The Trust's strategic approach to the management of quality and risk for patients, staff, volunteers, visitors, contractors and other stakeholders affected by its activity is to integrate it with other Trust functions through the Risk Management and Clinical Governance Committee's defined annual agenda framework. This ensures the assets and continuity of Trust activities are securely and effectively maintained and develops a culture and mechanism for learning lessons from failure, near misses and successes.

Our priorities

The Trust has effective and established processes to define and measure quality throughout the organisation including:

a. The annual Quality Account and Quality Report which set out key quality priorities, developed in partnership with our stakeholders, linked to the Trust's strategic objectives and service developments

b. An annual approved Clinical Audit Programme reported to the Risk Management and Clinical Governance Committee

c. An annual CQUIN (Commissioning for Quality and Innovation) programme focused on additional clinical quality targets

d. Management of the self-assessment process and outcomes of the Quality Governance Framework, reported to the Risk Management and Clinical Governance Committee.

e. The Corporate Dashboard which includes information on the Trust's performance on national clinical quality standards

f. The national Clinical Quality Indicators and Clinical Performance Indicators which are used for benchmarking information with other Ambulance Trusts

g. A defined programme to quality impact assess the annual Trust cost improvement plans, led by an Executive Star Chamber, overseen by the Risk Management and Clinical Governance Committee and the Lead Commissioners.

h. Patient and public feedback provided via complaints, compliments and PALS enquiries which are reported to both Board Committees and the Trust's Lead Commissioners.

i. Incident Reports and Serious Incidents Requiring Investigation (SIRIs) which are reported through the Board Committee structure

j. The Corporate Risk Register and Board Assurance Framework – both of which are overseen by the Board and its sub committees

k. Quality goals which are highlighted to stakeholders through the intranet, internet, staff bulletin and through the local media.

l. Team Briefing Folders and Clinical/ Medical Instructions which are provided to clinical staff with regular updates on quality issues.

m. The Trust's Organisational Development process which is designed to assist managers throughout the organisation to understand their role and responsibilities in the communication of quality priorities.

n. Engagement with the Commissioners at the Joint Quality Review Group meetings (every two months) to review strategic quality goals and performance.

o. A Whistle Blowing policy and confidential hotline, which is publicised to staff

p. Engagement in and compliance with External Quality Assessments such as the NHS Protect for medicines management, the Information Governance Toolkit and any other appropriate assessments.

q. Quarterly reports to Monitor, including self-certification by the Trust Board relating to Financial Performance, Governance and Quality Governance arrangements

r. On-going compliance with the Care Quality Commission's (CQC) essential standards of quality and safety

s. Robust and effective data validation processes which ensure that the quality and integrity of our information is maintained at all levels

t. Medicines management is a key quality priority for the Trust. The Medical Director is the Executive Lead with responsibility for medicines management and the Director of Commercial Services is the nominated Trusts Controlled Drugs Accountable Officer with responsibility for CD's (as defined by the Health Act) and a Lead Consultant Pharmacist employed on a sessional basis.

u. The Trust uses its Internal Audit processes to scrutinise and gain assurance on quality issues, as well as considering information from third parties such as regulators and registration bodies.

Our priorities

The Board continues to encourage staff empowerment on quality. The Trust has appointed staff champions to lead on key clinical initiatives. In addition Trust work streams have also facilitated the development of local champions at station level to support work streams such as infection control and medicines management. Plans to develop clinical audit/performance champions are currently in development.

SECAmb is committed to meeting the Learning and Development needs of all staff, supported particularly by key skills training (clinical and non-clinical) to underpin the quality in people approach. External courses at Universities are promoted to staff, as well as the opportunities of one-off specialist training sessions. This ensures a comprehensive programme of training is available to all staff. In addition, Continuing Professional Development can be accessed at partner universities. The Trust's training records evi¬dence involvement in courses both internally and externally to the Trust.

The Trust publishes its Staff Magazine which includes 'reflections' articles, 'test your knowledge' sections and 'how to' guides for staff. Reflections articles are specifically aimed at improving quality of care through reflective practice, highlighting incidents where care provided could be im¬proved and ensuring that learning from those incidents is disseminated throughout the Trust, leading to improved practice.

SECAmb has an excellent system for accessing key quality performance information; information about clinical quality, patient data and response times can be attributed to an area, team or individual through this system.

Staff are actively encouraged to participate in the Trust's annual Clinical Audit Programme, and Trust performance with the national Clinical Performance Indicators, including the Clinical Outcome Indicators, is communicated back to staff regularly through the Trust Bulletin.

A Cardiac Arrest Task Force (CATF) and new Quality Improvement Group, referred to above, have been established to lead improvements in patient care, monitored through the Trusts performance indicator programme.

Developed in partnership with our stakeholders the Trust's Quality Report and Quality Account are key enablers to drive the delivery of the identified core quality activities and report on both good performance and quality including areas that require improvement.

The national Clinical Performance Indicator and Clinical Outcome Indicator audit data is benchmarked across the sector and reported nationally.

The Trust Commissions patient and public satisfaction research with results being made available in the Annual Report and on the Trust website. The Board and Executive Team review feedback from this research as well as any other patient and public involvement sessions on a regular basis.

Patients and members of the public are invited to become members of the Trusts Council of Governors to ensure

on-going patient involvement in service developments. Governors are involved in quality governance through the business development process. As governors are key in patient and public engagement their feedback on quality is also invaluable.

The information gathered through our PALS processes, serves as an early warning system for SECAmb. PALS activity and granulated reports are scrutinised by the Compliance Working Group reporting to the Risk Management and Clinical Governance Committee.

The Corporate Dashboard, which is reviewed by the Board on a monthly basis, is linked to the Trust's strategic objectives, and includes indicators on safety, clinical effectiveness and patient experience. Tolerances are set for indicators included on the dashboard, and are regularly reviewed. For indicators where tolerances are amber or red, an exception report is provided. The metrics contained within the dashboard are reviewed annually to ensure they are fit for purpose. The Corporate Dashboard is backed up by a pyramid of more granular reports reviewed by Sub Committees, Directorate Heads and Senior Lead Managers in accordance with the Trusts corporate governance arrangements. Information and reports receive further review and scrutiny at Committee level, with summary reports being provided to the Trust Board, and issues escalated as required.

Senior Trust Managers meet with the Lead Commissioners at the Joint Quality Review Group meetings (every two months) to report and review clinical quality performance across multiple work streams.

The Trust has concluded the development of its revised Clinical Strategy for 2014-2018 led by the Medical Director and Director of Clinical Operations. The revised Strategy will be reflected in the clinical and quality elements of the Trust's Annual Plans taking account of the Quality Report and Quality Account priorities and the Trust's planned service developments.

The Trust continues to ensure compliance with nationally defined frameworks and networks for Clinical Pathways and maintains appropriate continued engagement in system wide programmes and developments. Work continues (at different stages) on the development, implementation and monitoring of clinical pathways for pPCI, trauma, stroke, cardiac and end of life care.

Quality governance and quality are also covered in the Annual Governance Statement at the end of this report and in the Quality Account and Quality Report at Appendix A.

Our plans

This section articulates our key plans for developing our service going forwards; these service developments will support the Trust in delivering its vision of matching and exceeding international best practice.

Our plans

Changing how we respond to patients

Included in SECAmb's plans for 2013/14 was the implementation of key service developments which will see an increase in the number of registered clinicians first on scene. This has been referred to as the "Front Loaded Service Model".

The term "Front Loaded Service Model" does not describe adequately our aspirations for the future. Whilst the project is still on-going, it has been devolved into individual directorate portfolios, taking on much more of an iterative service development feel as opposed to a step-wise change in direction.

The original investment objectives are still being monitored, and form the ongoing strategic direction for promoting high quality care. The project itself will move to formal project closure, and this will be the final report on FLSM in this form. The overarching ethos which made up FLSM will continue in line with the needs of our population and the objectives were:

+ Safely reducing the number of patients we convey to hospital following a 999 call (this objective has already been achieved in relation to the original success criteria)

+ Increasing the number of patients needing critical care skills being attended by Critical Care Paramedics.

+ Increasing the percentage of patients referred to community services by 15%

+ Increasing the number of patients who are attended by a paramedic

The final point, when conceived, did not consider the proliferation of paramedics practicing roles within the EOC, and therefore the way this is measured is being reviewed.

Investing in technology through EPCR

The strategy to achieve the Trust's vision is to strengthen and extend core activities through adopting the principles of high performance. These developments are underpinned by clinical and quality metrics as appropriate, pertaining to the Trusts six strategic objectives, service developments and service development enablers.

The Trust's identified service development enablers to support the Trust to strengthen its core activities include the investment in an Information Technology infrastructure that is innovative, intuitive and resilient and which supports ever more efficient ways of working and supports the Trust in achieving its overall strategic direction.

Having withdrawn from the Southern Region group procurement of an Electronic Patient Clinical Record (EPCR) system, the Trust has tested the market and is now launching an internal procurement process for such an application. The reason for withdrawal was that the outcomes of the Southern Region process did not support SECAmb's overall strategic goals.

In the meantime the Trust continues to trial mobile working options with our clinicians, in parallel to this procurement, and evaluation of these 'proofs of concept' will inform the intended selection of an EPCR solution during the latter part of 2014/15.

This large scale undertaking will benefit greatly from the involvement of our wider health community partners to allow for consistency and continuity of patient care records.

Make Ready Centres

The Make Ready programme supports front line staff in delivering a service to our patients and the Make Ready Centres are key to the production of a high quality service at acceptable levels of productivity and cost. Vehicles are cleaned and inspected by specialist non-clinical staff, then stocked to a standard clinical loading list and all clinical equipment is tested for functionality. All this happens for the start of every shift and was a task previously undertaken by our front line staff, who are now free to concentrate on their clinical skills.

Learning from the review of the two Make Ready Centres at Paddock Wood and Ashford, the programme has settled on a set of standard principles for all MRCs and these have been built into our plans to deliver, in the next 18 months, MRCS at Polegate, Brighton, Chichester, Worthing and Gatwick. Planning permission has been granted for the Polegate MRC and the Gatwick MRC will also provide a home for the Western HART. These MRCs form part of a Board approved implementation plan over the next three year period, a plan that has to take into account factors that are not within our control, particularly the availability of MRC sites that are in the right location and with

appropriate planning permissions. Taking these factors into account, our plan is tested at regular interval against the Trust's capital plans, EOC reconfiguration and new HQ.

The Provision of a New HQ for SECAmb and EOC Reconfiguration

With call capacity increasing year-on-year and much of the Trust's regional office buildings suffering a significant lack of capacity and a backlog in maintenance the need to find a solution that is fit for the future has become critical.

Work has continued to relocate the Trust's headquarters and regional offices, and also re-provide our emergency operations centres (EOCs) currently located at Banstead, Coxheath (Maidstone) and Lewes, with purpose built accommodation.

Several sites central to SECAmb in the Crawley area have been investigated for the new headquarters and one of the EOCs. In recent months discussions have been taking place with Surrey County Council to consider collocating on to a 'blue light' campus in the Crawley area, a project that forms part of a wider government initiative that seeks to find efficiencies across the emergency services through closer collaboration.

Over the next year, the Trust will be evaluating the costs and benefits of the project and will be looking to engage with patients, public and staff about the proposed moves none of which, it is anticipated, will impact on the way that the Trust delivers our service to patients.

Our plans

Development of Operational Units

Pilots of a new service delivery model began in Ashford and Thanet in 2013/14. The aim of the new model is to manage service delivery and staffing at a more local level with the aim of improving performance, efficiency, clinical supervision and staff satisfaction. Consultation is also taking place about moving to more flexible rotas to meet local demand.

If successful, the operational unit model will be rolled out across the region.

The Strategic Report has been approved by the Directors as part of the annual report and accounts. The Directors consider 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.

Paul Sutton, Chief Executive

Date: 29 May 2014

Directors' report

The Board of Directors

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

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

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

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

The Trust Board includes the Chairman, seven Non-Executive Directors, the Chief Executive and five Executive Directors.

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

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

The Trust Board is supported by seven standing committees, each dealing with a specialist area. These are the:

+ Appointments and Remuneration Committee

+ Audit Committee

+ Charitable Funds Committee (first meeting in December 2013)

+ Finance and Business Development Committee

+ Risk Management and Clinical Governance Committee

+ Workforce Development Committee

+ Nominations Committee (whilst accountable to the Trust Board, the Nominations Committee is responsible for making recommendations to the Council of Governors. For more information, please see below).

Evaluation mechanisms

Consultants from the Department of Leadership and Management Development, at Christ Church University in Canterbury undertook a 360 degree appraisal of the Board during 2013/14. This involved input from individual Board members, Governors, senior management and key external stakeholders. The feedback from the appraisal is being incorporated into

a Board Development Programme for 2014/15. The Department for Leadership and Management Development at Christ Church University undertakes other staff development work for the Trust but was appointed following a formal tendering process and presentations to a panel representing Executive and Non-Executive Directors of the Board.

In terms of committee evaluation, each Committee submits an annual report to the Board, which outlines its performance in fulfilling its terms of reference.

The Chief Executive undertakes annual appraisals of each of the Executive Directors, which are reported to the Appointments and Remuneration Committee. The Chairman undertakes annual appraisals of each of the Non-Executive Directors. The Nominations Committee considers the appraisal of the relevant Non-Executive Director when considering whether to make a recommendation to the Council for re-appointment of a Non-Executive Director.

Register of Directors' interests

The Board of Directors are required to declare other company directorships and significant interests in organisations which may conflict with their Board responsibilities. The register of Directors' interests is updated annually and is available on request. The interests of all Board members have been declared.

The Chairman is a Senior Advisor to Newton who have undertaken consultancy work on behalf of the Trust and Harmoni, our partner in delivering the NHS 111 contract; with

the aim of improving the efficiency of the NHS 111 service. The Chairman declared his interest and took no part in the procurement process which resulted in the appointment of Newton. Lucy Bloem is the spouse of the Government's Chief Procurement Officer. There have been no material transactions between the Trust and central government.

Directors' report

Non-Executive Directors
[Terms of office shown in brackets]

1. Tony Thorne – Chairman
   (1 September 2011 to 31 August 2014)

Tony chairs the Board of Directors, as well as the Council of Governors. Tony was Chief Executive of DS Smith plc, the international paper and packaging group, from 2001 until his retirement in May 2010.

Previously President of the Swedish Group SCA's corrugated packaging business; Tony spent the early part of his career with Shell International, working in a number of countries, his last role being President of the Shell companies in Mexico.

Tony is a member of the Trust Board and the Appointments and Remuneration Committee*.

Declared interests – Non-Executive Director with Drax Group plc, Senior Advisor with Newton, Interim Chairman of the Foundation Trust Network until 31 December 2013.

2. Christine Barwell
   (1 July 2006 to 30 June 2014])

Christine was formerly Chairman of Mid Sussex Primary Care Trust. Christine has undertaken a wide range of community involvement work with Age Concern, Social Services and the Children's Commissioner, as well as with voluntary groups and charities.

Christine was re-appointed for a further year on 1 July 2013. This will be her final term of office.

Christine is a member of the Trust Board, the Appointments and Remuneration

Committee*, the Workforce Development Committee, the Audit Committee and chair of the Risk Management and Clinical Governance Committee.

Declared interests – none

3. Tim Howe
   (28 January 2010 to 30 September 2014)

Tim has varied experience working in the private sector as a senior Human Resources Executive. He was previously International Vice President, Human Resources at United International Pictures and Group Human Resources Director of The Rank Group Plc. Tim is a trained mediator and a former Chair of the East Surrey Community Mediation Service. Tim is the Board's Senior Independent Director (SID) and became Deputy Chairman of the Trust on 1 July 2013.

Tim is a member of the Trust Board, the Appointments and Remuneration Committee, the Finance and Business Development Committee, the Audit Committee and chair of the Workforce Development Committee.

Declared interests - Director of Komoka Ltd, Director of Human Resource Centre Ltd, Director of Dunottar Voice Ltd., Member of Surrey and Sussex Healthcare NHS Trust

4. John Jackson
   (1 June 2007 to 28 February 2015)

John was previously the Chief Executive of Cable and Wireless SpA, Italy, and has held a series of operations, sales and general management roles in British Gas, Mercury Communications and Cable and Wireless. John has a wealth of experience

at board level in the public and private sector and now runs his own international management consultancy company.

Following his initial term of office, John was re-appointed from 1 March 2012 for three years.

John is a member of the Trust Board, the Audit Committee, the Charitable Funds Committee, the Risk Management and Clinical Governance Committee, chair of the Appointments and Remuneration Committee and chair of the IM&T Forum.

Declared interests - Director of Sunny Spells Ltd. Activities include healthcare consultancy and interim management.

5. Nigel Penny
(1 July 2006 to 30 June 2013)

Nigel has more than 20 years' financial management experience with Shell International. In past roles, he has concentrated on strategic planning and business performance appraisal and has a proven track record in change initiation and implementation. Nigel was the Deputy Chairman of the Trust until his term of office ended on 30 June 2013.

Nigel was a member of the Trust Board, the Appointments and Remuneration Committee, the Risk Management and Clinical Governance Committee and was chair of the Audit Committee.

Declared interests - Chairman of Trustees, Phyllis Tuckwell Hospice, Farnham

6. Trevor Willington
(28 January 2010 to 27 January 2017)

Trevor has extensive experience working in the public sector. Most recently he was Strategic Director - Resources and Director of Finance at Elmbridge Borough Council, with responsibility for financial management, audit, local taxation, information communications and technology, legal, estates and property services. He is a member of the Surrey Parent Partnership Steering Group, providing services and advice for parents and carers of young people with special needs. Trevor is also a governor on the board of North East Surrey College of Technology, which provides further, higher and vocational education for 9000 full and part time students, and has been both a trustee and governor of an independent school and college for children and young adults with learning disabilities.

Following his initial term of office, Trevor was re-appointed from 28 January 2014 for three years.

Trevor is a member of the Trust Board, the Appointments and Remuneration Committee, the Finance and Business Development Committee and chair of the Audit and Charitable Funds Committees.

Declared interests - Member of Surrey Parent Partnership Steering Group, Member of the Board of Governors, Corporation of North East Surrey College of Technology, Member of Royal Marsden NHS Foundation Trust.

Directors' report

7. Dr Katrina Herren
    (1 September 2012 to 31 August 2015)

Katrina was Medical Director at BUPA Health and Wellbeing UK. She has recently been appointed as Clinical Director at Dr Foster and is accountable for strategy and delivery of the international quality projects across nine countries including the US and Australia. She is a licensed doctor who has more than 10 years' experience operating at board level, in a variety of executive roles, within complex organisations.

Katrina is a member of the Trust Board, the Appointments and Remuneration Committee*, the Workforce Development Committee and the Risk Management and Clinical Governance Committee.

Declared interests – Medical Director, BUPA Health and Wellbeing, BUPA incentive plan, Dr Foster Clinical Director and Director of International Business.

8. Graham Colbert
    (1 September 2012 to 31 August 2015)

Graham was Senior Vice President Finance at AstraZeneca. In February 2014 Graham joined Genomics England (a company set up by the Department of Health to carry out a programme of 100,000 whole genome sequences) as Chief Financial Officer and Chief Operating Officer. He has extensive experience in growing businesses in both developed and emerging markets. Graham is a member of the Institute of Chartered Accountants in England and Wales.

Graham is a member of the Trust Board, the Appointments and Remuneration Committee*, the Audit Committee and chair of the Finance and Business Development Committee.

Declared interests – None

9. Lucy Bloem
    (1 September 2013 to 31 August 2016)

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

Lucy is a member of the Trust Board, the Appointments and Remuneration Committee*, the Risk Management and Clinical Governance Committee, the Workforce Development Committee, the Audit Committee and the Charitable Funds Committee.

Declared interests – Spouse of Government Chief Procurement Officer

10. Paul Sutton – Chief Executive

Paul has been Chief Executive since 2006 and prior to this was Chief Executive of Sussex Ambulance Service. He joined the ambulance service in 1990 and is a qualified paramedic. Paul has adopted an innovative approach to improving ambulance services in England, with a desire to emulate and exceed international best practice.

Paul is a member of the Trust Board and the Appointments and Remuneration Committee*.

Declared interests – None

* For any decisions relating to the appointment or removal of the Executive Directors, membership of the Appointments and Remuneration Committee consists of the Chairman, the Chief Executive and all Non-Executive Directors of the Trust as required under Schedule 7 of the National Health Service Act 2006. For all other matters, Committee membership is as shown.

11. James Kennedy - Director of Finance

Prior to James' appointment in 2011, he spent ten years with Thermo Fisher Scientific, a US corporation. In that time he fulfilled various financial and operational roles in the UK and Switzerland. James is a member of the Institute of Chartered Accountants of Scotland and qualified with Ernst & Young's London office.

James is a member of the Trust Board, the Finance and Business Development Committee and the Charitable Funds Committee.

Declared interests – None

12. Dr Jane Pateman – Medical Director

Jane is a consultant anaesthetist at Brighton and Sussex University Hospital NHS Trust, and formerly associate postgraduate dean at the London Deanery. She has wide experience in education and managerial posts in clinical medicine and is a specialist in the areas of cardiac resuscitation and major trauma.

Jane is a member of the Trust Board and the Risk Management and Clinical Governance Committee.

Declared interests – None

13. Professor Andy Newton – Director of Clinical Operations/ Consultant Paramedic

Andy was formerly Clinical Director for Sussex Ambulance Service NHS Trust and took on a similar role when SECAmb formed, assuming the Director of Clinical Operations in April 2011. He has extensive experience in the ambulance service and educational sectors, holding a visiting professorship at the University of Surrey. In September 2005 he was appointed as the first consultant paramedic in the country and remains active in both clinical work and research today. He is a Fellow and the Chairman of the College of Paramedics.

Since 2 December 2013 Andy has been the Director responsible for Patient Transport Services and Learning and Development.

Andy is a member of the Trust Board, the Risk Management and Clinical Governance Committee and the Workforce Development Committee.

Declared interests – Chair of the College of Paramedics

Directors' report

14. Geraint Davies – Director of Commercial Services

Geraint has held senior positions within the NHS and related organisations for over 20 years, ranging from operational to strategic roles. He brings a breadth of knowledge and skills as well as his extensive experience of commissioning and service improvement and development.

Since 2 December 2013 Geraint has had interim responsibility for Human Resources while a senior appointment is made.

Geraint is a member of the Trust Board, the Finance and Business Development Committee, the Risk Management and Clinical Governance Committee, the Workforce Development Committee and the Charitable Funds Committee.

Declared interests – Appointed Governor, East Kent University Hospitals NHS Foundation Trust

15. Professor Kath Start – Director of Workforce Development (Director of Nursing and Urgent Care since 1 December 2014)

Kath, a registered nurse and nursing tutor, has held a number of senior nursing and education roles throughout the NHS, including Head of Nursing at Kingston University and Deputy Dean at St George's, where she developed the first Paramedic Practitioner course.

Since 2 December 2013 Kath has been the Director responsible for urgent care including the Trust's NHS 111 service.

Kath is a member of the Trust Board, the Risk Management and Clinical Governance Committee and the Workforce Development Committee.

Declared interests – Visiting Professor, University of Surrey

The shaded areas in the Board and committee attendance tables below indicate meetings that the relevant member was not eligible to attend.

Member	Attendance at Board Meetings								
	25 April 13	29 May 13	25 July 13	26 Sept 13	31 Oct 13	26 Nov 13	16 Dec 13	28 Jan 14	27 March 14
Tony Thorne	x	x	x	x	x	x	x	x	x
Paul Sutton	x	x	x	x	-	x	x	x	x
Christine Barwell	x	x	x	x	x	x	x	x	x
Lucy Bloem**				x	x	x	x	x	-
Graham Colbert	x	-	x	x	x	x	x	x	x
Geraint Davies	x	x	-	x	-	x	x	x	x
Katrina Herren	x	x	-	x	-	x	x	x	x
Tim Howe	x	x	x	x	x	x	x	x	x
John Jackson	x	x	x	x	-	x	x	-	x
James Kennedy	x	x	x	x	x	x	x	x	x
Andy Newton	-	x	x	x	x	x	x	x	x
Jane Pateman	-	x	-	x	x	x	-	x	x
Nigel Penny***	x	x							
Kath Start	x	x	x	-	-	x	x	x	x
Trevor Willington	x	x	x	x	-	x	x	x	x

*	Part 2 (Confidential) Board meeting only)
**	Non Executive Director from 1 September 2013
***	Non Executive Director until 30 June 2013

The Board also meets in confidential session, normally on the same date 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 Chairman 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 confidential sessions of the Board are made available to the Council of Governors.

Directors' report

Member	Attendance at Board Business/ Review Meetings					
	25 April 13	27 June 13	29 August 13	31 October 13	7 January 14	27 February 14
Tony Thorne	x	x	x	x	x	x
Paul Sutton	x	x	x	-	x	x
Christine Barwell	x	x	x	x	x	x
Lucy Bloem*				x	x	x
Graham Colbert	x	x	x	x	x	x
Geraint Davies	x	x	x	x	x	x
Katrina Herren	x	x	x	-	x	x
Tim Howe	x	x	x	x	x	x
John Jackson	x	x	x	-	-	x
James Kennedy	x	x	x	x	x	x
Andy Newton	-	x	x	x	x	x
Jane Pateman	-	x	x	x	x	x
Nigel Penny**	x	x				
Kath Start	x	x	x	-	x	x
Trevor Willington	x	x	x	-	x	x

*   Non Executive Director from 1 September 2013
**   Non Executive Director until 30 June 2013

Business Review Meetings are not formal Board meetings. These meetings allow the Board to have early discussions about emerging issues. Formal decisions are taken at public Board meetings except where a decision has to be taken in confidential session as indicated above.

Board Committees

In order to exercise its duties, the Board is required to have a number of statutory Committees, including an Audit Committee, a Remuneration Committee and a Nominations Committee/s. The 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 nominations for Executive Directors and one which has responsibility for dealing with nominations for Non-Executive Directors, including the Chairman.

Appointments and Remuneration Committee

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

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

Other individuals such as the Chief Executive, Director of Finance and Director of Workforce Development 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.

Member	Meeting Date/Attendance				
	4 June 13	22 August 13	23 October 13	22 November 13	14 January 14
John Jackson (Chair from 1 July 2013)		x	x	x	x
Trevor Willington (Chair until 30 June 2013)	x	x	x	x	x
Tim Howe	x	x	x	x	x
Nigel Penny	x				

Directors' report

Audit Committee

The purpose of the Committee is to provide the Trust with a means of independent and objective review of internal control over the following key 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 held 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 Non-Executive Directors. Three must be present to be quorate.

Member	Meeting Date/Attendance				
	28 May 13	13 June 13	10 September 13	22 December 13	11 March 14
Trevor Willington (Chair from 1 July 2013)	x	x	x	x	x
Nigel Penny (Chair until 30 June 2013)	x	x			x
Christine Barwell	x	x	x	-	x
Lucy Bloem			x	x	x
Graham Colbert	-	x	x	x	-
Tim Howe	x	x	x	x	x
John Jackson	x	x	x	x	x

Charitable Funds Committee

Prior to the Board's decision to establish a CFC in September 2013, responsibility for the Charitable Funds sat with the Audit Committee who then reported to the Board. The CFC was established to ensure that the governance arrangements for the Charitable Funds were fully compliant with the expectations of the Charity Commission.

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

The quorum necessary for 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 Committee.

Member	Meetings
	10 December 2013
Trevor Willington (Chair)	x
John Jackson	x
Lucy Bloem	x
Geraint Davies	-
James Kennedy	x

Directors' report

Finance and Business Development Committee

The purpose of the Committee is to review financial performance, business development and investment decisions of the Trust.

The quorum necessary for transaction of business by the Committee is three members, two of which must be Non-Executive Directors.

Member	Meeting Date/Attendance												
	23 April 13	16 May 13	20 June 13	18 July 13	20 Aug 13	19 Sept 13	17 Oct 13	19 Nov 13	21 Dec 13	17 Jan 14	12 Feb 14	18 Feb 14	18 Mar 14
Graham Colbert (Chair from 1 July 2013)	x	x	x	x	x	x	x	x	x	x	x	x	x
John Jackson (Chair until 30 June 2013)	x	x	x										
Geraint Davies	x	-	x	-	x	x	-	x	x	-	x	-	x
Tim Howe				x	x	x	x	x	x	x	x	x	x
James Kennedy	x	x	x	x	x	x	-	x	x	x	x	x	x
Trevor Willington	x	x	x	x	x	x	x	x	x	x	-	x	x

Risk Management and Clinical Governance Committee

The Committee is responsible for ensuring that the Trust undertakes an integrated approach to the management of clinical governance and quality and all areas of risk. In fulfilling this responsibility the Committee will ensure that the Trust has an appropriate, up to date and co-ordinated range of systems, policies and procedures in place to manage all areas of risk and clinical governance. In so doing the Committee will ensure that risks are identified, assessed, evaluated and managed according to the Risk Management Policy and associated policies and procedures.

The quorum necessary for transaction of business by the Committee is three members, one of which must be a Non-Executive Director.

	Meeting Date/Attendance						
Member	3 May 13	4 July 13	5 Sept 13	5 Nov 13	6 Jan 14	10 Feb14*	4 March 14
Christine Barwell (Chair)	x	x	x	x	x	x	x
Lucy Bloem			-	x	x	x	x
Geraint Davies	x	-	x	x	x	x	x
Katrina Herren	x	x	x	x	x	x	x
John Jackson		x	x	x	-	x	x
Andy Newton	x	-	-	x	x	-	-
Jane Pateman	x	x	x	-	x	-	-
Nigel Penny	x						
Kath Start	x	x	x	-	x	x	x
Trevor Willington	x	x	x				

* Joint meeting with WDC

Directors' report

Workforce Development Committee

The purpose of the Committee is to ensure compliance with the legislation relating to employment of staff, to provided assurance that work streams comply with the standards of external professional bodies, and to seek to promote best practice in the these areas. The Committee will also ensure that the Trust's workforce has the capacity and capability to deliver the Trust's strategic vision through effective management, leadership and Board development, workforce planning and organisational development.

The quorum necessary for transaction of business by the Committee is three members, one of which must be a Non-Executive Director.

Member	Meeting Date/Attendance									
	23 April 13	20 May 13	24 June 13	22 Aug 13	16 Sept 13	22 Oct 13	20 Dec 13	10 Feb 14*	20 Feb 14	17 Mar 14
Tim Howe (Chair)	x	x	x	x	x	x	x	x	x	x
Christine Barwell	x	x	x	x	x	x	x	x	x	x
Lucy Bloem					x	x	x	x	x	x
Geraint Davies	x	-	x	x	x	x	x	x	x	x
Andy Newton	-	x	-	-	-	x	-	-	x	x
Katrina Herren	-	x	x	x	x	x	x	x	-	-
Kath Start	-	-	x	x	x	x	x	x	x	-

* Joint meeting with WDC

Directors' report

The Council of Governors

The Council of Governors of an NHS Foundation Trust consists of elected NHS Foundation Trust members and appointed individuals or representatives from other key stakeholders. The Chairman of the Board of Directors is also the Chairman of the Council. Foundation Trusts are required to have a Lead Governor. Their role is to facilitate direct communication between Monitor and the Council where required. In SECAmb this person acts as a key link between the Chairman and the Council.

"At the heart of every NHS Foundation Trust is the concept of public accountability. Governors are the direct representatives of local interests, its members and the public, and an integral part of the governance structure of the Trust. They also have functions that go beyond community representation and their statutory responsibilities have a significant effect on SECAmb.

The Governors have been, and will continue to be, fully engaged with patients and the public, listening to their views. The development of The Inclusion Hub Advisory Group has been a valuable means of reaching out to many more diverse groups and being able to take their views back to Board level.

We shall continue to represent all of these important interests at a time of increasing demand, made more difficult when financial resources are also being squeezed. It is a time when imaginative solutions have to found to continue to provide the highest quality service possible. To that end the CoG has been fully supportive of new major initiatives that support these

challenges, such as the NHS111 service.

The Board, the staff of SECAmb and the CoG have developed an excellent working relationship to maximise the benefit of our work on behalf of patients, members and the public.

We pay tribute to our colleagues on the CoG who are tireless in their efforts and their commitment on behalf of the public. We also thank our Member and Governor Engagement Manager, Isobel Allen, who enables us all to function and perform to the best of our ability, with her outstanding support."

Maggie Fenton
Lead Governor

Brian Rockell
Deputy Lead Governor

The Trust and the Council have continued to develop their working relationship in this third year as a Foundation Trust. The Council has undertaken a number of statutory duties, which are outlined here, as well as elections that have taken place during the year and changes to Appointed Governor representatives from our stakeholder organisations.

The Council is made up of Public Governors, Staff-Elected Governors, and Appointed Governors from key partner organisations. Public Governors represent six constituencies across the area where SECAmb works (set

out in the table below), and Staff-Elected Governors represent either operational (frontline) or non-operational staff.

The Council has held six formal meetings in public this year. The meetings were held in different parts of the Trust's area to enable members to attend. Council meetings are now held on separate days from Board meetings, however many Governors attend the Board and Board members attend each Council meeting, including the Chief Executive.

The Trust has used interactive sessions between the Council and the Trust's Non-Executive Directors (NEDs) this year to improve communication and shared understanding between the Council and the NEDs, and to enable the Council of Governors to hold the NEDs to account for the performance of the Board of Directors. Governors have also observed Board Committees in action and reported back to the Council in relation to their assurance about the effective operation of these Committees. The sessions with NEDs were designed to enable the Governors to understand how the Committees provide assurance and guidance to the Trust, and to be aware of current areas of scrutiny and risk.

In compliance with provision A.1.1 of the revised Code of Governance; the Board and the Council have agreed a formal process for dispute resolution as follows:

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

In the event that the Council considers the Trust to have failed or to be failing to act in accordance with its Constitution or Chapter 5 of the NHS Act 2006, the Council would make the Board aware of the nature of the Council's concern and the Council and Board would then attempt to resolve the issue through discussion. This process would normally be led by the Lead Governor and the Chair. Where this fails, or where discussion through the Chair is inappropriate, the Senior Independent Director would act as an intermediary between the Council and the Board, with the objective to find a resolution.

In the event that the issue cannot be resolved by discussion it may be referred to the Monitor panel for advising Governors if, at a meeting of the Council of Governors, more than half of the members of the Council voting approve the referral.

The Council has a Membership Development Committee and a Governor Development Working Group, and governors make up the majority of members of the Nominations Committee.

There has been further turnover in the membership of the Council in 2013/14 as a result of the second set of re-elections and changes to the Appointed Governors. The biographies of the Governors included in the next section relate to those Governors who are members of the Council as at 31 March 2014.

Details of all the Governors who have held office during 2013/14 are outlined in a later section.

Meet the Council of Governors

Staff Governors

"After a challenging year for SECAmb in 2013/14, we're facing an even more challenging time in 2014/15 with increasing patient numbers and financial pressures, while continuing to embrace clinical innovation and service improvements.

The growing experience of SECAmb Governors, many of whom have served for three years now, has been boosted further by new Governors elected by our public and staff members.

Together we're reinforcing the Trust's focus on the needs and care of our patients, and the wellbeing of our hardworking, dedicated staff to get the best possible clinical results and patient experience."

Nigel Sweet, Staff Governor

Non-operational

Angela Rayner
(Term of office 1 March 2011- 29 February 2016)

Angela is the Trust's Inclusion Manager. She's based at the Trust's Surrey Headquarters in Banstead. Angela has worked in the NHS since 2002, and at SECAmb since 2008. She works to support staff to promote equality, inclusion and diversity, and address health inequalities. Angela is the Chair of the Membership Development Committee.

+ Membership Development Committee member
+ Nominations Committee member

Declared interests: None

Operational

David Davis
(Term of office 1 March 2014 – 28 February 2017)

David joined the ambulance service in 2001 as a clinician and has worked in many areas of the Trust. He is the NHS Pathways Clinical Lead and often works nationally to improve the services provided to patients.

Declared interests:

On secondment to NHS England part-time

Chair of the Honours and Awards Committee NHS England

SEC Clinical Senate member

Warren Falconer
(Term of office 1 March 2013 – 29 February 2016)

+ Warren works on the Trust's Clinical Advice Desk and has been with the Trust for ten years.

Declared interests: None

Nigel Sweet
(Term of office 1 March 2011 – 29 February 2016)

Nigel is an ambulance Technician working from Shoreham Ambulance Station in Sussex. He had a varied career before joining SECAmb, including setting up a wholefood company and being a District Councillor for Shoreham and Deputy Leader of the Adur District Council. He sailed, mainly single-handedly, around Africa and the Mediterranean for a couple of years, and has worked as a political researcher in the House of Commons.

+ Membership Development Committee member

+ Governor Development Working Group member

Declared interests: None

Public Governors
Brighton
Jean Gaston-Parry
(Term of office 21 June 2012 – 20 June 2015)

Jean's interest in SECAmb was sparked by the life-saving service she received, three times, by ambulance crews. Jean is very involved in older people's issues in Sussex and has lots of links to groups working to improve things for the local community.

+ Membership Development Committee member

Declared interests: None

Medway
Paul Chaplin
(Term of office 1 March 2014 – 28 February 2017)

Paul has worked and volunteered in health service roles for the past twenty-five years, and is a Community First Responder for SECAmb in Medway. He also brings financial experience to the Council through his current role in accountancy.

Declared interests: Member of Medway CCG Urgent Care Management Group, Panel Member of Medway CCG Medicines Review Group, SECAmb Community First Responder (Medway)

East Sussex
Brian Rockell
(Term of office 1 March 2011 – 28 February 2017)

Brian has represented the public in statutory roles to the Boards of Berkshire Ambulance Service, Sussex Ambulance Service and SECAmb. He Chaired the SECAmb Public and Patient Forum and has set up a Community First Responder group in his local area of Hastings. Brian has been very involved in helping develop the Trust's relationship with CFRs.

+ Nominations Committee member

+ Deputy Lead Governor

Declared interests: Undertakes work through a partnership company

for St John's Ambulance. The work relates only to historical events not current business of St John's.

Meet the Council of Governors

Peter Gwilliam
(Term of office 1 March 2013- 29 February 2016)

Peter worked for more than 20 years in the London Fire Brigade and currently volunteers with SECAmb as a Community First Responder. He is also a member of the Seaford Lifeguards.

Declared interests: None

Kent

Marguerite Beard-Gould
(Term of office 1 March 2014 – 28 February 2017)

Marguerite has worked in the pharmaceutical sector for the past sixteen years, and while working in Canada learned about the challenges faced bringing emergency responses to a large geographical area. She is a Parish Councillor in Walmer.

+ Nominations Committee member

Declared interests:

Conservative Party member

Walmer Parish Councillor

Margaret Fenton
(Term of office 1 March 2011 – 28 February 2017)

Maggie nursed at Westminster Hospital, and experienced at first hand the vital role of the ambulance service and its progression to the professional body it is today. She has been a teacher for the past twenty years, and as part of the Council has been a strong advocate for ensuring that the Trust's move to Make Ready Centres is as effective for patients as possible.

+ Membership Development Committee member
+ Nominations Committee member

+ Lead Governor

Declared interests: None

Robin Kenworthy
(Term of office 17 July 2013 – 29 February 2016)

Robin has been involved with the Trust for many years and is also part of many health-related groups and forums in Kent and more widely. He has a background in health and safety. This is his second term of office as a Governor and Robin continues to focus on engagement with the membership of the Trust.

+ Governor Development Working Group member
+ Declared interests: London Ambulance Service – Member
+ Member of LAS Patient forum
+ Kent HealthWatch – HealthWatch and Public Involvement (HAPIA): Member
+ Staplehurst Health Centre: Member of Patient Participation Group
+ Trustee of Friends of Staplehurst Health Centre
+ Staplehurst Parish Council: Resident member of the Rural Settlement Group (health interest)
+ Health Living Pharmacy Initiative: Patient member of this national group
+ National Voices: Member
+ RAISE: Reporting and Analysis for Improvement through Schools Self-Evaluation: Member
+ Member of most of the FTs and aspiring FTs in Kent, also SLaM and LAS, and General Pharmaceutical Council reference group

Michael Whitcombe
(Term of office 1 March 2014 – 28 February 2017)

Michael joins the Council with a stated interest in involving more young people. He currently works in the NHS and has previously worked for SECAmb, supporting the Trust's Community First Responders. He promotes public access defibrillators and undertakes many other voluntary activities to benefit his local community.

+ Membership Development Committee member

Declared interests:

Member of staff – Kent and Medway NHS and Social Care Trust, Director of Emergency Medical Care and Training Services (EMCATS) Ltd.

Surrey

Chris Devereux
(Term of office 1 March 2014 – 28 February 2017)

Chris is a smallholder and an active member of his local church. His background in campaigning for rights for disabled people and his current voluntary role for a local mental health charity enable him to bring this welcome experience to the Council.

+ Membership Development Committee member

Declared interests: None

Jane Watson
(Term of office 1 March 2014 – 28 February 2017)

Jane recently retired after working for 40 years as a scientist at the St Peters Hospital in Chertsey. She has been an advocate for inclusion, equality and diversity for staff and patients in the NHS, and also brings seven years' experience as a school governor.

Declared interests: None

Neil Baker
(Term of office 1 March 2013 – 29 February 2016)

Neil is an active Community First Responder in Farnham in his spare time and also works full time as a business executive in an international company. As such he brings financial and operational expertise to the role.

Declared interests: None

Priscilla Chandro
(Term of office 1 March 2013 – 29 February 2016)

Priscilla has been involved with SECAmb for a number of years, since suffering a heart attack in her thirties. She is a vocal advocate for patients' experiences informing the way health services are developed, and as well as being part of SECAmb's public involvement group is also a champion for the British Heart Foundation. She runs her own karaoke business.

+ Membership Development Committee member

Declared interests: None

West Sussex

Ted Coleman
(Term of office 1 March 2011 – 29 February 2016)

Ted is a Community First Responder in Billingshurst. He brings financial and statistical expertise through a career in the insurance industry. He is also a qualified Actuary and a magistrate.

+ Governor Development Working Group member

Declared interests: None

Meet the Council of Governors

Tony Dell
(Term of office 1 March 2013 – 29 February 2016)

Tony was born in Sussex but has lived and worked outside the county for the last 20 years. He has recently retired from his position as Chair at North East Ambulance Service and brings great understanding of the challenges facing ambulance trusts. He has also worked closely with a Council of Governors in this role, and says he greatly valued the advice and support of the Council.

Declared interests: None

Appointed Governors

Tom Quinn
(Term of office 1 March 2014 – 28 February 2017)

Prof. Tom Quinn is Associate Dean, Health and Medical Strategy at the University of Surrey. He has long been engaged with the ambulance service as the University's link with local NHS Trusts. The University of Surrey delivers Paramedic degree programmes and Tom is also a vocal advocate for public access defibrillators.

+ Recipient of NIHR research funding
+ Honorary Clinical and Research Fellow at SECAmb (unpaid)
+ Member of Steering Group and Academic Group, Myocardial Ischemia National Audit Project

Declared interests:

Member of the Royal College of Nursing

Chief Superintendent Paul Morrison
(Term of office 1 October 2013 30 September 2016)

Chief Superintendent Morrison is the Trust's third appointed governor from Surrey and Sussex Police forces. The Trust works closely with colleagues in the other emergency services and this appointment helps reinforce this partnership.

Declared interests:

Member of the Royal College of Nursing

Sandra Field
(Term of office 1 March 2011 – 28 February 2017)

Sandra works for the Stroke Association, a charity organisation promoting and lobbying for the best possible outcomes for people who have suffered a stroke.

Declared interests: None

Michael Hewgill
(Term of office 23 February 2012 – 22 February 2015)

Michael is the Programme Office Accountant at East Kent Hospitals University NHS Foundation Trust, one of the hospitals with which the Trust works closely in the region. Together with James Blythe (see below) he brings the perspective of our acute hospital partners to the Council.

Declared interests: None

James Blythe
(Term of office 16 January 2013 – 15 January 2016)

James is the Foundation Trust Programme Director at Brighton and Sussex University Hospitals, the major trauma centre for SECAmb in the region.

Declared interests: None

Marian Trendell
(Term of office 1 March 2011 – 28 February 2017)

Marian is the Head of Social Care for Specialist Service in Sussex Partnership NHS Foundation Trust; she has worked in a variety of roles in mental health, forensic services and safeguarding.

Declared interests: None

Graham Gibbens
(Term of office 7 November 2013 – 6 November 2017)

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

Declared interests: Cabinet member for Adult Social Care and Public Health, Kent County Council

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

Membership Development Committee (MDC)

The MDC is chaired by a Staff-Elected Governor (Non-Operational), Angela Rayner, and has a membership of seven governors at year end (two Staff-Elected and five Public).

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 meets quarterly and has met four times this year. Key areas of work have included: planning three public events (called 'Think you know your ambulance service?') to help members and the public understand about the ambulance service's vision and service developments; regular membership monitoring; planning and delivering a Meet Your Governor stall at the Annual Members Meeting; and advising on membership recruitment and engagement opportunities.

Nominations Committee (NomCom)

The NomCom is a Committee of the Board but the majority of members of the Committee are Governors. During the majority of this year, membership included two Appointed Governors, one Staff-Elected Governor and four Public Governors, however due to elections which concluded in late February 2014 the membership was reviewed at the Council meeting on 31 March 2014 with new Governors to be elected to the Committee by the Council. The Senior Independent Director (Tim Howe, Non-Executive Director) and the Chair of the Trust are also members.

Meet the Council of Governors

The remit of the Nominations Committee includes:

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

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

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

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

The Committee has met formally on four occasions this year and has undertaken its statutory duty in recommending NED appointments, as outlined in the section on Statutory Duties below.

Attendees	Constituency	10.05.13	02.09.13	12.11.13	28.02.14
Tony Thorne	Chairman	X	N/A*	-	X
Tim Howe	Senior Independent Director and Non-Executive Director	X	X	X	X
Mark Buckton	Staff - Operational	X	–	-	-
Ted Coleman	Public - West Sussex	X	X	-	X
Brian Rockell	Public - East Sussex	-	X	X	X
Ian Smith	Public - Surrey (and Deputy Lead Governor)	-	–	-	-
Ken Davies	Public - Kent (and Lead Governor)	X	X	X	X
Marian Trendell	Appointed	X	–	X	-
James Blythe	Appointed	X	X	X	X

* Not able to attend due to subject under discussion

Governor Development Working Group (GDWG)

The GDWG has met five times during the year. At year end its membership is three Public Governors and one Staff-Elected Governor. The GDWG is Chaired by the Membership and Governor Engagement Manager of the Trust, and its remit is to:

+ Advise on and develop strategies for ensuring governors have the information and expertise needed to fulfil their role.

+ Plan the content of Governor Development sessions.

+ Advise on and develop strategies for effective interaction between governors and Trust staff.

The GDWG has suggested a number of improvements to the interaction between the Board and the Council, many of which were implemented this year, and the Group continues to regularly advise on the information, interaction and support needs of Governors.

Statutory Duties

Governors have undertaken a number of their statutory duties during the year, as set out below:

Appointment of a Non-Executive Director

The Nominations Committee led a process to appoint a new Non-Executive Directors, which culminated in the appointment of Lucy Bloem by the Council for three years from 1 September 2013.

An extensive and rigorous process was undertaken, which included conducting candidate searches, long-listing, short-listing, and finally a selection day for the shortlisted candidates. The Trust advertised using The Guardian newspaper's diversity recruitment network to encourage applications from a diverse group of candidates. Candidates met with a focus group of Governors, Non-Executives and other staff, and had one to one meetings with the Chair and Chief Executive, before undertaking a final interview with a panel consisting of NomCom members and the Senior Independent Director.

Re-appointment of a Non-Executive Director

The Nominations Committee reviewed an appraisal of Trevor Willington, with input from the Chief Executive and Chairman, and recommended to the Council that Trevor be reappointed for a second three year term of office. The Council made the appointment.

Appraisal of the Chairman

A full appraisal of the performance of the Chairman was undertaken during the year, led by the Senior Independent Director and with input from the Board, Council and the Chairman's peers. The appraisal found that the Chairman had performed extremely well and the Council were pleased with his effectiveness in the role.

Due to the performance of the Chairman and in light of the pay increase awarded to NHS staff nationally, the Council awarded a 1% salary increase for the Chairman following a recommendation from the Nominations Committee.

In addition, during the year the Council extended the term of office of one Non-Executive Director for an additional year, reviewed and revised NED mileage expenses payments, and appointed a Deputy Chair of the Board.

Meet the Council of Governors

Input to Annual Planning

The Trust has worked with Governors to review its annual plans and also consulted with public and staff FT members to provide constituents' views to the Council of Governors. An interactive session with the Executive Team was held with Governors to review the key areas of the plan, and understand Governors' views and priorities for the coming year. The Board considered this input from the Council at its meeting in March and provided feedback to the Council about how their input would be addressed.

Other Governor Engagement Activities

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

Governors, working alongside public and staff FT members and other key stakeholders, helped to develop the Trust's Quality Account priorities for quality improvement in 2014/15.

Governors have continued to observe our frontline crews in action by spending time on our ambulances and in our Emergency Control Centres, enabling Governors to understand more about the Trust's operation and meet and talk to our staff. Governors also visited our new NHS111 call centre in Ashford, Kent alongside public Inclusion Hub members to understand more about this new service. Governors attended our Staff Awards ceremonies and also a Survivors Event where members of the public were reunited with

SECAmb staff who had helped them.

Along with other stakeholders, including staff and public FT members, Governors attended a two-day workshop to review the Trust's progress towards its five Equality Objectives and develop recommendations for action plans for the coming year.

Staff-Elected Governors have also undertaken specific work to understand their constituents' views using a number of methods, including working as part of the Trust's Foundation Council (see the Membership section page xxx). They have produced their own newsletter and contributed to staff engagement improvements planned by the Trust.

Appointments and Elections

During the year, elections have been held in four of our six public constituencies and in one of our staff constituencies, with a large number of Governors' terms of office coming to an end on 28 February 2014. The election process began in December 2013 and concluded on 28 February 2014 with the announcement of the results.

The vacancies were as follows: for Public Governors in Kent (three vacancies), Surrey (two vacancies), East Sussex (one vacancy) and Medway (one vacancy), and Operational Staff (one vacancy). A number of existing Governors up for re-election chose to stand again.

The Trust would like to offer its thanks to a number of Governors who decided for various reasons not to stand for re-election: Ken Davies (Public Governor, Kent and ex-Lead Governor), Ian Smith (Public Governor, Surrey and ex-Deputy Lead

Governor, Terry Daubney (Public Governor, Surrey) and Mark Buckton (Staff-Elected Governor, Operational). Margaret Bridges (Public Governor, Kent) also left the Council at the end of her two year term of office during the year due to work commitments. The Trust would also like to thank Helen Medlock who was an Appointed Governor representing Commissioners until July 2013, when the Council of Governors and Board of Directors changed the Trust constitution to remove commissioner representation from the Council of Governors.

The Trust would like to congratulate those who were re-elected and welcome those newly elected, and thank them in advance for their commitment to and support for the Trust.

The outcomes of these elections are set out in the table below:

Our Appointed Governors also underwent some changes during the year. New appointees were nominated by three of our key stakeholder organisations during the year: Surrey Police, Kent County Council, and the University of Surrey. The continued representation of these important partner organisations is welcomed by the Trust. The Council has no vacancies at year end.

Constituency	Governor from 1 March 2014
East Sussex	Brian Rockell (re-elected)
Kent	Marguerite Beard-Gould Maggie Fenton (re-elected) Michael Whitcombe
Surrey	Chris Devereux Jane Watson
Medway	Paul Chaplin
Staff-Operational	David Davis

Meet the Council of Governors

Lead Governor and Deputy Lead Governor Elections

The Council elects a lead and Deputy Lead Governor on an annual basis. Elections were held at a formal meeting of the Council on 31 March 2014 and the results were as follows:

Maggie Fenton – Lead Governor

Brian Rockell – Deputy Lead Governor

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 and Working Group membership.

Constituency	Name	Appointed	Term of Office	Committee and working group membership	CoG 28 May 13	CoG 30 July 13	CoG 26 Sept 13 and Annual Members Meeting	CoG 28 Nov 13	CoG 30 Jan 14	CoG 31 March 14
Public: Brighton and Hove	Jean Gaston-Parry	21.06.12	3 years	MDC	X	–	X	X	X	X
Public: East Sussex	Brian Rockell*1	01.03.14	3 years	NomCom	–	–	X	X	X	X
Public: East Sussex	Peter Gwilliam	01.03.13	3 years		–	X	X	X	X	X
Public: Kent	Lesley Long	01.03.13	3 years		X					
Public: Kent	Robin Kenworthy*2	01.03.13	3 years	MDC, GovDevWG		X	X	X	X	X
Public: Kent	Ken Davies	01.03.13	3 years	NomCom	X	X	–	X	X	
Public: Kent	Marguerite Beard-Gould	01.03.14	3 years	NomCom						X
Public: Kent	Maggie Fenton*4	01.03.14	3 years	MDC GovDevWG	–	X	X	X	X	X
Public: Kent	Margaret Bridges*4	24.08.11	2 years	GovDevWG	–	X				
Public: Kent	Michael Whitcombe	01.03.14	3 years	MDC						X
Public: Medway	Richard Pavey*5	17.01.13	3 years		–					
Public: Medway	Paul Chaplin	01.03.14	3 years							–
Public: Surrey	Terry Daubney	01.03.11	3 years	GovDevWG	–	X	X	X	X	
Public: Surrey	Chris Devereux	01.03.14	3 years	MDC						X
Public: Surrey	Neil Baker	01.03.13	3 years		–	–	–	X	X	X
Public: Surrey	Priscilla Chandro	01.03.13	3 years	MDC	X	X	X	X	X	–
Public: Surrey	Ian Smith	01.03.11	3 years	GovDev, AuWG	X	X	X	X	–	
Public: Surrey	Jane Watson	01.03.14	3 years							X
Public: West Sussex	Ted Coleman	01.03.13	3 years	AuWG, GovDevWG	X	X	X	X	X	X
Public: West Sussex	Anthony Dell	01.03.13	3 years		X	X	X	X	X	–

Constituency	Name	Appointed	Term of Office	Committee and working group membership	CoG 28 May 13	CoG 30 July 13	CoG 26 Sept 13 and Annual Members Meeting	CoG 28 Nov 13	CoG 30 Jan 14	CoG 31 March 14
Staff: Non Operational Staff	Angela Rayner	01.03.13	3 years	MDC (Chair) NomCom	X	X	X	X	X	–
Staff: Operational Staff	Mark Buckton	01.03.11	3 years	NomCom	X	X	X	X	X	
Staff: Operational Staff	David Davis	01.03.14	3 years							X
Staff: Operational Staff	Nigel Sweet	01.03.13	3 years	MDC	X	X	X	X	X	X
Staff: Operational Staff	Warren Falconer	01.03.13	3 years		X	X	X	–	X	X
Appointed: Brighton & Hove University Hospitals NHS Trust	James Blythe	16.03.13	3 years	NomCom	X	X	X	–	X	-
Appointed: Sussex Partnership NHS FT	Marian Trendell	01.03.11	3 years	NomCom	X	X	X	–	X	X
Appointed: NHS Commissioning	Helen Medlock*6	01.03.11	3 years							
Appointed: East Kent Hospitals University NHS FT	Mike Hewgill	02.03.12	3 years		-	-	-	-	X	X
Appointed: Surrey Police	Dave Miller	28.02.13	3 years		–	–				
Appointed: Surrey Police	Paul Morrison*2	01.10.13	3 years					–	X	–
Appointed: The Stroke Association	Sandra Field	24.05.11	3 years	GovDevWG	–	X	X	–	–	X
Appointed: University of Surrey	Toni Schwarz	24.08.11	2 years	GovDevWG	–	X				
Appointed: University of Surrey	Tom Quinn*8	01.03.14	3 years							X
Appointed: Kent County Council	Graham Gibbens	17.11.13	3 years					X	X	–

Board Directors attended formal Council of Governors meetings as follows:

Constituency	28 May 2013	30 July 2013	26 September 2013	28 November 2013	30 January 2014	31 March 2014
Paul Sutton, Chief Executive	X	X	X	X	X	X
James Kennedy Finance Director	X	–	–	–	–	X
Tim Howe, (SID)	–	X	–	–	–	–
Trevor Willington (NED)	–	X	–	–	–	–

Meeting our regulatory and reporting responsibilities

Freedom of Information

The Trust has a full time Freedom of Information Officer who provides expert advice to the Trust and manages all of the requests. During the period from 1 April 2013 to 31 March 2014 we received 349 Freedom Of Information requests compared to 231 for 2012/2013. This equates to a 51% increase year on year and we have responded to 345 (98.85%) within the 20 working day time frame.

Risk Management

The Trust has a Risk Management Strategy that is subject to consultation and is reviewed annually. The strategy has been in place since the formation of SECAmb and was refreshed by the board in September 2013.

We seek to identify, manage and mitigate risks to service users, staff, and other stake- holders. The Trust has adopted a holistic approach to risk management; risk management is viewed as an essential quality system and one that is a fundamental part of an approach to total quality improvements.

The Trust"s strategic approach to risk management is to integrate the risk management process with other Trust functions to support clinical excellence, taking account of the requirements of Monitor, the Care Quality Commission and other regulatory bodies. We aim to ensure that we are managing health and safety effectively for patients, staff, volunteers, visitors, contractors and other stakeholders affected by its activity.

Every individual has a responsibility for appropriate risk management and reporting within their area. Where risks are identified and cannot be immediately rectified they are entered onto the Directorate Risk Register and if they have trust-wide implications they are entered onto the Corporate Risk Register.

This is formally reviewed by the Risk Management and Clinical Governance Committee on a bi-monthly basis. The Corporate Risk Register is aligned to the Board Assurance Framework, which shows the Trust's strategic risks; this is reviewed on a quarterly basis by the Audit Committee, and considered by the Board twice a year.

The strategy also ensures that the assets and continuity of trust activities are securely and effectively maintained; it sets out a culture and mechanism for learning lessons from failures, near miss and successes.

It assists in improving compliance with Care Quality Commission (CQC), NHS Litigation Authority (NHSLA) Risk Management and any other assessing standards. The strategy describes the role of the board and its committees in managing risks. The Audit Committee takes ownership of the Trust's Board Assurance Framework with particular emphasis to address any identified gaps in assurance. It also monitors the action plans arising out of assessments by external agencies and approves the Annual Governance Statement. The Risk Management and Clinical Governance Committee has the responsibility for Trust wide identification, co-ordination and prioritisation of clinical, non-clinical and general risk management issues. These committees ensure that the Board and

management of the trust are continually informed of significant risk issues by the provision of consolidated reports.

The Board has undertaken a review of the effectiveness of its system of internal controls. This review and a description of the principal risks facing the Trust are set out in the Annual Governance Statement.

Incident Reporting

The Trust complies with the National Patient Safety Agency (NPSA) framework relating to the investigation of serious incidents. A Serious Incident Requiring Investigation (SIRI) is defined as "an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

+ Unexpected or avoidable death of one or more patients, staff, visitors or members of the public;

+ Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/ medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);

+ A scenario that prevents or threatens to prevent a provider organisation's ability

+ to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure;

+ Allegations of abuse;

+ Adverse media coverage or public concern about the organisation or the wider NHS

Between 1 April 2013 and 31 March 2014 the Trust reported 44 Serious Incidents Requiring Investigation. The breakdown of these is as follows:

Ambulance (General)	22
New Category (111)	11
Ambulance Delay	4
Confidential Information Leak	2
Ambulance Accidental Injury	2
Unexpected death (general)	2
Adverse Media	1
TOTAL	44

These incidents are reported to the Department of Health via the Strategic Executive Information System (STEIS). We conduct thorough investigations to determine the root cause of the incidents, identify learning points and implement actions to prevent a recurrence. The investigations are reviewed by our Lead Commissioner for quality to whom we have to report all learning points and provide copies of the investigation reports. Once they are satisfied with the investigation they will then close the incident.

All Serious Incidents Requiring Investigation are reported to the Risk Management and Clinical Governance Committee, commissioners meetings and the Public Board. These are monitored, in order to identify any trends, however, to date no trends have materialised which would affect the delivery of patient care across the Trust.

Meeting our regulatory and reporting responsibilities

CQC Registration and Inspection

The Trust is registered with the CQC and was subject to a four day unannounced inspection between 2 and 8 December 2013. Inspectors visited regional offices, call centres, make ready centres and A&E Departments at five hospitals. The inspectors also spoke to over sixty members of staff. The report from the inspection states that staff they spoke with understood their individual roles and accountabilities, furthermore that staff demonstrated their commitment to ensuring that patient care was the focus and that they also displayed a pride in their role. Comments from those who used the service were also positive.

They CQC inspected six of the essential standards and found the Trust to be fully compliant with five of them. The CQC requires the Trust to take action to ensure full compliance with Outcome 16 – Assessing and monitoring the quality of service provision. However, the judgement of the inspectors was that the concerns raised in relation to this outcome would only have a minor impact on service users.

The actions plans developed to ensure full compliance with Outcome 16 will be monitored by the Trust's Risk Management and Clinical Governance Committee, which reports directly to the Board

NHS Litigation Authority

The NHSLA has decided that from April 2014 they will no longer assess Trusts against the Risk Management Standards but instead will provide feedback on claims against the Trust for us to ensure that we are managing our risks appropriately and our future contributions to the scheme will reflect the number of claims and the financial settlements. In the interim period we retain our 10% discount on contributions due to successfully attaining Level 1 against the risk management standards when assessed in November 2012.

IG Toolkit

SECAmb published its Information Governance Toolkit V11 submission for 2013/14 and achieved an Overall Assessment of Level 2, Graded Satisfactory.

Monitor Risk Ratings

The tables below summarise the rating performance throughout the year and compared to prior year.

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Under the Compliance Framework					
Financial Risk Rating	4	4	4	4	4
Governance Risk Rating	Green	Green	Green	Green	Green

	Annual Plan 2012/13	Q1 2013/13	Q2 2013/13	Q3 2013/13	Q4 2013/13
Under the Compliance Framework					
Financial Risk Rating	4	3	3		
Governance Risk Rating	Green	Green	Green		

Under the Risk Assessment Framework					
Continuity of Services Risk Rating				4	4
Governance Risk Rating				Green	Green

The change from the Financial Risk Rating (FRR) to the Continuity of Services (CoS) rating on 1 October 2013 and the consequent move from an FRR of 3 to a CoS of 4 indicates the strength of the Trust's balance sheet. A CoS of 4 indicates that there are no evident financial concerns.

A Governance Risk Rating of Green indicates that there are no evident concerns.

Meeting our regulatory and reporting responsibilities

Companies Act disclosures (s416 and Regulation 10 and Schedule 7 of the Regulations)

An indication of likely future developments can be found in the Strategic Report

Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities can be found in the Strategic Report

Policies applied during the financial year for continuing the employment of, and for arranging for appropriate training for, employees who have become disabled persons during the period can be found in the Strategic Report

Policies applied during the financial year for the training, career development and promotion of disabled employees can be found in the Strategic Report

Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees can be found in the Strategic Report

Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests can be found in the Strategic Report

Actions taken in the financial year to encourage the involvement of employees in the NHS Foundation Trust's performance can be found in the Strategic Report

Actions taken in the financial year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the NHS Foundation Trust can be found in the Strategic Report

Remuneration Report

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

The remuneration and terms of service of the Executive Directors are agreed by the Appointments and Remuneration Committee. In addition, the Committee, together with the other Non-Executive Directors and the Chief Executive, makes decisions regarding the appointment of Executive Directors.

All other managers, with the exception of the Programme Director (Estates), the NHS 111 Programme Director and the Associate Director of Finance- Business Services and Investments (from 1 February 2014) were covered by the national Agenda for Change arrangements during 2013/14.

A new draft senior manager Trust contract for a salary range equivalent to Agenda for Change Band 8d has been drawn up for approval by the Appointments and Remuneration Committee. Under the terms and conditions of this contract, pay awards are not automatic and do not relate to national pay awards. There is no incremental progression and no additional allowances and enhancements are payable over and above the basic salary.

At the end of each year, performance will be formally reviewed and a decision may be taken at this point in time to award a pay increase.

The Chief Executive and all Executive Directors (except the Medical Director and the Director of Finance) have been appointed on the terms and conditions, including pay, for Very Senior Managers within the NHS. The remuneration of Executive Director posts may be reviewed individually in the light of changes in their responsibilities, in market factors, pay relativities or other relevant circumstances. To ensure business continuity, where voluntary resignation may occur, the Chief Executive is required to give six months' notice (and other directors are required to give three months' notice) to the Trust.

Objectives for the Chief Executive are determined annually by the Trust Chairman and those for the Executive Directors by the Chief Executive, reflecting the strategic objectives agreed by the Board. Performance is reviewed at year end with the results reported to the Appointments and Remuneration Committee. The Trust does not apply performance related pay for Executive Directors.

The Nominations Committee consists of four public-elected governors (including the Lead Governor), one staff-elected governor and two appointed governors, and is chaired by the Trust Chairman. This Committee makes recommendations to the Council of Governors regarding the appointment and re-appointment of Non-Executive Directors, as well as their remuneration and terms of service. In circumstances regarding the appointment or remuneration of the Chairman 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 Non-Executive Directors. This is done after receiving a recommendation from the Nominations Committee. The level of Non-Executive Director remuneration has not changed during 2013/14.

The Council of Governors agreed to increase the remuneration of the Chair by 1% at its meeting on 28 November 2013. This increase was backdated to 1 April 2013. This was the first review of the Chair's remuneration since his appointment on 1 September 2011.The Council's decision was based on a recommendation from the Nominations Committee, following a limited desktop research process including factors such as the FTN remuneration survey, Chair remuneration at other Ambulance Foundation Trusts, inflation and the level of the 2013/14 pay award for staff on agenda for change. The Nominations Committee made a decision not to engage external consultants to undertake a formal review of the Chair's remuneration on cost grounds.

The Nominations Committee intend to undertake a comprehensive review of Chair and Non-Executive Director remuneration in April/May 2014; prior to the end of the Chairman's current term of office on 31 August 2014.

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

Paul Sutton, Chief Executive

Remuneration Report

Name and Title	Term of office	Year ended 31 March 2014			
		Salary (bands of £5,000)	Taxable Benefits (rounded to the nearest £100)	Pension-related benefits (bands of £2,500)	Total (bands of £5,000)
		£	£'000	£'000	£'000
Chairman					
Tony Thorne *Chairman*		40-45	-	-	40-45
Non-Executive Directors					
Christine Barwell *Non-Executive Director*		10-15	-	-	10-15
Isobel Simpson *Non-Executive Director*	(Left 31.07.2012)	-	-	-	-
John Jackson *Non-Executive Director*		10-15	-	-	10-15
Nigel Penny *Non-Executive Director*	(Left 30.06.2013)	0-5	-	-	0-5
Trevor Willington *Non-Executive Director*		15-20	-	-	15-20
Tim Howe *Non-Executive Director*		15-20	-	-	15-20
Graham Colbert *Non-Executive Director*	(Appointed 03.09.12)	10-15	-	-	10-15
Katrina Herren *Non-Executive Director*	(Appointed 03.09.12)	10-15	-	-	10-15
Lucy Bloem *Non-Executive Director*	Appointed 02.09.2013)	5-10	-	-	5-10
Chief Executive					
Paul Sutton *Chief Executive*		160-165	5,600	70.0-72.5	235-240
Executive Directors					
Andy Newton *Dir. of Clinical Operations*		105-110	3,800	102.5-105.0	210-215
James Kennedy *Director of Finance*	(Appointed 17.10.11)	125-130	-	25.0-27.5	150-155
Geraint Davies *Dir. of Commercial Services*		105-110	2,000	120.0-122.5	225-230
Kath Start *Dir. of Workforce Development*		105-110	6,000	47.5-50.0	155-160
Sue Harris *Dir. of Strategy, Planning & Partnerships*	(Left 31.05.2012)	-	-	-	-
Jane Pateman *Medical Director*		95-100	2,300	-	100-105

Pay Multiple	**2013-14**	2012-13
Band of Highest Paid Director's Total (£000)	165-170	140-145
Median Total Remuneration (£)	29,469	30,071
Remuneration Ratio	5.7	4.7

Taxable benefits
Taxable benefits relate to lease cars

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

Name and Title	Year ended 31 March 2013			
	Salary (bands of £5,000)	Taxable Benefits (rounded to the nearest £100)	Pension-related benefits (bands of £2,500)	Total (bands of £5,000)
	£	£'000	£'000	£'000
Chairman				
Tony Thorne *Chairman*	40-45	-	-	40-45
Non-Executive Directors				
Christine Barwell *Non-Executive Director*	10-15	-	-	10-15
Isobel Simpson *Non-Executive Director*	0-5	-	-	0-5
John Jackson *Non-Executive Director*	10-15	-	-	10-15
Nigel Penny *Non-Executive Director*	15-20	-	-	15-20
Trevor Willington *Non-Executive Director*	10-15	-	-	10-15
Tim Howe *Non-Executive Director*	15-20	-	-	15-20
Graham Colbert *Non-Executive Director*	5-10	-	-	5-10
Katrina Herren *Non-Executive Director*	5-10	-	-	5-10
Lucy Bloem *Non-Executive Director*	-	-	-	-
Chief Executive				
Paul Sutton *Chief Executive*	140-145	5,100	40.0-42.5	185-190
Executive Directors				
Andy Newton *Dir. of Clinical Operations*	90-95	3,200	45.0-47.5	140-145
James Kennedy *Director of Finance*	125-130	-	40.0-42.5	165-170
Geraint Davies *Dir. of Commercial Services*	90-95	4,800	(0-2.5)	90-95
Kath Start *Dir. of Workforce Development*	90-95	4,700	27.5-30.0	125-130
Sue Harris *Dir. of Strategy, Planning & Partnerships*	15-20	400	2.5-5.0	20-25
Jane Pateman *Medical Director*	95-100	1,800	-	95-100

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

Remuneration Report

Pension Entitlements

Name and Title	Year ended 31 March 2014						
	Real increase in Pension at age 60 (bands of £2,500)	Real increase in Pension lump sum at age 60 (bands of £2,500)	Total Accrued pension at age 60 (bands of £5,000)	Lump sum at age 60 (bands of £5,000)	Cash equivalent Transfer 31 March 2012	Cash equivalent Transfer 31 March 2013	Real increase in cash equivalent transfer value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Chief Executive							
Paul Sutton *Chief Executive*	2.5-5	7.5-10	35-40	115-120	543	634	79
Executive Directors							
Andy Newton *Director of Clinical Operations*	2.5-5	12.5-15	40-45	130-135	840	984	125
Geraint Davies *Director of Commercial Services*	5-7.5	15-17.5	30-35	100-105	483	603	110
Kath Start *Director of Workforce Development*	0-2.5	0	5-10	0	81	133	51
James Kennedy *Director of Finance*	0-2.5	10-12.5	0-5	10-15	36	60	23
James Kennedy *Director of Finance*	0-2.5	0	0-5	0	9	36	26

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation and contributions paid by the employee (including the value of any benefits transferred from other pensions).

2013/14 Off Payroll Engagements

Table 1: For all off-payroll engagements as of 31 March 2014, for more than £220 per day and that last for longer than six months	
No. of existing engagements as of 31 March 2014	4
Of which...	
No. that have existed for less than one year at time of reporting.	1
No. that have existed for between one and two years at time of reporting.	
No. that have existed for between two and three years at time of reporting.	2
No. that have existed for between three and four years at time of reporting.	1
No. that have existed for four or more years at time of reporting.	
The Trust confirms that for all existing off-payroll engagements, a risk based assessment has been undertaken and that assurance has been sought and received from all individuals that their tax and national insurance obligations have been met.	

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014, for more than £220 per day and that last for longer than six months	
No. of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014	1
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	0
No. for whom assurance has been requested	1
Of which...	
No. for whom assurance has been received	1
No. for whom assurance has not been received	
No. that have been terminated as a result of assurance not being received	
The Trust has sought and received assurance from the new off-payroll engagements that their individual tax and national insurance obligations have been met.	

Remuneration Report

Directors' expenses			
	Total no of Directors in office during the year	No of Directors receiving expenses	Aggregate sum of Directors' expenses
2012/13	16	15	£41,853
2013/14	15	14	£38,683

Governors' expenses			
	Total no of Governors in office during the year	No of Governors receiving expenses	Aggregate sum of expenses of Governors' expenses
2012/13	36	20	£3,918
2013/14	35	10	£3,421

Statement of the Chief Executive's responsibilities as the accounting officer of South East Coast Ambulance Service 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 Monitor.

Under the NHS Act 2006, Monitor has directed 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 set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of [name] NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

observe the Accounts Direction issued by Monitor, 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 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; and

+ prepare the financial statements on an going concern basis.

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 him to ensure that the accounts comply with the 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.

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

Paul Sutton, Chief Executive

Date: 29 May 2014

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 on-going 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 2014 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Risk Management is a corporate responsibility and, accordingly, the Trust Board has ultimate responsibility for ensuring that effective processes are in place. The Board is committed to the continuous development of a framework to manage risks in a structured and focused way, in order to protect the Trust from harm to its patients, staff, public and other stakeholders, losses or damage to its reputation. This enables employees to manage and control risks in accordance with agreed procedures. I am accountable for the management of risk within the Trust, and the Director of Commercial Services has been designated as the Director Lead responsible for corporate risk management. However, elements of responsibility also lie with employees of the Trust and the structure of the organisation ensures that there is adequate capacity to fulfil these responsibilities.

The Trust Board ensures that capacity to deliver key functions and roles in relation to risk assessment and management, health and safety, information governance, financial management and other areas is adequate and effective.

The Trust is committed to supporting its staff in exercising their roles and responsibilities with regard to health and safety and all other forms of risk. This implementation requires varying levels of training across the Trust and is reflected in the Training Needs Analysis and delivery plan. Lessons learned and guidance on best practice are cascaded to staff through the weekly staff

bulletin and the SECAmb News magazine.

The Risk Management and Clinical Governance Committee (RMCGC) oversees the management of all areas of risk in the organisation and reports to the Board through the governance structure. The RMCGC is chaired by a Non-Executive Director and is attended regularly by Directors and senior managers. The Trust's Head of Compliance is a Graduate Member of the Institute of Occupational Safety (Grad IOSH) and is supported by a Risk, Health and Safety Manager who is a Chartered Member (CMIOSH). In addition, a number of other managers have risk or health and safety related qualifications relevant to their posts. The Trust is represented on the National Ambulance Quality Governance and Risk Directors Group which feeds in to the Ambulance Chief Executives Group. The Trust participates in local health economy groups to support learning from incidents.

The Director of Commercial Services is the Trust's Senior Information Risk Owner (SIRO). Both he and the Information Governance Lead successfully completed Connecting for Health's (CfH) required e-learning modules. The Trust has a range of Data Protection and Information Security related policies including an Information Risk Management Policy. Information risks and incidents are reported through the same processes as other risks and incidents. Additionally, they are reviewed by the Compliance Working Group and quarterly reports are provided to the Trust's SIRO. There were no data losses exceeding level 1 as defined in Gateway letter 13177 during the year.

The risk and control framework

The Constitution, Standing Orders, Standing Financial Instructions, Scheme of Delegation and Policies of the Trust, including the Risk Management Strategy and associated procedures, set out the framework and systems for implementation of risk and governance in the Trust. The Risk Management Strategy is subject to consultation with the RMCGC and is reviewed annually. The Risk Management Policy and Procedure was most recently reviewed by the Board in September 2013. The Trust has adopted a holistic approach to positively manage all risks to service users and staff (including voluntary staff, ambulance car service drivers, community and co-responders, contractors and other stakeholders). The Trust aims to reassure its employees, patients, the public and other stakeholders that it makes no segregation between clinical, non-clinical, financial, reputational or other risks. Risk management is viewed as an essential quality system and one that is a fundamental part of an approach to total quality improvements. The policy also describes the roles of the committees in managing risks. The risk appetite of the organisation is sufficient to allow risks to be taken within the context of the Trust's strategic plans and its overall resources.

The Trust has defined and established processes to ensure effective arrangements are in place to monitor and continuously improve the quality of healthcare provided to patients in accordance with the Trust's agreed corporate governance

Annual Governance Statement

arrangements. Central to this is the Trust's self- assessment against the four domains of the Quality Governance Framework (QGF). Compliance with each quality marker is the responsibility of a nominated Executive Director and has a nominated lead who is a senior manager within the Trust. The data supporting the Trust's self-assessment against the QGF is reviewed in detail by the Compliance Working Group, which meets every two months and any inconsistencies are challenged.

Reports on the Trust's compliance with the QGF are reviewed by the RMCGC and reported to the Board through the Clinical Quality Board Report. The Trust is also required to provide commissioners with clinical quality reports every two months.

The Trust is currently self-assessed as compliant with all of the quality markers in the QGF.

The Compliance Working Group also monitors compliance with the CQC's requirements and this is reviewed regularly by the RMCGC. The Trust's Quality and Risk Profile is also routinely monitored by the RMCGC and action taken where necessary to improve compliance. The key risk area to compliance with the CQC's requirements relates to medicines management. This risk is identified within the Trust's Corporate Risk Register. Details of how this risk is being addressed are detailed elsewhere in this statement.

The Trust's strategic approach to risk management is to integrate the risk management process with other Trust functions, to support clinical excellence through the range of activities identified in the RMCGC's annual Agenda Framework. This ensures the Trust integrates the management of quality and risk effectively for patients, staff, volunteers, visitors, contractors and other stakeholders affected by its activity. It also ensures that the assets and continuity of Trust activities are securely and effectively maintained and develops a culture and mechanism for learning lessons from failure, near misses and successes. It assists in improving compliance with Care Quality Commission (CQC), and other regulatory assessments.

Through the RMCGC the Trust seeks to learn from issues raised and implement good practice at all levels. The Board receives regular reports from the RMCGC. Serious Incidents Requiring Investigation are reviewed, investigated fully, analysed and reported back throughout the organisation. The Trust has a fully developed, maintained and comprehensive Risk Register; it is one of the key elements of the Trust's risk management strategy and along with the Board Assurance Framework, is one of the tools that informs future business and strategic planning. This Risk Register is a Trust-wide database recording corporate risks identified from whatever source, the assessed level for current risk, and details of control measures or an action plan to reduce the risk to the lowest practicable level or to a level determined as acceptable by the Board (or its committees).

The Board Assurance Framework links the main elements and aims of the

Trust's internal control and governance processes. The Assurance Framework has been reviewed throughout the year by directors and senior managers in the Trust and reported regularly through the Trust's governance structures to the Board. The Audit Committee receives the Board Assurance Framework at each of its quarterly meetings in order to review the controls in place for mitigating risks to the achievement of the Trust's strategic objectives and identify further sources of assurance. The Board Assurance Framework has identified in detail any gaps in control and gaps in assurance identified by the Trust. The Trust Board, through the Audit Committee, has ensured that actions are in place within the Board Assurance Framework to address these gaps and none have been identified for escalation as significant issues. Where gaps were identified in relation to either control or assurance measures within the Board Assurance Framework, the Trust has taken, and continues to actively take where required, remedial action to address these.

The Trust reviews strategic risks via the Board Assurance Framework at the quarterly Audit Committee meetings, as well as at the Trust Board twice a year. Risks are not removed from the Risk Register or the Board Assurance Framework until all mitigating actions have satisfied the reviewing committee or Board that the risk has been removed, reduced to a satisfactory level or is recognised and been accepted as a continuing risk to the organisation.

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The organisation's most significant risks for 2013/14 as at the end of the financial year were as follows:

Risk	Current/ Future	Commentary
Failure to recruit and convert the number of paramedics to fill vacancies, particularly in Kent	Current	Alternative options for paramedic recruitment and conversion are being developed. The scope of practice of registered paramedics provided by private ambulance services is to be reviewed.
Medicines Management Distribution	Current	A change to the law means that the Trust's current arrangements for procuring drugs for operational use must cease and a new model must be adopted. A business case is being developed for urgent approval and the MHRA has been contacted for advice.
Delayed Turnaround – local NHS system preparedness	Current	Ongoing monitoring of metrics for total time spent at hospital. Regular reports on progress. No diverts agreed and cohorting in place where necessary. Individual action plans being worked up with Acute Trusts and handover details to be jointly validated.
Failure to deliver the required financial return on the PTS contracts	Current	New rotas, performance management processes and management structures implemented. Recruit to full establishment. Reduce number of unit hours and increase resource utilisation.
Delivery of service following an exponential rise in activity	Current and Future	Implementation of REAP plans. Issues discussed at departmental meetings.
Loss of voice recordings of calls	Current	IT to submit a proposal to Clinical Operations to improve the system for retrieving recordings. Procedure documentation to be reviewed.
Clinical and non-clinical staff not receiving an annual appraisal/PADR	Current	Progress on delivering appraisals is monitored at both operational and Board committee level. Appraisal systems are in place and training has been delivered.

Risk	Current/Future	Commentary
Business continuity incident	Future	SECAmb resilience group in place with representation from each Directorate. The group reports regularly to the RMCGC and through the RMCGC to the Board.
Non achievement of quarterly operational performance standards	Current	Ongoing recruitment. Increased fleet provision. HALOs in place at Acute Hospitals. Increased conference calls with other NHS providers at Director level as required.
Non delivery of NHS 111 service by SECAmb	Current	Regular reviews to manage performance against KPIs

Rotas review and performance management systems being utilised to manage staff on a real time basis

Ensuring that processes are robust. |
| Risk of Private Ambulance Provider paramedics not complying with Trust protocols | Current | Terms of engagement and procedures for the use of private and voluntary ambulance services to be revised.

Procurement process for Private Ambulance Providers |
Renewal of the Chichester Ambulance Station Lease	Future	The progress of the Make Ready Centre at Chichester is being closely monitored. Contingency arrangements are being developed in case of unexpected delays.
Failure to meet the CQC action plan for medicines management	Current	The medicines management manual is being reviewed to ensure it is more streamlined for operational staff. A programme of medicines management audits is in place for 2014/15
Failure to use and report on safeguarding referral data	Current	Year on year increase in the number of referrals. Alternative solutions to current referral mechanism that enables direct entry to a database being sourced

Annual Governance Statement

Future strategic risks are as follows:

Is the Trust clinically safe, patient focused and do we have the appropriate policies and procedures in place;

Are we compliant with regulatory, commissioner and contractual requirements;

Do we have appropriate manpower resources, and are they sufficiently skilled, to achieve the Trust's objectives;

Do we have sufficient and appropriate resources, assets, vehicles and IT in place to achieve the Trust's objectives;

Are we achieving appropriate levels of operational, clinical and financial performance for each service; 999, 111 and Patient Transport.

These risks will be managed through the Board Committees.

NHS FT condition 4 of the Monitor licence (FT governance) covers the following areas:

+ The effectiveness of governance structures;

+ The responsibilities of Directors and Board committees;

+ Reporting lines and accountabilities between the Board, its committees and the Executive Team;

+ The submission of timely and accurate information to assess risks to compliance with the Trust's licence;

+ The degree of rigour and oversight the Board has over the Trust's performance.

The principal risks to compliance with this condition are that governance structures are not effective in terms of covering the key elements of the Trust's business, the accountability of individual Directors are unclear, the Board members do not have the appropriate range of skills and/or there is a high level of turnover on the Board.

The steps that have been taken to mitigate these risks are as follows:

+ The Trust operates within the provisions of its Constitution. All Board positions are filled and elections to the Council are held in accordance with the election rules. Governors and Board members are provided with appropriate training;

+ The responsibilities of the Board, its Committees and Executives are set out in Standing Orders, Standing Financial Instruction and the Scheme of Delegation. Any instances of non-compliance are reported to the Audit Committee;

+ The Board receives performance reports covering clinical, operational and financial performance and reports on patient experience and serious incidents at each meeting. This allows NEDs the opportunity to triangulate information from across the organisation. The Finance and Business Development Committee meets monthly and the Risk Management and Clinical Governance Committee and Workforce Development Committee meet every two months to monitor specific aspects of the Trust's performance. The Risk Management and Clinical Governance Committee (RMCGC) monitors the outcome of internal assessments of the potential

for CIPs to impact on quality and the effectiveness of mitigations put in place. The RMCGC also monitors compliance with the Quality Governance Framework;

+ The Board receives an annual report from each Committee on the activities it has undertaken in line with it terms of reference during the previous year. Summary reports from Committees are presented to each Board meeting;

+ Each Committee reviews its terms of reference every two years as a minimum and any amendments are subject to Board approval;

+ The Audit Committee has considered an assurance map setting out the Trust's compliance with its Monitor Licence and any actions required. The Internal Auditors have undertaken an advisory review of the Trust's compliance with the Licence to consider the suitability and completeness of the document and to sample test the evidence in place to assure compliance with various sections of the Licence;

+ The highest Corporate Risks are reviewed at each meeting of the Risk Management and Clinical Governance Committee and the Board;

+ The Board Assurance Framework enables the identification of emerging risks to the achievement of the Trust's strategic objectives and

+ The effectiveness of the Board has been evaluated by an external organisation, which has undertaken a 360 degree appraisal of the Board including

views from key external stakeholders, governors and senior managers as well as individual Board members. This has led to ongoing development work with both the Executive Directors and the Board as a whole.

The above assurances, combined with assurances from external and internal audit and external bodies such as the CQC, enable the Trust to assure itself of the validity of its Corporate Governance Statement, required under NHS Foundation Trust condition 4(8)(b) of the Monitor Licence.

SECAmb has always involved patients and the public in the development of its plans and services, and recognises the importance of listening to their views and wants as integral to service improvement. The Trust has developed an Inclusion Hub Advisory Group (IHAG) drawn from a diverse range of stakeholders within the foundation trust membership and asks for their views about, and involvement in, key service developments and plans. This year, for example, a workshop was held, with wide representation including members of the IHAG, to define the quality measures for the coming year's Quality Account. Scrutiny of Board meetings and involvement in planning and reviewing key service developments, such as Make Ready Centres, ensures public representatives are part of the Trust's risk management processes.

Governors are also able to join our frontline crews and observe activity, and staff governors regularly visit different premises to hear any concerns from staff and act on them.

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South East Coast Ambulance Service NHS Foundation Trust is responsive to the needs of different groups and individuals; the Trust treats patients as individuals, with respect for their dignity. Equality Impact Analyses (EIAs) are undertaken to assess the likely impact on equality by examining the Trust's functions, policies and strategies, taking into account information gathered, supported by involvement and/or consultation. The policy author is responsible for examining their work to ensure that:

+ It does not disadvantage any community or group;

+ It will not have a negative impact on anyone's human rights;

+ It promotes equality;

+ Any issues emerging are considered and included in an action plan; and,

+ The promotion of equality is embedded wherever possible.

If the results of the analysis screening leads to a finding of potential adverse impact and/or unlawful discrimination, the policy, function or strategy is revised and any barriers or failings tackled, supported by SMART action plans. Checking for and reporting any potential for adverse impact is a crucial element of the EIA process. Heads of Departments have overall responsibility for ensuring EIAs that fall within their area of work responsibility are undertaken and recorded in line with the approved process.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission and was inspected by the CQC in December 2013. Within that review the CQC identified areas for improvement in relation to the management of medicines and the investigation of serious incidents. The CQC regarded this as having a minor impact on people who use the service and plans have been put in place to address the concerns.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that the organisation's 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 Trust's performance management systems are currently being revised to reflect a new Board Assurance Framework which will centre on identifying and managing the key strategic risks to achieving

the Trust's objectives. An integrated performance management report is being developed which will allow these risks to be monitored at Board, Committee, Executive Director and departmental level as appropriate. The current Corporate Dashboard, which is reviewed at each Board meeting, includes a series of metrics that enable the Board to have an overview of performance against key indicators and also serves as a mechanism for performance management. Tolerances are defined against relevant indicators, and exception reports provided when performance deviates from within agreed parameters.

The much higher than anticipated level of activity during 2013/14, some of which was not funded through the 2013/14 contract, resulted in the Board taking a decision to use some of the resources accumulated by the Trust in previous years to support operational performance in the event that that was necessary. Although the Trust was unable to deliver the level of financial surplus set out in its Annual Plan Review as originally submitted to Monitor it did not in practice have to use its reserves. A revised plan was submitted to Monitor and the financial targets set out in this plan have been delivered.

The Trust has a track record for delivery against its cost improvement plan targets, and has agreed future cost improvement plans, which include stretch targets. Each cost improvement plan is supported by an action plan and appropriate metrics. Performance against these plans is monitored by the Finance and Business Development Committee, as well as by the Executive management team. Action plans are adjusted to address any risks to

under achievement in a timely manner.

The Trust's internal audit service provider is Baker Tilly (previously RSM Tenon). A three-year strategy has been developed and agreed through the Audit Committee. Annual detailed plans are drawn up and approved by the Audit Committee at the commencement of each year taking into account the trust objectives, risk profile and after consideration of the corporate risk register and Board Assurance Framework.

As part of the internal audit programme for 2013/2014, economy, efficiency and effectiveness of the use of resources has been considered in a number of individual audits. Key audits have included a review of the Trust's arrangements for budgetary control, which considered managing budgets within agreed control totals, how these are monitored and how variances are reviewed and action plans subsequently put in place to manage any variance. Specific audits were undertaken during the year which considered the arrangements in place to manage resources to achieve value for money, and to reduce the risk of fraud or error arising which may impact on the resources of the Trust. These key audits included a review of estates procurement, lease car payments, fleet maintenance and resource planning as well as key financial controls.

Recommendations from audit reports are monitored by the Audit Committee and other Trust Committees where appropriate. The Audit Committee provides appropriate challenge to management to ensure that recommendations are actioned, so that assurance can be provided to the Trust Board.

Annual Governance Statement

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Annual Quality Report for 2013/14 has been developed in line with the relevant national framework and is supported internally by the Board Assurance Framework.

As in previous years the report sets out the quality measures for the coming year in each of three domains of quality; patient safety, patient experience and clinical effectiveness. Further details can be found in the full document at Appendix A.The Quality Account and Quality Report have been developed from a range of quality measures that were identified as a result of the dedicated stakeholders workshop.

The decision to look at the chosen five quality measures followed guidance/ suggestions from those who attended the stakeholder workshop in December 2013 on quality measures they would like to see included in this year's Quality Account/Report. The workshop included invitations to Governors, IHAG Representatives, Healthwatch, HOSCs, Foundation Trust Members and Commissioners. For further details of the five quality measures please refer to the Quality Accounts/Report at Appendix A.

Monitoring Arrangements

The data owner for each indicator submits the required data to the quality team following an agreed time frame. The data validity is the responsibility of the data owner and will be challenged if it appears inconsistent.

At each meeting of the RMCGC a report on the Quality Account/Quality Report is presented. The Committee reviews updates on progress achieved against each of the five quality measures. All data and information within the Quality Account/ Report is reviewed at this Committee. Information on progress is included in the RMCGC summary report to the Board. Each quality measure has a designated Board Sponsor and Implementation Lead.

The Quality Account/Report has been reviewed through both internal and external audit processes and comments have been provided by local stakeholders including commissioners, patient representative and the local authorities.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of the internal auditors, other external sources of assurance, and the executive managers within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached

to this annual report and other 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 Committee and other Board Committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of Internal Audit's work.

"Based on the work undertaken in 2013/14, significant assurance can be given that there is a sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently."

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by work undertaken by the External Auditors, work undertaken by the Internal Auditors and the Trust's registration with the Care Quality Commission, reinforced by the inspection undertaken in December 2013.

The processes adopted to maintain and review the effectiveness of the system of internal control include:

+ Finance and performance reports to each meeting of the Trust Board;

+ Corporate dashboard reports to each meeting of the Trust Board, incorporating high-level indicators related to the Trust's strategic objectives;

+ Quarterly reports to Monitor, including self-certification by the Trust Board relating to Financial Performance and Governance and an annual self-certification in relation to quality;

+ Internal and External audit reports, including the 2013/14 Head of Internal Audit Opinion;

+ On-going compliance with the Care Quality Commission's (CQC) essential standards of quality and safety, verified by an inspection undertaken by the CQC in December 2013, in relation to registration with the CQC;

+ Monthly commissioner performance reviews and quarterly Chief Executive's forums;

+ Bi monthly commissioner quality review meetings;

+ Commissioning meetings monitoring the delivery of the service level agreements;

+ Minutes of Trust Board and Board Committee meetings;

+ On-going update and approval of the Assurance Framework at the Audit Committee, to ensure effective

controls and assurances are in place to manage the principal risks of the Trust and, where necessary, giving due consideration to appropriateness of risks identified throughout the year;

+ Regular review and reports on the position of the Risk Register at both the RMCGC, and the Trust Board, ensuring that action is taken to resolve key risks at the appropriate level and assign the necessary resources were required.

+ On-going compliance with Monitor's Code of Governance for Foundation Trusts.

Conclusion

I am satisfied that there has been a sound system of internal control in operation throughout the financial year and that no significant internal control issues have been identified during the year.

Paul Sutton, Chief Executive

Date: 29 May 2014

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

Appendix A

**Quality Account & Quality Report
2013/14**

**(Headings/text in red relate to additional
requirements for the Quality Report)**

Contents

i) List of Figures

ii) List of Abbreviations/Glossary

Abbreviations	Full Expression
A&E	Accident and Emergency
AHSN	Academic Health Science Network
CAG	Clinical Advisory Group
CATF	Cardiac Arrest Task Force
CCGs	Clinical Commissioning Groups
CCP	Critical Care Paramedic
CFR	Community First Responder
CPI	Clinical Performance Indicator
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRN	Clinical Research Network
CWG	Compliance Working Group
DA	Domestic Abuse
ECSW	Emergency Care Support Worker
EOC	Emergency Operations Centre
ePCR	Electronic Patient Clinical Record
FLSM	Front Loaded Service Model
HOSC	Health Overview and Scrutiny Committee
IBIS	Intelligence Based Information System
ICAS	Independent Complaints Advocacy Service
IHAG	Inclusion Hub Advisory Group
ITV	Intermediate Tier Vehicle
KPI	Key Performance Indicator
KSS	Kent, Surrey and Sussex

Abbreviations	Full Expression
LTC	Long Term Condition
NRLS	National Reporting and Learning System
NIHR	National Institute for Health Research
OHCA	Out of Hospital Cardiac Arrest
OHCAO	Out of Hospital Cardiac Arrest Outcomes
PAD	Public Access Defibrillator
PALS	Patient Advice and Liaison Service
PP	Paramedic Practitioner
pPCI	Primary Percutaneous Coronary Intervention
PSI	Patient Safety Incident
PTS	Patient Transport Service
QIG	Quality Improvement Group
RDG	Research and Development Group
R&D	Research and Development
ROSC	Return of Spontaneous Circulation
RMCGC	Risk Management and Clinical Governance Committee
SECAmb	South East Coast Ambulance Service NHS Foundation Trust
SIRI	Serious Incident Requiring Investigation
STEMI	ST Segment Elevation Myocardial Infarction
TIA	Transient Ischaemic Attack

Part 1

1. Executive Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provides ambulance services to over 4.6 million people living in Kent, Surrey, Sussex and parts of Hampshire. We are one of 10 ambulance trusts in England. We work across a diverse geographical area of 3,600 square miles which includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

Clearly 2013/14 was a difficult year for SECAmb. We had much to do, with mobilising the NHS 111 service across our entire area, continuing to improve the performance of Surrey and Sussex Patient Transport Services (PTS) for patients, whilst delivering our 999 service against the highest rise in demand SECAmb has ever seen of around 9%.

This rise in demand placed real pressure on our 999 service and as a result we did not meet some of our response time targets. We are measured on a quarterly basis with Quarter 1 covering the months of April to June and so on and we have to reach 75% of Red 1 (life threatening) and Red 2 (serious but not the most life threatening) calls within 8 minutes and to reach 95% of these calls within 19 minutes.

We achieved our Red 1 target for the year reaching 76.8% of these patients within 8 minutes against 75.2% for the previous year. We missed our Red 2 target for the year arriving at 73.9% of these patients within 8 minutes against 75.6% for the previous

year. We achieved the 19 minute target for the year arriving at 97% of these calls within 19 minutes. We achieved all three of these standards for Quarter 4 of 2013/14.

Responding to this significant increase in demand, in order to protect our response time to patients, naturally became the Trust's main focus for much of the year. This had consequences such as having to postpone the annual key skills refresher training for staff, although much developmental training and education did take place through the year. Situations like this are far from ideal and present challenges for the forthcoming year as we look to rectify some of the consequences of this focus.

Whilst there is further explanation of the causes of this increase in demand and the actions taken through the year to address it within the report, it is always disappointing to miss a response time target since it means patients waiting longer for our care than they should. However, I must say I was very impressed with the hard work our staff put in throughout the year to respond to the challenge of this overwhelming demand.

Our NHS 111 service went live just before the 2013/14 financial year started. However, we quickly realised during April 2013 that the demand patterns used as part of the commissioner and Department of Health authorisation process, against which we had planned our numbers of staff, were inaccurate. This meant that we had to go through a period of 'rectification' to get the service performing at an acceptable level. This meant a very significant recruitment campaign to

identify, recruit and train a large number of additional staff. Again, I was very impressed with the way all of our staff responded to this challenge. Our recruitment team, our NHS 111 staff and our 999 staff, all rallied and brought our performance up to acceptable levels as quickly as possible. For example, we have met what is called our 'abandoned calls' monthly target since June 2013. During the difficult Easter and bank holiday period when NHS 111 demand was at its peak, we were the best performing NHS 111 service in the Southern region and in the top three nationally for our main key performance indicators.

On the non-emergency side we have seen definite improvements in the delivery of the Patient Transport Services we provide in Surrey and Sussex during 2013/14 and recently both services have received highly positive feedback from patients. The financial challenge of providing these services in a cost-effective way remains and it is vital that we ensure we can match the challenge of providing a quality and responsive service that meets the needs of both patients and those commissioning the services, in an affordable and sustainable way that SECAmb can deliver.

During 2013/14 SECAmb completed statutory returns on Key Performance Indicators (KPIs), which included 999 emergency response, clinical performance etc. Full details can be found in Section 5 "Assurance on 2013/14 Mandatory Performance Indicators".

We have also included updates on other quality improvements we planned to introduce during 2013/14 (see Section 3) and a separate chapter on quality improvements we proposed to implement during 2014/15 (see Section 9) which are in addition to the five quality measures.

I recognise that the significant demands the Trust is under and some of the actions required to respond to these demands, creates real pressure for our staff and the annual staff survey results paint a difficult picture of how our staff feel about their working lives and this is a cause of great concern to me. Whilst it can be hard to reconcile these results with the more positive feedback reported by the Care Quality Commission when they visited us in December 2013, it is important to understand the issues that lie behind the survey results and take action to address them. The new Staff Friends and Family Test, which all NHS organisations will be introducing during 2014/15, will also provide us with an opportunity to explore key questions about how staff feel about working for SECAmb and the care we provide on a regular basis.

Despite the tough year there were as ever a number of high points in 2013/14. In November 2013, the Department of Health published Professor Sir Bruce Keogh's initial report "Transforming urgent and emergency care services in England". We were delighted that the approach we have taken at SECAmb to tackle the growing demand for urgent care, developing our clinicians into the new front-line Paramedic Practitioner role, was singled out for particular praise within the report.

Part 1

This served to reaffirm our commitment to developing SECAmb into an ambulance service that is so much more than merely an emergency transport organisation.

The success of this commitment was also strongly borne out in our response to the massive road traffic collision on the Sheppey Bridge in Kent in September 2013, in which 250 vehicles were involved. Dozens of SECAmb staff attended the scene to assess and treat all those involved; miraculously there were no fatalities, and our Paramedic Practitioners and other clinicians were able to treat more than 200 people at the scene, thus avoiding unnecessary trips to hospital. At the other end of the care spectrum, our Critical Care Paramedics, HART Teams and other staff were also able to provide the very best care to the 35 patients who did require hospital treatment.

Our staff faced a very different kind of challenge during the prolonged bad weather and flooding from December 2013 into February 2014, which brought such disruption and misery to many parts of the country, including our region. Through close working with our partners in the Police and Fire services and local authorities we were able to continue to meet the needs of our patients, despite the challenging travel conditions and the difficult personal circumstances many of our staff found themselves in. As always, our staff responded magnificently, earning special recognition from the Prime Minister for their efforts.

Looking forwards, I feel that 2014/15 will be a challenging but also an exciting year.

The improvements we are bringing in to "how" we work – with the creation of new Make Ready Centres, the development of new Operational Units, which seek to bring more decision making down to a local level for managers and staff, and on-going clinical developments for our staff – should bring real and tangible benefits for staff and patients. I am also keen that we continue the emphasis we have seen during 2013/14 on driving up our clinical performance in key areas like cardiac arrest and stroke.

In 2014/15, SECAmb is maintaining the maximum five quality measures which support some of the service development areas of our Annual Plan, demonstrating that we embrace innovation by reporting on the initiatives that can directly affect the strong reputation and positive public image that SECAmb has developed.

Section 8 "Details of Quality Measures 2014/15" fully explains each quality measure for the year ahead by providing a description of the measure, the aims/initiatives and how we will know if we have achieved the quality measure by the end of the year i.e. 31 March 2015.

In addition to the quality measures for 2014/15, Section 10 "Review of 2013/14 Quality Performance" details our performance on a further three indicators within each quality domain of Patient Safety, Clinical Effectiveness and Patient Experience.

Equally we must not under estimate the challenges ahead. We have already driven the service to provide year on year efficiencies, in order to ensure we can afford

to invest in our staff and in developments like Make Ready which we believe will significantly improve the care we provide. Continuing to make further efficiencies will become increasingly difficult but is vital if we want to develop our services for patients further. We also need to continue to recognise that we deliver our service through our staff and responding to the ever growing and often unpredictable demand we face. This remains a tough challenge.

But, SECAmb is a "can do" organisation and is one I am proud to lead. I am sure that we can meet the challenges ahead and continue to provide the caring, compassionate and skilled clinical care that we are known for.

To the best of my knowledge and belief, the information in this account/report is accurate.

Paul Sutton, Chief Executive

Date: 29 May 2014

Part 1

2. Introduction to the Quality Account and Quality Report

Welcome to SECAmb's Quality Account and Quality Report for 2013/14. We hope that you will find it an interesting and informative read, providing you with a good understanding of the progress that has been made during 2013/14.

Our patients have a right to expect SECAmb to deliver a consistently high quality of service, but what does this mean in practice? How can a 'Quality Account and Quality Report' be used to help answer this question and assure you that SECAmb is working consistently to improve services for our patients?

This document is one method we use to provide more insight into just how effective SECAmb's services are. It also explains how these services are measured and how they will be improved. In short, the Quality Account and Quality Report is aimed at making all NHS trusts focus on quality, to show how they ensure 'consistency of purpose', and this responsibility has been made a legal requirement for all trust boards and their members.

However, the format of the Quality Account and Quality Report is prescribed under regulation and forms three parts which must appear in the following order:

+ *Part 1.* Statement on quality from the chief executive of the NHS foundation trust;

+ *Part 2.* Priorities for improvement and statements of assurance from the board; and

+ *Part 3.* Other information:

    + statements from NHS England or relevant Clinical Commissioning Groups (CCGs) (as determined by the NHS (Quality Accounts) Amendment Regulations 2012), Local Healthwatch organisations and Health Overview and Scrutiny Committees; and

    + a statement of directors' responsibility of the quality report.

In addition to this document, we also have a number of national measures which all ambulance trusts and NHS organisations are subject to. Current areas that are measured and monitored include;

+ operational performance, including response time performance;

+ clinical care and patient outcomes (measured through the Care Quality Commission (CQC) Quality and Risk Profile);

+ how our staff feel about the organisation (measured through the NHS Staff Survey);

+ how our patients and local residents feel about the organisation (measured through patient and public surveys, engagement events and feedback from complaints and concerns);

+ how our patients feel about patient transport service (measured through a quarterly patient survey); and

+ how our patients feel about 111 (measured by two patient surveys per annum).

SECAmb was routinely inspected by the CQC in December 2013, with full details being found within Section 6 "Statement of Assurance relating to Quality of NHS services provided during 2013/14".

Definitions of quality vary, tending to revolve around concepts (some of which can seem rather vague). However, in the past four quality dimensions of High Performance Ambulance Services have been identified as: response time reliability, economic efficiency, customer satisfaction and clinical effectiveness, to which SECAmb believes patient safety should now be added as an explicit requirement (Figure 1).

Following the Francis Report[1] (the review of Mid-Staffordshire NHS Foundation Trust), SECAmb carried out a review of all the recommendations applicable to an ambulance trust, which was led by Kath Start, Director of Nursing and Urgent Care, supported by Dr Jane Pateman, Medical Director and myself, Andy Newton, Consultant Paramedic and Director of Clinical Operations. As part of this on-going work an action plan is regularly reviewed by the Board.

Professor Andy Newton, Consultant Paramedic & Director of Clinical Operations

Date: 29 May 2014

High Performance Ambulance System

Figure 1: Model of High Performance Ambulance System

In recent years the NHS has invested resources to improve patient services through the application of clinical governance, which seeks to embed continuous quality improvement into the culture of the NHS. In practice this means ensuring that all aspects of patient care, such as safety, outcome and experience are understood and systematically refined.

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[1] Francis, R QC, 2013. Report of the mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary p.96. London: The Stationary Office

Part 2

3. Quality improvements implemented by SECAmb together with patient journey data 2013/14

3.1. IBIS (Intelligence Based Information System)

IBIS supports one of the core principles of SECAmb; putting the patient at the heart of everything we do. This system has developed and has two main functions:

+ the clinical coding aspect collects information for non-conveyed patients, which can be shared, collated and analysed, as well as providing the basis for clinical summaries to GPs and for falls referrals. The clinical coding will also provide an early alert for emerging frequent callers; and

+ the case management aspect allows patients with long-term conditions (LTCs) to be placed on IBIS by their community team. The purpose of IBIS is to safely provide care closer to home for patients who are at risk of calling 999, but for whom, with the correct levels of information, can be referred back to their community team without needing to go to A&E.

IBIS is not just about the number of conveyances and admissions avoided; it is about increasing patient choice and ensuring that the care goals agreed between the patient and their care team are followed, regardless of the time of day or day of week. SECAmb clinicians continuously access care plans via IBIS and this information assists our crews when assessing patients. It places patient-centred care at the forefront of

the 999 call, and allows SECAmb to make decisions based on the patient's normal health state; the context of their condition, and any other information pertinent to that person. Without care plans available via IBIS, clinical decisions are made without the additional expert input from the patient's community team, therefore, for many patients with LTCs they are treated as if their problem is new, rather than long-standing.

SECAmb will continue to work on increasing the use of care plans by ensuring our staff understand the importance of advanced care planning on patient outcomes. In addition, we will continue to improve the infrastructure which supports IBIS to further optimise our contribution to patient care.

IBIS has grown significantly during 2013/14, with over 300 external users now trained. More and more partner organisations have been adopting the system, with some being more proactive than others. The number of patients on the system has also grown to around 7000, with the total number of care plans (including those which have now been withdrawn) being over 9,500. As part of our 2013/14 Commissioning for Quality and Innovation (CQUIN) plan, quarterly reports were submitted to our Commissioners which included details of patients registered on IBIS, together with associated activity.

As well as external users accessing IBIS to upload care plans from community specialisms, we hope to be using IBIS during 2014/15 to provide information about frequent callers. One of the SECAmb CQUIN projects in 2013/14 was to develop a system to identify and manage frequent callers and this system, when completed, will utilise the benefits of IBIS to safely

improve the experience for patients.

Working with GP and other partner agencies, we hope that patients with unmet care needs who contact 999 regularly will benefit from a better care package, which in turn will reduce the reliance on calling 999.

More generally, IBIS is having a big impact on reducing conveyances to hospital, and in turn avoiding admissions. IBIS helped avoid around 1,455 conveyances to hospital for patients with a care plan, and this equates to around 480 avoided admissions. The addition of frequent caller care plans will further enhance the success of the system.

However, in our discussions with Commissioners for 2014/15 we have discussed putting the finances for IBIS on a sustainable footing. Our 22 Clinical Commissioning Groups (CCGs) have differing views about the future of IBIS based on their own strategies for integrating patient information. Together we have agreed to ring fence funding for 2014/15 and agreed to work together to develop an integrated strategy which will provide a clear path for the future of IBIS.

3.2. Paramedic Practitioners (PPs) in Emergency Operations Centres (EOCs)

In 2013/14, the pilot PP desks in EOC were made substantive and PPs recruited. The number of PPs required will be reviewed in line with demand.

The PP desks in EOC provide the following services:

+ clinical advice;

+ conveyance decision support;

+ referral management (crew calling to book a PP referral for their patient); and

+ IBIS care plan information transfer (crews call the PP desk when notified of the presence of a care plan on IBIS).

During 2013/14, the PP desk has assisted in reducing the number of patients requiring conveyance, with incidents dealt with by this desk achieving a conveyance rate of only 20%.

We have introduced more robust reporting of activity on the PP desk and, to demonstrate this improvement, the total recorded activity in 2012/13 was 9,500 incidents and by March 2014 the PP desk handled nearly 16,000 incidents.

3.3. Developing an Intermediate Tier

In 2013/14, SECAmb deployed an increasing number of Intermediate Tier Vehicles (ITVs). These fully equipped ambulances are crewed by two Emergency Care Support Workers (ECSWs) who can undertake urgent journeys/provide emergency transport for patients who have been attended by a paramedic but do not need the paramedic to travel with them to A&E. ECSWs can provide basic life support, are trained and experienced in recognising life-threatening problems and are able to call for paramedic assistance as required.

However, ECSWs are not trained to make clinical decisions and when working on an ITV follow a plan of care that has been developed for the patient. For example, this could be a journey booked by a GP, who has asked for the patient to be looked after on a stretcher en-route, or, similarly, a paramedic may request an ITV to transport a patient with a suspected fracture to A&E, with the crew undertaking and recording clinical observations during this time.

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3.4. Clinical Pathways

During 2013/14 SECAmb continued to build on the clinical pathways of Primary Percutaneous Coronary Intervention (pPCI), Stroke, Major Trauma and End of Life Care by engaging with the newly established Strategic Clinical Networks and Operational Delivery Networks, liaising with Commissioners and other service providers to promote the best possible care and outcomes for patients across the South East Coast region.

Subsequently, the Heart Clinical Advisory Group (CAG) is focusing on acute cardiology presentations including ST Segment Elevation Myocardial Infarction (STEMI), Non-STEMI and Post Cardiac Arrest Care including access to pPCI; whilst the Stroke CAG is providing advice to Commissioners and stakeholders across Surrey and Sussex in assessing how 24 hour stroke care can best be provided to these populations. The Mental Health CAG is developing a public and patient engagement strategy reviewing access to timely specialised care and support in the community for these patients and the Children's CAG is looking at the transition of children with diabetes, epilepsy and asthma into adult services.

Links to the IBIS system continue to be identified as important for the effective management of these patients across the region.

SECAmb continues to work with partners in embedding the concepts of the Trauma Networks, have engaged in Department of Health Peer reviews for South West London and Surrey (SWLSTN) and South East London Kent and Medway (SELKAM) Trauma Networks and is awaiting the Sussex Trauma Network review.

During 2013/14 End of Life Care was included within the training programme for SECAmb's operational staff and a 'train the trainer' package was launched in April 2013 to enhance staff awareness of this crucial area of practice. Further work on Advanced Decision to Refuse Treatment (ADRT) has continued effectively.

3.5. Community First Responders (CFRs)

In 2013/14 SECAmb established 104 new Public Access Defibrillator (PAD) sites as well as recruiting and training 193 new CFRs. However, during the same period 172 previously trained CFRs left the Trust, with the current number of CFRs now standing at 957.

It is not unusual for volunteers to resign when their personal or work circumstances change. Work has taken place to identify ways to encourage the retention of CFRs, with the outcome being, changes in the CFR scope of practice and increased engagement to continue in 2014/15.

In August 2013 CFRs commenced completion of certain fields on the Patient Clinical Records form, and in October 2013 their scope of practice was extended to enable them to administer the drug Salbutamol.

CFRs are asked to commit between four and six hours of their time per week on average to retain active status. Work has commenced on reviewing inactive CFRs

and, for those who wish to continue, we will be providing additional mentoring/ support as required. For those who no longer wish to remain a CFR, their equipment is being reallocated to new CFRs.

Four Senior Associate Trainers are now in situ, with a good network of Associate Trainers working alongside them to ensure training is provided to local teams on a regular basis. SECAmb has also recruited five new Senior Team Leaders to support local teams. Team Leader and Associate Trainer Development Days are held to share information, encourage interaction amongst CFRs and strengthen the CFR network.

The Community Partnership Leads aim to attend each CFR team meeting at least once per year, with Trust Chaplains also in attendance.

3.6. Patient Transport Services (PTS)

Surveys: PTS are committed to understanding and utilising the intelligence gathered from surveys and have conducted four patient surveys during 2013/14 which show very high patient satisfaction. Amongst the many other questions, patients continue to report that over 90% are either "satisfied" or "very satisfied" with the service provided.

KPIs: there are a number of KPIs across a range of indicators including safeguarding, training and complaint management, with the most meaningful relating to the timeliness of the service provided as follows;

+ to ensure patients arrive within 15 minutes of their appointment time;

+ are collected following their appointments within an hour; and

+ for patients who have been discharged, they are collected within two hours (95% of the time).

3.7. CQUIN (Commissioning for Quality and Innovation) Plan

CQUIN is a national framework for locally agreed quality improvement schemes. It makes a proportion of SECAmb's income conditional on the achievement of ambitious quality improvement goals and innovations agreed between Commissioners and the Trust, with active clinical engagement. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement in all providers.

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The SECAmb 2013/14 CQUIN Plan indicators (top level detail) can be found as follows:	
Healthcare Professional Calls (GP pilot in an EOC)	To design and implement a mechanism for intervention in healthcare professional calls from GPs to ensure appropriateness or redirection.
Healthcare Professional Calls (Nursing Homes)	To design and implement a mechanism for intervention in healthcare professional calls from Nursing Homes to ensure appropriateness or redirection.
IBIS - Access to anticipatory care plans (initial focus on East Sussex, then whole of SECAmb region)	To enable anticipatory care plans to be utilised by EOC, 111 and crews.
Interoperability between IBIS and clinical care plan registers	Explore opportunities to develop interoperability between IBIS and other clinical registers to ensure that clinical registers are promoted and that care plans are enacted effectively.
Supported Conveyance (Pilot areas only)	Clinicians attending patients who have no time critical features/life threats or obvious diagnostic/A&E treatment need (i.e. suspected fracture etc.) will discuss conveyance decision with Senior Clinician/Supervisor in EOC.
Frequent Caller Management	System to identify patients who make frequent calls to 999 and develop care planning process to mitigate demand/meet patient need.
Audit of identified sites re ambulance arrivals using previous methodology	Examine a statistically significant sample of patients arriving at A&E who are discharged from the department within four hours, with minimal diagnostics or treatments. Feed this information back into practice via supported conveyance project and education for staff.
Reduced handover and turnaround delays	Reduce patient delays due to handover delay at hospital, and delays in vehicles reaching patients due to crews at hospital.

During 2013/14 we have provided quarterly monitoring reports to the Lead Commissioners.

3.8. Professional Standards

SECAmb has a dedicated Professional Standards team who work with all colleagues in supporting continuous improvement in the clinical quality of care and patient experience provided.

Another key focus of this team is to cascade learning to staff throughout SECAmb e.g. following investigation of complaints.

3.9. Specialist Paramedics (PPs and CCPs)

SECAmb will continue to develop Specialist Paramedics - Paramedic Practitioners (PPs) and Critical Care Paramedics (CCPs) – of which we already have 129 PPs and 39 CCPs plus a further six in training. 2013/14 saw additional students begin their education pathway (48 PPs and 12 CCPs). As SECAmb nears its original plan to deploy 300 PPs and 60 CCPs, consideration is being given as to whether this number needs to be increased to meet the greater than expected demand in activity.

3.10. Vehicles/Fleet Projects for 2013/14

The Fleet team within SECAmb have been working on the following:

+ 20 new 'modular' ambulances were delivered on time and on budget, however, the plan to defer the decommissioning of 'old' vehicles also provided Clinical Operations with additional vehicles during the winter period to alleviate vehicle pressures and provide further flexibility;

+ development of a new 'van conversion' emergency ambulance was deferred due to technical issues by the supplier. However, it is essential this work continues in 2014/15 as the requirement for an Intermediate Tier Vehicle (ITV) remains;

+ the specification for provision of a purpose built, clinically focused, PP vehicle has developed well and has been finalised, with the chassis ordered. The conversion will take place in early 2014/15;

+ the Black Box technology project (driver safety system/telematics) was agreed by the Board at the end of February 2014. It is anticipated that this project will be completed over the next 18 months;

+ the installation of dynamic speed limiters on our A&E fleet (configured specifically to account for blue light use) is now part of the black box project as above;

+ during 2013/14 50 vehicles were fitted with CCTV technology and it is now considered 'standard' as part of the specification for a Double Manned Ambulance (DMA); and

+ the trial of a tyre pressure monitoring system to improve safety for public, patients and staff will continue to be assessed during 2014/15. The benefits are self-evident, but our assessment has seen a number of limiting factors which must be overcome before this technology becomes standard on our operational fleet.

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3.11. Front Loaded Service Model (FLSM)

Included in SECAmb's plans for 2013/14 was the implementation of key service developments which will see an increase in the number of registered clinicians first on scene. This has been referred to as the "Front Loaded Service Model".

The term "Front Loaded Service Model" does not describe adequately our aspirations for the future. Whilst the project is still on-going, it has been devolved into individual directorate portfolios, taking on much more of an iterative service development feel as opposed to a step-wise change in direction.

The original investment objectives are still being monitored, and form the on-going strategic direction for promoting high quality care. The project itself will move to formal project closure, and this will be the final report on FLSM in this form. The overarching ethos of FLSM will continue in line with the needs of our population, with the objectives being:

+ safely reducing the number of patients we convey to hospital following a 999 call (this objective has already been achieved in relation to the original success criteria);

+ increasing the number of patients needing critical care skills being attended by CCPs;

+ increasing the percentage of patients referred to community services by 15%; and

+ increasing the number of patients who are attended by a paramedic.

The final point, when conceived, did not consider the proliferation of paramedics practicing roles within the EOC, and therefore the way this is measured is being reviewed.

3.12. Listening to our Patients[2]

SECAmb has long recognised the importance of listening to patients and carers to understand and improve their experience of our services. Following the publication of the Francis report in 2013 SECAmb made plans to establish a Patient Experience Group and whilst this has not yet been achieved, we have continued to engage patients and the public in other ways.

Patient surveys are carried out regularly, on an annual basis for 999 callers, twice a year for NHS 111 callers and on a quarterly basis for Patient Transport (PTS) patients. As NHS 111 is a relatively new service, only one survey has been undertaken so far, but for 999 and PTS patients, satisfaction levels remain consistently high, with between 90% and 97% of patients either satisfied or very satisfied.

The latest 999 survey was developed with the involvement of the Trust's Inclusion Hub Advisory Group, who kindly appraised the questionnaire to ensure it was readable and easy to navigate before it was sent out to patients.

During 2013/14 we have improved the contact pages on the Trust website, creating a new online form via which patients can lodge complaints and concerns. We are also soon to produce a leaflet providing

[2]This refers to Section 10.12 "The Francis Report" in the 2012/12 Quality Account and Quality Report

information to patients, carers and the public about how to feedback concerns, comments, suggestions, complaints and compliments, and this will be made available in hospitals and GP surgeries.

3.13. Inclusion Hub Advisory Group (IHAG)

A key element of our Inclusion Strategy delivered a single, inclusive IHAG made up of a representative group of stakeholders. These stakeholders include patients, staff, governors, Foundation Trust (FT) members, volunteers, people from other NHS organisations and voluntary/community partners, and people with protected characteristics (or their representatives). This mechanism enables involvement and engagement with the right people, at the right time, in the right way.

Members of IHAG were recruited from a broader 'Inclusion Hub' which comprises staff and public FT members against criteria established during the development of the Inclusion Strategy. SECAmb recognise there are groups and communities who will always struggle to be heard and following the recruitment process, some gaps still existed and partnership arrangements with a number of organisations have been put in place to eliminate these gaps. Partnership arrangements are in place with the following organisations:

+ Friends Families and Travellers – representing the interests of Gypsies and Travellers;

+ The Aldingbourne Trust – representing the interests of people with learning disabilities; and

+ Gender Identity, Research and Education Society – representing the needs of trans people.

Working with a diverse membership in IHAG provides us with insight at the start of our planning, and throughout development where relevant. This assists us in getting more things right, first time, more of the time. It also enables members to easily raise issues with us.

3.14. Sustainability and Carbon Reduction

During 2013/14 the Trust has been able to deliver on many of their plans as follows:

+ the Board have approved an Environmental Policy Statement which sets a clear commitment to minimising our environmental impacts as much as possible;

+ we have a Waste Management Policy and a Waste Management Working Group to oversee the delivery of our new three year Waste Management Contract. Significant savings are expected from this contract as well as the establishment of a high quality recycling system;

+ high definition video conferencing technology has been installed in our Head/Regional office board rooms to provide an alternative sustainable option to car travel for managers who would normally need to attend meetings in these three locations. The remaining phases of this project will provide virtual meeting spaces to staff through their laptops/computers and in time allow access to video and virtual meetings by external partners such as Commissioners;

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+ partnership work on sustainability has intensified during 2013/14 and we have worked closely with Sustrans, Volvo UK, South East Electric Vehicle Network and the Energy Savings Trust. SECAmb has run two cost benefit analysis trials:

  + one with a Volvo hybrid V60 D6 car, the results of which are currently being analysed; and

  + one with the Energy Savings Trust on driver behaviour and smarter driving skills which was piloted amongst nine staff and showed potential annual fuel savings in the region of £1,600, plus 2.5 tonnes of CO_2.

+ we will continue to work with the Sustrans Charity to develop the 'active travel' element of our Travel Pathway to encourage staff to use more active forms of travel such as walking and cycling, which will save staff money and improve their health and wellbeing.

3.15. Research and Development (R&D)

Over the last 12 months there has been significant organisational change within the National Institute for Health Research (NIHR) Clinical Research Networks. The network for the South East of England will be known (from 1 April 2014) as the NIHR Clinical Research Network (CRN): Kent, Surrey and Sussex and will be hosted by the Royal Surrey County Hospital NHS Foundation Trust, who currently host the Academic Health Science Network (AHSN) which was established in April 2013. The new CRN aims to strengthen

research delivery and participation within Kent, Surrey and Sussex (KSS) contributing to a vibrant culture of research and development across all partners in the region to enhance the quality of patient care through evidence based practice.

Overall it has been a year of change within KSS with the implementation of transition arrangements for the CRN whilst, at the same time, the AHSN has been establishing itself as a key player in health research, evaluation and innovation, facilitating links between industry, health care organisations and higher education institutions. Members of SECAmb's Research and Development Group (RDG) have engaged in these transitional meetings and events to ensure that SECAmb maintains a public, visible and active presence and are seen to be a Trust that is research active, innovative and able to meet the challenges of delivering quality research studies which recruit to target and complete on time. It will be important in 2014/15 to maintain and, indeed, increase our activities with these organisations (and others) to ensure that SECAmb is engaged in relevant and appropriate research which puts patients first.

All ambulance services need to be prepared, engaged and responsive to the demands they will encounter in the coming years as the demands on the service are likely to increase. Research remains core business for all NHS Trusts no matter what the size and nature of the Trust and SECAmb continues to develop a diverse research portfolio to ensure that its service users receive excellent clinical care grounded in best evidence.

Currently the Trust undertakes research and development and although SECAmb does not have a dedicated unit this remains high on the agenda to ensure that its staff are 'research ready' in order to be responsive to the wider demands on research and innovation within healthcare.

Over the past 12 months, we have participated successfully in a number of different research activities for example:

3.15.1. A Thirty Day Study to Evaluate Efficacy and Safety of Pre-hospital vs. In-hospital Initiation of Ticagrelor Therapy in STEMI Patients Planned for Percutaneous Coronary Intervention (PCI) (ATLANTIC)

Research with heart attack patients has been one of the milestones for SECAmb as this is the first portfolio adopted clinical trial. This study was a 30-day international (involving 12 countries), randomised, parallel-group, placebo-controlled study in male and female patients (aged >18 years) who are diagnosed as having STEMI, with intended primary PCI.

SECAmb was one of nine ambulance services in the UK to participate in this randomised controlled trial to evaluate the efficacy and safety of pre-hospital vs in-hospital initiation of Ticagrelor (an oral, fast-acting platelet inhibitor) in patients with STEMI. The SECAmb sites involved in this trial were Hastings, Eastbourne and Ashford.

As a first clinical trial for SECAmb this study has been an enormous success in terms of research implementation, management and monitoring. The results of this study will be released later in 2014/15 and may have an impact on future recommendations for treatment of patients with STEMI.

3.15.2. Evaluation of the ABCD2 score in pre-hospital assessment of patients with suspected Transient Ischaemic Attack (TIA): Pilot study

SECAmb has undertaken an evaluation study of the ABCD2 score in the pre-hospital assessment of patients with suspected Transient Ischaemic Attack (TIA). This study received funding to support one of SECAmb's Paramedics as a researcher throughout the duration of the study.

This evaluation study examined the ABCD2 score which has been widely implemented but has not yet been prospectively validated in the context of pre-hospital care. The objective of this study was to externally validate the ABCD2 score as a tool for identifying patients with suspected TIA, assessed by ambulance crews in the pre-hospital setting, who are at high risk of stroke within seven and 90 days. This was a pilot study which has now concluded, with results due by July 2014.

3.15.3. Out of Hospital Cardiac Arrest Outcomes (OHCAO)

This is a national study funded by the National Institute for Health Research led by the Clinical Trials Unit at the University of Warwick.

This research aims to establish the epidemiology and outcome of out of hospital cardiac arrest and explore sources of variation in outcome. In addition it hopes to develop the infrastructure for an on-going OHCA database.

This is a high profile national study which started in 2013 and is in its early stages of data collection.

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3.15.4. Consensus towards Understanding and Sustaining Professionalism in Paramedic Practice Project

This project is a collaborative venture between SECAmb and the School of Health and Social Care at the University of Surrey. The research is being conducted by a team with members of both organisations.

The project aims to develop an in-depth understanding of professionalism in paramedic practice; and to produce and disseminate research-informed professionalism-promoting educational materials with a view to improving patient, family and paramedic experience. The research started in 2013 and is currently on-going.

3.15.5. Decision making and safety in emergency care transitions

This study funded by the Service Delivery and Organisation Research and Development Programme of the National Institute for Health Research has been led by the University of Sheffield.

This study aims to explore the various influences on safe decision making by emergency care staff in order to identify areas where interventions are needed to improve patient safety during transitions, to recommend intervention strategies and to identify areas where further research is needed. Data collection has concluded and the findings will be released during 2014/15.

3.15.6. Research and Development Group (RDG)

In addition, RDG members continue to represent the Trust on the following external Research Committees which frequently generate additional activity for the RDG such as engagement in development of grant applications; participation in new and existing research studies; presentations at meetings, conferences and clinical development events; preparation of reports and/or activity plans:

+ College of Paramedics' Research and Development Advisory Committee;

+ National Ambulance Research Steering Group;

+ 999 Research Forum;

+ Kent and Medway Comprehensive Local Research Network (CLRN);

+ Surrey and Sussex CLRN;

+ Sussex Research Consortium; and

+ Kent Surrey and Sussex Academic Health Science Network.

3.16. Overview of the patient journey/experience during 2013/14

The following paragraphs describe SECAmb's performance against selected metrics.

3.16.1. Taking the 999 Call

During 2013/14 SECAmb answered 89.35% of the 862,466 emergency calls it received in less than five seconds, with the national target being 95%. However, this was a higher number of calls received than in the previous two years (2012/13; 716,416 calls/78.28% and 2011/12; 729,987 calls/87.61%).

The EOC made significant progress in reducing call answer times throughout 2013/14. Although recruitment was on-going throughout the year, internal progression and recruitment shortfall meant some vacancies remained in EOC and, with increased call activity, this resulted in challenges for the Trust.

The EOC and Scheduling management teams are working together to develop a more robust planning tool to provide greater flexibility to cover EOC shifts at peak times, which will be in place summer 2014.

SECAmb Emergency Call Answer Performance (Target 95%)
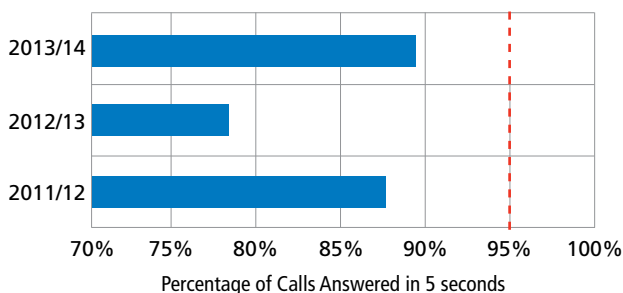
Data Source: info.secamb

3.16.2. Response Times

3.16.2.1. Category A 8 Minute Response

For the period 2013/14, SECAmb responded to 262,276 Category A calls, of which we were able to provide a response within eight minutes 73.96% of the time against the target of 75%.

SECAmb Cat 'A' 8 Minute Performance (Target 75%)
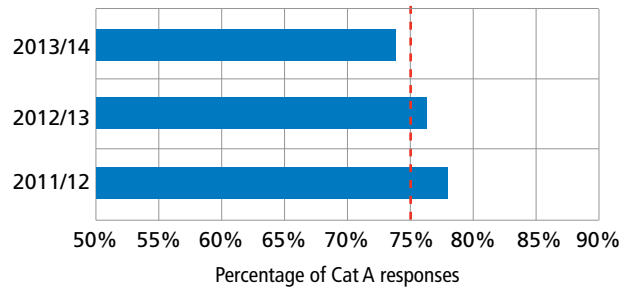
Data Source: NHS England

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3.16.2.2. Category A 19 Minute Response

For 2013/14, SECAmb provided a response to Category A 19 minute response calls 97.0% of the time, against a national target of 95%. However, this was a slight decline on the previous two years (2012/13: 97.3% and 2011/12: 98.1%).

SECAmb Cat 'A' 19 Minute Perf
(Target 95%)

Percentage of Cat A Responses
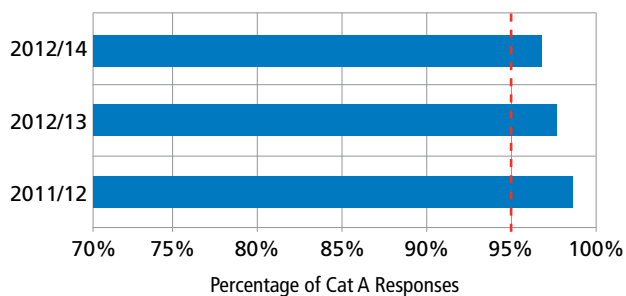
Data Source: NHS England

SECAmb was unable to achieve Category A performance throughout 2013/14 due to the significant activity growth above plan (8.4% compared to 4.3% planned). Much of this additional activity was at weekends and evenings and was significantly different to our historic demand profile and rotas. This activated an independent capacity review under the terms of the A&E contract.

3.16.2.3. Hear and Treat

SECAmb Hear and Treat

Percentage of Calls where Telephone Advice was Provided
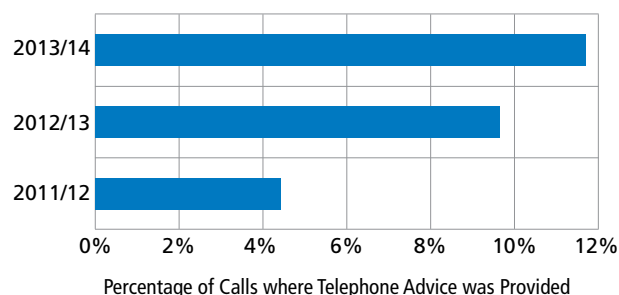
Data Source: NHS England

During 2013/14 SECAmb provided telephone advice to 11.80% of emergency calls received into our EOCs. This is an improvement on 2012/13 (9.7%) and 2011/12 (4.20%).

3.16.3. Outcome of Care

Clinical outcome indicator performance: April-October 2013

Trust Mean ■ National Mean
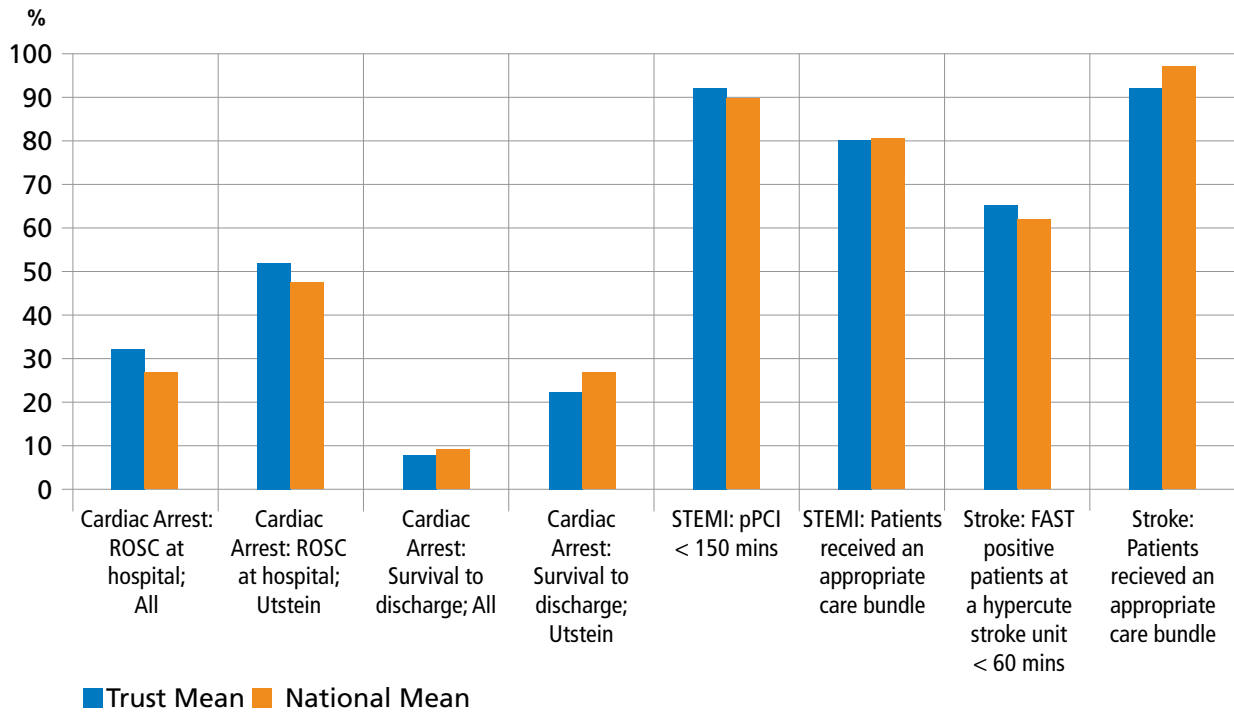
Data Source: NHS England

Trust Comparative Clinical Outcome Indicator Performance

Nov 13 ■ Nov 12
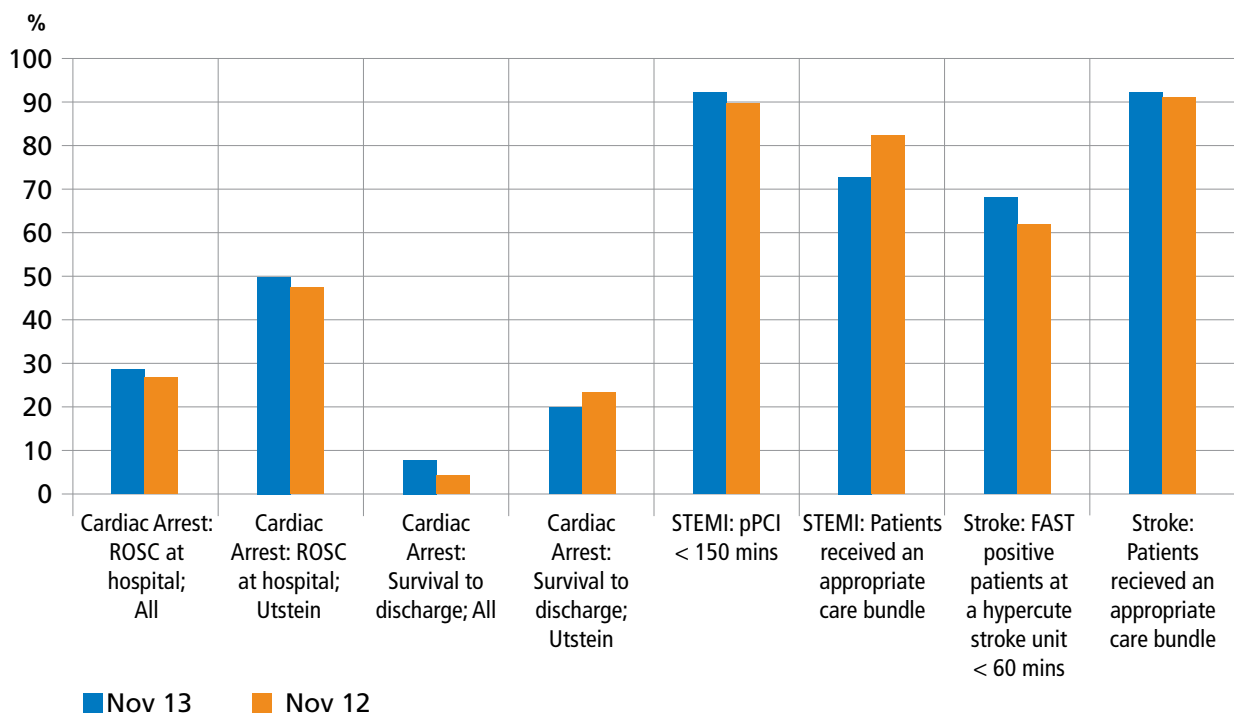
Data Source: NHS England (Nov 12) and Medical Directorate (Nov 13)

Part 2

3.16.4. Patient Safety

3.16.4.1. Make Ready Only A&E Critical Vehicle Failure Rate per 25,000 miles (shift start)

The make ready A&E critical vehicle failure rate at shift start for 2013/14 was 0.57 which is higher than the previous two years (2012/13: 0.54 and 2011/12: 0.46).

SECAmb A&E Critical Vehicle Failure Rate – Shift Start
(yearly average l max limit = 4)

Shift start critical vehicle failure rate
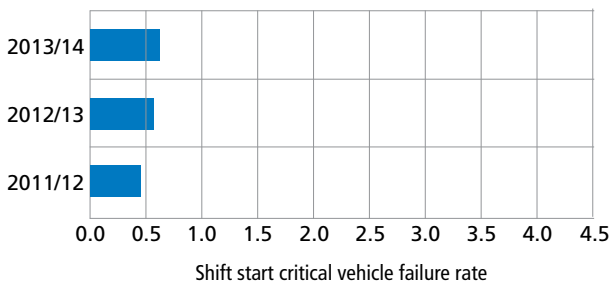
Data source: info.secamb

3.16.4.2. Make Ready Only A&E Vehicles Cleaned at Shift Start

During 2013/14 SECAmb cleaned 92.96% of the planned vehicles at shift start against a target of 95%. Although our target was not achieved, due to the increased A&E demand experienced, it was, however, an improvement on the previous two years (2012/13: 90.33% and 2011/12: 89.35%).

SECAmb Make Ready A&E Cleaned at Shift Start (Target = 95%)

A&E Vehicles Cleaned at Shift Start
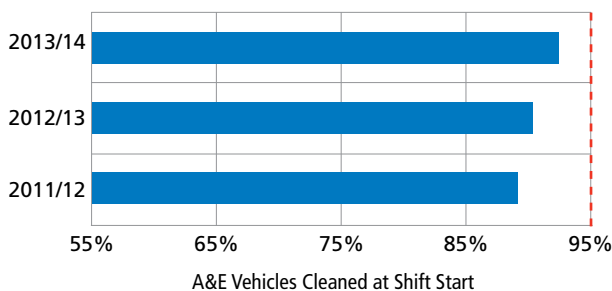
Data source: Info.secamb

3.16.4.3. Make Ready Only A&E Vehicles Deep Cleaned

During 2013/14 93.35% of the planned vehicles to be deep cleaned were processed, however this was below the 99% target and also below performance for the previous two years (2012/13: 96.99% and 2011/12: 99.39%), again due to the increased A&E demand experienced.

SECAmb Make Ready Only A&E Vehicles Deep Cleaned (target = 99%)

A&E Vehicles deep cleaned
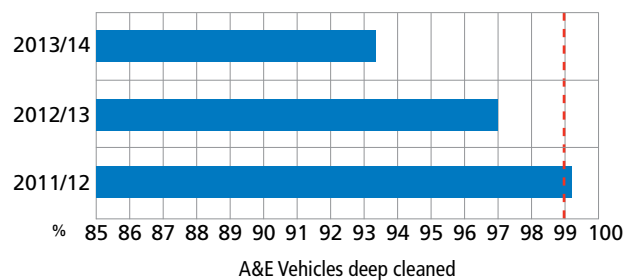
Data source: info.secamb

3.16.4.4. Make Ready Only A&E Swab Testing

During 2013/14 SECAmb planned to swab test 100 make ready A&E vehicles, of which 93 were completed (93%) against a target of 95%. This was a reduction in performance compared to the previous two years due to the increase in A&E demand (2012/13: 103.45% and 2011/13: 98.21%) although the number of vehicles planned to be tested was greater.

SECAmb Make Ready A&E Vehicles Swab Tested (Target = 95%)

A&E Vehicles swab tested
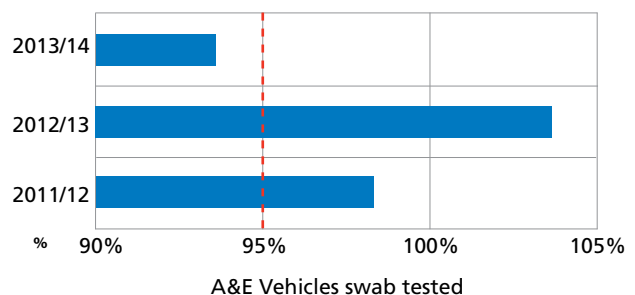
Data source: info.secamb

3.16.4.5. Patient Handover at Hospital – 15 Minutes

Where patients were handed over within 15 minutes and times were able to be recorded during 2013/14, 58.50% were handed over to hospital clinicians within the specified timescale. This is an improvement on the previous two years (2012/13: 51.20% and 2011/12: 58.40%).

SECAmb Patient Handover Times
(<15mins) (where time was captured)
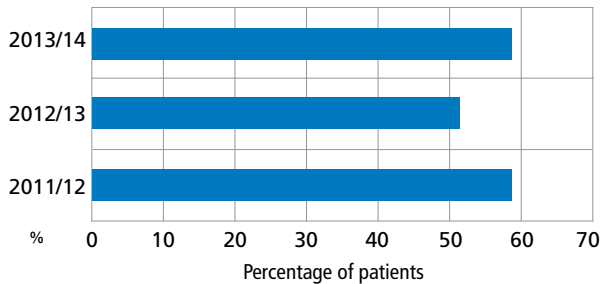
Data source: info.secamb

3.16.4.6. Hospital Handover Captured Times

During 2013/14 82.30% of hospital handover times were captured. This is an improvement on the previous two years (2012/13: 58% and 2011/12: 26.4%).

SECAmb Hospital Handover Times Captured (target 80%)
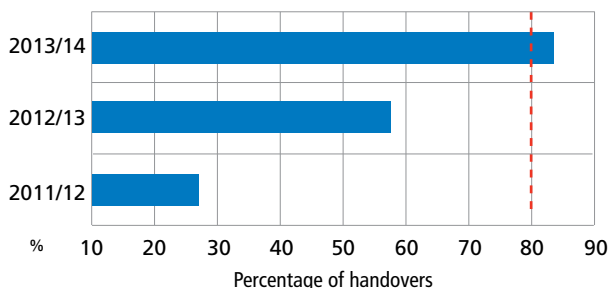
Data source: info.secamb

3.16.5. Transports to Hospital

SECAmb transported 423,060 patients to hospital during 2013/14. This is an increase of 2.86% on 2012/13 which was an increase of 1.22% on 2011/12. However, during 2013/14 emergency responses increased by 6.3% (with emergency calls increasing by 8.4%).

SECAmb A&E Transport to Hospital
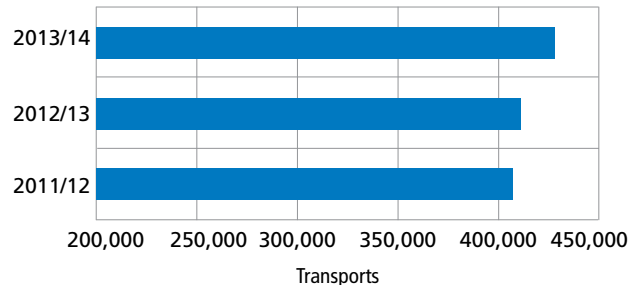
Data source: NHS England

3.16.6. Patient Transport Service (PTS)

During 2013/14 PTS transported 501,590 patients to and from appointments for treatment against a forecasted figure of 498,074 patients.

SECAmb Patient Transport Service
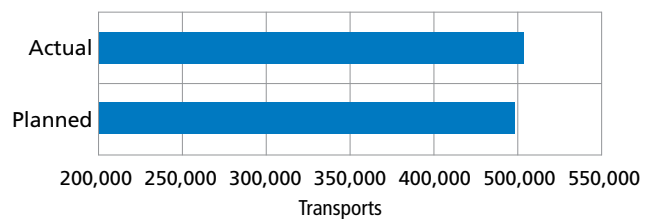
Data source: Commercial Services Directorate

Part 2

3.16.7. Patient and Public Experience

(Further information/breakdown of figures can be found in Section 10.3)

3.16.7.1. Complaints

The monthly average number of complaints received by SECAmb for 2013/14 was 51.4 compared with 29 for 2012/13 and *23.08 for 2011/12.

SECAmb Complaints (monthly average)
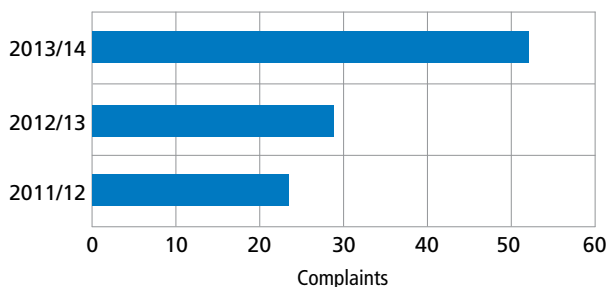
*Data source: PALS team, *2011/12 corporate dashboard*

3.16.7.2. Compliments

The monthly average number of compliments received by SECAmb for 2013/14 was 125.4 compared to 110 in 2012/13 and *93.25 in 2011/12.

SECAmb Compliments (monthly average)
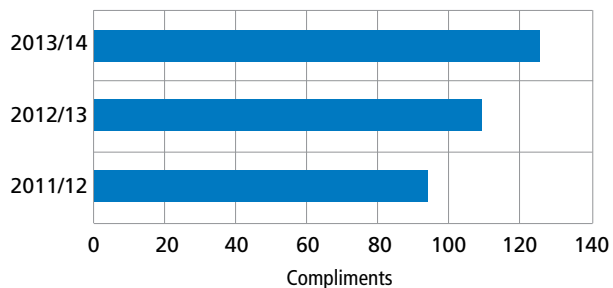
*Data source: PALS team, *2011/12 corporate dashboard*

3.16.7.3. Patient Advice and Liaison Service (PALS) contacts

The monthly average for PALS contacts for 2013/14 was 282.6 compared to 183 in 2012/13 and *150.5 in 2011/12.

SECAmb PALS (monthly average)
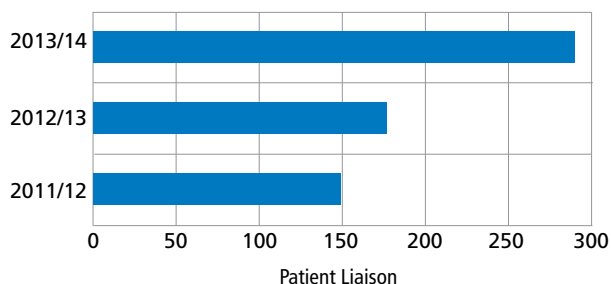
*Data source: PALS team, *2011/12 corporate dashboard*

3.16.7.4. Liability Claims

The monthly average for clinical negligence and liability claims for †2013/14 was 1 compared with 0.9 in 2012/13 and *1 in 2011/12.

SECAmb Liability Claims (monthly average)
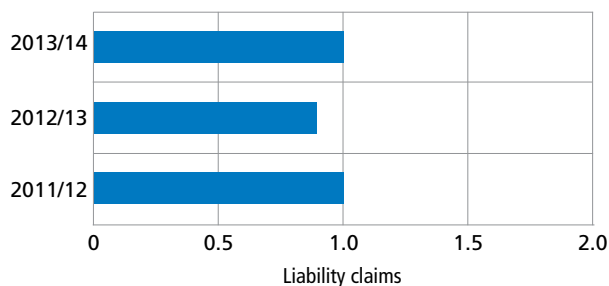
*Data source: PALS team, *2011/12 corporate dashboard †Compliance Department*

4. Updates on 2013/14 five Quality Measures

The Quality Account published last year (June 2013) allowed SECAmb to focus on five quality measures. Monitoring has taken place during the year culminating in 2013/14 figures as follows:

Quality measure "A" was to monitor the effectiveness of SECAmb's infection control procedures for emergency response and patient transport vehicles that are deep cleaned and swab tested across SECAmb.

+ *A&E Fleet*

Performance for the deep clean process of the A&E fleet (77.76%) was below the required target of 85% which was due, earlier in the year, to vehicle availability issues as a result of increased activity. The swab test performance for our make ready centres has also dropped below the 95% target with a performance of 93.55%.

+ *PTS Fleet*

The deep clean process for 2013/14 has exceeded the required performance level of 85% by 5.81% (90.81%). However, the swab test performance has unfortunately suffered from poor vehicle availability and, following an investigation earlier in the year, it was established there was a supply issue with the swab test kits which was corrected. This can be demonstrated as the 2013/14 year end figure was 81.25%, although during the period July 2013 – March 2014 this was 92.59% of the 108 planned vehicles being swab tested (2.59% above the target of 90%). The reader is asked to note the small volume of the data set involved here and the progress made since the investigation.

The elements of this quality measure will continue to be monitored internally via the Trust's Infection Control Lead and at a local operational level.

Quality measure "B" related to the effectiveness of the 111 service/facility in providing patients with the appropriate service.

+ The clinical KPIs continue to be a challenge and we have provided a rectification plan to Commissioners to show how we will improve performance in line with other NHS 111 services. The rectification plan is being monitored via regular Commissioners meetings.

+ Given the significant increase in the number of calls received throughout the year by the NHS 111 service, two areas that showed improvement were:

   + the number of abandoned calls at 3.1% against a target figure of 5% or less; and

   + the number of calls answered within 60 seconds at 90% which, although below the yearly target of 95%, was achieved for four months and for a further five months we were over 90%.

+ A revised single management structure was introduced within NHS 111 during January 2014 which has had a positive impact on performance and has enabled a single approach to service delivery and improvements

Performance of the NHS 111 service is monitored via the Trust's Finance and Business Development Committee.

Part 2

Quality measure "C" involved carrying out a survey on a sample of patients that dialled 999 asking for their opinion on satisfaction with the service provided.

+ A survey was undertaken during a specified month in 2013/14 where views were sought from 2,400 patients (representing just over 3% of that month's emergency calls received and resulting in a response rate of 29.45%). This showed an overall satisfaction rate of 97%, which is the highest ever achieved by SECAmb (when combining those who were 'very satisfied' (86%) and those 'satisfied' (11%)). Some key factors from the survey are as follows:

  + reasons for calling 999: 33.6% reported calling for a non-life threatening emergency, with 21.6% reporting they were telephoning for a life threatening emergency;

  + advice sought before calling 999: almost 40% stated that they did seek advice before calling 999; with more than 50% of these respondents having first called NHS 111 and 30% having consulted a GP;

  + respondents' views of call-taking: we asked whether they were able to answer the questions, whether the call-taker explained the questions clearly, and whether they were clear at the end of the call what would happen next, to which 97.65%, 98.8% and 97.04% respectively agreed or strongly agreed; and

  + respondents' views about our ambulance staff: When asked whether they felt our staff were kind and caring, 98.6% of respondents stated that they were, and 98.4% also said that our staff respected their dignity and privacy.

+ The full findings report has been shared with SECAmb's Board at its March 2014 public meeting and is available at http://www.secamb.nhs.uk/about_us/news/2014/999_patient_survey.aspx

+ An action plan on areas for improvement is being implemented.

Quality Measure "D" involved monitoring patients with long term conditions (LTC) who are registered on our IBIS system to enable us to provide the best possible care by attending ambulance crews.

+ During 2013/14 we continued to capture clinical information on non-conveyed patients registered on IBIS. We collected approximately 44% of non-conveyed IBIS patients responded to by SECAmb clinicians.

+ The Case Management/Care Plan function has been able to help over 58% of patients whose details are registered on IBIS to avoid hospital attendance. The PPs are also able to support and assist crews in decision making as to whether or not to convey patients. On just over 48.5% of occasions where a PP has been involved with the IBIS patient a clinical discharge summary has been sent to the patient's GP.

Quality Measure "E" contained two elements, the first being (E1) to improve the number of registered clinicians who attend those patients deemed to have a life-threatening condition at the time the 999 call was raised and secondly (E2) to monitor where a PP attends a patient through a PP referral where that patient is then subsequently transported to a hospital A&E department.

+ *E1*

   During the period 2013/14 SECAmb sent a registered clinician to 84.2% of category 'A' calls, which was 1.5% less than 2012/13. This was due to a reduction in the number of category A calls received during 2013/14 when compared to 2012/13, however, the total number of 999 calls received and responded to increased in 2013/14.

+ *E2*

   During 2012/13 the conveyance rate from a PP referral was 10.20%, and during 2013/14 this improved to 10%. Year on year the number of PP referrals has increased from 7,077 (2012/13) to 7,945 (2013/14) meaning more patients have been treated outside of an A&E department.

Part 2

5. Assurance on 2013/14 Mandatory Performance Indicators

5.1. Reporting on Core Indicators

Prescribed Information	Formal Statement	Performance Data 1/4/13–31/3/14	Performance for last two reporting periods
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre ………			
……… with regard to the percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.	The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons + The data has been fully validated in line with SECAmb's data validation procedures + Data has been submitted in accordance with the Ambulance Quality Indicator (AQI) Guidance 2013/14 + Data quality has been subject to internal and external audit, which provided reassurance to the quality of the reported data. The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by developing an action plan and carrying out the following actions to improve Q4 in 2013/14: + Additional unit hours have been provided + Lower Response Unit Hour Utilisation (UHU) + Focus on maximising SRV provision + Power shifts targeted at weekends + RCMs deployed + Demand Management of NHS 111 Out of Hours In 2014/15 plans, in addition to detailed resource planning in line with predicted demand include: + Continued demand management within NHS 111 of dispositions to 999 and A&E + Continued recruitment of ECSW and Paramedic + Rota review + Contracts with external providers	SECAmb performance: R1=76.8%. R2=73.9%. The National Average: R1=75.6%. R2=74.8%. Highest: R1=80.2%. R2=78.4%. and Lowest: R1=71.3%. R2=71.4%.	Data for April to February 2014 validated and resubmitted for AQI return by 15th April 2014, March14 data submitted 21st April 2014. February 2014 R1=79.4%. R2=73.8%. March 2014 R1=81%. R2=75.4%.

Prescribed Information	Formal Statement	Performance Data 1/4/13–31/3/14	Performance for last two reporting periods
……. with regard to the percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons + The data has been fully validated in line with SECAmb's data validation procedures + Data has been submitted in accordance with the Ambulance Quality Indicator Guidance 2013/14 + Data quality has been subject to internal and external audit, which provided reassurance to the quality of the reported data. The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by the detailed planning of resources in line with predicted demand.	SECAmb performance: 97.0%. The National Average: 96.1%. Highest: 97.9% and Lowest: 92.9%.	SECAmb performance February 2014: 97.1%. March 2014: 97.4%.
……. with regard to the percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons: + data is based on analysis of SECAmb performance as per the national clinical indicator programme + the indicator programme defines the reporting criteria to ensure data standardisation from all reporting trusts + SECAmb performance is benchmarked alongside all otherambulance trusts in the country The South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by establishing a Quality Improvement Taskforce to facilitate clinical peerreview of STEMI care.	Data is reported nationally with a data lag to allow analysis of records. This data is for the period 1/4/13 to 31/10/13. SECAmb performance: 79.9%. The National Average: 80.5%. Highest and Lowest: 83.3% and 77.0%.	Data is reported nationally with a data lag to allow analysis of records. This data is for the period 1/4/13 to 31/10/13. September 2013: 83.3%. October 2013: 81.2%.

Part 2

Prescribed Information	Formal Statement	Performance Data 1/4/13–31/3/14	Performance for last two reporting periods
……. with regard to the percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons + data is based on analysis of SECAmb performance as per the national clinical indicator programme + the indicator programme defines the reporting criteria to ensure data standardisation from all reporting trusts + SECAmb performance is benchmarked alongside all other ambulance trusts in the country The South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by establishing a Quality Taskforce to facilitate clinical peer review of Stroke care.	Data is reported nationally with a data lag to allow analysis of records. This data is for the period 1/4/13 to 31/10/13. SECAmb performance: 91.5%. The National Average: 96.3%. Highest and Lowest: 96.6% and 89.1%.	Data is reported nationally with a data lag to allow analysis of records. This data is for the period 1/4/13 to 31/10/13. September 2013: 62.1%. October 2013: 67.2%.
The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends'?	The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons + data is based on analysis of the 2013 National NHS Staff Survey, question 12d, Key Finding 24 (KF24). + The South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve this percentage/score, and so the quality of its services, by + introduction of the Friends and Family Test 2014/15 (National CQUIN indicator) + utilising input regarding the Friends and Family Test from the Foundation Council and Joint Partnership Forum + Linkage to Quality measure 1 in 2014/15	NHS 2013 Staff Survey. SECAmb Response Rate: 42% (which is average for ambulance trusts). SECAmb performance: 50% (Q12d) and 2.89 for KF24. The National Average for Ambulance Trusts: 53% (Q12d) and 3.14 for KF24. Best 2013 score for Ambulance Trusts KF24 = 3.31. (Key for KF Scoring: 1=Unlikely to Recommend and 5=Likely to Recommend).	NHS 2012 Staff Survey SECAmb performance: 54% (Q12d) and 2.98 for KF24.

Prescribed Information	Formal Statement	Performance Data 1/4/13–31/3/14	Performance for last two reporting periods
The data made available to the National Health Service trust or NHS foundation trust by the National Reporting and Learning System (NRLS) with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons + The NRLS have reported that directly comparing the number of reports received from organisations can be misleading as ambulance organisations can vary in size and activity. The NRLS are currently looking into ways to make comparisons across this cluster more effective. + It is therefore advised that comparisons drawn within this report should not be used as a basis for assurance. The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services; ensuring that employees are encouraged to report ALL incidents which relate to patient safety which may mean an increase on reported numbers in subsequent reports. This may not mean the trust is less safe but rather that it is reporting more no harm or low harm incidents. In addition, Serious Incidents are now being included in the NRLS figures and as some of these relate to severe harm or death it is likely that this category will also increase in the next report.	Dataset for reporting period 1/4/13 - 30/9/13 published by NRLS in April 2014. SECAmb total number of incidents occurring = 321. Total number of incidents that resulted in severe harm or death = 7. Percentage of incidents that resulted in severe harm or death = 2.2%. The National Ambulance Cluster Average total number of incidents occurring = 307.8. Highest = 709. Lowest = 106. The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 8.1. Highest = 26. Lowest = 0. The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 2.9%. Highest = 9.4% Lowest = 0%.	Dataset for reporting periods 01/10/12 – 31/03/13 and 1/4/13 - 30/9/13 combined. SECAmb total number of incidents occurring = 558. Total number of incidents that resulted in severe harm or death = 8. Percentage of incidents that resulted in severe harm or death = 2.6%. The National Ambulance Cluster Average total number of incidents occurring = 521.8. Highest = 709. Lowest = 63. The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 11.1 Highest = 39 Lowest = 0. The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 5%. Highest = 9.4%. Lowest = 0%.

Part 2

5.2. Audit Findings on Patient Safety Incidents (Governors Choice)

5.2.1. In line with the Department of Health and Monitor guidance issued in February 2014 to all Foundation Trusts, Governors were asked to agree a local quality indicator to be audited. Due to the short timescale, SECAmb circulated a Briefing Paper to their Governors explaining the change in regulations and sought their support to approve the local quality indicator audit, as previously agreed with the Auditors and prepared brief on Patient Safety Incidents (PSIs). This was achieved by 19 March 2014 and was formally included in the minutes of the Council of Governors meeting dated 31 March 2014.

5.2.2. The audit was commenced in March 2014 and the scope was "To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively".

5.2.3. Below is the overall opinion rating and conclusion from the audit report.

Conclusion

"Taking account of the issues identified, the Board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective".
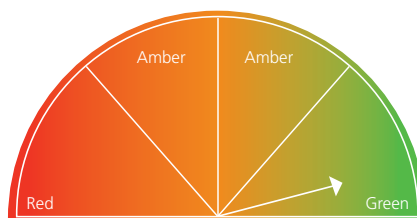
5.2.4. The above conclusions, which fed into the overall assurance level, are based on the evidence obtained during the review. The key findings from this review are as follows:

5.2.4.1. The Auditors were able to confirm from the testing conducted on figures presented in last year's Quality Account relating to the number of PSIs that occurred within SECAmb and the percentage of such PSIs that resulted in severe harm or death could be validated back to source information retained on the internal incident reporting system (DATIX). All data to be reported to the NRLS was confirmed to have been completed in a timely manner.

5.2.4.2. A high level review of the system used by SECAmb to capture all PSIs was conducted and the Auditors confirmed that it is robust and functions as stated. They also confirmed that since the introduction of the electronic reporting in January 2012 incidents have been consistently reported which continues to demonstrate SECAmb's strong incident reporting culture.

5.2.4.3. One recommendation identified in the 2012/13 audit report on PSIs was for the inclusion of all death and severe harm PSIs to be included in the risk management KPIs which are reported to RMCGC and this was confirmed as completed.

5.2.5. No recommendations have been raised following this audit.

6. Statement of Assurance relating to quality of NHS services provided during 2013/14

(Red text relates to the Quality Report data requirements)

The information below is as the prescribed schedule as in the Quality Account Regulations and NHS Foundation Trust Annual Reporting Manual for 2013/14 that SECAmb is required to declare.

Statements of Assurance from the Board

Information on the Review of Services

During 2013/14 SECAmb provided and/or sub-contracted nine relevant health services.

SECAmb has reviewed all the data available to them on the quality of care in nine of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 10 per cent of the total income generated from the provision of relevant health services by SECAmb for 2013/14.

Clinical Audits

During 2013/14 four national clinical audits and one national confidential enquiries covered relevant health services that SECAmb provides.

During that period SECAmb participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SECAmb was eligible to participate in during 2013/14 are as follows:

- Clinical indicators subset of Ambulance Quality Indicators;

- Clinical Performance Indicators;

- Myocardial Infarction National Audit Programme (MINAP); and

- Sentinel Stroke National Audit Programme (SSNAP).

The national clinical audits and national confidential enquiries that SECAmb participated in during 2013/14 are as follows:

- Clinical Indicators subset of Ambulance Quality Indicators;

- Clinical Performance Indicators;

- Myocardial Infarction National Audit Programme (MINAP); and

- Sentinel Stroke National Audit Programme (SSNAP).

The national clinical audits and national confidential enquiries that SECAmb participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

- Clinical Indicators subset of Ambulance Quality Indicators (100%);

- Clinical Performance Indicators (100%);

- Myocardial Infarction National Audit Programme (MINAP) (100%);

- Sentinel Stroke National Audit Programme (SSNAP): Data requirements not yet determined nationally.

Part 2

The reports of three national clinical audits were reviewed by the provider in 2013/14 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

- progress existing and establishment of new Quality Improvement Task Forces, comprised of clinical peers, to review in depth the care delivered to patients suffering cardiac arrest, heart attack (STEMI) and stroke. These groups will identify areas requiring improvement and implement programmes of work to bring about those improvements; and

- active engagement with the Cardiovascular Network to ensure that they are cited on resuscitation across the whole South East.

The reports of four local clinical audits were reviewed by the provider in 2013/14 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

- individual action plans have been set against each area for service improvement to advance patient care and improve clinical quality and these include;

  + review of the Trust's pain management ladder tool to aid crews in the assessment and management of pain and documentation of pain scores;

  + review of analgesic options for patients in severe sickle cell crisis;

  + development of and implementation of a severe sepsis management plan; and

  + development of a cascade learning package in respect of suspected fractured neck of femur.

Research and Development

The number of patients receiving relevant health services provided or sub-contracted by SECAmb in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 11.

CQUIN

A proportion of SECAmb (999 service) income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between SECAmb and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2013/14 and for the following 12 month period are available electronically at: http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275.

Quality Report: An additional 2.5% of income in 2013/14 for CQUIN schemes was available which totalled just over £3.7m. The goals were around Healthcare Professional Calls - GP and Nursing Homes (£1.1m); IBIS – access to care plans and interoperability (£1.1m); Supported Conveyance Pilot/ Frequent Caller Management and A&E Arrival Audit on nominated sites (£1.1m) and Reduce Hospital Handover

and Turnaround delays (£400k).

2013/14 CQUIN income = £3,733,389. (In 2012/13 the financial payment for CQUIN was £1,295,000).

For 2014/15, SECAmb is working with Commissioners to set achievable CQUIN targets which can deliver benefits to the wider health economy over future years.

Care Quality Commission

SECAmb is required to register with the Care Quality Commission and its current registration status is to carry out the following legally regulated activities:

1. transport services, triage and medical advice provided remotely;

2. treatment of disease, disorder or injury; and

3. diagnostic and screening procedures.

SECAmb has the following conditions on registration – nil.

The Care Quality Commission has not taken enforcement action against SECAmb during 2013/14.

SECAmb has not participated in any special reviews or investigations by the CQC during the reporting period.

Quality of Data

SECAmb did not submit records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

SECAmb's Information Governance Assessment Report overall score for 2013/14 was 71% and was graded GREEN.

SECAmb was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission. (Payment by Results does not currently apply to services provided by Ambulance Trusts).

SECAmb will be taking the following actions to improve data quality:-

- consider and implement recommendations arising from Audit Reports.

Part 2

7. How the Quality Measures were prioritised for 2014/15

Patient outcomes are the benchmark of quality for all healthcare providers and that is why improving outcomes for patients is at the heart of SECAmb's vision - our patients deserve nothing less. We aspire to deliver clinical excellence that matches and exceeds international best practice.

In considering which quality measures SECAmb would report, we held an external workshop in December 2013 and we invited Governors, Inclusion Hub Advisory Group (IHAG) members, patients, Healthwatch, Health Overview and Scrutiny Committee members (HOSCs), Foundation Council Members, Commissioners and staff.

During the above workshop participants proposed a wide range of quality measures which they wished to be considered for 2014/15. These proposals were discussed and explored throughout the workshop and the top five were agreed upon by the stakeholders. The stakeholders were aware that they needed to ensure that at least one quality measure was within each quality domain (Clinical Effectiveness, Patient Experience and Patient Safety).

The workshop was very well received and at the end of the day we asked participants to complete an evaluation form of which the summary findings are as follows.

We asked all participants how useful they found each element of the day.

	Very useful	Quite useful	Not very useful	Not at all useful
What is a Quality Account: what is it for and what should it include?	12	10	1	0
What is Quality and the Commissioners Role?	8	13	2	0
Trust Vision, Aims and Objectives, including Performance on 2012/13 Quality Account Measures	8	8	6	0
Developing new Quality Measures for inclusion in the next Quality Account	9	12	2	0
Thoughts on the format, language, design and accessibility of the 2012/13 Quality Account	4	11	3	1

The final question was based on whether they found attendance at the workshop overall worthwhile, which resulted in the following:

Yes, definitely	**20**
Yes, probably	**3**
Not really	**1**
Not at all	**0**

A report was then presented to our Risk Management and Clinical Governance Committee (RMCGC) in January 2014 highlighting the top five quality measures identified from the workshop for inclusion within this document and to be monitored during 2014/15. These quality measures were then approved by SECAmb's Board at the February 2014 meeting. (Previous editions of the Quality Account and Quality Report are available at *South East Coast Ambulance Service | Quality Account)*.

The quality measures selected for 2014/15 are focused on improving outcomes for our patients; how we are going to do this is described in the detail of each quality measure throughout this document and identifies the responsible designated Board Sponsor and Implementation Lead.

Quality Domain: Patient Experience

+ Quality Measure 1 – To consider whether there might be a relationship between SECAmb staff satisfaction levels and clinical care/patient experience.

+ Quality Measure 2 – Patient Drop Off and Pick Up Times for PTS Patients

Quality Domain: Patient Safety

+ Quality Measure 3 – NHS 111 Service for Patients with Long Term Conditions/Special Patient Notes

Quality Domain: Clinical Effectiveness

+ Quality Measure 4 – IBIS

+ Quality Measure 5 – Cardiac Arrest Management

As part of the consultation, the draft 2013/14 Quality Account and Quality Report was shared with Commissioners, Governors, Healthwatch, HOSCs, IHAG, Non-Executive and Executive Directors and Workshop attendees.

In year monitoring arrangements of our achievements

The RMCGC will focus in detail on the key areas of quality and receive progress updates on delivery of the quality measures. The Board will receive regular updates via the RMCGC report on achievements against the quality measures.

The Commissioners receive updates on the five quality measures at the joint SECAmb/Commissioner Quality Focus meetings.

Part 2

8. Details of five Quality Measures for implementation during 2014/15

8.1. Quality Domain: Patient Experience

8.1.1. Quality Measure 1 – To consider whether there might be a relationship between SECAmb staff satisfaction levels and clinical care/patient experience

Aims

+ To consider SECAmb's 2013 NHS Staff Survey results, drawing out particular areas of dissatisfaction among our emergency staff and addressing these with a view to **a)** improving staff satisfaction and **b)** ascertaining whether this might have a positive impact on SECAmb's clinical performance indicators and on patient-reported satisfaction levels.

Initiatives

+ Using the 2013 Staff Survey results (published February 2014) to enhance local action plans within each of our five emergency Operational Dispatch Areas (ODAs).

+ Develop and implement local action plans for the Emergency Operations Centres (EOCs), 111 and PTS (Patient Transport Service) to address issues highlighted by staff in these areas.

+ Review progress on actions taken to address issues highlighted by the 2012 Staff Survey (published February 2013).

+ Review results of SECAmb's Clinical Performance Indicators (CPIs) throughout the year.

+ Review the results of SECAmb 999 patient surveys in terms of overall satisfaction.

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

+ This is an exploratory measure to see whether there may be a discernible positive impact on patient care and experience as a result of any improvement in staff satisfaction. If so, we would hope to see:

  + Improved levels of staff satisfaction from the 2014 NHS Staff Survey;

  + Improved performance in the Trust's Clinical Performance Indicator returns; and

  + Patient satisfaction levels consistent with recent years' surveys, i.e. with a minimum 92% overall satisfaction rate.

Board Sponsor

+ **Geraint Davies,** Director of Commercial Services

Implementation Leads

+ **Janine Compton,** Head of Communications

+ **Louise Hutchinson,** Patient Experience Lead

8.1.2. Quality Measure 2 – Patient Drop Off and Pick Up Times for PTS Patients

Throughout Sussex and Surrey PTS provides pre-planned routine transport for patients who need to attend hospital, medical centres and outpatient appointments but are unable to make their own way. PTS also provides pre-planned transport to patients who require clinically trained staff to transport them due to their medical requirements e.g. patients requiring dialysis.

Another element of PTS includes undertaking of hospital discharges, transfers to hospices, nursing and care homes as well as assisting SECAmb's 999 service in a supporting role for patients with non-life threatening conditions.

Aims

+ The three areas identified below are not currently meeting targets but plans to improve our performance by 31 March 2015 to 90% are identified within this quality measure:

  + for patients arriving within 15 minutes of their appointment, during 2013/14 (where times have been recorded) 81% arrived on time against a target of 95%;

  + for patients departing the hospital following their appointment, during 2013/14 83% departed within two hours, against a target of 95%; and

  + also during 2013/14, 71% of patients awaiting discharge from hospital were conveyed within the required two hour window against the target of 95%.

Initiatives

+ To achieve the improvements outlined within this quality measure we plan to introduce two initiatives as follows:

  + the first being to reduce patient handover times, which will release up to 500 hours per week currently lost to patient handover times exceeding 30 minutes; and

  + the second is to reduce 'on the day demand' for unplanned journeys from 70% to 50%.

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

+ The agreed targets for patients arriving for appointments and then departing the hospital, as well as patient discharge times occurring within the agreed time limits, will have been reached or exceeded.

Board Sponsor

+ **Professor Andy Newton,** Director of Clinical Operations

Implementation Lead

+ **Rob Mason,** Acting Head of PTS

Part 2

8.2. Quality Domain: Patient Safety

8.2.1. Quality Measure 3 – NHS 111 Service for Patients with Long Term Conditions/Special Patient Notes

To provide feedback from SECAmb 999 service to the NHS 111 service in order that 111 patients with long term conditions (LTCs) and "special patient notes" can receive appropriate care when passed to the 999 service.

Aims

+ With the NHS 111 service in its infancy, some patients with special patient notes and LTCs are transferred to the 999 service as the care pathway they require is unavailable. Therefore, the aim is to reduce the number of these 111 calls to 999 for the patient groups identified above.

+ The following diagram illustrates how SECAmb have responded to the identified patient groups during 2013/14 and shows that during this period:

  + 7% of these transfers were categorised as a Hear and Treat call. This type of call is one that has been identified as being minor or self-limiting, where care advice is provided to the patient by one of our EOC clinicians;

  + 51% were given the appropriate care by an attending clinician without the need to convey the patient to A&E (this is known as See and Treat); and

  + 42% of this group of patients were transported to another location in order to receive their required care (this is known as See and Convey).

111 Patients with Special Notes Transferred to the 999 Service - Ambulance Response Type - 213/14
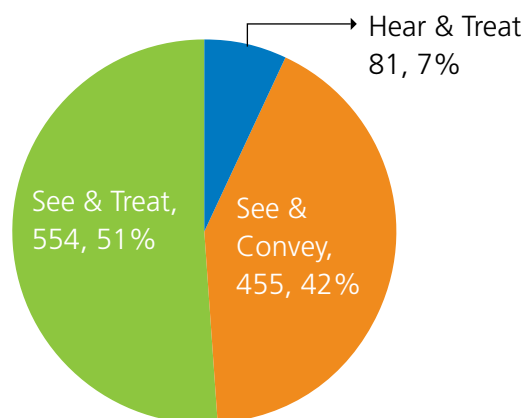
Initiatives

+ To monitor the 999 responses to these patients which result in Hear and Treat, See and Treat or See and Convey and provide the NHS 111 service with feedback to enable them to make any necessary adjustments to the relevant care pathways.

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

+ This quality measure will have been achieved with an evidence based reduction in 999 transports to hospital for this category of NHS 111 patients.

Board Sponsor

+ **Kath Start,** Director of Nursing and Urgent Care

Implementation Lead

+ **David Webster,** KMSS 111 Directory Of Services Lead

8.3. Quality Domain – Clinical Effectiveness

8.3.1. Quality Measure 4 – IBIS

To monitor the IBIS system so that those patients with LTCs are provided with the best possible care by attending paramedics and ambulance crews.

Aims

+ With the continued capture of non-conveyed patient details during 2013/14 averaging 44%, the IBIS system is gathering clinical data which will assist us in operational planning and sharing of information with primary care providers. The Case Management function of IBIS has been able to help over 58% of the patients whose details are registered on the system to avoid hospital attendance. The PPs are also able to support and assist crews in decision making as to whether or not to convey patients and on just over 48.5% of occasions where a PP has had involvement with the patient a discharge summary was sent to the patient's GP.

+ To increase the percentage of captured details of IBIS non-conveyed patients who are attended by a SECAmb clinician.

+ To increase the percentage from the 2013/14 non-conveyance rate of patients matched to an IBIS care record.

+ To increase the number of PP clinical discharge summaries sent to GPs via IBIS.

Initiatives

+ A scorecard has been developed to allow Senior Operations Managers to see the compliance of non-conveyed coding with the aim being to promote local improvement in this area.

+ SECAmb has been successful in its bid for funding in 2014/15 to pay for dedicated software development work regarding integration between IBIS and other clinical registers.

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

+ The percentage of captured details of non-conveyed IBIS patients will increase on the 44% achieved in 2013/14 by at least 10%.

+ To increase the number of patients who are registered on IBIS.

+ To monitor and maintain the rates of the IBIS patients who avoid hospital attendance benchmarked from the 2013/14 figure of 58%. SECAmb will work to ensure that a safe conveyance profile is achieved which is clinically safe.

+ To ensure that staff contact EOC for IBIS data when notified of an IBIS match. A Senior Operations Manager scorecard continues to be developed to assist in managing this.

+ To increase the number of clinical discharge summaries sent by PPs to the patient's GP from 48.5% achieved in 2013/14.

Board Sponsor

+ **Professor Andy Newton,** Director of Clinical Operations

Implementation Lead

+ **Andy Collen,** Clinical Development Manager

Part 2

8.3.2. Quality Measure 5 – Cardiac Arrest Management

Survival from cardiac arrest must remain the paramount task for ambulance trusts. By increasing the quality of care for these patients by reducing the variations in approach, it is hoped to increase the number of patients who are successfully resuscitated.

Aims

+ To ensure there are continued developments in improving the outcome for patients who suffer out of hospital cardiac arrest.

Initiatives

+ Continuation of SECAmb's Cardiac Arrest Task Force group.

+ A root and branch review of the current arrangements for scene/incident management of cardiac arrests.

+ Timely and appropriate deployment of appropriate clinician (at least paramedic level) to all cardiac arrests.

+ Maintenance of CFRs on scene to practically assist with resuscitation events, freeing up ambulance crews to manage the patient clinically without interrupting the resuscitation.

+ Ensuring defibrillators are on scene as quickly as possible, being an essential part of the care received.

+ Active and standard deployment of SECAmb Response Capable Managers to all cardiac arrests in their vicinity, to undertake scene management and scene supervision.

+ Analysis of cardiac arrest calls outside of the national response target.

+ Analysis of how many actual cardiac arrests were defined as being a cardiac arrest (as opposed to something else) by the team taking the call initially and if necessary the development of clearly defined escalation and de-escalation protocols for these staff.

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

+ Sustained performance measures for Return of Spontaneous Circulation (ROSC) in SECAmb's National Clinical and Outcome Performance Indicators.

Board Sponsor

+ **Dr Jane Pateman,** Medical Director

Implementation Lead

+ **Joe Emery,** Quality Improvement Lead

9. Quality improvements to be implemented by SECAmb during 2014/15

9.1.Thanet Make Ready Centre

The transformation of the current Thanet Ambulance Station into a Central Reporting Make Ready Centre incorporating the new Service Delivery Model will bring together staff from Thanet, Canterbury, Herne Bay and Deal under one roof during the summer of 2014. The provision of high quality Community Response Posts strategically located within the Thanet Operational Dispatch Area will provide emergency cover throughout the area and provide a comfortable, safe and secure environment for staff.

Changes to the management structure will provide:

+ a clinically focused strategic and tactical structure;

+ local training and clinical updates;

+ team based, team focused rosters; and

+ a duty and clinical supervisory Clinical Team Leader role.

The outcome from this structure will provide improved quality performance and efficiency via flexible unit hour provision, clinical quality assurance, leadership and development, local engagement with CCGs to produce pathways in line with local community needs and engagement with local communities to ensure provision of high quality, clinically focused services for the public and patients.

9.2. Research and Development (R&D)

SECAmb has agreed in principle to participate in the following studies and preliminary work to support these studies has begun:

+ PRINCESS - use of early targeted temperature management intra cardiac arrest;

+ ImPACT-ASCQI – Improving Pre-hospital and Ambulance Care and Treatment following the Ambulance Services Cardiovascular Quality Initiative; and

+ understanding variation in rates of 'non-conveyance to an emergency department' of emergency ambulance users.

In addition, there are several research grant applications that have either been submitted already or are in development including:

+ what is the impact of the introduction of 'Hear and Treat' services for emergency ambulance callers on outcomes, process, access and cost? (submitted and shortlisted);

+ impact on patient outcome of expanded scope of practice for paramedics:

  + PP

  + CCP

+ implementation of mental healthcare pathways;

+ management of atrial fibrillation in pre-hospital settings; and

+ investigation of stress when working in EOC.

Part 2

9.3. NHS 111

The NHS 111 service continues to make progress towards the full achievement of the service and clinical quality targets as specified by the Commissioners. This work is supported by a new clinical quality education grant from Kent, Surrey and Sussex Health Education England (KSS HEE) to design and run a module for 999 and NHS 111 clinical advice nurses and paramedics in advanced assessment and decision making. This work will be audited and evaluated during 2014/15 to inform the national work on clinical advice safety in 999 and NHS 111. SECAmb is the only service to have been awarded this grant and this work reports to both the local KSS HEE Urgent and Emergency Care Board and to the 111 National Medical Director.

9.4. Clinical Strategy

A new Clinical Strategy for 2014-2019 is to be published which builds upon the clinical and quality elements of the operational and strategic plans, and takes account of the annual planned service developments.

9.5. Clinical Quality Improvements

SECAmb is committed to being an organisation at the forefront of excellence in clinical care and undertakes this by identifying current best practice and benchmarking itself against this. We continue to engage with and participate in the National Ambulance Clinical Quality Programme, as defined in the NHS Operating Framework which covers a number of measures regarding the quality of ambulance services in England in terms of both system and clinical indicators.

SECAmb will continue to identify and refine suitable new quality indicators and associated metrics that are reflective of good clinical care leading to improved patient outcomes. In addition, continued application of existing indicators and the introduction of new ones for testing, refinement and implementation will be progressed as part of the broader annual Clinical Audit plans.

9.5.1. Cardiac Arrest Task Force

As background, a Cardiac Arrest Task Force group (CATF) was established during 2013/14 to focus on reviewing the quality of care given to cardiac arrest patients and to positively impact on ROSC at hospital (both all and Utstein groups). Data is used by the CATF group to calculate ROSC to Operational Dispatch Area and station level. A peer review process identifies any incidents where care could have been improved or was not potentially delivered in accordance with clinical guidelines. These are reported back to the local Clinical Operations Managers in order that they can speak to the respective member of operational staff. A new cardiac arrest form has been developed and implemented to improve documented assurance that reversible causes had also been addressed.

This group comprises operational and non-operational staff and following its success this will continue during 2014/15.

9.5.2. Quality Improvement Group (QIG)

A Quality Improvement Programme has been developed to oversee and manage the implementation and management of the outcomes from clinical audits and resultant changes to clinical practice. Building on the successful work of the CATF group, a QIG is to focus on improvements in Stroke and STEMI performance during 2014/15 and will include both operational and non-operational staff. In addition, a formal procedure for the monitoring and management of STEMI <150 minute breaches is being developed.

9.6. Medicines Management

Medicines management governance is essential to ensure SECAmb systems are appropriate, robust and safe whilst protecting the organisation, its staff and patients from inappropriate use of medicines and ensuring compliance with legislative statutory requirements. Robust medicines management is key to the successful treatment of patients and listed below are developments scheduled to take place during 2014/15:

+ recent changes in the law require SECAmb to expedite plans to re-engineer existing systems for medicines supply, storage, distribution and governance during 2014/15 and beyond. Centralised medicines repositories will be developed in line with our estates plans and will ensure medicines are consistently available whilst enabling greater purchasing economies and increased governance and resilience;

+ a new scheme to manage the supply of medicines to CFRs has been launched. This scheme focuses on providing medicines in a quick and responsive manner to allow our volunteers to continue to provide lifesaving care. Specially designed pouches will be packed centrally within the service with appropriate medicines, checked and then sealed before being dispatched direct to the local area for the CFR, rapidly decreasing any downtime awaiting supply;

+ in order to reduce the number of breakages of controlled drugs from ampoules falling and smashing on the floor, the service is introducing rubber mats to all sites that manage medicines. Each mat is also branded with key legal messages to remind crews of the importance of safe and secure management of medicines; and

+ SECAmb is working on a project to introduce secure medicine cabinets and controlled drugs safes accessed by biometric technology providing the very highest level of security whilst introducing paper-free records during 2014/15. This advancement in technology, if introduced, will lead the way in the ambulance sector for medicines management.

9.7. Electronic Patient Clinical Record (ePCR)

SECAmb's long terms plans include the introduction of a system for electronic patient clinical records which will lead to standardised and auditable standards of care and better access to specialised information in real time. The procurement process for the ePCR should be completed during 2014/15, with full roll out to follow. ePCR will allow faster and more accurate collection of clinical data, enabling more effective analysis to support clinical performance improvement.

Part 2

9.8. Safeguarding

A review of the current model of managing incoming referrals to the Safeguarding Department is underway. During 2014/15 a leaner process of managing incoming referrals directly into the safeguarding database will be established. The current process of referrals is paper-based, with crews required to complete a form and scan it to an internal network fax-server accessed by the Safeguarding team on their next working day. Crews are instructed to await confirmation that the scan has been successfully received and then to send the original paper referral via internal post to the Safeguarding office, where a cross-check is undertaken to ensure the fax has been received.

On a Monday-Friday basis, the Safeguarding team forward the faxed referrals to the appropriate adult or child services; when all referrals have been shared in this way the details need to be manually entered on to a Trust managed Structured Query Language database. This is time consuming and, with an ever increasing volume of referrals being received, is no longer a viable way of keeping up to date referral information for data mining to inform reporting, assurance and strategy. Creating a bespoke referral form on the Trust's incident reporting tool (DATIX) will allow crews to complete an on-line referral form, removing the need for paper and any associated risks of data loss or delay in referrals, plus the need for manual database entry by the Safeguarding team and enabling dynamic referral data availability.

Staff who work in patient interfacing roles are required to complete enhanced Disclosure and Barring Service (DBS) checks (formally known as Criminal Records Bureau checks) as part of the recruitment process. New DBS checks are completed every three years through an on-going cycle of employee screening. All offers of employment are subject to specific conditions concerning DBS disclosures and the requirement is actively monitored through the SECAmb's centralised resourcing function.

9.9. Domestic Abuse (DA)

During 2013/14 SECAmb undertook a DA pilot supported by the Department of Health. A DA toolkit was developed, with DA staff champions established and trained. A full evaluation of the pilot has been completed and we will be scoping the best approaches to continue this work stream during 2014/15 and beyond.

9.10. Fleet Update

In view of the changing model of care, it is important that our vehicles/fleet reflect the needs of the communities we serve, ensuring better patient experience, as well as providing value for money and working towards reducing the impact on the environment:

+ 2014/15 will see the commissioning of four specialist neo-natal vehicles, designed in conjunction with Kent, Surrey and Sussex retrieval teams. The design has seen the exploitation of new technology to support the staff and baby whilst in transit;

+ three specialist incident support vehicles will be delivered during the middle of 2014/15. The development of these vehicles will enable our Contingency Planning and Resilience team to reduce their overall fleet requirement by half; and

+ a new car for Clinical Operations Managers is expected to be rolled out throughout 2014/15 following a very successful evaluation of an appropriate vehicle. It is anticipated that this will provide the basis of a new Single Response Vehicle also required for frontline operations.

9.11. Patient Experience – our plans for 2014/15

In 2013 SECAmb undertook a review of its complaints and PALS processes, which are managed by the Patient Experience Team. The review yielded a range of recommendations for improvement, which were well received and are to be implemented during 2014/15. These include:

+ increasing and better publicising the mechanisms available to the public for making complaints, comments and suggestions, to include production of a leaflet, introduction of a lo-call telephone number and better web functionality;

+ bolstering the Patient Experience Team to provide sufficient capacity to deal with complaints, comments, concerns and compliments in a timely and robust manner following the introduction of new services;

+ the introduction of a system for grading complaints and concerns according to seriousness to ensure that they are investigated thoroughly and proportionately; and

+ provision of report-writing training for investigating managers, to improve the quality of investigation reports and thereby reduce the amount of time undertaking quality assurance.

We also plan to engage more with our staff, sharing with them the information we elicit from our patients about their needs and preferences, as well as encouraging staff involvement in the development of measures for improving our patients' experiences.

9.12. Community First Responders (CFR)

As previously mentioned in Section 3, the scope of practice for CFRs has been and continues to be reviewed. During 2014/15 this will include:

+ CFRs being able to take blood pressures, temperatures and oxygen saturation levels; and

+ a pilot group of CFRs to trial an extended scope of practice whereby they will be able to administer Entonox to patients, as appropriate.

In order to incorporate these new developments, together with conflict resolution and manual handling training, a modified five day course for CFRs is to be rolled out commencing May/June 2014 and will be delivered by the Community Partnership Leads to ensure consistency.

Part 3

10. Review of 2013/14 Quality Performance

This section provides an overview of the quality of care offered by SECAmb on performance in 2013/14 against indicators selected by the Board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection.

10.1 Patient Safety Indicators

10.1.1. Serious Incidents Requiring Investigations (SIRIs)

SECAmb has adopted the Serious Incident Framework, March 2013 issued by the NHS Commissioning Board which updates the National Framework for Reporting and Learning from SIRIs. Every SIRI is investigated to identify the root causes, learning outcomes and develop action plans for implementation which will prevent, as far as practicably possible, similar incidents recurring in the future. We provide our Commissioners, via the Kent and Medway Commissioning Support Unit, with regular updates on the investigation process and our findings are presented to them on completion of the investigation. It is only with their approval each SIRI investigation can be closed.

Within SECAmb we continuously monitor SIRIs, both at a local and Committee/Board level. We look for trends within the incidents, ensure root causes are mitigated, improvements are implemented and learning is shared.

The following information has been collated from our SIRI management database and our current incident reporting system (DATIX):

1 April 2013 - 31 March 2014	
Ambulance (General)	22
Ambulance Accidental Injury	2
Ambulance Delay	4
Confidential Information Leak	2
New Category (111)	11
Unexpected Death (General)	3
Total number of SIRIs investigated	**44**

Figure 2: Number of Reported SIRIs (April 2013-March 2014)

1 April 2012 - 31 March 2013	
Ambulance (General)	20*
Ambulance Accident – RTC	2
Ambulance Accidental Injury	1
Ambulance Delay	2
Confidential Information Leak	2
Drug Incident (General)	4
Total number of SIRIs investigated	**31**

Figure 3: Number of Reported SIRIs (April 2012-March 2013)

* NB Due to re-categorisation the SIRI reported as "other" was moved to "Ambulance General" and therefore the number in this category increased from 19 to 20 and "other" from 1 to 0.

The number of SIRIs has increased by 13 between the above two comparative years, of which 11 (as shown as "new category") directly relate to the NHS 111 service which SECAmb has delivered since April 2013.

10.1.2. Medication Errors

Correctly medicating patients is one of the essential elements of ensuring patient safety and wellbeing. The administration of the correct drug type, the correct dosage and the correct method of administration is vital, together with the ability to identify and recognise any contra indications associated with drugs. The administration of drug types is bound by the scope of practice of each operational role. For example, PPs are able to administer a wider range of drugs than Technicians, because they are more highly qualified and trained.

SECAmb was inspected by the CQC in December 2013 where they identified that medicine management processes were not being consistently applied across the organisation by operational staff. They also identified that we should re-run a self-assessment against national security standards for medicines management and this is to be repeated following completion of the revised Medicines Management Manual during early 2014/15. They expressed that these concerns have a minor impact on people who use the service and we have submitted an action plan to the CQC which explains how we will rectify these concerns.

Where medication errors do occur the most common circumstances are incorrect drug doses and incorrect drug types. SECAmb monitors both of these types of incident to ensure that mitigation is enabled before trends begin to develop. We also have a culture of shared learning which allows the learning outcomes of incidents to be highlighted (anonymously) across SECAmb.

The information in figures 4 and 5 has been collated from SECAmb's Incident Reporting system (DATIX) and is based on clinical patient safety incidents, both actual and near miss.

2013 – 2014	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	0	2	2
May	1	1	2
June	6	1	7
July	0	2	2
Aug	1	4	5
Sep	1	5	6
Oct	0	2	2
Nov	2	2	4
Dec	1	2	3
Jan	0	2	2
Feb	0	2	2
Mar	1	4	5
Total	**13**	**29**	**42**

Figure 4: Medication Errors (April 2013-March 2014)

2012 – 2013	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	2	0	2
May	2	1	3
June	2	0	2
July	0	1	1
Aug	0	0	0
Sep	4	0	4
Oct	0	1	1
Nov	1	0	1
Dec	0	1	1
Jan	0	3	3
Feb	0	1	1
Mar	0	1	1*
Total	**11**	**9**	**20**

Figure 5: Medication Errors (April 2012-March 2013)

Part 3

*NB With reference to March it had previously been reported that there were "0" errors for this month. The increase in this month to "1" (and therefore the total for the year to 20) was due to the incident being reported to the NRLS on 15 April 2013, after publication of the data.

It will be seen from figures 4 and 5 that there has been a significant increase in the medication errors for the year 2013/14 compared to 2012/13, and an analysis of these incident reports (2013/14) has shown the following:

+ 39 resulted in no harm to patients;

+ 3 resulted in low harm to patients; and

+ 0 incidents resulted in moderate or serious harm.

Of these 42 incidents:

+ 18 related to the incorrect drug/ medication administered and 10 where glucose was given instead of Sodium Chloride;

+ 12 related to contra-indication with regard to drugs or conditions; and

+ 12 related to incorrect dose administered.

Whilst there has been an increase in the reporting of medication errors during 2013/14, SECAmb has undertaken considerable work to encourage staff to report errors and to foster a culture of openness and transparency, which is helping to develop a stronger reporting culture. Whilst 93% of the medication errors reported resulted in no harm and 7% resulted in low harm, SECAmb is not complacent and, as already mentioned, has developed an action plan to address this

and to minimise the potential for future recurrence.

10.1.3. Number of Patient Safety Incidents (PSIs)

Patient safety is at the very core of SECAmb's service and we make every effort to ensure and improve safe patient care, and to mitigate risks that may have a detrimental impact on our patients.

PSIs are recorded on our local incident reporting system (DATIX). All incident reports and their subsequent investigations are reviewed, where it is identified that an incident could have or did lead to harm for patients receiving NHS funded healthcare the National Reporting and Learning System (NRLS) are informed. The NRLS is provided with the details of the incident, the stage of care and the effect on the patient, such as degree of harm. SECAmb undertakes regular uploads to the NRLS to ensure that information is available in a timely manner however the process of identification and clarification can produce lead in times for upload which could lead to a temporary discrepancy in figures.

PSIs are one of our risk management KPIs and as such are reported at the RMCGC, Central Health and Safety Working Group and Local Health and Safety Sub Groups. Benchmarking of these occurrences is undertaken in association with the National Ambulance Service Quality and Governance and Risk Directors (QGARD).

The information in figures 6 and 7 has been collated from SECAmb's incident reporting system (DATIX) and is based on both actual and near miss incidents.

1 April 2013 - 31 March 2014	
Patient safety incident: Clinical	505
Patient safety incident: Non Clinical	111
Totals:	**616**

Figure 6: Number of Patient Safety Incidents (April 2013-March 2014)

1 April 2012 - 31 March 2013	
Patient safety incident: Clinical	362
Patient safety incident: Non Clinical	107
Totals:	**469***

Figure 7: Number of Patient Safety Incidents (April 2012-March 2013)

*NB It is noted from last year's published Quality Account that there is a difference of 17 incidents (11 Clinical, 6 Non-Clinical) recorded as PSIs. The difference in figures is due to a combination of reporting to the NRLS after publication of the data and in certain instances, where our robust review process identified incidents not previously recorded as PSIs, these were re-categorised and reported.

The data above indicates that there has been a significant rise in the reported figures relating to PSIs in 2013/2014 compared to 2012/13, this has been regularly monitored at the RMCGC. Analysis has shown that there is no emerging trend of causation but is reflective of an increase in activity and better reporting culture by staff. In addition, it has also shown that there has not been a significant increase in patients being harmed; in fact it shows more incidents where patients did not suffer any harm. This will continue to be a KPI and monitored at RMCGC.

10.2   Clinical Effectiveness Indicators

Clinical Performance Indicators (CPIs) are collected by all ambulance services in England. Four indicators are collected on a rolling cycle with each indicator being measured twice a year. In 2012/13 the conditions of Paediatric care: febrile convulsion and lower limb fracture were formally adopted as national audits.

These indicators are underpinned by a number of metrics, with continual refinement of these indicators essential to the on-going move to improve patient care; the inclusion and exclusion criteria for each indicator are defined and agreed nationally.

Data is collected by individual trusts and submitted to the National Ambulance Service Clinical Quality Group (NASCQG). The performance of trusts is compared and reported to the National Ambulance Services Medical Directors Group with the final report for each cycle published nationally. The data samples are obtained through a mixture of automated reporting and some manual interrogation by the Clinical Audit Department of individual patient clinical records. The sample size for each indicator is 300 cases; not all participating trusts have this number of cases for the indicator conditions and the comparative data is adjusted to accommodate this.

Where clinical markers are monitored over an extended period of time, initial clinically important improvements are replaced by oscillations about a static level which do not have the same clinical relevance. Continued intense

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focus can then become counterproductive, and result in de-emphasis of other areas where improvements could be made; however, although the long term conditions of asthma and hypoglycaemia have been subject to 11 published cycles of monitoring now, SECAmb still holds value in these as indicators while improvement is demonstrated to be required. Living with long-term conditions is an important part of the South East Coast wide health strategy and these are areas where SECAmb can make an impact on the broader health care economy as well as the lives of our patients, and for this reason the conditions of asthma, hypoglycaemia and stroke are again focussed on in this report.

10.2.1 Asthma

The indicators in figure 8 show SECAmb's performance for the last two completed cycles of audit against the elements of care delivered for patients suffering from asthma. A chronic disease with a significant impact on the predominantly younger population affecting their quality of life; rapid and appropriate treatment can ensure the patient can safely remain in the community and/or be rapidly transferred to secondary care where appropriate.

SECAmb Asthma Performance
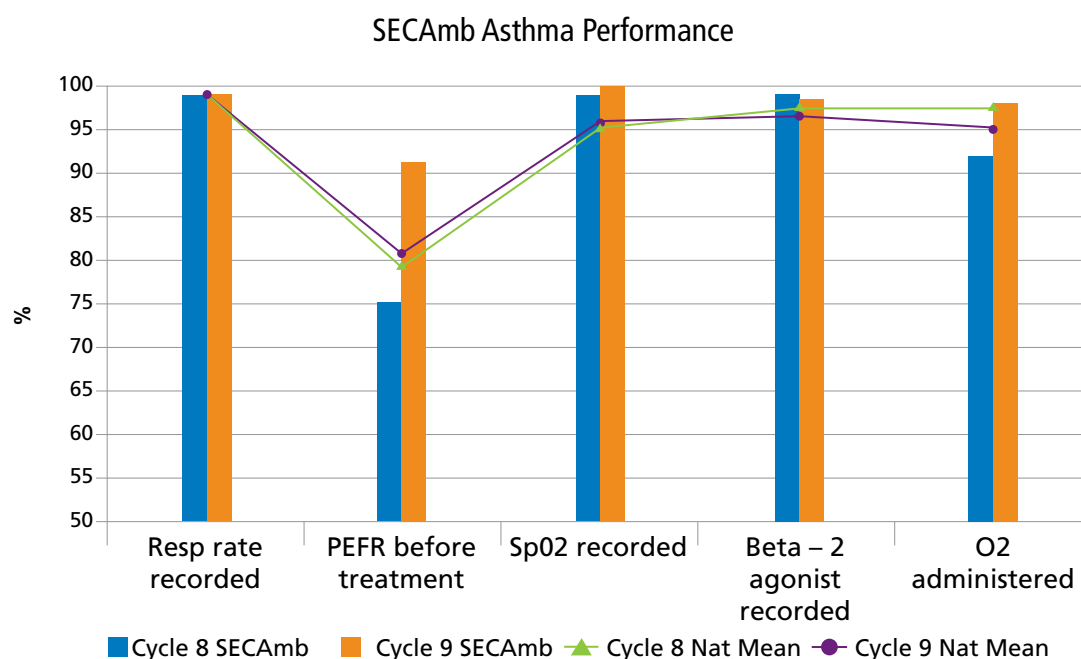
Figure 8: Asthma Data (January 2013-July 2013)
Data Source: National Ambulance Service Clinical Quality Group

10.2.2 Hypoglycaemia

The indicators in figure 9 show SECAmb's performance for the last two completed cycles of audit against the elements of care delivered for patients suffering from hypoglycaemia. Speedy treatment of this disease can allow patients to safely remain in a community setting and lead to a reduction in acute complications of hypoglycaemia and better control of diabetes, with a reduction in long-term morbidity and mortality.

SECAmb Hypoglycamia Performance
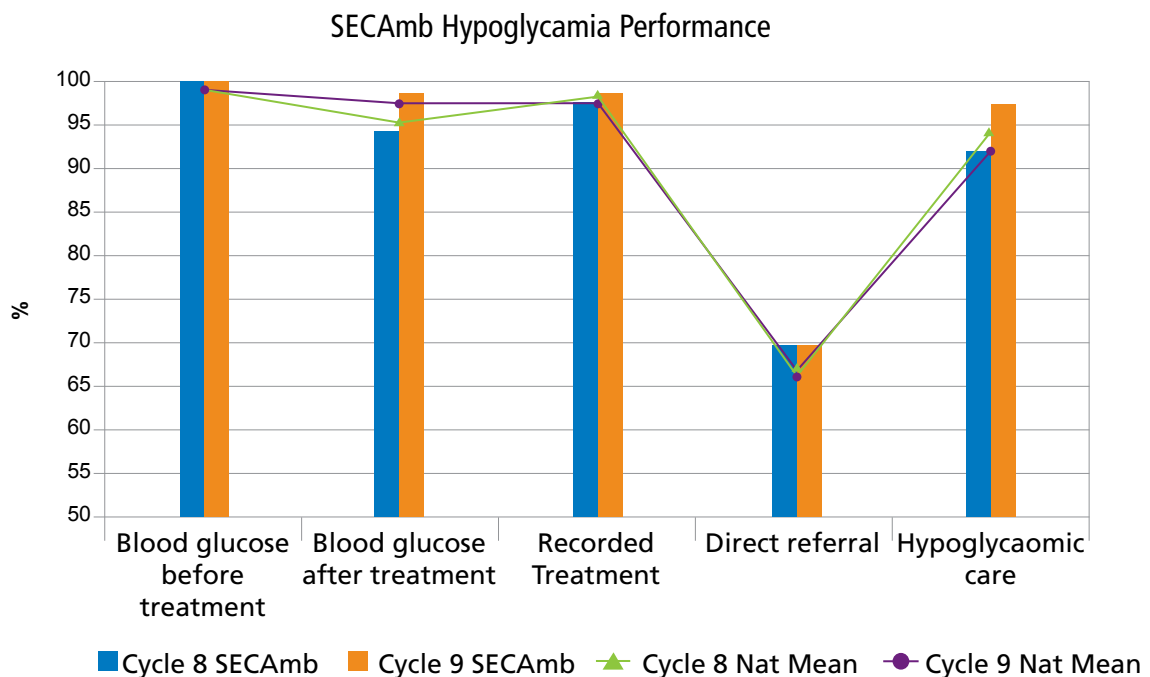
Figure 9: Asthma Data (February 2012 to July 2012)
Data Source: National Ambulance Service Clinical Quality Group

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10.2.3 Stroke

A common condition affecting predominantly a vulnerable population of patients: rapid recognition and transfer to appropriate care has a higher impact on mortality and morbidity, improving quality of life and reducing cost to the overall health economy. SECAmb has taken a leadership role amongst ambulance services in promoting recognition of stroke amongst our population and primary recognition in treatment by our staff. Our performance in the first two quarters of 2013/14 for getting FAST (Facial weakness, Arm weakness, Speech problems, Test all three) positive patients to treatment centres within 60 minutes of a face to face assessment is shown in figure 10.
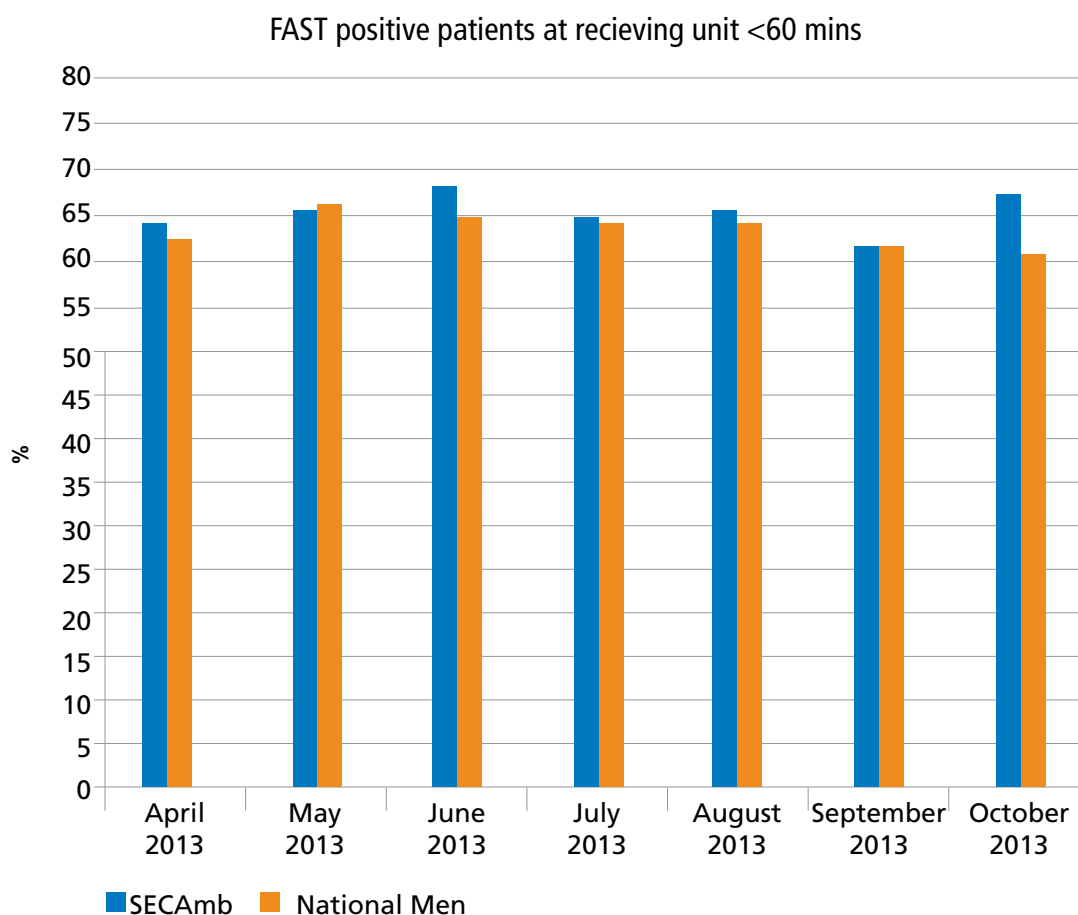
Figure 10: Stroke Care Data (April 2013-October 2013)

Data Source: NHS England

10.3 Patient Experience Indicators

10.3.1 Patient Advice and Liaison Service (PALS)

Our PALS team provides help and information for patients, their carers and relatives, other NHS organisations and the general public who have queries or concerns about SECAmb's care/services it provides. PALS also acts as a referral gateway to other local health and voluntary organisations and will signpost people to services appropriate to their needs.

In addition, PALS can assist those who wish to make a formal complaint by explaining SECAmb's complaints process and direct them to agencies who can provide support through the process, for example the Independent Complaints Advocacy Service (ICAS).

PALS serves as an early warning system for SECAmb, analysing statistics, discerning and monitoring any trends and reporting this data to the Risk Management and Clinical Governance Committee (RMCGC) and Compliance Working Group (CWG) every two months. The RMCGC report is also shared at each public Board meeting, and is provided to our Commissioners at their Quality Focus meetings.

This information helps us to identify common themes and concerns that patients, their carers and families bring to PALS' attention, thereby providing an opportunity for SECAmb to learn from patients' experiences and acting as a catalyst for improvement and change.

SECAmb acknowledges the importance of an effective and efficient PALS service and recognises that PALS enquiries provide useful management information about service quality, reputation and staffing issues from the perspective of patients, their carers and the wider population.

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During 2013/14 our PALS team handled 3,999 enquiries, broken down as follows:-

Enquiry Type/ Department	2013 - 2014									
	NHS 111 and Urgent Care	Commercial Services (Non Operational)	Medical Directorate	Clinical Operations (A&E)	Clinical Operations (PTS)	Clinical Operations (EOC)	Clinical Operations (Other/Non Operational)	Unknown/Other Directorate	Workforce Development	Totals
Administration	56	0	0	5	0	5	0	0	0	**66**
Communication issues	278	1	0	10	1	11	3	0	0	**304**
Information request	36	1	5	246	18	151	37	27	2	**523**
Lost property	0	0	0	21	2	0	1	0	0	**24**
Miscellaneous	14	0	0	62	13	10	0	3	1	**103**
Patient care	493	1	1	136	26	119	1	0	0	**777**
Issues raised by staff	2	0	0	0	0	0	0	0	0	**2**
Staff attitude/conduct	25	0	1	297	93	19	2	2	1	**440**
Timeliness	132	0	0	18	1,028	60	1	0	0	**1,239**
Transport arrangements	0	0	0	2	517	1	1	0	0	**521**
Totals:	**1,036**	**3**	**7**	**797**	**1,698**	**376**	**46**	**32**	**4**	**3,999**

Figure 11: Number of PALS Enquiries (April 2013-March 2014)

Enquiry Type	2012-2013
Administration	6
Communication issues	67
Information request	697
Lost property	116
Miscellaneous	104
Patient care	301
Issues raised by SECAmb staff	1
Concern about staff	327
Timeliness	247
Transport	324
Totals:	***2,190**

Figure 12: Number of PALS Enquiries (April 2012-March 2013)

*Following scrutiny of the database used to record complaints and PALS, we found that the PALS data reported for 2012/13 was incorrect. PALS statistics were reported by 'subject' and it was later found that the subject had not been added to several of the records, which meant that they had not been selected nor included.

10.3.2 Compliments

People, including our staff, are often surprised to find that SECAmb receives more letters and calls thanking our staff for the wonderful work they do ('compliments') than it does complaints.

Compliments are recorded on SECAmb's DATIX database, alongside PALS contacts and formal complaints, ensuring both positive and negative feedback is captured and reported. This data then forms part of the report provided every two months to the RMCGC, the Board and to the Commissioners Quality Focus meeting.

All compliments received are recorded, be they letters, cards or telephone calls, and members of staff who receive plaudits from patients and the public then receive a letter of thanks from our Chief Executive.

During 2013/14 SECAmb received 1,518 compliments, thanking our staff for the treatment and care they provide. Once again, it is pleasing to see this number increase from 2012/13 when we received 1,318 compliments.

Compliments	2013 - 2014
NHS 111 and Urgent Care - 111 Service	81
Clinical Operations - A&E	1,390
Clinical Operations - PTS	41
Clinical Operations - EOC	4
Unknown / Other Directorate	1
Workforce Development	1
Totals:	1,518

Figure 13: Number of Compliments (April 2013-March 2014)

Compliments	2012 - 2013
Total:	1,333*

Figure 14: Number of Compliments (April 2012-March 2013)

*At the time the numbers of compliments received were reported in 2012/13 (1,318) there was a backlog waiting to be added to the database. This resulted in 15 additional compliments for the year 2012/13 (1,333).

Compliments are highly regarded by our staff and an important morale-booster, as well as providing a useful barometer of patient satisfaction.

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10.3.3 Formal Complaints

It is a credit to SECAmb that it receives more letters and calls of thanks than it does formal complaints; however we do encourage people to let us know if they are not satisfied with our service for any reason. We want to know how people feel about the care we provide, as this valuable feedback helps us to learn and continually improve.

During 2013/14 we made over one million emergency responses and PTS journeys and received 615 formal complaints. Although the national target to respond to formal complaints within 25 days no longer exists, SECAmb continues to be committed to responding to as many as possible within this timeframe.

When a formal complaint is received a manager is appointed to investigate, who on most occasions will make arrangements to speak personally to everyone concerned, visiting complainants at home in many cases. On completion of every complaint, we consider whether we feel it was upheld, upheld in part, not upheld or unproven. As this report was compiled, 559 of the 615 complaints for the year 2013/14 had been concluded, with outcomes as follows:

Formal Complaints by Outcome and Directorate	2013 - 2014											
	NHS 111 and Urgent Care *	Chief Executive's Office	Commercial Services (Non Operational)	Finance	Medical Directorate	Clinical Operations (A&E)	Clinical Operations (PTS) *	Clinical Operations (EOC)	Clinical Operations (Other/Non Operational)	Workforce Development	Still Open	Totals
Complaint justified	90	0	1	1	1	38	90	46	0	1	0	**268**
Justified in part	37	0	1	0	1	60	31	21	0	3	0	**154**
Complaint unjustified	38	1	2	0	1	29	9	20	0	2	0	**102**
Unproven	7	0	0	1	0	19	6	0	1	1	0	**35**
Still open	0	0	0	0	0	0	0	0	0	0	56	**56**
Totals:	**172**	**1**	**4**	**2**	**3**	**146**	**136**	**87**	**1**	**7**	**56**	**615**

Figure 15 : Number of Formal Complaints (April 2013-March 2014)

It should be noted that the NHS 111 service was introduced in March 2013 which led to a large increase in complaints in the initial months, as well as a new PTS contract.

During April 2013 – March 2014 the Trust received 615 formal complaints.

Service area	Number	Activity	% of calls/ journeys recieving a complaint
A&E	250	864,193**	0.03%
Patient Transport Service	166	522,747	0.03%
NHS 111	181	954,161^	0.02%
Totals:	**597**		

**Number of calls = 'all calls'

^ Total number of calls offered to the NHS 111 provider

Complaint Outcomes	2012 - 2013
Complaint upheld	127
Upheld in part	110
Complaint not upheld	70
Unproven	33
Still open	7
Totals:	*****347**

Figure 16: Number of Formal Complaints (April 2012-March 2013)

***As complaints figures are provided by 'outcome', when the figure of 275 was submitted for 2012/13, several complaints had not at that point been concluded and, as they had no 'outcome' at that time, they could not be not included in the figures in the chart. As stated in the text in last year's Quality Account, there were in fact 349 complaints received during 2012/13, two of which were later downgraded to 'PALS concerns'. For 2013/14 we have included in the chart the number of complaints still open at the time this report was prepared.

Once an investigation is complete, a full explanation, along with an apology where appropriate, is sent by the Chief Executive to the complainant.

Both complaints and PALS concerns help us to identify areas where improvements to quality and services can be made and, wherever possible, steps are taken to implement changes as a result. We also ensure that this learning is disseminated throughout SECAmb by a number of methods e.g. reflective practice, peer reviews and the issuing of clinical/ operational instructions etc.

We place great emphasis on learning from complaints and every effort is made to take all the steps necessary to help prevent similar situations recurring.

Annex 1

Annex 1: Formal responses from Lead Commissioners, HOSCs and Healthwatch

Who we shared our Quality Account with:

The Quality Account and Quality Report was shared with our partners during its development Lead Commissioners, HOSCs included West Sussex County Council, Brighton and Hove City Council, East Sussex County Council, Kent County Council, Surrey County Council and Medway Council. Also, Healthwatch organisations included England, Kent, Medway, Surrey, East Sussex, Brighton & Hove and West Sussex, IHAG, Governors, Executive and Non-Executive Directors and Stakeholder Workshop attendees.

Formal statements from the Lead Commissioner, HOSCs and Healthwatch organisations are as follows:

Statement from Commissioners

The CCG welcomes the 2013/14 draft quality account and confirms that the performance related figures have been reviewed along with the narrative supplied. The CCG concurs that the data is a true reflection of the progress made and is in line with national reporting requirements.

The CCG acknowledges the progress made by the trust with regard to quality improvement and recognises achievement gained. The Intelligence Based Information System, IBIS is shown to improve patient outcomes as well as reduce conveyance to acute settings. The CCG endorses the

proposed enhancements to the system 14/15. The CCG also acknowledges the inclusion of Paramedic Practitioners within the Emergency Operating Centres as a means to hear and treat thus offering an alternative dispatch/ care pathway for the patient.

The CCG notes the engagement by the trust in developing clinical pathways in order to promote the best possible outcomes for patients across the South Coast region. The CCG welcomes initiatives proposed for 14/15 such as the Cardiac Arrest Task Force and Quality Improvement Group in order that the pathway work already commenced can be expanded and improve patient outcomes further.

The CCG would also concur that the 'Make Ready Centre' initiatives have resulted in positive outcomes in relation to improved infection control of Fleet vehicles across the trust.

The trust have achieved positively in regard to reporting, investigating and embegging learning from incidents, as detailed within this report. The CCG welcomes this culture as a baseline for improving further within 14/15.

Disappointingly there is little included regarding the 111 service within the report, which has had significant issues associated during the first year of delivery although positive progress in delivery through the rectification process is noted. There is also very little reference to training, either from a mandatory perspective or continual professional development of clinical

competencies. A further point to note is that it would be advantageous within the quality account to have a breakdown of the data between 999, 111 and the PTS service as well as County / CCG data.

The trust has highlighted in this report their internal governance and reporting structure ward to board and their process for measurement of performance and quality indicators and outcomes. The trust has also evidenced the level of scrutiny welcomed by other agencies across the health economy in line with a transparent and open culture.

Swale CCG acknowledges and supports the priorities for improvement for 14/15 as detailed within the report and will continue to work closely with the trust in order to support continued improvement for patients and the progression of partnership working with the trust.

Patricia Davies
Accountable Officer, Swale Clinical Commissioning Group

Health Overview and Scrutiny Committees (HOSCs)

Kent County Council HOSC

In recent weeks, the HOSC has received a number of draft Quality Accounts from Trusts providing services in Kent, and may continue to receive more. I would like to take this opportunity to explain to you the position of the Committee this year.

Given the large number of Trusts which will be looking to the HOSC at Kent County Council for a response, and the standard window of 30 days allowed

for responses, the Committee does not intend to submit a statement for inclusion in any Quality Account this year.

Through the regular work programme of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of effective healthcare across Kent and the decision not to submit a comment should not be interpreted as a negative comment in any way.

As part of its on-going overview function, the Committee would appreciate receiving a copy of your finalised Quality Account for this year and hope to be able to become more fully engaged in next year's process.

Kind regards.
Robert Brookbank
Chairman, Health Overview and Scrutiny Committee, Kent County Council

Medway HOSC

Over the past year the Health and Adult Social Care Overview and Scrutiny Committee has received two presentations from SECAmb on NHS 111 and recently undertaken a visit to the Call Centre in Ashford to see for themselves how the NHS 111 system operates.

The Committee Members had been concerned at the initial teething problems, which had been encountered at the set up of the NHS 111 service, which had impacted on the level of service received from those people trying to access it. In view of the concerns the Committee requested a further update to check progress and while they accepted the

situation was improving they will continue to keep the matter under review.

A presentation on the operation and use of public access defibrillators was given to the Committee and Members look forward to receiving further details in due course.

During the next year the Committee will look to having a more detailed report/briefing on the overall SECAmb performance to enable them to scrutinise some of the targets which are falling below national average.

Rosie Gunstone
Democratic Services Officer,
Medway Council

Surrey HOSC

The Health Scrutiny Committee is pleased to be offered the opportunity to comment on South East Coast Ambulance NHS Foundation Trust Quality Account for 2013/14. The Trust is thanked for working with the Health Scrutiny Committee over the last year on the key issues of patient transport and the new 111 service.

The Committee has delegated the monitoring the Trust's quality account to a smaller group of Members who have engaged throughout the year with the Trust. The group would like to increase the level of contact in 2014/15 as this has proved useful.

Based on the information available and the structure of the draft report presented to its members, the Committee makes the following comments on the South East Coast Ambulance NHS Foundation Trust:

+ Notes the missed targets for the A&E Fleet in 2013/14 priority 'A' and the difficulty surrounding the effectiveness of the 111 service in priority 'B'. The Committee also notes with caution that these priorities have not been taken forward for 2014/15 despite requiring improvement

+ The Committee commends the Trust for 999 caller satisfaction levels

+ Notes that the large increase in the number of emergency calls received appears to have adversely impacted the call response times and ambulance arrival times. Calls for continued work to reduce the number of unnecessary attendances

+ Regarding priority 'D' the Committee encourages the Trust to continue increasing the levels of information on patients with long term conditions

+ Cardiac Arrest Management. Notes the work that has been done to date with partners to improve clinical pathways, particularly with those associated with heart attacks and trauma

+ Notes that the increase in the number of Serious Incidents Requiring Investigations (SIRIs) - from 31 to 44 - albeit heavily influenced by the problems with the 111 service, needs more supporting information

+ Similarly, the Committee notes the increase in the number of medication errors (although relatively modest in number) is more than twice that of the previous year

The Committee commends the level of interaction with stakeholders in the prioritisation of quality measures for 2014/15 and lends its approval for the chosen priorities. However, the Committee wishes to highlight the following points:

+ The need for clarity on performance measures for each priority e.g. specific aims for Cardiac Arrest Management

+ Suggests the creation of a Patient Experience Group and improvements to the complaints process to ensure prompt responses

+ That the priorities in 2013/14 which did not meet the expected targets for improvement remain as actions for the Trust

+ PTS drop-off and pick-up times - should aim to increase the proportion of drop off and pick up times that are recorded. The Committee understands that reducing the number of same day discharges will require commitment from the Acute Hospitals as well

The Committee hopes to build on the engagement between its Member Reference Group and SECAmb in 2014/15 and has identified a number of areas in this Quality Account for further discussion. It will pursue these points with the Trust as part of its routine liaison throughout the year.

Ross Pike
Scrutiny Officer, Surrey County Council

West Sussex HASC

Thank you for offering the Health &

Adult Social Care Select Committee (HASC) the opportunity to comment on South East Coast Ambulance Service NHS Foundation Trust's Quality Account for 2013-14. The comments set out below are based on feedback from HASC's liaison members for SECAmb during 2013-14.

SECAmb has continued to show a strong commitment to engaging with HASC, with regular informal liaison meetings during 2013-14 as well as attendance at three formal Committee meetings (for reviews of NHS 111, A&E Services and Stroke Services). SECAmb has kept the Committee updated on its performance and the challenges and pressures it faces, and its Quality Account reflects issues of key concern to the HASC – NHS 111, Patient Transport Services, emergency response times and the development of community first responders.

HASC is aware of the many challenges facing the NHS, with rising demand on services, financial constraints and plans to transform services through integration between health and social care. The Ambulance Service is central to achieving the necessary changes, and therefore it is critically important that we (and the public) understand how it is performing in this time of change. So whilst the Quality Account provides a considerable amount of information and data on performance and plans, it would be helpful to understand more about why activity levels are increasing – and how SECAmb is working with the wider health and social care system to address these

and to ensure that the quality of services (and particularly patient outcomes and experience) are maintained and improved.

Overall, we do not necessarily find the Quality Account format very "user friendly" – but understand that you are following national requirements. Quality Accounts tend to be too long and too detailed to provide the kind of information that is readily digestible by the public and lay-people. However, SECAmb's Quality Account for 2013-14 provides a useful summary of the quality of services and plans for the future. We would like further information on the outcomes of the capacity review and also on whether recommended increase in baseline funding was achieved. It is clear from the Quality Account that the Ambulance Service is facing challenging times, with a number of areas not reaching key performance targets.

West Sussex HASC is particularly concerned at performance against emergency response targets in the rural areas of the County (Horsham, Chichester, Mid Sussex) and will be exploring this with the Trust at its meeting in June 2014. One key way of addressing this will be through the Community First Responders (CFRs) scheme, and we are disappointed that a number of these volunteers have resigned and hope that SECAmb will focus on recruiting and retaining more CFRs in the future. We reiterate the point we made last year - that it would be helpful if the Quality Account could include data to show performance within the different areas covered by SECAmb (to include rural/urban areas). This would help us, and the wider

public, to better understand how you are performing across the wide area you serve.

Mrs Margaret Evans
Chairman, Health & Adult Social Care Select Committee, West Sussex County Council

Healthwatch

West Sussex Healthwatch

Healthwatch West Sussex acknowledges the example set by SECAmb in engaging stakeholders in the QA criteria selection process through its annual QA workshops (p.34/5). We also commend the inclusion of section in Part 3 of the draft reviewing patient experience indicators. However we would have anticipated that the Executive Summary (p.5/6) also includes some discussion of the key issue of patient experience during the year under review. From the consumer perspective, it is reassuring to note that review of the applicability of the Francis Report findings (p.8) to the work of SECAmb is under way. However we would welcome an indication of key changes made as a result of this review, in particular the action plan under Quality Measure C arising from the survey of users of the 999 service on their satisfaction levels (p.24/5).

We welcome the increasingly positive impact of the introduction of IBIS on avoidance of patient admissions and patient experience generally. We would be interested to see disaggregated data on where community teams have registered so far to support and consolidate this innovative approach. Similarly it is encouraging to note the high satisfaction rates experienced with the Patient Transport Service (in Sussex

and Surrey) with 92% of patients who responded saying they were satisfied or very satisfied with the service they received. We are pleased that this rate is exceeded by the 97% satisfaction rate recorded under Quality Measure C above.

The Healthwatch West Sussex report 'Can't Complain?' makes recommendations on improvements which could be made by Trusts in their complaints processes. It is gratifying to note the Trust is planning to distribute leaflets with relevant contact information during this year to hospitals and GP surgeries. The 'Concerns and Complaints' tab on the SECAmb website is clearly written and we hope that good use will be made of both of these potentially rich sources of patient feedback.

Despite their relatively small numbers compared with emergency responses and PTS journeys, we note the apparently significant increase in complaints and PALS contacts during 2013/14 (p.51/2) over 2012/13. It is explained that the complaints data in particular takes into account the introduction of the NHS 111 service in March 2013 (and presumably the greater transparency in complaints handling which this offers). Up to 10/4/14 there were approximately double the number of complaints upheld by the Trust compared with 2012/13 with 110 cases still to be adjudicated.

As the Trust itself states, it is of central importance that the organisation assimilates learning points from this increase in complaints alongside the more than double (figure still to be verified) the rate of liability claims over 2012/13. Of course the steady increase in Compliments received by the Trust is also acknowledged alongside the relatively few complaints which Healthwatch West Sussex has received on its database regarding Patient Transport Service and SECAmb ambulance staff performance (3 and 1 complaints respectively over the 6 month period 1/10/13 to 31/3/14).

Healthwatch West Sussex looks forward to developing its relationship with the Trust and jointly reviewing performance from the patient and public perspective.

Frances Russell
Chair of the Board, Healthwatch West Sussex

Medway Healthwatch

Within the timescale of these SECAmb Quality accounts a range of high-profile independent Government reviews (Francis Report (2013), Berwick (2013), Keogh (2013) and Clwyd Hart (2013)) took place all highlighting the critical need to 'put patients first' and for services to have mechanisms in place to continually learn from patient experience.

Healthwatch Medway is the' independent consumer champion' of Medway residents who use care and health services in Medway. As a result of the role is to champion rights in health and care and the comment for these Quality Accounts focuses on the systems and processes which SECAmb has in place to hear, learn and improve from patient experiences.

SECAmb Performance during 2013/2014

Healthwatch Medway welcomes:

+ SECAmb running on 13 March 2014 an engagement event in Medway to provide Medway citizens with information about SECAmb services and providing an opportunity to directly ask SECAmb officers questions about the SECAmb service.

+ SECAmb engaging, in partnership with the SECAmb Inclusion Hub, a patient survey for its 999 and 111 service.

+ The Inclusion of information on complaints, compliments and serious incidents within the Quality Accounts.

+ SECAmb actively engaging with Healthwatch Medway in connection with the SECAmb Quality Accounts 2013/2014.

+ Receiving a copy of SECAmb's quality of accounts in advance to allow additional time to provide a considered response for inclusion in the Quality Accounts.

+ SECAmb engaging with Healthwatch Medway as a stakeholder and providing regular SECAmb communications e.g. press releases.

Healthwatch Medway notes:

+ The SECAmb Patient Engagement Group – a key action of the 2013 SECAmb Francis report Action Plan, has not been established.

+ That there appears to be no agreed SECAmb definition of 'patient experience' and 'involvement'.

+ The SECAmb Inclusion Hub is central

for stakeholder engagement to do with SECAmb quality issues; however there is a lack of data, within the accounts, to demonstrate how the Hub is representative of those individuals and communities with perceived 'protected characteristics' (according to the Equality Act 2010).

+ A lack of clarity within the Quality Accounts about how SECAmb ensures that it gains meaningful, patient feedback about its services from individuals and communities who may identity as having 'protected characteristics' (according to the Equality Act 2010).

+ A lack of transparency about how SECAmb continues to use patient experience and opinion to influence its service provision e.g. the last minutes of the Inclusion Hub (a key mechanism in SECAmb's patient involvement structure) meetings on the SECAmb website are 18 July 2013.

+ The SECAmb website and Quality Accounts do not provide Medway specific information – instead providing information for Kent as a whole.

+ SECAmb Quality Accounts 2013/2014 use a lot of 'service-based language' which as a direct result means that they are inaccessible to many Medway residents.

+ SECAmb has not produced an Easy-Read or any alternative versions of their 2013/2014 Quality Accounts – limiting the accessibility of the Quality Accounts to Medway citizens.

+ A lack of specific Medway related information within the report.

SECAmb Priorities for 2014/2015

Healthwatch Medway welcomes:

+ That SECAmb has actively involved Healthwatch Medway in setting the SECAmb Priorities for 2014/2015.

+ That SECAmb's will be producing a leaflet providing information to patients, carers and the public about how to feedback concerns, comments, suggestions, complaints and compliments, and this will be made available in hospitals and GP surgeries.

+ SECAmb's priorities for 2014/2015 including a Quality Domain regarding 'Patient Experience that is intrinsically linked to good practice as outlined in the Francis Report.

Healthwatch Medway notes:

+ A lack of clarity about how SECAmb will be improving its engagement activity with patients and increasing its understanding of the patient experience of SECAmb services in Medway.

+ A lack of reference by SECAmb to ensuring that meaningful data is captured about the patient experience of those individuals and communities with perceived 'protected characteristics' (according to the Equality Act 2010)

+ That SECAmb does not state whether it's 2014/2015 Quality Accounts will be provided in alternative formats – (a request made in 2013/2014 by Healthwatch Medway) in order to extend the reach of citizens that are able to access this information.

Conclusion/comment

Healthwatch Medway believes that it is important to understand what matters to consumers, especially those least included or who have protected characteristics, by always starting with their needs and rights. Healthwatch Medway is disappointed that SECAmb's Quality Accounts lacks clarity about this important issue.

Healthwatch Medway welcomes the opportunity to engage with SECAmb in 2014/2015. In addition, Healthwatch Medway looks forward to learning about the action that has been taken by the SECAmb service following the Healthwatch Medway comments on it's 2013/2014 Quality Accounts.

The Very Reverend Dr Mark Beach
On behalf of Healthwatch Medway CIC

Brighton and Hove Healthwatch

Healthwatch Brighton and Hove is pleased that SECAmb is sharing important issues with us, and working with us more closely as we have transitioned from LINk.

The information that Healthwatch Brighton and Hove receive through our helpline and other sources have unfortunately shown that many are dissatisfied with the patient transport service locally. People have told us about journeys being regularly delayed and missing hospital appointments as a result of this. Healthwatch Brighton and Hove will continue to work on this issue.

We understand that there has been one patient survey regarding the 111 service. We believe that as the 111 has received lots of public interest and criticism

both locally and nationally another survey of users and potential users of the 111 service would be advisable.

Last year Healthwatch Brighton and Hove released an urgent care report, which contained a section about NHS 111. We have been pleased to see that nationally and locally there has been a more medical emphasis than before, which is something we recommended in our report. SECAmb informed us that many of the issues we raised in the urgent care report were set nationally. In response to this, we escalated the issues mentioned to Healthwatch England, who are now influencing the issues on a national scale.

Claire Jones
Healthwatch Manager (Strategic and Stakeholder), Healthwatch Brighton and Hove

Kent Healthwatch

As the independent champion for the views of patients and social care users in Kent we have read the Quality Accounts with great interest.

Our role is to help patients and the public to get the best out of their local health and social care services and the Quality Account report is a key tool for enabling the public to understand how their services are being improved. With this in mind, we enlisted members of the public and Healthwatch staff and volunteers to read, digest and comment on your Quality Account to ensure we have a full and balanced commentary which represents the view of the public.

On reading the Accounts, our initial feedback is that the report is succinct and well structured. The Executive Summary and the abbreviations proved very helpful to members of the public reading the document.

The report references engagement with the public and patients. We would like to hear more detail about how you are working with patients and the public and would be happy to help you to develop ideas for the year ahead as this is such a vital part of your work. We note in the report that over 200 Community First Responders have left the Trust but we can't see any information as to the reason or plans to reduce departures.

We were disappointed to be given such little time to respond to the report (initially only an afternoon!) and we would very much like to further our relationship with South East Ambulance Service Trust. As part of that we would like to offer our help and support to develop a better, more meaningful Quality Account for next year which can truly help the public understand your achievements and priorities. We have a group of volunteers who could be a willing test bed for this.

In summary, we would like to see more detail about how you involve patients and the public from all walks of life in decisions about the provision, development and quality of the services you provide. We hope to further develop our relationship with the Trust to ensure we can help you with this.

Steve Inett
Chief Executive Healthwatch Kent

Annex 2

Annex 2: Statement of Directors' Assurance/ Responsibilities in respect of the Quality Report 2013/14

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

+ The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14;

+ The content of the quality report is not inconsistent with internal and external sources of information including:

  + Board minutes and papers for the period April 2013 to May 2014;

  + Papers relating to quality reported to the board over the period April 2013 to May 2014;

  + Feedback from the commissioners dated 22 May 2014;

+ Workshop with the governors took place on 2 December 2013 and subsequent feedback from the draft document was obtained April/May 2014;

+ Workshop with local Healthwatch organisations took place on 2 December 2013 and subsequent feedback from the draft document was obtained April/May 2014;

+ The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 8 May 2014;

+ The 2013 national staff survey – survey went live 24 September 2013 and closed on 3 December 2013;

+ The Head of Internal Audit's annual opinion over the trust's control environment, dated 28 May 2014;

+ Care Quality Commission quality and risk profiles dated 28 February 2014;

+ The quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;

+ The performance information reported in the quality report is reliable and accurate;

+ There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;

+ The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the quality report (available at www.monitor.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

Chairman
29 May 2014

Chief Executive
29 May 2014

Annex 3

Annex 3: Independent Auditor's Report

Independent Auditors' Limited Assurance Report to the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust on the Quality Report

Introduction to our review

The Quality Report

The Quality Report is an annual report to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of the Quality Report is to encourage boards and leaders of healthcare organisations to assess quality across all the healthcare services they offer. It allows leaders, clinicians, governors and staff to show their commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

We have been engaged by the Council of Governors of the Trust, as required by Monitor, to perform an independent assurance engagement in respect of the Trust's Quality Report for the year ended 31 March 2014 (the "Quality Report") and certain performance indicators contained therein.

This report to governors provides a summary of the findings from this engagement. It is issued in conjunction with our signed limited assurance report, which is disclosed with the Quality Report section of the Trust's Annual Report for the year ended 31 March 2014. This enables the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report.

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

+ the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

+ the Quality Report is not consistent in all material respects with the information sources specified in Monitor's 2013/14 Detailed Guidance for External Assurance on Quality Reports.

+ the two indicators in the Quality Report, identified as having been the subject of limited assurance, are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust

Annual Reporting Manual, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially consistent with the specified documents in Monitor's 2013/14 Detailed Guidance for External Assurance on Quality Reports.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents. Our responsibilities do not extend to any other information.

This report to Governors, including the conclusion, has been prepared solely for the Council of Governors of the Trust.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and the Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with Monitor's 2013/14 Detailed Guidance for External Assurance on Quality Reports. This is based on International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

+ evaluating the design and implementation of the key processes and controls for managing and reporting the indicators

+ making enquiries of management

+ testing key management controls

+ limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation

+ comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report

+ reading the documents.

Other procedures

In addition to our responsibilities in regard to the limited assurance opinion noted above (and excluded from it), we are required by Monitor to undertake the following additional procedures:

+ undertake substantive sample testing on one locally selected indicator included in the quality report, and;

+ provide a written report to the NHS foundation trust's council of governors and board of directors (the Governors' Report) of our findings and recommendations for improvements concerning the content of the quality report, the mandated indicators and the locally selected indicator.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

Annex 3

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included the Trust's arrangements for quality governance or non-mandated indicators which have been determined locally by the Trust

Unqualified Conclusion

Our limited assurance opinion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

+ the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual

+ the Quality Report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports

+ the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

Key messages

We would like to highlight the following key messages arising from our review:

+ During the preparation of the 2013/14 Quality Report and Accounts management identified that it had failed to publish its 2012/13 complaints report as required under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009. This matter was rectified and the 2012/13 complaints report was published on 8 May 2014.

+ Management have improved arrangements for the production and publishing of the 2013/14 complaints report.

Acknowledgements

We would like to thank the Trust staff for their co-operation in completing this review.

Compliance with regulations

We checked that the Quality Report had been prepared in line with the requirements set out in Monitor's Annual Reporting Manual.

Requirement	Work performed	Conclusion
Compliance with regulations	We reviewed the content of the Quality Report against the requirements of Monitor's published guidance which are specified in paragraph 7.76 and Annex 2 to Chapter 7 of the NHS Foundation Trust Annual Reporting Manual 2013/14.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Consistency of information

We checked that the Quality Report is consistent in all material respects with the sources specified in Monitor's Detailed Guidance for External Assurance on Quality Reports 2013/14.

Requirement	Work performed	Conclusion
Consistency with other sources of information	We reviewed the content of the Quality Report for consistency with specified documentation, set out in the auditor's guidance provided by Monitor. This includes the board minutes for the year, feedback from commissioners, and survey results from staff and patients.	Based on the results of our procedures, with the exception of the matter reported below, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, the Quality Report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports. In preparing the quality report, directors are required to take steps to satisfy themselves that the content of the quality report is not inconsistent with internal and external sources of information, including the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009. During the preparation of the 2013/14 Quality Report and Accounts management identified that it had failed to publish its 2012/13 complaints report as required under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009. This matter was rectified and the 2012/13 complaints report was published on 8 May 2014. Management have improved arrangements for the production and publishing of the 2013/14 complaints report. Our testing of the complaints data within the report has confirmed that it is consistent with the Trust's records.

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Requirement	Work performed	Conclusion
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, we concluded that the process has resulted in appropriate consultation.

Consistency of information

We checked that the Quality Report is consistent in all material respects with the sources specified in Monitor's Detailed Guidance for External Assurance on Quality Report 2013/14.

Requirement	Work performed	Conclusion
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, we concluded that the process has resulted in appropriate consultation. It is noted that some stakeholders declined to comment on the Trust's Quality Report because of the number of such requests received.

Data quality of reported performance indicators

We undertook substantive testing on certain indicators in the Quality Report.

Selecting performance indicators for review

The Trust is required to obtain assurance from its auditors over three indicators. Monitor requires that we test two specified indicators for ambulance trusts. These two indicators are subject to a limited assurance opinion: we have to report on whether there is evidence to suggest that they have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

In line with the auditor guidance, we have reviewed the following indicators:

+ *Category A call* – emergency response within 8 minutes: mandated by Monitor

+ *Category A call* – ambulance vehicle arrives within 19 minutes: mandated by Monitor

In 2013/14, NHS foundation trusts also need to obtain assurance through substantive sample testing over one additional local indicator included in the quality report, as selected by the governors of the Trust. Although the Trust's external auditors are required to undertake the work, it is not proposed that this is subject to a formal limited assurance opinion in 2013/14 (this may be reviewed by Monitor in future years).

In line with the auditor guidance, we have reviewed the following local indicator:

+ Number of Patient Safety Incidents (PSIs).

The governors selected this indicator following discussions with the Trust and the Trust's internal auditors.

Indicators subject to limited assurance opinion

Indicator & Definition	Indicator outcome	Work performed	Conclusion
Category A call – emergency response within eight minutes Improved health outcomes from ensuring a defibrillator and timely response to immediately life-threatening ambulance calls	Red 1 76.8% Red 2 73.9%	We reviewed the process used to collect data for the indicator. We then tested a sample of 4, in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation is in accordance with the definition. We also checked that the indicator presented in the Quality Report reconciled to the underlying data.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, the indicator has not been reasonably stated in all material respects.
Category A call – ambulance vehicle arrives within 19 minutes Patient outcomes can be improved by ensuring patients with immediately life-threatening conditions receive a response at the scene which is able to transport the patient in a clinically safe manner, if they require such a response.	97.0%	We reviewed the process used to collect data for the indicator. We then tested a sample of 2, in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation is in accordance with the definition. We also checked that the indicator presented in the Quality Report reconciled to the underlying data.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, the indicator has not been reasonably stated in all material respects.

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Local indicator <u>not</u> subject to limited assurance opinion

Indicator & Definition	Indicator outcome	Work performed	Conclusion
Patient Safety Incidents The number of patient safety incidents reported within the Trust during the reporting period.	616	We reviewed the process used to collect data for the indicator. We then tested a sample of 25, in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation is in accordance with the definition. We also checked that the indicator presented in the Quality Report reconciled to the underlying data.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, the indicator has not been reasonably stated in all material respects.

Grant Thornton UK LLP,
Grant Thornton House
Melton Street
Euston Square
London NW1 2EP
28 May 2014

The Quality Account and Quality Report can be accessed on the SECAmb web site or alternatively for copies of the document please e-mail qualityaccount@secamb.nhs.uk or write to:

South East Coast Ambulance Service NHS Foundation Trust
The Horseshoe
Banstead
Surrey
SM7 2AS

This document can be made available in alternative formats and languages on request. On occasion a summary will be provided in the requested language or format.

Appendix B

Accounts 2013/14

STATEMENT OF CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

The National Health Service Act 2006 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 accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the National Health Service Act 2006, Monitor has directed 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 set out in the Accounts Direction. 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, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

+ observe the Accounts Direction issued by Monitor, 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 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; and

+ prepare the financial statements on a going concern basis.

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 him 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.

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

29 May 2014
Paul Sutton, Chief Executive

FOREWORD TO THE ACCOUNTS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

The accounts have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.

29 May 2014
Paul Sutton, Chief Executive

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

We have audited the financial statements of South East Coast Ambulance Service NHS Foundation Trust 'the Trust' for the period ended 31 March 2014 which comprise the statement of comprehensive income, the statement of financial position, the statement of cash flow, the statement of changes in taxpayers' equity and the related notes. The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual issued by Monitor, the Independent Regulator of NHS Foundation Trusts.

We have also audited the information in the Remuneration Report that is subject to audit being:

+ the table of salaries and allowances of senior managers and related narrative notes

+ the table of pension benefits of senior managers and related narrative notes

+ the table of pay multiples and related narrative notes.

This report is made solely to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Governors and Directors 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 any

responsibility to anyone other than the Trust as a body and the Trust's Board of Directors as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of the accounting officer and auditor

As explained more fully in the Chief Executive's Statement, the Chief Executive as Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

The Accounting Officer is responsible for the maintenance and integrity of the corporate and financial information on the Trust's website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements and other information included in annual reports may differ from legislation in other jurisdictions.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts issued by Monitor, and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently

applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

+ give a true and fair view of the state of the financial position of South East Coast Ambulance Service NHS Foundation Trust as at 31st March 2014 and of its income and expenditure for the year then ended; and

+ have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual and the directions under paragraph 25(2) of Schedule 7 of the National Health Service Act 2006.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion:

+ the part of the Remuneration Report subject to audit has been properly prepared in accordance with paragraph 25 of Schedule 7 of the National Health Service Act 2006 and the NHS Foundation Trust Annual Reporting Manual 2013-14 issued by Monitor

+ the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if, in our opinion:

+ the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with information of which we are aware from our audit consistent with the financial statements.

+ we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

+ the Trust's Quality Report has not been prepared in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual or is inconsistent with other sources of evidence

Certificate

We certify that we have completed the audit of the financial statements of South East Coast Ambulance Service NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Paul Hughes
Senior Statutory Auditor
for and on behalf of Grant Thornton UK LLP

Grant Thornton House
Melton Street
Euston Square
London NW1 2EP

29 May 2014

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2014

	NOTE	Year ended 31 March 2014	Year ended 31 March 2013
		£000	£000
Revenue			
Revenue from patient care activities	5	**187,147**	172,243
Other operating revenue	5.1	**1,999**	1,786
Operating expenses	8	**(186,776)**	(168,785)
Operating surplus/(deficit)		**2,370**	5,244
Finance costs:			
Investment revenue	13	**65**	171
Other gains and losses			
Finance costs	14	**(264)**	(347)
Surplus/(deficit) for the financial period		**2,171**	5,068
Public dividend capital dividends payable		**(2,054)**	(2,013)
Retained surplus/(deficit) for the period		**117**	3,055
Other comprehensive income			
Impairments and reversals		**0**	(352)
Gains on revaluations		**708**	0
Receipt of donated/government granted assets		**0**	0
Net gain/(loss) on other reserves (e.g. defined benefit pension scheme)		**0**	0
Net gains/(losses) on available for sale financial assets		**0**	0
Reclassification adjustments:			
- Transfers from donated and government grant reserves		**0**	0
- On disposal of available for sale financial assets		**0**	0
Total comprehensive income for the period		**825**	2,703

The notes on pages 5 to 45 form part of these accounts.

Reported NHS financial performance position [Adjusted retained surplus]

Retained surplus for the year	**117**	3,055
International Financial Reporting Interpretations Committee (IFRIC) 12 adjustment	**0**	0
Impairments	**0**	0
Reported NHS financial performance position [Adjusted retained surplus]	**117**	3,055

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2014

	NOTE	Year ended 31 March 2014	Year ended 31 March 2013
		£000	£000
Non-current assets			
Property, plant and equipment	15	**79,607**	79,544
Intangible assets	16	**575**	454
Total non-current assets		**80,182**	79,998
Current assets			
Inventories	19	**1,466**	1,387
Trade and other receivables	20	**11,892**	6,768
Non-current assets held for sale	22	**681**	3,333
Cash and cash equivalents	21	**27,970**	30,317
Total current assets		**42,009**	41,805
Total assets		**122,191**	121,803
Current liabilities			
Trade and other payables	23	**(16,822)**	(17,802)
Other liabilities	23	**(189)**	(248)
Borrowings	24	**(2,011)**	(1,774)
Other financial liabilities		**0**	0
Provisions	27	**(2,275)**	(2,435)
Net current assets/(liabilities)		**20,712**	19,546
Total assets less current liabilities		**100,894**	99,544
Non-current liabilities			
Borrowings	24	**(2,573)**	(4,218)
Other financial liabilities		**0**	0
Provisions	27	**(7,205)**	(8,535)
Other liabilities		**0**	0
Total assets employed		**91,116**	86,791
Financed by taxpayers' equity:			
Public dividend capital		**79,524**	76,024
Retained earnings		**8,539**	8,327
Revaluation reserve		**3,053**	2,440
Total taxpayers' equity		**91,116**	86,791

The financial statements on pages 5 to 45 were approved by the Board on 29 May 2014 and signed on its behalf by:

Signed: ……………………..(Chief Executive)   Date: ..29.May.2014....

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED 31 MARCH 2014

	31 March 2014				31 March 2013			
	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Total	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Balance at 1 April	76,024	8,327	2,440	86,791	75,024	5,141	2,923	83,088
Transfers between reserves	0	95	(95)	0	0	131	(131)	0
Surplus/(deficit) for the year	0	117	0	117	0	3,055	0	3,055
Impairments	0	0	0	0	0	0	(352)	(352)
Revaluations	0	0	708	708	0	0	0	0
Receipt of donated assets	0	0	0	0	0	0	0	0
Asset disposals	0	0	0	0	0	0	0	0
Share of comprehensive income from associates and joint ventures	0	0	0	0	0	0	0	0
Movements arising from classifying non current assets as Assets Held for Sale	0	0	0	0	0	0	0	0
Other recognised gains and losses	0	0	0	0	0	0	0	0
Actuarial gains/(losses) on defined benefit pension schemes	0	0	0	0	0	0	0	0
Public Dividend Capital received	3,500	0	0	3,500	1,000	0	0	1,000
Public Dividend Capital repaid	0	0	0	0	0	0	0	0
Public Dividend Capital written off	0	0	0	0	0	0	0	0
Other reserve movements	0	0	0	0	0	0	0	0
Balance at 31 March	**79,524**	**8,539**	**3,053**	**91,116**	76,024	8,327	2,440	86,791

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2014

	NOTE	Year ended 31 March 2014	Year ended 31 March 2013
		£000	£000
Cash flows from operating activities			
Operating surplus/(deficit)		**2,370**	5,244
Depreciation and amortisation	8	**10,370**	9,631
Impairments and reversals	17	**(292)**	309
(Increase)/decrease in inventories	19.1	**(79)**	(438)
(Increase)/decrease in trade and other receivables		**(5,313)**	1,422
(Increase)/decrease in other current assets		**0**	0
Increase/(decrease) in trade and other payables		**1,037**	3,071
Increase/(decrease) in other current liabilities	23.1	**(59)**	(254)
Increase/(decrease) in provisions		**(1,588)**	(1,154)
Net cash inflow/(outflow) from operating activities		**6,446**	17,831
Cash flows from investing activities			
Interest received	13	**65**	171
(Payments) for property, plant and equipment		**(11,116)**	(8,378)
Proceeds from disposal of plant, property and equipment		**2,662**	502
(Payments) for intangible assets		**0**	0
Proceeds from disposal of intangible assets		**0**	0
(Payments) for other investments		**0**	0
Proceeds from disposal of other financial assets		**0**	0
Revenue rental income		**0**	0
Net cash inflow/(outflow) from investing activities		**(8,389)**	(7,705)
Net cash inflow/(outflow) before financing		**(1,943)**	10,126
Cash flows from financing activities			
Public dividend capital received		**3,500**	1,000
Public dividend capital repaid		**(1,865)**	(2,103)
Interest paid	14	**(166)**	(217)
Public dividend capital overpaid		**0**	190
Other capital receipts		**0**	0
Capital element of finance leases		**(1,873)**	(1,085)
Net cash inflow/(outflow) from financing		**(404)**	(2,215)
Net increase/(decrease) in cash and cash equivalents		**(2,347)**	7,911
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		**30,317**	22,406
Effect of exchange rate changes on the balance of cash held in foreign currencies		**0**	0
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	**27,970**	30,317

1. Accounting policies

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2013-14 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

The following standards have been issued by the IASB but have not yet been adopted by the Foundation Trust Annual Reporting Manual: IFRS 9 "Financial Instruments" date uncertain, and unlikely to be adopted by the EU until the IASB has finished the rest of its financial instruments project. IFRS 10 "Consolidated Financial Statements"; IFRS 11 "Joint Arrangements" ; IFRS 12 "Disclosure of Interests in Other Entities" all have an effective date of 2014-15; IFRS 13 "Fair Value Measurement" effective date of 2013-14 but not yet adopted by HM Treasury. IAS 27 " Separate Financial Statements"; IAS 28 "Associates and Joint Ventures"; IAS32 "Financial Instruments:

Presentation - amendment" all have an effective date of 2014-15. The Treasury Financial Reporting Manual does not require these standards to be applied in 2013-14.

1.1 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision only affects that period, or in the period of revision and future periods if the revision affects both current and future periods.

1.2 Critical judgments in applying accounting policies

The following are the critical judgements, apart from those involving estimates, that management has made in the process of applying the Trust's accounting policies and which have the most significant effect on the amounts recognised in the financial statements.

Charitable Funds - see Note 1.4 Consolidation below

1.3 Key sources of estimation uncertainty

There are no sources of estimation uncertainty which may cause a material adjustment in 2014-15.

1.4 Consolidation

Charitable Funds

Following HM Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as the Trust is the corporate trustee of the linked NHS Charity, the South East Coast Ambulance Service Charitable Fund, it effectively has the power to exercise control so as to obtain economic benefits. However the transactions are immaterial in the context of the group and transactions have not been consolidated. Details of the transactions with the charity are included in the related parties' notes.

1.5 Income recognition

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Foundation Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.6 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from the employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

1.7 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at **www.nhsbsa.nhs.uk/pensions**. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employer pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill health. The full amount of the liability for the additional costs is charged to operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

1.8 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that

they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses, except where it results in the creation of a non-current asset such as property, plant and equipment.

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

+ it is held for use in delivering services or for administrative purposes;

+ it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;

+ it is expected to be used for more than one financial year;

+ the cost of the item can be measured reliably; and

+ the item has a cost of at least £5,000; or

+ collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

+ items form part of the initial equipping and setting-up cost of a new building or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are subsequently measured at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation, less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

+ Land and non-specialised buildings – market value for existing use

+ Specialised buildings – depreciated replacement cost.

Professional valuations are carried out by a Chartered Surveyor. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual in so far as these terms are consistent with the agreed requirements of the Department of Health. The most recent asset values were recorded at 31 March 2010. For 2014 the Trust has applied an indexation factor to reflect the current market and has used the Investment Property Databank (IPD) sector Capital Value Industrial Index for all buildings with the exception of the Ashford and Paddock Wood Make Ready Centres which are

both new-builds. For land the Industrial Development Land Index was used.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition set out above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust, and where the cost of the asset can be measured reliably and is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsquently intangible assets are measured at fair value. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

1.11 Donated assets

Donated non-current assets are capitalised at their fair value on receipt. The donation is credited to income at the same time, unless the donor has imposed a condition that the

future economic benefits embodied in the donation are to be consumed in a manner specified by the donor, in which case the donation is deferred within liabilities and is carried forward to future financial years to the extent the condition has not yet been met.

The donated assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.12 Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

In accordance with the Foundation Trust Annual Reporting Manual impairments that are due to a loss 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 loss 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.

1.13 De-recognition

Assets intended for disposal are classified as 'Held for Sale' once all of the following criteria are met:

+ the asset is available for immediate sale in its present condition, subject only to terms which are usual and customary for such sales;

+ the sale must be highly probable i.e.

    a) management are committed to a plan to sell the asset;

    b) an active programme has begun to find a buyer and complete the sale;

    c) the asset is being actively marketed at a reasonable price;

    d) the sale is expected to be completed within 12 months of the date of the classification as 'Held for Sale';

    and

    e) the actions needed to complete the planned sale indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell", after which depreciation ceases to be charged. Assets are derecognised when all material sale contract conditions are met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale', and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.14 Leases

Finance leases

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.

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, discounted using the interest rate implicit in the lease, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.15 Inventory

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First in First Out (FIFO) method.

1.16 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation of uncertain timing or amount as a result of a past event, it is probable that the Trust will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. The amount recognised in the Statement of Financial Position is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the

risks and uncertainties. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates for general provisions, except for early retirement and injury benefit provisions which both use the HM Treasury's post employment benefit discount rate of 1.80% (2012-13: 2.35%) in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.17 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at Note 27 (Provisions) but is not recognised in the Trust's accounts.

1.18 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the cost of claims arising. The annual membership contributions and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.19 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is not recognised in the Trust accounts but is disclosed in Note 28.1 (Contingent liabilities) unless the possibility of a payment is remote.

1.20 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.

1.21 Corporation tax

The Trust has determined that it has no Corporation Tax liability as its commercial activities provides less than £50,000 profit.

1.22 Foreign currency

The functional and presentational currency of the Trust is sterling. The Trust has no material transactions or assets and liabilities denominated in a foreign currency.

1.23 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities which arise from the contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements are recognised when, and to the extent that, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liablities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets and financial liabilities are initially recognised at fair value, net of transaction costs.

Financial assets are classified as loans and receivables. Financial liabilities are classified as other financial liabilities. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and other debtors. After initial recognition at fair value, net of transaction costs, they are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, where appropriate, a shorter period, to the net carrying amount of the financial asset.

Impairment of financial assets

At the end of the reporting period, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was

recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Other financial liabilities

The Trust's other financial liabilities comprise: payables, finance lease obligations and provisions under contract. After initial recognition, at fair value, net of transaction costs, they are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, where appropriate, a shorter period, to the net carrying amount of the financial liability.

Other financial liabilities are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current liabilities.

Interest on other financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

1.24 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, including losses which would have been made good through insurance cover had NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note (Note 32) is compiled directly from the losses and compensations register which reports on an accruals basis.

1.25 Joint operations - Accounting for the NHS 111 service

The NHS 111 service is a national telephone service whose aim is to make it easier for the public to access healthcare services when urgent medical help is required but not in life-threatening, emergency situations.

As of March 2013, the Trust provides the 111 service in Kent, Surrey and Sussex working in partnership with an independent provider of urgent care services in England, Harmoni HS Limited, part of the Care UK Group.

The Trust holds the head contract to provide the service but the contractual arrangement between the Trust and Harmoni is such that the service is subject to joint control. Strategic, financial and operating decisions relating to the service require the consent of both parties.

Both parties use their own property, plant and equipment and carry their own inventories. In addition, both parties incur

their own expenses and liabilities and raise their own finance which represents their own obligations. In addition Harmoni provide the Trust with a Managed IT service via Amicus also part of the Care UK Group.

The activities of the service are undertaken by the Trust's employees alongside the Trust's similar activities of patient services. Each party independently accounts for the assets it controls and the liabilities and expenses that it incurs. The accounting entries are included in each party's financial statements. No separate joint entity exists.

Therefore under International Accounting Standard (IAS) 31, the contractual arrangement for the NHS 111 service is a joint venture. IAS 31 recognises three forms of Joint Venture, namely Jointly Controlled Operations, Jointly Controlled Assets and Jointly Controlled Entities. The Trust's arrangement falls under the definition of a Jointly Controlled Operation as no separate entity exists and both parties are responsible and account for their own assets.

NOTES TO THE ACCOUNTS

(continued)

2. Pooled budget

The Trust has no pooled budget arrangements.

3. Operating segments

The segments identified and reported are Patient Services and Commercial Activities. Commercial Activities are external training, private ambulance services and third party fleet maintenance that are offered by the Trust. All other actives are reported under Patient Services (including Clinical Commissioning Group revenue).

	Patient Services		Commercial Activities		Total	
	2013-14	2012-13	**2013-14**	2012-13	**2013-14**	2012-13
	£000	£000	**£000**	£000	**£000**	£000
Income	**188,731**	173,456	**415**	573	**189,146**	174,029
Surplus/(deficit) before interest	**2,597**	5,361	**(227)**	(117)	**2,370**	5,244

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 whose full cost exceeded £1m or was otherwise material.

	2013-14	2012-14
	£000	£000
Income	**415**	573
Full cost	**642**	690
Deficit	**(227)**	(117)

5. Revenue from patient care activities

	2013-14 £000	2012-13 £000
NHS Trusts	374	606
Clinical Commissioning Groups	189,915*	0
Primary Care Trusts	0	168,571
Foundation Trusts	268	459
Local Authorities	9	40
Department of Health	391	1,963
NHS other	0	0
Non-NHS:		
Business with other Whole of Government bodies	11	0
Private patients	20	19
Overseas patients (non-reciprocal)	0	0
Injury costs recovery	818	871
NHS 111 contract - Harmoni HS Ltd	(4,763)*	(309)
Other	104	23
	187,147	172,243

* Included in the Revenue from Clinical Commissioning Groups of £189,915k is £9,526k relating to the NHS 111 service, the contract for which is in the Trust's name. The income attributable to the Trust's joint venture partner, Harmoni HS Ltd. part of the Care UK Group, of £4,763k is shown under Non-NHS Revenue.

5.1 Other operating revenue

	2013-14 £000	2012-13 £000
Education, training and research	1,170	798
Charitable and other contributions to expenditure	141	0
Non-patient care services to other bodies	33	43
Income generation	415	573
Rental revenue from finance leases	0	0
Rental revenue from operating leases	0	0
Other revenue	44	157
Secondment income	196	215
	1,999	1,786

6. Revenue by classification

	2013-14 £000	2012-13 £000
A & E income	155,069	147,850
Other NHS clinical income	16,613	13,304
Private patient income	20	19
Other non-protected clinical income	15,445	11,070
Other operating income	1,999	1,786
	189,146	174,029

Of total revenue from patient care activities, £186,135k is from Commissioner Requested Services and £1,012k is from non-Commissioner Requested Services.

7. Revenue

Revenue is almost totally from the supply of services. Revenue from the sale of goods is immaterial.

8. Operating expenses

	2013-14 £000	2012-13 £000
Services from other NHS Trusts	0	0
Services from other NHS bodies	0	0
Purchase of healthcare from non NHS bodies	13,658	8,296
Executive Directors	660	760
Employee Expenses - Non-executive Directors	146	137
Employee Expenses - Staff	122,520	112,812
Drug costs	1,060	937
Supplies and services - clinical (excluding drug costs)	4,094	3,723
Supplies and services - general	2,224	2,221
Establishment	4,392	3,744*
Research and development	191	3
Transport	16,121*	15,601*
Premises	8,603	8,632
Increase in bad debt provision	0	0
Increase in other provisions	(998)	(770)
Depreciation on property, plant and equipment	10,143	9,444
Amortisation on intangible assets	227	187
Impairments/(Reversals) of property, plant and equipment	(292)	309
Audit fees :		
Audit services - statutory audit	55	58
Audit services - regulatory reporting	0	0
Other auditors remuneration	0	1
Further assurance services	0	0
Other services	0	0
Clinical negligence	525	523
Loss on disposal of investments	0	0
Loss on disposal of intangible fixed assets	0	0
Loss on disposal of land and buildings	0	0
Loss on disposal of other property, plant and equipment	8	0
Loss on disposal of assets held for sale	377	0
Impairments of assets held for sale	0	0
Legal fees	554	451
Consultancy costs	711	559
Training, courses and conferences	1,578	930
Patient travel	2	3
Car parking & security	0	1
Redundancy	187	198
Losses, ex gratia & special payments	30	25
Other	0	0
Total	**186,776**	168,785

* For 2013-14 Transport includes staff travel which in 2012-13 was included in Establishment
Figures shown above for 2012-13 have therefore been restated.

9. Operating leases

9.1 As lessee

Operating leases relate to the leasing of land and buildings, vehicles and other immaterial operating items. There are no contingent rents, terms of renewal of purchase options or escalation clauses and there are no specific restrictions imposed by the lease arrangements.

Payments recognised as an expense

	2013-14 £000	2012-13 £000
Minimum lease payments	2,437	3,691
Contingent rents	0	0
Sub-lease payments	0	0
Less sublease payments received	0	0
	2,437	3,691

Total future minimum lease payments

	2013-14 £000	2012-13 £000
Payable:		
Not later than one year	1,442	1,752
Between one and five years	2,112	2,524
After five years	3,267	2,500
Total	**6,821**	6,776

Total future sublease payments expected to be received: £nil

10. Employee costs and numbers

10.1 Employee costs

	2013-14			2012-13		
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	**101,456**	**101,257**	**199**	94,021	90,270	3,751
Social security costs	**7,540**	**7,540**	**0**	7,235	7,235	0
Employer contributions to NHS pension scheme	**11,911**	**11,911**	**0**	11,002	11,002	0
Pension cost - other contributions	**0**	**0**	**0**	0	0	0
Other post employment benefits	**0**	**0**	**0**	0	0	0
Other employment benefits	**0**	**0**	**0**	0	0	0
Termination benefits	**0**	**0**	**0**	196	196	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	**(206)**	**(206)**	**0**	(430)	(430)	0
Costs capitalised as part of assets	**0**	**0**	**0**	0	0	0
Agency staff	**2,666**	**0**	**2,666**	1,746	0	1,746
Employee benefits expense	**123,367**	**120,502**	**2,865**	113,770	108,273	5,497

* The expected contributions to the pension plan for 2014-15 is £13,000k (2013-14: £11,911k)

10.2 Average number of people employed

| | 2013-14 | | | March 2012-13 | | |
	Total	Permanently employed	Other	Total	Permanently employed	Other
	Number	Number	Number	Number	Number	Number
Ambulance staff	**2,231**	**2,231**	**0**	1,985	1,927	58
Administration and estates	**930**	**930**	**0**	775	714	61
Healthcare assistants and other support staff	**328**	**328**	**0**	336	307	29
Bank and agency staff	**119**	**0**	**119**	54	0	54
Other	**0**	**0**	**0**	0	0	0
Total	**3,608**	**3,489**	**119**	3,150	2,948	202

Of the above:

	2013-14			March 2012-13		
Number of whole time equivalent staff engaged on capital projects	9			6		

10.3 Staff sickness absence

	2013-14	2012-13
	Number	Number
Total days lost	**36,914**	33,433
Total staff years	**3,052**	2,824
Average working days lost	**12.1**	11.8
Total staff employed in period (headcount)	**3,566**	3,265

Data provided by Department of Health for 12 months period January to December 2013.

10.4 Retirements due to ill-health

During 2013 -14 there were 6 (2012-13, 14) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £519,206 (2012-13, £1,001,118) to the NHS Pension Scheme.

10.5 Pay multiple

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

The banded remuneration of the highest-paid director in the Trust in the financial year 2013-14 was £167,500 (2012-13: £142,500). This was 5.7 times (2012-13: 4.7 times) the median remuneration of the workforce, which was £29,469 (2012-13: £30,071).

In 2013-14, no employees received remuneration in excess of the highest-paid director and their annualised remuneration ranged from £10,500 to £127,500.

The pay multiple has increased from 4.7 times (2012-13) to 5.7 times (2013-14), reflecting the implementation of a market based review of Executive Board Director remuneration.

10.6 Staff Exit Packages

There were 9 exit packages paid in 2013-14 (2012-13 : 6) at a total cost of £187k (2012-13 : £198k)

Exit package cost band (including any special payment element)	2013-2014			2012-2013		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
	Number	**Number**	**Number**	Number	Number	Number
Less than £10,000	0	2	2	2	0	2
£10,001-£25,000	2	3	5	2	0	2
£25,001-£50,000	0	2	2	0	0	0
£50,001-£100,000	0	0	0	2	0	2
£100,001 - £150,000	0	0	0	0	0	0
£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	2	7	9	6	0	6
Total resource cost (£000s)	27	160	187	198	0	198

10.7 Other (non-compulsory) staff exit packages

There were 7 other (non-compulsory) staff exit packages agreed in 2013-14 at a cost of £160k as shown below:

Exit packages: other (non-compulsory) departure payments 2013-14	Payments Agreed Number	Total value of agreements £'000
Voluntary redundancies including early retirement contractual	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	0	0
Exit payments following Employment Tribunals or court orders	7	160
Non-contractual payments requiring HMT approval *	0	0
Total	**7**	**160**
of which: non-contractual payments made to individuals where the value was more than 12 months of their annual salary.	**3**	**97**

* Includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

11. Salary and Pension Entitlements of Senior Managers

11.1 Remuneration

Name and Title	Term of office	Year ended 31 March 2014				Year ended 31 March 2013			
		Salary (bands of £5,000)	Taxable Benefits (rounded to the nearest £100)	Pension-related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Taxable Benefits (rounded to the nearest £100)	Pension-related benefits (bands of £2,500)	Total (bands of £5,000)
		£'000	£	£'000	£'000	£'000	£	£'000	£'000
Chairman									
Tony Thorne *Chairman*		40-45	-	-	40-45	40-45	-	-	40-45
Non-Executive Directors									
Christine Barwell *Non-Executive Director*		10-15	-	-	10-15	10-15	-	-	10-15
Isobel Simpson *Non-Executive Director*	*(Left 31.07.2012)*	-	-	-	-	0-5	-	-	0-5
John Jackson *Non-Executive Director*		10-15	-	-	10-15	10-15	-	-	10-15
Nigel Penny *Non-Executive Director*	*(Left 30.06.2013)*	0-5	-	-	0-5	15-20	-	-	15-20
Trevor Willington *Non-Executive Director*		15-20	-	-	15-20	10-15	-	-	10-15
Tim Howe *Non-Executive Director*		15-20	-	-	15-20	15-20	-	-	15-20
Graham Colbert *Non-Executive Director*	*(Appointed 03.09.12)*	10-15	-	-	10-15	5-10	-	-	5-10
Katrina Herren *Non-Executive Director*	*(Appointed 03.09.12)*	10-15	-	-	10-15	5-10	-	-	5-10
Lucy Bloem *Non-Executive Director*	*(Appointed 02.09.2013)*	5-10	-	-	5-10	-	-	-	-
Chief Executive									
Paul Sutton *Chief Executive*		160-165	5,600	70.0-72.5	235-240	140-145	5,100	40.0-42.5	185-190
Executive Directors									
Andy Newton *Dir. of Clinical Operations*		105-110	3,800	102.5-105.0	210-215	90-95	3,200	45.0-47.5	140-145
James Kennedy *Director of Finance*		125-130	-	25.0-27.5	150-155	125-130	-	40.0-42.5	165-170
Geraint Davies *Dir. of Commercial Services*		105-110	2,000	120.0-122.5	225-230	90-95	4,800	(0-2.5)	90-95
Kath Start *Dir. of Workforce Development*		105-110	6,000	47.5-50.0	155-160	90-95	4,700	27.5-30.0	125-130
Sue Harris *Dir. of Strategy, Planning & Partnerships*	*(Left 31.05.2012)*	-	-	-	-	15-20	400	2.5-5.0	20-25
Jane Pateman *Medical Director*		95-100	2,300	-	100-105	95-100	1,800	-	95-100

Pay Multiple	2013-14	2012-13
Band of Highest Paid Director's Total (£000)	165-170	140-145
Median Total Remuneration (£)	29,469	30,071
Remuneration Ratio	5.7	4.7

Taxable benefits
Taxable benefits relate to lease cars

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

11.2 Pension Entitlements

Name and Title	Year ended 31 March 2014						
	Real increase in Pension at age 60 (bands of £2,500)	Real increase in Pension lump sum at age 60 (bands of £2,500)	Total Accrued pension at age 60 (bands of £5,000)	Lump sum at age 60 (bands of £5,000)	Cash equivalent Transfer 31 March 2013	Cash equivalent Transfer 31 March 2014	Real increase in cash equivalent transfer value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Chief Executive							
Paul Sutton *Chief Executive*	2.5-5	7.5-10	35-40	115-120	543	634	79
Executive Directors							
Andy Newton *Director of Clinical Operations*	2.5-5	12.5-15	40-45	130-135	840	984	125
Geraint Davies *Director of Commercial Services*	5-7.5	15-17.5	30-35	100-105	483	603	110
Kath Start *Director of Workforce Development*	0-2.5	0	5-10	0	81	133	51
James Kennedy *Director of Finance*	0-2.5	10-12.5	0-5	10-15	36	60	23

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation and contributions paid by the employee (including the value of any benefits transferred from other pensions).

12. Better Payment Practice Code

12.1 Better Payment Practice Code – measure of compliance

	2013-14		2012-13	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	32,977	70,719	30,985	53,448
Total Non-NHS trade invoices paid within target	30,700	63,697	28,211	45,148
Percentage of Non-NHS trade invoices paid within target	93%	90%	91%	84%
Total NHS trade invoices paid in the period	810	3,509	1,079	2,181
Total NHS trade invoices paid within target	609	2,087	762	1,274
Percentage of NHS trade invoices paid within target	75%	59%	71%	58%

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 2013-14 Better Payment Practice Code percentages are lower than the target of 95% partly due to the errors in invoices received from private ambulance providers resulting in additional checks and delays until credits are received. In addition system issues with the scanning of invoices which resulted in invoice images not being available to view for a number of weeks is a factor. Other supplier disputes, invoices processed but not yet due and timing of NHS payment runs are also reasons for the Better Payment Practice Code percentages being lower than target.

12.2 The Late Payment of Commercial Debts (Interest) Act 1998
There were no material payments made as a result of late payment of Commercial Debts (2012-13: £nil)

13. Investment revenue

	2013-14 £000	2012-13 £000
Interest revenue:		
Bank accounts	65	171
Total	65	171

14. Finance costs

	2013-14 £000	2012-13 £000
Interest on obligations under finance leases	166	217
Unwinding of discount	98	130
Total interest expense	264	347

15. Property, plant and equipment

2013-14	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2013	18,117	27,625	11,634	11,967	45,044	8,175	428	122,990
Transfers by absorption	0	0	0	0	0	0	0	0
Additions purchased	0	0	9,099	0	0	0	0	9,099
Additions leased	0	0	0	0	0	465	0	465
Additions donated	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0
Reversal of Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	751	(14,274)	1,504	11,234	437	0	(348)
Revaluations	0	708	0	0	0	0	0	708
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(3,138)	0	0	(3,138)
At 31 March 2014	**18,117**	**29,084**	**6,459**	**13,471**	**53,140**	**9,077**	**428**	**129,776**
Depreciation at 1 April 2013	0	2,124	0	8,052	28,344	4,498	428	43,446
Provided during the year	0	1,329	0	1,710	5,621	1,483	0	10,143
Impairments	0	(292)	0	0	0	0	0	(292)
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(3,128)	0	0	(3,128)
Depreciation at 31 March 2014	**0**	**3,161**	**0**	**9,762**	**30,837**	**5981**	**428**	**50,169**
Net book value								
Purchased	18,117	24,530	6,459	3,709	20,729	1,482	0	75,026
Donated	0	0	0	0	0	0	0	0
Finance leased	0	1,393	0	0	1,574	1,614	0	4,581
Total at 31 March 2014	**18,117**	**25,923**	**6,459**	**3,709**	**22,303**	**3,096**	**0**	**79,607**
Asset financing								
Owned	18,117	24,530	6,459	3,709	20,729	1,482	0	75,026
Finance leased	0	1,393	0	0	1,574	1,614	0	4,581
Total 31 March 2014	**18,117**	**25,923**	**6,459**	**3,709**	**22,303**	**3,096**	**0**	**79,607**

2012-13	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2012	18,117	28,130	1,216	13,467	46,238	6,197	439	113,804
Transfers by absorption	0	0	0	0	0	0	0	0
Additions purchased	0	9	10,813	0	0	2,073	0	12,895
Additions donated	0	0	0	0	0	0	0	0
Impairments	0	(352)	0	0	0	0	0	(352)
Reversal of Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	(162)	(395)	0	557	0	0	0
Revaluations	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	0	0	(1,500)	(1,751)	(95)	(11)	(3,357)
At 31 March 2013	**18,117**	**27,625**	**11,634**	**11,967**	**45,044**	**8,175**	**428**	**122,990**
Depreciation at 1 April 2012	0	570	0	7,972	24,366	3,686	439	37,033
Provided during the year	0	1,245	0	1,580	5,712	907	0	9,444
Impairments	0	309	0	0	0	0	0	309
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	0	0	(1,500)	(1,734)	(95)	(11)	(3,340)
Depreciation at 31 March 2013	**0**	**2,124**	**0**	**8,052**	**28,344**	**4,498**	**428**	**43,446**
Net book value								
Purchased	18,117	24,140	11,634	3,915	14,135	1,764	0	73,705
Donated	0	0	0	0	0	0	0	0
Finance leased	0	1361	0	0	2,565	1,913	0	5,839
Total at 31 March 2013	**18,117**	**25,501**	**11,634**	**3,915**	**16,700**	**3,677**	**0**	**79,544**
Asset financing								
Owned	18,117	24,140	11,634	3,915	14,135	1764	0	73,705
Finance leased	0	1,361	0	0	2,565	1913	0	5,839
Total 31 March 2013	**18,117**	**25,501**	**11,634**	**3,915**	**16,700**	**3677**	**0**	**79,544**

15. Property, plant and equipment (cont.)

There were no assets donated in the year.

All land and buildings were valued by the Valuation Office Agency (VOA) as at 31 March 2010 to reflect their Modern Equivalent Value (MEV). The Trust has applied an indexation factor in 2014, to reflect the current market and has used the Investment Property Databank (IPD) sector Capital Value Industrial Index for all buildings with the exception of the Ashford and Paddock Wood Make Ready Centres which are both new-builds. For land the Industrial Development Land Index was used.

All other assets are capitalised at historic cost depreciated over the remaining useful lives on a straight line basis.

The Trust has determined that the open market value of assets is not materially different from their carrying values.

The Trust uses depreciated historical cost as a fair value proxy in respect of assets with short useful lives and low values, namely plant and machinery, transport equipment, Information Technology and furniture & fittings.

The economic lives of fixed assets range from:

	Min Life Years	Max Life Years
Buildings excluding dwellings	30	50
Plant & Machinery	5	5
Transport Equipment	5	12
Information Technology	5	5
Furniture & Fittings	10	10

16. Intangible assets

2013-14	Computer software – purchased £000	Computer software – (internally generated) £000	Licences and trademarks £000	Patents £000	Development expenditure (internally generated) £000	Total £000
Gross cost at 1 April 2013	**1,047**	**0**	**0**	**0**	**0**	**1,047**
Additions purchased	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0
Reclassifications	348	0	0	0	0	348
Reclassified as held for sale	0	0	0	0	0	0
Revaluation / indexation	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversals of impairments	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Gross cost at 31 March 2014	**1,395**	**0**	**0**	**0**	**0**	**1,395**
Amortisation at 1 April 2013	593	0	0	0	0	593
Reclassifications	0	0	0	0	0	0
Reclassifications as held for sale	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Charged during the year	227	0	0	0	0	227
Amortisation at 31 March 2014	**820**	**0**	**0**	**0**	**0**	**820**
Net book value						
Purchased	**575**	**0**	**0**	**0**	**0**	**575**
Donated	0	0	0	0	0	0
Government granted	0	0	0	0	0	0
Total at 31 March 2014	**575**	**0**	**0**	**0**	**0**	**575**

16. Intangible assets (cont.)

2012-13	Computer software – purchased	Computer software – (internally generated)	Licences and trademarks	Patents	Development expenditure (internally generated)	Total
	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2012	1,065	0	0	0	0	1,065
Additions purchased	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Revaluation / indexation	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversals of impairments	0	0	0	0	0	0
Disposals	(18)	0	0	0	0	(18)
Gross cost at 31 March 2013	1,047	0	0	0	0	1,047
Amortisation at 1 April 2012	424	0	0	0	0	424
Reclassifications	0	0	0	0	0	0
Reclassifications as held for sale	0	0	0	0	0	0
Disposals	(18)	0	0	0	0	(18)
Revaluation	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Charged during the year	187	0	0	0	0	187
Amortisation at 31 March 2013	593	0	0	0	0	593
Net book value						
Purchased	454	0	0	0	0	454
Leased	0	0	0	0	0	0
Donated	0	0	0	0	0	0
Total at 31 March 2013	454	0	0	0	0	454

16.1 Amortisation rate of intangible assets

Software – 5 years

17 Analysis of impairments and reversals recognised in 2013-14

17.1 Analysis of impairments and reversals recognised in 2013-14

	31 March 2014 Total £000	31 March 2013 Total £000
Property, Plant and Equipment impairments and reversals taken to SoCI		
Loss or damage resulting from normal operations	**0**	0
Over-specification of assets	**0**	0
Abandonment of assets in the course of construction	**0**	0
Total charged to Departmental Expenditure Limit	**0**	0
Unforeseen obsolescence	**0**	0
Loss as a result of catastrophe	**0**	0
Other	**0**	0
Changes in market price	**(292)**	309
Total charged to Annually Managed Expenditure	**(292)**	309
Property, Plant and Equipment impairments and reversals charged to the revaluation reserve		
Loss or damage resulting from normal operations	**0**	0
Over-specification of assets	**0**	0
Abandonment of assets in the course of construction	**0**	0
Unforeseen obsolescence	**0**	0
Loss as a result of catastrophe	**0**	0
Other	**0**	0
Changes in market price	**0**	352
Total impairments for PPE charged to reserves	**0**	352
Total Impairments of Property, Plant and Equipment	**(292)**	661
Intangible assets impairments and reversals charged to SoCI	**0**	0
Intangible Assets impairments and reversals charged to the Revaluation Reserve	**0**	0
Total Impairments of Intangibles	**0**	0
Financial Assets charged to SoCI	**0**	0
Financial Assets impairments and reversals charged to the Revaluation Reserve	**0**	0
Total Impairments of Financial Assets	**0**	0
Non-current assets held for sale - impairments and reversals charged to SoCI	**0**	0
Non-current assets held for sale - impairments and reversals charged to the revaluation reserve	**0**	0
Total impairments of non-current assets held for sale	**0**	0
Total Investment Property impairments charged to SoCI	**0**	0
Total Impairments charged to Revaluation Reserve	**0**	352
Total Impairments charged to SoCI - DEL	**0**	0
Total Impairments charged to SoCI - AME	**(292)**	309
Overall Total Impairments	**(292)**	661
Of which: Impairment on revaluation to "modern equivalent asset" basis	**0**	0
TOTAL DONATED/GOVERNMENT GRANTED ASSET IMPAIRMENTS	**0**	0

17.2 Property, Plant and Equipment

The reversal of £292k (2012-13: impairment of £309k) results from the current year indexation of land and buildings with the credit charged to the Statement of Comprehensive Income.

17.3 Non-current assets held for sale

As a result of the Trust's programme of transferring Operations to Make Ready Centres, during 2011-12 the Board approved the disposal of eight ambulance stations relating to the Make Ready Centres at Ashford and Paddock Wood.

Fair value market valuations were received from local estate agents, costs to sell deducted and the results compared with the net book value of the assets.

Please also see Note 22.2 (Non-current assets held for sale) for details of the ambulance stations.

18. Commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2014	31 March 2013
	£000	£000
Property, plant and equipment	1,969	1,167
Total	**1,969**	1,167

19. Inventories

19.1 Inventories by category

	31 March 2014	31 March 2013
	£000	£000
Drugs	6	6
Consumables	1,157	1,153
Fuel	303	228
Total	**1,466**	1,387

19.2 Inventories recognised in expenses

	31 March 2014	31 March 2013
	£000	£000
Inventories recognised as an expense in the period	79	438
Write-down of inventories	0	0
Reversal of write-downs that reduced the expense	0	0
Total inventories recognised in the period	**79**	438

20. Trade and other receivables

20.1 Trade and other receivables

	Current 31 March 2014 £000	Non-current 31 March 2014 £000	Current 31 March 2013 £000	Non-current 31 March 2013 £000
NHS receivables	2,745	0	879	0
Other receivables with related parties	0	0	0	0
Provision for impaired receivables	0	0	0	0
Prepayments	4,459	0	3,053	0
Accrued income	3,535	0	956	0
Other receivables	1,153	0	1,880	0
Total	**11,892**	**0**	6,768	0

The great majority of trade is with Clinical Commissioning Groups (CCG's), as commissioners for NHS patient care services. As CCG's are funded by Government to procure NHS patient care services, no credit scoring of them is considered necessary.

20.2 Receivables past their due date but not impaired

	31 March 2014 £000	31 March 2013 £000
By up to three months	1,097	150
By three to six months	176	118
By more than six months	302	96
Total	**1,575**	364

21. Cash and cash equivalents

	31 March 2014 £000	31 March 2013 £000
Opening Balance	30,317	22,406
Net change in year	(2,347)	7,911
Closing Balance	27,970	30,317
Made up of:		
Cash with Government banking services	27,641	30,286
Commercial banks and cash in hand	29	31
Cash and cash equivalents as in statement of financial position	27,970	30,317
Cash and cash equivalents as in statement of cash flows	27,970	30,317

22. Non-current assets held for sale

22.1 Non-current assets held for sale

	Land £000	Buildings, excl dwelling £000	Dwellings £000	Other property, plant and equipment £000	Intangible assets £000	Total £000
Balance at 1 April 2013	**1,384**	**1,949**	**0**	**0**	**0**	**3,333**
Plus assets classified as held for sale in the year	**0**	**0**	**0**	**0**	**0**	**0**
Less assets sold in the year	**(1,101)**	**(1,551)**	**0**	**0**	**0**	**(2,652)**
Less impairments of assets held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Plus reversal of impairment of assets held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	**0**	**0**	**0**	**0**	**0**	**0**
Balance at 31 March 2014	**283**	**398**	**0**	**0**	**0**	**681**
Balance at 1 April 2012	1,578	2,240	0	0	0	3,818
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Less assets sold in the year	(194)	(291)	0	0	0	(485)
Less impairments of assets held for sale	0	0	0	0	0	0
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance at 31 March 2013	1,384	1,949	0	0	0	3,333

22.2 Non-current assets held for sale

As a result of the Trust's programme of transferring Operations to Make Ready Centres, during 2011-12 the Board approved the marketing of eight ambulance stations for sale relating to the Make Ready Centres at Ashford and Paddock Wood.

The eight ambulance stations are Cranbrook, Crowborough, Dover, Folkestone, Lydd, Maidstone, Sevenoaks and Tonbridge.

Two ambulance stations, Crowborough and Tonbridge, had been sold in 2012-13. Four further ambulance stations, namely Folkestone, Lydd, Maidstone and Sevenoaks, have been sold in 2013-14 resulting in a reduction in the Non-current assets held for sale of £2,652k (2012-13: £485k).

The expected disposal date of the remaining ambulance stations is prior to 31st March 2015

NOTES TO THE ACCOUNTS

(continued)

23. Trade and other payables

	Current 31 March 2014 £000	Non-current 31 March 2014 £000	Current 31 March 2013 £000	Non-current 31 March 2013 £000
Receipts in advance	0	0	0	0
NHS payables	411	0	153	0
Amounts due to other related parties	0	0	0	0
Trade payables - capital	888	0	2,905	0
Other trade payables	1,896	0	1,307	0
Taxes payable	3,872	0	3,888	0
Other payables	0	0	0	0
Accruals	9,755	0	9,549	0
PDC payable	0	0	0	0
Total	**16,822**	**0**	17,802	0

23.1. Other liabilities

	Current 31 March 2014 £000	Non-current 31 March 2014 £000	Current 31 March 2013 £000	Non-current 31 March 2013 £000
Deferred grants income	0	0	0	0
Other deferred income	189	0	248	0
Lease incentives	0	0	0	0
Net Pension Scheme Liability	0	0	0	0
	189	0	248	0

24. Borrowings

	Current 31 March 2014 £000	Non-current 31 March 2014 £000	Current 31 March 2013 £000	Non-current 31 March 2013 £000
Obligations under finance leases	2,011	2,573	1,774	4,218
Total	**2,011**	**2,573**	1,774	4,218

25. Finance lease obligations

The Trust leases 54 A&E ambulances on a five year commercial lease arrangement.

In addition the Trust leases the Paddock Wood Make Ready Centre buildings on a 30 year commercial lease arrangement and the NHS 111 Managed IT Service on a 3 years 3 months commercial lease arrangement.

Amounts payable under finance leases:

	Minimum lease payments 31 March 2014 £000	Present value of minimum lease payments 31 March 2014 £000	Minimum lease payments 31 March 2013 £000	Present value of minimum lease payments 31 March 2013 £000
Within one year	1,212	2,011	1,941	1,774
Between one and five years	2,453	1,268	3,083	3,065
After five years	1,935	1,305	2,115	1,153
Less future finance charges	(1,016)	0	(1,147)	0
Value of minimum lease payments	4,584	4,584	5,992	5,992

Included in:		
Current borrowings	2,011	1,774
Non-current borrowings	2,573	4,218
	4,584	5,992

Future sublease payments expected to be received total £nil.
Contingent rents recognised as an expense £nil.

26. Prudential borrowing limit

With effect from 1 April 2013 the prudential borrowing code requirements in section 41 of the NHS Act 2006 have been repealed by the Health and Social Care Act 2012. Therefore the financial statements disclosures provided previously are no longer required.

27. Provisions

	Current 31 March 2014 £000	Non-current 31 March 2014 £000	Current 31 March 2013 £000	Non-current 31 March 2013 £000
Pensions relating to staff	372	4,355	356	4,127
Legal claims	1,148	0	1,281	0
Other	755	2,850	798	4,408
Total	**2,275**	**7,205**	**2,435**	**8,535**

	Pensions relating to other staff £000	Legal claims £000	Other £000	Total £000
At 1 April 2012	4,297	1,342	6,355	11,994
Change in the discount rate	0	0	0	0
Arising during the year	417	0	26	443
Utilised during the year	(351)	(61)	(1,185)	(1,597)
Unwinding of discount	120	0	10	130
At 31 March 2013	4,483	1,281	5,206	10,970
At 1 April 2013	**4,483**	**1,281**	**5,206**	**10,970**
Change in the discount rate	189	0	0	189
Arising during the year	329	39	0	368
Utilised during the year	(379)	(172)	(1,594)	(2,145)
Unwinding of discount	105	0	(7)	98
At 31 March 2014	**4,727**	**1,148**	**3,605**	**9,480**
Expected timing of cash flows:				
Within one year	372	1,148	755	2,275
Between one and five years	1,752	0	2,641	4,393
After five years	2,603	0	209	2,812

Other provisions include dilapidations of leasehold premises, holiday pay and pre-1985 banked leave.

The pension provision of £4,727k represents the organisation's pension liability for pre-1995 reorganisations (31 March 2013: £4,483k).

Legal claims are the member provision for personal injury claims being handled by the NHS Litigation Authority.

A further £7,741k is included in the provisions of the NHS Litigation Authority at 31 March 2014 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2012-13: £6,991k).

28. Contingencies

28.1 Contingent liabilities

	2013-14	2012-13
	£000	£000
Legal claims	**490**	502
Potential redundancy costs	**0**	0
Total	**490**	502

The contingent liability for legal claims is based on information from the NHS Litigation Authority and relates to other legal claims shown in Note 27. The NHS Litigation Authority 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.

28.2 Contingent assets

The Trust has no contingent assets.

29. Related party transactions

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust with the exception of the Medical Director who had a material transaction with Brighton & Sussex University Hospitals NHS Trust with whom the Trust also has a material transaction (see note below and Note 11.1).

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000
Ashford & St Peter's Hospitals NHS Foundation Trust	44	191	2	191
Brighton & Sussex University Hospitals NHS Trust	199	1	12	
Care Quality commission	70			
Dartford And Gravesham NHS Trust	20		4	
Department of Health *	104	391	187	37
East of England Ambulance Service NHS Trust	41			
East Kent Hospitals University NHS Foundation Trust **	60		4	6
East Sussex Hospital NHS Trust	38	1	28	42
Epsom & St Helier University Hospitals NHS Trust	22	6	10	1
Frimley Park Hospital NHS Foundation Trust	56	3	6	
Health Education England	23	1,022	105	
Kent & Medway NHS & Social Care Partnership		21	3	
Kent Community Health NHS Trust				6
Kings College Hospital NHS Foundation Trust		1	5	
London Ambulance Service NHS Trust			2	
Maidstone and Tunbridge Wells NHS Trust	70	172	10	
Medway NHS Foundation Trust	51	7	1	
NHS Ashford CCG		3,852		42
NHS Barnet CCG		1		1
NHS Bexley CCG		1		
NHS Bolton CCG		1		
NHS Bracknell And Ascot CCG		262		39
NHS Brighton & Hove CCG		14,632		165
NHS Bromley CCG		2		
NHS Canterbury & Coastal CCG		7,514		32
NHS Coastal West Sussex CCG		22,466		413
NHS Crawley CCG		5,271		80
NHS Croydon CCG		21		21
NHS Cumbria CCG		2		
NHS Dartford, Gravesham And Swanley CCG		8,612		122
NHS Dorset CCG		2		2
NHS Ealing CCG		2		3
NHS East Surrey CCG		6,912		2
NHS Eastbourne, Hailsham And Seaford CCG		9,938		39
NHS E Leices & Rutland CCG		1		
NHS England		0		18
NHS Guildford And Waverley CCG		6,909		158
NHS Harrow CCG		1		
NHS Hastings & Rother CCG		9,694		71

29. Related party transactions (continued)

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000
NHS High Weald Lewes Havens CCG		6,159		1,907
NHS Hillingdon CCG		3		3
NHS Horsham And Mid Sussex CCG		8,604		138
NHS Hounslow CCG		112		112
NHS Kernow CCG		1		1
NHS Kingston CCG		15		15
NHS Liverpool CCG				(1)
NHS Medway CCG		9,703		142
NHS Newbury And District CCG		4		4
NHS North East Hampshire & Farnham CCG		6,005	24	104
NHS North Hampshire CCG		56		11
NHS North & West Reading CCG				(8)
NHS North West Surrey CCG		14,041		443
NHS Northern, Eastern, Western Devon CCG		3		
NHS Richmond CCG		10		11
NHS Slough CCG		138		4
NHS South CSU				1
NHS South East Hampshire CCG		58	6	4
NHS South Kent Coast CCG		8,596		38
NHS South Reading CCG		1		
NHS South Tees CCG		1		1
NHS Southampton CCG			14	
NHS Stockport CCG		1		1
NHS Surrey and Sussex CSU		2		2
NHS Surrey Downs CCG		10,101		199
NHS Surrey Heath CCG		3,107	128	20
NHS Swale CCG		5,665		1,483
NHS Thanet CCG		6,674		29
NHS Tower Hamlets CCG		1		1
NHS Walsall CCG		1		
NHS Wandsworth CCG		1		1
NHS West Hampshire CCG		3		3
NHS West Kent CCG		14,165		59
NHS West Suffolk CCG		1		
NHS Wiltshire CCG		4		4
NHS Windsor, Ascot And Maidenhead CCG		190		15
NHS Wokingham CCG		14		4
NHS Litigation Authority	687		1	
Oxford Health NHS Foundation Trust	5			
Queen Victoria Hospital NHS Foundation Trust		56	1	78
Royal Surrey County Hospital NHS Foundation Trust	11	1	65	12
South Central Ambulance Service NHS Foundation Trust		7		
South East Coast Ambulance Service Charitable Fund ***		141		8
South Western Ambulance Service NHS Foundation Trust	50			
St Georges Healthcare NHS Trust		31		3
Surrey & Sussex Area Team		379		
Surrey and Sussex Healthcare NHS Trust	14	143	2	48
Surrey & Borders Partnership NHSFT	43	2		2
Sussex Community NHS Trust			1	
Sussex Partnership NHS Foundation Trust	10		4	
Western Sussex Hospitals NHS Trust	49			
Western Sussex Hospitals NHS Foundation Trust	99		39	

29. Related party transactions (continued)

In addition, the Trust has had a number of transactions with other government departments and other central and local government bodies.

The Trust has also received revenue payments 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 (2012-13: £8k) for administration and associated costs for the financial year 2013-14.

* Figures shown for the Department of Health exclude Public Dividend Capital repaid.

** The Trust's Commercial Services Director also holds the position of Appointed Governor for East Kent Hospitals University NHS Foundation Trust.

*** The Trust has not consolidated the Charitable Fund (see note 1.4), although transactions with the Charitable Fund are shown as related party transactions above.

30. Intra Government Balances

	31 March 2014				31 March 2013			
	Current receivable	Non-current receivable	Current payable	Non-current payable	Current receivable	Non-current receivable	Current payable	Non-current payable
	£000	£000	£000	£000	£000	£000	£000	£000
Balances with other central government bodies	345	0	3,872	0	642	0	3,888	0
Balances with local authorities	0	0	0	0	5	0	0	0
Balances with NHS trusts and foundation trusts	389	0	199	0	588	0	227	0
Balances with other NHS bodies	5,997	0	465	0	1,487	0	155	0
Balances with public corporations and trading funds	0	0	0	0	0	0	0	0
Intra government balances	6,731	0	4,536	0	2,722	0	4,270	0
Balances with bodies external to government	5,161	0	12,286	0	4,046	0	13,532	0
At 31 March	11,892	0	16,822	0	6,768	0	17,802	0

31. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the service provider relationship that the Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups 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 low 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 commerical rate. The Trust aims to ensure that it has low exposure to interest rate fluctuations by fixing rates for the life of the borrowing where possible. The Trust has low exposure to interest rate risk and currently has 54 front line vehicles on a 5 year fixed rate finance lease. Similarly the Trust has the building element of the Paddock Wood Make Ready Centre on a fixed rate 30 year finance lease and a 3 years 3 months zero rate finance lease for the NHS 111 Managed IT Service.

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 2014 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 Clinical Commissioning Groups, 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.

31.1 Financial assets

	Loans and receivables	
	31 March 2014	31 March 2013
	£000	£000
Receivables	**7,088**	3,074
Cash at bank and in hand	**27,970**	30,317
Total at 31 March 2014	**35,058**	33,391

31.2 Financial liabilities

	Other financial liabilites	Other financial liabilites
	£000	£000
Payables	**12,950**	13,914
Finance lease obligations	**4,584**	5,992
Provisions under contract	**4,753**	6,487
Total at 31 March 2014	**22,287**	26,393

31.3 Fair Values

There is no difference between the carrying amount and the fair values of financial instruments.

31.4 Derivative financial instruments

In accordance with IAS39, the Trust has reviewed its contracts for embedded derivatives against the requirements set out in the standard. As a result of the review the Trust has deemed there are no embedded derivatives that require recognition in the financial statements.

32. Losses and special payments

The total number of special payments cases and their total value is as follows:

	Total Value of Cases 2013-14 £000	Total Number of Cases 2013-14	Total Value of Cases 2012-13 £000	Total Number of Cases 2012-13
Losses				
Cash losses	4	1	3	1
Fruitless payments	10*	2	0	0
Bad debts	0	0	0	0
Stores losses	300	3	225	3
Damage to buildings and property	702	487	370	525
Special payments				
Extra-contractual payments	0	0	0	0
Extra-statutory payments	0	0	0	0
Compensation payments	0	0	0	0
Special severance payments	0	0	0	0
Ex-gratia payments	110	39	100	33
Total losses and special payments	**1,126**	**532**	**698**	**562**

The amounts are reported on an accruals basis but exclude provisions for future losses.

* The Trust has recovered £10,000 for these fruitless payments which relate to court costs.

33. Auditor liability limitation agreement

The Trust's contract with its external auditor, as set out in the engagement letter, provides for no limitation of the auditor's liability.

34. EU greenhouse gas emissions trading allowance scheme

The EU greenhouse gas emissions trading allowance scheme does not apply to the Trust as the Trust is below the specified threshold.

35. Carbon reduction commitment energy efficiency (CRC) scheme

The Trust is not a member of the CRC scheme as it is below the specified threshold of CO_2 emissions.

36. Events after the reporting period

There are no post balance sheet events.

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Appendix C

Disclosures relating to the Foundation Trust Code of Governance

10. Appendix C

Disclosures relating to the Foundation Trust Code of Governance

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 13/14 Annual Report
A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. 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 each of the boards and which are delegated to the executive management of the board of directors.	Directors' report
A.1.2	Identification of the Chair, deputy Chair, COE, SID, chairperson and members of the nom, audit and remuneration committees	Directors' report
A.5.3.	The annual report should identify the members of the CoG, constituency or organisation, date of election, duration of appt and lead governor	Directors' report
FT ARM	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors	Directors' report
B.1.1	The BoD should identify in the annual report each NED it considers to be independent with reasons where necessary	Directors' report
B.1.4	The BoD should include in its annual report a description of each directors skills etc and make a clear statement about its own balance, completeness and appropriateness to the requirements of the FT.	Directors' report
FT ARM	The annual report should include a brief description of the length of appointments of the non executive directors, and how they may be terminated	Directors' report
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	Directors' report
FT ARM	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director	Directors' report

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 13/14 Annual Report
B.3.1	Chairman's other significant commitments should be included in Annual Report	Directors' report
B.5.6	The annual report should include a statement as to how the views of members, governors and the public have been canvassed and communicated to the Board	Directors' report
FT ARM	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. 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. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151	N/A
B.6.1	The BoD should state in the annual report how performance evaluation of the Board, its committees and its directors, including the chairman has been conducted	Directors' report
B.6.2	External facilitator should be identified and a statement made as to whether they have any other connection with the Trust	Directors' report
C.1.1	Directors' responsibilities for preparing annual report and state that they consider them to be whole, fair and balanced etc. Include statement by external auditor about their reporting responsibilities and explain approach to Quality Governance in the AGS.	Directors' report
C.2.1	The annual report should include a statement that the Board has conducted a review of the effectiveness of its system of internal controls	AGS and Directors' report
C.2.2	A Trust should disclose in the annual report:	Strategic Report

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 13/14 Annual Report
C.3.5	If the Council of Governors' does not accept the Audit Committee's recommendation on the appointment, reappointment or removal of the external auditor, the Board of Directors should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors had taken a different position	N/A
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: - the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; - an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and - if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	Strategic Report
D.1.3	Only relevant if one of our EDs is a NED somewhere else	N/A
E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	Strategic Report and Directors' report
E.1.5	The BoD should state in the annual report the steps they have taken to ensure that Board members, and particularly NEDs, develop an understanding of the views of governors and members, for example through attendance at CoG meetings, face to face contact, surveys, consultations etc.	Directors' report
E.1.6	The Board of Directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of membership engagement and report on this in the annual report	Directors' report

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 13/14 Annual Report
FT ARM	The annual report should include: - a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; - information on the number of members and the number of members in each constituency; and - a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	Directors' report
FT ARM	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.	Directors' report

Code Provision Section 6:	Requirement	Comply or Explain
A.1.4	The board should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its health care delivery	Comply
A.1.5	The board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance	Comply
A.1.6	The board should report on its approach to clinical governance.	Comply
A.1.7	The chief executive as the accounting officer should follow the procedure set out by Monitor for advising the board and the council and for recording and submitting objections to decisions.	Comply
A.1.8	The board should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life	Comply
A.1.9	The board should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility.	Comply
A.1.10	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors.	Comply

Code Provision Section 6:	Requirement	Comply or Explain
A.3.1	The chairperson should, on appointment by the council, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	Comply
A.4.1	In consultation with the council, the board should appoint one of the independent non-executive directors to be the senior independent director.	Comply
A.4.2	The chairperson should hold meetings with the non-executive directors without the executives present.	Comply
A.4.3	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes.	Comply
A.5.1	The council of governors should meet sufficiently regularly to discharge its duties.	Comply
A.5.2	The council of governors should not be so large as to be unwieldy.	Comply
A.5.4	The roles and responsibilities of the council of governors should be set out in a written document.	Comply
A.5.5	The chairperson is responsible for leadership of both the board and the council but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate.	Comply
A.5.6	The council should establish a policy for engagement with the board of directors for those circumstances when they have concerns.	Comply
A.5.7	The council should ensure its interaction and relationship with the board of directors is appropriate and effective.	Comply
A.5.8	The council should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board.	Comply
A.5.9	The council should receive and consider other appropriate information required to enable it to discharge its duties.	Comply
B.1.2	At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	Comply
B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	Comply
B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	Comply

Code Provision Section 6:	Requirement	Comply or Explain
B.2.2	Directors on the board of directors and governors on the council should meet the "fit and proper" persons test described in the provider licence.	Comply
B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the board and make recommendations for changes where appropriate.	Comply
B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s).	Comply
B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors.	Comply
B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.	Comply
B.2.7	When considering the appointment of non-executive directors, the council should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	Comply
B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non-executive directors.	Comply
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	Comply
B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	Comply
B.5.2	The board and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	Comply
B.5.3	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.	Comply
B.5.4	Committees should be provided with sufficient resources to undertake their duties.	Comply

Code Provision Section 6:	Requirement	Comply or Explain
B.6.3	The senior independent director should lead the performance evaluation of the chairperson.	Comply
B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	Comply
B.6.5	Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	Comply
B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiability fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	Comply
B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	Comply
C.1.2	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	Comply
C.1.3	At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	Comply
C.3.1	The board should establish an audit committee composed of at least three members who are all independent non-executive directors.	Comply
C.3.3	The council should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors.	Comply
C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.	Comply
C.3.7	When the council ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	Comply

Code Provision Section 6:	Requirement	Comply or Explain
C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	Comply
D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	Comply
B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	Comply
B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	Comply
D.1.2	Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	Comply
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	Comply
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	Comply
D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	Comply
E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.	Comply
E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole.	Comply
E.2.1	The board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate.	Comply
E.2.2	The board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.	Comply

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For more information

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Annual Report and Accounts

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