



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

Annual Report and Accounts

1 April 2014 – 31 March 2015

*Your service,
your call*



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

Annual Report and Accounts

1 April 2014 – 31 March 2015

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

South East Coast Ambulance Service
NHS Foundation Trust
The Horseshoe, Bolters Lane
Banstead, Surrey SM7 2AS

Tel: 01737 353 333

Fax: 01737 363 847

Website: www.secamb.nhs.uk

*If you require this document in an alternative format
please contact enquiries@secamb.nhs.uk*

Contents

1. Chairman's introduction	8
2. Chief Executive's Report	12
3. At a glance	14
4. Strategic Report	17
5. Directors' Report	110
6. Remuneration Report	144
7. Annual Governance Statement	154
8. Appendix A – Quality Account & Quality Report 2014/15	166
9. Appendix B – Financial Report and Accounts	262
10. Appendix C – Disclosures relating to the Monitor Code of Governance	326

Chairman's Introduction



I would like to start by paying tribute to our staff and volunteers for their tremendous efforts during the year. As I predicted in last year's report, 2014/15 was a tough year. It was thanks to the commitment of our staff and volunteers that the Trust was able to

perform as well as it did, although we were not able to meet all of our national targets

In our 999 service, demand was higher than the commissioned levels and difficulties within many of our local Accident & Emergency Departments caused delays in transferring our patients and getting ambulances released. This, combined with a shortage of trained staff, meant the Trust operated under significant pressure for much of the year. A number of actions were taken, which led to us reaching the most seriously ill patients within the targeted times (Red 1s) but, in common with most other UK ambulance services, we did not meet the time target relating to emergency calls that are not immediately life threatening (Red 2s). The Trust put a number of measures in place to prioritise our response to the most critically ill patients, further details of which can be found in the Our Performance section of the Strategic Report.

We made further progress in safely treating patients outside of hospital. Getting patients treated in the right place is better for them and has a big benefit to the regional health

system and SECamb is a leader in this. Very good progress was also made in PTS; the turnaround in this service was excellent.

After a difficult start, our NHS 111 service was much improved. SECamb is now recognised as running one of the top performing services in the country. However we have a very low charge per call, so despite the good performance, the service made significant losses. A number of changes have been introduced and losses will be much reduced in the coming year, with clinical standards maintained.

On the financial front, overall the Trust ended the year with a small surplus. This is important as it supports the Trust's investment in further improving our services.

The year saw significant development of the Trust's strategy. On the 999 side, the Board has approved the move away from the current centralised service delivery model to one based on local operating units. These units will have accountability for delivery of the service, operating under a core set of Trust-wide principles and builds on the experience gained through a pilot that has been running for approximately a year. The Board has approved significant investment in infrastructure to support improved service delivery and create greater capacity. It also approved the development and implementation of an electronic patient care record.

Consistent with performance in previous years, the Trust received high patient satisfaction levels from different surveys. By contrast the staff survey results continued to show we have areas requiring significant

improvement. With the organisation under pressure, training and a number of other planned initiatives were not fully implemented. A key feature of the move to local operating units is to raise staff engagement, in part through tailored, locally-delivered training and more immediate support to field staff.

A key factor within the year was the shortage of staff, especially paramedics; our highly skilled staff increasingly have opportunities outside of the of the ambulance service. The Board is giving significant attention to this, in terms of both recruitment and reducing turnover. High staff turnover is a common feature across the UK ambulance services but in SECamb we are determined to lower the current rate.

The Board had a series of short development sessions during the year, aimed at addressing the issues coming out of the Board survey conducted in 2012/13.

There were a number of changes to the membership of the Board during the year. Our Medical Director, Jane Pateman, finished her secondment from the Royal Sussex County Hospital, Brighton. I thank her for the significant contribution she made to the Trust. David Fluck, the Medical Director at Ashford & St Peter's Foundation Trust, kindly stepped in as interim Medical Director until we complete the appointment of Jane's successor. I am pleased to welcome Francesca Okosi onto the Board into the new post of Director of Workforce Transformation.

The terms of office for Christine Barwell and John Jackson came to an end. Over

many years both were highly committed non-executives who made significant contributions, for which I thank them. I am pleased to welcome Alan Rymer to the Board. With a distinguished career in the Royal Navy, Al brings a strong background in leadership, engineering, education and training.

The Council reappointed Tim Howe for a second, three-year term office and the Board agreed that he should continue as Senior Independent Director until 31 May 2016. The Council also appointed Graham Colbert as Deputy Chair of the Board. My own three-year tenure came up in the year and I was delighted to accept the Council's offer for a further term of three years.

During the year, the Council of Governors exercised its role well, both as regards scrutiny of the Board and representing Trust members and the public. The Council carried out a survey of its own performance - this outlined that in general it was pleased with the way it was operating but did highlight areas for improvement, which we are acting on. The Council provided good input into the Trust strategy, Annual Plan and into the selection of the priorities for the Quality Account. The Council reviewed a number of areas, making particular input into the review of the Trust's use of volunteers. This work led, directly, to the launch of the new Volunteer Charter, a development for which I want to make a special acknowledgement to Brian Rockell, for pulling the work together.

There were a number of changes to membership of the Council, the details

Chairman's Introduction

being set out in the Council of Governors section of the report. My thanks go to all those who left but particularly James Blythe who made a significant contribution both to the Council and the Nominations Committee.

I am pleased to welcome the following Governors to the Council: Dominic Ford, Diane Roskilly and Mike Hill.

The Council was very well supported by Maggie Fenton as Lead Governor and Brian Rockell as Deputy Lead Governor. The Lead Governor tenure is one year, with the opportunity for re-appointment. Maggie decided not to stand for re-election and Brian was elected Lead Governor with David Davis as Deputy. I look forward to working with them both in 2015/16, to further the success of the Trust.

There is no doubt that 2015/16 will be challenging. This is due to even tighter funding, but also to the extensive

programme of development as we implement the new operating model. We must maintain performance in the short term, whilst we develop the capability to sustain higher performance over the medium term. We also have the greater complexity driven by the new commissioning arrangements, whereby our 22 Clinical Commissioners have decided to operate with three contracts, one for each county. Nevertheless, with the support of our staff and volunteers, I am confident we will meet these challenges and provide the high service levels our public deserve.



Tony Thorne, Chairman



Chief Executive's Report



2014/15 was undoubtedly one of the most challenging years SECAMB has faced since our creation in 2006.

We saw challenges in all of our three main service areas – 999, PTS and NHS 111 - but despite the difficulties

we faced, I am proud that the organisation remained focused throughout on our patients and providing them with the best possible service. I am also excited looking forwards at the opportunities ahead.

Within the 999 service, we once again saw a rise in demand, which put us under real pressure. This was replicated nationally and whilst SECAMB did well relative to other ambulance services in terms of meeting the national response time targets, it did mean that while we achieved our Red 1 and A19 targets for the year, we did not achieve our Red 2 target (these targets are explained later in the report).

As a consequence of this, the ambulance sector performance was under the national spotlight for much of the year, particularly leading up to the election. Moving forwards, there is clearly a need for the NHS as a whole to review how pre-hospital and urgent care is provided and monitored and this work has already begun.

Prioritising patient care in the face of these challenges has a significant impact on the working lives of staff. It can result in shifts over running and difficulties in allocating breaks. The delivery of training and appraisals

can also be difficult at times of high demand on the service. Recognising that this is the world we are operating in and that we are likely to be facing these challenges for some time, we will be working hard to minimise the impact on staff. We have started with training and will continue to push to ensure that effective Key Skills training is completed as early as possible in 2015/16.

We are also embarking on a transformation programme including implementing a new operating unit model which has been piloted in areas such as Thanet in East Kent. The operating unit model will mark a change from a top-down, centralised style of management to one where local managers have greater accountability for the performance of their teams and where clinical care can be tailored to the needs of the local community.

On the non-emergency side, we have seen significant improvements in the delivery of the Patient Transport Services (PTS) we provide in Surrey and Sussex and I am very proud of what has been achieved. To address the financial challenge of providing these services in a cost-effective way, we have worked hard to drive down costs and improve productivity and efficiency and have ended the year with a relatively small financial deficit. More importantly, we have also seen the quality of the care provided improve, with big falls in the number of complaints, a significant improvement in the timeliness of the service and high levels of satisfaction expressed through our patient surveys.

Looking ahead, there are likely to be changes in the PTS landscape in our region. I see PTS as a key part of our existence as a mobile

healthcare provider but 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.

2014/15 saw the second full year of us providing the NHS 111 service across our region, together with our colleagues in Care UK. After the difficulties we faced during 2013/14, last year saw more stability, with improvements in performance across the board and a much better understanding of the financial challenges of providing the service. Challenges remain, especially around ensuring the service can recruit and retain a stable workforce that is flexible enough to meet the varying peaks in demand, within a competitive financial envelope but I feel that we are now in a good position to move forwards.

During the year we also saw the growing impact of a number of significant underlying issues facing the ambulance sector as a whole. Recruitment and retention of clinical staff, especially paramedics, is a growing problem for almost all ambulance services.

Our reputation and strong clinical focus has meant we have fared better than many and I have been very pleased to see large numbers of student and experienced paramedics joining us during the year. We have also worked hard to “grow our own” – by putting in new pathways to allow our existing clinical staff and others to reach their goal of becoming a paramedic but we must continue to focus on this area as it is a challenge which will remain with us for a few years.

But, as the rest of the NHS wakes up to the significant contribution ambulance

clinicians can make to patient care, we are undoubtedly going to be facing an on-going battle to ensure we can attract and retain sufficient clinicians to enable us to progress and develop.

Whilst acknowledging the challenges we have faced, we also saw much to celebrate and be proud of during the year.

I was personally very pleased to see our Clinical Director and Consultant Paramedic Andy Newton receive his Queen’s Ambulance Medal from HM The Queen in December 2014. This prestigious award was in recognition of Andy’s massive contribution to the advancement of the paramedic profession during his thirty year career, which is mirrored by the clinical advances he has spear-headed locally.

So, as we enter the new financial year we will continue to focus on improving the quality of care we provide to patients, underpinned by the right training and support for our clinical staff. It will be another tough year and we have much to do with significant infrastructure programmes described later in the report (such as a new HQ, Make Ready Centres and Electronic Patient Care Records) designed to help us deal with the challenges we face in a smarter way. I am confident that with the staff we have at every level in the organisation, we can continue to address the challenges we face and be an ambulance service that our communities and users can be proud of.



Paul Sutton, Chief Executive

At a glance

“Putting patients first, we will match international excellence through our culture of innovation.”

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 seven governors appointed from key partner organisations.

Our mission – “is to be the first contact for patients accessing urgent or emergency care. We will provide patients with confidence that through our services they will either receive or be directed to the most appropriate care. We will provide high quality mobile healthcare and achieve excellent patient satisfaction levels and clinical outcomes within all of our services.”

Our staff deliver our vision 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 say 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 NHS 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
- + 49 Ambulance Community Response Posts
- + Two Hazardous Area Response (HART) centres
- + One Vehicle Maintenance Centre

We utilise a fleet of 717 vehicles including:

- + 296 double crewed ambulances
- + 200 response cars
- + 27 4x4 vehicles
- + 161 PTS vehicles
- + 4 bariatric ambulances (used to transport patients with complex needs)
- + 4 neo-natal ambulances
- + 20 Hazardous Area Response Team (HART) vehicles
- + 5 Chemical Biological Radiological Nuclear (CBRN) vehicles

During 2014/15 we received £201m of income and incurred expenditure and other costs of £200.9m, which resulted in the Trust achieving a surplus of £0.1m.

The Trust has delivered a £14m capital plan during the year; the areas of significant spend include investment in fleet and medical equipment for the 999 service, improving the resilience of our IT systems and the continued development of our estates programme.

We also achieved savings of £9.3m through our Cost Improvement Programme, allowing us to deliver our services within the available funding.

During 2014/15 we:

- + Attended 690,227 emergency calls
- + Dealt with 82,562 999 calls as "Hear & Treat"
- + Attended 9,880 "Red 1" calls within 8 minutes - 75.3% against the national performance standard of 75%
- + Attended 259,937 "Red 2" calls within 8 minutes - 73.3% against the national performance standard of 75%
- + Attended 273,055 "Red" calls within 19 minutes - 95.2% against the national performance standard of 95%
- + Undertook 496,557 Patient Transport Journeys
- + Answered 1,137,390 NHS 111 calls



Strategic Report

All Foundation Trusts are 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	18
Our patients	24
Our people	36
Our performance	56
Our priorities	84
Our partners	92
Our plans	104





Our Strategy



Our five year strategy is to strengthen and extend our core activities as a provider of 999, Patient Transport and NHS 111 services and to become a mobile health care provider working with commissioners and other healthcare providers, to reduce conveyances to hospital and deliver more care at home and in the community.

To deliver more out of hospital care will require the right staff, educated appropriately, with the most up to date equipment and access to local care pathways to signpost patients safely to locally delivered services. To provide this service safely also requires the most appropriate response to be with the patient, first time, every time.

Our strategy

We have six key strategic objectives; these are to:

- + Improve on the Trust's performance standards and reduce variation;
- + Deliver excellence in leadership and development;
- + Improve access and outcomes to match international best practice;
- + Improve satisfaction and experience for all stakeholders;
- + Be an organisation that people seek to join and are proud to be a part of;
- + Convert all available pounds / resources to maximise patient benefit.

As well as delivering our core services to a high standard and as efficiently as possible, we have also developed a transformation programme which will change the way in which our 999 service is delivered.

This programme will enhance our local accountability and allow us to deliver more localised services for commissioners. Both of these strands of work are essential in order to sustain high quality care for our patients within the funding available.

The Trust must ensure that it delivers all of its core services as efficiently as possible in the face of significant financial challenges at both a national and local level. Achieving productivity improvements in the 999 and NHS 111 services has proved challenging in 2014/15 and will require significant focus in 2015/16 at a time when transformational change is also taking place.

Improving our clinical performance is key to our strategy and a number of operational changes have taken place in 2014/15 and will be continued in future years, with the aim of improving both efficiency and patient care. Work has already begun to implement an electronic patient care record (ePCR) which will significantly improve our clinical information. This will allow further developments in evidence based patient care and provide the data to enable local management of clinical performance. More detail of our improvements in patient care and future plans can be found in the "Our Patients" section of this report and in Appendix A – the Quality Account and Quality Report 2014/15.

2014/15 has also seen an increase in the use of single response vehicles (SRVs). The aim of this move is to improve patient care, efficiency, and response times. A clinician in an SRV can often reach a patient more quickly and is able to make an informed clinical decision as to whether or not the patient needs to be conveyed to hospital. If this is necessary back up will be arranged and, where clinically safe, the clinician can be freed up to respond to other 999 calls. However, if conveyance is not required, the clinician will have the option to treat at home, or access local care pathways within urgent, community or primary care. The shift towards SRVs also enables us to better allocate Double Crewed Ambulances (DCAs) to those patients who are most likely to require conveyance to hospital.

2014/15 has also seen a trial of taking paramedic practitioners “out of plan” i.e. not including paramedic practitioners within the normal rota but dispatching them specifically to those calls where their skills are most likely to be used. In many cases paramedic practitioners can treat patients at home; reducing conveyances to hospital, providing better care and experience for patients and putting the skills of our paramedic practitioners to best use.

A key part of the Trust’s transformation programme for the 999 service is a move to local operating units. During 2014/15 the Trust has piloted a new operating unit structure in Ashford and Thanet. This structure will be rolled out across the Trust in 2015/16. The aim of the new operating units is to strengthen local accountability and improve efficiency. Operating units have the flexibility to plan staffing rotas around local demand, giving more flexibility to staff and ensuring that more of our staff are at work when demand is highest; generally in weekday evenings and on the weekends.

Plans are being developed to move corporate staff to a new single HQ in Crawley and to move from three to two EOCs; these are key to the Trust’s strategy of improving performance and increasing productivity. Staff from the Banstead and Lewes EOCs are expected to move into the new building, which will house the western EOC, in early 2017. Work will be undertaken to develop the Eastern EOC which is currently based at Coxheath in Kent.

Workforce development is an essential element of the transformation programme. There will need to be greater accountability and ownership at a local level and support services will be reconfigured so that they reflect the more localised operational unit model. It is essential that we take staff on this journey with us and staff communication and engagement will be crucial to improving staff morale and ensuring the Trust can deliver its core services in challenging financial circumstances. The Trust’s staff are its most important resource and must also be part of the changes that are taking place in order for them to be effective.

Principal risks and uncertainties

The Trust’s strategy emphasises the need for the Trust to continue to deliver “business as usual” as well as delivering the transformation programme. The principal risk to delivering our strategy is that we will not be able to deliver both business as usual, i.e. providing a good clinical performance, meeting national performance targets and producing a small surplus at the year end, as well the large scale change programme that is being undertaken to introduce operating units with a new management structure at the same time as undertaking a significant estates programme to develop Make Ready Centres (MRCs) and a new single HQ/reconfigured EOC in Crawley.

To mitigate this risk the Director of Workforce Transformation will oversee the transformation programme;

Our strategy

separating the management of these from the delivery of business as usual.

There is also a risk that the Trust does not have the management capability and capacity to deliver change on this scale. This will be addressed through management development programmes and changes to the management structure at all levels within the organisation.

Recruitment and retention of staff in the 999 service remains a key corporate risk. There is a national shortage of paramedics and strong competition for this group of clinicians. The roll out of the local operating unit is expected to address retention as the new structure will bring increased access to management and supervision and more local flexibility within staffing rotas. The Trust's strategy of increasing integration with primary care will provide development opportunities for our paramedic practitioners and assist with retention of this group of staff.

Similarly, recruitment and retention of NHS 111 staff also remains a risk for the Trust, although the issues affecting this are different from those affecting the recruitment of 999 staff.

Previously, the Trust has been heavily reliant on recruiting staff through agencies, rather than directly. This has had an impact both in terms of the percentage of staff successfully completing the training and the length of time they remain with the Trust. During the year, the ratio of permanent to

agency staff has improved to 75%:25% and moving forwards, the vast majority of recruitment will be undertaken directly to mitigate the issues identified above.

If the Trust does not meet its recruitment and retention plans then there is a risk that any increase in activity over and above contracted levels will force the organisation to operate at high levels of escalation, which in turn will impact on the resources available to deliver the transformation programme.

NHS 111 remains a key financial risk, which must be addressed in order to ensure that the Trust is able to generate a surplus to invest in the substantial changes needed to ensure the long term sustainability of the Trust.

An increase in activity in the 999 service that is significantly above contracted levels is a very significant risk to the Trust in terms of its operational, clinical and financial performance and would impact greatly on the resilience of the Trust as is non-achievement of the necessary efficiency gains as both could threaten our operational and financial performance 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 private providers. 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 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 Patients

We are very keen to listen to and learn from patients' experiences of our services, be they good or bad.



Our patients

Listening to patients and improving their experience

SECAmb has always had a strong focus on improving services for patients, and we can only do this by listening to what patients, families and carers tell us about their experiences. The complaints and compliments we receive are a good indicator of patient and carer satisfaction, as are the regular surveys we undertake, all of which are handled by SECAmb's Patient Experience Team.

The number of 'compliments' received for our staff, in the form of letters, emails, telephone calls and cards from patients and their loved ones, has risen again this year, with 1,837 received compared to 1,525 in 2013/14, equating to a 20% increase. All of the compliments we receive, be they letters, cards, emails or phone calls, are recorded on our Datix database and the members of staff concerned receive a letter from Chief Executive Paul Sutton, thanking them for their hard work and dedication.

Compliments provide a welcome boost for our staff, who are working harder than ever in challenging circumstances, however we also encourage and appreciate receiving feedback from those who are less satisfied with our service. We want to know how people feel about the care we provide, as this valuable feedback helps us to learn and continually improve.

In June 2014 a new process was introduced whereby when complaints are received they are graded according to their apparent seriousness, in order to help ensure they are investigated proportionately. They are

graded by the Patient Experience Team, using a 'grading guide', starting at grade 1, which are simple concerns that can be resolved by the Patient Experience Team themselves, to grade 4, which is the most serious and where the complaint has also been deemed to be a Serious Incident Requiring Investigation. Grades 1 and 2 are classed as informal complaints, and grades 3 and 4 are dealt with formally, with a full investigation and a written response from SECAmb's Chief Executive. The Patient Experience Team worked with operational colleagues to devise and implement the system, which has been extremely effective in ensuring the most serious complaints are dealt with as quickly as possible.

During 2014/15 SECAmb's Emergency Operations Centre staff took 929,822 calls, with our Accident & Emergency road staff making a response to 690,227 of those; our Patient Transport Service staff carried out 496,557 patient journeys; and our NHS 111 staff took 1,137,390 calls. From all of this activity SECAmb received just 563 formal complaints - a reduction of nine per cent against the 615 received in 2013/14. This equates to one formal complaint for every 4,554 calls/journeys made.

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 their investigation is complete, a full explanation, along with an apology where appropriate, is sent to the complainant by the Chief Executive or his deputy.

When a formal complaint is concluded, the investigating manager, sometimes with input from the Patient Experience Team, will decide whether the complaint is upheld, partly upheld, not upheld or unproven. SECAMB allows 25 working days for the resolution of complaints, and during 2014/15 there were 587 formal complaints due to be responded to. As this report was compiled, 573 of those had been concluded, the outcomes for which were as shown in the table below. Of the 573, 71% were upheld or partly upheld, compared to 75% of those due to for response in 2013/14.

	2014/15	2013/14
Complaint upheld	226	292
Partly upheld	183	173
Complaint not upheld	130	108
Unproven	34	42
TOTAL	573	615

Many of the people who contact us with queries, questions or concerns prefer to have them dealt with less formally, and feedback is usually provided to the complainant by the Patient Experience Team. During 2014/15 SECAMB dealt with 2,124 informal complaints, which equates to one informal complaint for every 1,207 calls/journeys.

Compliments and complaints help us to identify where things are working well and 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 any learning from complaints and compliments is spread throughout the Trust and every effort is

made to take all steps necessary to help prevent similar situations recurring.

The Patient Experience Team works closely with the Trust's Professional Standards department to ensure that learning outcomes from investigations are shared across the whole organisation. This is done directly with the crews, through clinical case reviews, the undertaking of reflective practice, and peer reviews, and is reinforced by the publication and distribution of clinical and operational instructions, and also via the Trust's weekly staff bulletin. The Professional Standards team produces a publication called 'Reflections', which is part of the bimonthly staff magazine, SECAMB News. Reflections uses anonymised case studies to highlight errors, near misses, 'fogs and flags' and is a well-received mechanism for sharing valuable lessons across the whole organisation.

All of SECAMB's operational staff attend key skills training updates each year, and for 2015/16 this will include a Patient Experience session. The session highlights how the care and kindness we show to patients and their families/carers can be just as important to them – if not more so – than the clinical treatment we provide. It also highlights the need for staff to look after themselves, and to understand and be aware of what can trigger their irritation and frustration and what they can do to overcome this. In order to improve the quality of complaints investigations and the timescales within which they are concluded, the Patient Experience Team has this year developed a Complaints Investigation Training session for any staff who investigate complaints as part of their role.

Our patients

Complaints data are analysed on a monthly basis and regular reports are provided to our Trust Board, our commissioners, our Compliance Working Group and the RMC GC.

Finally, in an effort to engage our staff and other stakeholders in our endeavours for obtaining patient feedback in the future, in December 2014 we held a Patient Experience and Engagement Workshop. The event was attended by approximately 30 people, including staff representing all of SEC Amb's services; staff and public governors; SEC Amb's chairman; members of SEC Amb's Inclusion Hub Advisory Group; and patient representatives. The aim of the workshop was to discuss the importance of understanding how our patients feel about our services, to explain what SEC Amb already does to find out about patients' experiences, and discuss ideas and suggestions for more and better ways to obtain feedback from our patients. The event was very well received, with lots of suggestions for low cost but effective mechanisms for eliciting patients' views.

If you have any comments, complaints or compliments you would like to feed back to us, please contact our Patient Experience Team, by telephone on 01273 484830 or by email to pet@secamb.nhs.uk.

Friends and Family Test

SEC Amb implemented the Friends and Family Test (FFT) patient question in October 2014, in line with the national CQUIN, whereby ambulance services are required to offer the opportunity to respond to the FFT question to all 'see and treat' (patients attended by an ambulance crew but not conveyed to hospital) and Patient Transport Service (PTS) patients.

During the first two quarters (October 2014 – March 2015) the Trust received just 75 and 85 responses respectively, though this is in line with the experience of other ambulance services, particularly with the 'see and treat' group.

However, while the response rate is disappointing, SEC Amb's scores are very high, as would be expected based on the surveys we carry out, the relatively low number of complaints we receive, and the high number of 'compliments' received about our staff from patients, relatives and carers.

Quarter 3 scores

A&E: 94% would recommend SEC Amb
1% would not recommend SEC Amb

PTS: 80% would recommend SEC Amb
11% would not recommend SEC Amb

Quarter 4 scores

A&E: 100% would recommend SEC Amb

PTS: 92% would recommend SEC Amb
6% would not recommend SEC Amb

Following the poor response rate achieved for the first two quarters, various measures have been taken to promote the FFT initiative and encourage staff to offer appropriate patients the opportunity to respond to these questions. From April 2015 the Friends and Family Test patient question will form part of the new patient experience session for staff 'Key Skills' training.

On responding to the question, patients are asked to state the reason for the answer they have given, and some wonderful comments have been received. Where it is possible to identify the staff in question, letters have

been forwarded to them to congratulate them and to thank them for their dedication.

Patient surveys

'Improving satisfaction and experience for all stakeholders' is one of SECAMB's key objectives, and patient surveys are another useful mechanism for assessing how our patients and their families feel about our services.

At the end of 2014 we carried out our sixth 999 patient survey, sending questionnaires to 2,400 people who called 999 during October. A total of 631 useable responses were received (a 26% response rate), which was slightly lower than the previous survey (29%), possibly because the survey arrived with people very early in December, a busy month for many people.

The main barometer of the survey is respondents' level of 'overall satisfaction', and the latest survey revealed that 95.8% of patients who responded were either 'very satisfied' (84.98%) or 'satisfied' (10.82%), which is the second highest score to date, only surpassed by the December 2013 survey with 97%.

Again, callers were very positive about the call-taking element of the process, with 97.92% stating that they felt able to answer the questions; 98.43% felt that the call-taker explained the questions clearly; and 97.65% were clear at the end of the call as to what to do next. While "hear and treat" respondents, who were provided with telephone advice and/or signposted to other healthcare services, were the least satisfied, there was still a high level of satisfaction returned on the call-taking element, with 88.98%

satisfied or very satisfied – very slightly higher than the 88.95% for the 2013 survey.

Of those receiving an ambulance response, 98.8% (all but five) felt that our staff were kind and caring, and 98% said our staff respected their privacy and dignity. This further reinforces the message – borne out by the almost 1,837 compliments received by A&E and EOC staff over the last year and the relatively low number of complaints specifically about A&E and EOC staff (432) – that our staff are a precious asset, delivering kind and compassionate care to our patients day in, day out.

Of the "see and treat" patients who were not conveyed to hospital, only 26 stated that they were not offered the option to be taken to hospital, and of those, only two were dissatisfied with the service they received. As last year, almost 96% of people stated that they felt confident as to what to do next, which reinforces the good decision-making and communication by our crews.

When surveys elicit such high levels of patient satisfaction it is more and more difficult to identify areas for improvement. As with last year, however, the survey did identify a need to make a concerted effort to ensure that fully completed paperwork is always left with patients who are not conveyed to hospital. Comments also suggest that we should look to do more with our Emergency Medical Advisors (EMAs, or 'call takers') to ensure that patients' circumstances, not just their condition, are considered, particularly when a decision is taken to give advice over the telephone rather than send an ambulance, and demonstrate the importance of good communication.

Our patients

As ever, the results of this survey are testament to the dedication of SECAmb staff and the high standard of care, kindness and treatment they provide. The full report of the survey can be viewed via the Trust website.

Patient surveys are also regularly undertaken in Patient Transport Services (PTS). You can read more about the results of these surveys in the “Our Performance” section of this report.

A dual approach is undertaken in NHS 111 to gather feedback from service users – a bi-annual survey conducted via feedback questionnaires, plus a random monthly telephone survey of our service users comprising a sequence of questions about patient experience over the previous month. The data from both of these is regularly shared with internal and external stakeholders.

Research & Development – Developing Future Services

Clinical research remains a vital activity within the NHS when working towards improved care and management for our patients. SECAmb is committed to undertaking high quality research to ensure that its service users receive excellent clinical care grounded in best evidence.

Over the past 12 months SECAmb has participated successfully in a number of different research activities for example:

- + Out of Hospital Cardiac Arrest Outcomes (OHCAO)
- + Consensus towards Understanding and Sustaining Professionalism in Paramedic Practice Project
- + Understanding variation in rates of ‘non-conveyance to an emergency department’ of emergency ambulance users (Sheffield).
- + PRINCESS - use of early targeted cooling intra cardiac arrest

SECAmb has a commitment to encouraging and supporting quality research of all types. The Trust aspires to develop existing partnerships as well as establish new partnerships (especially with universities, local authorities, commercial companies and industry) with the aim of becoming a centre of excellence for developing and conducting research and evaluations related to patient care. SECAmb has submitted a number of collaborative research grant applications

Further details can be found in our Quality Account/Report for 2014/15

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;
- + Clinical Research Network: Kent Surrey and Sussex (and affiliated sub groups);

- + Sussex Research Consortium; and
- + Kent Surrey and Sussex Academic Health Science Network.

The RDG frequently supports small scale studies/pilot studies. These are not funded and either the results will be used as a basis for a full grant application to generate funding or the RDG is supporting student projects in order to ultimately develop research capability within the Trust.

It remains a priority for SECAMB to create an integrated research unit within the Trust to ensure that it capitalises on available opportunities to acquire research funding to grow and sustain developments in research and innovation. This year SECAMB has applied for, and been awarded, two funded Masters in Research places (HEKSS) and a bid has been put forward to the Clinical Research Network to part fund research posts for the Trust.

Highlighting lives saved

In September 2014, SECAMB staff and the patients whose lives they've saved were given the opportunity to be reunited in better circumstances at our annual 'Our Survivors' event.

Eight patients whose lives were saved by the clinical interventions of SECAMB staff were reunited with their lifesavers at Hever Castle in Kent.

The event, now in its fourth year, celebrated the life-saving skills of our staff and volunteers, the quick-thinking of those at the scene in beginning treatment and calling 999, the lives of those saved and emphasised

the importance of early cardiopulmonary resuscitation (CPR) for cardiac arrest patients.

Each patient and member of the SECAMB team involved in their care was presented with a special memento pin badge.

This year's event was dedicated to Harry Pickering who was due to attend the event, but sadly suffered a second cardiac arrest and died at home in July 2014. His wife Karen attended the event on his behalf.

Harry dedicated the four months after his first cardiac arrest to SECAMB's campaign to install defibrillators in the community. He was instrumental in getting a defibrillator for his own hockey club in Ashford, Kent and one for Ashford Golf Club.

Chief Executive, Paul Sutton said:

"I'm always very moved by our survivors' events which each year highlight just a small selection of the amazing work which goes on at SECAMB. The event provides a tremendous opportunity for everyone to celebrate the lives which have been saved as well as the dedication and commitment of all our staff, volunteers and members of the public. This year's event was particularly poignant because of Harry's story and we were really pleased that Karen could attend to mark his achievements.

"Each and every day our staff and volunteers are saving lives and we wanted to celebrate their highly-skilled work which is carried out in often challenging circumstances and also emphasise the importance of everybody learning life-saving skills and CPR."

Our patients

Different types of clinical response

During the past 12 months, the Trust has worked hard to ensure that when patients telephone 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 82,562 "Hear and Treat" calls, which is a significant increase on the previous year (we dealt with 75,560 "Hear and Treat" calls during 2013/14).

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 are getting better at treating patients at home or referring them to more appropriate healthcare providers. 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 more than 200 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 257,751 patients were managed as See and Treat. We were asked by our commissioners to deal with 31.2% of our patients as See and Treat and the actual percentage was 33.4%.

See & Convey

For patients who cannot be managed over the telephone, or as See & Treat, 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, and while we look to other ways of providing care without the need to go to hospital, we focus on the care we provide patients in the "see and convey" group. Last year 44.5% of our 999 callers were taken to hospital as a result of their call to us.

Making services even better

As a clinically-driven organisation we are continually striving to improve the service we provide to patients through clinical innovation and developments. A number of the key areas of development undertaken in 2014/15 are outlined below.

Clinical Support in EOCs

A PP desk was introduced into the EOC last year to enhance clinical support and supervision. The PP desk takes around 1,300

calls per month and arranges over 750 PP referrals as a result of these calls. 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. The PP desk also provides leadership, support and supervision for our operational clinicians and can assist them with decision making – particularly in challenging situations, such as end of life care.

Right response, right place, right time

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 remains 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 ambulance support crews, staffed by ECSWs and PTS staff who can focus on high quality care for patients in transit. Our modern communications infrastructure means that should a patient's condition change;

we can provide support and supervision and send additional clinical resources. The protocols which govern the use of ambulance support crews ensure that only stable patients are transported in this way.

IBIS - providing a joined-up service



During 2014/15, 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 many types of healthcare provider.

There are now over 900 health professionals with IBIS user accounts, with the majority of them now trained to use the system. Since inception 30,000 patients have been registered on the IBIS system with 21,505 records remaining current. The benefits are being felt across the regions health economies, with over 800 conveyances avoided each month, which in turn equates to over 250 avoided admissions. Over the course of the year IBIS saved around 10,000 conveyances and over 3,000 admissions. The avoided conveyances released resource equivalent to over 400 ambulance shifts this year.

By registering patients on IBIS, if that patient then calls 999, the information available to the clinician at the patient's side can have a huge impact on the decision as to whether or not it is necessary to take the patient to A&E. During 2014/15 the IBIS patient cohort has made around 23,000

Our patients

emergency calls to SECamb, resulting in only around 9,000 conveyances to A&E. This gives IBIS a conveyance rate of 38%, over 20% lower than for non-IBIS patients.

IBIS also 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 have continued 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. During 2014/15 the Task and Finish Group continued to develop the system for managing patients identified as frequent callers, and this is planned to go live during the early part of 2015/16.

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 2014/15, we have sent over 11,000 falls notifications to falls services across the region using IBIS.

This year has seen the development of another function within IBIS; hypoglycaemia notifications. Patients who suffer a fall in their blood glucose level are commonly seen by SECamb clinicians, but their episodes are rarely reported to their GP. IBIS now has a notification system built in that automatically notifies the GP and/or Diabetes Nurse Specialist, and this leads to a review of their diabetes in order to prevent further hypoglycaemic episodes. The notification system is being piloted and we hope to roll the system out in 2015/16.







Our People



SECamb employs 3,734 staff, 88% of whom are in direct contact with patients, either face to face or on the telephone. Equally important are the 463 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 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 possible care 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 2015, the breakdown of our staff between clinical and support roles was as follows:

Staff group	Headcount	Whole Time Equivalent (WTE)
A&E	2247	1980.88
EOC	453	370.26
PTS	408	361.25
111	163	109.48
Support	463	405.65
TOTAL	3734	3227.52

A&E (999) Workforce

51% of the A&E workforce are Paramedics/Specialist Paramedics/Practitioners 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, associate practitioners and paramedics. We have 400 Emergency Care Support Workers (ECSWs).

Technicians/Associate Practitioners

– respond to emergency calls, as well as a range of planned and unplanned

non-emergency cases. They support paramedics during the assessment, diagnosis and treatment of patients and during their journey to hospital. We have 645 staff in these roles.

The new role of Associate Practitioner (APs) has been created to address the national shortage of paramedics, creating new development opportunities for staff and a new recruitment pathway. APs will initially be employed and practise as ECSWs, to enable them to acquire the requisite operational front-line skills to progress onto an accelerated paramedic degree programme. At the end of their first year, subject to negotiation with our partner Universities, individuals will undertake further internal training and their scope of practice will be increased, to enable them to be the lead clinician on a double-crewed ambulance, working with an ECSW, pending qualification as a registered paramedic.

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 1,142 paramedics, including those working as clinical managers.

There are 180 direct entry students per year on the three-year BSc Hons paramedic degree programme across four universities in the South East Coast region. In addition, there are 60 places for internal progression on the paramedic foundation degree programme for ambulance technicians, APs and ECSWs.

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 Leader 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 79 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 162 Paramedic Practitioners, with a further 53 in training.

Critical Care Paramedics – are paramedics who have undergone additional education and training to work in the critical care environment, both in the pre-hospital setting and by undertaking Intensive Care transfers between hospitals. Often working alongside doctors at the scene, they can treat patients suffering from critical illness or injury, providing intensive support and therapy ensuring the patient is taken rapidly and safely to a hospital that is able to treat their complex needs. 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 previously was only used in hospital. We currently have 44 Critical Care Paramedics plus a further 10 in training.

Clinical Team Leaders – are first line paramedic managers, responsible for managing teams of up to eleven clinical staff. There are 197 employees working in this role.

Emergency Operating Centre Staff – 453 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 made to the Trust, providing support and clinical advice to callers as needed and co-ordinating the most appropriate response to send to the patient.

NHS 111 staff – 163 staff work in the contact centre at Ashford. Further NHS 111 staff are employed by Care UK and work in the contact centre at 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.

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 discharges 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 408 PTS staff.

Our people

Support staff – our front line staff are supported by 463 non-clinical staff who work in areas including finance, human resources, service development and corporate affairs, information management and technology, education and training, estates, fleet and logistics services, contingency planning and resilience, clinical governance and communications.

Workforce Profile

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 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 469 (12.6%) staff aged 55 and above, of whom 196 (5.3%) are A&E staff and may choose to retire within the next five years. 111 (2.9%) A&E staff within this age group are registered paramedics (PPs/CCPs/CTLs/Paramedics) and 82 (2.2%) are A&E clinical support staff. Our workforce is fairly evenly distributed along the age profile, with 1,879 staff aged 40 and below and 1,855 above.

Age	Headcount	Per cent %
16 - 20	52	1.39
21 - 30	844	22.60
31 - 40	983	26.33
41 - 50	1061	28.41
51 - 60	631	16.90
61-65	115	3.08
66 +	48	1.29
TOTAL	3734	100.00

Gender

In the workforce as a whole, the gender split has altered slightly during the last 12 months from 54.9% male and 45.1% female in 2013/14 to 55.3% male and 44.67% female in 2014/15.

As at 31 March 2015, there were nine male Board Directors and four female Board Directors.

The highest ratio of male to female staff is in PTS – 62% to 38%. The next highest is in A&E, where 60% of staff are male and 40% female. The EOCs and 111 have the highest ratio of female to male staff – 67% to 33% respectively. The ratio in support services is 53% female and 47% male.

Gender	Headcount	Per cent %
Male	1668	44.67
Female	2066	55.33
Transgender	-	-
TOTAL	3734	100.00

Ethnicity

The percentage of staff classified as other than 'white British' has remained the same during the last two years at 6.0%.

Ethnic Group	Headcount	Per cent %
White British	3328	94.12
White Other	112	3.17
Mixed	40	1.13
Asian	15	0.42
Black	32	0.90
Chinese	9	0.25
TOTAL	3536	100.0%
Unstated	198	

Disability

127 (3.4%) staff have declared themselves as having a disability.

Disabled	Headcount	Per cent %
No	2659	71.21
Yes	127	3.40
Unstated	948	25.39
TOTAL	3734	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, gender, 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 2014/15, the breakdown of applicants under the Two Ticks scheme was as follows:

Disabled	266
Not Disabled	161
Appointed	33

The Trust values the contribution 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 have 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

Our people

Sexual Orientation

23.0% of staff have not disclosed their sexuality:

Sexual Orientation	Headcount	Per cent %
Heterosexual	2691	72.07
Bisexual	32	0.86
Gay	77	2.06
Lesbian	69	1.85
I do not wish to disclose my sexuality	270	7.23
Unstated	595	15.93
TOTAL	3734	100.00

Religion and belief

This area is under reported, with 30.28% of staff having not stated their belief:

Religious Belief	Headcount	Per cent %
Atheism	533	14.27
Buddhism	19	0.51
Christianity	1518	40.65
Hinduism	-	-
Islam	7	0.19
Judaism	6	0.16
Sikhism	-	-
Other	516	13.82
I do not wish to disclose my religion/belief	539	14.43
Unstated	592	15.85
TOTAL	3734	100.00

Valuing difference

2014/15 has been an eventful year with sustained progress in embedding equality, diversity and human rights into core SECAMB activity. We are particularly proud to have been one of only five organisations nationally to receive a Gold Standard Award for Equality at the Employers Network for Equality and Inclusion. This was the first time the Trust has entered this benchmarking process.

Another highlight were the grading outcomes of our NHS Equality Delivery Scheme 2 (EDS2) process which saw significant progress in all four goals of the framework, with all areas relating to patient experience and access being rated 'Excellent'. 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 all areas of our activity.

The Trust has an Inclusion Working Group, comprised mainly of staff from all areas of the organisation and an Inclusion Hub Advisory Group, a diverse group of stakeholders, who provide input from the perspective of services users, including representation from specific under-represented groups, members and governors.

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

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

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

- + Publish sufficient evidence to demonstrate compliance with the general duty
- + Prepare and publish equality objectives

The above obligations were fully met and our Inclusion Hub Advisory Group was involved in helping us achieve them.

Members of our Inclusion Hub and Foundation Council (the Trust's representative staff forum) are represented on the Trust's Inclusion Working group. This group is the mechanism for ensuring staff are made aware of their obligations and provided with the necessary information and support to deliver on their areas of responsibility. It is responsible for providing assurance and governance to demonstrate that the organisation is meeting its duties and requirements on equality and diversity.

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 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 2014/15 we recorded 4,030 adverse incident reports including:

- + 113 incidents related to staff sustaining musculo-skeletal injuries
- + 154 incidents related to staff being physically assaulted
- + 71 of the incidents were reported to the Health and Safety Executive under the RIDDOR regulations

Our people

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 and Clinical Governance Committee (RMCGC). Where trends have been identified, measures are implemented to reduce the likelihood of recurrence, improving safety for staff and patients.

Recruiting and retaining staff

SECAMB has a dedicated recruitment team based at the headquarters in Banstead, who provide professional employee resourcing services across the Trust.

Applications are managed through the national NHS jobs system and applicants are encouraged from all sectors of the community. The team deliver values based recruitment referencing compassionate care and NHS England's "6 C model". Equality, inclusion and safeguarding are also key areas of assessment for patient-facing roles.

SECAMB has continued to deliver a programme of clinical and operational recruitment, building on our reputation as an employer of choice within the emergency and urgent care sector. Despite an extremely competitive labour market, the Trust has successfully appointed the following staff in the financial year 2014/2015.

Qualified Paramedic	184
Emergency Care Support Worker	144
999 Clinical Supervisors (Paramedic/Nurse)	16
NHS111 Clinical Advisors (Paramedic/Nurse)	15
Ambulance Care Assistant (Patient Transport)	62
Emergency Medical Advisor (Operations Centre)	105

The number of paramedics recruited was slightly lower than our ambitious plan. However, recruitment performance remained strong and SECAMB remains committed to working with higher education institutions throughout the country to attract the best graduate clinical talent available.

Retention amongst clinical and operational employees is an ongoing challenge with an overall turnover rate of 13% for 2014/2015. Paramedic and Paramedic Practitioner turnover remains a specific issue as there is strong competition from minor injuries units, emergency departments, GP surgeries and other ambulance services for these clinicians.

The Trust is investing in additional university education for specialist practice clinicians and this should support retention. There are pilot projects currently underway to deploy Paramedic Practitioners in a different way, to ensure that they are treating the most appropriate patients and fully utilising their clinical scope of practice.

The Emergency Operations Centres continue to experience high turnover due to the nature of the work, however, there has been improvement within the Patient Transport department. Turnover amongst Critical Care Paramedics is stable and there have been changes to the NHS111 staffing model to improve retention.

The SECAMB Board remains committed to improving staff retention and progress is monitored at the Workforce Development Committee.

STAFF TURNOVER (WTE)	Turnover % 31 Mar 15
Clinical Operations A&E	9.31
Clinical Operations COMs	9.87
Clinical Operations HART	4.91
Clinical Operations PTS	17.56
Clinical Operations EOC	22.43
Urgent Care Services 111	39.75
All other staff	10.05
TOTAL	12.94

Promoting staff well-being

Sickness absence for the period 1 April 2014 to 31 March 2015 was 5.12%.

This is a reduction of 0.34% compared with 5.46% in 2013/14. The quarterly breakdown for the period is:

Period	Sickness absence (%)
Quarter 1	5.10
Quarter 2	4.88
Quarter 3	5.43
Quarter 4	5.06

- + Total Days Lost = 60,549
- + Average working days lost during this period = 23.35

Sickness absence continues to be a priority for the Trust. To help support the focus on reducing our absence rates, the Trust's health and well-being strategy focusses on three main themes to improve attendance at work and support health and well-being; effective sickness absence management, early and tailored interventions for musculo-skeletal disorder/stress and anxiety and promoting well-being.

The Human Resources team has adopted an integrated approach to the management of sickness absence and staff health and wellbeing and works collaboratively with our three service providers; Team Prevent, our Occupational Health provider, First Care and Capita to ensure a cohesive approach, as well as working closely with managers to enable the correct support framework to be in place for staff.

We receive very positive feedback from our managers about the Occupational Health service provided to our staff.

This is reflected in our managers being significantly more pro-active in managing absences. Together with our managers, and HR, case conferences take place to ensure that there is effective support and timely interventions for our staff.

A new development within Occupational Health's Early Intervention Centre ensures that staff referred for musculo-skeletal symptoms are fast tracked to specialist advice and support within their team. There is also a budget to fund MRI scans if lengthy waiting times are predicted. This provides timely support at an initial stage in order to promote well-being, prevent disability and empower staff to manage their own health with the right advice and information.

The Trust, in conjunction with Occupational Health, is due to start trialling a stress resilience pilot in our 111 service in Ashford and in one of the three Emergency Operations Centres, including developing focus groups, to improve well-being and morale. The Trust aims to include health and well-being promotion, health checks for staff such as cholesterol, blood pressure and mole checks and workshops to include areas such as posture and stress.

Our people

The Trust's contract with First Care, the 24 hours seven days a week contact call centre for reporting absent from work, which commenced in October 2013, continues to be piloted in 111 and the Emergency Operations Centres. We are continuing to monitor data received to see if this will be a beneficial tool to roll out Trust wide.

First Care's processes ensure a link up with our Occupational Health Provider and, Capita our counselling provider, to ensure a robust and pro-active management process. Data is analysed and trends identified with resulting actions agreed to ensure any work around health initiatives is jointly approached.

Introduction of Staff Friends & Family Test

From April 2014, NHS England asked all NHS Trusts providing acute, community, ambulance and mental health services in England, to introduce the Staff Friends and Family Test (FFT) into their organisations.

The Staff FFT allows staff (and volunteers) to give their feedback on the services provided by their Trust, on a quarterly basis and asks how likely staff are to recommend the services they work in to friends and family who may need similar care.

Within SECAmb, we decided to allow all staff and volunteers (CFRs, volunteer car drivers and chaplains) the opportunity to participate in the FFT. The FFT is run in Quarters 1, 2 and 4 with the national NHS Staff Survey taking place in Quarter 3.

		Quarter 1	Quarter 2	Quarter 4
Number of respondents		1,107	650	472
"How likely are you to recommend the care SECAmb provides to your friends & family if they needed it?"	Likely	81%	84%	82%
	Unlikely	8%	6%	6%
"How likely are you to recommend SECAmb as a place to work?"	Likely	39%	33%	39%
	Unlikely	46%	50%	45%

As well as being reported nationally, the results of the Staff FFT provide SECAmb with additional, regular up-dates from our staff on these key issues. Taken together with the results of the annual NHS Staff Survey, they provide vital feedback from our staff, to help us tackle the issues they highlight.

Staff Survey results 2014/15

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 2014/15 was undertaken between 22 September 2014 and 3 December 2014 by Capita, an independent organisation, on behalf of SECAMB and the results were published in February 2015.

Rather than just sending the survey to a sample of staff, SECAMB opted to survey all staff and 1,144 staff completed and returned a survey questionnaire.

SECAMB saw a fall in our local return rate and overall, the return rate for all NHS Trusts fell compared to previous years. The return rate, compared to the national average for ambulance Trusts, can be seen below:

	2013/14		2014/15		Trust Improvement or Deterioration
	Trust	National average	Trust	National average	
Response rate	42%	42%	34%	34%	8% deterioration

Top ranking scores	2012/13		2014/15		Trust Improvement or Deterioration
	Trust	National average	Trust	National average	
% of staff having equality & diversity training in last 12 months	56%	55%	67%	49%	Improvement
% of staff receiving health & safety training in last 12 months	49%	57%	65%	52%	Improvement
Support from immediate managers	3.17	3.16	3.25	3.25	Improvement
% of staff reporting errors, near misses or incidents witnessed in last month	80%	79%	80%	80%	-
% of staff appraised in last 12 months	67%	67%	65%	69%	Deterioration

Our people

Bottom ranking scores	2013/14		2014/15		Trust Improvement or Deterioration
	Trust	National average	Trust	National average	
Effective team working	3.17	3.27	3.18	3.29	Improvement
% of staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	52%	48%	55%	45%	Deterioration
% of staff receiving job-relevant training, learning or development in last 12 months	55%	60%	65%	74%	Improvement
% of staff reporting errors, near misses or incidents witnessed in last month	80%	79%	80%	80%	-
% of staff appraised in last 12 months	67%	67%	65%	69%	Deterioration
% of staff experiencing harassment, bullying or abuse from staff in last 12 months	32%	31%	32%	26%	-
% of staff working extra hours	89%	85%	88%	85%	Improvement

Although some areas of improvements can be seen compared to last year's results, SECAMB's results were disappointing overall.

During the year, local managers continued to develop and deliver bespoke plans to address the areas where their results were below the Trust average. Examples of action taken include improving the visibility and accessibility of managers, up-date training being delivered locally, engaging staff in improving the appraisal process and adopting a more inclusive approach locally to managing sickness.

Comparison between the year on year results at a local level does show some areas of improvement. However, the operational pressures and demands placed on the Trust during 2014/15 has hampered the efforts of managers to take forwards the local initiatives contained in their plans, as well as simultaneously putting many staff under considerable pressures.

Despite the challenges, acting on the staff survey results and the underlying issues they highlight, remains a key focus for the Board and is being given fresh impetus

through the Transformation programme currently underway and as part of the move to local Operational Units. The key areas of focus for 2015/16 will be:

- + Introducing a new appraisal process – moving to a framework of regular “conversations” between a manager and staff member, as well as an annual appraisal and making the process and paperwork simpler
- + Incident reporting – identifying and removing local “barriers” and raising awareness of incident reporting as a whole, especially amongst “vulnerable” staff groups
- + Ensuring the consistent delivery of effective up-date training – building on improvements made this year to ensure that vital up-date training is delivered locally without being put at risk by rising operational demand
- + Leadership – re-vitalising our approach to leadership and management development
- + Communications – reviewing and improving internal communications and engagement as part of the move to local Operational Units, including introducing regular “temperature checks” to gauge levels of staff satisfaction and the impact of the new initiatives introduced

Communicating and engaging with our staff

Internal communications within the Trust is always challenging, given the large number of staff we employ, who work a diverse range of shift patterns, across a large geographical area.

Recognising this challenge 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.

However, we are aware through the results of the national NHS Staff Survey and other staff feedback avenues, that this is an area where we need to improve.

Current internal communications mechanisms include:

- + Targeted briefings for managers on important topics, to enable them to brief their teams effectively
- + A weekly electronic staff bulletin, which contains key performance information, as well as “beeline” messages, where staff pay tribute to their colleagues
- + A quarterly staff magazine – SECAMB News – which is produced electronically, as well as in hard copy
- + A separate “Intranet” on the Trust’s website
- + Use of “Twitter” – our main corporate account, as well as a secure “staff only” account

Lots of work has gone on during the year into reviewing and refining our existing mechanisms, including re-designing the weekly bulletin to move it into a predominantly “e-format”.

During the coming year, we will be looking to completely re-design and re-build our Intranet, making it more accessible, easier to navigate and more attractive.

Our people

Working in partnership with the Unions

In recognition of our changing skill mix, with the employment of nurses in the Trust's 111 service and in other areas of the organisation, the Trust's Recognition Agreement was revised in April 2014 to include the Royal College of Nursing, (RCN), as the fourth recognised union. There was mutual agreement to de-recognise the Association of Professional Ambulance Personnel, (APAP), due to its low membership within the Trust. In addition to the RCN, the Trust also recognises UNISON, GMB and Unite.

The Joint Partnership Forum, (JPF) still remains the Trust's main vehicle for consultation and negotiation on key issues relating to pay and conditions of service, policies and procedures affecting staff employment and operational management. Meetings of the JPF are held on a bi-monthly basis and all minutes are published and accessible to staff.

The past year has been a challenging climate for local partnership working due to a number of external pressures, including the national strike over pay. Despite this, Management and Staff Representatives have worked closely to take forward a number of key terms and conditions issues within the Trust and to develop a work plan for jointly addressing key employee relations priorities and developing/reviewing new policies and procedures. Discussions at the JPF were critical in enabling both Management and Staff Representatives to work together

to minimise the impact of the industrial action on 13 October 2014. This resulted in comprehensive measures being implemented with our recognised unions, to ensure patient care and safety was preserved with provision of essential services and 'life and limb' cover.

The Joint Partnership Forum members 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 are conducted to the highest possible standards;
- + To enhance effective communication with all staff;
- + To achieve greater participation and involvement of all members of staff on the issues to be faced in running and developing the Trust;
- + 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.

Awards Ceremonies

Two highly successful awards nights again highlighted the remarkable loyalty, dedication and bravery that many of SECAMB's staff and volunteers showed during another very busy year.

In February, staff and volunteers from the east of our area were recognised in an event held at The Orangery, Turkey Mill in Maidstone and then three weeks later it was the turn of staff and volunteers from Surrey and Sussex at an event held at Woodlands Park Hotel in Cobham. The two awards ceremonies were enjoyed by more than 270 staff, volunteers, public award winners and their partners.

First up at each event after dinner were the winners 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. The 34 recipients received their medals from HM The Queen's official representatives, who, this year were Deputy Lieutenant for Kent, Bill Cockcroft and Vice Lord-Lieutenant of Surrey, Andrew Wates OBE.

They were followed by presentations of long service awards for 20 and 30 NHS years' service and a special 25 year award to Steve Payne, who had to take early retirement on medical grounds.

The second half of the evening focussed on the presentation of Chief Executive Commendations which revealed emotional stories of courage, determination and clinical excellence in the seven categories.

Among them were a paramedic who selflessly went into the water in Margate harbour to rescue an unconscious teenager;

a critical care paramedic who, with a police colleague, braved a gunman to bring out an injured girl and a crew who went into a burning house to bring out a patient.

The award categories were Clinical Excellence, Going Above and Beyond the Call of Duty, Outstanding Patient Care, Leadership, Employee of the Year, Team of the Year and Community First Responder of the Year.

It was Employee of the Year Peter Wright's last action for the Trust, having taken retirement after 38 years in the ambulance service. Peter had previously served as a paramedic before joining the Patient Transport Service when he retired from the A&E service in 2005.

Team of the Year were the Cardiac Task Force who worked tirelessly to help the Trust become the second best performing ambulance trust nationally for Return of Spontaneous Circulation (ROSC).

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

"It is equally pleasing to see so many community first responders among our award winners. We always honour one of these many dedicated volunteers in the CFR of the Year award but it is excellent that they have also been rewarded in other categories highlighting the superb care and skills they bring to the Trust."

Our people

Developing opportunities in the 999 service

New pathways to becoming paramedics

The Trust provides career opportunities for Emergency Care Support Workers and Ambulance Technicians to develop their clinical skills and knowledge by studying Paramedic Science at St Georges University. The programme leads to Paramedic registration and provides a pathway for professional development.

In 2014/2015 48 staff commenced their university education and there are plans to identify a further 60 in 2015/2016. The progression opportunities reinforce the organisations commitment to investing in their workforce and encouraging internal professional development for existing staff

Developing our paramedics

This year, SECAmb has looked carefully at the capability of all its clinicians, not just its specialist paramedics. The introduction of the Associate Practitioner role is a way of preparing our Emergency Care Support Workers for paramedic education and provides training and additional responsibility for patient care. This includes giving more training in a variety of techniques, and allowing them to use a wider range of drugs and interventions – under appropriate levels of supervision and support to ensure high levels of patient safety.

The CQUIN plan for the 2014/15 year also saw focus on supporting all grades of staff to make better clinical decisions for their patients. Evidence across healthcare

shows that the most risk of harm comes at the point of transfers of care, and we worked to understand better how our staff perceive their ability to share their decision making. Two focused surveys were undertaken, and a series of articles was produced to explain how decision making can be made safer by using the process used by more senior paramedics. The final survey showed that staff have responded well to the information, and already we are seeing fewer untoward incidents relating to patients who are not conveyed to hospital, and a rise in the number of incidents where a PP has been consulted in order to assist with decision making.

Development of specialist clinical roles

Over the past year, we have continued to develop the Paramedic Practitioner (PP) and Critical Care Paramedic (CCP) programmes, referred to as specialist paramedics.

As at end of March 2015 we had 215 Paramedic Practitioners (including 17 managers who regularly respond as Paramedic Practitioners) either qualified or in training, and as of April 2015 we had 44 qualified Critical Care Paramedics – these will be joined by a further 10 who are coming to the end of their CCP Education Programme at the University of Hertfordshire. Eight 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.

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

Paramedic Practitioners (PPs)

PPs are experienced paramedics who have undertaken further higher education to enable them to manage the patients who present to the ambulance service with minor illnesses and injuries, often with highly complex needs. PPs work closely with the rest of the community-based, multi-disciplinary teams to ensure that these patients are cared for in the community, avoiding unnecessary journeys to A&E.

The last year has seen the numbers of PP teams grow to 29 core teams, and we have PPs operating from 38 locations in total (these include Clinical Team Leaders who have undergone the PP course).

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.

Point of care testing is being piloted in partnership with Frimley Park Hospital. SECamb has deployed two "LabKit" bags which are equipped to undertake a wide range of laboratory accurate tests to further support diagnosis and treatment for patients, without needing to attend hospital. The LabKit bag transmits information about each test to a data centre, and this can be included in electronic patient records in the future. Further evaluation is being

undertaken to ensure that the final solution is practical and offers patients the best possible outcome, closer to home.

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. This year saw a large scale project to evaluate a return to having PPs outside of the cover plan (OOP) in order to see more suitable patients, and increase PP utilisation in general.

The project ran for six months in the Crawley and Redhill dispatch desks, and was considered a considerable success. The PPs involved in the project were tasked by the PP Desk in EOC, and also "self-tasked" to incidents. The number of patients seen by the PPs in the project area rose to an average of around nine patients per shift; a three-fold increase on previously.

More PP referrals were booked during this period and this led to a fall in the overall conveyance rates. A series of surveys were undertaken to gauge the feelings of those affected by the project, such as the PPs themselves, other operational clinicians, EOC clinicians, and dispatch staff. The responses were overwhelmingly positive. The project concluded in November 2014 and the PPs were returned to the cover plan to support response time reliability, although Senior Operations Managers are now able to plan in PP OOP systems, based on local business planning strategies.

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 54 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.

During 2014/15, we have continued to train CCPs and ensure that we maintain the numbers required to provide consistent operational cover. There are now nine CCP teams operating across the region, although some teams still have vacancies. CCP tasking is being reviewed and aligned to the increases in their scope of practice, to ensure that patients who will most benefit from their skills will have a CCP attend them.

CCPs are continuing the evaluation of the LUCAS2 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 also 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 – 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.

During the year we have also seen the delivery of the first batch of dedicated CCP ambulances. These vehicles have been designed to accommodate the extra equipment CCPs use, and have a more flexible layout which places the patient more centrally in the vehicle and this allows for 360 degree access by clinicians.

PTS Service re-design


The Trust undertakes Patient Transport Services across Surrey and Sussex, transporting patients to and from hospital outpatient and in-patient appointments. Each day, approximately 1,500 journeys are carried out to over seventy different locations where patients, with a range of differing needs, receive their treatment. This is a very complex logistical task to ensure patients are transported safely, are on-time for their appointments and are not kept waiting unnecessarily to go home afterwards, which involves more than half a million journeys each year. We recognise that we have some way to go to meet the targets set by our Commissioners but significant improvements have been made in 2014/15 with the help of our staff.

Friendly, Helpful, Caring and Reliable -

“To some people these are just words; to SECamb PTS this is who we are.”

PTS staff from across the organisation came together in June 2014 and came up with this statement to define what they wanted to be known for.

This was followed by the first of now bi-annual team away days, to engage with staff directly, to share ideas, issues and concerns and to develop a friendly,



helpful, caring and reliable character throughout PTS. These events were followed up with staff surveys to measure their satisfaction and experiences at work.

Nearly 60% of staff completed the initial staff survey and they reported generally good levels of satisfaction. The following survey carried out in early 2015 was completed by nearly 33% of the workforce and showed a small improvement in their level of job satisfaction.

Alongside this engagement work, the PTS Management team have aligned themselves functionally; part of the management team is now responsible for the production of resources including staff, vehicles, equipment, another part is responsible for the distribution of resources including PTS Control and the use of technology, and a further part is responsible for stakeholder relationships, including commissioners and partner healthcare organisations.

This has resulted in a shift towards a focus on the quality of service provision. Quarterly leadership and personal development sessions for Team Leaders are aimed at equipping these key front-line managers with the skills necessary to take ownership and responsibility for the service provided by their individual team members. This has included the implementation of in-service crew evaluations which, for the first time, are providing all staff with real and meaningful feedback on their performance across a range of key competencies.





Our performance

This section reports on our performance, including operational performance across A&E, PTS and 111 services as well as clinical performance.

Our performance

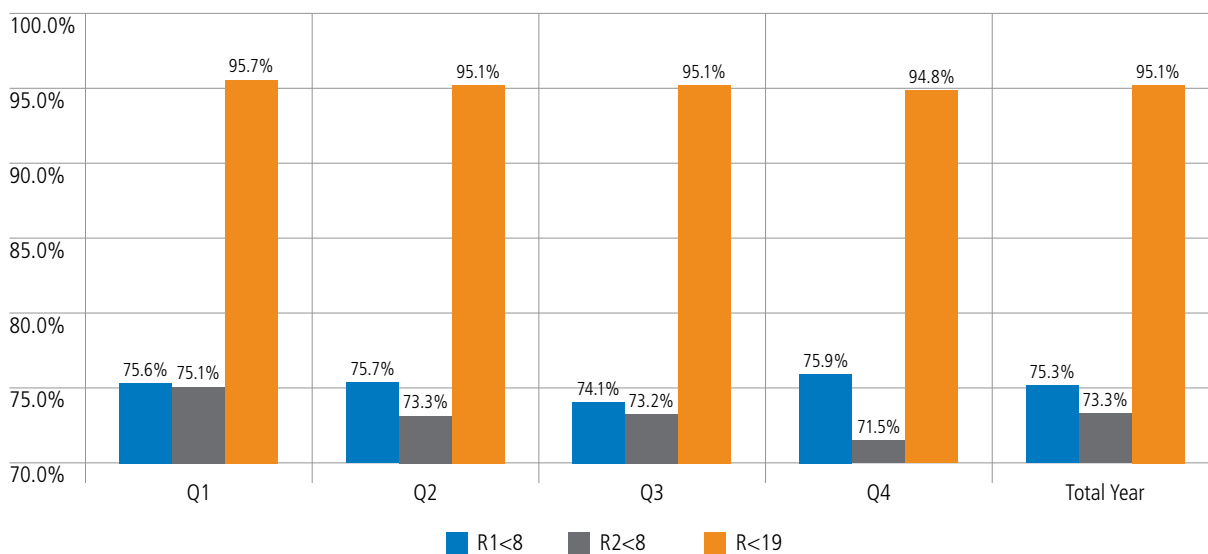
999 response time performance

Response times for ambulance services in England are measured from the time of the call to a response (a Community First Responder, a response car or an ambulance), if needed, reaching the patient.

The national performance standards are as follows:

- + Red 1 - life-threatening conditions where speed of response may be critical in saving life or improving the outcome for the patient, for example - heart attack, trauma, serious bleeding - at least 75% of these patients must receive a response within eight minutes;
- + Red 2 – other serious conditions – at least 75% of these patients must receive a response within eight minutes;
- + A19 – 95% of all Red 1 and Red 2 patients must receive a response within 19 minutes.

SECAmb R1, R2 < 8 min and R < 19min Quarterly Response Performance and Year End 2014/15 – National Target 75% and 95%



The performance figures above do not include the results of the pilot referred to below.

As the graph above shows, the Trust achieved both the Red 1 and Red 2 8-minute targets for Q1 but failed to meet the Red 2 target for the remainder of the year. This has resulted in the Red 2 target not being met for the year as a whole. The Red 1 8-minute and combined Red 1 and Red 2 19-minute targets were met.

There were a number of factors during the year which affected the Trust's ability to reach the Red 2 target including:

- + Significant increases in demand, compared to both previous year and the levels predicted
- + Pressures within the acute trusts in our region – frequently leading to our crews experiencing prolonged delays at A&E departments when trying to “handover” patients to hospital staff. This then significantly impacts on the resources we have available to respond to patients.
- + Continuing challenges in recruiting sufficient numbers of clinical staff, particularly paramedics – this means that we are reliant on staff carrying out overtime and support from private providers to fill our rotas but this can be inconsistent

In order to help us manage the demand we faced during the year, especially during the winter period (Q3), the Trust put in a number of measures to ensure we could prioritise our response to the most life-threatened patients. These included:

- + Piloting different ways of managing the 999 calls passed over from NHS 111, especially at peak periods, by introducing additional triage by clinicians in our 999 control rooms. Between 20 December 2014 and 24 February 2015, the Trust ran a pilot which involved a further clinical assessment of certain NHS 111 calls which were redirected to the 999 Emergency Operations Centre. This allowed 999 resources to be dispatched to those most in need. Following some concerns raised by commissioners, we are now undertaking a retrospective review of the pilot jointly with our commissioners. This will be followed by an NHS England review, which is expected to report in Summer 2015.
- + Introducing new rotas for operational staff – to better match the “availability” of crews to meet the demand – by hour of day and day of the week.
- + Increasing the use of single response vehicles (SRVs) to improve patient care, efficiency and response times and enable us to better allocate Double Crewed Ambulances (DCAs) to those patients who are most likely to require conveyance to hospital.
- + Introducing the “Immediate” Handover Procedure, which enables us to free up ambulances waiting at hospitals at times of severe delay and operational pressures so that we can maintain a safe response to 999 patients.

Timeliness has steadily improved for all patients such that nearly 90% of outpatients arrive within the contracted timeframe, and almost 80% of patients are discharged from hospital on time. However, we are still working to meet the performance targets set by commissioners.

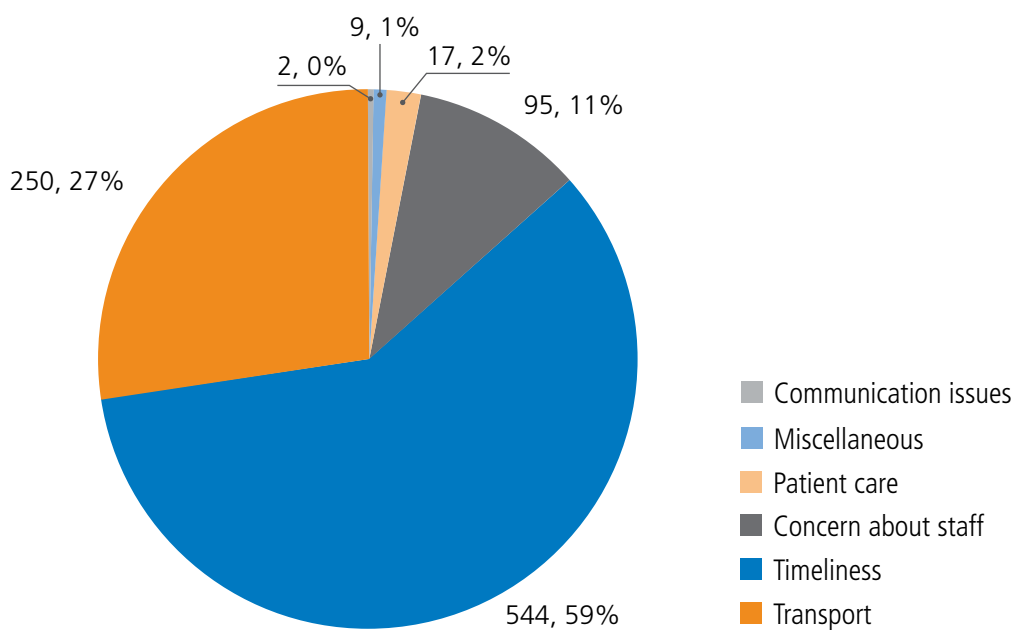
The number of patients experiencing unacceptable delays (defined as a patient being more than one hour late for an outpatient appointment, a patient waiting more than two hours to be collected after their appointment or waiting four hours or more to be discharged) has also halved from 1,400 journeys a month (7% of all journeys) to less than 500 (2% of all journeys) over the last two years. Unfortunately there are still up to twenty journeys per day out of 1,500 where patients experience unacceptable delays. PTS managers, staff

and hospital colleagues are continuing to work together to improve timeliness for patients and further improvements can be expected throughout 2015/16.

Regrettably, things do go wrong and patients and their carers contact us to express their concerns, seeking to understand what went wrong and to gain assurance that lessons have been learned. The number of complaints has more than halved, from 180 per month two years ago, to 80 per month by the end of 2014/15.

The chart shows that the majority of complaints relate to timeliness, followed by concerns relating to transport arrangements to do with booking issues and transport arrangements, with most of the remaining complaints being related to concerns about staff.

PTS complaints by subject, April - December 2014



Our performance

To ensure the reliability of future non-emergency transport services for patients within Kent, Surrey and Sussex, SECAMB's PTS service must be able to deliver the required quality at the right cost. In 2013/14 the service reported a deficit of £2.5m, which represented a significant overspend against the PTS income of £169m. The Trust Board challenged the PTS management team to demonstrate a reversal of this poor financial position in order that they could be assured the Trust could deliver a quality service at the right price. For the financial year 2014/15 PTS returned a deficit of £303,000.

This considerable shift in the financial position was made possible due to the willingness of staff to adopt new working patterns and arrangements, such that their productivity increased by 15% whilst maintaining the improvements to the service for patients.

High levels of satisfaction for patients, good levels of satisfaction for staff, ever improving timeliness for patients, halving the number of patients experiencing unacceptable delays, halving the numbers of complaints and concerns from patients and improving the financial position by £2m tell the story that 2014/15 was a successful year for PTS.

NHS 111 performance

The 111 service for Kent, Surrey and Sussex continues to develop from a difficult start in April 2013, and is now providing one of the highest standards of service of any 111 service in the country. The service is run by SECAMB with its partner Care UK from two call centres; one in Ashford and the other in Dorking.

For the year to March 2015 the service answered 1,137,390 calls. This compares to 913,799 calls for the year to March 2014, representing an increase of 24.5% across the year.

Of these 1,137,390 calls, 93.6 % were answered within 60 seconds, and just 1.3% were hung up by the caller before being answered. Of all the calls received into the 111 service, 10.4% were referred to our colleagues in 999 for an ambulance dispatch and 6% were advised to attend their local Emergency Department. The remainder were either provided with self-care advice, or directed to their local out-of- hours primary care provider.

Across the whole 111 service in our area, including the contact centre run by Care UK in Dorking, we have a total staff headcount of 268, equivalent to 170 WTE (whole time equivalent). Of this establishment, we have 162 (95.9 WTE) non-clinical Health Advisors and 49 (30.6 WTE) Clinical Advisors. We also have an additional 27 (19 WTE) administrative staff and ten management posts. In addition we use a small cohort of agency staff to support at peak times.

There have been some key changes to the joint SECAMB/Care UK management structure during the year. A new interim NHS 111 Director was appointed in November 2014 (to cover the absence of the Director of Nursing due to sickness) and new appointments have been made at senior manager level. A large number of operational improvements were identified and these are now well embedded and significant performance improvements have been seen in the final quarter of the year, with call answering performance

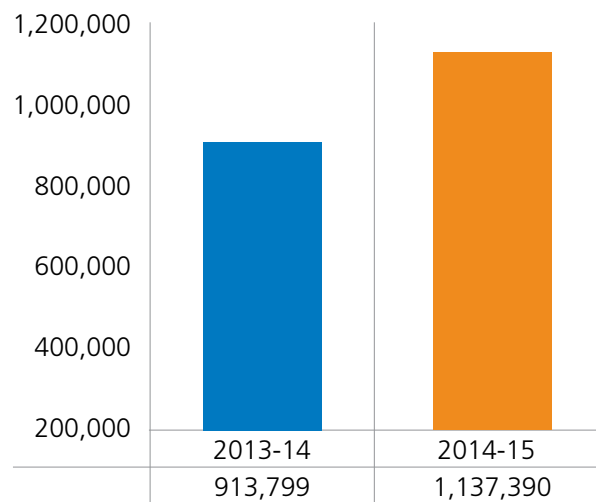
averaging 96.35% for the final quarter, against 93.6% for the year as a whole. The service is now consistently in the top ten best performing services in the country.

The increased volumes into the service, coupled with the drive to deliver optimised performance and patient safety, has led to the continuation of a financial deficit on this contract, with a loss of over £2.5m in 2014/15. The 111 management team has identified a significant cost reduction plan for 2015/16, which should result in a projected loss of £1.5m. at year end.

The current 111 contract is due to end on 31 March 2016 and negotiations have begun with commissioners regarding a time limited extension to the existing contract. It should be noted however that the Trust and Care UK will not wish to enter into further contracts should this level of deficit remain, and further commissioner funding will be required to make the 111 service viable.

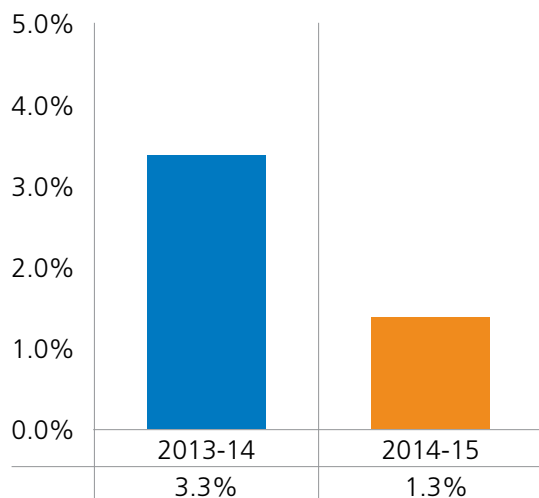
Number of answered calls: KMSS1111

Source data: SITREP



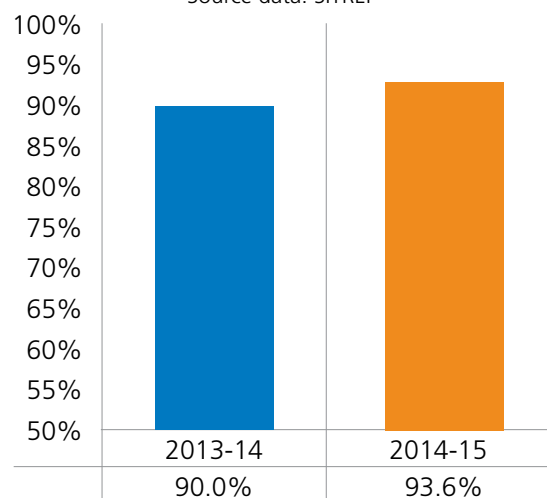
% of abandoned calls, KMSS1111

Source data: SITREP



% Answered within 60 seconds: KMSS1111

Source data: SITREP



Our performance

Clinical Performance

The NHS Operating Framework covers a number of measures regarding the quality of ambulance services in England. Clinical performance is measured in two ways:

- a. **Clinical Outcome Indicators (COIs)** attempt to measure patient outcomes for a specific number of conditions, whereas
- b. **Clinical Performance Indicators (CPIs)** measure the process of care for particular conditions

Clinical Outcome Indicators

The NHS Operating Framework continues to see 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 aim 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 Clinical Governance Committee and also with the Lead Commissioners at the scheduled Quality Commissioning meetings.

The nationally agreed 2014/15 Clinical Outcome Indicators were:

1. **Outcome from Cardiac Arrest: Return of Spontaneous Circulation (ROSC)** - this indicator measures how many patients who are in cardiac arrest but following resuscitation have a pulse/heartbeat on arrival at hospital.
2. **Outcome from Cardiac Arrest: Survival to Discharge** - this indicator measures the number of those who recover from cardiac arrest and are subsequently discharged from hospital.
3. **Outcome from Acute ST-Elevation Myocardial Infarction (STEMI)** - this indicator measures the outcome of those patients that suffer an out of hospital STEMI (a type of heart attack).
4. **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.

Each indicator is assessed against a predefined care bundle. A care bundle is a collection of evidence based interventions (usually three to five) that should be applied to the management of a particular condition. In routine clinical practice, these elements may not always all be done in the same way, making patient care vary. So a bundle aims to tie them together into a cohesive unit that must be adhered to for every patient, every time and when delivered together, result in better outcomes than when implemented individually. The care bundle approach is being used increasingly to set standards for the delivery of care, performance reporting and commissioning of services. The CQIs for STEMI and Stroke also include elements that measure how many patients receive a full care bundle.

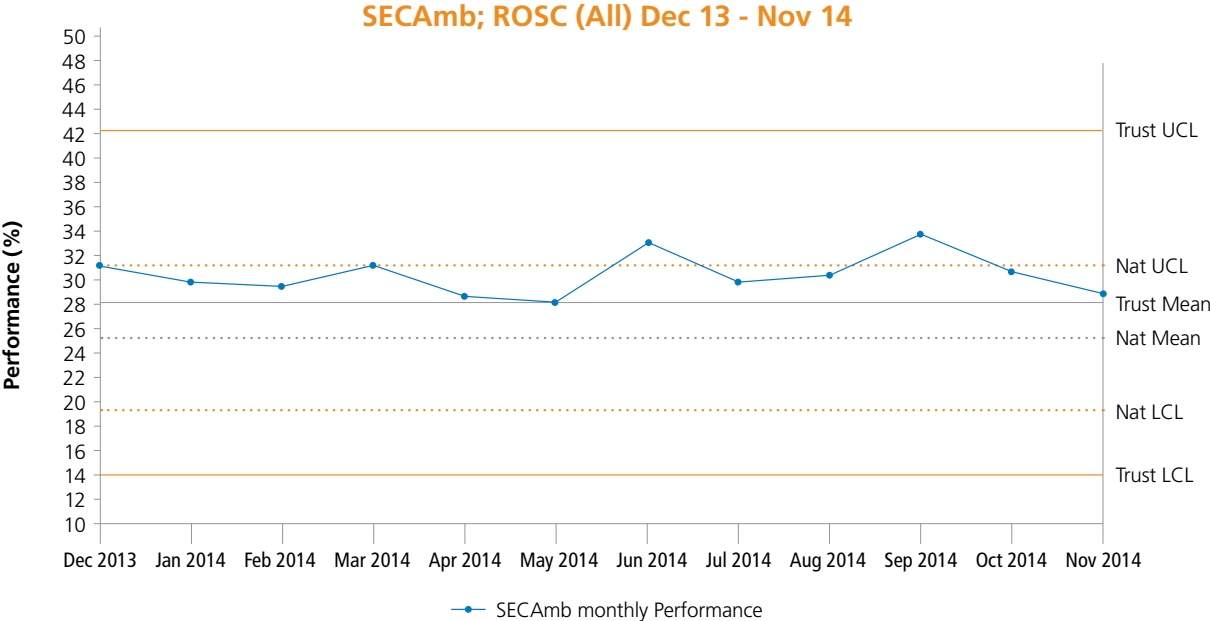
At the time of writing Trust performance is as follows:

1. Outcome From Cardiac Arrest – Return Of Spontaneous Circulation:

There are two measures of ROSC:

- a. **ROSC (All)** - this measures the number of cardiac arrest patients who suffered an out of hospital cardiac arrest, but following resuscitation have a pulse/ heartbeat (Return of Spontaneous Circulation) on arrival at hospital.
- b. **ROSC (Utstein)** - this measures the number of cardiac arrest patients who suffered an out of hospital cardiac arrest, but where the arrest was bystander witnessed and following resuscitation have a pulse/ heartbeat (Return of Spontaneous Circulation) on arrival at hospital

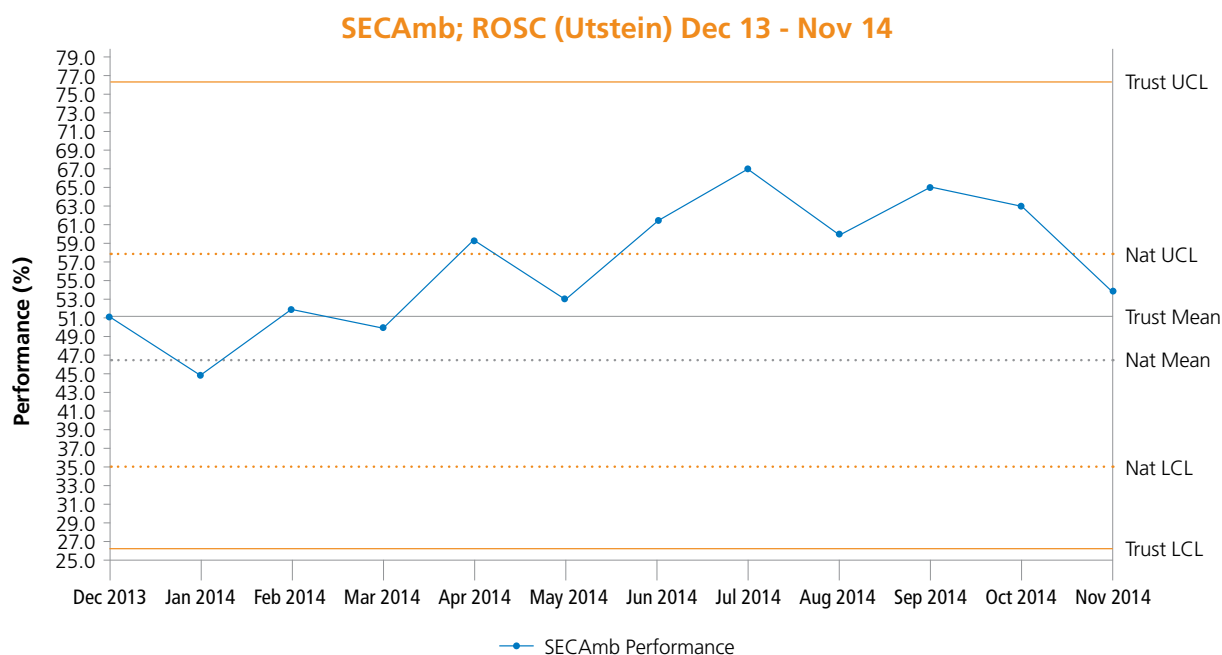
Trust performance for ROSC (All) is consistently above the national mean and on occasions also above the national upper control limit:



Source: NHSE
UCL and LCL= 3 standards deviations from mean of all data since April 11

Our performance

Trust performance for ROSC (Utstein) has continued to improve. Since February 2014, the Trusts ROSC Utstein performance has also consistently been above the national mean and well in excess of the national upper control limit:



Source: NHSE
UCL and LCL= 3 standard deviations from mean of all data since April 11

2. **Outcome From Cardiac Arrest - Survival To Discharge (StD):**

Survival to discharge measures the number of cardiac arrest patients who suffered an out-of-hospital cardiac arrest who have subsequently been discharged from hospital. This measure aims to reflect the effectiveness of the whole urgent and emergency care system in managing out of hospital cardiac arrest.

As with ROSC above, there are two measures for Survival to Discharge:

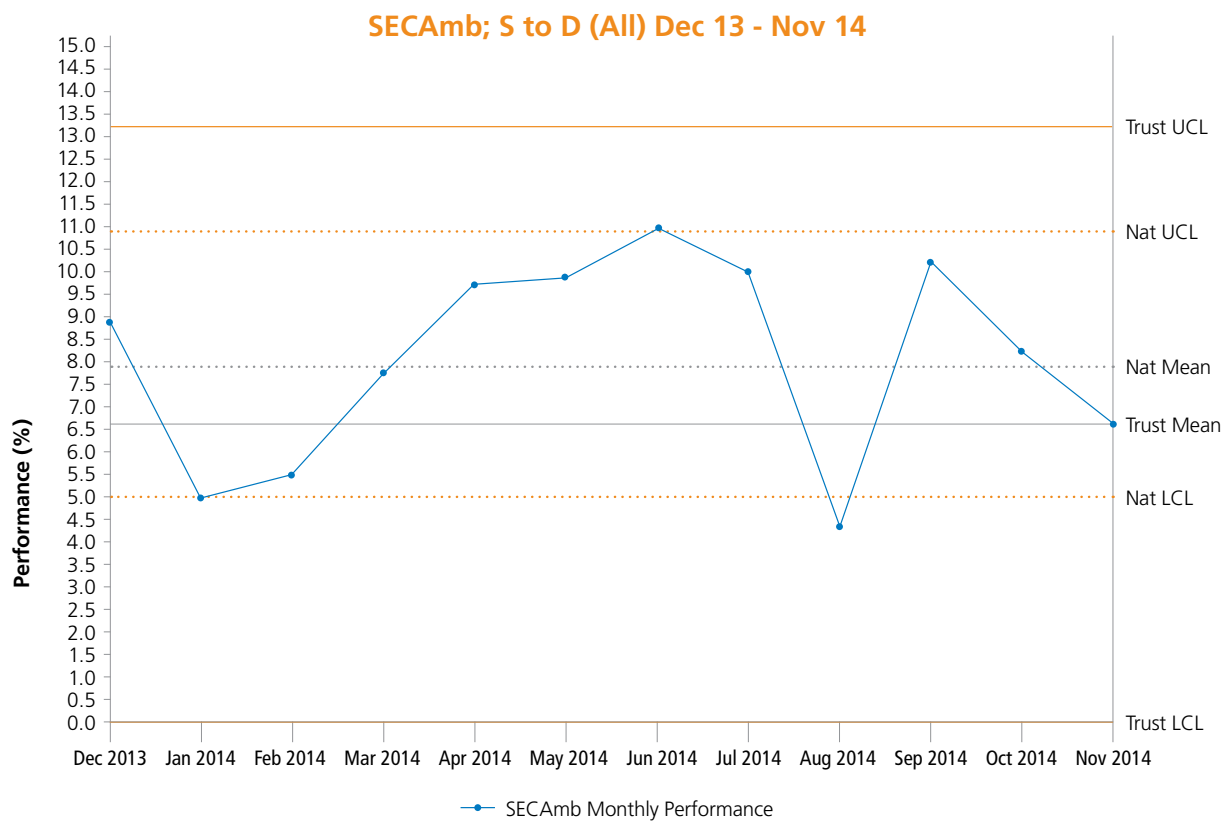
- a. **StD (All)** - of the number of cardiac arrest patients who suffered an out of hospital cardiac arrest, and following resuscitation have a pulse/heartbeat

(ROSC) on arrival at hospital – this indicator measures the number of patients discharged from hospital alive.

- b. **StD (Utstein)** – of the number of cardiac arrest patients who suffered an out of hospital cardiac arrest, where the arrest was bystander witnessed, and following resuscitation have a pulse/heartbeat (ROSC) on arrival at hospital – this indicator measures the number of patients discharged from hospital alive.

This 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.

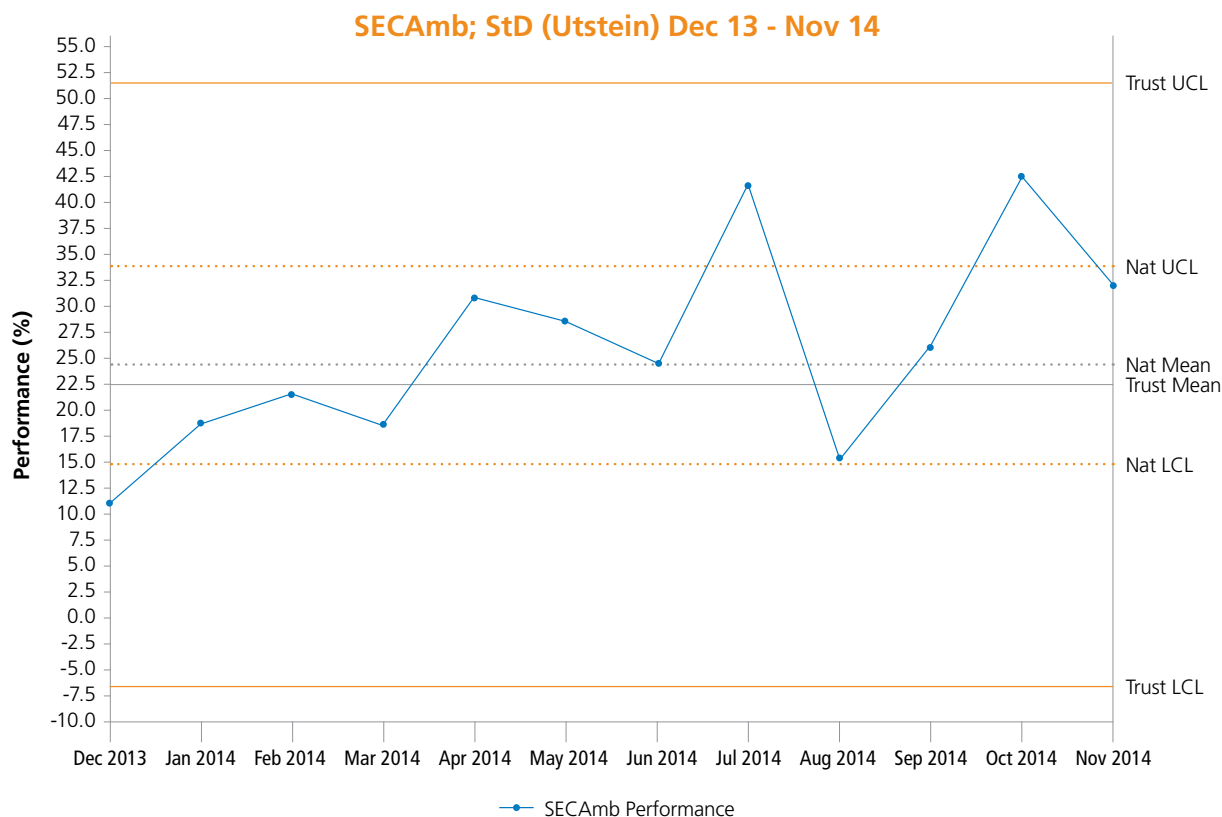
Trust performance for Survival to Discharge (All) is shown below. From January 2014 to June 2014 performance steadily increased to the national upper control limit. A problem with data attainment from the hospitals during August 2014 caused the performance to significantly drop, however once rectified again it was clear that performance had continued well above the national mean to September 2014, following which a declining trend is noticeable.



Source: NHSE
 UCL and LCL= 3 standards deviations from mean of all data since April 11

In terms of Survival to Discharge (Utstein), Trust performance has broadly seen continued improvement since December 2013, and performance is still currently well above the national mean near the upper control level.

Our performance



Source: NHSE
UCL and LCL= 3 standards deviations from mean of all data since April 11

We will continue to work with our acute trust 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.

3. **Outcome From Acute ST- Elevation Myocardial Infarction (STEMI):**

This indicator measures the outcome of those patients that suffer an out of hospital STEMI (a type of heart attack). The success of STEMI management is shown by the number of patients that survived against all those patients that suffered a STEMI expressed as a percentage. All patients identified with pre-hospital diagnosis of STEMI should receive a full care bundle of treatment.

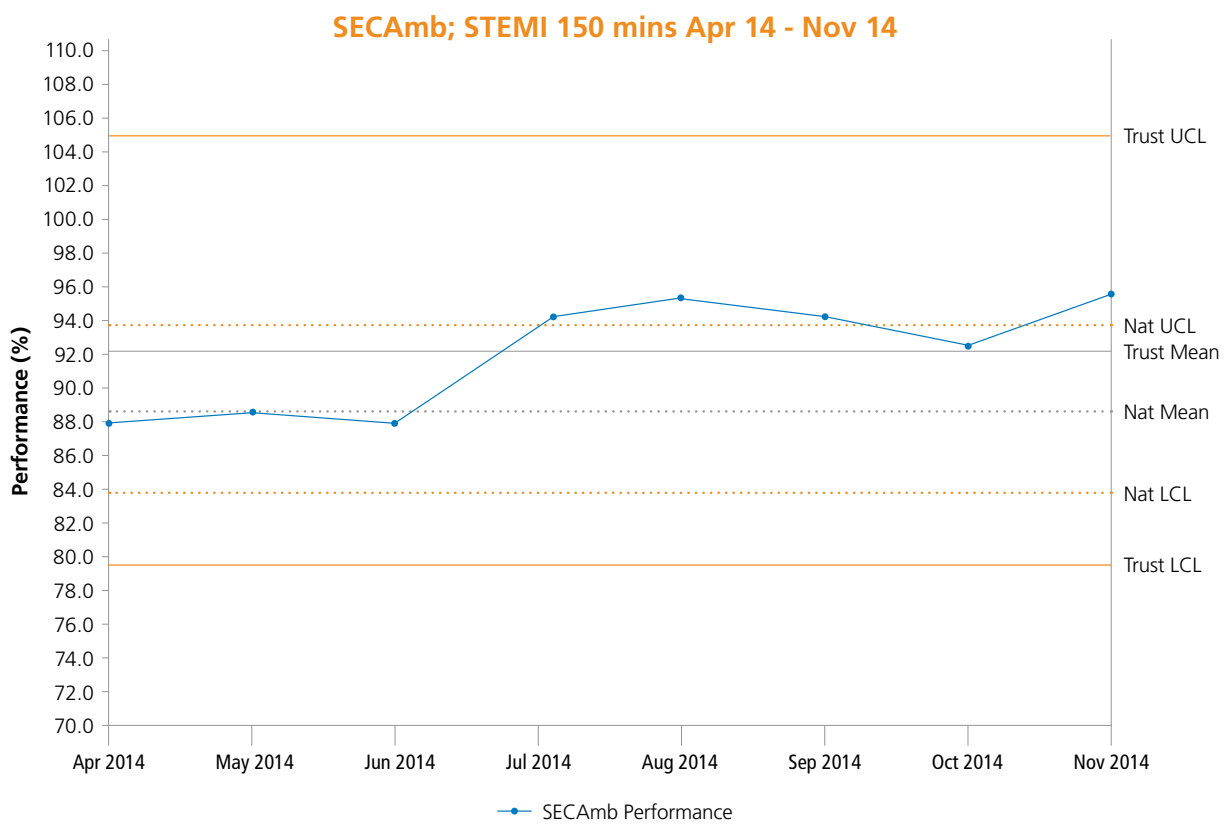
This indicator has three components:

- a. **STEMI 60** - The percentage of patients suffering a ST-elevation myocardial infarction (STEMI) receiving thrombolysis within 60 minutes of call.
- b. **STEMI 150** - The percentage of patients suffering a STEMI who are directly transferred to a centre capable of delivering primary percutaneous coronary intervention (PPCI) and receive angioplasty within 150 minutes of call.
- c. **STEMI Care Bundle** – The percentage of patients suffering a STEMI who receive an appropriate care bundle.

The Trust was not required to report on STEMI 60 during 2014/15.

During 2014, the Trust worked to redefine pain management in STEMI patients and this advice, along with an updated pathway and management flow chart for STEMI patients, has been published.

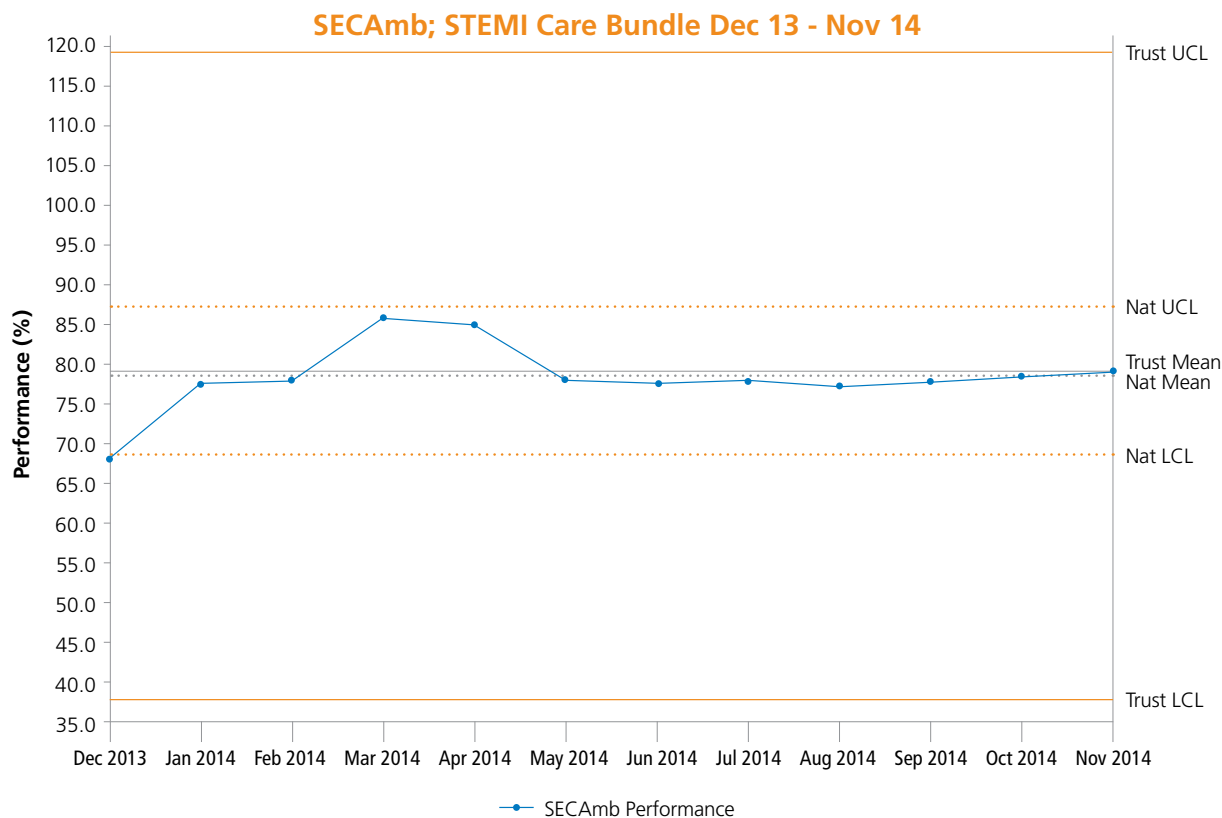
Since June 2014, STEMI 150 performance has increased again above the national upper control limit and now exceeds performance against the care bundle for this indicator.



Source: NHSE
 UCL and LCL= 3 standards deviations from mean of all data since April 11

STEMI Care Bundle performance saw a declining trajectory from April 2014, breaching the Trust and national mean, before plateauing. The two most significant areas of non-compliance are crews not documenting two pain scores and/or administering appropriate analgesia. Further work is required to understand the rationale behind this, and STEMI care/clinical management is the next condition to be addressed in depth by the Quality Improvement Group.

Our performance



Source: NHSE
UCL and LCL= 3 standards deviations from mean of all data since April 11

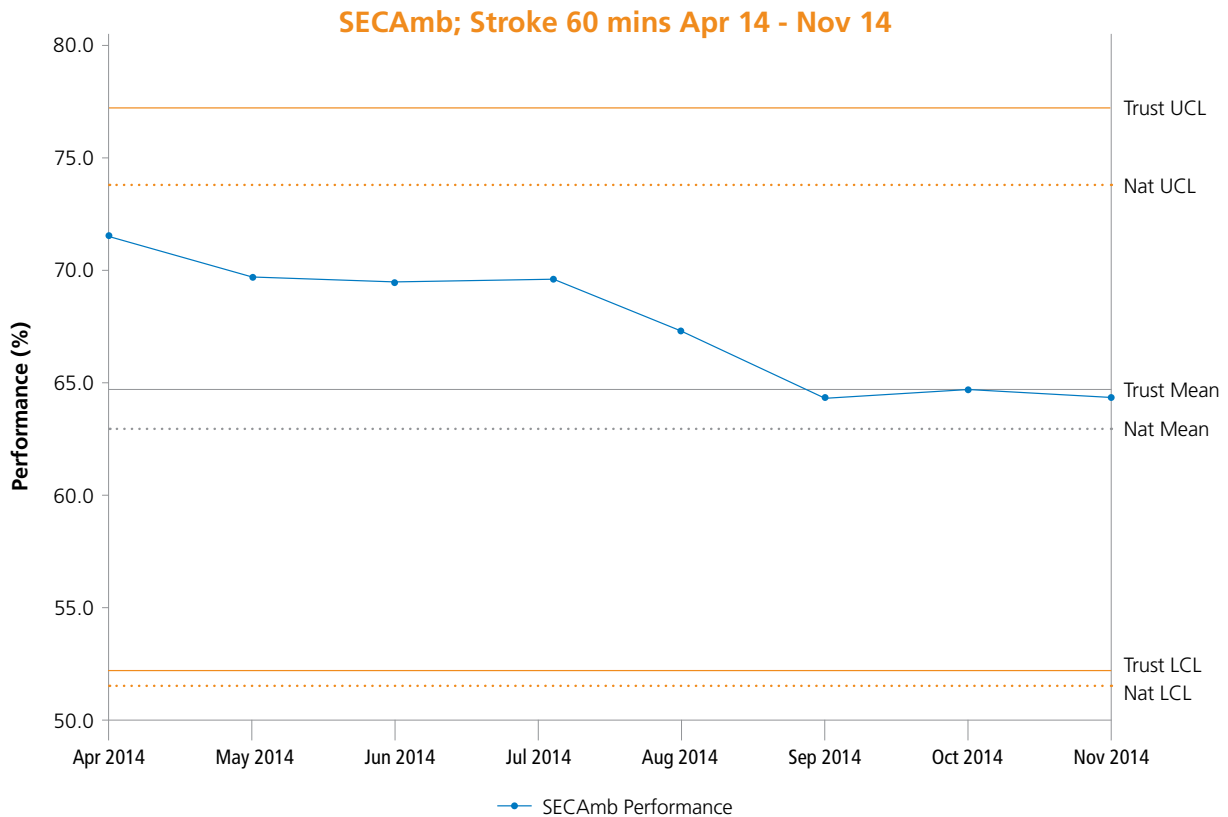
4. **Outcome Following Stroke For Ambulance Patients:**

This indicator measures the time it takes from the 999 call to the time it takes those Face Arm Speech Test (FAST) positive patients to arrive at a specialist Stroke centre so that they can be rapidly assessed for thrombolysis.

This indicator has two components:

- a. **Stroke 60** - The percentage of (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call.
- b. **Stroke Care Bundle** - The percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.

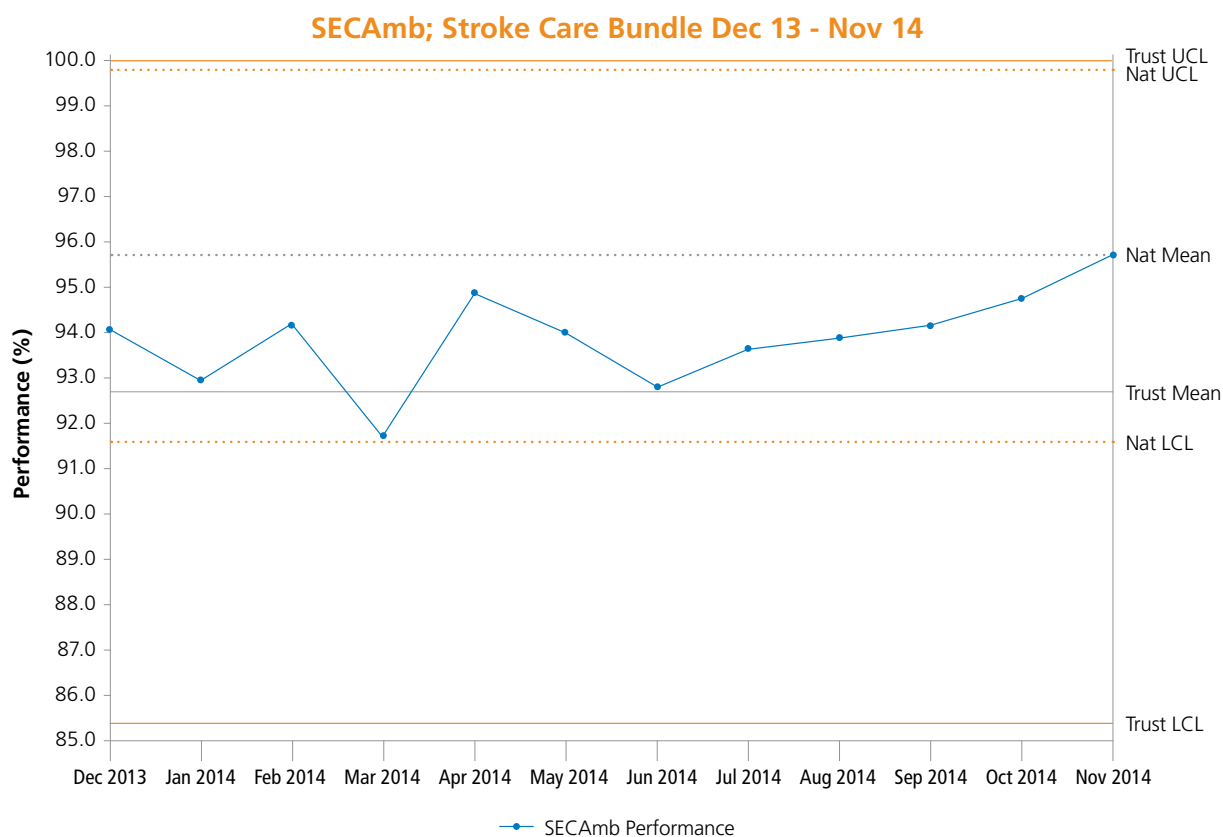
Trust performance for Stroke 60 continually remained above the national mean, however internally saw a declining performance between April 2014 to September 2014, at which point performance plateaued.



Source: NHSE
 UCL and LCL= 3 standards deviations from mean of all data since April 11

Of the individual elements in the Stroke Care Bundle, the Trust continually performs poorly on the undertaking and recording of a blood glucose level and the recording of all elements of the FAST test. However there is a notable and consistent rise in performance against the Stroke Care Bundle, which is believed to be as a direct result of promotional measures jointly brought in through the work of the Quality Improvement Group (established June 2014) and their recent Stroke campaigns, and the work of the Clinical Audit Team.

Our performance



Source: NHSE
 UCL and LCL= 3 standards deviations from mean of all data since April 11

Clinical Performance Indicators

Clinical Performance Indicators (CPIs) 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 (NASCCG). 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 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.

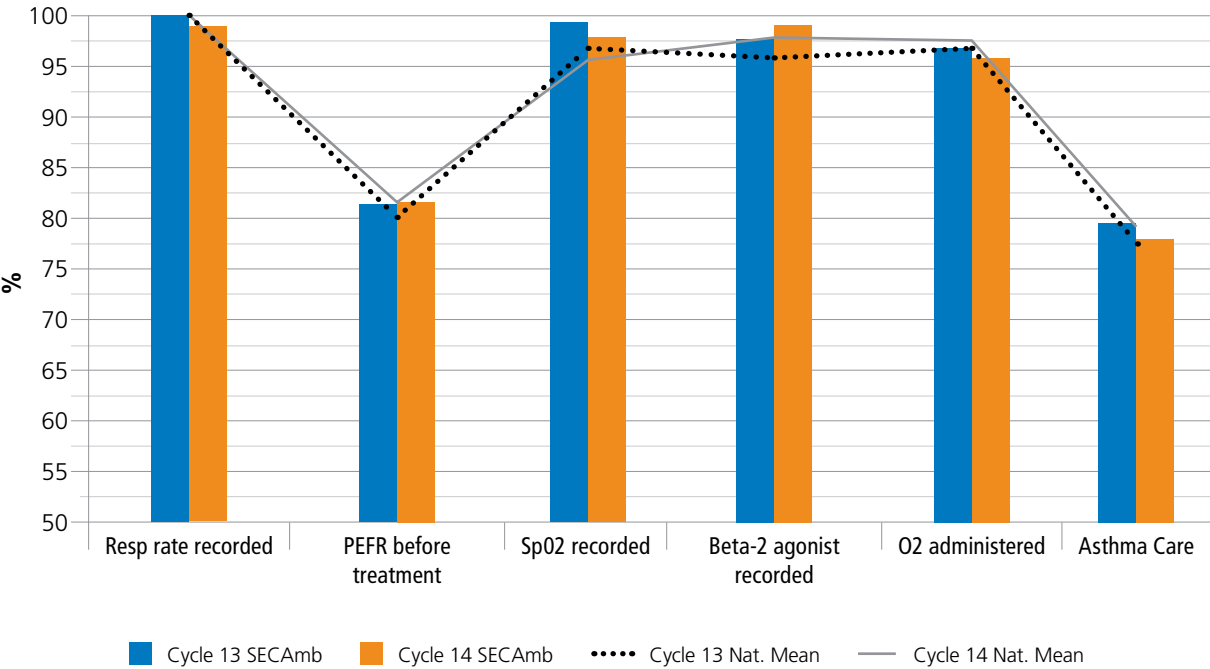
The management of Asthma and Febrile Convulsions performance continues as part of the national indicator framework.

a. Asthma

Asthma is 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.

The Trust's performance has continued to fluctuate between the last completed cycles of audit against the elements of care delivered for patients suffering from asthma as demonstrated below, but remains consistent with the national mean for this indicator:

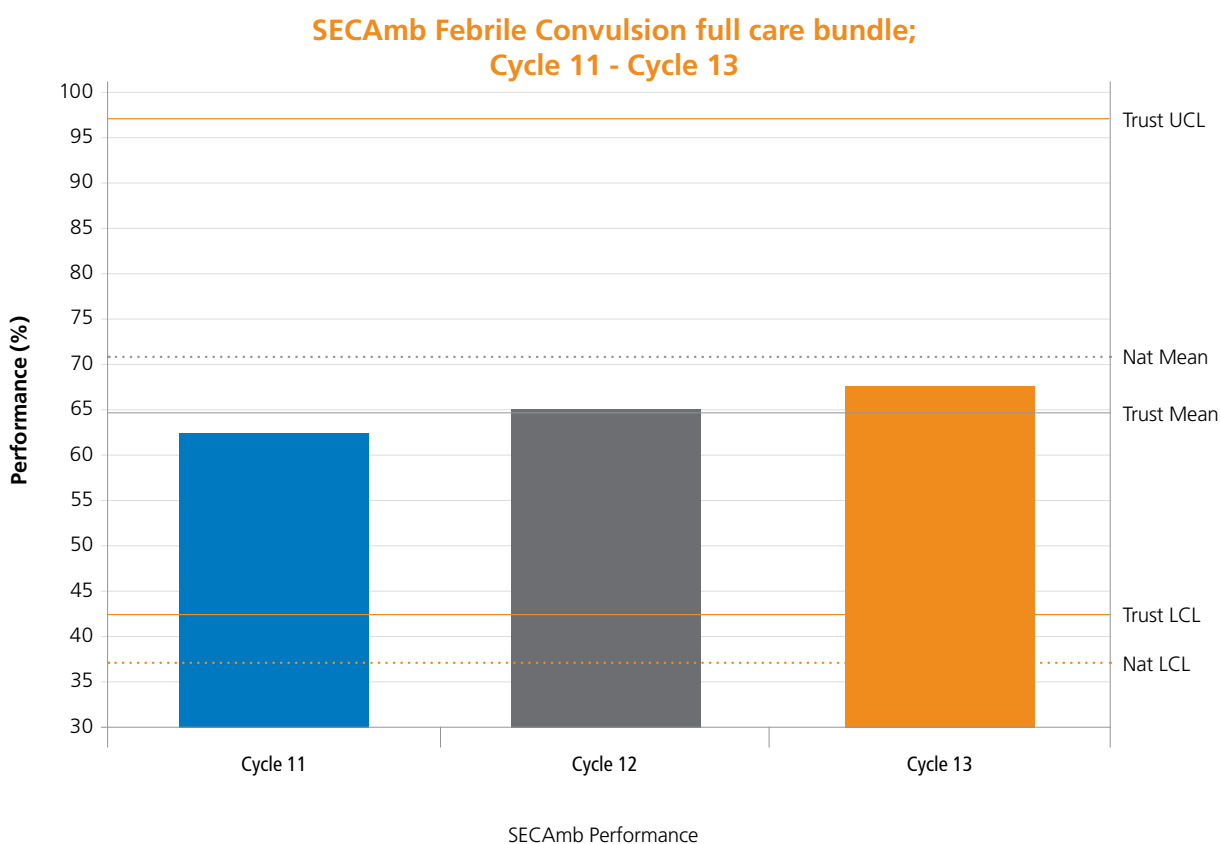
SECamb Asthma Performance
Cycles 13-14 Audit dates June and December 2014



Our performance

b. *Febrile Convulsions*

Cycle 12 data for the care of febrile convulsions demonstrates how the Trust performance against each individual element of the care bundle has increased and the full care bundle has showed a continued upward trend cycle reflecting the national trend of improvement. Cycle 13 further demonstrates an improvement in overall care bundle performance, with increased performance in recording of blood glucose, recording of temperature and recording of discharge pathways.



Data Reference Periods – September 2013 – September 2014 Data Source: National Ambulance Service Clinical Quality Group

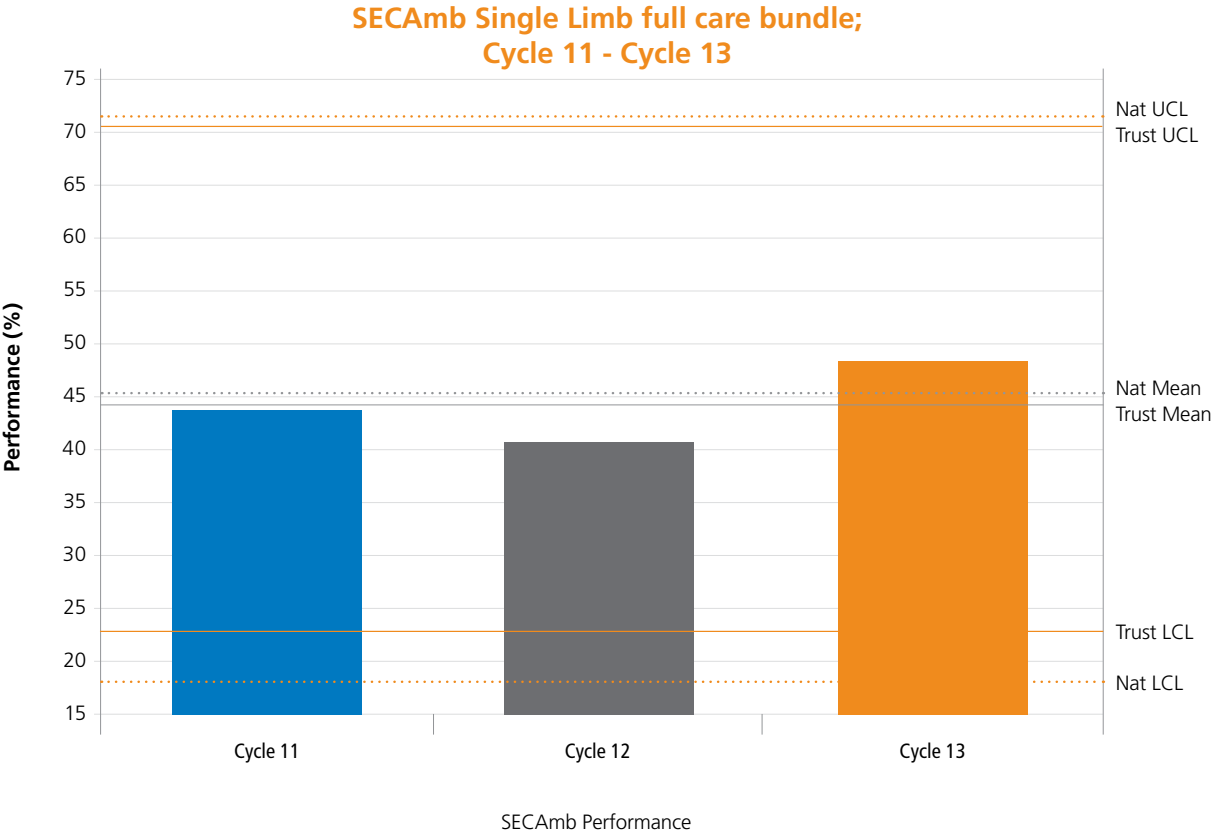
c. *Hypoglycaemia*

In May 2014, after twelve cycles of data reporting and due to a plateau in performance and improvement demonstrated by all Trusts, the NASCQG decided the national Hypoglycaemia CPI would cease to be part of the national CPI reporting framework. Although the long term condition of Hypoglycaemia has been subject to multiple published cycles of monitoring nationally, SECAmb continues to hold value in this indicator while improvement is demonstrated to be required and it was therefore

agreed that twice yearly performance monitoring of the Hypoglycaemia CPI would continue internally, forming part of the Trust’s annual clinical audit programme.

d. Lower Limb Fractures

The NASCQG replaced the national Hypoglycaemia CPI with a new pilot CPI on elderly fallers (lower limb fractures) developed. Trust performance has reflected the national mean between cycles, with varying degrees of fluctuation between periods. Between cycles 11 and 12, the criteria for this indicator broadened to include any single limb fracture, as opposed to only lower limbs. As such, two elements (oxygen saturations and oxygen administered) were removed from the criteria. Despite a decrease in the recording of two pain scores, the number of incidents where analgesia was administered increased maintaining a positive variance on the national mean. A significant increase has also been seen in the immobilisation of limbs compared to a significant decrease in the national mean for this element leading to a positive variance for the Trust. Cycle 13 further shows improvements in overall care bundle performance, with increases in recording of two pain scores and recording of assessment of circulation.



Data Reference Periods – August 2013 – August 2014 Data Source: National Ambulance Service Clinical Quality Group

Our performance

Clinical Improvement Programmes

Work has continued during the year to implement targeted programmes of quality improvement and staff education and awareness.

a. **Cardiac Arrest Task Force**

The Cardiac Arrest Task Force (CATF) was established during summer 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). Comprising operational and non-operational staff the CATF aims to meet monthly to review clinical performance data and to undertake a peer review process to identify incidents where care could have been improved or was not potentially delivered or documented in accordance with clinical guidelines. These variances are reported back to the local Clinical Operations Managers to enable them to have dialogue with the respective member of operational staff and also inform learning and development programmes as appropriate. Since its inception overall Trust cardiac performance has not only increased but also been sustained above the national mean. Additionally, clinical performance of ROSC patients has become significantly less variable month on month. Work continues to provide data on ROSC performance by Operational Dispatch Area, station and individual clinician level.

During 2014, the CATF applied for a National Award at the Patient Safety and Care Awards under the Clinical Leadership category and was successfully shortlisted and recognised as a finalist. The Trust was the only Ambulance Trust in the country

to be shortlisted. Members of the team attended the Award Ceremony in July 2014 in London to represent the Trust in the final.

b. **Quality Improvement Group (QIG)**

The Trust's Quality Improvement Programme has built upon the success of the CATF and was developed primarily to oversee the implementation and management of the outcomes from clinical audits, in particular changes to clinical practice to drive improvements in stroke and STEMI performance. The group consists of both operational and non-operational staff. The QIG has developed stroke pathways posters clarifying what is clinically required for all stroke patients; delivered an awareness raising campaign emphasising the importance of clinicians recognising patients with an irregular heartbeat; produced an Emergency Operations Centre flow chart to assist in reducing on scene times for confirmed stroke patients; and developed a procedure for the monitoring and management of STEMI <150 minute breaches. The impact of the work of the QIG is monitored through the Trust's performance against the national CPIs and continued improvement is expected over the coming months.

CQUIN

CQUIN (Commissioning for Quality & Innovation) is a national framework with a mixture of locally agreed quality improvement schemes and some national CQUIN goals. 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 2014/15 CQUIN plan was divided into two indicators; the national indicator being the introduction of the Friends and Family Test, and the local indicator being Patient Flow.

+ **Friends and Family Test indicator**

The Friends and Family Test indicator was delivered in line with the nationally agreed requirements. More details can be found in the "Listening to our Patients" section of this report.

+ **Patient Flow Indicator**

This local indicator was designed to improve how SECamb;

- + Provides the correct response at the point of the 999 call.
- + Provides support for clinicians at the patients' side to promote high quality care.
- + Promotes the best possible patient outcomes by improving the decision process to convey, discharge or refer patients.
- + Provides structured feedback to promote high quality care and clinician development.

Work streams within this indicator were met by delivering a series of milestones based on four recurring areas:

- + Culture, Beliefs and Behaviours
- + Pathways and Access

+ Policies and Education

+ Supporting Systems and Enablers

The Trust received £3,929,204 of CQUIN income from commissioners in 2014/15. This was the full amount of CQUIN income available as part of the contract.

Using our resources effectively - Financial Performance

This part of the report is about the Trust's financial performance in the period from 1 April 2014 to 31 March 2015. 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

As in 2013/14, our overall financial performance at the end of 2014/15 was in line with the Board's decision during the year to commit additional resources to secure clinical and operational performance. We continued to experience significant activity growth in 2014/15 exceeding the contracted levels by nearly 2% and the previous year by almost 7%. This meant the Trust did not achieve the level of surplus anticipated in our annual plan.

The Trust made a surplus of £0.1m for the year ended 31 March 2015. The planned surplus for the same period was £1.5M.

The Trust continued to invest in the key areas of paramedic skills development and core infrastructure through Make Ready Centre and Information Technology schemes. The most significant of these being the development of the Gatwick HART/MRC facility and the continued development of the Electronic Patient Clinical Record (ePCR).

Our performance

Summary Financial Position year ended 31 March 2015			
Figures are subject to rounding	£M		
	Plan	Actual	Variance
Income	195.3	200.9	5.6
Operating Expenses	180.0	186.8	(6.8)
EBITDA	15.3	14.1	(1.2)
Interest, depreciation, and dividend	13.8	14.0	(0.2)
Retained Surplus/ (Deficit)	1.5	0.1	(1.4)

Income

Income was up on the previous year by 6.2%. This included additional income relating to the provision of the core 999 service (due to activity exceeding commissioned expectations) and generated an additional £2.0M of income which was matched by costs. Further funding was received for winter pressures, staff development, PTS and NHS 111 services. However, the underlying income position remains challenging for the future.

999 activity continues to grow steadily year on year. However the tariff deflator (effectively a price reduction) of 1.9% for the year 2014/15 leads to an overall price reduction annually.

PTS saw a financial improvement in 2014/15 and although the service remains loss making, the levels of these losses have reduced significantly and the service is expected to breakeven in 2015/16.

Delivery of the PTS contracts remains challenging. The main focus on the operations has been continuous improvement balancing the financial model with performance and cost improvements. The PTS contracts for Sussex, Surrey and

Kent are up for renewal in the next 12 months and during 2015/16 SECamb's Board will need to decide whether and how it wishes to tender for new PTS contracts in Surrey and Sussex, where the service is currently provided by SECamb, and whether or not to tender for PTS services in Kent, where the service is currently provided by NSL. PTS is a key factor in terms of patient flow, ensuring that patients can be discharged from hospital and commissioners and acute hospitals are now recognising the importance of the service provided by SECamb in this area.

Providing the NHS 111 contract for Surrey, Sussex and Kent with our partners, Care UK also remains challenging and additional resources have been needed to meet the required levels of performance and clinical care. SECamb is now one of the best performing NHS 111 providers in the country but it receives one of the lowest payments per call. In 2014/15 the Trust made a loss of over £2.5m on this service. This situation is not sustainable and, while delivery of the NHS111 service remains strategically important to the Trust, it will not be possible to extend the current contract or to tender for future contracts unless the service can be made financially viable.

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.

Expenditure

The 10.2% increase in operating expenditure included investments to ensure operational delivery at the higher activity levels including the peak winter months. 2014/15 saw an increase in the number of vehicles available to respond to emergency calls as well as clinicians in our Emergency Operations Centres. There were further investments to support the delivery and development of NHS 111 and PTS activities.

We recognise that we will need to continue to achieve further efficiencies to deliver our services within the funding available and 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 £14.0M. We mainly invested in our vehicle fleet for the 999 service including medical equipment and improving the resilience of our IT systems and our estates programme. 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 £24.7M. The plan was £16.7M. The main reason for the difference was the timing of capital spend which will now occur from 2015/16 onwards.

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.

Cost Improvement Programme (CIP)

During the year we delivered CIPs of £9.3M against a resubmitted target of £9.3M (100% achievement). This was primarily driven by productivity gains within Clinical Operations and activity in Hear & Treat and See & Treat.

In 2015/16 we will continue to focus on driving improvements in key operational areas, including improvements in productivity in our 999 service and increasing the number of patients who receive telephone advice over the phone or receive treatment from one of our PPs. Savings will also be achieved through the transformation programme and the introduction of the local operational unit. Other schemes include efficiency improvements within 111.

All CIPs are assessed for any actual or potential impact on the quality of the service provided. This process 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.

Our performance

The quality impact assessments are reviewed and monitored on a monthly basis and the outcomes are reported to the RMC GC.

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 2014/15.

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 to focus this training on the areas most at risk. The contact details of the Local Counter Fraud Officer are well publicised and staff are familiar with the procedure for raising concerns in a timely manner. The Trust also operates a whistleblowing hotline. We carry out thorough investigations if concerns are raised. There have been no significant issues brought to the attention of the Trust.

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 staff overpayments, areas of procurement and key financial controls.

Accounting Policies

The accounting policies for the Trust are set out in 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
29,983	27,844	92.87%	£84,292	£75,019	89.00%

Our strategy is to support suppliers by paying on time; this is normally within 30 days for all undisputed invoices. 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.

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.

The Audit Committee membership in respect of the period ended March 2015 was:

- + **Trevor Willington**, Non-Executive Director and Chair of Audit Committee
- + **Christine Barwell**, Non-Executive Director (until 30 June 2014)
- + **John Jackson**, Non-Executive Director (until 28 February 2015)
- + **Graham Colbert**, Non-Executive Director
- + **Tim Howe**, Non-Executive Director
- + **Lucy Bloem**, Non-Executive Director
- + **Alan Rymer**, Non-Executive Director (appointed 28 January 2015)

Our performance

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 27 May 2015.

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 years. During 2014/15, the Council of Governors re-appointed Grant Thornton as the Trust's auditors until 2017/18 following an assessment of their performance and following a recommendation from the Audit Committee.

The fees paid to the auditor in respect of the period were £ 55,000 for statutory audit fees and £12,000 for other audit services.

Ensuring sustainability and protecting the environment

This year the Trust has moved closer to delivering on many of the initiatives set out in the Carbon Management Plan.

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

Our partnership work has taken a new direction this year and working with Mitsubishi UK, Fleetdrive UK, the Energy Saving Trust and the Department for Transport we have been successful in bidding for Government funding to lease 15 new hybrid vehicles for the Trust to use as frontline vehicles.

In support of this project and again funded via partnership with the Department for Transport and a local manufacturer Elektromotive, we now have a network of ten electric vehicle charge points. These charge points will be used to charge the batteries of the new hybrid vehicles.

In addition we are in the process of connecting our headquarters and two regional 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.

TerraTrack software is also now helping us to see the 'standby' or point to point cover mileage our crews are doing. This will help us to understand the extent of standby miles and to plan any interventions to reduce it.

This year we also introduced a new Salary Sacrifice Car Scheme run by

Tusker. The scheme has seen significant interest from staff reaching the annual take up target of 3% within the first four months. The scheme incentivises staff to choose smaller, cleaner and more efficient vehicles including hybrids and electric vehicles and these choices are clearly being reflected in the vehicles staff are taking on through the scheme.

The Trust now has a draft Travel Strategy to mobilise staff on issues associated with business travel and reducing the Trust's carbon footprint from transport. We are also developing proposals to provide individual travel planning advice and support to individual members of staff to facilitate their move from current work locations to the new MRCs and to the new HQ and reconfigured EOC in Crawley.

This year we have also engaged with the Carbon and Energy Fund (CEF) who provide interest free loans to public sector organisations seeking to make energy efficiency improvements to their estate. Access to such loans allows the Trust to protect its capital and to repay the loans through energy savings made by the installation of energy saving technology and improvements.

Our waste management team continues to oversee the delivery of our waste management contract and the move to a new recycling system for the whole Trust. We will soon be able to report on waste management performance on an individual site basis as well as by ODA on recycling performance and all other waste stream compliance. Significant savings are expected from

this contract as well as the establishment of a high quality recycling system.

Our new Make Ready Centres will meet a high environmental specification including the ability to use rainwater harvesting for washing operational vehicles. The Trust is also exploring the options for battery technology to capture energy obtained from rooftop photovoltaic arrays to run vehicles on electricity. This work supports the objectives set out in our Adapting to Climate Change Plan 2014 – 2020 which acknowledges the main environmental risks to the Trust and sets out an action plan to ensure the service strengthens its resilience in the face of a changing climate.



South East Coast
Cardiac Arrest Form
Including Recognition of Life Extinct (ROLE)

Date of Incident: 27/01/2014
Patient Name: JANE DOE
Address: [blurred]
Call Sign Letter: G1
Call Sign Number: 999
Incident Number: 221234
Patient's Date of Birth: 29/01/1978
Presenting Rhythm Time: [blurred]

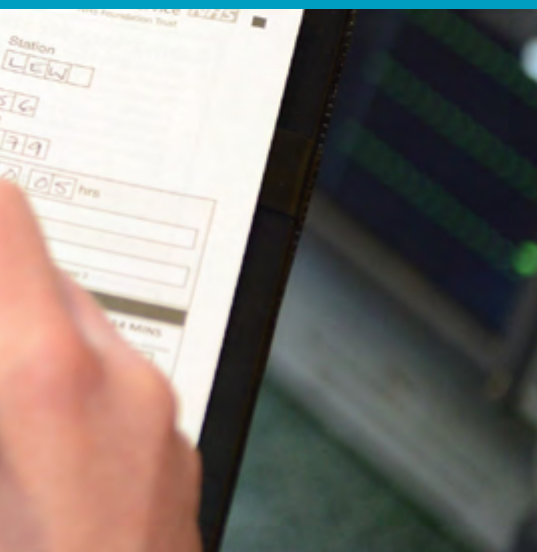
Presenting Rhythm: VF
 I have viewed a valid DNACPR form which is dated and signed
 Resuscitation was not attempted because [blurred]

2 MINS	4 MINS	6 MINS	8 MINS
<input checked="" type="checkbox"/> VF	<input checked="" type="checkbox"/> VF	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPROVAL: Patient has been resuscitated and ETC - 100% using a Bag - [blurred]
APPROVAL: Resuscitation has been attempted using a Bag - [blurred]
APPROVAL: Patient's temperature is 36°C or higher - [blurred]
APPROVAL: Patient's oxygen saturation is 94% or higher - [blurred]



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 address these.

Our priorities

Working on what is important

A number of the priorities detailed below, which we focussed on during the year, will continue to be amongst the top priorities for the Trust moving forwards.

Pilot of operational units

During 2014/15, the Trust launched a year-long trial of the new operational unit model in the Ashford and Thanet areas of Kent, to introduce a more localised way of working and a new management structure with more local accountability. The operational unit model is designed to improve patient experience, response times and staff engagement and enable more collaboration with local healthcare initiatives.

The new management structure in the operational unit aims to maximise contact between Clinical Team Leaders (CTLs) and their staff. A rota of CTLs will provide 24/7 cover to support their staff and a Duty CTL will provide support to staff on site and will provide a direct link with the teams dealing with issues such as delayed handovers at hospitals, investigations, medicines management and absence management.

Another key change is the introduction of new shift rotas, which allow the Trust to adapt to changing seasonal demands and provide more flexibility for staff.

Clinical Services Manager for Ashford Darren Foskett said: "The new rota has been implemented to meet the change in demand in the Ashford and Thanet ODAs with a mixture of eight, 10 and 12 hour shift lengths which offer staff a variation that wasn't previously available."

Linked with a recruitment drive for more paramedics, the new rotas should help to reduce the need to use private providers.

The new rota also allow key training to be delivered locally to operational staff reducing the time that they are not available to respond to 999 calls.

The inclusion of locally run CPD events which are organised and run by the staff are an important part of the new model. This gives the ambulance staff the opportunity to organise and engage in their own development and also have a level of control over their professional life.

The findings of the pilot are being used to shape the creation of a new operational unit structure for the whole Trust moving forwards. You can read more about this in the "Our Plans" section.

Changing how we respond to patients

Included in SECAmb's plans for 2014/15 was the implementation of key service developments aimed at enhancing patient care. This was previously undertaken under the project known as the "Front Loaded Service Model". This project has now been formally closed.

The term "Front Loaded Service Model" did not describe adequately our aspirations for the future.

The overarching principles from previous projects have helped form our clinical strategy, and continue to be developed and delivered in line with the needs of our population. These include:

- + 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 the most seriously ill patients being attended by Critical Care Paramedics.
- + Increasing the percentage of patients referred to other providers via existing and new care pathways
- + Ensuring that, where appropriate, as many patients as possible are attended by a paramedic

In 2014/15 we also worked on other areas to enhance care for our patients by changing how we respond. These include;

- + **PPs in primary care**
Placing paramedics in GP practices, undertaking urgent home visits and being more visible in the wider primary care team
- + **Critical Care Paramedics scope of practice**
Enhancing the knowledge and skills of CCPs to ensure that their care is optimised and that ongoing care en-route to hospital is enhanced
- + **Increasing Hear & Treat**
Providing increased opportunities to provide care over the telephone for patients calling 999. Hear & Treat allows patients to get a clinical assessment over the phone, receive advice on self-care and signposting to other healthcare resources within their community, such as being advised to visit a community pharmacist for instance.

+ **Frequent Callers**

We have developed an approach to how patients who make repeated calls to 999 are managed. This has been developed to ensure that all patients are treated with dignity and respect, and that frequent callers are not considered a nuisance. Rather, their needs are assessed and where these are not being met by SECAMB, they are effectively referred and/or signposted to the most appropriate provider for their ongoing care.

Progress on Make Ready Centres (MRCs)

We are committed to providing a responsive and high quality service to the local communities we serve.

To deliver this, the Trust has been introducing MRCs across the region where dedicated teams of staff stock, maintain and prepare vehicles for our clinical staff.

By providing this gold-standard vehicle preparation system, it means our highly skilled frontline staff can focus on the job of responding to patients in well maintained vehicles rather than spending time before and after their shift cleaning and stocking vehicles.

In the last year great progress has been made in the development of three purpose built MRCs in Sussex. Work has already begun on the site for the Make Ready Centre in Crawley which will also be the permanent base for the Trust's western Hazardous Area Response Team (HART). Work on the Polegate MRC has been delayed slightly due to an environmental management

Our priorities

plan requirement. The Chichester MRC at Tangmere received Board approval in late April 2015 and work will begin in 2015/16.

A centre in Brighton also received planning consent last year. However, progress on this project has been delayed due to ongoing discussions with the planning authority regarding a planning condition.

In other parts of the Trust, work continues to look for sites to develop other centres in parts of Surrey and north Kent.

The development of centres across our region form part of the Trust's approved implementation plan for the next two to three years that has to take account of the potentially changing external factors which can impact on any estate development project. As a result the projects are regularly tested against capital investment plans.

New Medicines Supply System

A ground-breaking new approach to how medicines are made available to frontline staff was rolled out during the year across the Trust.

The new system will mean better management and tighter controls of medicines meaning less paperwork and bureaucracy for staff. Ordering and dispensing of controlled medicines has now been brought in-house. Previously this was arranged through local hospitals, but a change in the law meant that hospitals dispensing medicines to other service providers could no longer do so without a wholesale pharmacy licence. This meant that our hospitals couldn't continue to legally supply the Trust with medicines under their existing arrangements.

Initially the new medicines supply system was introduced in Make Ready Centres. Each MRC was fitted with a dedicated and secure medicines room, stocked with the necessary medicines for clinicians to undertake their duties.

Medicines bags continue to be checked and packed by Make Ready operatives. However, where previously paramedics were required to check the controlled drugs pouch and if necessary restock it at the local hospital, this will now be done locally through an Omnicell cabinet. The Omnicell cabinets are sophisticated and secure medicines cabinets which are currently used in many acute hospital trusts in the UK and internationally.

Using an intelligent biometric system, the Omnicell will recognise the member of staff, what medicines they are permitted to use, in accordance with their scope of practice, and allow them access to the areas of the cabinet where that stock is held.

The cabinet will then register how many medicines have been taken and returned, carry out audits and monitor stock electronically – just leaving the Make Ready operatives to restock the cabinet when required.

The early introduction of this system within SECamb means we are the first ambulance trust in the country to adopt this model.

Where Make Ready Centres are not yet in operation, a new medicines logistics service has been established to deliver ready-made medicines pouches to stations via the introduction of an off-the-shelf system as an interim model.

Vehicles and equipment

In view of the shift to delivering more patient care outside acute hospitals, it is vital that our vehicles and medical equipment 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:

The vehicle fleet is managed and maintained internally by highly trained, experienced staff who can maintain the entire vehicle, from the base chassis to the more complex electronic life-saving medical equipment.

The prime purpose of the technical support teams within SECamb is to ensure that vehicles are fully maintained, to the right standard at an acceptable cost. By using airline style maintenance regimes, we minimise critical vehicle failures and ensure vehicle and equipment availability for clinical teams across the patch.

By reviewing our clinical demand, our staff skill mix, maintenance requirement and shift patterns we are able to determine the optimum size of fleet required to match supply capacity to demand.

A&E Vehicle Replacement

The A&E fleet replacement cycle is critical to ensuring that an effective, fit for purpose vehicle fleet exists. The cycle is designed to smooth out unnecessary peaks and troughs, whilst ensuring a standardisation of design and build across batches of vehicles, aiding staff familiarisation and operation.

The existing fleet and equipment continues to be standardised wherever possible.

The Trust will investigate whether to continue to operate a coach built (box body) ambulance based fleet or review the options for introducing a van conversion for transporting less acute patients to hospital.

Van conversion ambulances can provide the perfect basis for a transport role, when paired with the introduction of larger numbers of more sophisticated SRVs with clinicians able to undertake an initial clinical assessment of the patient and decide whether or not they need to be conveyed to hospital.

PTS vehicle replacement

The tendering of PTS services is becoming ever more demanding and it is vital that the Trust adopts a careful vehicle replacement strategy to enable us to compete in this price competitive market. Factors to be considered include the length of the commissioned contract in relation to vehicle leases and any additional vehicle costs that extensions to the PTS contracts may incur.

The mix of vehicle types for each PTS contract will be determined by the management team and service requirements included within the commissioning contract.

Safety and innovation

2014 saw the implementation of the first stage of Trust's Driver Safety System.

The first stage has seen the installation of a speed controller that limits vehicle speed when not on an emergency, when responding the vehicle is de-restricted.

It is anticipated that patient experience will improve and the reduction in fuel use will

Our priorities

save the Trust approximately £0.6million per year coupled with an overall reduction in emissions of approximately 19% of the Trust's Carbon Reduction target.

The second stage has seen the fitting of CCTV (both internally and externally) to vehicles, enabling the Trust the opportunity to better defend its interests in case of an untoward event as well as protect and support our staff.

The final stage (April 2015 onwards) will see implementation of a full vehicle telematics system, enabling 'real time' vehicle data and driver behaviour analysis. This data will inform our commercial decision making and operational strategies. It will also allow

us to support our staff, improve driving standards, enhance patient safety, reduce wear and tear on the vehicles, reduce collisions and improve vehicle availability.

It is hoped that the implementation of the Driver Safety System will shape the future of driving and safety standards within the Trust as well inform international best practise.

This system will also see a shift of emphasis in relation to driver training and education from a 'one size fits all' approach to a more driver centric, outcome- focussed, evidence-based programme.



Do you have some spare time for a good cause?

We are looking for caring volunteers to assist in transporting patients from their homes to hospital appointments or from hospital appointments to their homes.

Your service

Your service





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

Commissioning

The Trust has worked closely throughout the year with the lead Clinical Commissioning Groups (CCGs) for each contract to establish appropriate activity levels and the type of activity required to meet the needs of the population in each of the twenty two CCGs in which the Trust delivers 999, NHS 111 and PTS services. The CCGs are organised into cluster areas of 'Kent and Medway' and 'Surrey' and 'Sussex' and it is these clusters that jointly manage the 999 and 111 contracts on a monthly basis. SECamb provides PTS services in Surrey and Sussex, with separate contracts held with each County. 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 "NHS England South". There is an over-arching team that then feeds into NHS England

The commissioning process for each service includes an annual negotiation on the level and types of activity that will be funded for the following 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 each area, now and in the future. The negotiations include discussions around service prices,

and the extent to which commissioners will support our proposed future service developments over the medium term. The annual contractual negotiations with commissioners are set within the context of national guidance. In 2014/15 this guidance was the planning framework "Everyone counts: Planning for Patients 2014/15 to 2018/19", published in December 2013.

The framework sets out the key principles, outcomes, and areas of focus for the whole of the NHS and forms the basis of discussions with commissioners about the services that they wish us to provide. The national guidance has moved from the previous one year format to a new five year format, focussed on the need for integration across providers and a more co-operative approach between commissioners and providers. In recognition of the new commissioning environment, the need for greater co-operation and the more local focus of commissioning agendas, the Trust appointed three Customer Account managers in 2014 to manage external relationships across three CCG clusters.

The Planning Framework set a net efficiency requirement of 1.9% and that this was in addition to CIPs of 5% of operating expenditure. For 2014/15, the Trust was commissioned to provide £193m of activity. The contract for A&E services included a marginal price of 65 percent of the agreed local tariff for any activity above or below the planned activity growth in 2014/15.

Activity growth during 2014/15 was two percent higher than contracted levels. This impacted adversely on the Trust's ability to achieve its planned surplus of £1.5m as the Board prioritised clinical performance and allocated additional resources to deliver performance over contracted levels.

Volunteers

The Trust is fortunate to enjoy fantastic support from a large number of volunteers, who support the work of the Trust and our staff in a number of different ways:

Community First Responders (CFRs)

The Trust currently has 667 Community First Responders spread across its region, 82 of whom were recruited and trained in the last year. In 2014/15 they attended 19,606 emergency calls. 11,835 of these calls were categorised as life threatening including 1,114 of which were cardiac / respiratory arrest calls. Our priorities included developing the CFR scope of practice, improving training and promoting volunteer engagement.

Public Access Defibrillators

The Trust is continuing to support the establishment of Public Access Defibrillators (PAD sites), by providing advice and guidance to individuals, local companies and organisations, and parish councils. Our CFRs play a vital part in this work, offering their time to train members of the public in their own communities, and taking part in British Heart Foundation initiatives. There

are over 1,900 PAD sites within the Trust's operating area which are identifiable on the Trust's Computer Aided Dispatch system.

Chaplains

Our network of 41 Chaplains 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 attend many meetings and functions to support the wider work of the Trust.

Volunteer Car Drivers

Our Patient Transport Services are supported by about 175 volunteer car drivers, who give up their own time to take suitable patients to various locations throughout Surrey and Sussex for outpatient appointments, discharges and transfers. In 2014/2015, our volunteer car drivers completed 104,619 patient journeys and are an integral and valued part of PTS.

Our Members

SECAMB has a total membership of 12,638 people as of 31 March 2015. We have 9,272 public members and 3,366 staff members. We increased our public membership by 1,429 over the year, so taking account of 512 members who left the Trust (the vast majority moving out of the Trust catchment area), we saw a net increase in our public membership of over 10%.

Our partners

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: http://www.secamb.nhs.uk/get_involved/membership_zone.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	11	53,339	10
17 - 21	215	238,320	44
22+	4,699	4,235,610	54
Ethnicity:			
White	7,503	4,190,333	87
Mixed	72	81,786	42
Asian	182	179,151	49
Black	60	49,815	58
Other	7	26,184	13
Socio-economic groupings*:			
AB	1,788	841,882	103
C1	5,385	1,089,373	241
C2	1,260	458,208	134
DE	597	917,864	31
Gender analysis:			
Male	3,447	2,250,332	74
Female	4,586	2,276,937	98

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

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

We monitor our representation in terms of disability, sexual orientation, and transgender although this is not required by our regulator. We are pleased that work undertaken to engage the Trans community has resulted in a number of new Trans members this year.

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.

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 (see the 'Our People' section), 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 0.21% of the population. Although this percentage is low, our members provide a rich source of information and support to the Trust.

Constituency	Members	Population	Percentage of eligible population
Brighton & Hove	478	269,923	0.18%
East Sussex	1739	517,356	0.34%
Kent	2647	1,348,731	0.20%
Medway	565	260,376	0.22%
Surrey	2282	1,264,387	0.18%
West Sussex	1561	784,971	0.20%
Total	9272	4,445,744	0.21%

Our partners

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 improving the annual appraisal process, staff communication about moving to a new Headquarters and making changes to our Emergency Operations Centres, and developed a booklet of career options for staff.

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

Annual Members Meeting

The Trust held its Annual Members Meeting (AMM) on 25 September 2014. 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. 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, Brighton and Hove PRIDE, the Eastbourne 999 Show, and the Dover Water Safety event. 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. Three 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 Friars Walk

Lewes

Sussex

BN7 2XW

Mobile: 07770 728250

Tel: 01273 484821

SMS/text: 07770 728250

Text phone (via Text Relay):

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

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.

Our Inclusion Strategy embodies the NHS value "Nothing about me without me" and puts 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), is made up of a diverse group of stakeholders who advise the Trust on effective engagement and involvement in relation to a wide range of issues such as significant service developments, annual planning, Quality Account measures 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.

A notable achievement this year was when members of the group presented at an event organised by North Kent Clinical Commissioning Groups and the Trust received an award in the category for 'Embedding a Culture of Openness' for the introduction of the IHAG.

Our partners

The diverse membership of the IHAG provides us with insight at all stages of our planning and development process, which helps us get more things right, first time, more often. The IHAG is also able to raise issues with us and representatives from it sit on the Trust's Inclusion Working Group alongside senior managers, so that the 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, or by a single or series of focus groups. In addition, bespoke workshops or 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.
- + Planning and participation in grading us against the goals and outcomes of the NHS Equality Delivery System 2 framework
- + Reviewing and refining our Equality Objectives
- + Holding a joint Patient Experience event with Governors and other Key Stakeholders
- + Members have participated in a number of Trust working groups and sub groups and reported back on the outcomes.

- + Developed and delivered Experts by Experience Training workshops
- + Attended workshops and made recommendations on plans for new Make Ready Centres
- + Participated in focus groups to develop key messages for a range of stakeholders as we plan to move to a new headquarters and emergency operations centre
- + The development and launch of a Learning Disability Alert card.
- + Participation in the production of our Quality Account

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

Private providers – A&E

Framework for External Providers

In 2013/14 SECamb invited both Voluntary Aid Societies (VAS) and Private Ambulance Providers (PAPs) to tender for A&E and PTS business via this framework which was set up in line with EU Procurement Directives. The framework was advertised through OJEU (Official Journal of the European Union) and initially eleven organisations were accepted onto it for a four year fixed period. It is not possible for other organisations to enter the framework until it is renewed in 2018.

Supplier's services were engaged either through fixed term Directly Awarded Contracts or ad-hoc short notice service requests. To date directly awarded contracts have proved the most economically efficient method where more competitive rates can be offered to the Trust in exchange for an agreed commitment of work for a defined period.

The framework has enhanced the governance process previously in place for external providers whilst putting our use of external providers on a strong contractual and legal footing.

Private providers – PTS

On the PTS side and utilising the framework described above, private providers are used as needed to cover for staff vacancies, particularly in the west Surrey area, where we have experienced difficulties in recruiting staff. They are utilised to transport patients to and from appointments and for hospital discharges.

During 2014/15 we utilised 30,000 hours of private support, compared to 40,000 for the previous year. This cost £2.25m out of a £17m total cost of service, compared with £2.75m for year before.

HART

The Department of Health (DH) requires ambulance trusts to provide 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 and Gatwick was opened 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 process 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 each base. These range from a Forward Command Vehicle, two equipment carrying vehicles, a Polaris six wheel drive all-terrain vehicle, a 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 (RRVs) that are part of the core team but are always available to respond to general emergency calls to support standard operations.

Our partners

HART also operate an ambulance from 11am to 8pm daily to support operations and to maintain the clinical skills of the HART Operatives. This support 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.

The Critical Care Paramedics (CCPs) working within the Trust are located within the HART teams to enhance the skills brought to patients in difficult environments.

The overall number of HART activations to incidents of all types (excluding normal operational support) for 2014/15 are:

Team	Number of activations
Gatwick	5274
Ashford	4275
Total	9549

The SECamb HART teams supports operational resources to deliver patient care in some of the most challenging conditions. The HART teams also have the capability to respond to large scale incidents which could include travel infrastructure incidents, environmental disasters, acts of terrorism or any other mass casualty situation.

In 2014/15 SECamb HART teams attended a major incident at Gatwick Airport where a 747 aircraft landed with its undercarriage not fully deployed. HART attended the incident as 400 people were on board the aircraft. Fortunately a serious incident was averted.

SECamb HART now also provides support to the public and police during incidents involving public disorder.

SECamb HART has just been approved as an Outreach Centre, which will allow HART training staff to provide Outreach approved qualifications to staff working in or around water (rivers, lakes and fast moving water).







Our plans



This section articulates are key plans for developing our service going forwards; these service developments will support the Trust in delivering its vision and strategic objectives.

Our plans

Looking forwards, our vision recognises that to take the Trust forward into an even more successful future, we need to change the way we work and re-design the way we organise our services.

Our transformation programme, which began in May 2015, will radically reform the way we provide our services and help us move closer towards our vision.

It has a number of integrated work-streams and you can read more about these below:

Development of local operational units

Following the successful pilot of the operating unit model and associated local management structure in Thanet during 2014/15, plans are being developed to roll out ten local operating units in total across SECAmb. Where possible these will be linked to an existing or planned Make Ready Centre, e.g. Polegate and Crawley, but the new structure will also be introduced into those areas, such as Surrey, where plans for Make Ready Centres are not yet well advanced.

Support services will also be reconfigured so that they reflect the more localised operational unit model which is discussed in more detail in the Our Priorities section. Effective and sustained staff engagement will be crucial to ensuring the Trust can deliver business as usual as well as transformational change. The Trust's staff are its most important resource and must also be part of the changes that are taking place in order for them to be effective.

Strengthening local management in the A&E service and in SECAmb's NHS 111 call centre in Ashford will be also be

essential to delivering the productivity requirements of both services and the transformation required in the 999 service.

Investing in Technology – ePCR

Included in SECAmb's plans for 2015/16 is the deployment of an electronic patient clinical record (ePCR) mobile working solution to frontline clinicians. The ePCR will collect patient clinical data at the point of care which is currently captured on an A3 paper form.

Following an unsuccessful bid to receive additional funding from the Integrated Digital Care Fund in November 2014, the Trust Board took the decision to continue the project using internal funding only.

Choosing a user friendly and intuitive product in the form of the iPad Air provides SECAmb with the opportunity to use the technology not only for capturing clinical data but for enabling our clinicians to access the wealth of information that is available through approved websites and applications.

Enhancing the quality of clinical reporting to evidence delivery of consistent standards of patient care is a key driver for this project. Ensuring a clinical report is generated for every patient attended also gives the opportunity for real time feedback and advice to the attending clinician by a line manager or clinical supervisor. Compliance with local and national care bundles and completion of minimum data sets provides our clinicians with the opportunity to evidence that their clinical practice is continuously maintained and improved.

Working in conjunction with our software supplier, Kainos with their Evolve software,

the project team will begin first phase deployment in the Thanet area in 2015/16, building in a pause to allow an opportunity for feedback and resolution of any problems before subsequent deployment across the remainder of the Trust. Ensuring the system is embedded well with our staff in Thanet before moving across the rest of the organisation is pivotal to the success of this significant and exciting change in working practice for frontline colleagues.

This project is fully aligned with SECAMB's vision for the future and includes plans for interfacing with both internal functions and with the wider health community. As we currently work with 17 acute trusts and 22 CCGs this presents quite a challenge as the project develops. The project also aligns with the Government target of being paper-light by 2018.

Development of Integrated Community Paramedic Teams

Building on the success of the Paramedic Practitioner role, SECAMB is in the early stages of developing a community paramedic offering. This will integrate a team of SECAMB staff into a locality to deliver the initial response to 999 calls, provide support for urgent GP home visits and links between practices and care homes.

The benefit of an integrated team which responds to all three cohorts of patients is that the local team quickly get to know locality teams, practices and complex patients ensuring that whichever route they request urgent care from they receive a standardised response. This also allows practices to be more engaged in discussions

and decision making for their patients who have called 999 but may be better managed through an alternative pathway rather than being conveyed to an acute trust.

This approach fits with the development of locality teams or hubs by some CCGs and supports the integration agenda set out in NHS England's Five Year Forward View and the Urgent and Emergency Care Review.

During the year, a small pilot of this integrated model has started in Whitstable in Kent, operating from 8am to midnight seven days per week, with an initial evaluation likely to be available in late May 2015. In the first instance the pilot will focus on 999 calls and urgent GP home visits but preliminary discussions have also considered how the pilot could support care homes and work closely with the OOH provider during evenings and weekends to support visits.

Several CCGs and GP Federations have also approached the Trust, to consider integrating similar paramedic teams into locality hubs or groups of practices.

Enhancements to the scope of practice of SECAMB's critical care paramedics (CCPs) and PPs and the development of specialist and advanced practitioner roles will strengthen further the importance of extended paramedic skills in emergency and urgent care delivery. This will also be part of the Trust's strategy to improve retention of clinical staff and to ensure it remains an employer of choice for graduate paramedics. The contribution of SECAMB's Community First Responders (CFRs) will also be re-focused, enhancing and improving the provision of care.

Our plans

New HQ/EOC

Following Board approval in January 2015, we have been involved in discussions to provide a new EOC and HQ in the Crawley area. The location is on the former Thales site in Gatwick Road, Manor Royal, which is being redeveloped by Surrey County Council. The 10 Acre site will consist of office developments supported by some small retail outlets.

The site will provide an opportunity for 'Blue Light' collaboration as other emergency services, including Fire & Rescue Service and the Police Service are expected to relocate there. Surrey CC has obtained planning permission for Phase one (the SECamb building) of the programme and has prepared the site for works to commence. Willmott Dixon has been appointed as the main contractor for the project.

SECamb will occupy the ground and first floor of a four story building. The ground floor will include the new 'West' EOC, which will house the EOC teams currently based at Lewes and Banstead. When open, the unit will handle around 70% of the calls currently processed by the Trust. In time, it is intended the 'East' operation (Coxheath) will be enhanced to enable

the workload between the two sites to be balanced. The first floor will house the new HQ in an open plan environment.

Surrey County Council intends to construct the building between June 2015 and August 2016. SECamb will then take approximately five months to fit-out the building and also evaluate the reliability of the new EOC before vacating from the existing sites at Lewes and Banstead. Following the timeframe will allow relocation of the EOC and HQ to take place from early 2017.

Statement on the Strategic Report

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: 28 May 2015



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

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

In 2014/15 the Trust Board included the Chairman, up to seven Non-Executive

Directors, the Chief Executive, five Executive Directors and the Director of Workforce Transformation who is a non-voting member of the Trust Board.

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

Towards the end of the year, as part of the Trust's change in clinical focus and the move to local operational units, Jane Paceman's secondment as Medical Director came to an end and she returned to her substantive role as a Consultant Anaesthetist. The Trust is in the process of recruiting a new Medical Director and interim arrangements are in place to cover this role.

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
- + 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 delivered a formal Board Development Programme during 2014/15 based on the feedback from a 360 degree appraisal of the Board that took place during 2013/14. 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. In addition, each Committee is observed once a year by a small number of Governors who submit a report to the Council.

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 the Chief Executive and 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 the re-appointment of a Non-Executive Director. The Chairman's appraisal is conducted by the Senior Independent Director taking into account the view of the Board and the Council of Governors.

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 the Trust's website. The interests of all Board members have been declared.

Lucy Bloem is the spouse of the Government's Chief Commercial 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 2017]

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.

Following his initial term of office, Tony was re-appointed as Chairman of the Board from 1 September 2014 for three years.

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

Declared interests – Non-Executive Director with Drax Group plc, Senior Advisor with Newton, Trustee of NHS Providers

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 a member of the Trust Board, the Appointments and Remuneration Committee*, the Workforce Development

Committee, the Audit Committee and was chair of the Risk Management and Clinical Governance Committee until 30 June 2014.

Declared interests – none

3. Tim Howe

[28 January 2010 to 30 September 2017]

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 was re-appointed from 1 October 2014 for a further three year term of office. Tim served as Deputy Chairman of the Board until 31 January 2015 and was reappointed as the Board's Senior Independent Director from 1 February 2015 until 31 May 2016.

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

Declared interests – Director of Komura Ltd, Director of the Human Resource Centre Ltd, Director of Danoptra 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 was a member of the Trust Board, the Audit Committee, the Charitable Funds Committee, the Risk Management and Clinical Governance Committee and chaired the Appointments and Remuneration Committee until 28 February 2015.

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

5. Trevor Willington

[28 January 2010 to 27 January 2017]

Trevor has extensive experience working in the public sector, most recently as Strategic Director - Resources and Director of Finance at Elmbridge Borough Council

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, 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, and Member of the Royal Marsden NHS Foundation Trust.

6. Dr Katrina Herren

[1 September 2012 to 31 August 2015]

Katrina is 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 organizations.

Katrina is a member of the Trust Board, the Workforce Development Committee and the Risk Management and Clinical Governance Committee and has chaired the Appointments and Remuneration Committee since 1 March 2015.

Declared interests – Clinical and International Director - Dr Foster, in receipt of a long term incentive plan from BUPA and provides consultancy to private equity firms outside the UK. Trustee of pni.org.uk

7. Graham Colbert

[1 September 2012 to 31 August 2015]

Graham is Chief Financial Officer and Chief Operating Officer at Genomics England (a company set up by the Department of Health to carry out a programme of 100,000 whole genome sequences). 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 was appointed as Deputy Chairman of the Trust Board by the Council of Governors with effect from 1 February 2015 until the end of his first term of office on 31 August 2015.

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 – Trustee of the British Lung Foundation

8. Lucy Bloem

[1 September 2013 to 31 August 2016]

Lucy joined 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 Workforce Development

Committee, the Audit Committee and the Charitable Funds Committee and has chaired the Risk Management and Clinical Governance Committee since 1 July 2014.

Declared interests – Spouse of Government Chief Commercial Officer

9. Alan Rymer

[28 January 2015 to 27 January 2018]

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

Throughout his career he has gained a wide range of board level experience in the public sector and partnerships with industry. He has delivered improvements in 24/7 fleet support, established new career structures and personnel management services, and led training transformation programmes. His final military appointment was as Director of Training and Education of UK Armed Forces between 2010 and 2012.

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

Declared interests – Director, Lune Consulting Ltd., Chairman/Trustee of the Church of England Soldiers, Sailors and Airmens' Clubs/Housing Association.

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 Hospitals 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's secondment to the Trust ended on 27 February 2015.

Jane was 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 role of Director of Clinical Operations in April 2011. In addition to the 999 service, Andy is also responsible for Patient Transport Services and Learning and Development.

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 and was awarded his PhD in 2014.

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

Declared interests – Chair and Executive Member of the College of Paramedics

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.

Geraint had interim responsibility for Human Resources until 1 September 2014 when Francesca Okosi joined the Trust as Director of Workforce Transformation.

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 Nursing and Urgent Care

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. Kath is 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 – None

16. Francesca Okosi - Director of Workforce Transformation

Francesca joined the Trust as Director of Workforce Transformation on 1 September 2014.

Francesca has more than twenty years' experience across the private and public sectors, including in local government, housing and higher education. Amongst other achievements, she has led significant programmes of transformation and change within large organisations.

Declared interests – None

Member	Attendance at Board Meetings									
	30 April 2014	29 May 2014	25 June 2014	28 July 2014	25 Sept 2014	23 Oct 2014	24 Nov 2014	6 Jan 2015	27 Jan 2015	24 Mar 2015
Tony Thorne	X	X	X	X	X	X	X	X	X	X
Paul Sutton	-	X	X	X	X	X	X	X	X	X
Christine Barwell*	X	X	X							
Lucy Bloem	X	X	X	X	X	X	X	X	X	X
Graham Colbert	X	X	X	X	X	X	X	X	X	X
Geraint Davies	X	X	X	X	X	X	X	X	X	X
Katrina Herren	X	X	X	X	X	-	X	X	X	X
Tim Howe	X	X	X	X	X	X	X	X	X	X
John Jackson**	X	X	X	X	X	X	X	-	X	
James Kennedy	X	X	X	X	X	X	X	X	X	X
Andy Newton	X	X	X	X	X	X	X	X	X	X
Francesca Okosi***					X	X	X	X	X	X
Jane Pateman****	X	-	X	-	X	X	X	X	X	
Alan Rymer*****										X
Kath Start*****	X	-	-	X	-	-	-	-	-	-
Trevor Willington	X	X	X	X	X	X	X	X	X	X

* Non-Executive Director until 30 June 2014

** Non-Executive Director until 28 February 2015

*** Non-voting Executive Director since 1 September 2014

**** Secondment ended 27 February 2015

***** Non-Executive Director since 28 January 2015

***** Kath Start was away from the Trust on sick leave between 17 November 2014 and 17 February 2015

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					
	30 April 2014	25 June 2014	28 August 2014	23 October 2014	6 January 2015	24 Feb 2015
Tony Thorne	X	X	X	X	X	X
Paul Sutton	X	X	X	X	X	X
Christine Barwell*	X	X				
Lucy Bloem	X	X	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	-
Tim Howe	X	X	-	X	X	X
John Jackson	X	X	X	X	-	X
James Kennedy	X	X	X	X	-	X
Andy Newton	X	X	X	X	X	X
Francesca Okosi**				X	X	X
Jane Pateman	X	X	X	X	X	-
Alan Rymer***						X
Kath Start****	X	-	-	-	-	-
Trevor Willington	X	X	X	X	X	X

* Non-Executive Director until 30 June 2014

** Non-voting Executive Director since 1 September 2014

*** Non-Executive Director since 28 January 2015

**** Kath Start was away from the Trust on sick leave between 17 November 2014 and 17 February 2015

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. Monitor's Code of Governance sets out that the Board may opt to have one or two Nominations Committees and provides guidance on the structure for either option. SECamb has elected to follow the model for two Nominations Committees – one which has responsibility for 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								
	15 May 2014	28 July 2014	21 October 2014	15 December 2014*	30 December 2014	19 January 2015	17 February 2015	2 March 2015	23 March 2015
John Jackson (Chair until 28 February 2015)	X	X	X	X	X	X	X		
Katrina Herren (Chair from 1 March 2015)						X	X	X	X
Tim Howe	X	X	X	X	X	X	X	X	X
Trevor Willington	X	X	X	X	X	X	X	X	X

* All NEDs, the Chairman and the Chief Executive were invited to attend the ARC meeting on 15 December 2014. All attended with the exception of the Chief Executive and Katrina Herren, Non-Executive Director.

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 2014	4 June 2014	3 September 2014	3 December 2014	4 March 2015
Trevor Willington	X	X	X	X	X
Christine Barwell	X				
Lucy Bloem	-	X	X	X	-
Graham Colbert	-	-	X	-	X
Tim Howe	X	X	X	X	X
John Jackson	X	X	X	X	
Al Rymer					X

Charitable Funds Committee

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. The Charitable Funds Committee is required to meet a minimum of twice a year.

Member	Meeting Date/Attendance			
	4 June 2014	3 September 2014	3 December 2014	4 March 2015
Trevor Willington (Chair)	X	X	X	X
John Jackson	X	X	X	
Lucy Bloem	X	X	X	-
Tim Howe				X
Geraint Davies	-	-	X	X
James Kennedy	X	X	X	X

Directors' report

Finance and Business Development Committee

The purpose of the Committee is to review financial and operational performance, business development and investment decisions of the Trust. FBDC now conducts an operating and financial review across all three services on a quarterly basis. Representatives from each service attend the meeting to present and answer questions from members. Additional FBDC meetings are held as required to discuss urgent business.

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										
	24 April 2014 ~	22 May 2014	19 June 2014 ~	17 July 2014	18 Sept 2014 ~	9 October 2014	17 Oct 2014	20 Nov 2014 ~	18 Dec 2014 ~	21 Jan 2015	19 Feb 2015
Graham Colbert (Chair)	X	X	X	X	X	X	X	X	X	X	X
Trevor Willington	X	X	X	X	X	X	X	-	X	X	X
Tim Howe	X	X	X	X	X	X	X	X	X	X	X
Geraint Davies	X	-	-	X	-	-	X	-	X	-	-
James Kennedy	X	X	X	X	X	X	X	X	X	X	X

~ meeting held by teleconference

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.

Member	Meeting Date/Attendance						
	8 May 2014	3 July 2014	8 Sep 2014	6 Nov 2014	13 Jan 2015	10 Feb 2015*	16 Mar 2015
Christine Barwell (Chair to 30 June 2014)	Y						
Lucy Bloem (Chair from 1 July 2014)	Y	Y	Y	Y	Y	Y	Y
Katrina Herren	Y	N	Y	N	Y	Y	Y
John Jackson	N	Y	Y	Y	Y		
Alan Rymer						Y	Y
Geraint Davies	Y	Y	N	Y	N	Y	Y
Andy Newton	Y	N	Y	Y	Y	Y	Y
Jane Pateman	Y	Y	Y	Y	Y	N	
Kath Start**							

*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 provide 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							
	22 April 2014	23 June 2014	21 July 2014	16 October 2014	16 December 2014	19 January 2015	10 February 2015*	10 March 2015
Tim Howe (Chair)	Y	Y	Y	Y	Y	Y	Y	Y
Christine Barwell	Y	Y						
Lucy Bloem	Y	N	Y	Y	Y	Y	Y	N
Katrina Herren	N	Y	Y	Y	Y	Y	Y	Y
Alan Rymer							Y	N
Geraint Davies	Y	Y	Y	Y	Y	N	Y	Y
Andy Newton	Y	Y	Y	N	Y	N	Y	Y
Francesca Okosi				Y	Y	Y	Y	Y
Kath Start**								

*joint meeting with RMC GC

** Kath Start was away from the Trust on sick leave between 17 November 2014 and 17 February 2015

The Council of Governors

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

“The Council of Governors continues to be fully engaged with both patients and the public, listening to their views and ensuring that those views are represented to the Board. In a Foundation Trust, with its inherent autonomy, our role in representing and protecting the patients’ interests remains paramount.

The Committees of the Council have had a demanding 2014/15 with the Nominations Committee recommending the appointment of a new Non-Executive Director and the reappointment of the Chairman, Tony Thorne. Both of these appointments were fully endorsed by the Council of Governors and we value the contribution they will make in the time ahead. The Membership Development Committee is important in ensuring that membership continues to rise, reflects their constituent communities and also ensures Governors have the tools and support to achieve this. The Governor Development Working Group has undergone a transformation to become the Governor Development Committee, providing input

into the agenda for Council meetings and considering matters to go forward for Council of Governors consideration.

The Council of Governors has an excellent working relationship with both the Board of SECAMB and the staff, fully supporting and contributing to new initiatives that aim to keep SECAMB at the forefront of quality care and innovation at a time of financial constraint while meeting ever increasing demand.

Governors have been at the forefront of developing a Volunteers Charter, the first in an Ambulance Trust. We are reliant on the support of so many volunteers to deliver and enhance the services we provide and the Charter demonstrates how much their contribution is valued.

We thank all the Council members for their hard work, their enthusiasm and commitment. We also thank Isobel Allen (Governor Engagement Manager) for her tireless commitment and support.”



Maggie Fenton
Public Governor, Kent
and Lead Governor



Brian Rockell
Public Governor, East Sussex
and Deputy Lead Governor

Meet the Council of Governors

Staff Governors

Non-operational

Angela Rayner

(Second term of office 1 March 2013
- 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

(First 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: Seconded to NHS England three days a week as National Clinical Lead for the NHS 111 Workforce Programme, NHS Clinical Leaders Network - Council Member, College of Paramedics - Chair of Honours and Awards Committee and Mental Health and Stroke Lead, South East Coast Clinical Senate Council - Ambulance Clinical Lead, Partner in DDND Consulting

Warren Falconer

(First term of office 1 March 2013
– 29 February 2016)

Warren works as an ambulance technician in West Sussex and has been with the Trust for over ten years.

Declared interests: Secondary employment with Qinetiq

Nigel Sweet

(Second term of office 1 March 2013
– 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

(First 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 in the local community.

- + Membership Development Committee member
- + Governor Development Committee member

Declared interests: None

Medway

Paul Chaplin

(First 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: None

East Sussex

Brian Rockell

(Second term of office 1 March 2014
– 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
- + Governor Development Committee member
- + Deputy Lead Governor

Declared interests: None

Peter Gwilliam

(First 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

Meet the Council of Governors

Kent

Marguerite Beard-Gould

(First 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
- + Membership Development Committee member
- + Governor Development Committee member

Declared interests: Member of the Conservative Party

Margaret Fenton

(Second term of office 1 March 2014
– 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
- + Governor Development Committee member

- + Nominations Committee member
- + Lead Governor

Declared interests: None

Robin Kenworthy

(Second 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. Robin continues to focus on engagement with the membership of the Trust.

- + Governor Development Committee member

Declared interests: None

Michael Whitcombe

(First 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: Work for Kent & Medway NHS and Social Care Partnership Trust; Director of Emergency Medical Care and Training Services (EMCATS) Ltd; Bank Training Officer South Central Ambulance Service

Surrey

Chris Devereux

(First 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

(First term of office 1 March 2014
– 28 February 2017)

Jane recently retired after working for 40 years as a scientist at 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.

- + Membership Development Committee member
- + Governor Development Committee member

Declared interests: None

Neil Baker

(First 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

Mike Hill

(First term of office 1 October 2014
– 29 February 2016)

Mike took over Priscilla Chandro's term of office when she resigned from the Council to focus on national NHS engagement work. Mike's wife has been a patient of the Trust and they were part of a Trust Survivors event after she survived a heart attack in 2010. Mike brings varied experience from time in the RAF and senior management roles as well as this personal connection to the service.

- + Membership Development Committee member
- + Governor Development Committee member

Declared interests: None

West Sussex

Ted Coleman

(Second term of office 1 March 2013
– 29 February 2016)

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

- + Governor Development Working Group member
- + Nominations Committee member

Declared interests: None

Meet the Council of Governors

Tony Dell

(First 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 retired as Chair at North East Ambulance Service a few years ago and brings great understanding of the challenges facing ambulance trusts. He also worked closely with a Council of Governors in that 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)

Professor 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.

Declared interests: In receipt of NIHR funding for paramedic research projects

Superintendent Diane Roskilly

(Term of office 1 October 2013
– 30 September 2016)

Superintendent Roskilly is the Trust's appointed governor from the police force. Di and Marian Trendell (see below) work with the Trust on providing services for patients with mental health needs. The Trust works closely with colleagues in the other

emergency services and this appointment helps reinforce this partnership.

Declared interests: None

Sandra Field

(Term of office 1 March 2014 – 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 2015
– 22 February 2018)

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 Dom Ford (see below) he brings the perspective of our acute hospital partners to the Council.

Declared interests: None

Dominic Ford

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

Dominic Ford is Director of Corporate Affairs and Company Secretary at Brighton & Sussex University Hospitals. We are pleased to continue to have an Appointed Governor from one of the major trauma hospitals in the South East Coast area.

Declared interests: Director of Corporate Affairs and Company Secretary, Brighton & Sussex University Hospitals NHS Trust

Marian Trendell

(Term of office 1 March 2014 – 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: None

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

The Council has held six formal meetings in public this year. The meetings were held in different parts of the South East Coast region 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 Board Committees provide assurance and guidance to the Trust, and to be aware of current areas of scrutiny and risk.

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

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

Membership Development Committee (MDC)

The MDC is chaired by a Staff-Elected Governor (Non-Operational), Angela Rayner, and has a membership of nine governors at year end (two Staff-Elected and seven 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: regular membership monitoring; supporting the development of a toolkit to aid governors' public engagement activity; and advising on membership recruitment and engagement opportunities.

Meet the Council of Governors

Nominations Committee (NomCom)

The NomCom is a Committee of the Board but the majority of members of the Committee are Governors. During the year, membership included two Appointed Governors, one Staff-Elected Governor and four Public Governors. The Senior Independent Director (Tim Howe, Non-Executive Director) and the Chairman of the Trust are also members.

The remit of the Nominations Committee includes:

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

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

- + With the assistance of the Senior Independent Director, to make initial recommendations to the Council on the appropriate process for evaluating the Chair and to be involved in the Appraisal.
- + To receive and consider advice on fair and appropriate remuneration and terms of office for Non-Executive Directors.

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

	Constituency/Role	22.5.14	16.7.14	9.10.14	3.11.14	15.1.15
Tony Thorne	Chairman	X	X	X	X	X
Tim Howe	Senior Independent Director and Non-Executive Director	X	-	X	X	X
Angela Rayner	Staff – Non-Operational	X	X	X	X	X
Ted Coleman	Public - West Sussex	X	X	X	X	X
Brian Rockell	Public - East Sussex (and Deputy Lead Governor)	X	X	X	X	X
Maggie Fenton	Public - Kent (and Lead Governor)	X	X	-	X	X
Marguerite Beard-Gould	Public – Kent	X	X	X	X	X
James Blythe	Appointed	X	X	X		
Marian Trendell*	Appointed	-	-	-	X	X

* Marian Trendell was unable to attend the first three meetings of the Nominations Committee but was in regular contact with the Chair and members about the issues being discussed.

Governor Development Committee (GDC)

The GDC has met six times during the year. At year end its membership is nine Public Governors and one Staff-Elected Governor. The GDC is chaired by the Lead Governor, and its remit is to:

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

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

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 Alan Rymer by the Council for three years from 28 January 2015.

An extensive and rigorous process was undertaken, which included conducting candidate searches, long-listing, short-listing, and finally two selection days 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.

Appraisal and Reappointment of the Chairman

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

The Council were pleased to reappoint Tony Thorne for a second three year term as Chairman from 1 September 2014 - 31 August 2017.

Reappointment of a Non-Executive Director

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

Reappointment of the External Auditor

During 2014/15, the Council of Governors re-appointed Grant Thornton as the Trusts auditors until 2017/18 following an assessment of their performance and following a recommendation from the Audit Committee.

Meet the Council of Governors

Input to Annual Planning

The Trust has worked with Governors to review its annual plans. An interactive session with the Governors was held to review the key areas of the plan, and gather Governors' views and priorities for the coming year. There was then a session with the Board where Council presented its views and there was further discussion.

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 2015/16

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 NHS 111 call centre in Dorking, Surrey to understand more about this 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 by working as part of the Trust's Foundation Council (see the Membership section). They have produced their own newsletter and contributed to staff engagement improvements planned by the Trust.

Appointments and Elections

There were no Governor elections during the year.

There was one Governor resignation and we would like to thank Priscilla Chandro for all her hard work as a Governor, in particular for her focus on patient and public engagement. Priscilla left in order to focus on other volunteering work across the NHS and the charitable sector, with a particular focus on women's heart health. Mike Hill joined the Council for the remainder of Priscilla's term of office as the next placed Governor in the Surrey election.

We would like to thank James Blythe who was Appointed Governor representing Brighton and Sussex University Hospitals until September 2014. James made a significant contribution to the Council, particularly through his work on the Nominations Committee. He is succeeded by Dominic Ford, also from BSUH, who we welcome to the Council.

We would also like to thank Chief Superintendent Paul Morrison who represented the police as an Appointed Governor until he was succeeded by Superintendent Diane Roskilly in September 2014.

The Council has no vacancies at year end.

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

Key	
Not in post	
Attended	X
Not in attendance	-

2014-15											
Constituency	Name	Appointed	Term of Office	Committee and working group membership	CoG 31 Mar 14	CoG 3 Jun 14	CoG 31 Jul 14	CoG 25 Sep 14 and Annual Members Meeting	CoG 27 Nov 14	CoG 29 Jan 15	CoG 25 Mar 15
Public: Brighton and Hove	Jean Gaston-Parry	21.06.12	3 years	MDC, GDC	X	X	X	X	X	X	X
Public: East Sussex	Brian Rockell	01.03.14	3 years	GDC, NomCom	X	X	-	X	-	X	X
Public: East Sussex	Peter Gwilliam	01.03.13	3 years		X	-	X	X	-	-	-
Public: Kent	Robin Kenworthy	01.03.13	3 years	GDC	X	X	X	X	X	X	X
Public: Kent	Marguerite Beard-Gould	01.03.14	3 years	MDC, GDC, NomCom	X	X	X	X	-	X	X
Public: Kent	Maggie Fenton	01.03.14	3 years	MDC NomCom	X	X	X	X	X	-	X
Public: Kent	Michael Whitcombe	01.03.14	3 years	MDC	X	X	X	-	X	X	-
Public: Medway	Paul Chaplin	01.03.14	3 years		-	X	X	-	-	X	-
Public: Surrey	Chris Devereux	01.03.14	3 years	MDC	X	X	X	X	X	X	X
Public: Surrey	Neil Baker	01.03.13	3 years		X	X	X	X	X	X	-
Public: Surrey	Priscilla Chandro* ¹	01.03.13	3 years	MDC	-	-	-	X			
	Mike Hill	01.03.13	3 years	MDC, GDC					X	X	X
Public: Surrey	Jane Watson	01.03.14	3 years	MDC, GDC	X	-	X	X	X	-	X
Public: West Sussex	Ted Coleman	01.03.13	3 years	GDC, NomCom	X	-	X	X	X	X	X
Public: West Sussex	Anthony Dell	01.03.13	3 years		-	X	X	X	X	-	X
Staff: Non Operational Staff	Angela Rayner	01.03.13	3 years	MDC (Chair), NomCom	-	X	X	X	X	X	X
Staff: Operational Staff	David Davis	01.03.14	3 years		X	X	X	X	X	-	-
Staff: Operational Staff	Nigel Sweet	01.03.13	3 years	MDC, GDC	X	X	X	X	X	X	X
Staff: Operational Staff	Warren Falconer	01.03.13	3 years		X	X	X	X	X	-	X
Appointed: Brighton & Hove University Hospitals NHS Trust	James Blythe* ²	16.01.13	3 years	NomCom	-	X	X	-			
	Dominic Ford	16.01.13	3 years						-	X	-
Appointed: Sussex Partnership NHS FT	Marian Trendell	01.03.14	3 years	NomCom	X	X	X	X	X	X	X
Appointed: East Kent Hospitals University NHS FT	Mike Hewgill	02.03.12	3 years		X	-	X	X	X	-	-
Appointed: Surrey Police	Paul Morrison* ³	01.10.13	3 years		-	-	-				
	Diane Roskilly	01.10.13	3 years					X	X	X	-
Appointed: The Stroke Association	Sandra Field	24.05.14	3 years		X	X	X	X	X	-	-
Appointed: University of Surrey	Tom Quinn	01.03.14	3 years		X	X	X	X	-	-	X
Appointed: Kent County Council	Graham Gibbens	17.11.13	3 years		-	X	-	X	X	-	-

Meet the Council of Governors

Board Directors attended formal Council meetings as follows:

Director	Role	31 March 14	3 June 14	31 July 14	25 Sept 14	27 Nov 14	29 Jan 15
Paul Sutton	Chief Executive	X	X	-	X	X	X
James Kennedy	Director of Finance	X	-	-	-	-	-
Geraint Davies	Director of Commercial Services	-	X	X	X	-	-
Lucy Bloem	Non-Executive Director	-	-	-	-	-	X
Trevor Willington	Non-Executive Director	-	-	-	-	-	X

In addition, all Non-Executive Directors (NEDs) have attended at least one informal afternoon session with the Council for discussion. One joint NED/Council session was held during the year to discuss interaction between Governors and NEDs, and Governors and the whole Board had one session to discuss annual planning, as outlined elsewhere.



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 2014 to 31 March 2015 we received 319 Freedom of Information requests compared to 349 for 2013/2014. This equates to a 9% decrease year on year. We have responded to 319 (100%) within the 20 working day time frame.

Risk Management

The Trust has a Risk Management Strategy and Policy that is subject to consultation and is reviewed every three years. The strategy has been in place since the formation of SECamb and was refreshed by the Board in September 2014.

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 at relevant Board Committees and on a quarterly basis by the Audit Committee; it is also 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 NHS Commissioning Board 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;
- + A scenario that prevents or threatens to present 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 2014 and 31 March 2015 the Trust reported 54 Serious Incidents Requiring Investigation. The breakdown of these is as follows:

Adverse Media	1
Allegation against HC Professional	3
Ambulance (General)	18
Ambulance Accident – Road Traffic Collision	1
Ambulance Accidental Injury	3
Ambulance Delay	15
Confidential Information Leak	1
NHS 111 Incident	6
Other	4
Unexpected Death (General)	2
TOTAL	54

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. The number of SIRIs has increased by ten since 2013/14. This reinforces the positive reporting culture within SECamb together with our willingness to learn from such cases.

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.

The CQC inspected six of the essential standards and found the Trust to be fully compliant with five of them. The CQC required 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 were implemented and in October 2014 the CQC published a follow up report explaining to the public that they were satisfied with the actions that we had implemented and are now fully compliant with the essential standards.

IG Toolkit

SECamb published its Information Governance Toolkit V12 submission for 2014/15 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 previous years.

We achieved the highest possible Continuity of Services Risk Rating of 4 throughout 2014/15. Our governance rating has also been green throughout 2014/15.

	Annual Plan 2014/15	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
Under the Risk Assessment Framework					
Continuity of Services Risk Rating	4	4	4	4	4
Governance Risk Rating	Green	Green	Green	Green	Green

	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Under the Risk Assessment Framework					
Financial Risk Rating	4	3	3		
Governance Risk Rating	Green	Green	Green		
Under the Compliance 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

NHS Foundation Trust Code of Governance

South East Coast Ambulance Service NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principle of the UK Corporate Governance Code issued in 2012. Details of the Trust's compliance with the NHS Foundation Trust Code of Governance can be found in Appendix C.

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 were covered by the national Agenda for Change arrangements during 2014/15 with the following exceptions:

- + The Programme Director (Estates), until his retirement on 1 November 2014;
- + The Associate Director of Finance - Business Services and Investments;
- + The Associate Director of Finance from 22 September 2014 and
- + The NHS 111 Programme Director - seconded part time for the period 13 January 2014 to 31 March 2015.

The managers listed above are employed on Trust contracts at a salary equivalent to Agenda for Change Band 8d. Under the terms and conditions of these contracts, 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 is 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. When the Non-Executive Directors' remuneration was set in September 2011, the Council agreed that the new levels of remuneration would be fixed for a minimum of two years, from the implementation date of February 2012, after which there would be a review. There would only be an increase if SECamb staff were receiving inflation related pay increases. Any increase would take account of market practice. The Nominations Committee commissioned a review of the Chairman's and Non-Executive Directors' remuneration in April 2014. A benchmarking review was undertaken by an external consultant and the results were scrutinised by Baker Tilly in its role as the Trust's Internal Auditor. Following this exercise the Nominations Committee recommended to the Council that there should be no change to the

remuneration of either the Chairman or the Non-Executive Directors as levels were within the market range for Trusts of comparable size, turnover and complexity. The Nominations Committee agreed that formal external reviews of Chair and Non-Executive Director remuneration would take place every three years and that a desktop review would take place annually.

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



Paul Sutton, Chief Executive
Date: 28 May 2015

Remuneration Report

Name and Title	Term of Office	Year ended 31 March 2015			
		Salary (bands of £5,000)	Benefits in Kind Rounded to the nearest 100	Pensions related benefit (bands of £2,500)	Total (bands of £5,000)
		£'000	£	£'000	£'000
Chairman					
Tony Thorne <i>Chairman</i>		40-45	0	0	40-45
Non Executive Directors					
Christine Barwell <i>Non-Executive Director</i>	<i>(Left 30/06/2014)</i>	0-5	0	0	0-5
John Jackson <i>Non-Executive Director</i>	<i>(Left 28/02/2015)</i>	10-15	0	0	10-15
Nigel Penny <i>Non-Executive Director</i>	<i>(Left 30/06/2013)</i>	0	0	0	0
Trevor Willington <i>Non-Executive Director</i>		15-20	0	0	15-20
Tim Howe <i>Non-Executive Director</i>		15-20	0	0	15-20
Graham Colbart <i>Non-Executive Director</i>		10-15	0	0	10-15
Katrina Herren <i>Non-Executive Director</i>		10-15	0	0	10-15
Lucy Bloem <i>Non-Executive Director</i>		10-15	0	0	5-10
Alan Rymer <i>Non-Executive Director</i>	<i>(Appointed 28/01/15)</i>	0-5	0	0	0-5
Chief Executive					
Paul Sutton <i>Chief Executive</i>		160-165	4,900	90.0-92.5	255-260
Executive Directors					
Andy Newton <i>Director of Clinical Operations</i>		105-110	2,800	25.0-27.5	135-140
James Kennedy <i>Director of Finance</i>		125-130	-	67.5-70.0	195-200
Geraint Davies <i>Director of Commercial Services</i>		110-115	-	25.0-27.5	135-140
Kath Start <i>Director of Nursing and Urgent Care</i>		105-110	6,900	32.5-35.0	145-150
Jane Pateman <i>Medical Director</i>	<i>(Left 27/02/2015)</i>	95-100	1,200	0	95-100
Francesca Okosi <i>Director of Workforce Transformation</i>	<i>(Appointed 01/09/2014)</i>	60-65	1,400	10.0-12.5	70-75

Pay Multiple

Band of Highest Paid Director's Total (£000)

Median Total Remuneration (£)

Remuneration Ratio

2014-15

160-165

30,354

5.4

2013-14

160-165

29,469

5.7

Name and Title	Year ended 31 March 2014			
	Salary (bands of £5,000)	Benefits in Kind Rounded to the nearest 100	Pensions related benefit (bands of £2,500)	Total (bands of £5,000)
	£'000	100	£'000	£'000
Chairman				
Tony Thorne <i>Chairman</i>	40-45	0	0	40-45
Non Executive Directors				
Christine Barwell <i>Non-Executive Director</i>	10-15	0	0	10-15
John Jackson <i>Non-Executive Director</i>	10-15	0	0	10-15
Nigel Penny <i>Non-Executive Director</i>	0-5	0	0	0-5
Trevor Willington <i>Non-Executive Director</i>	15-20	0	0	15-20
Tim Howe <i>Non-Executive Director</i>	15-20	0	0	15-20
Graham Colbart <i>Non-Executive Director</i>	10-15	0	0	10-15
Katrina Herren <i>Non-Executive Director</i>	10-15	0	0	10-15
Lucy Bloem <i>Non-Executive Director</i>	5-10	0	0	5-10
Alan Rymer <i>Non-Executive Director</i>	0	0	0	0
Chief Executive				
Paul Sutton <i>Chief Executive</i>	160-165	5,600	70.0-72.5	235-240
Executive Directors				
Andy Newton <i>Director of Clinical Operations</i>	105-110	3,800	102.5-105.0	210-215
James Kennedy <i>Director of Finance</i>	125-130	-	25.0-27.5	150-155
Geraint Davies <i>Director of Commercial Services</i>	105-110	2,000	120.0-122.5	225-230
Kath Start <i>Director of Nursing and Urgent Care</i>	105-110	6,000	47.5-50.0	155-160
Jane Pateman <i>Medical Director</i>	95-100	2,300	0	100-105
Francesca Okosi <i>Director of Workforce Transformation</i>	95-100	2,300	0	100-105

Benefits in Kind

* These figures relate to the provision of accommodation and subsistence to named individual. All other Benefits-in-Kind relate to lease cars

Salary

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

Employer pension contribution

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

Remuneration Report

Senior Managers' Remuneration Policy

Elements of Pay	Purpose and link to long term and short term strategic objectives	Operation	Maximum Opportunity	Performance Framework
Salary	To attract and retain high performing individuals, reflecting the market value of the role and experience of the individual Executive Director	Reviewed by the Appointment & Remuneration Committee (ARC), taking into account the government policy on salaries in the NHS.	Within the salary constraints relevant to an NHS Foundation Trust.	Individual and business performance are considerations in deciding on any increase in salary
Taxable Benefits	Cars/car allowances are provided to Executive Directors based upon their operational requirements to travel on business		The Committee determines the level of benefits	n/a
Retirement benefits	To provide post-retirement benefits	Pensions are in compliance with the rules of the NHS Pension Scheme	n/a	n/a
Long-term incentives	Executive Directors do not currently receive long term incentives. However, this is kept under review by the Appointments and Remuneration Committee.			

Notes

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

Senior managers' remuneration is set by the Appointments and Remuneration Committee. With the exception of a very small number of staff above Band 8c who are on Trust contracts, salaries for all other Trust staff are determined nationally through agenda for change. When setting and reviewing remuneration for senior managers, the ARC takes account of changes in the remuneration of staff employed under agenda for change.

Policy on payment for loss of office

The Trust would pay senior managers’ in line with their notice period of six months for the Chief Executive and three months for the other Executive Directors. Redundancy payments would be calculated as set out in the agenda for change handbook. Under the new contracts there are no other obligations on the Trust in relation to the service contracts for Senior Managers.

Statement of consideration of employment conditions elsewhere in the Foundation Trust

As stated above, with the exception of a very small number of staff above Band 8c who are on Trust contracts, salaries for all other Trust staff are determined nationally through agenda for change.

The Trust would inform staff side of any changes to Senior Managers’ Remuneration. The Trust last reviewed Executive Director salaries when FT status was granted. This review included a comprehensive benchmarking exercise against similar posts in the sector.

Non-Executive Director Remuneration Policy

Chairman and Non-Executive Directors		
Elements of Pay	Purpose and link to strategy	Operation
Basic Remuneration	To attract and retain high performing Non-Executive Directors who can provide the Board with a breadth of experience and knowledge.	Reviewed by the Nominations Committee who make recommendations to the Council of Governors. The remuneration of the Chair and Non-Executive Directors was last reviewed in 2014 when a benchmarking exercise took place.
Additional Remuneration for specific Non-Executive Director roles	To provide a small amount of additional remuneration to the Chair of the Audit Committee and the Senior Independent Director to reflect the additional responsibilities of those roles.	Overseen by the Nominations Committee. The Council of Governors approve the additional remuneration following a recommendation from the Nominations Committee.

Remuneration Report

2014/15 Off Payroll Engagements

Table 1: For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months

No of existing engagements as of 31 March 2015	5
Of which.....	
No that have existed for less than 1 year at time of reporting	3
No that have existed for between 1 and 2 years at time of reporting	1
No that have existed for between 2 and 3 years at time of reporting	
No that have existed for between 3 and 4 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 have reached six months in duration, between 1 April 2014 and 31 March 2015, 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 2014 and 31 March 2015	3
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	3
No for whom assurance has been requested	3
Of which...	
No for whom assurance has been received	3
No for who 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	

Directors' expenses

	Total no of Directors in office during the year	No of Directors receiving expenses	Aggregate sum of Directors' expenses
2013/14	15	14	£38,683
2014/15	16	15	£20,350

Non-Executive Director mileage rates mirror the rates paid to staff under Agenda for Change terms and conditions.

Governors' expenses

	Total no of Governors in office during the year	No of Governors receiving expenses	Aggregate sum of expenses of Governors' expenses
2013/14	35	10	£3,421
2014/15	28	15	£10,335

Remuneration Report

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 South East Coast Ambulance 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 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: 28 May 2015



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 2015 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 Technical Member of the Institute of Occupational Safety (TechIOSH) 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 reviewed annually by the Risk Management and Clinical Governance Committee and recommend it for approval by the Board. The Risk Management Policy and Procedure was most recently approved by the Board in September 2014. 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 risk. 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.

Annual Governance Statement


The Trust has defined and established processes, including the on-going maintenance of its Quality Governance Framework by the Executive Team, that further 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 arrangements. The Trust's compliance with the Quality Governance Framework is monitored 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'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 through the relevant Board committees and reported regularly through the Trust's governance structures to the Board. The Audit Committee receives the updated 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 relevant Board Committees and 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.

Annual Governance Statement

The organisation's most significant risks (rated 16 or above) for 2014/15 as at the end of the financial year were as follows:

Risk	Current/ Future	Commentary
Paramedic recruitment and retention	Current and Future	There is a national shortage of paramedics and attrition rates are increasing. Workforce strategies are being put in place to address recruitment issues and the scope of practice and career framework for paramedics are being reviewed to improve retention.
Delayed Turnaround – local NHS system preparedness	Current and Future	The no of hours lost due to handover delays at A&E departments increased dramatically in Q3 of 2014/15. The clinical risk to patients who are awaiting an ambulance resource is mitigated by the implementation of the Immediate Handover Procedure at times when delays at hospitals are having a significant impact on the availability of ambulance resources
Delivery of service following an exponential rise in activity	Current/Future	This risk may impact on delivery of patient care; the number, and ability to investigate, adverse incidents, SIRIs, PALs concerns and complaints. It may also impact on training, sickness and injury rates and the number of claims. This risk is mitigated by good awareness of the environment in which we work and includes several measures such as operational performance being managed/reviewed on a regular basis and where necessary REAP levels are increased. This information forms part of the Corporate Dashboard and is included on the agendas of relevant working groups and Board committees. The relevant WG/Committee Chairmen inform the Board of any concerns and the monthly finance pack also provides high level information.
Medicines Management Compliance	Current	During 2014, the Trust implemented a completely revised model for the procurement, supply, management and distribution of medicines. Non-compliance has operational and financial implications. Compliance with the new procedure is being carefully monitored and performance managed and regular reports are provided to the RMCGC.

Strategic risks both current and future are as follows:

Strategic Risk 1 - Is the Trust clinically safe, patient focused and do we have the appropriate policies and procedures in place

Strategic Risk 2 - Are we compliant with the regulator, commissioner and contractual requirements

Strategic Risk 3 - Do we have sufficient manpower resources, who are engaged and have the appropriate skills, to achieve Trust's objectives?

Strategic Risk 4 - Do we have sufficient and appropriate resources, assets, vehicles and I.T. In place, to achieve the Trust's objectives

Strategic Risk 5 - Are we achieving appropriate levels of operational, clinical and financial performance for each service 999, 111 and Patient Transport

The Audit Committee reviewed the structure of the BAF, and changed its focus in order to provide an enhanced ability to identify and manage the Trust's strategic risks aligned to the achievement of key outcomes. Work undertaken by Board Committees is now integral to providing assurance on the management of strategic risks, and the BAF identifies the Committee or Committees with oversight of each strategic risk. A report on strategic risk management relevant to the committee is considered at each of its meetings, and the Chairman's summary report to the Board includes reference to that committee's work on risk management and assurance. This highlights, where appropriate, specific reference to any identified lack of assurance and actions required if outcomes are at risk of not being achieved.

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 Appointments and Remuneration Committee and the Nominations Committee consider the range of skills on the Board when making Director appointments;

Annual Governance Statement

- + The responsibilities of the Board, its Committees and Executives are set out in Standing Orders, Standing Financial Instruction and the Scheme of Delegation, which were updated in January 2015. Any instances of non-compliance are reported to the Audit Committee;
 - + The Board reviews a corporate dashboard 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.
 - + All Board Committees review a dashboard of relevant KPIs at each meeting. The remit of the Finance and Business Development Committee has been extended to cover operational performance. In addition to regular teleconferences the FBDC has a quarterly meeting where it reviews operational and financial performance in all three of the Trust's main areas of business for the previous quarter.
 - + 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 RMCGC receives updates on the clinical audit plan and recommendations from clinical audit;
 - + The Board receives an annual report from each Committee on the activities it has undertaken in line with its 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 highest Corporate Risks and new 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;
 - + A Board development programme has taken place in 2014/15 and this will be followed by an external review of the Trust's governance and quality frameworks in 2015/16.
- The above assurances, combined with assurances from external and internal audit and external bodies such as the CQC, enable the Board to approve the Corporate Governance Statement submitted to Monitor with the Trust's Annual Plan Review, as a requirement of condition 4(8)(b) of the Licence.
- SECAMB involves patients and the public in the development of its plans and services, and has a duty to engage and involve people with an interest in the ambulance service. Effective engagement can bring a multitude of benefits to the Trust, our patients, and staff.
- The Trust has developed an Inclusion Strategy which brings equality and diversity work, patient and public involvement and

Foundation Trust membership engagement into a single strategy which ensures that our statutory and legislative duties are met.

The Trust has a robust governance structure in place: an Inclusion Working Group, which consists of senior managers with responsibility for equality, diversity and inclusion in their areas of work, meets quarterly and reports directly to the Risk Management and Clinical Governance Committee of the Board. The purpose of the Inclusion Working Group (IWG) is to provide support, advice, assurance and governance demonstrating the Trust's commitment to (a) meeting its duties and responsibilities under Equality, Diversity and Human rights legislation and codes of practice including NHS, Department of Health and Equality and Human Rights Commission standards; and (b) promoting, recognising and valuing the diverse nature of communities, stakeholders and staff, and removing or minimising inequalities of access and discrimination, thus enabling the Trust to better meet the needs of patients and staff.

As set out in the Inclusion Strategy, the Inclusion Hub Advisory Group (IHAG) is a diverse and representative group of members supported by the Trust's Inclusion Manager. Representatives from the IHAG sit on the Inclusion Working Group, and the IHAG advises the Trust on:

- + appropriately involving and engaging with all those with an interest in SECamb;
- + ensuring that patients benefit from the best possible services, developed around their needs; and
- + providing relevant opportunities for staff to have meaningful input into service developments.

Patient experience, volunteering and staff engagement is also integral to the Trust's Inclusion Strategy.

The IHAG acts as the Trust's 'community of interest', as part of the NHS Equality Delivery System process, which promotes compliance with the Equality Act 2010.

The IHAG has set up an Equality Analysis (EA) Reference Group, comprising a diverse mix of FT members who have been trained and are willing to engage in consultation on EAs. This helps staff to consult with a diverse grouping and identifies potential adverse impacts of plans and service development implementation as it may affect protected groups.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission and was last 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 action plans drawn up by the Trust to address these concerns have now been implemented and the CQC has confirmed that it is satisfied that the necessary improvements have taken place. The Trust is in the process of preparing for a new style CQC inspection at some point in the 2014/15 financial year.

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

Annual Governance Statement

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

As was the case in 2013/14, activity has been higher than contracted levels, with additional activity paid at a marginal rate. The Trust has also incurred substantial losses within its NHS 111 service. While the NHS 111 service is performing well from both an operational and clinical perspective, the price per call is one of the lowest in the country. As a result the Trust has been unable to deliver the overall surplus of £1.5m on its activities set out in its Annual Plan submitted to Monitor.

The Trust has a track record for achieving 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 FBDC, 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. A three-year internal audit strategy has been developed and agreed by 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's objectives, risk profile, corporate risk register and Board Assurance Framework.

As part of the internal audit programme for 2014/15, 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. Key audits included reviews of recruitment, commercial contracts and driver training as well as the principal systems of financial control.

Recommendations from audit reports are monitored by the Audit Committee and other Trust Committees where appropriate. The Audit Committee provides challenge to management, to ensure that recommendations are actioned and addressed and assurance is provided to the Trust Board.

During 2014/15 the Trust received a red internal audit report on staff overpayment, considered by the Audit Committee at its meeting in December 2014. The Committee noted a detailed set of management responses made in response to the internal audit report recommendations by the Executive Team.

These recommendations focused on addressing the root causes of overpayments and the Committee received assurance that the Finance Director and Director of Workforce Transformation would be accountable for ensuring that actions were implemented. The Committee received assurance that an appropriate level of provision for such overpayments had been made within the Trust's balance sheet.

This was the first red rated internal audit report that the Trust had received for a considerable period of time and this report was brought specifically to the attention of the Board at its January meeting.

An update on progress against the recommendations in the internal audit report was considered by the Committee at its March 2015 meeting and it was noted that there was evidence that line managers were now much more aware of the seriousness of the issue, and that progress had been made on the management of annualised hours' contracts. A formal internal audit follow up review will take place in early 2015/16.

The Trust also received an amber/red rated internal audit report on unannounced stations visits, which reviewed compliance with the Trust's Medicines Management Policy. The AuC commended the additional generic recommendations contained in the report, in addition to station specific issues, and

recognised that a number of the issues raised would be addressed through the introduction of a new medicines supply system.

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.

Patient outcomes and experience are the benchmark of quality for any healthcare provider, and improving both of these is at the heart of SECAMB's vision. The Trust aspires to deliver clinical excellence that matches and exceeds international best practice. Therefore, in identifying and agreeing the quality measures for the Quality Account and Report, measures are focused on improving outcomes and experience for patients; how this is to be done is described in the detail of each quality measure throughout the Quality Account and Quality Report.

The Quality Account and Quality Report has been developed from a range of quality measures that were identified as a result of the quality account and quality report stakeholders workshop.

The decision to look at the chosen four quality measures followed guidance/ suggestions from the stakeholder workshop in December 2014. The workshop included representatives from Governors, IHAG Representatives, Healthwatch, HOSCs, Foundation Trust Members and Commissioners.

Annual Governance Statement

Monitoring Arrangements

At each meeting of the RMCGC a report on the Quality Account is presented, which includes updates on progress achieved against each quality measure, and information on progress made is included in the RMCGC summary report to the Board.

Each quality measure has a designated Board Sponsor and Implementation Lead.

In addition, and as a requirement of being a Foundation Trust, there is a separate chapter within the Quality Account/Report entitled "Review of Quality Performance", which gives details of performance against three separate indicators under the headings of Patient Safety, Clinical Effectiveness and Patient Experience as set out below:

Patient Safety

- + SIRIs
- + Medication Errors
- + Number of patient safety incidents

Clinical Effectiveness

- + Asthma
- + Febrile convulsions
- + Lower limb fractures

Patient Experience

- + Informal complaints
- + Formal complaints
- + Compliments

Full details can be found in the Trust's full Quality Account/Report for 2014/15.

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, clinical audit and the executive managers and clinical

leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on 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 2014/15, 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. However, some weaknesses were identified that put the achievement of specific objectives at risk."

These weaknesses related specifically to a red rated internal audit report on payroll overpayments and an amber/red rated internal audit report on station visits with specific focus on the management of controlled and uncontrolled drugs. These are covered elsewhere in this statement. Based on the work undertaken by Internal Audit on the Trust's system of internal control the Head of Internal Audit does not consider that within

these areas there are any issues that need to be flagged as significant internal control issues within the Annual Governance Statement.

Executive Directors and 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.

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 2014/15 Head of Internal Audit Opinion;
- + On-going compliance with the Care Quality Commission's (CQC) essential standards of quality and safety;
- + Monthly commissioner performance reviews and quarterly Chief Executive's forums;
- + Clinical audit reports;

- + Bi monthly commissioner quality review meetings;
- + Commissioning meetings monitoring the delivery of the service level agreements;
- + Minutes of the Trust Board and Board Committee meetings;
- + On-going update and approval of the corporate Board Assurance Framework at the Audit Committee, to ensure that effective controls and assurances are in place to manage the principal risks of the Trust and, where necessary, to give due consideration to the appropriateness and significance 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 manage key risks at the appropriate level and assign necessary resources were required.

On-going compliance with Monitor's Code of Governance for Foundation Trusts.

Conclusion

I am satisfied that we have had 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: 28 May 2015





South East Coast Ambulance Service 
NHS Foundation Trust

Appendix A



Quality Account & Quality Report
2014/15

(Headings/text in red relate to additional requirements for the Quality Report)



Contents

i) List of Figures	170
ii) List of Abbreviations/Glossary	171
PART 1	
1. Executive Summary	172
2. Introduction to the Quality Account and Quality Report	176
PART 2	
3. Quality improvements implemented by SECAmb	178
4. Updates on 2014/15 five Quality Measures	205
5. Assurance on 2014/15 Mandatory Performance Indicators	208
6. Statement of Assurance relating to quality of NHS services provided during 2014/15	213
7. How the Quality Measures were prioritised for 2015/16	216
8. Details of four Quality Measures for implementation during 2015/16	218
9. Quality improvements to be implemented by SECAmb during 2015/16	226
PART 3	
10. Review of 2014/15 Quality Performance	230
10.1 Patient Safety Indicators	230
10.2 Clinical Effectiveness Indicators	233
10.3 Patient Experience Indicators	237
Annex 1: Formal responses from Lead Commissioners, Health Overview and Scrutiny Committees and Healthwatch	242
Annex 2: Statement of Directors' Assurance/Responsibilities in respect of the Quality Report 2014/15	254
Annex 3: Independent Auditor's Report	256

i) List of Figures

Figure 1:	Model of High Performance Ambulance System	177
Figure 2:	Details of Calls – “Mental Health Issues” (April 2014-March 2015)	220
Figure 3:	Mental Health Non-Conveyed Patient Outcome (April 2014-March 2015)	220
Figure 4:	KMSS 111 Final Disposition (April 2014-March 2015)	221
Figure 5:	Number of Reported SIRIs (April 2014-March 2015)	230
Figure 6:	Number of Reported SIRIs (April 2013-March 2014)	230
Figure 7:	Medication Errors (April 2014-March 2015)	231
Figure 8:	Medication Errors (April 2013-March 2014)	232
Figure 9:	Number of Patient Safety Incidents (April 2014-March 2015)	233
Figure 10:	Number of Patient Safety Incidents (April 2013-March 2014)	233
Figure 11:	Asthma Performance (June–December 2014)	235
Figure 12:	Febrile Convulsion (September 2013–September 2014)	236
Figure 13:	Single Limb (August 2013–August 2014)	237
Figure 14:	Informal complaints received April 2014-March 2015, by subject and directorate	238
Figure 15:	Informal complaints received April 2013-March 2014, by subject	239
Figure 16:	Formal complaints set against activity (April 2014-March 2015)	239
Figure 17:	Formal complaints received (April 2014-March 2015) by subject and directorate	239
Figure 18:	Formal complaints received (April 2013-March 2014) by subject	240
Figure 19:	Formal complaints outcomes (April 2014-March 2015)	240
Figure 20:	Compliments (April 2014-March 2015)	241
Figure 21:	Compliments (April 2013-March 2014)	241

ii) List of Abbreviations/Glossary

Abbreviations Full Expression

ACRP	Ambulance Community Response Post
A&E	Accident and Emergency
AP	Associate Practitioners
CAD	Computer Aided Dispatch
CATF	Cardiac Arrest Task Force
CCGs	Clinical Commissioning Groups
CCP	Critical Care Paramedic
CFR	Community First Responder
COM	Clinical Operations Manager
CPI	Clinical Performance Indicator
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CTLs	Clinical Team Leaders
DA	Domestic Abuse
ECSW	Emergency Care Support Worker
EOC	Emergency Operations Centre
ePCR	Electronic Patient Clinical Record
FFT	Friends and Family Test
HEKSS	Health Education Kent, Surrey and Sussex
HOSC	Health Overview and Scrutiny Committee
HQ	Headquarters
IBIS	Intelligence Based Information System
IHAG	Inclusion Hub Advisory Group
KMSS	Kent, Medway, Surrey and Sussex
KPI	Key Performance Indicator

Abbreviations Full Expression

LTC	Long Term Condition
MI	Myocardial Infarction
MRC	Make Ready Centre
NASCQG	National Ambulance Service Clinical Quality Group
NRLS	National Reporting and Learning System
ODA	Operational Dispatch Area
OHCA	Out of Hospital Cardiac Arrest
OHCAO	Out of Hospital Cardiac Arrest Outcomes
PET	Patient Experience Team
PP	Paramedic Practitioner
PSI	Patient Safety Incident
PTS	Patient Transport Service
QIG	Quality Improvement Group
RDG	Research and Development Group
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
SRV	Single Response Vehicle
STEMI	ST Segment Elevation Myocardial Infarction
TIA	Transient Ischaemic Attack
WDC	Workforce Development Committee

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.

During the summer of 2014 we published our Five Year Strategy 2014-2019 which includes:-

Our Vision

- + Putting patients first, we will match international excellence through our culture of innovation

Our Mission

- + To support our Vision we have developed a mission statement to reflect our changing organisation

“Our mission is to be the first contact for patients accessing urgent or emergency care. We will provide patients with confidence that through our services they will either receive or be directed to the most appropriate care. We will provide high quality mobile healthcare and achieve excellent patient satisfaction levels and clinical outcomes within all of our services”

Our Strategy

We have six strategic objectives that support the delivery of our strategy:

1. improve on the Trust's performance standards and reduce variation;
2. deliver excellence in leadership and development;
3. improve access and outcomes to match international best practice;
4. improve satisfaction and experience for all stakeholders;
5. be an organisation that people seek to join and are proud to be a part of; and
6. convert all available pounds / resources to maximise patient benefit.

We have developed four strategic programmes of work to deliver our vision and mission which are:

1. do what we already do even better;
2. expand and integrate our services;
3. enhance services through technology and innovation; and
4. Team SECAmb – a culture to be proud of that puts patients first.

We continue to be committed to involving patients and the public in the development of our plans and services, recognising the importance of ensuring that all have the opportunity to influence what services are provided for them and how.

During the year we have been involved in a number of collaborative working opportunities and full details can be found in section 3.14. I was very pleased that we received an award from North Kent Clinical Commissioning Groups (CCGs) in recognition of the work undertaken by the Inclusion Hub Advisory Group (IHAG) for "Embedding a Culture of Openness". In addition, at the same CCG event we also received an award for "Promoting Patient Experience" by the use of our Intelligence Based Information System (IBIS). Since inception, 30,000 patients have been registered on the IBIS system, with 21,505 records remaining current.

In 2014/15 we experienced significant challenges in terms of our operational, clinical and financial performance.

However, our plans for the next couple of years will be targeted at achieving an improvement in these three areas.

Responding to the increase in activity, in order to protect our response time to patients, naturally became our main focus for much of the year. This had consequences such as having to postpone the annual key skills refresher training for some 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.

Our 999 workforce is expected to increase during 2015/16 in response to growth in activity. We are planning to recruit an additional 350 staff during this period which will include a minimum of 180 qualified Paramedics and a minimum of 60 Associate Practitioners (APs) some of whom will be externally recruited. APs will initially train and practice as Emergency Care Support Workers (ECSWs) and once they have acquired a minimum of one year's front line operational experience they will be enrolled on to a university Paramedic Foundation Degree Course. A further 110 ECSWs will also be recruited.

In addition to the above, continuous enhancements to the scope of practice of our Critical Care Paramedics and Paramedic Practitioners, along with the development of specialist and advanced practitioner roles, will strengthen further the importance of extended paramedic skills in urgent care delivery. Better use of our Paramedic Practitioners will allow us to improve the service for those patients who can be treated at home or closer to home, thus avoiding transportation to A&E. This will benefit both patients and the health economy as a whole and will ensure that we are sustainable in the longer term.

With the changing patient profile seen by paramedics and other ambulance clinicians, many now need to have their blood or urine tested in order to make diagnoses

Part 1

more accurate and obtained more quickly i.e. on scene. The technology now exists to undertake a range of “point of care” tests at the patient’s side, and this can have a positive impact on the patient in terms of how their on-going needs are met. This has led to the “LabKit” project which has seen Paramedic Practitioners trained to use a range of “point of care” testing devices. The further development of this project will allow us to expand our capability and provide further assurance that we are able to manage urgent and emergency care with less reliance on secondary care.

The South East Coast NHS 111 contract is one of the largest in the country which continues to see peaks in demand during the evenings and at weekends. However, during 2014/15 we have made considerable progress in respect of the contract Key Performance Indicators (KPIs) and clinical quality targets. Section 3.4 provides additional information on our NHS 111 performance.

We are contracted to provide Patient Transport Services (PTS) in Sussex and Surrey and improvements have been made during the year, with further detail in section 3.16.

Progress on our 2014/15 quality measures can be found in section 4. However, not all these quality measures have been fully achieved, which has, in part, been as a result of the increase in 999 activity. The Chair of our Risk Management and Clinical Governance Committee (RMCGC) intends to scrutinise the year end outturn of these five quality measures with a

view to monitoring these via the RMCGC dashboard in 2015/16 if required.

For next year, we have four quality measures which support service development areas within 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 we have developed.

Section 8 “Details of Quality Measures 2015/16” 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 2016.

We have also included updates on other quality improvements we planned to introduce during 2014/15 (see section 3) and a separate chapter on quality improvements we propose to implement during 2015/16 (see section 9).

In addition to the above, section 10 provides details of our performance on a further three indicators within each quality domain of Patient Safety, Clinical Effectiveness and Patient Experience.

Looking forward, I feel that 2015/16 will be a challenging but also an exciting year. The improvements we are bringing in to “how” we work – with the creation of further Make Ready Centres (MRCs), the continued 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

– should bring real and tangible benefits for patients and staff. Section 3.18 provides additional information on the pilot Operational Units which commenced in July 2014. I am also keen that we continue the emphasis we have seen during 2014/15 on driving up our clinical performance in key areas such as 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. 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 remains a tough challenge.

However, 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.

A handwritten signature in blue ink, appearing to read 'Paul Sutton', is positioned above the printed name.

Paul Sutton, Chief Executive

Date: 28 May 2015

Part 1

2. Introduction to the Quality Account and Quality Report

Welcome to SECAmb's Quality Account and Quality Report for 2014/15. 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 the year.

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;
 - + **Part 3.** Other information; and two annexes:
 - + statements from NHS England or relevant CCGs, local Healthwatch organisations and Overview and Scrutiny Committees; and
 - + a statement of directors' responsibility in respect 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));
 - + how our staff feel about the organisation (measured through the NHS Staff Survey and Friends and Family Test (FFT));
 - + how our patients and local residents feel about the organisation (measured through patient and public surveys, engagement events, FFT and feedback from complaints and concerns);
 - + how our patients feel about the Patient Transport Service (measured through a quarterly patient survey); and
 - + how our patients feel about the NHS 111 service (measured by two patient surveys per annum).

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: clinically effective, response time reliability, customer satisfaction and economic efficiency, of which SECamb believes patient safety should now be added as an explicit requirement (Figure 1).

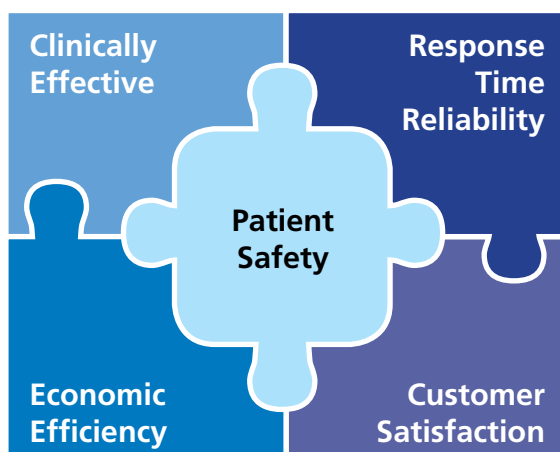


Figure 1: Model of High Performance Ambulance System

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.

As we move into 2015/16 SECamb will be launching its transformation programme which will radically reform the way we provide our services and

help us move towards our vision. In this respect, I will be managing clinical excellence, improving clinical outcomes and enhancing the patient experience and am looking forward to the year ahead.

Professor Andy Newton,
Chief Clinical Officer

Date: 28 May 2015

Part 2

3. Quality improvements implemented by SECAMB

3.1. Clinical Strategy

A new five year Clinical Strategy 2014-2019 has been developed and published which builds on the clinical and quality elements of SECAMB's operational and strategic plans, and takes account of the annual planned service developments. The full Clinical Strategy can be found via this link http://www.secamb.nhs.uk/about_us/document_library.aspx

3.2. 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 continues 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 and SECAMB's Annual Business plans.

3.2.1. Cardiac Arrest Task Force (CATF)

The CATF was established during 2013/14 to focus on reviewing the quality of care

given to cardiac arrest patients and to positively impact on Return of Spontaneous Circulation (ROSC) at hospital (both all and Utstein groups). Comprising operational and non-operational staff, the CATF aims to meet monthly to review clinical performance data and to undertake a peer review process to identify incidents where care could have been improved or was not potentially delivered or documented in accordance with clinical guidelines. These variances are reported back to the local Clinical Operations Managers (COMs) to enable them to have dialogue with the respective member of front line operational staff and also inform learning and development programmes as appropriate.

Since the inception of CATF SECAMB's overall cardiac performance has not only increased but also been sustained above the national mean. Additionally, clinical performance of ROSC patients has become significantly less variable month on month. Work continues by the group to calculate ROSC to Operational Dispatch Area (ODA), station and individual clinician level.

During 2014, the CATF applied for a National Award at the Patient Safety and Care Awards under the Clinical Leadership category and was successfully shortlisted and recognised as a finalist. SECAMB was the only ambulance trust in the country to be shortlisted.

3.2.2. Quality Improvement Group (QIG)

SECAMB's Quality Improvement Programme built upon the success of the CATF and was developed primarily to (a) oversee and manage the implementation and management of the outcomes from

clinical audits and resultant changes to clinical practice and (b) focus on driving improvements in stroke and ST Segment Elevation Myocardial Infarction (STEMI) clinical performance.

Again comprising both front line operational and non-operational staff, the team have:

- + developed stroke pathways posters clarifying what is clinically required for all stroke patients;
- + delivered an awareness raising campaign into the importance of clinicians' recognition of patients with an irregular heartbeat;
- + produced an EOC flow chart to assist in reducing on scene times for confirmed stroke patients; and
- + developed a procedure for the monitoring and management of STEMI <150 minute breaches.

The impact of the work of the group is monitored via our Clinical Performance Indicator (CPI) reporting whereby a continued positive variation in performance is expected to be seen over the coming months. However, the QIG formally reports into the Clinical Quality Working Group which, in turn, reports to the RMCGC.

3.3. Research and Development

Clinical research remains a vital activity within the NHS when working towards improved care and management for our patients. SECamb is committed to undertaking high quality research to ensure that its service users receive excellent clinical care grounded in best evidence.

It is essential that ambulance services remain engaged and responsive to the demands they will encounter in the coming

years as the requirements 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.

Although SECamb currently does not have a dedicated research unit, over the past 12 months we have participated successfully in a number of different research activities for example:

+ *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.

+ *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 has recently been completed and as at March 2015 the final report for dissemination of the findings is awaited.

Part 2

- + Understanding variation in rates of “non-conveyance to an emergency department” of emergency ambulance users

With regard to the growing demand for response to emergency calls, ambulance services have increased the proportion of patients not conveyed to an accident and emergency (A&E) department in order to help manage demand, provide a clinically appropriate service for patients and contribute to reducing unnecessary use of A&E departments.

The objective of the study is to identify the determinants of variation between, and within, ambulance services for three types of non-conveyance:

- + “Hear and treat” (i.e. provision of telephone advice and signposting rather than dispatching a vehicle);
- + “See and treat” (i.e. treatment at the scene); and
- + “See and convey elsewhere” (i.e. transport to other facilities such as an urgent care or walk in centre).

There is considerable variation in the rates of different types of non-conveyance, and in non-conveyance overall, between the 10 ambulance services in England. The main benefits of this study will be to provide guidance for policy makers, healthcare commissioners and ambulance services about the actions they can safely take to increase non-conveyance rates whilst minimising re-contact rates.

- + **PRINCESS - use of early targeted cooling intra cardiac arrest**
SECAmb have been invited to join this international randomised control trial

examining whether implementation of targeted temperature management (cooling) during cardiac arrest improves long term neurological outcomes. Currently we are seeking ethical permissions with a view to commencing this study in April 2015. However further details on this registered clinical trial can be found at <https://clinicaltrials.gov/ct2/show/study/NCT01400373?term=princess#contacts>.

- + **Development of research grant applications for full funding**
SECAmb has a commitment to encouraging and supporting quality research of all types. We aspire to develop existing partnerships as well as establish new partnerships with the aim of becoming a centre of excellence for developing and conducting research and evaluations related to patient care. During 2014/15 a number of collaborative research grant applications were developed/submitted to a variety of funding streams, with outcomes awaited:
 - + implementation of mental healthcare pathways;
 - + management of Transient Ischaemic Attack (TIA) in unscheduled urgent care settings;
 - + management of atrial fibrillation in pre-hospital settings;
 - + over the telephone aspirin;
 - + health and wellbeing of emergency call centre staff – a programme grant application which is hoped to be submitted in outline by October 2015 will explore areas such as

cardio vascular health, psychological health, nutrition, sleep etc;

- + oxygen in myocardial infarction (MI);
- + evaluation of pre-hospital sepsis;
- + intra-nasal morphine delivery; and
- + use of TENS for pain relief in blunt trauma.

+ **Research and Development Group (RDG)**

RDG members continue to represent SECamb 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;
- + Clinical Research Network: Kent, Surrey and Sussex (and affiliated sub groups);
- + Sussex Research Consortium; and
- + Kent, Surrey and Sussex Academic Health Science Network.

+ **Governance for small-scale studies**

The RDG frequently supports small scale studies/pilot studies. These are not funded and either the results will be used as a basis for a full grant application to generate funding or the RDG is

supporting student projects in order to ultimately develop research capability within SECamb. Some examples include:

- + the psychological impact of being a Critical Care Paramedic (CCP) (student project); and
- + paramedic accuracy and confidence with a trauma triage algorithm: a cross-sectional survey (student project).

It continues to remain SECamb's intention to create an integrated research unit to ensure it capitalises on available opportunities to acquire funding to grow and sustain developments in research and innovation. During 2014/15 SECamb applied for, and were awarded, two funded Masters in Research places (Health Education Kent, Surrey and Sussex (HEKSS)) and a bid was put forward to the Clinical Research Network to part fund research posts within SECamb.

3.4. Kent, Medway, Surrey and Sussex (KMSS) NHS 111

During 2014/15, the KMSS 111 service continued to make considerable progress towards full achievement of KPIs and clinical quality targets. These improvements have been facilitated through a close and collaborative working relationship with the commissioners and other stakeholders, including:

- + more effective staff planning and deployment to meet service requirements;
- + the quality agenda has been driven through regular visits and communication with the CCG quality leads;
- + the clinical governance framework has become more assured with;

Part 2

- + the collation and presentation of a high quality monthly clinical governance report
 - + monthly Clinical Governance Advisory Group meetings with multiple stakeholders; and
 - + regular “end-to-end” call reviews aimed at improving the KMSS 111 service through understanding opportunities whilst embedding learning.
- + promotion of patient safety and reduction in clinical risk has continued to be an area of collaborative focus.

As a result of the above, performance across all KPIs for the period October 2014–March 2015 were greatly improved year on year and KMSS 111 has consistently delivered a high quality service which compares favourably with other NHS 111 services nationally.

During March 2015, SECAmb presented the findings of the KMSS 111 and 999 specialist practice project funded by HEKSS. The principal aims of the project were:

- + to deliver a module of education towards specialist practice for 999 and KMSS 111 clinical advisor nurses and paramedics in advanced assessment, decision making and communication; and
- + to develop, adapt and pilot a dedicated educational appraisal tool (modelled on the GP and Paramedic Practitioner tools currently in practice) to support clinical reflection, clinical supervision and the identification of development needs, amongst staff working within SECAmb’s 999 EOCs and KMSS 111 contact centres.

The evaluation report was welcomed by the HEKSS Urgent and Emergency Care Board

and reflected favourably on the project objectives. Following the findings of this project, the phase 2 pilot has been funded and will be used to further test the pilot of the educational appraisal tool and the practicality of its use within KMSS 111. The initial project was unable to successfully validate the appraisal tool within the KMSS 111 environment and this was primarily due to the operational challenges of implementing the tool within a new and complex KMSS 111 service. The findings of the original project, together with the phase 2 pilot, are considered to be highly influential nationally, and likely to inform the future blue-print of specialist practice development for nurses, paramedics and potentially other clinicians working in telephone-based triage assessment and management. The work is linked into the national and regional teams.

3.5. 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.

In early 2014 there was a national change to the laws governing medicines management, which meant that SECAmb was required to re-engineer its arrangements for medicines procurement, storage, handling and governance. Therefore, during 2014 we successfully established and commenced the introduction of centralised medicines repositories using secure medicine cabinets and controlled drugs safes accessed by biometric technology providing the very

highest level of security. This advancement in medicines management technology has led the way in the ambulance sector for medicines management.

With the introduction of the new medicines management model, SECamb recruited a Pharmacy Technician who, working closely with the Medicines Management Team, has since overhauled our procurement of medicines, thus ensuring greater availability, purchasing economies and increased governance and resilience.

The management of Community First Responder (CFR) medicines has been incorporated into this new model and enables us to provide medicines in a quick and responsive manner whilst also decreasing downtime previously encountered due to legacy supply arrangements, to allow our volunteers to continue to provide lifesaving care at the point of need.

3.6. Electronic Patient Clinical Record (ePCR)

SECamb's 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. ePCR will enable faster and more accurate collection of clinical data, enabling more effective analysis to support clinical performance improvement.

During 2014/15 the ePCR project was officially formed and gained momentum. At the start of the year the important decision was made to issue Corporate Owned, Personally Enabled devices, commonly known as COPE. This will see SECamb being the first ambulance

service to deploy the ePCR system on a personally issued, multipurpose and lightweight "tablet device" as opposed to the single use and heavy toughened laptops allocated per vehicle as used elsewhere.

This was followed by the finalisation of the software specification and the subsequent Official Journal of the European Union (OJEU) procurement process. Thirty companies initially expressed an interest, which reduced to five actual submissions, with the final contract being signed in March 2015. The successful company have a wealth of experience in hospital-based ePCR and document management systems. They are also keen to expand into the ambulance service sector and are demonstrating a very high level of co-operation and resourcing to get the project successfully completed and rolled out.

In view of the fact that SECamb elected to separate the procurement and ownership of the device from the software, we are in the unique position where we will have a mobile working platform for each front line operational member of staff that can be used for multiple purposes. Initially this will be ePCR, e-mail, calendars and access to the intranet/internet but will soon be followed up with approved clinical reference Apps, e-forms for everyday tasks that are currently paper based and access to learning and development resources from wherever crews are located.

In the background to all this, the ePCR team are developing electronic handover procedures with hospitals and other receiving units, together with improved clinical reporting/analysis and discharge summaries for GPs where patients were not conveyed.

Part 2

3.7. Safeguarding

During 2014/15 a detailed review of the management of safeguarding referrals was undertaken which has led to the development of a leaner process including a bespoke on-line referral form on our incident reporting tool to manage incoming referrals directly into the safeguarding database together with recruitment of an additional member of staff to this team. The revised process has been tested successfully and the new model will go live SECAMB wide in April 2015 following close working with our commissioning safeguarding leads. The legacy process of referrals was totally paper-based and work is underway to ensure all paper records are also retrospectively input on to the new database to enable full auditing of safeguarding systems and processes; this will be completed by the end of June 2015.

As with medicines management, the introduction of this new model provides SECAMB with robust referral data, which will be developed to enable detailed reviews, audits and benchmarking, at ODA, station and individual clinician level.

3.8. 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 was subsequently completed.

As a result we have scoped the best approaches to continue this work stream during 2014/15 and beyond, and in December 2014 recruitment for a DA

Specialist Co-ordinator on an initial 12 month contract was successful with funding supported by East and West Sussex, and Brighton and Hove County Councils, with support from the Sussex Police and Crime Commissioner. This project is now building on the foundations of the 2013/14 SECAMB Referral Pilot implemented in the Brighton and Hove area, and expanding it across the whole of Sussex.

3.9. Clinical Equipment & Consumables Sub Group (CECSG)

The CECSG is responsible for the development and management of effective governance arrangements in relation to SECAMB's standardisation, management, introduction and recall of clinical equipment and consumables.

In addition, the CECSG reports and oversees activities in this respect, ensuring a standardised approach to the management of clinical equipment and consumables, protecting its patients, staff and SECAMB from equipment/consumable risks whilst ensuring compliance with relevant statutory, legislative and corporate quality standards (e.g. CQC, Medicines and Healthcare Products Regulatory Agency (MHRA)).

The CECSG formally reports into the Clinical Quality Working Group, who are accountable to the RMCGC.

3.10. Fleet and Technical Support

In view of the changing model of care, it is vital that SECAMB 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.

The prime purpose of the technical support teams within SECamb is to ensure that vehicles are fully maintained, to the right standard at an acceptable cost. By using airline style maintenance regimes, we minimise critical vehicle failures and ensure vehicle and equipment availability for front line operational staff throughout the SECamb region.

The fleet team have modernised significantly in recent years to reflect this mission critical role, transforming services through lean system design, education and the exploitation of technology and vehicle diagnostics.

During 2014/15 the team provided 2,765,723 operational unit hours at an average maintenance cost of £1.32 per unit hour. In addition we supplied vehicle hours into the plan, 99.74% of the time, in order to meet patient demand.

The 2014/15 vehicle replacement programme was delivered on time and to budget. The annual replacement programme is one of the most complex projects SECamb undertakes, ensuring that the vehicles are designed to the needs of both patients and front line operational staff, built to the right standards and compliant with legislation. This programme included:

- + Thirty-seven Paramedic Practitioner vehicles; the design of these vehicles was predicated on the ability to “take healthcare to the patient”. Equipped with advanced patient diagnostics and other specialist equipment, the vehicles placed the needs of the patient and the clinicians at the very heart of the design.

This approach has seen an increase in conveyances to the right care provider for the patient, whilst seeing an overall reduction in ambulance transports, improving the patient experience, reducing our fuel consumption as well as leaving ambulance resources within the deployment plan for tasking.

- + Twenty-six double crewed ambulances; as part of our standard fleet replacement programme these vehicles continue to develop with the use of smart and composite materials which improve availability, infection control and reduce weight.
- + Four state of the art CCP ambulances were commissioned and deployed operationally. CCP teams assisted in the development of the design, which has seen a smooth integration into service.
- + Four purpose built 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 dedicated incident support vehicles were 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.
- + A simulation vehicle has been built allowing for life-like training for front line operational staff and hospital teams. This project was possible through a multi-disciplinary team supported by the Kent, Surrey and Sussex Deanery and SECamb.

Part 2

- + A fleet of 35 all-wheel drive cars for COMs were rolled out during January-March 2015 following a very successful evaluation. This platform will provide the basis of a new Single Response Vehicle (SRV) also required for front line operational staff.

The car balances the challenge of environmental sustainability with operational versatility. A high-tech, low emission engine and all-wheel drive capability will enable SECAMB to respond to patients in the most inclement weather.

- + Implementation of SECAMB's Driver Safety System commenced during November 2014, with further detail as follows:
 - + The first stage saw the installation of a speed controller which limits vehicle speed when not on an emergency, when responding the vehicle is de-restricted. It is anticipated the reduction in fuel use will save SECAMB approximately £0.6million per year, with an overall reduction in emissions of approximately 19% of SECAMB's carbon reduction target going forward.
 - + The second stage relates to the installation of CCTV into our vehicles as safety of both the patients we carry and our staff is of paramount importance. As background, previously SECAMB had received allegations following treatment within the patient treatment areas of the ambulance and of poor driving practices both from our staff and other road users. In view of this, consideration was given to the installation of CCTV both internally and

externally on our new vehicles. This project was taken forward through SECAMB's governance process i.e. working groups and committees, where agreement was sought and appropriate controls, policies and procedures developed/approved in accordance with the Home Office guide - Surveillance Camera Code of Practice, Pursuant to Section 29 of the Protection of Freedoms Act 2012.

CCTV systems have been operational on our new fleet purchased from April 2014. Notices informing service and road users are clearly displayed both internally and externally on our vehicles and the CCTV footage has been successful in supporting or refuting both driving incidents and alleged assaults. This is supportive of positive actions to prevent our staff from the potential of assaults and is supported by NHS Protect. Access to the CCTV footage is restricted to a very limited number of managers within SECAMB and will only be accessed (and if necessary provided to the Police) following allegations of criminal activity, driving incidents or to the patient requesting footage of their treatment and conveyance.

- + Finally, the Fleet team were also successful in achieving the FTA "Van Excellence" award. This prestigious award independently validates the governance arrangements SECAMB has in place for its complex vehicle fleet, recognising what we do is truly market leading.

3.11. Patient Experience

Following a review of complaints and PALS processes in 2013/14 there were a range of recommendations for improvement to be implemented during 2014/15. Updates on these are as follows:

- + 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:
- + October 2014 saw SECAMB's implementation of the FFT Patient Question, aimed at "see and treat" and PTS patients. To promote this initiative to patients we have developed a leaflet entitled "We'd like to know what you think ...". As well as explaining to patients how they can answer the FFT question, the leaflet also has a "complaint, compliments, queries" section, encouraging patients to provide feedback on the service they have received, both positive and negative.
- + Bolstering the Patient Experience Team (PET) to provide sufficient capacity to deal with complaints, comments, concerns and compliments in a timely and robust manner following the introduction of new services:
 - + During 2014/15 the PET has been increased in size to implement the recommendation of the review.
- + The introduction of a system for grading complaints and concerns according to seriousness to

ensure that they are investigated thoroughly and proportionately:

- + In June 2014 a new system was introduced whereby when complaints are received they are graded according to their apparent seriousness, in order to help ensure they are investigated proportionately. They are graded by the PET, using a "grading guide", starting at grade 1, which are simple concerns that can be resolved by the PET themselves, to grade 4, which is the most serious and where the complaint has also been deemed to be a Serious Incident Requiring Investigation (SIRI). Grades 1 and 2 are classed as informal complaints, and grades 3 and 4 are dealt with formally, with a full investigation and a written response from SECAMB's Chief Executive. The PET worked with operational colleagues to devise and implement the system, which has been extremely effective in ensuring the most serious complaints are dealt with as quickly as possible.
- + Commissioners undertook an audit of our complaints systems and processes, which were found to be of a good standard.
- + 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.
- + During 2014/15 the PET developed a Complaints Investigation Training course for staff who investigate complaints as part of their role. The aim of this course was to provide:

Part 2

- background information about the PET;
 - SECAMB's ethos in addressing complaints;
 - NHS complaints guidance;
 - numbers/main causes of complaints received; and
 - information about the role of the Parliamentary and Health Service Ombudsman, and the CQC in dealing with NHS complaints.
- + Case studies are used during the training to demonstrate how to approach an investigation and the staff involved, how to compile and write an investigation report, with tips on writing complaints response letters being provided.
 - + The course concludes with the sharing of some recently received letters of thanks, or "compliments", reminding attendees of the wonderful job they and their colleagues do, day in and day out, to bring a sense of balance to the proceedings.
 - + This course has so far been delivered to three groups of Clinical Team Leaders (CTLs) and has been very well received. Further courses are planned from April 2015 onwards, to also include PTS Managers and Team Leaders.
 - + 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.
- + SECAMB has always had a strong focus on improving services for patients, and in December 2014 held a Patient Experience and Engagement Workshop. Circa 30 people attended this event, including SECAMB staff from various departments; staff and public governors; SECAMB's chairman; members of IHAG; and patient representatives (all six local Healthwatch organisations were invited but were unable to attend).
 - + The aim of the workshop was to discuss the importance of understanding how our patients feel about our services, to explain what SECAMB already does to find out about patients' experiences, and discuss ideas and suggestions for more and better ways to obtain feedback from our patients. The event was very well received, with lots of suggestions for low cost but effective mechanisms for eliciting patients' views. The most popular of these were to use existing groups and resources to promote feedback opportunities, with several types of groups suggested, and to work collaboratively with others, for example with hospitals, to obtain feedback together on the whole patient pathway.

3.12. Implementation of Friends and Family Test (FFT) - Patient Question

SECAMB implemented the FFT patient question in October 2014, in line with the national Commissioning for Quality and Innovation, whereby ambulance services were required to offer the opportunity to all "see and treat" and PTS patients to respond to this question. During 2014/15 there was no requirement

to provide statistics to NHS England, however full implementation is obligatory from 1 April 2015, after which monthly statistics must be submitted detailing:

- + the number of responses received, for “see and treat” patients and PTS patients separately;
- + what the activity has been for the month, i.e. the number of “see and treat” patients we have attended and the number of PTS patients conveyed; and
- + FFT scores.

3.12.1. Response Rate

During Quarter 3 (October – December 2014) only 75 responses were received and, despite raising further awareness within SECAMB, Quarter 4 (January – March 2015) has only seen 85 responses.

- + Q3 number of responses: 75 (44 PTS and 31 “see and treat”)
- + Q4 number of responses: 85 (36 PTS and 49 “see and treat”)

While SECAMB’s total of 85 responses for Quarter 4 is disappointing, it may be helpful to know that, of all 10 ambulance services, the highest response rate for “see and treat” was 81 and the lowest eight; and for PTS the highest number was 1,316 and the lowest was six. The Trust that recorded the highest number for PTS were a pilot for the FFT and also received CQUIN funding for a considerable period in advance of go-live.

3.12.2. FFT Patient Scores

The scoring method for the FFT patient question has recently changed, as it was not easily understood by patients nor by NHS staff. Therefore, Trusts are now required to report two scores: the percentage – in

whole numbers - of respondents who would recommend the organisation (both “likely” and “extremely likely”), and those who would not recommend the organisation (“unlikely” and “extremely unlikely”). This produces the following results for Q3 and Q4:

- + *Quarter 3 scores*
 - + A&E: 94% would recommend SECAMB. 1% would not recommend SECAMB
 - + PTS: 80% would recommend SECAMB. 11% would not recommend SECAMB
- + *Quarter 4 scores*
 - + A&E: 100% would recommend SECAMB
 - + PTS: 92% would recommend SECAMB. 6% would not recommend SECAMB

While the response rate is disappointing, SECAMB’s scores are very high, as would be expected based on the surveys we carry out, the relatively low number of complaints we receive, and the high number of ‘compliments’ received about our staff from patients, relatives and carers.

3.12.3. Action taken to Improve Response Rate

Following the poor response achieved for Quarter 3, an article was placed in the SECAMB staff bulletin to further promote the initiative, along with a selection of positive patient comments aimed at encouraging staff to offer leaflets to PTS patients and to leave them with patients who are not conveyed to hospital.

The FFT patient question will form part of the new Patient Experience session included in key skills training for operational staff from April 2015.

Part 2

3.12.4. Patient Comments

Some wonderful comments have been received from patients, carers and family members during Quarter 4 and where it is possible to identify the staff, letters have been forwarded to them to congratulate them and to thank them for their dedication. A selection of these comments can be seen as follows:

“I was absolutely delighted with the service I had. Two members of staff knew exactly what they were doing, they were polite, kind, not critical in any way of what I might have not done or done. They were professional and they were kind. They were well trained and I couldn't have been happier.”

“He came to see my husband who had split his head open after being up in the loft. He was of excellent attitude; he obviously calmed everyone down in the household and sorted out my husband as well. He was very good with my 11 year old son who also has cerebral palsy and who was extremely upset in regards to what had happened to his father, but the gentleman who did come to see my husband was fantastic and I would like you to pass on our many thanks to him for his fantastic work. Without him I think everybody would have carried on panicking. I do understand that the service are criticised; the NHS are criticised enough and not praised so I would like to make sure that this message has got to that gentleman”.

“On Boxing day I had pneumonia and needed to dial 999. The paramedics that came to me were absolutely excellent, they were nice, when the local hospital A&E were absolutely chock-a-block and the waiting time was going to be, well,

hours and hours and hours, they went out of their way to find me an alternative service, i.e. they found a doctor that was willing to give me antibiotics, and transport to the local pharmacy that was open so I can't praise them enough.”

“They dealt with my son in a kind and compassionate way and everything was very good. They explained clearly what they were doing to both him and us, his parents, and made sure he was comfortable, gave him everything he needed and both members of staff on board the ambulance were lovely.”

“Very caring and efficient help that I received when my husband wasn't very well yesterday and I have always found the same with the paramedics with past experience. I can't speak too highly of them, they're good tempered, they're efficient, very caring and I think really it's the caring part that comes out the most and I certainly would recommend them to friends and relatives.”

“My husband had a hospital appointment and SECamb came to pick us up. They were very caring and helpful and made sure we were comfortable. The lady helped to get a wheelchair for my husband when we got to the hospital. We were very lucky we had the same crew to fetch us back home and was just as helpful. We would just like to thank you for all your help and care.”

“I recently needed transport to a hospital appointment due to a broken left leg. Just a few words to say a big, big, thank you for all your help and kindness to me, which was greatly appreciated and to say 'extremely likely' to recommend your services. Again, very many thanks to you all for your help.”

“At the moment, I'm using the ambulance patient service monthly, because of a

lung condition. I find it very helpful, the drivers and their assistants. I don't know any of them personally but they are all doing an amazing job."

Although anonymity prevents investigation in most cases, any adverse comments received have been passed to the relevant teams, as even non-specific information and observations can help to improve services.

3.13. Community First Responders (CFRs)

SECAMB currently has 667 CFRs (82 of whom were recruited and trained during 2014/15) spread across Kent, Surrey and Sussex. Our CFRs have attended 19,606 emergency calls (2014/15), of which 11,835 were categorised as life threatening including 1,114 of which were cardiac/respiratory arrest calls.

An enhanced Data Barring Service (DBS) check is undertaken as part of the initial recruitment procedure, and this is renewed every three years in line with the process currently in place for front line operational staff. Training on safeguarding of adults and children is included for our new CFRs and, as per guidelines from our learning and development team, this training is undertaken by CFRs on a three year cycle.

During 2014/15 all newly recruited CFRs were trained in taking blood pressures, temperatures and oxygen saturation levels. With regard to previously qualified CFRs, update training continues to be delivered, where possible by using support from operational paramedics to deliver this locally.

As stated in last year's Quality Account, the five day CFR training course has been rolled out and feedback received

to date has resulted in a further review. SECAMB are now exploring the use of a national CFR qualification which will impact on the scope of practice for these volunteers. This is on-going work and will be concluded in 2015/16.

3.13.1. Public Access Defibrillators (PAD)

SECAMB is continuing to support the establishment of PAD sites, by providing advice and guidance to individuals, local companies, organisations and parish councils. Our CFRs play a vital part in this work, offering their time to train members of the public in their own communities, and taking part in British Heart Foundation initiatives. There are over 1,957 PAD sites within SECAMB's operating area which are identifiable on our computer aided dispatch (CAD) system.

3.14. Collaborative Working

During 2014/15 SECAMB has continued to make progress on its inclusion programme and implementation of its 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 collaboratively and effectively with all our stakeholders.

SECAMB's Inclusion Strategy embodies the NHS value "Nothing about me without me" and puts the patient at the heart of everything we do. It also fulfils the NHS Constitution right to be involved and our services will reflect the needs and preferences of patients, their families and carers. It aims to provide an inclusive, effective approach to engaging and involving people with an interest in SECAMB.

Part 2

The Inclusion Strategy was approved by the Board in May 2012, following an extensive consultation process. A key recommendation from the strategy was the establishment of our IHAG, which was set up in September 2012. Membership comprises a diverse group of stakeholders who advise SECAmb on effective engagement and involvement relevant to significant service development planning and implementation, annual planning and other annual engagement such as the Quality Account, significant workforce and volunteer developments, and patient experience. Members also work with SECAmb, 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.

A notable achievement during 2014/15 was when IHAG members presented at an event organised by North Kent Clinical Commissioning Groups and SECAmb received an award in the category for “Embedding a Culture of Openness” for the introduction of the IHAG.

SECAmb’s approach to collaborative working enables us 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 large-scale engagement events are organised as appropriate.

Key achievements of the IHAG during 2014/15 include:

Undertaking a review of our published equality information and providing feedback and recommendations for improvement.	Planning and participation in grading us against the goals and outcomes of the NHS Equality Delivery System 2 framework.
A joint Patient Experience event with Governors and other key stakeholders.	Members have participated in a number of SECAmb working groups and sub groups and reported back on the outcomes.
Grading SECAmb against the goals of the Equality Delivery System and reviewing and refining our Equality Objectives.	Attended workshops and made recommendations on plans for new MRCs.
Developed and delivered Experts by Experience Training workshops.	Developed and launched Learning Disability Alert Cards.

In addition to the above, SECAmb continue to be committed to working collaboratively wherever possible. We host twice yearly meetings with representatives of the six Healthwatch organisations in the region who have responsibility to actively engage with the community and encourage local

people to share their opinions on the health and social care services that are available in their areas. Jointly we work together to ensure that mechanisms are in place to share information and respond to enquiries in an effective and timely way for the benefit of our population.

3.15. Sustainability and Environment

During 2014/15 SECAMB has moved closer to delivering on many of the initiatives set out in the Carbon Management Plan.

Our partnership work has taken a new direction during 2014/15 and working with a number of agencies we have been successful in bidding for government funding to lease 15 new hybrid vehicles as front line resources.

In support of this project, and again funded via partnership with the Department for Transport and a local manufacturer, we now have a network of 10 electric vehicle charge points. These points will be used to charge the batteries of the new hybrid vehicles.

During 2014/15 a new Salary Sacrifice Car Scheme was introduced. This scheme has seen overwhelming interest from staff reaching the annual take up target of 3% within the first four months. The scheme incentivises staff to choose smaller, cleaner and more efficient vehicles including hybrids and electric vehicles and these choices are clearly being reflected in the vehicles staff are taking on through the scheme.

SECAMB now has a draft Travel Strategy to mobilise staff on issues associated with business travel and reducing our carbon footprint from transport.

In 2014/15 SECAMB have also engaged with the Carbon and Energy Fund who provide interest free loans to public sector organisations seeking to make energy efficiency improvements to their estate. Access to such loans allows us to repay them through energy savings made by the installation of new technology and improvements.

A new recycling system has been introduced within SECAMB and we will soon be able to report on waste management performance on an individual site basis as well as by ODA on recycling performance and all other waste stream compliance.

Our MRC projects will meet a high environmental specification including the ability to use rainwater harvesting for washing operational vehicles. We are also exploring the options for battery technology to capture energy obtained from rooftop photovoltaic arrays to run vehicles on electricity. This work supports the objectives set out in SECAMB's Adapting to Climate Change Plan 2014 – 2020 which acknowledges the main risks and sets out an action plan to ensure resilience is strengthened in the face of a changing climate.

3.16. Patient Transport Services (PTS)

SECAMB undertakes PTS across Surrey and Sussex, transporting patients to and from hospital out-patient and in-patient appointments. Each day 1,500 journeys are carried out to over 70 different locations where patients, with a range of differing mobilities, receive their treatment.

Patients continue to report high levels of satisfaction through the patient satisfaction surveys carried out in Surrey and Sussex every three months. This shows 97% satisfaction with the service, 98% satisfaction with the staff, and 89% satisfaction with timeliness.

Timeliness has steadily improved for all patients such that nearly 90% of out-patients are within the contracted timeframe, and with almost 80% of

Part 2

patients being discharged from hospital on time. Simultaneously the number of patients experiencing unacceptable delays has halved from 1,400 journeys a month (7% of all journeys) to less than 500 (2% of all journeys) over the last two years (2013/14 and 2014/15). Unfortunately there are still up to 20 journeys per day out of 1,500 where patients experience unacceptable delays. PTS managers, staff and hospital colleagues are continuing to work together to improve timeliness for patients and further improvements can be expected throughout 2015/16.

Occasionally everything is not as we would wish and patients and their carers contact us to express their concerns, seeking to understand what went wrong and to gain assurance that lessons have been learned. The number of complaints has more than halved, from 180 per month two years ago, to 60 per month by the end of 2014/15.

The majority of complaints relate to timeliness, followed by concerns relating to transport arrangements in respect of booking issues and transport arrangements, with most of the remaining complaints being related to staff concerns.

3.17. Private Ambulance Providers (PAPs)

SECamb utilise the services of PAPs in the same way that other organisations use bank/agency staff. PAPs are managed through a formal procurement framework, which provides improved governance and cost benefits.

SECamb has processes in place to monitor PAP performance and governance and, if

necessary, action plans are implemented to ensure service improvement.

This also includes the evidencing of driving qualifications, clinical training, DBS and proof of identification.

3.18. Thanet and Ashford Pilot Operational Units

SECamb launched year-long pilots in the Ashford and Thanet areas of Kent, which commenced in July 2014. These pilots looked at ways to alter the approach to staff, clinical, resource and operational management within an ODA. The aim was to find ways to fully derive the benefits to patient care and operational efficiency which come from Make Ready and central reporting and to look at new ways of working to improve patient experience, response times and staff engagement. The pilots have included changes to rostering, local management structures and responsibilities, local management of key clinical and performance KPIs and a general move towards a structure which gives local management more autonomy within a central governance framework.

Feedback from front line operational staff, via surveys, highlighted a lack of contact with their line managers since they regularly respond to 999 calls from Ambulance Community Response Posts (ACRPs) rather than an ambulance station. In response to this, a pilot new service delivery model maximising contact between CTLs and front line operational staff has been put in place, together with new shift rotas to better meet changing seasonal demands.

In order to achieve the above, a new local management structure was put in place giving more responsibility to CTLs in each pilot site, which has been positively received by staff e.g. closer liaison with their CTLs together with local scheduling staff on hand to resolve any rota issues.

With regard to the new rota system, staff task and finish groups were set up in Ashford and Thanet to consider patient demand along with flexible working arrangements. New rotas now consist of a mixture of eight, 10 and 12 hour shifts which provide staff with variations previously unavailable.

Refurbishment work was required in order to establish a Thanet MRC, which included centralisation of a number of outlying stations. However, Ashford was already fit for purpose.

Some of the key outcomes achieved to date are:-

- + greater responsibility to CTLs, allowing them to be more responsive to their teams' needs;
- + delivery of statutory and mandatory key skills training and monthly continuous professional development events;
- + CTLs provide 24/7 Bronze operational officer cover, which includes provision of clinical support and self-tasking to emergency calls;
- + CTLs also work closely with Emergency Operations Centres (EOCs) to ensure front line operational staff receive their meal breaks within the designated window, where possible;
- + to assist the Bronze operational officer, a Duty CTL provides a supportive role

during an eight hour day shift which encompasses dealing with operational staff issues e.g. hospital delays, investigations, drug control and absence management; and

- + good achievement of the 32 KPIs and quality standards.

These new pilot working arrangements have enabled further integration with SECamb's CCGs, which has led to collaborative working with local GP surgeries in providing new practitioner services.

3.19. Hazardous Area Response Team (HART)

HART within SECamb provides both a national and local response to patients who are injured/unwell in difficult/challenging environments or where incidents involve multiple casualties. The Department of Health initiated the HART programme in 2007 to provide a key component of the government's resilience strategy.

Nationally since 2007 HART teams have responded to 62,000 incidents involving challenging or hazardous environments.

SECamb has two HART units based at Gatwick and Ashford. Forty-two staff are allocated to each base and each team consists of a Team Leader and six Operatives, all trained to a national specification. In addition there are two Managers and an Administrative Assistant who cover both bases. The fleet consists of 22 vehicles which are identical at both sites and conform to a national specification to ensure maximum interoperability with other teams throughout the UK.

Part 2

HART staff are trained to operate in four key disciplines:-

+ ***Incident Response***

This includes responding to chemical, biological, radiation, nuclear, and explosive risks. Extensive use of personal protective equipment is used including extended breathing apparatus, respirators and protective suits and gas tight suits.

+ ***Urban Search and Rescue***

HART staff respond to collapsed or damage structures and may have to work in confined spaces and at unrestricted heights such as scaffolding, tower cranes and other high structures.

+ ***Inland Water Operations***

HART staff can operate to rescue patients who are trapped in still or fast flowing water and may use rafts or powered boats for access during flooding etc.

+ ***Tactical Medical Operations***

HART staff can respond to incidents involving the use of firearms or mass casualty situations where firearms or other weapons have been used. HART Operatives are trained and equipped to operate in what is classed as the "warm zone" in these types of incidents.

The HART team also support SECAMB's wider operations by responding to life threatening 999 calls as well as assisting when hospital turn round times become a challenge, which may include the setting up temporary shelters for patients.

During 2014/15 HART has increased the skill set of its staff:-

- + to provide support to patients who have called 999 in a public disorder situation;
- + around water operations by training personnel to Swift Water Rescue Technicians; and
- + in the use of power boats for flooding situations.

3.20. Managing increase in demand

In order to help us manage the demand we faced during the year, especially during the winter period (Q3), the Trust put in a number of measures to ensure we could prioritise our response to the most life-threatened patients. These included:

- + Piloting different ways of managing the 999 calls passed over from NHS 111, especially at peak periods, by introducing additional triage by clinicians in our 999 control rooms. Between 20 December 2014 and 24 February 2015, the Trust ran a pilot which involved a further clinical assessment of certain NHS 111 calls which were redirected to the 999 Emergency Operations Centre. This allowed 999 resources to be dispatched to those most in need. Following some concerns raised by commissioners, we are now undertaking a retrospective review of the pilot jointly with our commissioners. This will be followed by an NHS England review, which is expected to report in Summer 2015.

- + Introducing new rotas for operational staff – to better match the “availability” of crews to meet the demand – by hour of day and day of the week.
- + Increasing the use of single response vehicles (SRVs) to improve patient care, efficiency and response times and enable us to better allocate Double Crewed Ambulances (DCAs) to those patients who are most likely to require conveyance to hospital.
- + Introducing the “Immediate” Handover Procedure, which enables us to free up ambulances waiting at hospitals at times of severe delay and operational pressures so that we can maintain a safe response to 999 patients.

3.21. Overview of the patient journey/experience during 2014/15

The following paragraphs describe SECamb’s performance against selected metrics.

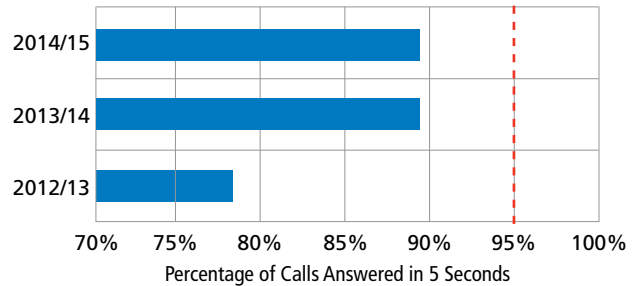
3.21.1. Taking the 999 Call

During 2014/15 SECamb answered 89.45% of the 873,162 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 (2013/14; 862,466 calls/89.35% and 2012/13; 716,416 calls/78.28%).

Currently SECamb has three EOCs and the following describes the calls answered within 5 seconds for each EOC.

EOC Location	Performance
Kent	89.64%
Surrey	89.16%
Sussex	89.54%

SECamb Emergency Call Answer Performance (Target 95%)



Data Source: info.secamb

3.21.2. Response Times

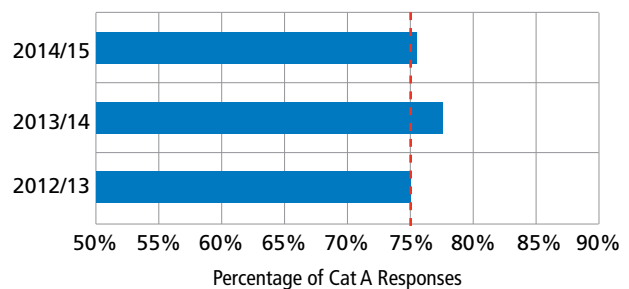
3.21.2.1. Category A 8 Minute Red 1 Response

For the period 2014/15, SECamb responded to 13,107 Category A Red 1 calls, of which we were able to provide a response within eight minutes 75.3% of the time against the target of 75%. This compares to 76.8% (5,858 calls) for 2013/14.

The following describes the Category A 8 minute Red 1 performance for each of SECamb’s EOCs.

EOC Location	Performance
Kent	76.10% (5,264 calls)
Surrey	73.38% (3,632 calls)
Sussex	76.01% (4,201 calls)

SECamb Cat ‘A’ 8 Minute Red 1 Performance (Target 75%)



Data Source: NHS England

Part 2

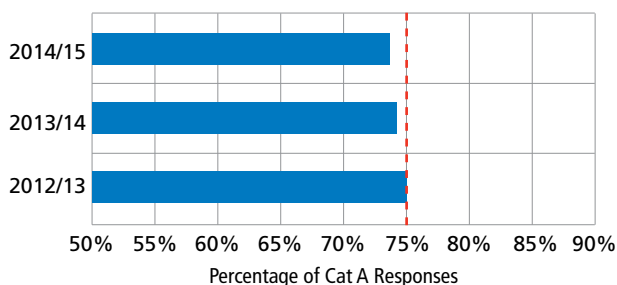
3.21.2.2. Category A 8 Minute Red 2 Response

For the period 2014/15, SECamb responded to 259,528 Category A Red 2 calls, of which we were able to provide a response within eight minutes 73.3% of the time against the target of 75%. This compares to 73.9% (256,007 calls) for 2013/14.

The following describes the Category A 8 minute Red 2 performance for each of SECamb's EOCs.

EOC Location	Performance
Kent	74.55% (103,139 calls)
Surrey	73.27% (70,095 calls)
Sussex	74.92% (85,900 calls)

SECamb Cat 'A' 8 Minute Red 2 Performance (Target 75%)

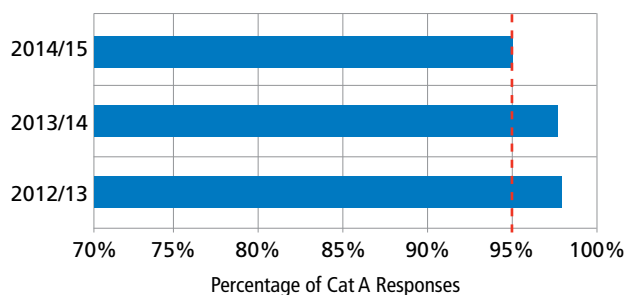


Data Source: Data Source: info.secamb/NHS England

3.21.2.3. Category A 19 Minute Response

For 2014/15, SECamb provided a response to Category A 19 minute response calls 95.1% of the time, against a national target of 95%. However, this was a slight decline on the previous two years (2013/14: 97% and 2012/13: 97.3%).

SECamb Cat 'A' 19 Minute Performance (Target 95%)



Data Source: info.secamb/NHS England

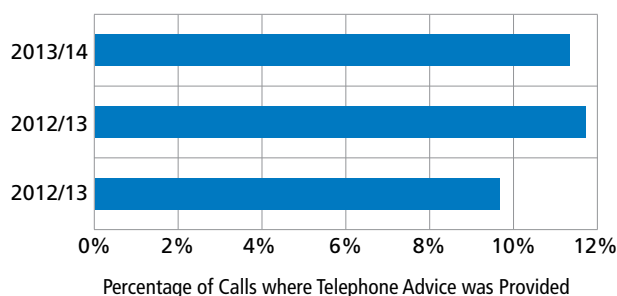
3.21.2.4. Hear and Treat

During 2014/15 SECamb provided telephone advice to 11.3% (104,895 emergency calls) received into our EOCs. This is a slight reduction on 2013/14 (11.8% - 101,770 calls) and an improvement of 2012/13 (9.7% - 77,269 calls).

The following describes the Hear and Treat performance for each of SECamb's EOCs.

EOC Location	Performance
Kent	11.57% (40,951 calls)
Surrey	10.94% (29,891 calls)
Sussex	10.94% (31,633 calls)
Other	6.19% (740 calls)

SECamb Hear and Treat



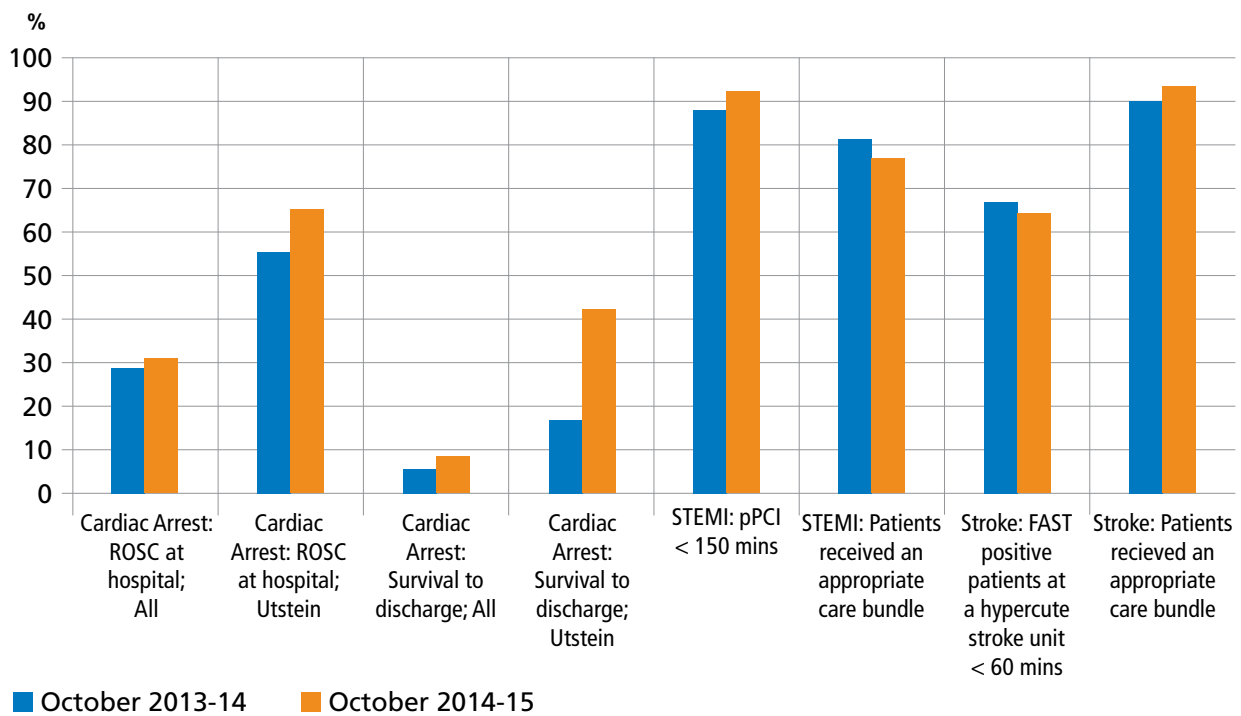
Data Source: info.secamb/NHS England

3.21.3. Outcome of Care

The following graph highlights SECAmb's performance across all Clinical Outcome Indicators during 2014/15 compared with performance during 2013/14. This demonstrates performance has increased across all indicators with the exception of STEMI and stroke performance. On-going

monitoring of performance during this time indicated these areas needed targeted improvement measures to be developed and as a result we established a focused Quality Improvement Group to work specifically on firstly stroke and subsequently STEMI management. An increase in performance is expected to be seen during 2015/16.

Trust Comparative Clinical Outcome Indicator Performance October 2015



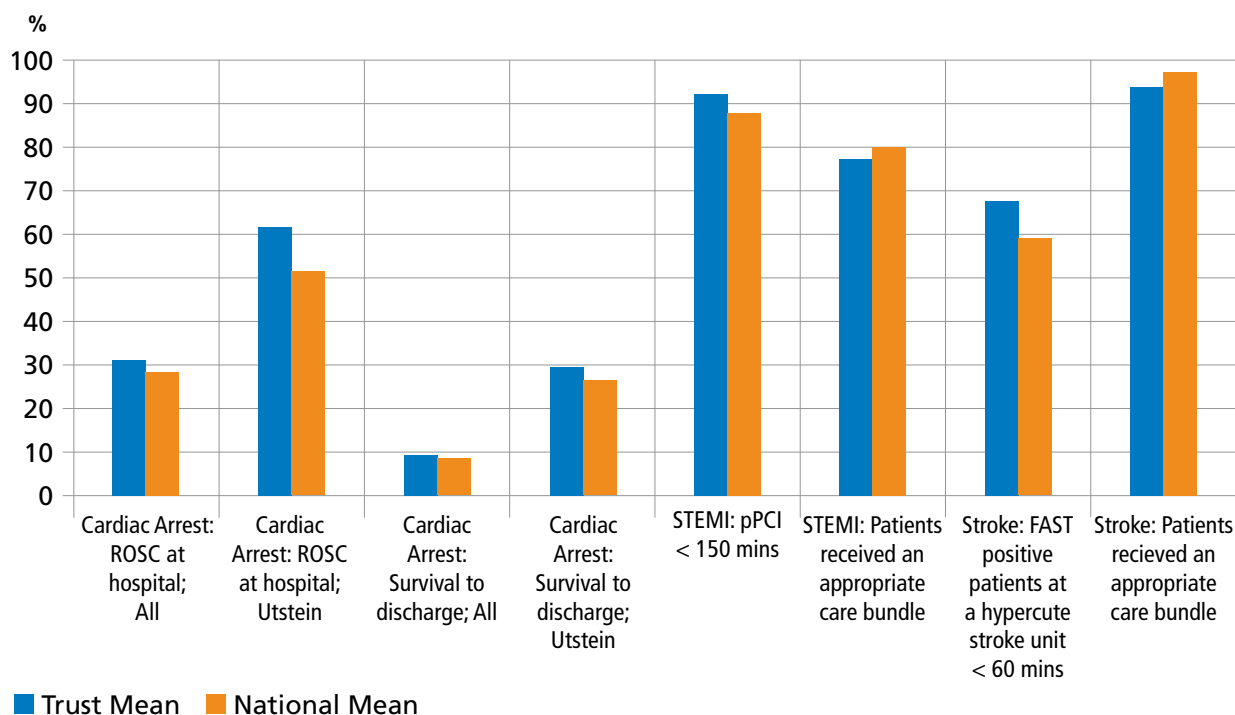
Data Source: SECAmb Medical Directorate

The following graph highlights SECAmb's mean performance across all Clinical Outcome Indicators during 2014/15 compared with the National mean (of the other national ambulance trusts) performance for the same period. Again, with the exception of STEMI

and stroke care, we have been performing above the national mean for all of the indicator requirements. It is expected that the focused work of the Quality Improvement Group specifically on these two areas will result in increased performance during 2015/16.

Part 2

Clinical Outcome Indicator Performance April - October 2014



Data Source: Medical Directorate

3.21.4. Patient Safety

The Trust continues to develop our Make Ready infrastructure and has four central reporting Make Ready Centres and these are:

- + Paddock Wood (Kent)
- + Ashford (Kent)
- + Thanet (Kent)
- + Hastings (Sussex)

In addition to the above there is also a satellite Make Ready Centre in Chertsey (Surrey).

The difference between a full central reporting MRC and a satellite MRC is the frequency in which vehicles and staff visit. This is reflected in the results below:

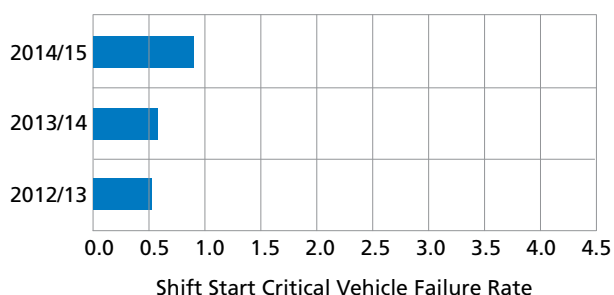
3.21.4.1. Make Ready Centre (MRC) Only A&E Critical Vehicle Failure Rate per 25,000 miles (shift start)

The MRC A&E critical vehicle failure rate at shift start for 2014/15 was 0.88 which is higher than the previous two years (2013/14: 0.57 and 2012/13: 0.54).

The following describes the shift start critical failure rate for each of SECAmb's constituent counties.

County	Performance
Kent	1.15%
Surrey	0.51%
Sussex	0.46%

A&E Critical Vehicle Failure Rate - Shift Start (Yearly Average | Max limit = 4)



Data source: info.secamb

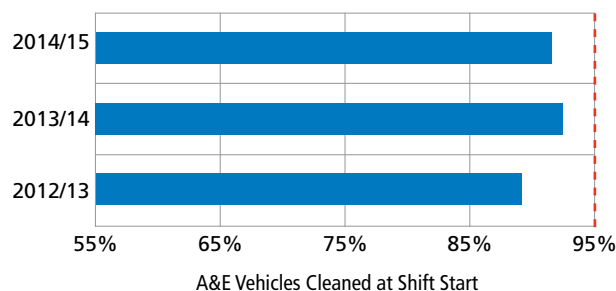
3.21.4.2. MRC Only A&E Vehicles Cleaned at Shift Start

During 2014/15 SECAmb cleaned 92.23% (33,936) of the 36,795 planned vehicles at shift start against a target of 95%. Although our target was not achieved due to the increased A&E demand experienced, and also fell slightly short on 2013/14 performance of 92.96%, it was an improvement on 2012/13 (90.33%).

The following describes the performance of the MRC shift start vehicle cleaning programme for each of SECAmb's constituent counties.

County	Planned	Actual	Performance
Kent	7,860	5,102	64.91%
Surrey	6,089	6,203	100.23%
Sussex	22,846	22,732	99.50%

SECAmb Make Ready A&E Cleaned at Shift Start (Target = 95%)



Data source: Info.secamb

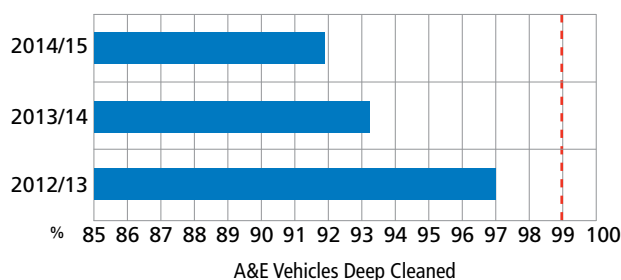
3.21.4.3. MRC Only A&E Vehicles Deep Cleaned

During 2014/15 91.93% (866) of the 942 planned vehicles to be deep cleaned were processed, however this was below the 99% target and also below performance for the previous two years (2013/14: 93.35% and 2012/13: 96.99%), again due to the increased A&E demand experienced.

The following describes the performance of the MRC vehicle deep cleaning programme for each of SECAmb's constituent counties.

County	Planned	Actual	Performance
Surrey	200	159	79.50%
Sussex	159	157	98.74%
Kent	583	550	94.34%

SECAmb Make Ready Only A&E Vehicles Deep Cleaned (target = 99%)



Data source: info.secamb

Part 2

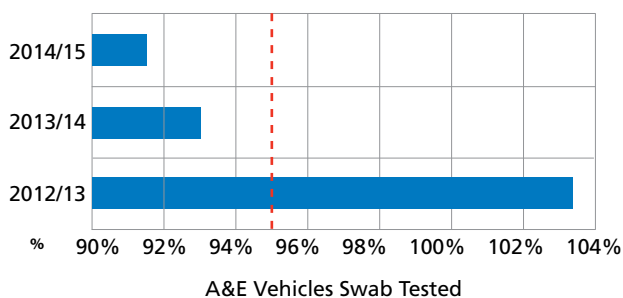
3.21.4.4. MRC Only A&E Swab Testing

During 2014/15 SECamb planned to swab test 104 MRC A&E vehicles, of which 95 were completed (91.35%) 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 (2013/14: 93% and 2012/13: 103.45%)

The following describes the performance of the MRC vehicle swab testing programme for each of SECamb's constituent counties.

County	Planned	Actual	Performance
Surrey	24	19	79.17%
Sussex	13	10	76.92%
Kent	67	66	98.51%

SECamb Make Ready A&E Vehicles Swab Tested (Target = 95%)



Data source: info.secamb

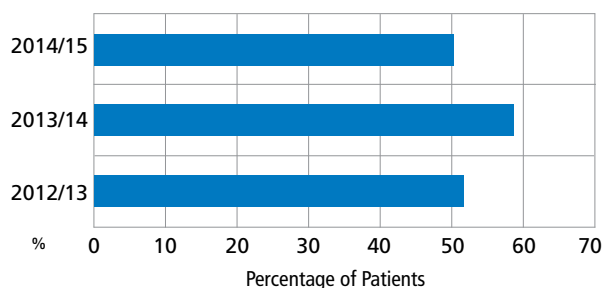
3.21.4.5. Patient Handover at Hospital – 15 Minutes

Where patients were handed over within 15 minutes and times were able to be recorded during 2014/15, 49.94% (160,030) were handed over to hospital clinicians within the specified timescale. This is a reduction on the previous two years (2013/14: 58.5% and 2012/13: 51.2%).

The following describes the percentage of hospital handovers where a time was captured that occurred within 15 minutes for each of SECamb's constituent counties.

Area	Number of Patients Handed Over	<15 Mins	%<15 Mins
Surrey	92,456	49,382	53.41%
Sussex	99,522	38,029	38.21%
Kent	127,749	72,619	56.85%

SECamb Patient Handover Times (<15mins) (where time was captured)



Data source: info.secamb

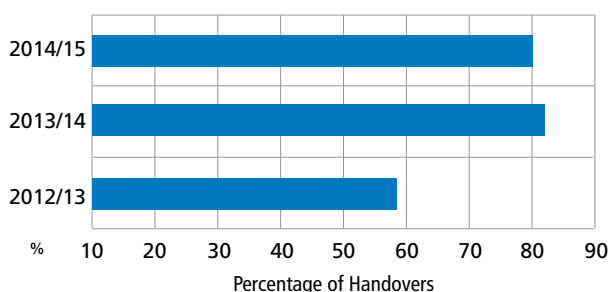
3.21.4.6. Hospital Handover Captured Times

During 2014/15 80.04% (319,727) of hospital handover times were captured. This is a reduction on the previous year's performance (2013/14: 82.3%) but an improvement on the performance for 2012/13: (58%).

The following describes the performance of captured hospital handover times for each of SECamb's constituent counties.

Area	Total Patient Handovers	Handover Time Captured	Compliance
Surrey	110,332	92,456	83.80%
Sussex	132,953	99,522	74.86%
Kent	156,468	127,749	81.65%

SECamb Hospital Handover Times Captured

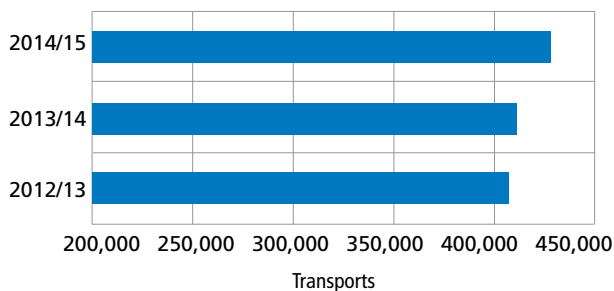


Data source: info.secamb

3.21.5. Transports to Hospital

SECamb transported 431,165 patients to hospital during 2014/15. This is an increase of 2.01% (8,530) on 2013/14 which was an increase of 2.86% on 2012/13. However, during 2014/15 emergency responses increased by 6.1% (39,640), with emergency calls increasing by 7.6% (10,696).

SECamb A&E Transport to Hospital



Data source: info.secamb/NHS England

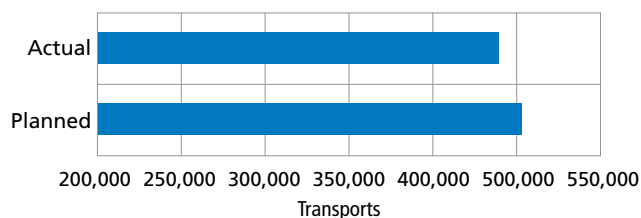
3.21.6. Patient Transport Service (PTS)

During 2014/15 PTS transported 488,133 patients to and from appointments for treatment against a forecasted figure of 501,590 patients.

The following provides the number of hospital out-patients transported for each of SECamb's constituent counties.

County	Count of Planned Journeys	Count of Actual Journeys
Kent	No contract exists for the Kent area	N/A
Surrey	204,253	202,401
Sussex	297,337	285,723

SECamb Patient Transport Service



Data source: Commercial Services Directorate

3.21.7. Patient and Public Experience

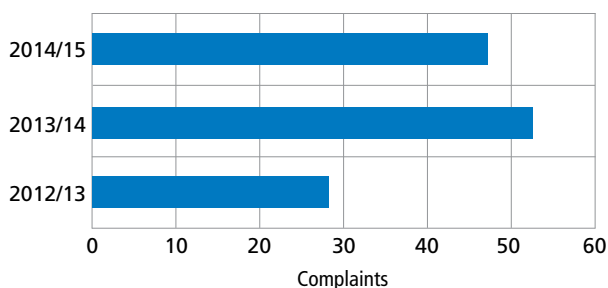
(Further information/breakdown of figures can be found in Section 10.3)

Part 2

3.21.7.1. Formal Complaints

The monthly average number of complaints received by SECAMB for 2014/15 was 47 compared with the figure for 2013/14 of 51.4 and 29 for 2012/13.

Formal Complaints (monthly average)

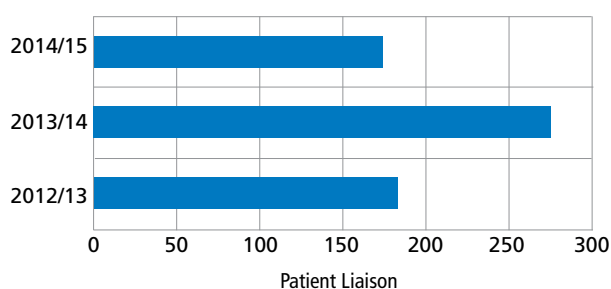


Data source: PET

3.21.7.2. Informal Complaints

The monthly average of informal complaints for 2014/15 was 177 which was less than the number for 2013/14 (282.6) and the 183 registered during 2012/13.

Informal Complaints (monthly average)

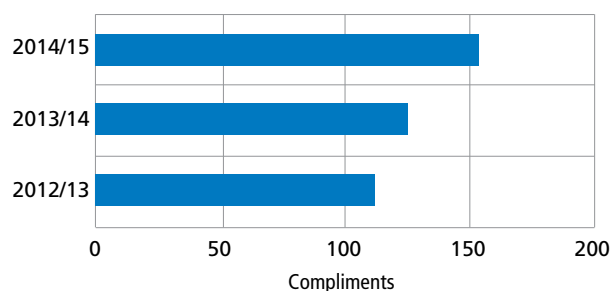


Data source: PET

3.21.7.3. Compliments

The monthly average number of compliments received by SECAMB for 2014/15 was 152.7, which is an increase on both 2013/14 (125.4) and the 110 received during 2012/13.

Compliments (monthly average)

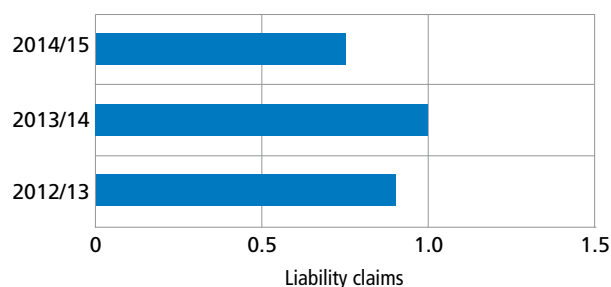


Data source: PET

3.21.7.4. Liability Claims

The monthly average for clinical negligence and liability claims for 2014/15 was 0.75 compared with 1 for 2013/14 and 0.9 in 2012/13.

Liability Claims (monthly average)



Data source: †Compliance Department

4. Updates on 2014/15 five Quality Measures

The Quality Account published last year (June 2014) allowed SECamb to focus on five quality measures. Monitoring has taken place during the year culminating in 2014/15 figures as follows:

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**

During recent years it has been suggested that dissatisfaction among NHS staff has a negative impact on patient satisfaction and quality of care. This link has been a particular focus for the NHS and regulators since the Mid-Staffordshire inquiry.

SECamb's surveys of 999 patients in 2011 and 2012 generated satisfaction levels of 92% and 93%, and the December 2013 survey exceeded this with 97% of patients stating that they were "satisfied" or "very satisfied" with the service SECamb provided. A sample of PTS patients are surveyed every quarter, and satisfaction levels have hovered around the 93% mark for the last three quarters of the financial year 2014/15 – again, relatively high.

In order to try to establish whether or not there may be a relationship between staff satisfaction and patient experience, following a Workforce Development Committee (WDC) meeting in October 2014, it was agreed to consider introducing an "engagement dashboard" where a broad range of indicators of staff morale and

engagement could be considered alongside patient satisfaction indicators. Staff engagement indicators being considered will include annual national staff survey results, quarterly staff FFT results and any local "temperature checks" undertaken, as well as other internal indicators. These will be viewed alongside patient satisfaction indicators including complaints and compliments data, patient FFT results and any other patient experience data.

The draft dashboard has been reviewed by the WDC and, to date, no link has been identified.

+ **Quality Measure 2 – Patient Drop Off and Pick Up Times for PTS Patients**

During 2014/15 84.41% of patients being transported by PTS arrived within 15 minutes of their appointment time. This is an increase of 3.56% on 2013/14 but unfortunately remains below the target of 95%.

Whilst the percentage of patients being transported within one hour following their appointment was 85.96%, an improvement of 3.18% on 2013/14, this is unfortunately also below the 95% performance target.

The third element of this quality measure for PTS includes transportation following discharge from hospital, 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. The performance target for this element is 95% of patients conveyed by PTS within two hours of discharge. 2014/15 performance was 74.61%, which is an increase of 3.24% on 2013/14 figures.

Part 2

Quality Domain: Patient Safety

+ **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.

During 2014/15 NHS 111 passed 1,282 patients with LTCs to the 999 service. Of these 1,282 (7%) were able to receive appropriate care via the telephone, 50% were provided with face to face care from a SECamb clinician (“see and treat”) whilst 43% required treatment at hospital. While the absolute number of patients passed from NHS 111 through to the 999 service increased from the 2013/14 figures by 17.61%, the proportion that this represents of all calls received remains fairly constant.

Quality Domain: Clinical Effectiveness

+ **Quality Measure 4 – Intelligence Based Information System (IBIS)**

During 2014/15 SECamb continued to capture clinical information on non-conveyed patients registered on IBIS. From this patient group we coded approximately

29% of records for non-conveyed patients who had received a response from a SECamb clinician. This is less than the 44% achieved in 2013/14 and relates to a 17% increase in non-conveyed patients that were eligible for coding.

The Case Management/Care Plan function has been able to assist over 62% of patients whose details are registered on IBIS to avoid hospital attendance. Paramedic Practitioners (PPs) are also able to support and assist front line operational staff in decision making as to whether or not to convey an IBIS patient and is a 4% improvement on 2013/14.

On just over 51.9% of occasions where a PP has been involved with an IBIS patient a clinical discharge summary has been sent to the patient’s GP, which is a 3.4% improvement on the number of clinical discharge summaries sent to patients’ GPs during 2013/14.

+ **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.

The CATF has continued to support front line operational staff in the questioning and clinical support within national and international resuscitation

guidelines. SECAMB are one of the best ambulance trusts in the UK for Return of Spontaneous Circulation (ROSC) for the year 2014/2015 with performance being:

	ROSC	ROSC (UTS)	Survival to Discharge	Survival to Discharge (UTS)
SECAMB Performance %	30.7	61.8	9.1	29.4
National Performance %	27.5	49.8	8.7	26.6

On occasions during 2014/15 the CATF have discussed innovative ideas with external companies promoting areas of clinical practice, one example being advanced cooling during the cardiac arrest efforts.

Future working will further support scene supervision and decision making.

The CATF was awarded "Team of the Year" at the recent internal SECAMB awards ceremony in recognition of their continued efforts with regard to cardiac arrests.

Part 2

5. Assurance on 2013/14 Mandatory Performance Indicators

5.1. Reporting on Core Indicators

Prescribed Information– Reporting Period 1/4/14–31/3/15	Formal Statement	Performance Data 1/4/14– 31/3/15	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.	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> + 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 2014/15 + Data quality has been subject to internal and external audit, which provided reassurance to the quality of the reported data <p>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 2014/15:</p> <ul style="list-style-type: none"> + Additional unit hours have been provided + Lower Response Unit Hour Utilisation (UHU) + Focus on maximising SRV provision + Response Capable Managers deployed + Demand management of NHS 111 Out of Hours <p>In 2015/16 plans, in addition to detailed resource planning in line with predicted demand include:</p> <ul style="list-style-type: none"> + Continued demand management within NHS 111 of dispositions to 999 and A&E + Continued recruitment of ECSWs and Associate Practitioners + Phased move to new Operational Business Units 	<p>SECAmb performance: R1=75.3% R2=73.3%</p> <p>The National Average: R1=71.9% R2=69.1%</p> <p>Highest: R1=80.2% R2=75.4% and Lowest: R1=67.2% R2=59.7%</p>	<p>Data for April to February 2015 validated and re-submitted for AQI return by 16 April 2015</p> <p>March 2015 data submitted by 21 April 2015</p> <p>February 2015 R1=74.2% R2=69.5%</p> <p>March 2015 R1=76.8% R2=74.9%</p>

Prescribed Information– Reporting Period 1/4/14–31/3/15	Formal Statement	Performance Data 1/4/14– 31/3/15	Performance for last two reporting periods
<p>...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.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> + 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 2014/15 + Data quality has been subject to internal and external audit, which provided reassurance to the quality of the reported data <p>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.</p>	<p>SECAmb performance = 95.1%</p> <p>The National Average = 93.9%</p> <p>Highest = 96.8% and Lowest = 91.2%</p>	<p>Data for April to February 2015 validated and re-submitted for AQI return by 16 April 2015.</p> <p>March 2015 data submitted by 21 April 2015.</p> <p>February 2015 R19=94.3%.</p> <p>March 2015 R19=95.2%</p>
<p>...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.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> + 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 <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this data, and so the quality of its services, by:</p> <ul style="list-style-type: none"> + Continuing the work of the Cardiac Arrest Task Force (CATF) + Focusing the Quality Improvement Group on the management of STEMI care 	<p>SECAmb performance = 77.3%</p> <p>The National Average = 80.9%</p> <p>Highest and Lowest = 90.7% and 70.8%</p>	<p>April 2014 - October 2014</p> <p>September 2014 = 75.9%</p> <p>October 2014 = 76.8%</p>

Part 2

Prescribed Information– Reporting Period 1/4/14–31/3/15	Formal Statement	Performance Data 1/4/14– 31/3/15	Performance for last two reporting periods
<p>...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.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> + 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 <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this data, and so the quality of its services, by:</p> <ul style="list-style-type: none"> + continuing the work of the CATF + focusing the Quality Improvement Group on the management of stroke care 	<p>SECAmb performance = 94.1%</p> <p>The National Average = 97.1%</p> <p>Highest and Lowest = 99.4% and 93.6%</p>	<p>April 2014 – October 2014</p> <p>September 2014 = 94.4%</p> <p>October 2014 = 94.6%</p>
<p>Friends and Family Test – 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.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> + Online survey open to all SECAmb staff and volunteers who met the national criteria <p>The South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve this scores, and so the quality of its services, by: using the results, together with the results of the national NHS staff survey, to develop an action plan that seeks to address the underlying issues contributing to staff perception of the Trust as a poor employer.</p>	<p>SECAmb performance:</p> <p>“How likely are you to recommend the care SECAmb provides to your friends & family if they needed it?”</p> <p>Quarter 2 Likely = 84% Unlikely = 6%</p> <p>Quarter 4 Likely = 82% Unlikely = 6%</p> <p>“How likely are you to recommend SECAmb as a place to work?”</p> <p>Quarter 2 Likely = 33% Unlikely = 50%</p> <p>Quarter 4 Likely = 39% Unlikely = 45%</p>	<p>Quarter 2 - (September 2014)</p> <p>Quarter 4 - (March 2015)</p>

Prescribed Information– Reporting Period 1/4/14–31/3/15	Formal Statement	Performance Data 1/4/14–31/3/15	Performance for last two reporting periods
<p>...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.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> + 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 <p>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.</p>	<p>Dataset for reporting period 1/4/14-30/9/14 published by NRLS on 8/4/15</p> <p>SECAmb total number of incidents occurring = 218</p> <p>Total number of incidents that resulted in severe harm or death = 13</p> <p>Percentage of incidents that resulted in severe harm or death = 6%</p> <p>The National Ambulance Cluster average total number of incidents occurring = 434 Highest = 843 Lowest = 196</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 12 Highest = 42 Lowest = 0</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 3.1% Highest = 8.5% Lowest = 0%</p>	<p>Dataset for reporting periods 1/10/2013–31/3/2014 and 1/4/14-30/9/14 combined</p> <p>SECAmb total number of incidents occurring = 525</p> <p>Total number of incidents that resulted in severe harm or death = 25</p> <p>Percentage of incidents that resulted in severe harm or death = 4.8%</p> <p>The National Ambulance Cluster average total number of incidents occurring =769 Highest=1,346 Lowest = 485</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 20 Highest = 62 Lowest = 0</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 2.6% Highest =8.4% Lowest = 0%</p>

Part 2

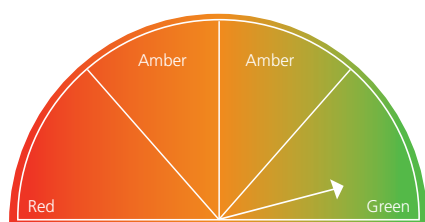
5.2. Audit Findings on Serious Incident Requiring Investigation (SIRIs) - Governors Choice

5.2.1. In line with the Department of Health and Monitor guidance issued in February 2015 to all Foundation Trusts, Governors were asked to agree a local quality indicator to be audited. SECAMB presented a Briefing Paper to the Governors on 28 January 2015 recommending SIRIs as the topic for this audit (agreement was obtained subject to any regulatory change) and this was formally recorded in the minutes of the Council of Governors meeting.

5.2.2. The audit is undertaken by an external company and commenced in March 2015 with the scope being "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 Auditor was able to confirm from the testing conducted on figures presented in the 2014/15 Quality Account relating to the number of SIRIs that occurred within SECAMB could be validated back to source information retained on the incident reporting system (Datix).

5.2.4.2. A high level review of the system used by SECAMB to capture SIRIs and the subsequent investigation was conducted and the Auditor confirmed that it is robust and functions as stated.

5.2.4.3. SECAMB had a CQC report issued in January 2014 and as a result developed an action plan to address the number of SIRI breaches. This has resulted in no breaches during 2014/15. In addition, the Auditor was able to confirm that SECAMB has submitted all SIRIs within the timeframes issued by Kent and Medway Commissioning Support Unit.

5.2.4.4. As part of the CQC action plan the SIRI process has been reviewed with the intention of making the system less bureaucratic. The Auditor's findings of the process found that the flowchart and target dates being used were front loaded and therefore gave more time to production of the initial report and a tighter timescale for the internal review process.

5.2.4.5. The Auditor was pleased to report that SECAMB had followed its duty of candour in all instances and the lessons learned and recommendations from the investigations had been transferred to the SIRI action log for implementation.

5.2.5. No recommendations have been raised following this audit.

6. Statement of Assurance relating to quality of NHS services provided during 2014/15

(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 2014/15 that SECAmb is required to declare.

Statements of Assurance from the Board

Information on the Review of Services

During 2014/15 SECAmb provided and/or sub-contracted 21 relevant health services.

SECAmb has reviewed all the data available to them on the quality of care in 21 of these relevant health services.

The income generated by the relevant health services reviewed in 2014/15 represents 9.9% of the total income generated from the provision of relevant health services by SECAmb for 2014/15.

Clinical Audits

During 2014/15 10 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 2014/15 are as follows:

- + Clinical Performance Indicators
- + Clinical Outcome Indicators
- + Out of Hospital Cardiac Arrest Outcomes project
- + National Non Conveyance audit

The national clinical audits and national confidential enquiries that SECAmb participated in during 2014/15 are as follows:

- + Clinical Performance Indicators
- + Clinical Outcome Indicators
- + Out of Hospital Cardiac Arrest Outcomes project
- + National Non Conveyance audit

The national clinical audits and national confidential enquiries that SECAmb participated in, and for which data collection was completed during 2014/15, 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 Performance Indicators (100%)
- + Clinical Outcome Indicators (100%)
- + Out of Hospital Cardiac Arrest Outcomes project (100%)
- + National Non Conveyance audit (100%)

The reports of 10 national clinical audits were reviewed by the provider in 2014/15 and SECAmb intends to take the following actions to improve the quality of healthcare provided

- + Continue to increase cardiac arrest performance (including ROSC and survival to discharge)
- + Continue to increase the care given to patients suffering from a STEMI
- + Continue to increase the care given to patients suffering from a Stroke

Part 2

- + Continue to increase Trust performance in the national CPI and Clinical Quality Indicators audit programme

The reports of seven local clinical audits were reviewed by the provider in 2014/15 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.
- + Continue to implement the Cardiac Arrest Task Force and Quality Improvement Group to further support clinical performance improvements.

Research and Development

The number of patients receiving relevant health services provided or sub-contracted by SECAMB in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee – zero.

CQUIN

A proportion of SECAMB income in 2014/15 was conditional on 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 2014/15 and for the following 12 month period are available electronically at: <https://www.gov.uk/government/organisations/monitor>

Quality Report; An additional 2.5% of income in 2014/15 for CQUIN schemes was available which totalled £3,929,204. The goals were around “Patient Flow” and included:

- + culture, beliefs and behaviours;
- + pathways and access;
- + policies and education; and
- + supporting systems and enablers.

In addition to the above, the CQUIN plan also included the national indicator of FFT (Patient).

2014/15 CQUIN income = £3,929,204
(in 2013/14 the financial payment for CQUIN was £3,733,389).

CQC

SECAMB is required to register with the Care Quality Commission and its current registration status is to carry out the following legally regulated services:

- + transport services, triage and medical advice provided remotely;
- + treatment of disease, disorder or injury; and
- + diagnostic and screening procedures.

The Care Quality Commission has not taken enforcement action against SECAMB during 2014/15.

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 2014/15 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 2014/15 was 66% and was graded Green.

SECAmb was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

SECAmb will be taking the following actions to improve data quality:

- + consider and implement recommendations arising from audit reports;
- + continue to work to achieve a level 2 for the Information Governance Toolkit, developing areas as appropriate to deliver a level 3; and
- + participate in internal and external audits on data quality and implement recommendations to improve data quality.

Part 2

7. How the Quality Measures were prioritised for 2015/16

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 2014 and invited Governors, IHAG members, patients, Healthwatch, Health Overview and Scrutiny Committee members (HOSCs), Foundation Council Members, Commissioners and staff.

During the above workshop participants reviewed a selection of suggested quality

measures from SECamb as well as proposing their own for monitoring during 2015/16. These proposals were discussed and explored throughout the workshop and the top four 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 and Update on the current five Quality Measures	15	7	0	0
Top level proposed Quality Measures for next year	14	8	0	0
What is Quality and the Commissioners role?	10	6	4	0
Trust Reporting – what we are already measuring as Key Performance Indicators	8	13	2	0
Discuss/review the current five Quality Measures as to whether to carry any forward for next year's Quality Account	17	5	1	0
Review of draft proposals for new Quality Measures for inclusion in next year's Quality Account	13	8	0	0
Thoughts on the format, language, design and accessibility on next year's Quality Account	7	8	4	0

Please note that not all participants answered all the questions.

The final question was based on whether participants found attendance at the workshop overall worthwhile, which resulted in the following:

Yes, definitely	18
Yes, probably	6
Not really	0
Not at all	0

A report was presented to our RMC GC in January 2015 highlighting the top seven quality measures identified from the workshop, of which the top four were chosen for inclusion within this document to be monitored during 2015/16. These quality measures were then approved by SEC Amb's Board at the January 2015 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 2015/16 are focused on improving outcomes for our patients; how we are going to do this is described fully in Section 8 and identifies the responsible designated Executive and Implementation Lead(s).

Quality Domain: Patient Experience

- + Patient Drop Off and Pick Up Times for Patient Transport Service (PTS) Patients

Quality Domain: Patient Safety

- + Mental Health
- + Improve Paramedic Practitioner (PP) response times following referrals

Quality Domain: Clinical Effectiveness

- + Utilisation of Care Plans/Clinical Registers by Front Line Operational Staff

As part of the consultation, the draft 2014/15 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 RMC GC 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 RMC GC report on achievements against the quality measures.

The commissioners receive updates on the four quality measures at the joint SEC Amb/ Commissioner quality focus meetings.

Part 2

8. Details of four Quality Measures for implementation during 2015/16

8.1. Quality Domain: Patient Experience

8.1.1. Patient Drop Off and Pick Up Times for Patient Transport Service (PTS) Patients

Background on the proposed quality measure

Throughout Sussex and Surrey PTS provides pre-planned routine transport for patients who need to attend hospital, medical centres and out-patient appointments but are unable to make their own way.

PTS also provides pre-planned transport to patients who require clinically trained staff due to their medical requirements e.g. patients requiring dialysis.

Another element of PTS includes transportation following discharge from hospital, 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 of the Quality Measure

By improving the punctuality and the quantity of the associated recorded times of the PTS service, the aim is that patients will be able to enjoy a better overall experience of the routine transport service SECamb provides.

Initiatives

- + Staff engagement exercise including bi-annual staff surveys and team away days

- + Team leader development
- + Implementation of work based Ambulance Care Assistant (ACA) evaluations
- + Implementation of auto-planning software for better work schedules
- + Compliance by SECamb service providers

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

SECamb will have achieved this quality measure when the overall performance for the categories has reached or exceeded the required revised percentages as follows:

- + 90% of patients arrive within 15 minutes of their appointment time;
- + 90% of patients depart the hospital within one hour following their appointment;
- + 85% of patients awaiting discharge are transported from the hospital within two hours; and
- + the volume of recorded times will have increased by 5% from the 2014/15 base line figure for:
 - + patients arriving within 15 minutes of their appointment time;
 - + patients departing the hospital within one hour following their appointment; and
 - + patients awaiting discharge from the hospital within two hours

This will be measurable via SECamb's PTS data sets and, following implementation of the above initiatives, should result in improvements in these three areas.

Current Status

For the period April 2014 to March 2015 SECAmb has seen an improvement in all three areas but unfortunately has not been able to achieve the required targets:

- + 84.41% of patients transported to hospital arrived within 15 minutes of their appointment time (target 95%).
- + 85.96% of patients were successfully transported within one hour following their appointment (target 95%).
- + 74.61% of patients awaiting discharge were transported within two hours (target 95%).
- + The amount of recorded vehicle times was not included in the KPIs for 2014/15. However, the current performance is as follows and will be included for 2015/16:-

PTS KPI	2013/14	2014/15	% Change
Arrival within 15 mins	83,774	103,214	1.71%
Departure within 1 hour	78,938	97,836	2.47%
Discharge within 2 hours	48,046	56,768	-0.69%

Implementation Lead(s)

- + **Rob Mason**, Acting Head of PTS
- + **Greg Walsh**, Head of PTS Distribution

Executive Lead

- + **James Kennedy**, Chief Operating Officer

8.2. Quality Domain: Patient Safety

8.2.1. Mental Health

Background on the proposed quality measure

Some calls received by NHS 111 (referred to as KMSS 111) and 999 have a disposition as defined by NHS Pathways of “mental health issues”.

SECAmb want to explore potential ways of improving the quality of service received for this patient group during the telephone triage stage and also, if an attendance was made, to report on the outcome of this call i.e. “see and treat”, “see and convey”.

Part 2

For the year 2014/15 SECamb (999 service only) received 26,664 calls as detailed in Figure 2 as follows:

2014/15	Incl. out of area	% Ratio	Description
Total Emergency Calls	26,664	2.87%	% of Total SECamb Emergency Calls
Duplicate Emergency Calls	4,709	17.66%	% Total Mental Health Emergency Calls
Hear & Treat	4,337	16.27%	% Total Mental Health Emergency Calls
Responses	17,990	64.47%	% Total Mental Health Emergency Calls
Transported to Hospital	11,822	65.71%	% of Total Mental Health Emergency Responses
Not Conveyed	6,166	34.29%	% of Total Mental Health Emergency Responses

Figure 2: Details of Calls – “Mental Health Issues” (April 2014–March 2015)

Using a sample size of 100 calls from the “not conveyed” category the following represents the service delivered:

Systematic sampling (k = 10 n =632)		
Of those not conveyed:	Count	Percentage
Clear at Scene	259	40.98%
Treat & Refer	145	22.94%
Police Dealing	130	20.57%
Treated on Scene	42	6.65%
No Patient Found	39	6.17%
Dealt with by other	17	2.69%
TOTAL	632	100.00%

Sample rate: k=10 Number: n=632

NHSP = Mental Health Non-Conveyed Patients Outcome, April 2014 - March 2015 (Sampled Data k =10 | n= 632)

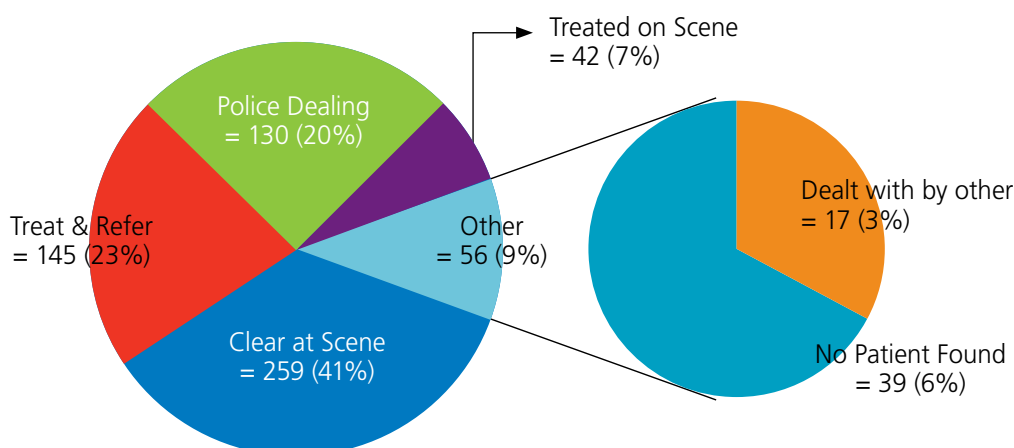


Figure 3: Mental Health Non-Conveyed Patient Outcome (April-March 2015)

There continues to be a challenge with calls made into KMSS 111 where there is potentially an element of mental health, which has been identified nationally. Figure 4 identifies the actual calls taken by KMSS 111 (1 April 2014 - 31 March 2015) where a mental health issue has been declared and the call handler has used the NHS Pathways mental health pathway during the triage process.

However many calls are made into KMSS 111 when there is another primary cause for the call, the caller does not declare that they have a mental health issue or an alternative NHS pathway is selected.

KMSS has taken a multi-faceted approach to supporting service users with mental health issues.

Final Disposition	Number of Calls for this Patient Group	% of Total Patients within this Group
Dx08 - To contact the GP Practice or other local service within 24 hours	117	37.74%
Dx11 - Speak to GP Practice within 1 hour	105	33.87%
Dx02 - Attend Emergency Department Immediately	39	12.58%
Dx05 - To contact the GP Practice or other local service within 2 hours	17	5.16%
Dx75 - Must contact own GP Practice within 3 working days	16	5.48%
Dx06 - To contact the GP Practice or other local service within 6 hours	8	2.58%
Dx13 - Speak to GP Practice within 6 hours	4	1.29%
Dx07 - To contact the GP Practice or other local service within 12 hours	3	0.97%
Dx12 - Speak to GP Practice within 2 hours	1	0.32%
Overall	310	100.00%

Figure 4: KMSS 111 Final Disposition (April 2014 - March 2015)

Data source: KMSS 111 Information System

Part 2

Aims of the Quality Measure

To review, during 2015/16, a sample of 100 patients each month where the call has resulted in the NHS Pathways triage system code “mental health issues” and to establish the disposition. This information will be shared with commissioners to ensure relevant referral pathways are in place.

Initiatives

To conduct a survey of 999 and KMSS 111 call takers on the subject of receiving calls from this patient group, gaining their understanding of care pathway options available to them. This survey will include questions regarding signposting options available for the patient as it is often their own healthcare community team who will be best placed to help them.

From the results of this survey, to explore whether there are any gaps within the data available to the call takers and if any additional training is required in order to provide an enhanced service.

To utilise the “Reflections” chapter in SECAMB News during 2015/16 to highlight cases of this nature together with any learning outcomes.

Collaborative working between 999 and NHS 111 to further understand and develop ways of improving how clinical and front line operational staff respond to patients where mental health is the primary medical requirement.

+ KMSS 111

- + Are currently supporting an external research project commissioned by East Sussex Healthwatch looking at the provision of services for patients with mental health issues attempting to access support through KMSS 111.
- + KMSS has representation on local Mental Health Concordat working groups and are also exploring opportunities to host a local mental health crisis line within the Ashford 111 contact centre, with the aim being to provide an integrated approach to the provision of mental health care services.
- + A bespoke mental health training package is to be developed by the quality lead, in conjunction with the support of mental health nurses, which will be aimed at upskilling KMSS 111 clinicians and better preparing them for dealing with calls from this patient group.

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

- + A survey will have been carried out amongst our 999 and KMSS 111 call takers, which will provide us with a baseline of awareness and knowledge to inform further training needs/ education requirements going forward

- + By reviewing a sample of calls from this patient group each month we will be able to establish final dispositions and any associated data i.e. IBIS
- + A closer working relationship will be developed between the KMSS 111 service and Mental Health teams.
- + Mental health pathways will be developed so that these patients can be referred to the appropriate crisis teams from the KMSS 111 service.

Current Status – Figures April 2014-March 2015

- + 999
 - + The current non-conveyance ratio to responses is 34.29%.
 - + The percentage of non-conveyed patients that were treated and/or referred is 32.28%.
- + KMSS 111
 - + Currently 12.6% of mental health patients calling KMSS 111 are advised to urgently attend an A&E Department.
 - + 87.42% of mental health patients are referred to their GP practice or other local service.

Implementation Lead(s)

- + **Nicola Brooks**, Head of Medical Services
- + **Matthew England**, Clinical Quality Manager

Executive Lead:

- + **James Kennedy**, Chief Operating Officer

8.2.2. Improve Paramedic Practitioner (PP) response times following referrals

Background on the proposed quality measure

SECamb has many ways in which it can treat patients within its healthcare economy and one of the care pathways available to SECamb's front line operational staff is the ability to refer a patient via the PP desk in the EOC. Following this, the patient will be attended by a PP (known as the PP referral system) with the intention being that the patient can be treated at or closer to home, hence avoiding an unnecessary journey to the local A&E department.

Aims of the Quality Measure

When a referral is made to the PP desk by a front line operational member of staff a time priority is placed on the case depending upon its perceived urgency (i.e. one, two or four hours). A PP will then visit the patient within this prescribed timescale.

Due to the increased activity within the EOCs the target placed on the dispatchers is that SECamb would expect to attend 85% of all PP referrals within the specified timescale and fulfil 95% within the target time plus one hour.

Part 2

Initiatives

SECAmb is working on initiatives to ensure that patients who are referred for care by PPs receive their follow up in a timely way. These will be broken down into the following areas.

- + Monitoring and reporting
 - + There is a standard report being developed by the Clinical Development Team on all the aspects of specialist practice, and this will include a section on performance of the PP referral system.
- + Development of the PP desk as part of the wider clinical hub within EOC
 - + One of the roles of the clinical hub will be to assist monitoring and oversight of PP referrals, which will aid dispatchers in managing their ODA workloads.
- + Referral management
 - + The Clinical Development and EOC senior management teams will continue to work to ensure that referral requests are optimised/demand is mitigated.

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

SECAmb will have achieved this quality measure when the overall performance for all categories of PP referral has reached or exceeded the 85% threshold. That is to say that all patients referred to the PP desk will have been visited by a PP within the specified timescale of one, two or four hours.

Current Status

Currently the performance for PP referrals (April 2014 to March 2015) is 80.19%.

For those PP referrals that are outside the timescales plus one hour, SECAmb's current performance April 2014 to March 2015 is 93.22%.

Implementation Lead

- + **Andy Collen**, Clinical Development Manager

Executive Lead

- + **Professor Andy Newton**, Chief Clinical Officer

8.3. Quality Domain: Clinical Effectiveness

8.3.1. Utilisation of Care Plans/ Clinical Registers by Front Line 999 Operational Staff

Background on the proposed quality measure

SECAmb has many ways in which it can treat patients within its healthcare economy and one of the care pathways available to SECAmb's front line operational staff is the ability to use the patient's care plan to support the patient and aid the decision making process when deciding whether to transport to hospital or treat at or closer to the patient's place of residence.

Aims of the Quality Measure

When a patient calls EOC the IBIS system is automatically checked to ascertain if a care plan is in place. Should this be the case, the responding front line operational staff have the opportunity to utilise this care plan to assist in the decision making process concerning the patient's treatment. The aim of this quality measure is to ensure that these care plans are used to maximum effect each time an IBIS patient calls 999.

Initiatives

The reporting system shows the percentage of care records where front line operational staff have requested details from the patient's care plan following a positive match with the 999 call. We will also report on instances where an IBIS patient has been conveyed without the operational front line crew making contact with EOC for the care plan details.

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

SECAMB will have achieved this quality measure when the overall performance for IBIS compliance has reached the following levels by the end of March 2016:

- + All dispatch desk areas will achieve >72% compliance
- + 50% of dispatch desks will achieve "green" RAG (red/amber/green) status. Green is achieved where compliance is >75%

Current Status

The current status for this quality measure is provided by the table below:-

1 st April 2014 to 31 st March 2015		
Dispatch Desk	Compliant %	
	All Dispatch Desks >72%	50% of Dispatch Desks >75%
Ashford	● 73.97%	● 73.97%
Brighton	● 69.23%	● 69.23%
Chertsey	● 66.28%	● 66.28%
Chichester	● 71.15%	● 71.15%
Crawley	● 68.17%	● 68.17%
Dartford	● 64.31%	● 64.31%
Eastbourne	● 66.85%	● 66.85%
Guilford	● 70.22%	● 70.22%
Hastings	● 71.09%	● 71.09%
Maidstone	● 63.87%	● 63.87%
Medway	● 68.55%	● 68.55%
Redhill	● 62.84%	● 62.84%
Thanet	● 64.65%	● 64.65%
Worthing	● 72.95%	● 72.95%
Totals:	● 69.19%	● 69.19%
Performance	14%	0%

Implementation Lead

- + **Andy Collen**, Clinical Development Manager

Executive Lead

- + **Professor Andy Newton**, Chief Clinical Officer

Part 2

9. Quality improvements to be implemented by SECAMB during 2015/16

9.1. Community First Responder (CFR) Patient Satisfaction Survey

During the financial year 2015/16 we will carry out a patient satisfaction survey for CFR first attendance. A sample of patients will be selected using SECAMB's CAD system, filtered to include calls from each of our geographical areas where CFRs were on scene prior to the arrival of our front line operational staff.

Substantial anecdotal evidence exists about the good work of our CFRs in the form of thank you letters and written acknowledgements, but this has not yet been drawn together formally. This survey will ascertain whether SECAMB's CFRs have adopted the "6Cs" – Care, Compassion, Competence, Communication, Courage and Commitment.

The results from this survey will provide a baseline for patient satisfaction of CFRs which can be built upon going forward.

9.2. Patient Transport Services (PTS)

SECAMB will be taking a full and active part in re-tendering for Surrey and Sussex PTS contracts, together with tendering for the Kent contract during 2015/16. A new operating model is being developed which will ensure that

PTS continues to reflect the needs of the service users and commissioners.

9.3. Complaints

SECAMB receives a relatively small number of complaints about its 999 service in relation to the number of calls received, however a high percentage of these concern staff attitude and conduct.

In an effort to address this, a Patient Experience session has been developed, which will be delivered as part of the annual statutory and mandatory key skills training in 2015/16. This session was developed jointly by the Patient Experience Lead, the Head of Learning and Development and a COM, with input from a CTL, an ECSW, a Paramedic and a Technician. The main aims of the session are to:

- + provide students with an insight into how to improve the patient experience;
- + raise awareness of and emotional intelligence about the triggers for complaints;
- + take some time to consider how staff look after themselves, exploring how they feel, why they become stressed, how that can have a negative impact, and what we can do about it; and
- + raise awareness of the importance of valuing and congratulating our colleagues/staff.

9.4. #hello my name is...

SECamb will shortly be promoting within the Trust the “Hello my name is ...” campaign, the brainchild of terminally ill doctor, Kate Granger. Dr Granger started her campaign to improve the patient experience in hospital shortly after she was diagnosed with a rare and aggressive form of cancer. The doctor who informed her that her cancer had spread did not introduce himself to her and did not look her in the eye. She was also dismayed by other staff who failed to introduce themselves when caring for her. This campaign reminds staff to go back to basics, to build trust and make a vital human connection with patients by - at the very least - giving their first name. Dr Granger said “The lack of introductions really made me feel like just a diseased body and not a real person. When someone did introduce themselves it really did make a difference to how comfortable and less lonely I was in hospital”.

Most SECamb staff do introduce themselves to patients and carers, however the campaign provides an opportunity to remind staff of the importance of doing this, and of how reassuring this simple act can be for patients.

9.5. Fleet and Technical Support

As detailed in section 3.10, work on the implementation of SECamb’s Driver Safety system commenced during November 2014, with the final stage to be implemented from April 2015 to include installation of a full vehicle telematics system enabling “real time” vehicle data and driver behaviour analysis. This data will inform our commercial decision making and operational strategies.

It is hoped that this strategy will shape the future of driving and safety standards within SECamb as well inform international best practice. This system will also see a shift of emphasis in relation to driver training and education from a “one size fits all approach” to a more driver centric, outcomes focused, evidence based programme.

To match this vision three SRVs and five ambulance driver training vehicles have been commissioned, all containing the most advanced technology enabling real time feedback to students as to their performance.

9.6. Medicines Management

Following the introduction of the new Medicines Management model in 2014/15, this has also provided us with robust medicines utilisation data. This is now being developed to enable the detailed review, audit and benchmarking of medicines management across SECamb at ODA, station and individual clinician level.

Part 2

9.7. Electronic Patient Clinical Record (ePCR)

SECAmb's 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 was successfully undertaken during 2014/15 and following design and testing, roll out is planned to commence in the Thanet ODA during April-September 2015. Following a pause for review and audit, Trust-wide deployment will continue over the next 12-18 months.

Enhancing the quality of clinical reporting to evidence delivery of consistent standards of patient care is a key driver for this project. Ensuring a clinical report is generated for every patient attended also gives the opportunity for real time feedback to the attending clinician by a line manager or clinical supervisor on the course of treatment given to their patient. Compliance with local and national care bundles and completion of minimum data sets provides our clinicians with the opportunity to evidence that their clinical practice is continuously maintained and improved.

This project is fully aligned with SECAmb's vision for the future and includes plans for interfacing with both internal functions and with the wider health community. As we

currently work with 17 acute trusts and 21 CCGs this presents quite a challenge as the project develops. The project also aligns with the government target of being paper-light by 2018. Small but significant steps keep this keystone project one that will not only achieve but exceed the high standards of patient care SECAmb continues to deliver.

ePCR will enable faster and more accurate collection of clinical data, enabling more effective analysis to support clinical performance improvement.

9.8. Safeguarding

Following successful testing with regard to safeguarding referrals, see section 3.7, the new on-line model will go live SECAmb wide in April 2015. Reporting directly on to the database allows staff to report in a much more timely manner thus protecting those affected vulnerable persons further. The legacy process of referrals is totally paper-based and work is underway to ensure all paper records are also retrospectively input on to the new database to enable full auditing of safeguarding systems and processes; this will be completed by the end of June 2015.

9.9. Organisational Transformation

SECAmb's strategy, as laid out in its five year plan (2014-2019), increases the emphasis on local delivery and workforce development and engagement to improve the resilience of the Trust.

Plans to move corporate staff to a new single Headquarters (HQ) in Crawley and to move from three to two EOCs are key to the Trust's strategy of improving performance and increasing productivity; this will include a cost base review, a reduction in unit hours lost to preparing vehicles through the roll out of MRCs and greater efficiency in deployment of staff and vehicles. This will be supported by investments in estates and technology.

Staff from the Banstead and Lewes EOCs will be required to move into the new building, which will house the western EOC and be co-located within the single HQ, in late 2016. Considerable project management expertise will be needed in 2015/16 and in the following year to oversee both this move and the transition to operating units. Work will also need to be undertaken to develop the eastern EOC which is currently based at Coxheath in Kent.

The organisational transition to MRCs, where vehicles are cleaned and equipped before each shift, will continue with the delivery of the Polegate and Crawley MRCs in 2015/16. Initial work will also begin on MRCs in Brighton and Chichester, which will be delivered in parallel with the new operational unit model. The roll out of the MRC programme will be a key part of SECAMB's capital programme as will the move to a new single HQ and the reconfiguration of the EOCs.

It is essential that we continue to deliver the national performance targets, CPIs and increase productivity in the 999 service at a time when there will be significant transformational change within SECAMB. To ensure we remain resilient during this period, a change management programme is being introduced to focus on the transformational elements of our plans for 2015/16 e.g. the roll out of the operational unit model and the move to a single HQ/EOC reconfiguration so that resources are not diverted from business as usual.

9.10. HART Developments

During 2016 SECAMB plan to open a new HART and Make Ready Centre in Crawley.

In addition, SECAMB HART will be developing:

- + a maritime incident response to incidents at sea;
- + clinical courses such as Pre-Hospital Life Support and Advanced Life support; and
- + will be one of the first teams in the country to start acquiring the new HART vehicle fleet.

Part 3

10. Review of 2014/15 Quality Performance

This section provides an overview of the quality of care offered by SECamb on performance in 2014/15 against indicators selected by the Board, 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. NHS England published a new Serious Incident Framework on 27 March 2015; the points within this framework will be incorporated into SECamb documents relating to the reporting and investigation of Serious Incidents which will be taken through the approval and governance process.

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. SECamb are active members of Kent and Medway Serious Incident patient safety collaborative which is looking to expand to KMSS through the regional patient safety collaborations.

The following information has been collated from our SIRI management database and our current incident reporting system (Datix):

1 April 2014 - 31 March 2015	
Adverse Media	1
Allegation Against HC Professional	3
Ambulance (General)	18
Ambulance Accident – Road Traffic Collision	1
Ambulance Accidental Injury	3
Ambulance Delay	15
Confidential Information Leak	1
NHS 111 Incident	6
Other	4
Unexpected Death (General)	2
Total number of SIRIs investigated	54

Figure 5: Number of Reported SIRIs (April 2014-March 2015)

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 6: Number of Reported SIRIs (April 2013-March 2014)

The number of SIRIs has increased by 10 between the above two comparative years. This reinforces the positive reporting culture within SECamb together with our willingness to learn from such cases.

With effect from 1 April 2015 it will become a statutory obligation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to impose, under Section 20, the expectations of “Duty of Candour” on a health service body. Section 20 of the legislation sets out the face-to-face and written requirements between the appointed officer of a health service body and the patient and/or their family / representatives where a “notifiable safety incident” has occurred. The section is applicable where the harm is considered moderate, severe or has directly resulted in death. As such, SECAMB are updating their policy and procedure in this regard.

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

expressed that these concerns have a minor impact on people who use the service and we submitted an action plan to the CQC which addressed the concerns and in October 2014 the CQC published a follow up report assessing that we meet the standard.

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 7 and 8 have been collated from SECAMB’s incident reporting system (Datix) and are based on clinical patient safety incidents, both actual and near miss.

2014 - 2015	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	2	2	4
May	3	0	3
June	0	1	1
July	1	3	4
Aug	2	1	3
Sep	3	4	7
Oct	3	1	4
Nov	1	1	2
Dec	0	2	2
Jan	7	1	8
Feb	2	1	3
Mar	1	2	3
Total	25	19	44

Figure 7: Medication Errors (April 2014-March 2015)

Part 3

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 8: Medication Errors (April 2013-March 2014)

It will be seen from figures 7 and 8 that there has not been a significant increase in the overall reporting of medication errors for the year 2014/15 compared to 2013/14. An analysis of these incident reports (2014/15) has shown the following:

- + 37 resulted in no harm to patients;
- + 3 resulted in low harm to patients; and
- + 4 incidents resulted in moderate harm to patients
- + 0 incidents resulted in serious harm or death.

However the figures do demonstrate a shift from incorrect drug type incidents to incorrect drug dose administered. An analysis of these incident reports (2014/15) has shown the following:

- + 14 related to the wrong drug/medicine administered;

- + 8 related to wrong/unclear dose or strength; and
- + 7 related to wrong quantity.

There has been a minimal increase in the reporting of medication errors during 2014/15 however SECAMB has continued to undertake 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 84% (37) of the medication errors reported resulted in no harm, 7% (3) resulted in low harm and 9% (4) resulted in moderate 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.

As part of a wider review, North Kent CCG have worked with SECAMB undertaking a "deep dive" of our incident reporting system (Datix) and in particular with regard to PSIs. As a result of our collaborative working, all new incident reports are now reviewed by a senior clinician and re-categorised if required.

PSIs are recorded on our local incident reporting system. 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 9 and 10 has been collated from SECAMB's incident reporting system (Datix) and is based on both actual and near miss incidents.

1 April 2014 - 31 March 2015	
Patient safety incident: Clinical	482
Patient safety incident: Non Clinical	110
Totals:	592

Figure 9: Number of Patient Safety Incidents (April 2014-March 2015)

1 April 2013 - 31 March 2014	
Patient safety incident: Clinical	505
Patient safety incident: Non Clinical	111
Totals:	616

Figure 10: Number of Patient Safety Incidents (April 2013-March 2014)

The data above indicates that there has been a slight decrease in the reported figures relating to PSIs in 2014/2015 compared to 2013/14. 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

Data comprising defined national CPIs is collected by all ambulance services in England on a rolling cycle with each indicator being measured twice a year. The performance of each trust is compared and the benchmarked data is then submitted to the National Ambulance Service Clinical Quality Group (NASCCQG) and the National Ambulance Services Medical Directors group (NASMeD) with the final report for each cycle published nationally.

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.

The data samples are obtained through a mixture of automated reporting and some manual interrogation by SECAMB's Clinical Audit Department of individual patient clinical records. The sample size for each indicator is 300 cases, however not all participating trusts have this number of cases for the indicator conditions and the comparative data is adjusted to accommodate this.

Part 3

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 focus becomes counterproductive, and results in de-emphasis of other areas where improvements could be made.

It is important to note that SECAMB continues to take a leadership role amongst ambulance services in promoting recognition of stroke amongst our population and primary recognition in treatment by our staff. Strokes are a common condition affecting predominantly a vulnerable population of patients and 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.

The management of asthma and febrile convulsions performance continues as part of the national indicator framework, however in May 2014, after 12 cycles of data reporting and due to a plateau in performance and improvement demonstrated by all trusts, the NASCQG decided the national hypoglycaemia CPI would cease to be part of the national CPI reporting framework. Although the long term condition of hypoglycaemia has been subject to multiple published cycles of monitoring nationally, SECAMB continues to hold value in this indicator while

improvement is demonstrated to be required and it was therefore agreed that twice yearly performance monitoring of the hypoglycaemia CPI would continue internally, forming part of our annual clinical audit programme.

The NASCQG replaced the national hypoglycaemia CPI with a new pilot CPI on elderly fallers (lower limb fractures) developed and taken forward from cycle 13 (August 2014).

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 healthcare economy as well as the lives of our patients, and for this reason the conditions of asthma, febrile convulsion and lower limb fractures were formally adopted and are focused as follows.

10.2.1 Asthma

Asthma is 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's performance has continued to fluctuate between the last completed cycles of audit (December 2014) against the elements of care delivered for patients suffering from asthma as shown in figure 11:

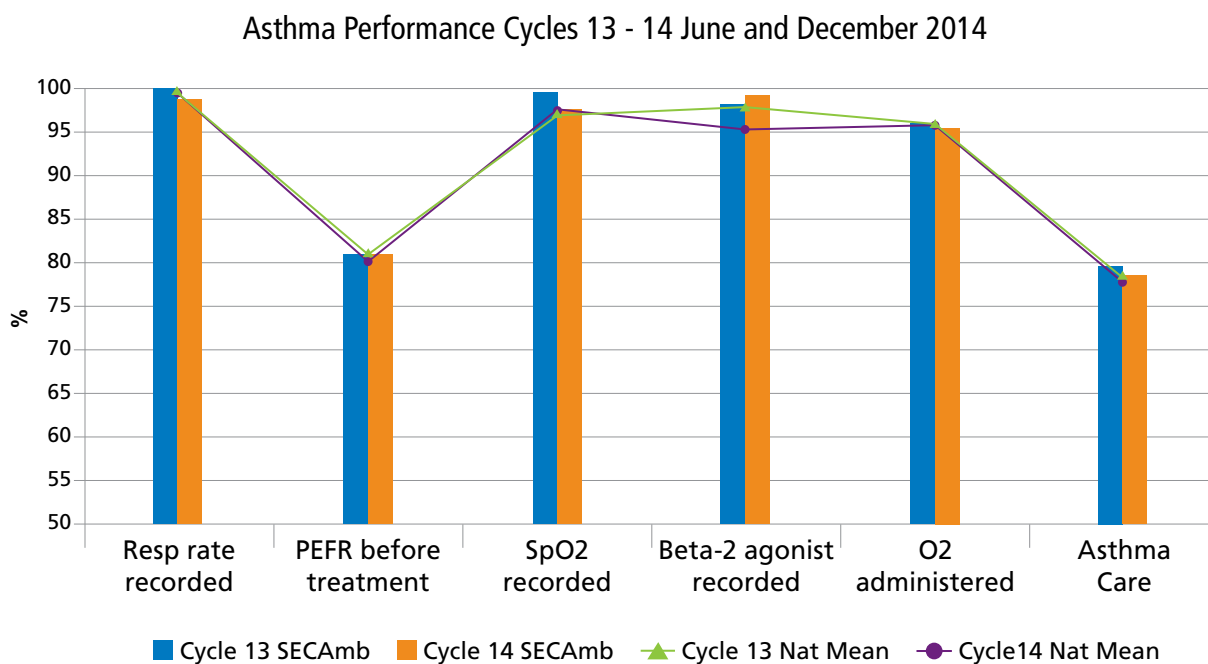


Figure 11: Asthma Performance (June–December 2014)
 Data source: National Ambulance Service Clinical Quality Group

10.2.2 Febrile Convulsions

Cycle 12 data (March 2014) for the care of febrile convulsions demonstrates how SECAMB’s performance against each individual element of the care bundle has increased and the full care bundle has shown a continued upward trend,

reflecting the national trend of improvement. Cycle 13 (September 2014) further demonstrates an improvement in overall care bundle performance, with increased performance in recording of blood glucose, temperature and discharge pathways.

Part 3

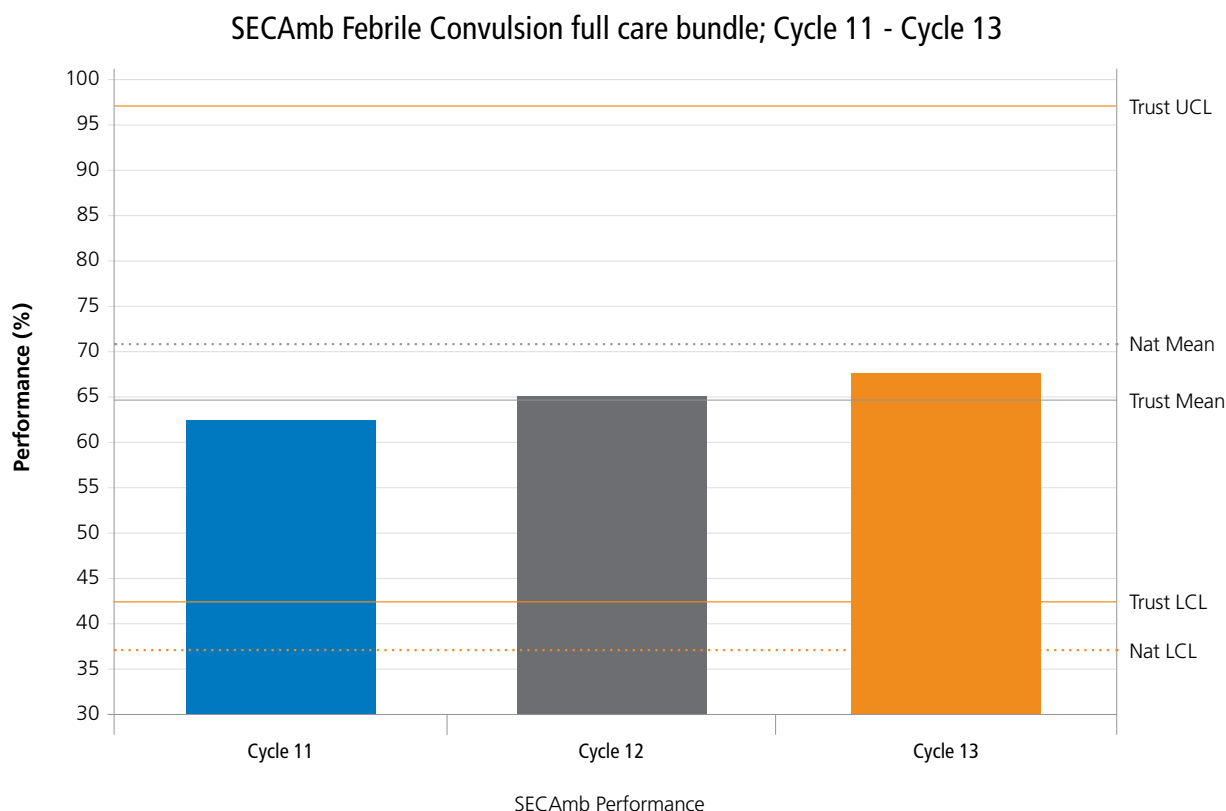


Figure 12: Febrile Convulsion (September 2013–September 2014)

Data source: National Ambulance Service Clinical Quality Group

10.2.3 Lower Limb Fractures

SECAmb's performance has reflected the national mean between cycles, with varying degrees of fluctuation between periods. Between cycles 11 and 12 (August 2013 - February 2014), the criteria for this indicator broadened to include any single limb fracture, as opposed to only lower limbs. As such, two elements (oxygen saturations and oxygen administered) were removed from the criteria. Despite a decrease in the recording

of two pain scores, the number of incidents where analgesia was administered increased, maintaining a positive variance on the national mean. A significant increase has also been seen in the immobilisation of limbs compared to a significant decrease in the national mean for this element leading to a positive variance for SECAmb. Cycle 13 (August 2014) further shows improvements in overall care bundle performance, with increases in recording of two pain scores and recording of assessment of circulation distal to fracture.

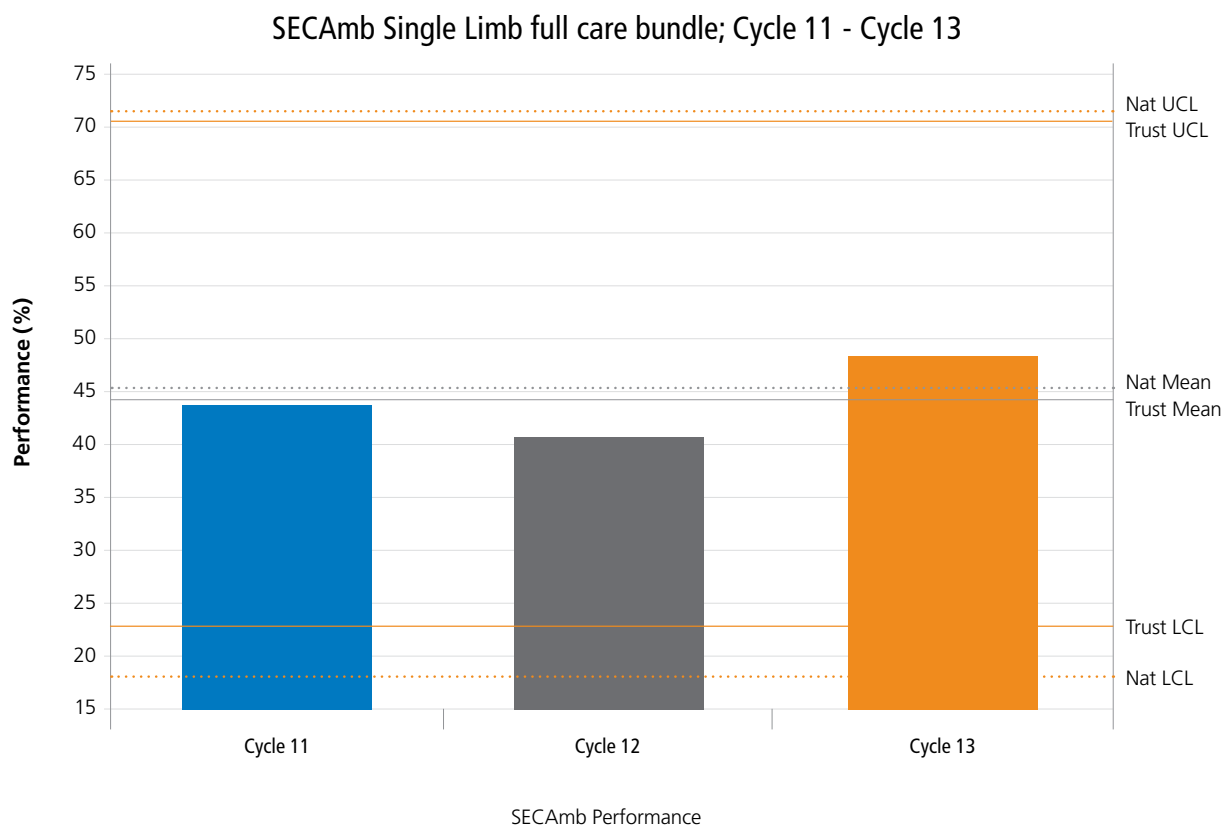


Figure 13: Single Limb (August 2013 - August 2014)
 Data source: National Ambulance Service Clinical Quality Group

10.3 Patient Experience Indicators

The Patient Experience Team (PET) delivers SECAMB's Patient Advice and Liaison Service (PALS), providing help to patients, their carers and relatives, other NHS organisations and the general public who have queries or require information about our services, as well as signposting people to other services appropriate to their needs. These requests are logged as "PALS contacts".

Until last year, any complaints received by SECAMB and addressed informally were known and registered as "PALS concerns". However, in light of the recommendation of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013) that "a complaint should be called a complaint", since April 2014 all concerns and expressions of dissatisfaction received by SECAMB are known as either formal or informal complaints.

Part 3

A robust analysis of complaints statistics and trends, plus narrative, is provided to the RMCGC and Compliance Working Group (CWG) every two months. A report is provided to SECAMB's commissioners for discussion at their quality focus meetings, and a summary report is also shared at each public Board meeting. This information helps us to identify common themes and concerns that patients,

their carers and families bring to our attention, and provides an opportunity for SECAMB to learn from patients' experiences and to improve as a result.

10.3.1 Informal complaints (previously known as "PALS concerns")

During 2014/15 our PET registered and dealt with 2,124 informal complaints, broken down by directorate and subject as follows.

Subject	NHS 111	Commercial Services	Clinical Operations (A&E)	Clinical Operations (PTS)	Clinical Operations (EOC)	Clinical Operations (Other)	Unknown	Workforce Development	Total
Administration	25	1	3	0	1	0	0	1	31
Communication issues	59	0	23	2	13	0	0	0	97
Information request	1	0	1	0	7	0	0	0	9
Miscellaneous	36	0	39	14	11	0	4	1	105
Patient care	223	0	139	14	98	0	0	0	474
Staff attitude/conduct	37	0	285	99	10	1	0	0	432
Timeliness	44	0	19	576	59	0	0	0	698
Transport	0	0	5	271	2	0	0	0	278
Totals:	425	1	514	976	201	1	4	2	2,124

Figure 14: Informal complaints received April 2014-March 2015, by subject and directorate
Data source: Datix database, complaints module (PET)

This is very slightly lower than the 2,200 received in 2013/14 (minus those that we would now class as “PALS contacts”, which are merely requests for assistance and information):

Subject	2013 - 2014
Administration	66
Communication issues	304
Miscellaneous	103
Patient care	777
Staff attitude/conduct	440
Timeliness	1,239
Transport arrangements	521
Total	3,450

Figure 15: Informal complaints received April 2013-March 2014, by subject

Data source: Datix database, complaints module (PET)

10.3.2 Formal Complaints

During 2014/15 SECAMB's EOC staff took 929,822* calls; our A&E road staff made 690,227† responses, our PTS staff made 496,557 journeys, and our

NHS 111 staff took 1,137,390 calls. From all of this activity SECAMB received just 563 formal complaints - a reduction of nine per cent against the 615 received in 2013/14. This equates to one formal complaint for every 4,554 calls/journeys.

* 'All calls' figure, taken from SECAMB's CAD viewer, 'info'
† 'All responses' figure, taken from SECAMB's CAD viewer, 'Info'

Service area	Number	Activity	% of calls/ journeys receiving a complaint
NHS 111 and Urgent Care - 111 Service	87	1,137,618	0.008%
A&E	330	929,822	0.035%
Clinical Operations – PTS	143	496,557	0.029%
Non Operational Issues	3		
Totals:	563		

Figure 16: Formal complaints set against activity (April 2014-March 2015)

Data source: Datix database, complaints module (PET), and SECAMB's CAD viewer, 'Info'

	NHS 111	Commercial Services	Clinical Operations (A&E)	Clinical Operations (PTS)	Clinical Operations (EOC)	Workforce Development	Totals
Administration	5	1	1	0	0	0	7
Communication issues	16	0	3	0	3	0	22
Information request	0	0	0	0	0	0	0
Miscellaneous	5	0	1	1	1	1	9
Patient care	34	0	76	9	67	0	186
Concern about staff	18	1	133	19	5	0	176
Timeliness	9	0	5	83	34	0	131
Transport	0	0	1	31	0	0	32
Totals:	87	2	220	143	110	1	563

Figure 17: Formal complaints received (April 2014-March 2015) by subject & directorate

Data source: Datix database, complaints module (PET)

Part 3

Subject	2013-2014
Administration	4
Communication issues	18
Miscellaneous	6
Patient care	235
Concern about staff	144
Timeliness	169
Transport	39
Totals	615

Figure 18: Formal complaints received (April 2013-March 2014) by subject

Data source: Datix database, complaints module (PET)

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, partly upheld, not upheld or unproven. SECAMB's target is to respond to as many formal complaints as possible within 25 working days.

Complaints are not due to be concluded until 25 working days after their receipt, so the figures below include the complaints received in March 2014 but concluded in the financial year 2014/15, but not those received in March 2015, which will be due for response in the new financial year 2015/16. There were therefore 587 formal complaints due to be responded to between 1 April 2014 and 31 March 2015, and as this document was compiled, 573 had been concluded (14 are still awaiting conclusion), the outcomes for which are shown as follows.

	NHS 111	Commercial Services	Finance	Clinical Operations - A&E	Clinical Operations - PTS	Clinical Operations - EOC	Workforce Development	Total
Complaint upheld	40	1	0	53	76	56	0	226
Partly upheld	25	1	0	75	52	30	0	183
Complaint not upheld	26	1	0	62	17	24	0	130
Unproven	0	0	1	26	5	1	1	34
Totals:	91	3	1	216	150	111	1	573

Figure 19: Formal complaints outcomes (April 2014-March 2015)

Data source: Datix database, complaints module (PET)

Once an investigation is complete, a full explanation, along with an apology where appropriate, is sent by the Chief Executive to the complainant.

Complaints 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 using a range of mechanisms, 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.

10.3.3 Compliments

Each year SECamb receives an ever-increasing number of “compliments”, i.e. letters, calls, cards and e-mails, thanking our staff for the wonderful work they do. Compliments are recorded on SECamb’s Datix database, alongside complaints,

ensuring both positive and negative feedback is captured and reported. All staff involved receive a letter from SECamb’s Chief Executive, thanking them for their dedication and for the care they provide to our patients.

This data forms part of the report provided every two months to the RMCGC, the Board and to the commissioners’ quality focus meetings.

During 2014-15 SECamb received 1,837 compliments (up from 1,521 in 2013-14, which is three more than recorded in last year’s document as these were received after it was published), thanking our staff for the treatment and care they provide.

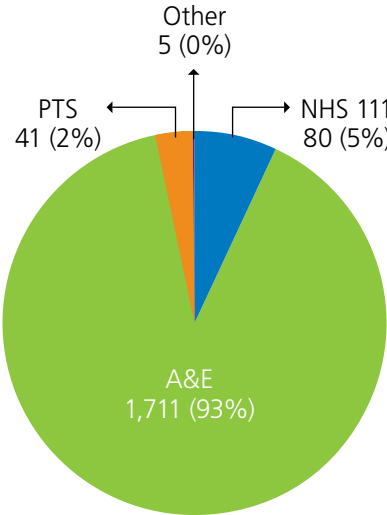


Figure 20: Compliments (April 2014-March 2015)
Data source: Datix database, PALS module (PET)

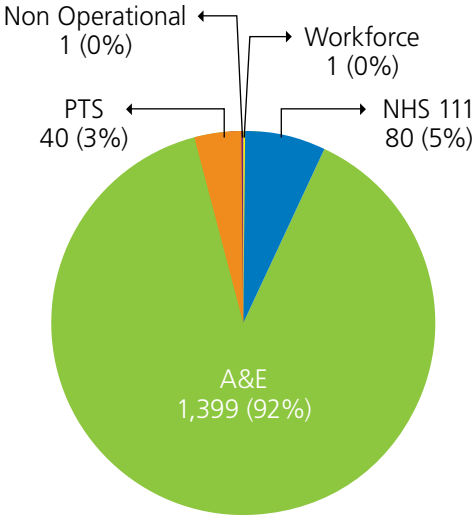


Figure 21: Compliments (April 2013-March 2014)
Data source: Datix database, PALS module (PET)

Annex 1

Annex 1: Formal responses from Lead Commissioners, Health Overview and Scrutiny Committees 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

Statement from Swale Clinical Commissioning Group

The CCG welcomes the 2014/15 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 against 14/15 quality measures and the quality improvement impacts that this has had on patient's clinical outcomes. The CCG welcomes

the positive performance against quality indicators in the KMSS 111 service, which have seen considerable progress and continued improvements in quality outcomes for patients. It is however disappointing that KMSS 111 does not feature in the 15/16 quality priorities to further enhance patient experience and clinical outcomes, particularly when looking at the significant impact that the KMSS 111 service is having on 999 clinical quality outcomes.

The ongoing success of the make ready centres with regard to infection control measures is acknowledged and Swale CCG supports the operational improvements that have been evidenced from the pilot delivery models in Ashford and Thanet. These pilots have seen positive outcomes against clinical KPIs as well as staff training and development. The CCG endorses the roll out of electronic patient clinical records during 15/16 to further enhance patient experience and clinical performance.

The positive impact of the trust's Inclusion Hub Advisory Group has been recognised by Swale CCG, and resulted in the trust winning the North Kent CCGs award for embedding a culture of openness at an event organised to recognise health organisations response to the 2013 Francis Report. Swale CCG welcomes the continued work planned for 15/16 to engage with patients and public groups in order to collaboratively plan for future developments.

Disappointingly there is no inclusion within the report of the lack of resources available to enable effective governance with regard to the management of clinical

decisions. There is reference to policy but lack of detail with regard to the challenges that the trust faces in delivery of both new initiatives and daily demands of key organisational requirements such as training delivery, safeguarding and monitoring of clinical risk with private ambulance crews.

Recruitment plans are a positive aspiration to improve quality outcomes, but contingencies need to be explored due to lack of paramedics nationally, particularly within the Kent locality.

Swale CCG acknowledges and supports the priorities for improvement for 15/16 as detailed within the report. A point of particular interest will be delivery of the mental health priority in order that patients suffering with mental health issues receive a more appropriate disposition. Swale CCG 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, Dartford, Gravesham and Swanley and Swale CCG

Geoffrey Wheat

Chief Nurse, North Kent CCGs

North West Surrey Clinical Commissioning Group (CCG) on behalf of Surrey CCGs

On behalf of NHS North West Surrey CCG I would like to thank you for submitting your draft Quality Account for review. We have reviewed the South East Coast Ambulance Service NHS Trust draft Quality Account document for 2014 – 2015 and are satisfied

that this gives an overall accurate account and analysis of the quality of services. This is in line with the data supplied by South East Coast Ambulance Service NHS Trust Quality Account 2014/15 during the year and reviewed as part of your performance under the contract with Swale CCG.

We collectively believe that the account is generally supported by relevant data, incorporating the mandated elements required and are satisfied it is accurate and provides appropriate evidence of the Trust's quality improvement progress.

As the lead commissioner for Surrey, we will work with you to raise the profile of quality and regularly review the continuous improvement cycle. We will continue to work with the Trust to ensure that data accuracy and reporting at all levels remains a key priority, and to ensure that quality data is reported in a timely manner through clear information schedules. However, we are satisfied with the accuracy of the data contained in the Account.

The Trust is commended for their continued good work and emphasis on quality of patient care, and the engagement of the CCG and wider stakeholders in the workshop to develop this Quality Account.

We support the Trust in the continuous enhancements to the scope of practice of Critical Care Paramedics and Paramedic Practitioners, which will strengthen further your role in local urgent care delivery.

The account identifies progress against all previous priorities and specifically achievement in relation to:

- + To consider whether there might be a relationship between SECamb staff satisfaction levels and clinical care/patient experience
- + Patient drop off and pick up times for PTS patients
- + NHS 111 service for patients with long term conditions/special patient notes
- + Intelligence based information system (IBIS)
- + Cardiac arrest management

Having mapped against the quality report requirements in the Monitor Detailed requirements for quality reports 2014/15 document, I would like to share our more specific observations as outlined in the attached document.

I look forward to receiving your final document.

Clare Stone

Chief Nurse / Associate Director of Quality, North West Surrey CCG

Crawley, Horsham and Mid Sussex Clinical Commissioning Groups (CCGs) on behalf of Sussex CCGs

Thank you for giving the CCGs; Coastal West Sussex, Brighton and Hove, Crawley, Horsham and Mid-Sussex, High Weald Lewes Havens, Eastbourne, Hastings and Rother CCGs the opportunity to comment on your Quality Account for 2014/15.

Sussex Clinical Commissioning Groups have reviewed the Trust's Quality Account and are in agreement that the document

meets the Department of Health national Guidance on Quality Account reporting.

As far as we can ascertain the information provided is accurate and complies with information provided by you to the CCGs, in addition to the nationally published data available. However lack of validated data makes it difficult to measure the level of achievement accurately making it difficult to make informed recommendations.

The document provides clarity on the Directors and staff involved in compiling the Quality Account. It might be beneficial as a public facing document to emphasise any patient or member involvement in fashioning the Account.

Performance against 2014/15 priorities

As an Ambulance Trust it is important to go beyond the usual Regulator requirements, and in recognition the organisation would appear to have set some realistic standards for improvement. Most notable are the Awards received from Swale CCG for embedding a culture of openness in reporting patient related safety incidents and promoting patients experience by use of Intelligence Based Information System (IBIS). The CCGs are in support of the on-going use of IBIS as a way of promoting care in preferred place of choice and reduced conveyance to Acute Services.

The CCGs are pleased to note that SECamb acknowledges the areas where further improvements are required and put into consideration the recommendations from the CQC and other stakeholders

and have appropriate action plans in place to address them. In particular the commitment to Clinical Quality Improvements by identifying best practices and benchmarking against them. These have been evidenced by Cardiac Performance which has been increased and sustained.

Although all last year priorities were not achieved due to the increase in 999 activities, it is helpful to know that these will continue to be monitored and acted upon through normal Trust governance processes.

The importance of 111 to our local health economy is not reflected in the report, and as such warrants more explanation regarding its linkage to improving both quality and safety system wide. Maximising the use of systems designed to reduce hospital admissions across CCG communities, eg referrals for both 111 and ambulance crews through to One Call deserves mention as a system wide quality improvement.

Additionally the Quality Account would benefit from outlining where it contributes to maximising insight into the delivery of population health through the availability of CCG specific information for all services. This would help to deliver system wide quality improvements. In a similar vein the link with organisation performance and provider contribution in contributing to system change is missing.

Commissioners have agreed to increase funds to the Trust this financial year in recognition of operational pressures. This needs to be viewed in the context of the need for continuous improvement in quality,

safety and more specific and accurate data on demand, capacity, resourcing variation, and performance standards. An agreed process to reflect upon service variation is called for in the interests of partnership working and best use of resources.

It would also be helpful to have a mention of PTS in the context of increasing volume of calls and over demand.

The Quality Account makes reference to the roll out of the Friends and Family test for staff in 2014; however it would be useful to also see how workforce will be managed, supported and engaged. This is important especially in relation to the increase in 999 activity and the need to protect response times to patients which has impacted on Staff Key Skills training. It would therefore be helpful to understand how workforce strategy fits in with the business continuity plan in ensuring that all staff are adequately supported and engaged to promote safe and up to date evidence based best practice.

The Trust has reported provision of report-writing training for investigating managers. This is to improve the quality of investigation reports and thereby reduce the amount of time spent in revision of reports. The CCGs would hope that the purpose of undertaking these patient safety incidents investigations is about identifying lessons learned and sharing these across the organisation in a timely manner to improve practice and protect patients from avoidable harm. It is also hoped that these investigations take into account the Francis report recommendations and especially in maintaining a duty of Candour.

The revised process of Safeguarding reporting is welcomed but it would be useful to articulate how this will align with the Implementation of the Care Act 2014.

Priorities for 2015/16

The CCGs support the priorities for 2015/16 which appear appropriate in this context, and it is also encouraging to note that SECAmb has embraced collaborative partnerships, in identifying the priorities, which align with Commissioners intentions.

The continuous enhancement and development of Critical Care Paramedics and Paramedic Practitioners along with the development of Specialist and Advanced Practitioners will enable the extension of the Practitioners role, which will be of great benefit in maintaining patient safety and overall experience.

The LabKit project to enable point of care testing will aid in diagnostics and timely management which will be beneficial in reducing hospital conveyance, admission avoidance and support for Primary Care. Additionally, the proposed improvement with the creation of further Make Ready Centres will enable local decisions more locally which will develop both managers and staff engagement when well established.

Finally the CCGs welcome the plan to increase the 999 workforce in response to the growth in activity and it is hoped that this will improve the response times, which will ensure timely interventions for best patient outcomes and in particular improved responses in rural areas.

Conclusion

The Trust has made good progress with its priorities and has been deemed above average in several categories. It has several challenges common to all Health care organisations and especially maintaining a stable workforce. It remains a challenge in the year ahead to further improve Quality whilst improving its reporting mechanisms, and maintaining financial stability.

The priorities for 2015/16 appear realistic in this respect and show that the Trust is taking account of patient feedback and relevant stakeholders whilst also planning ahead for better managed services and care pathways.

The CCGs look forward to further improved performance of 999, NHS 111 and PTS and especially the governance around subcontracts with Private Ambulance Providers and will monitor progress through regular updates including the usual Quality reviews.

Mona Walker

Head of Quality/Chief Nurse

Health Overview and Scrutiny Committees

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 ongoing 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.

Robert Brookbank

Chairman, Health Overview and Scrutiny Committee, Kent County Council

***Brighton and Hove City Council
Health and Wellbeing OSC***

Brighton & Hove City Council's Health and Wellbeing Overview and Scrutiny Committee (HWOSC) has not had the opportunity to scrutinise SECAMB's work in detail this year, but members are appreciative of the work that SECAMB carries out for the residents of Brighton and Hove, and for the wider Sussex region. SECAMB has always been willing to engage with HWOSC when we have had raised queries, and we are grateful for their open helpful approach.'

Councillor Sven Rufus

Chair, Brighton & Hove City Council's Health and Wellbeing Overview and Scrutiny Committee

West Sussex County Council Health and Adult Social Care Select Committee

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 2014-15.

SECAMB has continued to show a strong commitment to engaging with HASC, with regular informal liaison meetings during 2014-15 as well as attendance at formal Committee meetings when required. SECAMB has kept the Committee updated on its performance and the challenges and pressures it faces via liaison meetings and reports to the committee's Business Planning Group.

Following an update to the Committee in June 2014, the Business Planning Group heard in July that

- + NHS 111 performance targets were being met
- + More 'Make Ready' response posts would provide better coverage and response times
- + Most 'Friends & Family Test' respondents said they would recommend SECAMB for its care, but fewer would recommend it as an employer. Long-serving staff were less happy with their employment
- + SECAMB could offer support and training so that defibrillators could be put in local authority buildings

HASC is pleased with the strategic objectives set out in SECAMB's Five Year Strategy 2014-19, particularly the aim to reduce variation in performance standards, which is an issue in urban areas versus rural areas in West Sussex.

HASC is aware of the problems caused by increased 999 activity and handover times, and would be interested to hear the outcome of Risk Management and Clinical Governance Committee's scrutiny of the five quality measures in section four of the draft Quality Account.

Mrs Margaret Evans

Chairman, West Sussex County Council Health & Adult Social Care Select Committee

Healthwatch

West Sussex Healthwatch

Introduction

Our primary source for commentary this year is patient experience as recorded in our Client Relationship Management (CRM) system and some feedback from Healthwatch liaison work. Issues reflected in our CRM include praise of a caring ambulance crew in the context of a badly planned journey, cases of misdiagnosis by paramedics or other staff and some negative feedback relating to staff attitude. The process for selection of quality measures to be monitored during 2015/16 is commended, including as it does organisational and other stakeholders from a variety of backgrounds. Our commentary last year referred to changes in service delivery made following the review of Trust activity in light of the Francis Report. The 'duty of candour' imposed on Trusts from 1/4/15 will have a related impact on transparency of data reporting and the Trust has responded well, for instance in reporting medication errors openly. However Trust wide reporting makes it difficult

to form an assessment of performance improvement within West Sussex.

Patient experience

We welcome the bolstering of the Patient Experience team following the review of complaints and PALS processes in 2013/14 together with the new grading system for dealing with the most serious complaints most quickly. Also welcome is the development of a Patient Experience session as part of annual key skills training for staff to understand and reduce numbers of complaints in relation to attitude (a concern reflected also in our CRM data). We look forward to seeing early results from PTS and "see and treat" patients responding to the Friends & Family Test question implemented from October 2014.

Regarding performance over 2014/15, we note the change in terminology (to 'formal and informal complaints') to be used by PALS arising from the Francis Report, and the roughly equal total numbers of informal complaints received by the Trust over the past 2 years. Most notable is the welcome fall in numbers of timeliness issues raised with the Trust over the period. Regarding formal complaints, these reduced by 9% over the period with a prominent decline in complaints about patient care, set against a rise in complaints about staff. The rigorous and open manner which the Trust adopts in investigating formal complaints is acknowledged, with over 70% of complaints this year being fully or partially upheld. Evidence presented suggests the Trust applies the same rigour to assimilating the lessons to be learnt across the organisation.

We also acknowledge the 21% rise in compliments received compared with 2013/14. Again in this context disaggregation of complaints and compliments data by county would be very helpful to us.

Patient safety

Given the high percentage of total number of calls which are accounted for by 'mental health issues', the proposed quality measure to improve service quality for this client group is commendable. Although SECamb wishes to explore potential ways of improving the quality of service received for this patient group during the telephone triage stage, tracking whether progress has been achieved from year to year may prove difficult to establish given the mix of measures proposed. It may be that a number of years data collation and review will be necessary in order to refine this assessment. The other quality measure for patient safety is for all patients referred to the Paramedic Practitioner (PP) desk will have been visited by a PP within the specified timescale of one, two or four hours at or closer to their home. We look forward to viewing performance in this activity designed to avoid unnecessary conveyance to A&E Departments, of interest in this context is our study of reasons behind A&E attendance in West Sussex: http://www.healthwatchwestsussex.co.uk/sites/default/files/ae_survey_published.pdf

Regarding performance over 2014/15, SIRI management database reporting shows an increase of 11 cases of ambulance delays requiring investigation compared with last year. We welcome the statutory 'duty of candour' when reporting such incidents

which applies from this year, and associated increased transparency in reporting including comparative tabulated data over continuous years. We have concerns associated with greater numbers of medication dosage (&/or type) errors and note the number of Patient Safety Incidents has remained roughly the same over the past 2 years.

Effectiveness

The final measure selected for improvement is based on use of Care Plans where they exist by frontline 999 operational staff using the IBIS system to assist in deciding whether to transport a patient to hospital or treat at or closer to the patient's home. Although we are more interested in service improvement rather than compliance levels, we note Worthing Dispatch desk performed relatively well in this measure to end February 2015. Data to track performance of this disaggregated measure over time would be welcome.

Regarding performance over 2014/15, charts for instance showing performance over time in asthma and febrile convulsion management suggest approximation to national mean levels, although technical language used makes this difficult for lay assessors to detect improvements in service quality. Comparative performance against other Trusts is not available.

Conclusions from the consumer perspective

As an organisation representing the consumer interest, viewing evidence of service improvement is of primary importance to us. Therefore Part 3 of the

draft QA is of particular interest and we welcome positive year to year changes in measurable outcomes affecting patients. We acknowledge the improvements which have been registered in patient experience data at a Trust wide level and anticipate continued efforts to improve those areas where cause for concern has been identified.

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

Brighton and Hove Healthwatch

The work of the South East Coast Ambulance Service is vital to Brighton and Hove, and to individuals who live here. The services that are provided by the trust are not only important in their own right, but can have a huge influence on the quality of related urgent care services in the local area.

Patient transport

The data which we have collected through primary sources such as our helpline closely reflect the themes indicated from formal and informal complaints data at the trust. It is positive that there has been a reduction in the amount of patients contacting Healthwatch with issues regarding the NHS111 service, as this was previously an area of concern. 59% (176 out of 297) of all issues we received this year, including Patient Experience Team data, Patient Opinion website and our own sources, were around patient transport. The vast majority of these issues were around patient waiting times.

Whilst improvements have been made on this issue in the last year, the trust is still underperforming in this area. We therefore welcome the continued inclusion of Quality Measures for patient transport in 2015/16. We hope to see further improvements over the next year, and will be monitoring this progress as we go forward. If delays cannot always be avoided, it is vital that there are effective systems for keeping patient's informed of estimated times of arrival so as to reduce anxiety which can impact adversely on patients' well-being.

Complaints and promotion

The trust indicates that the amount of complaints they are receiving is going down overall. Whilst this will be influenced greatly by improved care, another element which contributes to this figure is how patients feedback mechanisms are promoted. The Quality Account indicates that leaflets detailing the ways patients can feedback are available, but does not mention how this information is being promoted to the public. Initiatives such as training staff in patient experience may help to reduce complaints further, but could also include empowering information about how to encourage patients to feed back their experiences.

Handing over to Royal Sussex County Hospital

Handing over patients from an ambulance to an emergency department is often challenging, and requires the work and dedication of both the hospital and the ambulance service. This Quality Account shows that only 38% of patients were handed over within 15 minutes in

Sussex, a percentage which is markedly lower than those in nearby areas. Healthwatch hopes that both parties will continue to try and find joint solutions to improving patient's experiences of delays and quality during handover.

Moving forward

The quality account provides good examples of joined up working with other health organisations, for the benefit of patients. People with mental health issues can often fall through the gaps of services, so good communication with GPs when a contact has been made is a positive way to ensure that patients receive the best possible care. Plans to link better with individual's care plans when deciding whether to admit a patient is also a positive approach to decision making which puts the patients at the heart of decisions made.

Healthwatch Brighton and Hove will continue to promote ways for patients to engage with the trust, including feedback mechanisms, events and general information.

Kerry Dowding

Intelligence and Projects Coordinator,
Brighton and Hove Healthwatch

East Sussex Healthwatch

Healthwatch East Sussex has reviewed this account with interest and welcomes the commitment the Trust places to patient experience, safety, honesty and fostering an open and "can do" culture.

Also evident throughout is a strong commitment to providing excellent clinical care i.e. embracing the use of peer review to identify incidents where care could have

been improved (Cardiac Arrest Task Force). Healthwatch commends Trust's actively seeking out innovative ways to improve care by involving people who use services.

Patient experience

Data around complaints and concerns are shared with Healthwatch at formal collaborative meetings and within timescales requested by individual Healthwatch organisations. The data shared and included in this account is consistent with that shared over the year. Whilst formal structures have been agreed for engagement with Healthwatch there is always willingness from the Patient Experience Team to engage with Healthwatch in the region, informally and formally.

We commend the Trust on introducing report writing training for Managers investigating complaints, again underlining the commitment to get it right for patients. Healthwatch East Sussex was disappointed not to attend the Patient Experience Workshop in 2014, however we praise the innovative approach to engaging patients and will liaise with the Trust to ensure timely and co-ordinated dates for future attendance.

Other work streams we endorse as best practice is the Trust's Inclusion Strategy and the work of the Inclusion Hub Advisory Group and has identified a "Champion" to join the group on behalf of the regional Healthwatch community.

Patient Transport Services (PTS)

Whilst we acknowledge the overall high satisfaction of experience reported,

the Trust also acknowledges that in 20 journeys out of 1500 per day, patients experience unacceptable delays. Healthwatch would welcome the opportunity to independently seek wider views and feedback of the service.

Statistical data

Unprecedented A & E demand in 2014/15 is attributed to the reduction in meeting key performance targets compared to the previous two years. This, Healthwatch recognises, however would want to see strategies in place that demonstrate how the Trust plan to meet increasing year on year demand.

Key challenges Healthwatch will monitor

- + Handover times within 15 minutes for Sussex reported at 38.1%
- + Increases in transports to Hospital reflects increased demand for A & E
- + Drop off and Pick up times
- + Medication errors
- + Discharge from hospital within two hours

Staff attitudes

Healthwatch evidence suggests that in acute hospitals, relationships with SECamb Staff and Hospital staff is improving. Isolated incidents where poor staff attitudes have been identified by Healthwatch, have been responded to promptly by the Trust.

Patients with mental health issues using the service

Healthwatch welcome the desire to explore potential ways of improving quality of service for this cohort of patients. The outcomes of

HWES research in this area could generate joint working opportunities for 2015/16.

To conclude, this is a patient focussed account that reflects the engagement and involvement with Healthwatch and communicates the challenges faced when providing high quality, patient centred, cost effective services in a climate of increased demand and where targets have to be met.

Julie Fitzgerald

Executive Director, East Sussex Healthwatch

Kent Healthwatch

As the independent champion for the views of patients and social care users in Kent we have read your 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 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 Kent 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 Account, our initial feedback is that the account is still very lengthy and, to improve the account for next year, we would welcome an additional summary document to be produced to make the information more accessible to the public reading it. This could be achieved by building on the Executive Summary which we thought encapsulated the main points of the Account well and directed the reader to the

relevant details. Throughout the document there was a clear structure which assists the reader in trying to digest the vast amount of information contained within the report. It must be acknowledged that while there are a lot of the acronyms or jargon used within this document there is an abbreviations page that can be referred back to, making the Account more accessible to the public.

It is pleasing to see the changes that have been made in 2014/15 and future plans for 2015/16 have been evidence based. We think it is worth drawing attention to the way in which a genuine attempt to explain why some targets have been missed has been made rather than avoiding the issue.

There is also evidence of engaging with patients over concerns around timeliness of patient transport which the Trust has tried to act upon. Furthermore we welcome the range of differently qualified staff being employed to handle the diverse range of calls from the public. Like these examples, we would welcome further details on how the public have been listened to and also the efforts that have been made to engage with Seldom heard groups.

Healthwatch Kent would like to take this opportunity to say that the Trust has involved Healthwatch Kent throughout the year, but we would like to see them do more to engage with and listen to Kent residents.

In summary, we would like to see more detail about how you involve patients and the public from all seldom heard communities in decisions about the provision, development and quality of the services you provide. We hope to continue

and develop our relationship with the Trust to ensure we can support you with this.

Steve Inett

Chief Executive Officer, Kent Healthwatch

Surrey Healthwatch

We welcome the opportunity to comment on this Quality Account.

This opportunity has been considered taking into account our current priorities and the most effective way to achieve these. With this in mind we have taken the decision not to comment on your organisations Quality Account on this occasion.

We look forward to continuing to work with your organisation over the next year. In particular we look forward to continuing discussions in 2015/16 around how to:

- + Amplify the voice of Young People
- + Make it easier to make NHS complaints
- + Increase involvement of people, patients and service users in decision making
- + Promote and support people, patient and service user focussed cultures

Matthew Parris

Consumer Champion (Evidence & Insight Manager), Surrey Healthwatch

Annex 2

Annex 2: Statement of Directors' Assurance/ Responsibilities in respect of the Quality Report 2014/15

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 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 2014/15 and supporting guidance;
- + 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 2014 to May 2015;
 - + papers relating to Quality reported to the board over the period April 2014 to May 2015;
 - + feedback from commissioners dated 14/05/2015;
 - + workshop with the governors

took place on 1 December 2014 and subsequent feedback from the draft document was obtained April/May 2015;

- + workshop with local Healthwatch organisations took place on 1 December 2014 and subsequent feedback from the draft document was obtained April/May 2015;
- + feedback from Health Overview and Scrutiny Committees dated April/May 2015;
- + the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 03/07/2014;
- + the 2014 national staff survey went live week commencing 22 September 2014 and closed on 3 December 2014;
- + The Head of Internal Audit's annual opinion over the trust's control environment, dated 18 May 2015;
- + CQC Intelligent Monitoring Report (not applicable for ambulance services)
- + 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/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board



Chairman

28 May 2015



Chief Executive

28 May 2015

Annex 3

Annex 3: Independent Auditor's Report

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

We have been engaged by the Board of Directors and Council of Governors of South East Coast Ambulance Service NHS Foundation Trust to perform an independent limited assurance engagement in respect of South East Coast Ambulance Service NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- + Category A call – emergency response within eight minutes; and
- + Category A call – ambulance vehicle arrives within 19 minutes

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditor

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 sources specified in Monitor's 'Detailed guidance for external assurance on quality reports 2014/15'; and
- + the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report 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 2014/15'.

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 inconsistent with:

- + Board minutes for the period April 2014 to May 2015;

- + papers relating to quality reported to the board over the period April 2014 to May 2015;
- + feedback from Commissioners, dated 14/05/2015;
- + workshop with the governors took place on 1 December 2014 and subsequent feedback from the draft document was obtained April / May 2015;
- + workshop with local Healthwatch organisations took place on 1 December 2014; and subsequent feedback from the draft document was obtained April / May 2015;
- + feedback from Health Overview and Scrutiny Committees, dated April / May 2015;
- + the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 03/07/2014;
- + the 2014 national staff survey, went live week commencing 22 September 2014 and closed on 3 December 2014; and
- + the Head of Internal Audit's annual opinion over the Trust's control environment, dated 18/05/2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in

England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust as a body and the Board of Directors of the Trust as a body, to assist the Board of Directors and Council of Governors in reporting South East Coast Ambulance Service NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Board of Directors and Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body, the Council of Governors as a body and South East Coast Ambulance Service NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with 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:

Annex 3

- + 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;
- + analytical procedures;
- + 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 and
- + reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

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.

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 affect 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 of these criteria, 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 governance over quality or non-mandated indicators, which have been determined locally by South East Coast Ambulance Service NHS Foundation Trust.

Conclusion

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 2015:

- + 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 above; and
- + 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'



Annex 3

Grant Thornton UK LLP

Grant Thornton UK LLP,

Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

28 May 2015

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 2014/15

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 his 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").

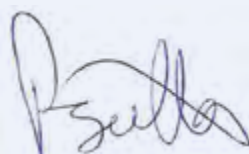
Under the National Health Service Act 2006, Monitor has directed South East Coast Ambulance Service NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give 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.



28 May 2015
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.



28 May 2015
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

Our opinion on the financial statements is unmodified

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 31 March 2015 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.

Who are we reporting to:

This report is made solely to the Council of Governors 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 Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

What we have audited

We have audited the financial statements of South East Coast Ambulance Service NHS Foundation Trust ('the Trust') for the year ended 31 March 2015 which comprise the statement of comprehensive income, the statement of financial position, the statement of cash flows, 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.

Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risks that are, in our judgement, likely to be most important to users' understanding of our audit.

Valuation of property, plant and equipment

The risk: The Trust commissioned a full revaluation of its land and buildings as at 31 March 2015. The last full revaluation took place as at 31 March 2010, with the Trust applying indices to reflect changes in market value in the intervening years. Valuations are estimates and therefore they are inherently subjective. The monetary values of land and buildings are such that even relatively modest changes in the assumptions and variables informing the valuations can have a material impact on the

property, plant and equipment balances in the financial statements. There is therefore a risk that the revaluations reflected in the financial statements may be misstated. We identified revaluation measurements not correct as one of the risks that had the greatest impact on our audit strategy.

Our response: Our audit work included, but was not restricted to, identifying the key controls put in place by management to ensure that the carrying value of property, plant and equipment was not materially different from its fair value at the year end and performing walkthroughs of these key controls to assess whether they were sufficient to reduce the risk of material misstatement and substantively testing the revaluations of land and buildings included in the financial statements.

Our substantive testing included:

- + reviewing the consistency of the land and buildings balances in the financial statements with the valuation report prepared by the Trust's external valuer; and
- + undertaking procedures to confirm the reasonableness of the in-year revaluations, including reference to national trends.

In order to obtain appropriate assurance over the valuation, we have considered the valuer's competence, independence and experience as well as the assumptions used in the model. Our audit work has not identified any issues with the scope of the revaluation exercise or the assumptions used.

The Trust's accounting policy on property, plant and equipment is shown in note 1.9 to the financial statements and its analysis of property, plant and equipment is included in note 15.

Our findings: We did not identify any material errors in the revaluation of property, plant and equipment from our testing, but we noted one non-trivial misstatement (£2,143k) which arose because accumulated depreciation had not been eliminated following the revaluation. We have reported this matter to Those Charged with Governance at the Trust (the Audit Committee) in our Audit Findings Report. Management agreed to amend the financial statements to correct this non-trivial misstatement. There was no impact on the retained surplus for the period.

Validity of property, plant and equipment transactions

The risk: The Trust's annual capital expenditure and depreciation charges are material to the financial statements. The Trust makes judgements as to whether to treat expenditure incurred as capital or revenue, and on the expected useful economic lives of the assets it employs. There is therefore a risk that property, plant and equipment transactions recognised in the financial statements may be misstated. We identified the validity of property, plant and equipment activity as one of the risks that had the greatest impact on our audit strategy.

Our response: Our audit work included, but was not restricted to, understanding management's processes for recognising capital expenditure and accounting for depreciation, performing walkthroughs of management's key controls to assess whether they were designed effectively and substantively testing the property plant and equipment additions and depreciation charges.

Our substantive testing included:

- + testing records to deeds;
- + reviewing the reconciliation between the fixed asset register and the general ledger; and
- + testing of in year additions, disposals and depreciation.

The Trust's accounting policies for recognition of capital expenditure and accounting for depreciation are shown in notes 1.9 and 1.12 to the financial statements, and its analysis of property, plant and equipment is included in note 15.

Our findings: We noted differences totalling £4.3 million between the fixed asset register and the general ledger on brought forward gross book values and accumulated depreciation. There is no difference in net book values. We have reported this matter to the Audit Committee in our Audit Findings Report. Management has agreed to amend the property, plant and equipment note within the financial statements to correct these differences.

(continued)

Valuation of contract income from commissioning bodies and associated receivables

The risk: The Trust receives a large proportion of its income from commissioners of healthcare services. It invoices its commissioners throughout the year for services provided, and at the year-end estimates and accrues for activity not yet invoiced. Invoices for the final quarter of the year are not finalised and agreed until after the year-end and after the deadline for the production of the financial statements. There is therefore a risk that the income from commissioners (and associated receivables) recognised in the financial statements may be misstated. We identified the accounting for the contract arrangements with commissioning bodies (in particular the consistency of the income with contract terms) as one of the risks that had the greatest impact on our audit strategy.

Our response: Our audit work included, but was not restricted to, assessing the Trust's accounting policy for revenue recognition, understanding management's processes to recognise this income in accordance with the stated accounting policy, performing walk-throughs of management's key controls over income recognition (for example controls over contract billing, pricing and agreement of contract variations) to assess whether they were designed effectively and substantively testing the income and associated receivables.

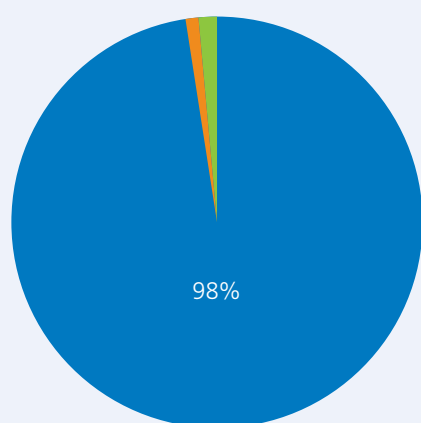
Our substantive testing included:

- + review of significant income contracts with commissioning bodies; and
- + review of results of the Department of Health's agreement of balances exercise

The Trust's accounting policy on revenue recognition is shown in note 1.5 to the financial statements and its analysis of its total operating income is included in note 6.

We did not identify any material errors in the valuation of income from commissioners from our testing. We noted some non-trivial reclassification errors that do not affect the total revenue figure which we have reported to the Audit Committee in our Audit Findings Report. Management agreed to amend the financial statements to correct these non-trivial misstatements.

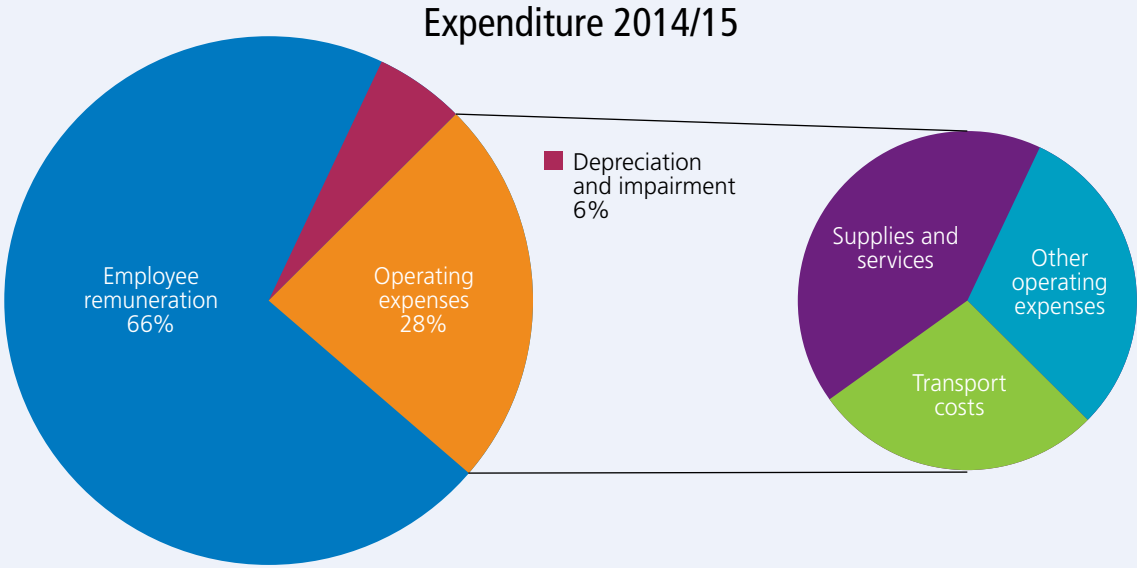
Operating income 2014/15



- Income from commissioners
- Other income from activities
- Other income

Completeness of employee remuneration and operating expenses and associated payables

The risk: The majority of the Trust’s expenditure relates to employee remuneration and operating expenses. Together they account for 94% of the Trust’s gross expenditure. The Trust pays the majority of this expenditure through its payroll and accounts payable systems and at the year-end estimates and accrues for un-invoiced expenses. Invoices for the final weeks of the year are not received and processed until after the year-end and in many cases after the deadline for the production of the financial statements. There is therefore a risk that the expenses (and associated payables) recognised in the financial statements may be misstated. We identified the completeness of employee remuneration and operating expenses (in particular the understatement of accruals) as risks that had the greatest impact on our audit strategy.



Our response: Our audit work included, but was not restricted to, understanding management’s processes to recognise payroll and accounts payable expenditure and year-end accruals for unprocessed invoices and expenditure incurred and not yet invoiced (GRNI), walking through

management’s key controls over recognition of expenditure (for example authorisation of expenditure subsystem interfaces, processing of adjustments and authorisation of payments) to assess whether they were designed effectively and substantively testing expenditure and associated payables.

(continued)

Our substantive testing included:

- + review of reconciliation of payroll to the general ledger;
- + trend analysis of payroll expenditure;
- + review of starters and leavers as part of our testing of employee pay costs;
- + testing completeness of creditors and accruals;
- + review of control account reconciliations; and
- + cut-off testing

The Trust's accounting policies for recognition of expenditure are shown in notes 1.6 and 1.8, its analysis of employee remuneration costs is included in note 10.1 and its analysis of operating costs is included in note 8 to the financial statements.

Our findings: We did not note any exceptions from our work on this expenditure.

Our application of materiality and an overview of the scope of our audit

Materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the judgement of a reasonably knowledgeable person would be changed or influenced.

We determined materiality for the audit of the financial statements as a whole to be £3,970,000 which is 2% of the Trust's gross operating costs. This benchmark is considered the most appropriate because users of

the financial statements are particularly interested in how healthcare funding has been spent. We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 75% of financial statement materiality. We also determine a lower level of specific materiality for certain areas such as senior managers' remuneration, exit packages, audit fees and losses and special payments.

We determined the threshold at which we will communicate misstatements to the Trust's Audit Committee to be £198,500. In addition we communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

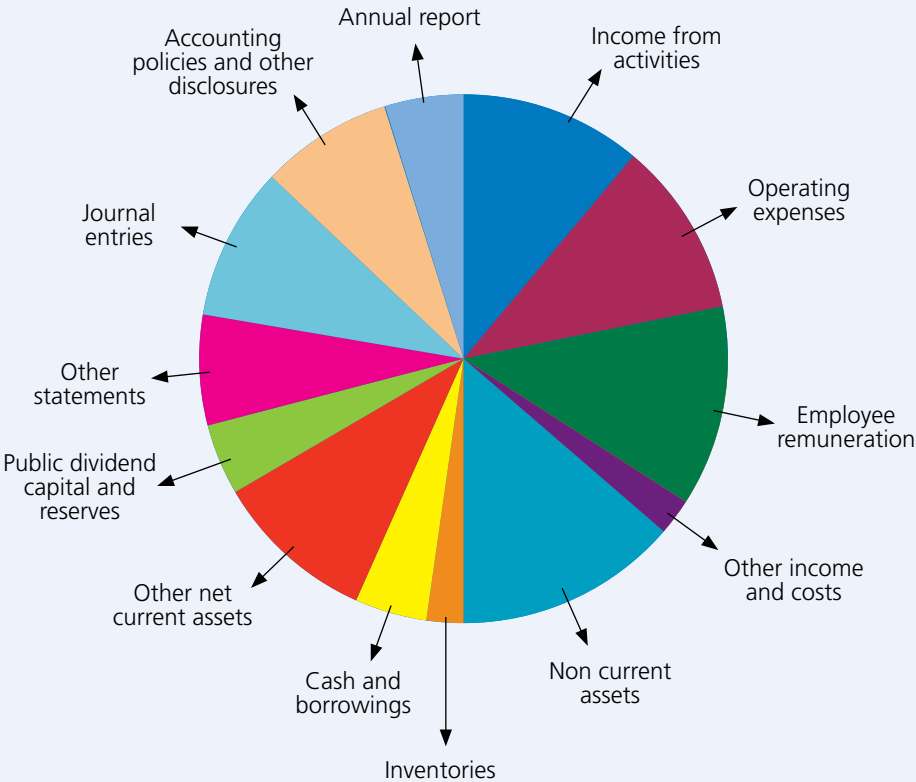
Overview of the scope of our audit

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of Financial Statements of Public Bodies in the UK (Revised)'. Our responsibilities under the Code and the ISAs (UK and Ireland) are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained from our audit is sufficient and appropriate to provide a basis for our opinion.

We are independent of the Trust in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the Trust’s business and is risk based. The Trust uses NHS Shared Business Services for purchase to pay, order to cash and accounting to reporting services. It also uses Equinity ICS for payroll and NHS Electronic Staff Record for HR services. We have reviewed the service auditor reports on internal controls at the shared service organisations and assessed the controls that the Trust has in place over the financial information processed by the shared service organisations. Accordingly, our audit work was focused on obtaining an understanding of, and evaluating, relevant internal controls at both the Trust and its third party service providers.

Allocation of audit fieldwork time



We undertook substantive testing on significant transactions, balances and disclosures in the financial statements, the extent of which was based on various factors such as our overall assessment of the Trust’s control environment, the design effectiveness of controls over significant financial systems and the management of risks.

Other reporting required by regulations

Our opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts is unmodified

In our opinion:

- + the part of the Directors' Remuneration Report subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014-15 issued by Monitor; and
- + the information given in the strategic report and directors' 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:

Under the Code we are required 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 the information of which we are aware from our audit;
- + 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; or
- + the Trust's Quality Report has not been prepared in line with the

requirements set out in Monitor's published guidance or is inconsistent with other sources of evidence.

Under the ISAs (UK and Ireland), we are also required to report to you if, in our opinion, information in the annual report is:

- + materially inconsistent with the information in the audited financial statements; or
- + apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- + otherwise misleading.

In particular, we are required to report to you if:

- + we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable; or
- + the annual report does not appropriately disclose those matters that were communicated to the Audit Committee which we consider should have been disclosed.

Responsibilities for the financial statements and the audit

What an audit of financial statements involves:

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 and to identify any information that is apparently materially inconsistent with the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

What the Chief Executive is responsible for as accounting officer:

As explained more fully in the Chief Executive's Responsibilities Statement, the Chief Executive as Accounting Officer is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Direction issued by Monitor and for being satisfied that they give a true and fair view.

What are we responsible for:

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 ISAs (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

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

Director

for and on behalf of Grant Thornton UK LLP

Grant Thornton House
Melton Street
Euston Square
London NW1 2EP

28 May 2015

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2015

	NOTE	Year ended 31 March 2015	Year ended 31 March 2014
		£000	£000
Revenue			
Revenue from patient care activities	5	198,356	187,147
Other operating revenue	5.1	2,545	1,999
Operating expenses	8	(198,499)	(186,776)
Operating surplus/(deficit)		2,402	2,370
Finance costs:			
Investment revenue	13	71	65
Other gains and losses			
Finance costs	14	(187)	(264)
Surplus/(deficit) for the financial period		2,286	2,171
Public dividend capital dividends payable		(2,224)	(2,054)
Retained surplus/(deficit) for the period		62	117
Other comprehensive income			
Impairments and reversals		0	0
Gains on revaluations	15	7,324	708
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		7,386	825

The notes on pages 278 to 325 form part of these accounts.

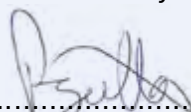
Reported NHS financial performance position [Adjusted retained surplus]

Retained surplus for the year	62	117
International Financial Reporting Interpretations Committee (IFRIC) 12 adjustment	0	0
Impairments	0	0
Reported NHS financial performance position [Adjusted retained surplus]	62	117

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2015

	NOTE	Year ended 31 March 2015	Year ended 31 March 2014
		£000	£000
Non-current assets			
Property, plant and equipment	15	88,311	79,607
Intangible assets	16	340	575
Total non-current assets		88,651	80,182
Current assets			
Inventories	19	1,515	1,466
Trade and other receivables	20	13,952	11,892
Non-current assets held for sale	22	1,532	681
Cash and cash equivalents	21	24,667	27,970
Total current assets		41,666	42,009
Total assets		130,317	122,191
Current liabilities			
Trade and other payables	23	(18,787)	(16,822)
Other liabilities	23	(1,019)	(189)
Borrowings	24	(1,116)	(2,011)
Other financial liabilities		0	0
Provisions	27	(3,139)	(2,275)
Net current assets/(liabilities)		17,605	20,712
Total assets less current liabilities		106,256	100,894
Non-current liabilities			
Borrowings	24	(1,487)	(2,573)
Other financial liabilities		0	0
Provisions	27	(6,267)	(7,205)
Other liabilities		0	0
Total assets employed		98,502	91,116
Financed by taxpayers' equity:			
Public dividend capital		79,524	79,524
Retained earnings		8,728	8,539
Revaluation reserve		10,250	3,053
Total taxpayers' equity		98,502	91,116

The financial statements on pages 274 to 325 were approved by the Board on 28 May 2015 and signed on its behalf by:

Signed:  (Chief Executive)

Date: ..28.May.2015....

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2015

	31 March 2015				31 March 2014			
	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	79,524	8,539	3,053	91,116	76,024	8,327	2,440	86,791
Transfers between reserves	0	127	(127)	0	0	95	(95)	0
Surplus/(deficit) for the year	0	62	0	62	0	117	0	117
Impairments	0	0	0	0	0	0	0	0
Revaluations	0	0	7,324	7,324	0	0	708	708
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	0	0	0	0	3,500	0	0	3,500
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	8,728	10,250	98,502	79,524	8,539	3,053	91,116

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2015

	NOTE	Year ended 31 March 2015	Year ended 31 March 2014
		£000	£000
Cash flows from operating activities			
Operating surplus/(deficit)		2,402	2,370
Depreciation and amortisation	8,15,16	10,661	10,370
Impairments and reversals	17	887	(292)
(Increase)/decrease in inventories	19.1	(49)	(79)
(Increase)/decrease in trade and other receivables	20.1	(2,061)	(5,313)
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade and other payables	23	448	1,037
Increase/(decrease) in other current liabilities	23.1	830	(59)
Increase/(decrease) in provisions	27	(154)	(1,588)
Net cash inflow/(outflow) from operating activities		12,964	6,446
Cash flows from investing activities			
Interest received	13	71	65
(Payments) for property, plant and equipment		(12,514)	(11,116)
Proceeds from disposal of plant, property and equipment		319	2,662
(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		(12,124)	(8,389)
Net cash inflow/(outflow) before financing		840	(1,943)
Cash flows from financing activities			
Public dividend capital received		0	3,500
PDC dividend paid		(2,055)	(1,865)
Interest paid	14	(103)	(166)
Public dividend capital overpaid		0	0
Other capital receipts		0	0
Capital element of finance leases		(1,985)	(1,873)
Net cash inflow/(outflow) from financing		(4,143)	(404)
Net increase/(decrease) in cash and cash equivalents		(3,303)	(2,347)
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		27,970	30,317
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	24,667	27,970

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 2014-15 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.

Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

The following standards have been issued by the IASB but have not yet been adopted by the Foundation Trust Annual Reporting Manual:

- + IFRS 9 "Financial Instruments": not yet EU adopted. Expected to be effective from 2018/19.
- + IFRS 13 "Fair Value Measurement" adoption delayed by HM Treasury, to be adopted from 2015/16

- + IAS 36 (amendment) - recoverable amounts disclosures, to be adopted from 2015/16 (aligned to IFRS 13 adoption)
- + Annual Improvements 2012: Effective from 2015/16 but not yet EU adopted
- + Annual Improvements 2013: Effective from 2015/16 but not yet EU adopted
- + IAS 19 (amendment) - employer contribution to defined benefit pension schemes. Effective from 2015/16 but not yet EU adopted
- + IFRIC 21 Levies. EU adopted in June 2014, but not adopted by HM Treasury
- + IFRS 15 Revenue from contracts with customers: not yet EU adopted. Expected to be effective from 2017/18.

The Treasury Financial Reporting Manual does not require these standards to be applied in 2014-15.

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

NHS 111 - see Note 1.25 Joint Operation below

1.3 Key sources of estimation uncertainty

There are no sources of estimation uncertainty which may cause a material adjustment in 2015-16.

1.4 Consolidation

Charitable Funds

The Trust is the corporate trustee of the linked charity, the South East Coast Ambulance Service Charitable Fund. The Trust has assessed its relationship under IFRS 10 and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund

and has the ability to affect those returns and other benefits through its power over the fund. However the charitable fund's transactions are immaterial in the context of the group and therefore transactions have not been consolidated. Details of the transactions with the charity are included in the related 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 property and land were revalued by the District Valuer Service as at 31 March 2015.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition set out above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to

the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust, and where the cost of the asset can be measured reliably and is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

1.11 Donated assets

Donated property, plant and equipment are capitalised at their fair value on receipt. The donation is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the donation are to be consumed in a manner specified by the donor, in which case the donation is deferred within liabilities and is carried forward to future financial years to the extent the condition has not yet been met.

The donated assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.12 Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or

valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

In accordance with the Foundation Trust Annual Reporting Manual impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged

to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of other impairments are treated as revaluation gains.

1.13 De-recognition

Assets intended for disposal are classified as 'Held for Sale' once all of the following criteria are met:

- + the asset is available for immediate sale in its present condition, subject only to terms which are usual and customary for such sales;
- + the sale must be highly probable i.e.
 - a) management are committed to a plan to sell the asset;

- b) an active programme has begun to find a buyer and complete the sale;
 - c) the asset is being actively marketed at a reasonable price;
 - d) the sale is expected to be completed within 12 months of the date of the classification as 'Held for Sale';
- and
- e) the actions needed to complete the planned sale indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell", after which depreciation ceases to be charged. Assets are derecognised when all material sale contract conditions are met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale', and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.14 Leases

Finance leases

Where substantially all the risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded.

All other leases are classified as operating leases.

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, discounted using the interest rate implicit in the lease, with a matching liability for the lease obligation to the lessor. The assets and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.15 Inventory

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First in First Out (FIFO) method.

1.16 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 1.3% (2013-14: 1.8%) 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 26 (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 27.1 (Contingent liabilities) unless the possibility of a transfer of economic benefit 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 liabilities in respect of assets acquired or disposed of

through finance leases are recognised and measured in accordance with the accounting policy for leases described above.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets and financial liabilities are initially recognised at fair value, net of transaction costs.

Financial assets are classified as loans and receivables. Financial liabilities are classified as other financial liabilities. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and other receivables. After initial recognition at fair value, net of transaction costs, they are measured at

amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, where appropriate, a shorter period, to the net carrying amount of the financial asset.

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 31) is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provision for future losses.

1.25 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. From March 2013, the Trust has provided 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 IFRS 11, the contractual arrangement for the NHS 111 service is a joint operation. IFRS 11 recognises two forms of Joint Arrangements, namely Joint Operations and Joint Ventures. The Trust's arrangement falls under the definition of a Joint Operation as no separate entity 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 activities are reported under Patient Services (including Clinical Commissioning Group revenue).

	Patient Services		Commercial Activities		Total	
	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14
	£000	£000	£000	£000	£000	£000
Income	200,578	188,731	323	415	200,901	189,146
Surplus/(deficit) before interest	2,386	2,597	16	(227)	2,402	2,370

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.

	2014-15	2013-14
	£000	£000
Income	323	415
Full cost	307	642
Deficit	16	(227)

5. Revenue from patient care activities

	2014-15 £000	2013-14 £000
NHS Trusts	266	374
Clinical Commissioning Groups	202,712*	189,915
Primary Care Trusts	0	0
Foundation Trusts	42	268
Local Authorities	0	9
Department of Health	399	391
NHS other	0	0
Non-NHS:		
Business with other Whole of Government bodies	11	11
Private patients	1	20
Overseas patients (non-reciprocal)	0	0
Injury costs recovery	753	818
NHS 111 contract - Harmoni HS Ltd	(5,350)*	(4,763)
Other	(478)	104
	198,356	187,147

* Included in the Revenue from Clinical Commissioning Groups of £202,712k (2013-14: £189,915k) is £10,700k (2013-14: £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, Care UK Group, of £5,350k (2013-14: £4,763k) is shown under Non-NHS Revenue.

5.1 Other operating revenue

	2014-15 £000	2012-13 £000
Education, training and research	1,750	1,170
Charitable and other contributions to expenditure	0	141
Non-patient care services to other bodies	18	33
Income generation	323	415
Rental revenue from finance leases	0	0
Rental revenue from operating leases	0	0
Other revenue	144	44
Secondment income	310	196
	2,545	1,999

NOTES TO THE ACCOUNTS

(continued)

6. Revenue by classification

	2014-15 £000	2013-14 £000
A & E income	163,747	155,069
Other NHS clinical income	16,915	16,613
Private patient income	1	20
Other non-protected clinical income	17,693	15,445
Other operating income	2,545	1,999
	200,901	189,146

Of total revenue from patient care activities, £197,531k (2013-14: £186,135k) is from Commissioner Requested Services and £3,370k (2013-14: £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

	2014-15 £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	14,405	13,658
Executive Directors	952	863
Employee Expenses - Non-executive Directors	141	146
Employee Expenses - Staff	129,250	122,317
Drug costs	1,337	1,060
Supplies and services - clinical (excluding drug costs)	4,626	4,094
Supplies and services - general	1,881	2,224
Establishment	5,105	4,052
Research and development	166	191
Transport	15,910	16,121
Premises	9,331	8,441
(Decrease)/Increase in bad debt provision	(22)	340
Increase in other provisions	254	(998)
Depreciation on property, plant and equipment	10,426	10,143
Amortisation on intangible assets	235	227
Impairments/(Reversals) of property, plant and equipment	887	(292)
Audit fees :		
Audit services - statutory audit	55	55
Audit services - regulatory reporting	0	0
Other auditors remuneration	12	0
Further assurance services	0	0
Other services	169	214
Clinical negligence	772	687
Loss on disposal of investments	0	0
Loss on disposal of intangible fixed assets	0	0
Loss on disposal of land and buildings	121	0
Loss on disposal of other property, plant and equipment	0	8
Loss on disposal of assets held for sale	0	377
Impairments of assets held for sale	0	0
Legal fees	367	554
Consultancy costs	562	711
Training, courses and conferences	1,279	1,276
Patient travel	3	2
Publishing	99	88
Redundancy	145	187
Losses, ex gratia & special payments	31	30
Other	0	0
TOTAL	198,499	186,776

NOTES TO THE ACCOUNTS

(continued)

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

	2014-15 £000	2013-14 £000
Minimum lease payments	2,863	2,437
Contingent rents	0	0
Sub-lease payments	0	0
Less sublease payments received	0	0
	2,863	2,437

Total future minimum lease payments

	2014-15 £000	2013-14 £000
Payable:		
Not later than one year	1,284	1,442
Between one and five years	1,560	2,112
After five years	1,577	3,267
Total	4,421	6,821

Total future sublease payments expected to be received: £nil (2013-14: £nil)

10. Employee costs and numbers

10.1 Employee costs

	2014-15			2013-14		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	105,734	105,112	622	101,456	101,257	199
Social security costs	7,659	7,600	59	7,540	7,540	0
Employer contributions to NHS pension scheme*	12,608	12,516	92	11,911	11,911	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	0	0	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(320)	(320)	0	(206)	(206)	0
Costs capitalised as part of assets	0	0	0	0	0	0
Agency staff	4,666	0	4,666	2,666	0	2,666
Employee benefits expense	130,347	124,908	5,439	123,367	120,502	2,865

* The expected contribution to the pension plan for 2015-16 is £13,000k (2014-15: £12,608k)

NOTES TO THE ACCOUNTS

(continued)

10.2 Average number of people employed

	2014-15			2013-14		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	Number	Number	Number	Number	Number	Number
Ambulance staff	2,438	2,438	0	2,231	2,231	0
Administration and estates	930	930	0	930	930	0
Healthcare assistants and other support staff	312	312	0	328	328	0
Bank and agency staff	161	0	161	119	0	119
Other	0	0	0	0	0	0
Total	3,841	3,680	161	3,608	3,489	119

Of the above:

Number of whole time equivalent staff engaged on capital projects

7

9

10.3 Staff sickness absence

	2014-15	2013-14
	Number	Number
Total days lost	38,249	36,914
Total staff years	3,200	3,052
Average working days lost	12.0	12.1

Data provided by Department of Health for 12 months period January to December 2014.

10.4 Retirements due to ill-health

During 2014 -15 there were 8 (2013-14: 6) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £540,000 (2013-14: £519,206) to the NHS Pension Scheme.

10.5 Staff exit packages

There were 6 exit packages paid in 2014-15 (2013-14: 9) at a total cost of £145k (2013-14: £187k)

Exit package cost band (including any special payment element)	2014-2015			2013-2014		
	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	1	0	1	0	2	2
£10,001-£25,000	3	0	3	2	3	5
£25,001-£50,000	0	1	1	0	2	2
£50,001-£100,000	1	0	1	0	0	0
£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	5	1	6	2	7	9
Total resource cost (£000)	116	29	145	27	160	187

NOTES TO THE ACCOUNTS

(continued)

10.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2014-15 (2013-14: 7) at a cost of £nil (2013-14: £160k) as shown below:

Exit packages: other (non-compulsory) departure payments	2014-15		2013-14	
	Payments Agreed Number	Total value of agreements £'000	Payments Agreed Number	Total value of agreements £'000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	1	29	7	160
Non-contractual payments requiring HMT approval*	0	0	0	0
Total	1	29	7	160
of which: non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

* Includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

11. Directors' Remuneration

The aggregate amounts payable to directors were:

	2014-15 £000	2013-14 £000
Salary	807	746
Taxable benefits	0	0
Performance related bonuses	0	0
Employer's pension contributions	94	84
Total	901	830

Further details of directors' remuneration can be found in the remuneration report.

NOTES TO THE ACCOUNTS

(continued)

11.1 Salary and Pension Entitlements of Senior Managers

11.2 Remuneration

Name and Title	Term of Office	Year ended 31 March 2015				Year ended 31 March 2014			
		Salary (bands of £5,000)	Benefits in Kind Rounded to the nearest 100	Pensions related benefit (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Benefits in Kind Rounded to the nearest 100	Pensions related benefit (bands of £2,500)	Total (bands of £5,000)
		£'000	£	£'000	£'000	£'000	100	£'000	£'000
Chairman									
Tony Thorne <i>Chairman</i>		40-45	0	0	40-45	40-45	0	0	40-45
Non Executive Directors									
Christine Barwell <i>Non-Executive Director</i>	<i>(Left 30/06/2014)</i>	0-5	0	0	0-5	10-15	0	0	10-15
John Jackson <i>Non-Executive Director</i>	<i>(Left 28/02/2015)</i>	10-15	0	0	10-15	10-15	0	0	10-15
Nigel Penny <i>Non-Executive Director</i>	<i>(Left 30/06/2013)</i>	0	0	0	0	0-5	0	0	0-5
Trevor Willington <i>Non-Executive Director</i>		15-20	0	0	15-20	15-20	0	0	15-20
Tim Howe <i>Non-Executive Director</i>		15-20	0	0	15-20	15-20	0	0	15-20
Graham Colbart <i>Non-Executive Director</i>		10-15	0	0	10-15	10-15	0	0	10-15
Katrina Herren <i>Non-Executive Director</i>		10-15	0	0	10-15	10-15	0	0	10-15
Lucy Bloem <i>Non-Executive Director</i>		10-15	0	0	5-10	5-10	0	0	5-10
Alan Rymer <i>Non-Executive Director</i>	<i>(Appointed 28/01/15)</i>	0-5	0	0	0-5	0	0	0	0
Chief Executive									
Paul Sutton <i>Chief Executive</i>		160-165	4,900	90.0-92.5	255-260	160-165	5,600	70.0-72.5	235-240
Executive Directors									
Andy Newton <i>Director of Clinical Operations</i>		105-110	2,800	25.0-27.5	135-140	105-110	3,800	102.5-105.0	210-215
James Kennedy <i>Director of Finance</i>		125-130	-	67.5-70.0	195-200	125-130	-	25.0-27.5	150-155
Geraint Davies <i>Director of Commercial Services</i>		110-115	-	25.0-27.5	135-140	105-110	2,000	120.0-122.5	225-230
Kath Start <i>Director of Nursing and Urgent Care</i>		105-110	6,900	32.5-35.0	145-150	105-110	6,000	47.5-50.0	155-160
Jane Pateman <i>Medical Director</i>	<i>(Left 27/02/2015)</i>	95-100	1,200	0	95-100	95-100	2,300	0	100-105
Francesca Okosi <i>Director of Workforce Transformation</i>	<i>(Appointed 01/09/2014)</i>	60-65	1,400	10.0-12.5	70-75	95-100	2,300	0	100-105

Pay Multiple	2014-15	2013-14
Band of Highest Paid Director's Total (£000)	160-165	160-165
Median Total Remuneration (£)	30,354	29,469
Remuneration Ratio	5.4	5.7

Benefits in Kind

* These figures relate to the provision of accommodation and subsistence to named individual.
All other Benefits-in-Kind relate to lease cars

Salary

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

Employer pension contribution

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

11.3 Pension Entitlements

Name and Title	Year ended 31 March 2015						
	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 2014	Cash equivalent Transfer 31 March 2015	Real increase in cash equivalent transfer value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Chief Executive							
Paul Sutton <i>Chief Executive</i>	2.5- 5	12.5-15	40-45	130-135	634	728	94
Executive Directors							
Andy Newton <i>Director of Clinical Operations</i>	0- 2.5	2.5- 5	45-50	135-140	984	1,042	58
Geraint Davies <i>Director of Commercial Services</i>	0- 2.5	2.5- 5	30-35	100-105	603	644	41
Kath Start <i>Director of Nursing and Urgent Care</i>	0- 2.5	0	5-10	0	133	162	29
James Kennedy <i>Director of Finance</i>	2.5- 5	(10-12.5)	5-10	0	60	77	17
Francesca Okosi <i>Director of Workforce Transformation</i>	2.5- 5	0	0-5	0	15	36	21

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, 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**

	2014-15		2013-14	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	29,278	81,635	32,977	70,719
Total Non-NHS trade invoices paid within target	27,261	73,128	30,700	63,697
Percentage of Non-NHS trade invoices paid within target	93%	90%	93%	90%
Total NHS trade invoices paid in the period	705	2,657	810	3,509
Total NHS trade invoices paid within target	583	1,891	609	2,087
Percentage of NHS trade invoices paid within target	83%	71%	75%	59%

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 2014-15 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 (2013-14: £nil)

13. Investment revenue

	2014-15 £000	2013-14 £000
Interest revenue:		
Bank accounts	71	65
Total	71	65

14. Finance costs

	2014-15 £000	2013-14 £000
Interest on obligations under finance leases	103	166
Unwinding of discount	80	98
Other	4	0
Total interest expense	187	264

NOTES TO THE ACCOUNTS

(continued)

15. Property, plant and equipment

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
2014-15	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2014	18,117	29,084	6,459	13,471	53,140	9,077	428	129,776
Transfers by absorption	0	0	0	0	0	0	0	0
Additions purchased	56	2,298	11,494	15	0	0	0	13,863
Additions leased	0	0	0	0	0	0	0	0
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	251	179	(908)	489	0	0	0	11
Revaluations	1,694	1,979	0	0	0	0	0	3,673
Transferred to disposal group as asset held for sale	(381)	(777)	0	0	0	0	0	(1,158)
Disposals	(151)	(213)	0	(3,996)	(2,793)	(1,377)	0	(8,530)
At 31 March 2015	19,586	32,550	17,045	9,979	50,347	7,700	428	137,635
Depreciation at 1 April 2014	0	3,161	0	9,762	30,837	5,981	428	50,169
Provided during the year	0	1,468	0	1,590	5,837	1,531	0	10,426
Impairments	348	539	0	0	0	0	0	887
Reclassifications	11	0	0	0	0	0	0	11
Revaluation surpluses	(348)	(3,303)	0	0	0	0	0	(3,651)
Transferred to disposal group as asset held for sale	0	(307)	0	0	0	0	0	(307)
Disposals	0	(80)	0	(3,996)	(2,758)	(1,377)	0	(8,211)
Depreciation at 31 March 2015	11	1,478	0	7,356	33,916	6,135	428	49,324
Net book value								
Purchased	19,575	24,614	17,045	2,623	15,940	756	0	80,553
Donated	0	0	0	0	0	0	0	0
Finance leased	0	6,458	0	0	491	809	0	7,758
Total at 31 March 2015	19,575	31,072	17,045	2,623	16,431	1,565	0	88,311
Asset financing								
Owned	19,575	24,614	17,045	2,623	15,940	756	0	80,553
Finance leased	0	6,458	0	0	491	809	0	7,758
Total 31 March 2015	19,575	31,072	17,045	2,623	16,431	1,565	0	88,311

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	5,981	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

NOTES TO THE ACCOUNTS

(continued)

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 2015 to reflect their Depreciated Replacement Cost (DRC).

All other assets are capitalised at historic cost depreciated over their remaining useful lives on a straight line basis.

The Trust uses depreciated historical cost as a fair value proxy in respect of assets with short useful lives and low values, namely plant and machinery, transport equipment, Information Technology and furniture & fittings.

The economic lives of fixed assets range from:

	Min Life Years	Max Life Years
Buildings excluding dwellings	30	50
Plant & Machinery	5	5
Transport & Equipment	5	12
Information Technology	5	5
Furniture & Fittings	10	10

16. Intangible assets

2014-15	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 2014	1,395	0	0	0	0	1,395
Additions purchased	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0
Additions government granted	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
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 2015	1,395	0	0	0	0	1,395
Amortisation at 1 April 2014	820	0	0	0	0	820
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	235	0	0	0	0	235
Amortisation at 31 March 2015	1,055	0	0	0	0	1,055
Net book value						
Purchased	340	0	0	0	0	340
Donated	0	0	0	0	0	0
Government granted						0
Total at 31 March 2015	340	0	0	0	0	340

NOTES TO THE ACCOUNTS

(continued)

16. Intangible assets (cont.)

2013-14	Computer software – purchased	Computer software – internally generated	Licences and trademarks	Patents	Development expenditure (internally generated)	Total
	£000	£000	£000	£000	£000	£000
Gross cost at 1st April 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
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 1st April 2013	593	0	0	0	0	593
Impairments	0	0	0	0	0	0
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
Transferred to disposal group as asset held for sale	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
Leased	0	0	0	0	0	0
Donated	0	0	0	0	0	0
Total at 31 March 2014	575	0	0	0	0	575

16.1 Amortisation rate of intangible assets

Software – 5 years

17 Impairments and reversals

17.1 Analysis of impairments and reversals recognised in 2014-15

	31 March 2015 Total £000	31 March 2014 Total £000
Property, Plant and Equipment impairments and reversals taken to Statement of Comprehensive Income (SoCI)		
Loss or damage resulting from normal operations	0	0
Over-specification of assets	0	0
Abandonment of assets in the course of construction	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	887	(292)
Total charged to Annually Managed Expenditure	887	(292)
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	0
Total impairments for PPE charged to reserves	0	0
Total Impairments of Property, Plant and Equipment	887	(292)
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	0
Total Impairments charged to SoCI - Departmental Expenditure Limits	0	0
Total Impairments charged/(credited) to SoCI - Annually Managed Expenditure	887	(292)
Overall Total Impairments	887	(292)
Of which:		
Impairment on revaluation to "modern equivalent asset" basis	0	0
TOTAL DONATED/GOVERNMENT GRANTED ASSET IMPAIRMENTS	0	0

NOTES TO THE ACCOUNTS

(continued)

17.2 Property, Plant and Equipment

The impairment of £887k (2013-14: reversal of £292k) results from the revaluation exercise of land and buildings with the cost charged to the Statement of Comprehensive Income.

17.3 Non-current assets held for sale

Please see Note 22.2 (Non-current assets held for sale) for details.

18. Capital Commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2015 £000	31 March 2014 £000
Property, plant and equipment	13,067	1,969
Total	13,067	1,969

19. Inventories

19.1 Inventories by category

	31 March 2015 £000	31 March 2014 £000
Drugs	6	6
Consumables	1,236	1,157
Fuel	273	303
Total	1,515	1,466

19.2 Inventories recognised in expenses

	31 March 2015 £000	31 March 2014 £000
Inventories recognised as an expense in the period	49	79
Write-down of inventories	0	0
Reversal of write-downs that reduced the expense	0	0
Total inventories recognised in the period	49	79

NOTES TO THE ACCOUNTS

(continued)

20. Trade and other receivables

20.1 Trade and other receivables

	Current 31 March 2015 £000	Non-current 31 March 2015 £000	Current 31 March 2014 £000	Non-current 31 March 2014 £000
NHS receivables	5,297	0	2,745	0
Other receivables with related parties	0	0	0	0
Provision for impaired receivables	(318)	0	(340)	0
Prepayments	5,496	0	4,459	0
Accrued income	1,128	0	3,535	0
Other receivables	2,349	0	1,493	0
Total	13,952	0	11,892	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 2015 £000	31 March 2014 £000
By up to three months	2,457	1,097
By three to six months	1,001	176
By more than six months	1,020	302
Total	4,478	1,575

21. Cash and cash equivalents

	31 March 2015 £000	31 March 2014 £000
Opening Balance	27,970	30,317
Net change in year	(3,303)	(2,347)
Closing Balance	24,667	27,970
Made up of:		
Cash with Government banking services	24,638	27,941
Commercial banks and cash in hand	29	29
Cash and cash equivalents as in statement of financial position	24,667	27,970
Cash and cash equivalents as in statement of cash flows	24,667	27,970

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 2014	283	398	0	0	0	681
Plus assets classified as held for sale in the year	381	470	0	0	0	851
Less assets sold in the year	0	0	0	0	0	0
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 2015	664	868	0	0	0	1,532
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

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 ambulance stations for sale relating to the Make Ready Centres.

Where the Trust is actively marketing properties asset values are transferred to Assets Held for Sale. There are 4 ambulance stations in Assets Held for Sale; these are Eastbourne, Canterbury, Dover and Cranbrook with a combined asset value of £1,532,000 (2013/14: £681,000). There are a further 9 properties awaiting agreement to market; these are properties at Lewes, Battle, Crawley, East Grinstead, Horsham, Hailsham, Heathfield, Herne Bay and Newhaven; the asset values of which are included within Non Current Assets.

The expected disposal date of the remaining ambulance stations is prior to 31st March 2017.

NOTES TO THE ACCOUNTS

(continued)

23. Trade and other payables

	Current 31 March 2015 £000	Non-current 31 March 2014 £000	Current 31 March 2014 £000	Non-current 31 March 2014 £000
Receipts in advance	0	0	0	0
NHS payables	694	0	411	0
Amounts due to other related parties	0	0	0	0
Trade payables - capital	2,237	0	888	0
Other trade payables	3,039	0	1,896	0
Taxes payable	2,472	0	3,872	0
Other payables	0	0	0	0
Accruals	10,177	0	9,755	0
PDC payable	168	0	0	0
Total	18,787	0	16,822	0

23.1. Other liabilities

	Current 31 March 2015 £000	Non-current 31 March 2015 £000	Current 31 March 2014 £000	Non-current 31 March 2014 £000
Deferred grants income	0	0	0	0
Other deferred income	1,019	0	189	0
Deferred PFI credits	0	0	0	0
Lease incentives	0	0	0	0
Net pension scheme liability	0	0	0	0
	1,019	0	189	0

24. Borrowings

	Current 31 March 2015 £000	Non-current 31 March 2015 £000	Current 31 March 2014 £000	Non-current 31 March 2014 £000
Obligations under finance leases	1,116	1,487	2,011	2,573
Total	1,116	1,487	2,011	2,573

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 2015 £000	Present value of minimum lease payments 31 March 2015 £000	Minimum lease payments 31 March 2014 £000	Present value of minimum lease payments 31 March 2014 £000
Within one year	1,156	1,116	1,212	2,011
Between one and five years	409	182	2,453	1,268
After five years	1,935	1,305	1,935	1,305
Less future finance charges	(897)	0	(1,016)	0
Value of minimum lease payments	2,603	2,603	4,584	4,584

Included in:

Current borrowings	1,116	2,011
Non-current borrowings	1,487	2,573
	2,603	4,584

Future sublease payments expected to be received total £nil (2013-14: £nil).

Contingent rents recognised as an expense £nil (2013-14: £nil).

NOTES TO THE ACCOUNTS

(continued)

26. Provisions

	Current 31 March 2015 £000	Non-current 31 March 2015 £000	Current 31 March 2014 £000	Non-current 31 March 2014 £000
Pensions relating to staff	356	4,261	372	4,355
Legal claims	906	0	1,148	0
Other	1,877	2,006	755	2,850
Total	3,139	6,267	2,275	7,205

	Pensions relating to other staff £000	Legal claims £000	Other £000	Total £000
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)
Reclassified to liabilities held in disposal groups in year	0	0	0	0
Reversed unused	0	0	0	0
Unwinding of discount	105	0	(7)	98
At 31 March 2014	4,727	1,148	3,605	9,480
At 1 April 2014	4,727	1,148	3,605	9,480
Change in the discount rate	0	0	0	0
Arising during the year	180	0	264	444
Utilised during the year	(370)	0	0	(370)
Reclassified to liabilities held in disposal groups in year	0	0	0	0
Reversed unused	0	(242)	14	(228)
Unwinding of discount	80	0	0	80
At 31 March 2015	4,617	906	3,883	9,406

Expected timing of cash flows:

Within one year	356	906	1,877	3,139
Between one and five years	1,376	0	1,796	3,172
After five years	2,885	0	210	3,095

Other provisions include dilapidations of leasehold premises, holiday pay and pre-1985 banked leave.

The pension provision of £4,617k represents the trust's pension liability for pre-1995 reorganisations (31 March 2014: £4,727k).

Legal claims are the member provision for personal injury claims being handled by the NHS Litigation Authority.

A further £6,923k is included in the provisions of the NHS Litigation Authority at 31 March 2015 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2013-14: £7,741k).

27. Contingencies

27.1 Contingent liabilities

	2014-15	2013-14
	£000	£000
Legal claims	397	490
Potential redundancy costs	0	0
Total	397	490

The contingent liability for legal claims is based on information from the NHS Litigation Authority and relates to other legal claims shown in Note 26. 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.

27.2 Contingent assets

The Trust has no contingent assets.

NOTES TO THE ACCOUNTS

(continued)

28. Related party transactions

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust 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).

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
Adur District council	3			
Arun District Council	25			
Ashford Borough Council	95			
Ashford & St Peter's Hospitals NHS Foundation Trust	30	42	1	232
Brighton & Hove City Council	25			
Brighton & Sussex University Hospitals NHS Trust	476		304	
Canterbury City Council	72		34	
Care Quality commission	72	1		2
Chichester District Council	45			
Crawley Borough Council	72			
Dartford And Gravesham NHS Trust	38			
Dartford Borough Council	31			
Department of Health *	181	399	301	92
Department of Work & Pensions			168	
Dover District Council	25			
East Kent Hospitals University NHS Foundation Trust **	59			6
East Sussex County Council	1			
East Sussex Healthcare NHS Trust	116		1	2
Eastbourne Borough Council	8			
Elmbridge Borough Council	4			
Epsom & St Helier University Hospitals NHS Trust	25		1	1
Epsom and Ewell Borough Council	6			
Frimley Health NHS Foundation Trust	94		9	3
Gosport Borough Council	12			
Guildford Borough Council	27			
Hastings Borough Council	20			
Health Education England		1,760	337	

28. 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
Horsham District Council	16			
Isle of Wight NHS Trust	8			
Kent & Medway NHS & Social Care Partnership	4		1	
Kent Community Health NHS Trust	6	(5)		
Kings College Hospital NHS Foundation Trust	1			
Lewes District Council	84			
London Ambulance Service NHS Trust			1	
Maidstone and Tunbridge Wells NHS Trust	47	219	6	15
Maidstone Borough Council	22			
Medway NHS Foundation Trust	65		7	
Medway Towns Unitary Authority (The)	24			
Mid Sussex District Council	17			
Mole Valley District Council	7			
NHS Ashford CCG		4,162		114
NHS Bracknell And Ascot CCG		138		25
NHS Brighton & Hove CCG		12,659		699
NHS Cambridgeshire And Peterborough CCG		1		1
NHS Cannock Chase CCG		1		1
NHS Canterbury & Coastal CCG		7,821		
NHS Central London (Westminster) CCG				94
NHS Chiltern CCG		1		1
NHS Chorley And South Ribble CCG		1		
NHS Coastal West Sussex CCG		21,812		550
NHS Crawley CCG		5,103		131
NHS Croydon CCG		26		4
NHS Cumbria CCG				2
NHS Dartford, Gravesham And Swanley CCG		9,179		168
NHS Ealing CCG		1		
NHS East Surrey CCG	71	7,043		329
NHS Eastbourne, Hailsham And Seaford CCG		9,345		239
NHS E Leices & Rutland CCG		(1)		
NHS England	71	509	29	
NHS Guildford And Waverley CCG		7,399		102
NHS Hastings & Rother CCG		9,584		395
NHS High Weald Lewes Havens CCG		15,755		392
NHS Horsham And Mid Sussex CCG		7,620		68

NOTES TO THE ACCOUNTS

(continued)

28. 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 Hounslow CCG		112		58
NHS Isle Of Wight CCG		1		
NHS Kingston CCG		16		28
NHS Lambeth CCG		1		
NHS Leicester City CCG		1		
NHS Medway CCG		10,301		265
NHS Merton CCG		16		11
NHS Mid Essex CCG		1		
NHS Nene CCG		1		
NHS Newbury And District CCG		5		
NHS North East Hampshire & Farnham CCG		6,320		94
NHS North Hampshire CCG		58		2
NHS North West Surrey CCG		13,903		332
NHS Northern, Eastern, Western Devon CCG				3
NHS Oxfordshire CCG		1	45	1
NHS Richmond CCG		16		25
NHS Slough CCG		8	0	(38)
NHS South Commissioning Support Unit				1
NHS South East Hampshire CCG		44		
NHS South Devon & Torbay CCG		1		
NHS South Kent Coast CCG		8,828		53
NHS South Norfolk CCG		1		1
NHS South Worcestershire CCG		1		
NHS Surrey and Sussex CSU				2
NHS Surrey Downs CCG		10,800		190
NHS Surrey Heath CCG		3,252		49
NHS Sutton CCG		47		34
NHS Swale CCG		8,073		1,147
NHS Thanet CCG		7,018		95
NHS Wandsworth CCG		2		
NHS West Hampshire CCG		1		1
NHS West Kent CCG		15,333		167
NHS Wiltshire CCG		(4)		
NHS Windsor, Ascot And Maidenhead CCG		371		226

28. 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 Wokingham CCG		25		3
NHS Litigation Authority	578			
Reigate and Banstead Borough Council	59		1	
Rother District Council	20			
Royal Surrey County Hospital NHS Foundation Trust			1	
Runnymede Borough Council	25			
Rushmoor Borough Council	16			
Shepway District Council	2			
South East Coast Ambulance Service Charitable Fund***				71
St Georges Healthcare NHS Trust		48		6
Surrey and Borders Partnership NHS Foundation Trust	41			2
Surrey County Council	1	82	3	
Sussex Community NHS Trust				10
Sussex Partnership NHS Foundation Trust			2	
Swale Borough Council	30			
Tandridge District Council	3			
Thanet District Council	45			
Tonbridge and Malling Borough Council	6			
Tunbridge Wells Borough Council	72			
Waverley Borough Council	26			
Wealden District Council	23			
Woking Borough Council	8			
Worthing Borough Council	43			
Surrey & Sussex Area Team				383
Surrey County Council		82		
West Suffolk Hospital NHS Foundation Trust	11			
Yorkshire Ambulance Service NHS Trust		4		
Western Sussex Hospitals NHS Foundation Trust	147		14	

NOTES TO THE ACCOUNTS

(continued)

28. 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 received revenue payments of £nil (2013-14: £141k) from the South East Coast Ambulance Service Charitable Fund, the Trustee for which is the South East Coast Ambulance Service NHS Foundation Trust. The Trust has charged the Charity £11k (2013-14: £8k) for administration and associated costs and £60k (2013-14: £nil) representing other charges for the financial year 2014-15.

* 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.

29. Intra Government Balances

	31 March 2015				31 March 2014			
	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	615	0	2,472	0	345	0	3,872	0
Balances with local authorities	10	0	38	0	0	0	0	0
Balances with NHS trusts and foundation trusts	267	0	348	0	389	0	199	0
Balances with other NHS bodies	6,546	0	880	0	5,997	0	465	0
Balances with public corporations and trading funds	0	0	0	0	0	0	0	0
Intra government balances	7,438	0	3,738	0	6,731	0	4,536	0
Balances with bodies external to government	6,514	0	15,049	0	5,161	0	12,286	0
At 31 March	13,952	0	18,787	0	11,892	0	16,822	0

30. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the service provider relationship that the Trust has with Clinical Commissioning Groups (CCG's) and the way those CCG's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust's financial assets and liabilities are generated by day-to-day operational activities rather than by the change in the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditor.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has 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 commercial rate. The Trust aims to ensure

that it has low exposure to interest rate fluctuations by fixing rates for the life of the borrowing where possible. The Trust has low exposure to interest rate risk and currently has 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 2015 are in receivables from customers, as disclosed in the trade and other receivables note 20.1.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCG's, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves, borrowings and Public Dividend Capital. The Trust is not exposed to significant liquidity risks.

NOTES TO THE ACCOUNTS

(continued)

30.1 Financial assets

	Loans and receivables	
	31 March 2015	31 March 2014
	£000	£000
Receivables	7,844	7,088
Cash at bank and in hand	24,667	27,970
Total at 31 March 2014	32,511	35,058

30.2 Financial liabilities

	Other financial	Other financial
	liabilites	liabilites
	£000	£000
Payables	16,147	12,950
Finance lease obligations	2,603	4,584
Provisions under contract	4,789	4,753
Total at 31 March 2015	23,539	22,287

30.3 Fair Values

There is no difference between the carrying amount and the fair values of financial instruments.

30.4 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.

31. Losses and special payments

The total number of losses and special payments cases and their total value is as follows:

	Total Value of Cases 2014-15 £000	Total Number of Cases 2014-15	Total Value of Cases 2013-14 £000	Total Number of Cases 2013-14
Losses				
Cash losses	0	0	4	1
Fruitless payments	0	0	10*	2
Bad debts	0	0	0	0
Stores losses	1	1	300	3
Damage to buildings and property	519	983	702	487
Other damage to buildings and property	0	0	0	0
Special payments				
Extra-contractual payments	0	0	0	0
Extra-statutory payments	0	0	0	0
Compensation payments	10	1	0	0
Special severance payments	0	0	0	0
Ex-gratia payments	86	31	110	39
Total losses and special payments	616	1,016	1,126	532

The amounts are reported on an accruals basis but exclude provisions for future losses.

* The Trust recovered IN 2013-14 £10,000 for these fruitless payments which relate to court costs.

32. Auditor liability limitation agreement

The Trust's contract with its external auditor, as set out in the engagement letter, provides for a maximum aggregate auditor's liability of £2m.

34. 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 CO₂ emissions.

33. 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. Events after the reporting period

There are no post balance sheet events.



PROFESSIONAL
STANDARDS
MANAGER



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
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

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 13/14 Annual Report
FT ARM	<p>If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.</p> <p>This is required by paragraph 26(2) (aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.</p> <p>* Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance).</p> <p>** As inserted by section 151</p>	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.	Statement at end of the Strategic Report AGS
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	<p>A Trust should disclose in the annual report:</p> <p>a) if it has an internal audit function; how the function and what role it performs; or</p> <p>b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes</p>	Strategic 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

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 13/14 Annual Report
C.3.9	<p>A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> – the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; – an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and – If the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. 	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
FT ARM	<p>The annual report should include:</p> <ul style="list-style-type: none"> – a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; – information on the number of members and the number of members in each constituency; and – A summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members. 	Directors' report

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 13/14 Annual Report
FT ARM	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.	Directors' report

The provisions in Section 6 below only require a disclosure in the annual report if the Trust has departed from the Code of Governance; in which case the disclosure should contain an explanation in each case where the Trust has departed from the Code of Governance, explaining the reasons for the departure and how the alternative arrangements continue to reflect the main principles of the Code of Governance.

We are not required to provide evidence of compliance in the Annual Report and in a number of cases the provision is not applicable or the circumstances described have not arisen.

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 (implicit in letter of appointment, Standing Orders and Constitution)
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.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.	Comply
B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	Comply
B.5.2	The board and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	Comply
B.5.3	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust’s expense, where they judge it necessary to discharge their responsibilities as directors.	Comply

Code Provision Section 6:	Requirement	Comply or Explain
B.5.4	Committees should be provided with sufficient resources to undertake their duties.	Comply
B.6.3	The senior independent director should lead the performance evaluation of the chairperson.	Comply
B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	Comply
B.6.5	Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	Comply
B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	Comply
B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	Comply
C.1.2	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	Comply
C.1.3	At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	Comply
C.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

Code Provision Section 6:	Requirement	Comply or Explain
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
C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	Comply
D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	Comply
D.1.2	Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	Comply
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	Comply
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	Comply
D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	Comply
E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.	Comply
E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole.	Comply
E.2.1	The board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate.	Comply
E.2.2	The board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.	Comply



For more information

South East Coast Ambulance Service
NHS Foundation Trust
The Horseshoe, Bolters Lane
Banstead, Surrey SM7 2AS

Tel: 0300 123 999

Website: www.secamb.nhs.uk

Email: enquiries@secamb.nhs.uk



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

Annual Report and Accounts

1 April 2014 – 31 March 2015