



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

Annual Report and Accounts

1 April 2015 – 31 March 2016


*Your service,
your call*

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Ambulance Service
NHS Foundation Trust**

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

For more information

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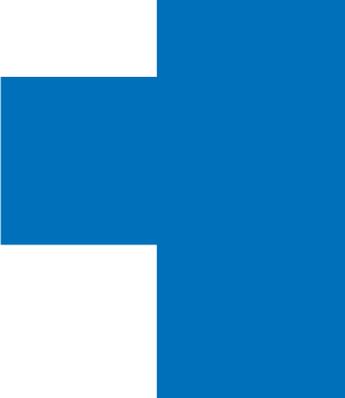
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Chairman's Introduction

I have only had a short few weeks to get to know SECAmb and its people but I have been impressed by the willingness I have found to address our well-rehearsed problems and provide the service we should to the people of Kent, Surrey and Sussex.

The problems that the Trust has had during the year have led to changes at Board level and I am pleased that Geraint Davies has agreed to be the Acting Chief Executive whilst we are in a time of transition.

We have to re-build trust by being open and honest about our failings as well as celebrating our successes. We have to put safety and caring at the top of our priorities and ensure that we can demonstrate the effectiveness of our processes and systems. None of this will happen overnight and it will require a major shift in the culture of the organisation if we are to succeed.

My role is to start SECAmb on that journey. With the support of our partners in the wider NHS and with the wholehearted commitment of our staff, I know we can deliver what is needed.



Peter Dixon, Interim Chairman



Performance Report

Chief Executive's Statement

2015/16 has probably been the most difficult year the Trust has ever faced.

You can read in detail about each of these areas within the Report but I feel, as Acting Chief Executive, that it is important for me to give an honest summary of the year.

Despite extremely hard work by our staff, we have seen the Trust fail to deliver its operational and performance targets in both 999 and 111, as well as falling behind on some of our key clinical targets during the year. We have also seen Patient Transport Service (PTS) performance falling below the standards expected.

There are many external factors, including unprecedented rises in demand and significant system failings, including high levels of hospital handover delays and gaps in Out of Hours (OOH) provision, which have undoubtedly impacted on the delivery of our 999 and 111 performance.

PTS operations have also been delivered within a decidedly difficult operating climate. I was personally very sorry to see the end of PTS in Sussex on 31 March 2016, following the re-structure and re-tending of the contract by the lead Clinical Commissioning Group (CCG).

However, despite external factors undeniably having an impact, we must also take responsibility for internal issues which have had an impact on the Trust delivering its key objectives during the year.

During the year, external reports into the governance of the Red 3 re-triage project and the way in which defibrillators were recorded at the scene of incidents were published. Both of these issues received negative national press coverage during the year, which not only has resulted in reputational damage but, more importantly, has had a significant impact on staff morale and public confidence in our services.

Partly linked to the point above, we have also seen very mixed progress on a number of our key projects during the year. Good progress has been

made in the roll-out of our Make Ready programme, with significant works underway at Polegate, Chichester and Gatwick, the last of which became operational in April 2016. However, we have not made as much progress as we would have liked in progressing towards the go-live of our new HQ & Emergency Operations Centre (EOC) at Crawley, scheduled for February 2017 and the roll out of the new Electronic Patient Care Record (ePCR) has been slower than we would have liked.

Moving forwards, I will be leading the Trust to focus on a small number of key deliverables during the coming year, as outlined in our Annual Plan for 2016/17.

As well as getting a better grip on the delivery of the Trust's key projects, the Annual Plan focuses on key areas such as providing a safe, effective service, while maintaining financial sustainability and improving our clinical performance.

There are also likely to be some key learning points for the Trust arising out of the Care Quality Commission's (CQC) inspection of the Trust in May 2016.

However, I would be doing a disservice to the Trust and our staff, if I were not to finish by highlighting some of the key achievements the Trust has delivered during the year.

We have seen significant developments in fundamentally transforming our operational fleet during the year, with the development of a state of the art, 'concept' ambulance, building on the rationale of the ambulance as a 'work place' rather than simply as a transport vehicle.

We have also seen clinical innovation to the fore, often coming directly from our staff, as with the development of the 'Code Yellow' pathway for Sepsis patients.

I was also pleased during the year to see the development of the new clinician education programme for paramedics and nurses working

in both 999 and 111. This programme (in collaboration with St. Georges Hospital Foundation Trust) is focussed around developing the clinical skills associated with telephone triage, which remains a relatively new field of practice.

The truly awe-inspiring work of our staff received national recognition during the incident at the Shoreham Air Show in August 2015, which sadly saw eleven people lose their lives. Our staff performed outstandingly well, providing compassion as well as clinical care, in the most horrendous of circumstances.

So, as we enter the new financial year, the Trust undoubtedly has a number of key challenges it still needs to address. It will, without doubt, be another tough year, not least due to the financial challenges facing the whole NHS.

However, I fundamentally believe that SECAMB remains a good Trust, with fantastic staff committed to delivering excellent patient care. Despite the negative publicity the Trust has received, we have continued to receive high numbers of compliments and have not seen any evidence of a decrease in patient satisfaction.

It is my job, and the job of the Board, to support staff in doing this as we move forwards and provide the very best environment and resources possible. I will do everything possible to make SECAMB a Trust our patients and public can have confidence in.



Geraint Davies, Acting Chief Executive

Performance Overview

Purpose and activities of the FT/Brief history & statutory background

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.

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
- + 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 specialists trusts within the NHS, the Kent, Sussex and Surrey Air Ambulance and our 'blue light' partners – three police forces, four Fire & Rescue Services and the coastguard.

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 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

Key issues and risks affecting the Trust

2015/16 has been the most challenging year for SECAmb since its formation in 2006. The Trust has failed to deliver its operational and clinical performance targets; has seen changes in its leadership following the publication of external reports into the governance of the Red 3 re-triage project and the way in which defibrillators were recorded at the scene of incidents; and has received negative national press which has resulted in reputational damage and a drop in staff morale.

The challenges of the year necessitated a shift in organisational focus away from our previously set objectives as the investigations, and our participation in them, reduced our capacity for innovation and service development. 2016/17 will be a year of rectification, consolidation and rebuilding internally, and SECAmb continues to work with the local and national health system to deliver its long term strategy which aligns with the Five Year Forward View.

The key issues and risks affecting the Trust include external and internal risks, along with risks associated with failure to deliver our integrated recovery plan.

Ambulance Trusts across the country have been challenged in meeting operational, clinical and financial performance targets during 2015/16 as has the wider NHS provider sector. There are several factors which are driving this, including how the NHS is working with a continuous growth in activity that is outstripping providers' capacity to deliver. Whilst Clinical Commissioning Groups (CCGs) across the country acknowledge the pressure on the provider sector, few appear able to make meaningful improvement, change and investment. Increased handover delays at A&E departments add to the challenge, resulting in a 999 response being unavailable in the community as ambulances are stacked at hospitals waiting to handover patients. This, combined with a lack of referral pathways and alternatives to an A&E department, mean that without investment in the wider health economy the situation is unlikely to improve. There are also significant pressures and failings in other services such as GP Out of Hours which have a knock on impact to 111 and ultimately result in a higher number of calls to the 999 service providers as the last alternative.

The South East Health Economy is challenged. Of the trusts in the region, the majority are operating with significant financial deficits. It is important for SECAMB to ensure it is able to contribute to the health system but at the same time continue to innovate to ensure patient services are sustainable and that service developments can continue. This will require close and collaborative working with local CCGs across the patch, as well as commitment of CCGs to support the significant resourcing requirements this would necessitate.

As part of local commissioning discussions, CCGs are clearly setting out to reduce pressure on A&E departments (which remains a challenge, as Acute

providers seem unable to resolve handover delays) and to provide alternative ways of delivering urgent care. SECAMB's transition to a more localised service delivery model is allowing the Trust to work with CCGs to better meet their needs and a more skilled ambulance workforce will allow the Trust to deliver more treatment to patients both within primary care settings and at home. However, investment will be needed to further develop the paramedic workforce and this requirement comes at a time when the financial position of the local health economy is poor. Lack of investment is a key risk to improving performance and developing in line with the Five Year Forward View.

There are significant problems within the health economy associated with patient flow. The increase in activity in 2015/16 and conveyances has slowed – with conveyances actually lower than 2014/15. However, handover delays at Acute Trusts have continued to increase with 2015/16 being the worst year on record by some margin. These delays provide a poor experience for patients, reduce the productivity and efficiency of the ambulance service by tying up both skilled staff and vehicles, and most importantly can mean that crews are not available to respond to calls from acutely unwell patients in the community. This represents a very significant risk to providing a safe service.

The Trust has considerable work to do internally to address the failings that have been identified through internal and external reviews undertaken during 2015/16. In addition, the Trust was inspected by the Care Quality Commission (CQC) in early May 2016 and while the formal outcomes are not yet known, it is expected that there will be a need to demonstrate improvements.

The annual plan for 2016/17 is therefore based on a small number of clearly defined priorities which ensure the organisation is focused on improving the delivery of the core services it provides and which will result in the best possible outcomes for the population served.

Performance Overview

It is recognised that focused work is needed to rebuild governance structures, accountability and culture and that for any other actions to be effectively delivered, audited and monitored this review of systems and processes is required. It is essential that changes are built upon a solid foundation; however, we also recognise the need for change to happen at pace.

In order to successfully deliver the Trust's priorities three strategic change projects will be progressed this year which will enable the embedding of cultural and performance changes. Firstly, the roll out of local operating units will increase local accountability, build a localised performance culture, and improve access to support for frontline staff.

Secondly, we continue to roll out our electronic Patient Clinical Record alongside personal iPads for frontline staff, which will enable online access to key systems, policies and procedures, and care records, and facilitate the collection of more detailed and accurate patient data to support audit and performance improvement.

Thirdly, we are moving from current premises to a new Headquarters and Emergency Operations Centre (EOC) in Crawley in early 2017. This will support the provision of more consistent central

support functions and replace estate which is no longer fit for purpose. The new HQ will replace the three current offices and the Banstead and Lewes EOC, with Coxheath EOC being retained until an alternative site can be found in Kent for the new EOC East. This centralisation will provide greater collaboration for central support functions as well as for EOC which will be run as a single service across two sites.

The Trust will require strong project management processes to ensure that these crucial projects are run effectively and deliver the benefits we seek. More information about these projects is contained in this report.

In summary, the Trust faces many challenges in the coming year. The focused priorities will enable us to deliver fundamental improvements in structures, systems and processes as the basis for the delivery of a safe, effective service.

Going concern statement

After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has 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.



Performance Analysis

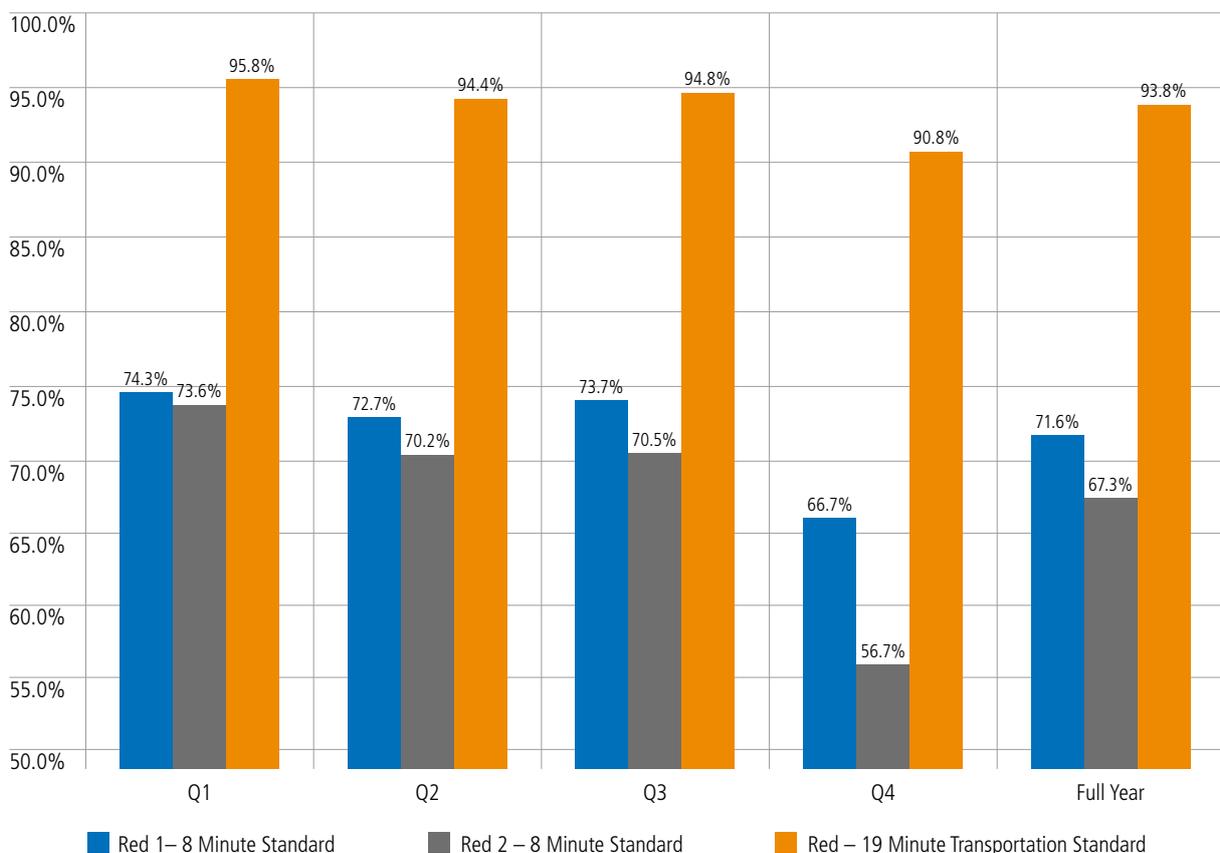
999 Response Time performance

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 (Ambulance Quality Indicators/AQIs) 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 should receive a response within eight minutes
- + **Red 2** – other serious conditions – at least 75% of these patients should receive a response within eight minutes
- + **A19** – 95% of all Red 1 and Red 2 patients should receive a response within 19 minutes

SECAmb R1, R2 < 8 min and R < 19min Quarterly Response Performance and Year End 2015/16 – National Target 75% and 95%



Achievement of targets - 2015/16

Red 1 – 75% within eight minutes	71.6%
Red 2 – 75% within eight minutes	67.3%
Red 19-minute standard – 95%	93.8%

During the year 2015/16, the Trust was unable to meet any of the nationally mandated response time targets. There have been a number of factors that affected our ability to meet these targets:

- + In Q4 we, along with the rest of the NHS, experienced unprecedented and unexpected levels of demand. This would seem to be associated with a mild winter during Q3 which moved the normal peak in winter demand from December to February and March. This shift in demand was unanticipated and meant that despite our best attempts we were unable to provide sufficient resources to meet the activity.
- + 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.
- + More than half of the patients calling us on 999 do not get taken to hospital as we refer most patients to other parts of the NHS either at the time they call or when we arrive at the scene. These referrals ensure that patients can be seen by the right clinician at the right time but also mean that the time our crews spend at scene has risen markedly, further reducing the number of resources we have available to respond to patients.

In order to meet an eight-minute response a resource needs to be close to the patient’s location (within a six and a half minute drive). At the moment the call arrives that resource needs to be available to respond immediately. This means that the resource is not already committed already. The ability to respond to patients quickly is therefore directly related to how busy the service is. When

we are busy patients have to wait longer, when we are not busy we are able to get to patients sooner. Whether we are busy or not is dependent on how many resources are available to respond to the number of requests we receive. Over the years we have refined our approach to providing sufficient resources to meet the anticipated demand by hour, by day and by month.

Overall activity grew by 2.5% compared to the previous year. During 2015/16 we provided over 3.1million hours of staff time, down 1.2% on 2014/15. The net reduction was driven by our requirement to deliver a 4% saving based on the annual contract reductions.

The Trust made progress in recruitment so that more of the service was provided by our own staff. As a result the Trust reduced reliance on private ambulance services by almost 20%. Private Ambulance Services provided 10.6% of all resources.

The Trust struggled to maintain the necessary levels of staff to meet call taking requirements. The Trust, in common with many services, monitors a 5 second call answer performance. This performance fell to 85.6% from 89.5% in 2014/15. The Trust has needed to commit significant resources to recruitment and retention of call takers.

Review of use of defibrillators

An independent review was undertaken during 2015/16 into the use of defibrillators to ‘stop the clock’ for response times. This review established that we were not compliant with national guidelines and changes were made to the recording mechanisms during Q3 (this only impacted on the Red 2 8-minute standard). Further information on the allocation of defibrillators can be found in the Annual Governance Statement.

The performance figures for 2015/16, as reported above, have been corrected to take account of changes to the application of defibrillators.

Performance Analysis

Within this report, in order to maintain consistency of measurement and comparison, this change has also been applied to the 2014/15 performance figures for Red 2.

The performance data for 2014/15 supplied to NHS England (and available on their website) will therefore be variant to the Red 2 performance stated below:

2014/15	Re-stated	As per NHS England
Red 1 – 75% within eight minutes	75.3%	75.3%
Red 2 – 75% within eight minutes	71.2%	73.3%
Red 19-minute standard	95.2%	95.2%

(From the base data – final submission; and corrected for webdefibs for Red 2 only)

Changes to reporting performance

On 23 December 2015, NHS England approved new Ambulance Quality Indicators (AQIs) guidance for reporting performance, to take effect from January 2016 onwards.

Since then, the Trust has worked to ensure that the changes in the AQI guidance can be applied through how performance is calculated and not by changing how we operate and respond to patients.

The key changes in the AQI guidance are:

- + The re-grading of an incident for reporting purposes
- + When the clock may be restarted due to the re-grading of an incident where this is based on information from a second, subsequent call
- + Red 2 clock start time changes for incidents electronically transferred from NHS 111
- + When defibrillators can ‘stop the clock’
- + The calculation of Hear and Treat activity

The annual performance reported in the graph on page 18 has been recorded incorporating the AQIs changes made in January 2016.

Looking forwards, the Ambulance Response Programme (ARP) is also likely to significantly change how 999 performance is reported.

The ARP is a national programme which aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients, particularly those with life threatening illness and injury.

The programme is expected to deliver improved outcomes for all patients contacting the 999 ambulance service, with a generally reduced clinical risk through:

- + The use of a new pre-triage set of questions to identify those patients in need of the fastest response at the earliest opportunity (Nature of Call)
- + Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need (Dispatch on Disposition)
- + A new evidence-based set of clinical codes that better describe the patient’s presenting condition and response/resource requirement.

During the year, NHS England have been carrying out a controlled pilot project to trial the impact of the potential changes; this has involved a number of ambulance trusts nationally, although SECAmb has not been part of the pilot.

Response time reliability is a significant factor in the public’s assessment of the quality of their ambulance services and this has been, and continues to be, our highest priority around which we design our services. We recognise the importance of being there when you call and, despite the challenges we are facing, we are constantly focussed on providing the quickest response to your call that we can.

As SECAmb's clinical capability increases, the three main areas of practice will need more detailed measurements to ensure that the best care is delivered. The following shows how the three areas can be further broken down to provide more useful data and performance monitoring:

+ **See & Convey**

- + Conveyance to Type 1&2 facilities (i.e. A&E)
- + Conveyance to local receiving units
- + Conveyance to Major Trauma, Stroke and Heart Attack centres
- + Conveyance into Ambulatory Care (including delayed/scheduled conveyance)

+ **See & Treat**

- + See and discharge
- + See and refer
- + Referral pathways

+ **Hear & Treat**

- + Management of frequent callers
- + Hear and refer
- + Hear and discharge

This increased understanding of the ways in which care is delivered will help to continually improve and quality assure our services.

Hospital turnaround delays

A hospital turnaround is defined as the amount of time from when an ambulance arrives at hospital to when the ambulance crew book clear and are ready to respond to another emergency call. This includes a national standard of 15 minutes for patient handover to the hospital and a national standard of 15 minutes for the crew to clean the ambulance. The majority of the delays discussed below are due to the initial hospital hand over component of the turn-around.

During 2015/16, 223,957 out of 432,700 (51.8%) patients conveyed experienced 30 minute or greater delays at our hospitals. 47,883 hours of our staff time were lost due to hospital turn-around

delays over the 30 minutes. This is an increase of lost hours of 6,631 (16%) compared to 2014-15 and 18,626 hours (64%) increase on 2013-14.

The Trust has previously 'nursed' patients waiting in hospitals as an interim measure to ensure staff can still respond to outstanding calls during periods of handover delays. However we recognise that this is not the ideal response for our patients or staff.

We are currently reviewing all of our Handover Policies and procedures and working with our local Clinical Commissioning Group (CCGs) and Acute Trusts to devise effective solutions to provide a safe response for patients and minimise the impact on ourselves and the Acute Trusts during busy times.

To take this forwards, the Trust is looking to host a workshop for all acute colleagues, including Board Members and senior Nursing staff. We are keen to ensure all staff within the A&E departments have full understanding of our policies and procedures, as we recognise that the lack of knowledge can cause frustrations and communications to break down.

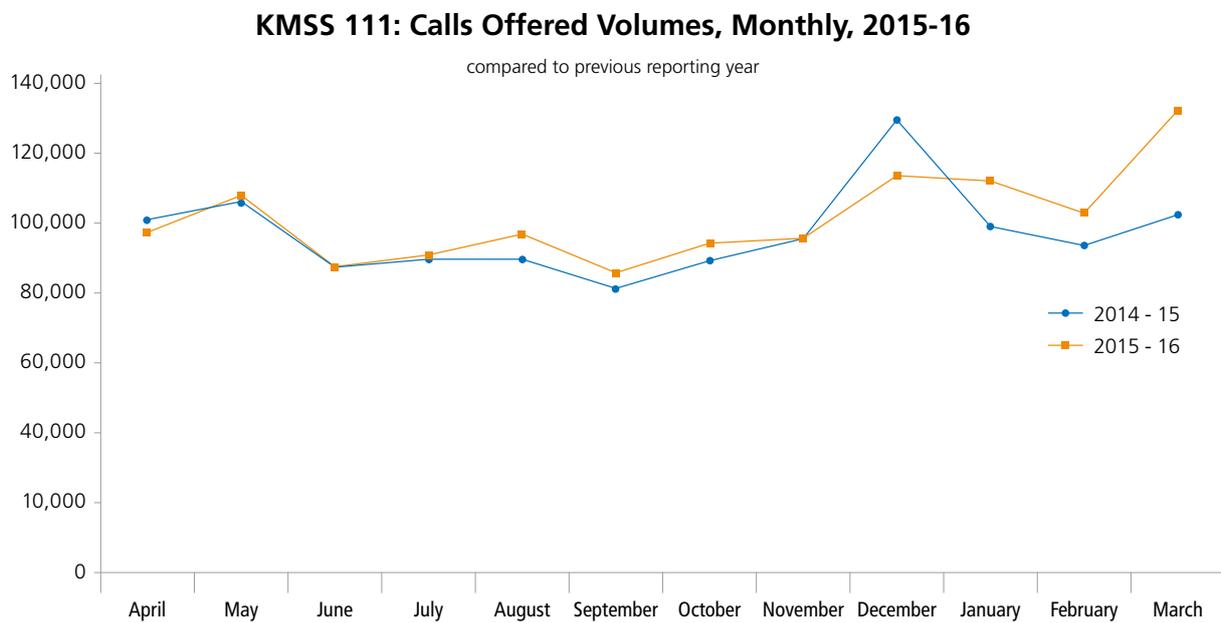
Within the Trust, we are also looking to revise our Immediate Handover Policy to include a comprehensive suite of escalation procedures and are refining our IT systems to ensure we are utilising the data from the Hospital Inbound screen as best we can. It has been observed that the majority of sites are not adopting the 'double button press' (where A&E staff and ambulance staff both agree the time of handover) but are allowing our staff to do so, leading to discrepancies; resolving this issue will be a key aim of the forthcoming workshop. We are also exploring a training programme for our own operational managers to manage escalation situations effectively and to consistently promote a proactive rather than a reactive mind-set. Moving forwards, the broader roll-out of the ePCR and iPads across the Trust, should also help in improving on-day communications between local managers and Acute Trusts.

Performance Analysis

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

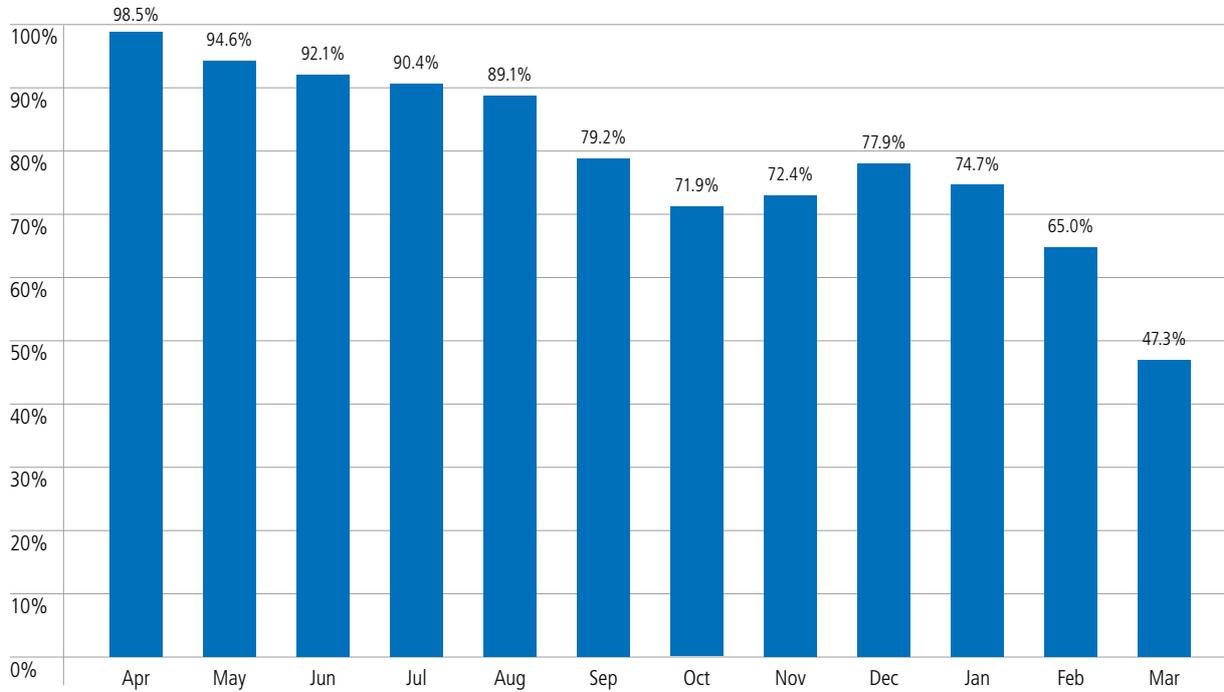
The KMSS 111 service has continued the improvement seen during the previous year. Although still running at a financial loss, the service is now operating on stable basis. This has been recognised by Commissioners who have extended the contract. The basis of the new contract means that the service is expected to break even going forward.

Performance



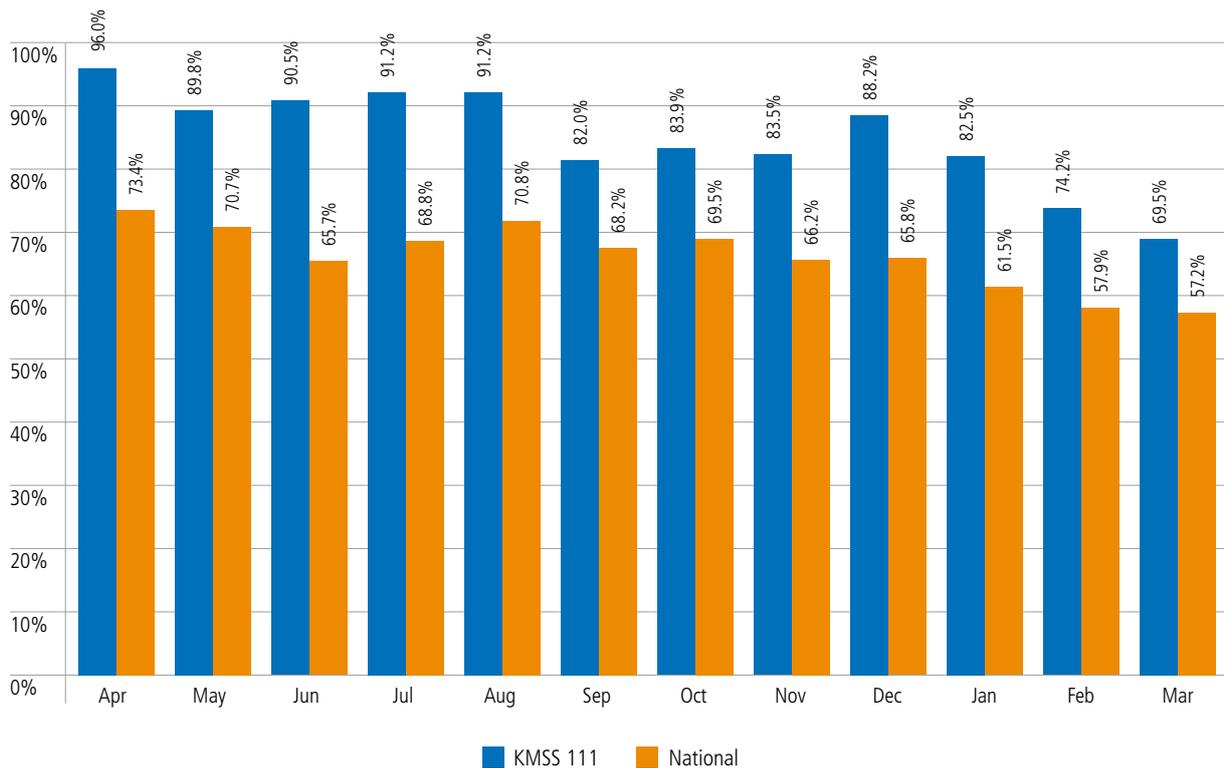
The operational Service Level Agreement (calls answered within 60 seconds) has been below target for the duration of 2015/16. Although there was a steady improvement during Quarter 3 and over the critical Christmas period, the step-change in call volumes received across all NHSS 111 services since late January 2016 has significantly affected KMSS 111's operational Key Performance Indicators (KPIs).

KMS 111: "Answered in 60" Service level, Monthly, 2015 - 16



KMSS 111: Combined Clinical KPI, Monthly, 2015 - 16

Compared to National performance



Performance Analysis

The key factors that have been the root cause for this tail-off in operational service level are:

- + **Recruitment;** an ongoing issue with the challenge of recruiting the appropriate calibre of staff to the demanding but relatively low paid role of Health Advisor.
- + **Retention;** the pressure of working in such a difficult environment, career opportunities elsewhere and the negative impact on staff created by adverse media reporting about 111 (both locally and nationally) has diminished the attraction of remaining with the service.
- + **External GP Out of Hours (OOH) provider pressure;** the sustained failings of OOHs service provider continues to blight KMSS 111 performance, especially at weekends, when finding the right service in a suitable timeframe for patients can be extremely challenging.
- + **Operational efficiencies;** the reliance on developing newly qualified Health Advisors and working within the constraints of the original contract has resulted in operational factors such as extended Average Handling Time (AHT) and rota harmonisation becoming obstacles for KMSS 111 to realise its full operational effectiveness.

All of these issues are being addressed via a detailed recovery plan and the service continues to work closely with Commissioners to ensure that it remains a safe and quality-focussed NHS 111 service with patient care at its heart.

Quality

Despite its operational challenges, KMSS 111 continues to consistently outperform the majority of other providers with its Combined Clinical KPI, which is a measure of how effective the service is at handling cases with a need to be addressed by an NHS 111 clinician ('warm' transfer to a Clinical Advisor or call-back within 10 minutes). It is the firm belief of the KMSS 111 leadership team that

this is a more meaningful measure to evaluate how the service is managing clinical risk. In addition to this, KMSS 111 has outperformed the national average for the percentage of cases referred to A&E and the total number of cases triaged. This is despite the increase in demand year on year which culminated in the fact that March 2016 represented the biggest monthly demand on KMSS 111 (131,000 calls received) since its inception three years ago.

In 2014/15 KMSS 111 secured NHS England funding for a pilot to develop its clinicians via a clinician appraisal tool framework. This proved incredibly successful and demonstrated the service's intent to further develop its clinicians and innovate with a view to sharing best practice across the sector. The service also worked closely with the National Poisons Information Service (NPIS) looking at the merits of further educating NHS 111 clinicians with respect to managing cases of the ingestion of poisonous or toxic substances.

The success of the NHS England-funded clinician appraisal tool was instrumental in SECamb securing further significant funding to conduct further clinician education for Paramedics and Nurses working in both 999 and 111. This programme (in collaboration with St. Georges Hospital Foundation Trust) is focussed around developing the clinical skills associated with telephone triage, which remains a relatively new field of practice. This programme has already facilitated a closer working relationship between clinicians from both 999 and 111 through its educational sub-committee. The first cohort started in Q4 of 2015/16 and the programme will be extended with additional cohorts planned for later in 2016. This innovative work will benefit not only the Trust, but also other urgent and emergency care providers utilising telephone triage. This is particularly relevant as we are now entering the commissioning of new Urgent Integrated Care (UIC) Clinical Hubs.

Clinical Governance

The service continues to work closely with its stakeholders and its transparent and open way of working remains the foundation for engendering innovation and maintaining trust. This is enabled through:

- + The progress of the Quality & Patient Safety Committee (QPSC) within KMSS 111 which operates alongside the Senior Management Team (SMT) and the Working Group to ensure that all issues, risks and concerns are addressed as appropriate.
- + Representation during 2015/16 at every regional Clinical Quality Governance Advisory Group meeting along with every county-cluster Clinical Governance Advisory Group meeting and end-to-end call review with multiple external stakeholders. Representation at these fora is vital to collaborative working, especially with Commissioners.
- + A comprehensive clinical governance report which encompasses all elements of the service, especially quality measures. This document is produced monthly and is the cornerstone to the open and transparent operational model that KMSS 111 adheres to.
- + KMSS 111 continues to create additional analysis and documents to share learnings and insights and to promote a more cohesive urgent care system so that local service providers can further understand how they can improve.
- + An “open-door” policy for Commissioners, NHS England and other stakeholders which is aimed at raising the awareness and understanding about the work that KMSS 111 is undertaking.

The year ahead

Although 2015/16 has been difficult for the reasons already identified, it is certainly moving in the right direction. The contract extension starting in April 2016 should improve the financial viability of the service. There is also the considerable amount of time and focus that KMSS 111 is investing in its people. The service has secured funding from the NHS England Workforce Investment Fund to conduct two clinician development programmes in:

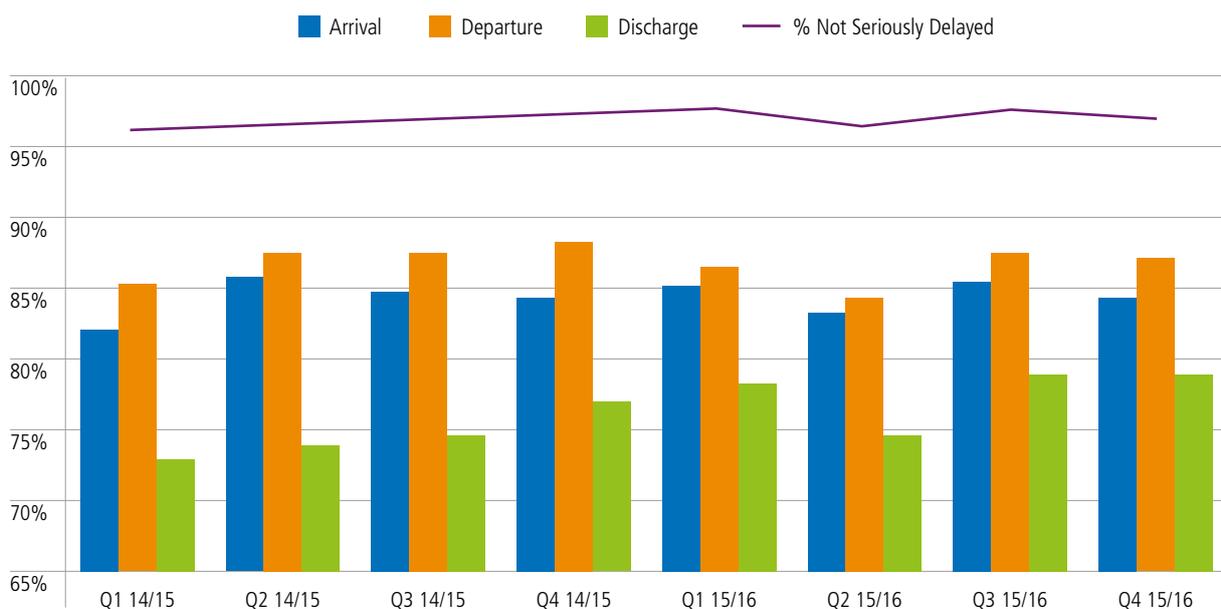
- + Improving the skillset of NHS 111 clinicians and their ability to handle calls relating to mental health – via improving interoperability between KMSS 111 and Kent and Medway NHS and Social Care Partnership Trust mental health care plans and also through specific mental health training.
- + Developing NHS 111 clinicians and their ability to handle calls relating to the ingestion of poisonous and toxic substances, whilst also enabling them to have a better understanding of how to use pharmacy-related literature and reference sources.

The results of this work will be shared with other service providers through NHS England with the purpose of improving the quality of NHS 111 services nationally and shaping the direction of further workforce development.

In 2016/17, KMSS 111 will continue to focus on recovering its operational performance whilst delivering a safe NHS 111 service which remains committed to further developing its people and improving the quality of its patient care.

"The transport came to my door and carefully helped me to the transport holding my bag and me with care. I was very impressed with the care and concern they gave me and everyone. My husband is in a nursing home and I sometimes attend with him and the care they give him in his wheelchair is fantastic. They never complain and are also friendly at all times. This service is very good, not many people give them the praise they deserve."

Timeliness is very important for patients. The graph shows the percentage of patients arriving no later than 15 minutes after their appointment time, being collected within an hour of the booked pickup time or being discharged from hospital within two-hours of the booked pickup time.



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

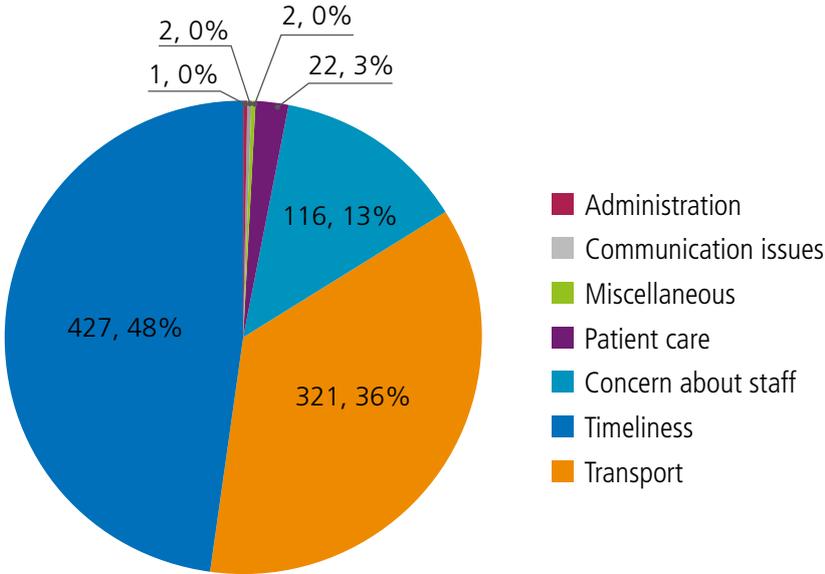
hour late for an outpatient appointment, a patient waiting more than two hours to be collected after their appointment or waiting four hours or more to be discharged) has also continued to improve. Unfortunately there are still up to twenty journeys per day out of 1,500 where patients experience unacceptable delays. PTS managers, staff and hospital colleagues are continuing to work together to improve timeliness for patients.

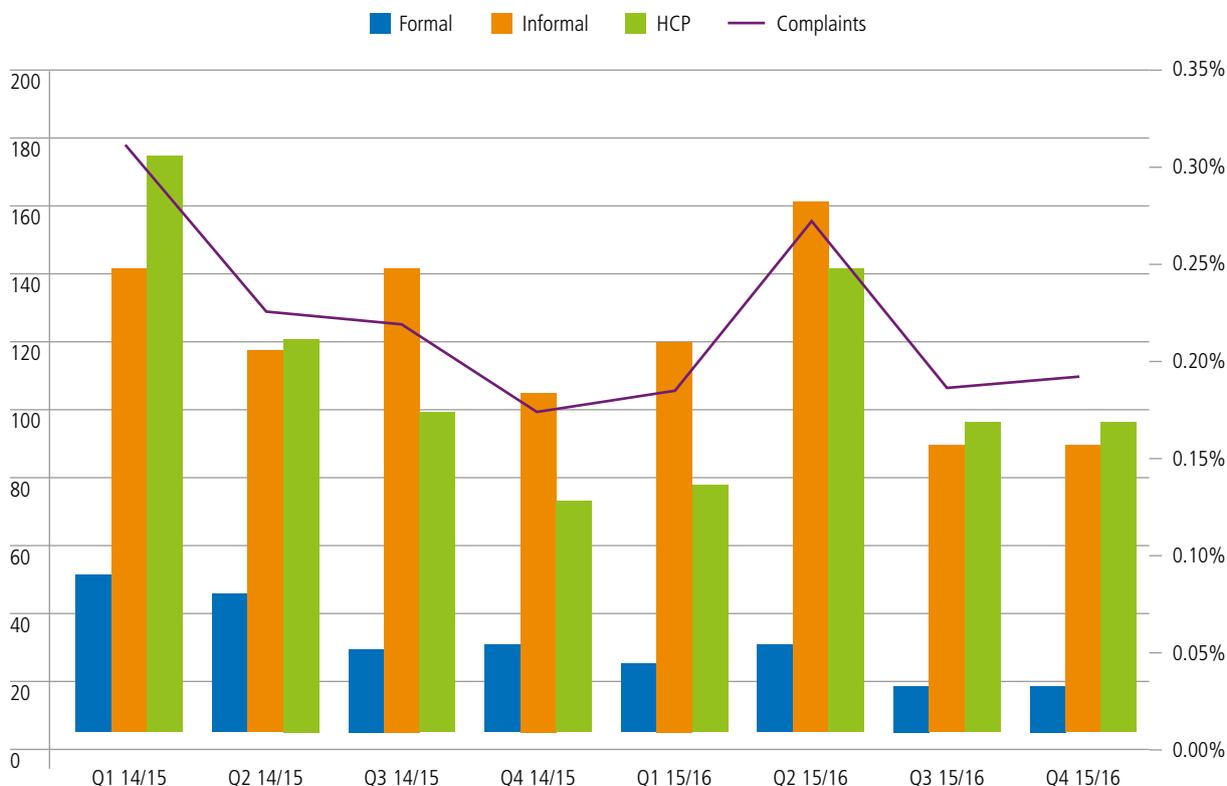
Performance Analysis

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. Complaints are fully investigated and used as an opportunity to learn from mistakes. However, the number of formal complaints had reduced from 37 per month to 13 per month by the end of 2015/16.

The chart below 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 received during the year
April 2015 - March 2016**





Transition of PTS in Sussex

From April 1 2016 Patient Transport Services (PTS) in Sussex transferred from SECAmb to the private company Coperforma Ltd. The change sees Coperforma take on the management of the new contract and transport provided by Thames Ambulance Service and VM Langfords.

The new tendered contract required a complete separation between a Managed Service Provider (MSP) responsible for taking bookings and coordinating the service, and the Transport Service Providers (TSPs) who would be responsible for providing the actual patient journeys.

SECAmb was therefore unable to tender for the MSP contract. The Trust welcomed an approach

from Coperforma to explore the potential to become a TSP but unfortunately the terms offered by Coperforma were not consistent with the Trust's clinical and operational strategy and we were unable to agree commercial terms.

Many SECAmb PTS staff have transferred to the new provider under Transfer of Undertakings - Protection of Employment (TUPE) regulations while some have taken retirement and others will continue with the Trust in other roles. Also transferring over to the new provider will be a number of volunteer car drivers who have supported PTS operations over many years. The Trust extends thanks to staff and volunteers who had worked with us to provide patient transport in Sussex.

Performance Analysis

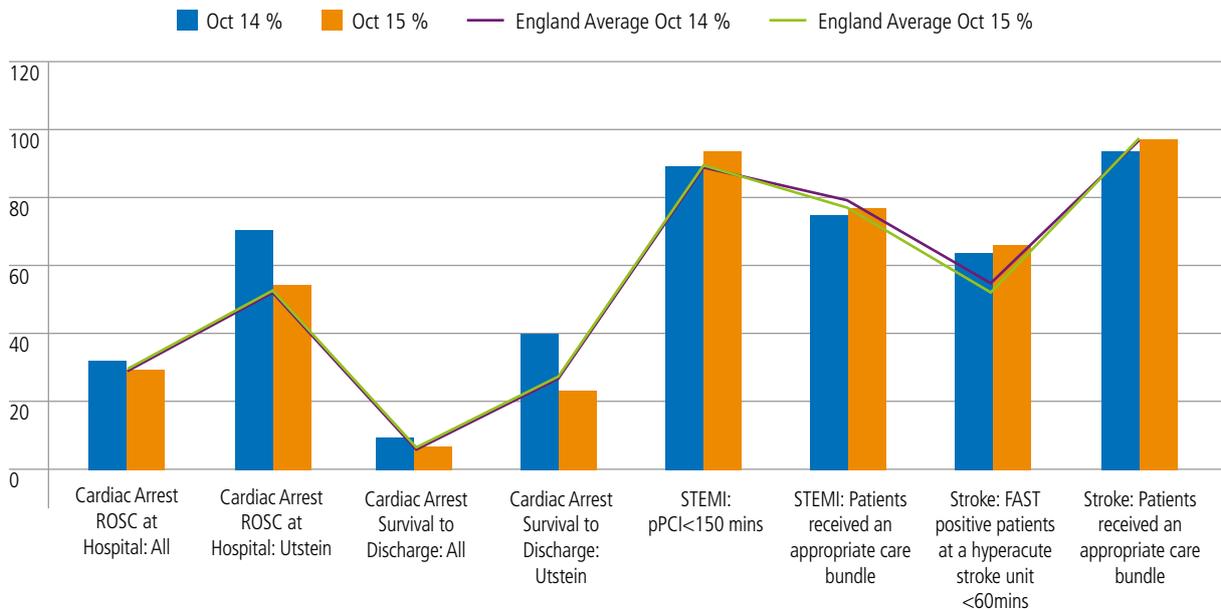
Clinical Performance

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

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

As noted in the Quality Report, issues have been identified in relation to data capture for the COIs. Re-stated data will be submitted in August 2016, in line with normal reporting.

Clinical Outcome Indicators (COIs)



Trust Comparative COI Performance Data: NHS England

The graph above highlights SECAMB's mean performance across all Clinical Outcome Indicators during the 2015/16 reporting year up to and including October 2015, compared with the National mean (of the other national ambulance trusts) performance for the same period. With the exception of STEMI 150 and Stroke FAST positive, the Trust has underperformed against the national mean. A rectification plan is being developed to build on the work that has already been started by the team.

Clinical Performance Indicators (CPIs)

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 (NASCQG) 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 improvement of 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 of individual patient clinical records by SECAmb's Clinical Audit Department. 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.

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

predominantly affecting 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. SECAmb continues to value the intelligence provided by this indicator, since improvement is still required, and so the Trust undertakes twice yearly performance monitoring of the hypoglycaemia CPI internally, forming part of our annual clinical audit programme.

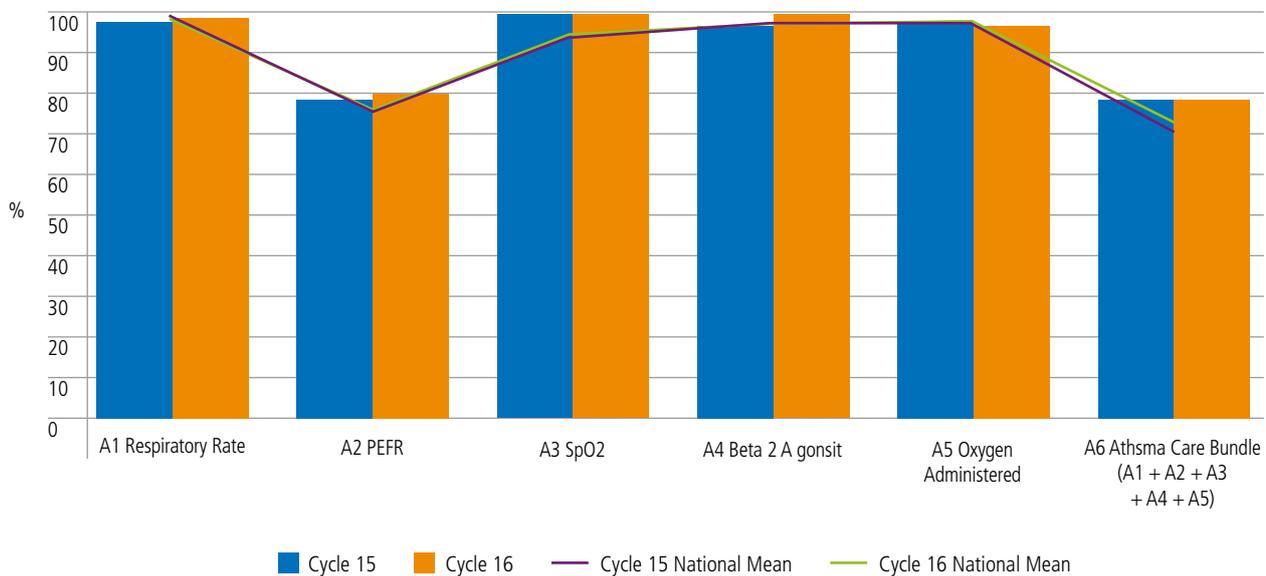
Helping patients who are living with long-term conditions is an important part of the South East Coast wide health strategy: these are areas where SECAmb can make an impact on the broader healthcare economy as well as the lives of our patients. For this reason the conditions of asthma, febrile convulsion and lower limb fractures were formerly adopted as clinical performance indicators by the Trust and are focused as follows.

Performance Analysis

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 is 79% and above the national mean which is 73.5%, the Trust is above the national mean in three of the five data elements of care delivered for patients suffering from asthma as shown below:

SECamb – Asthma Cycles 15 and 16

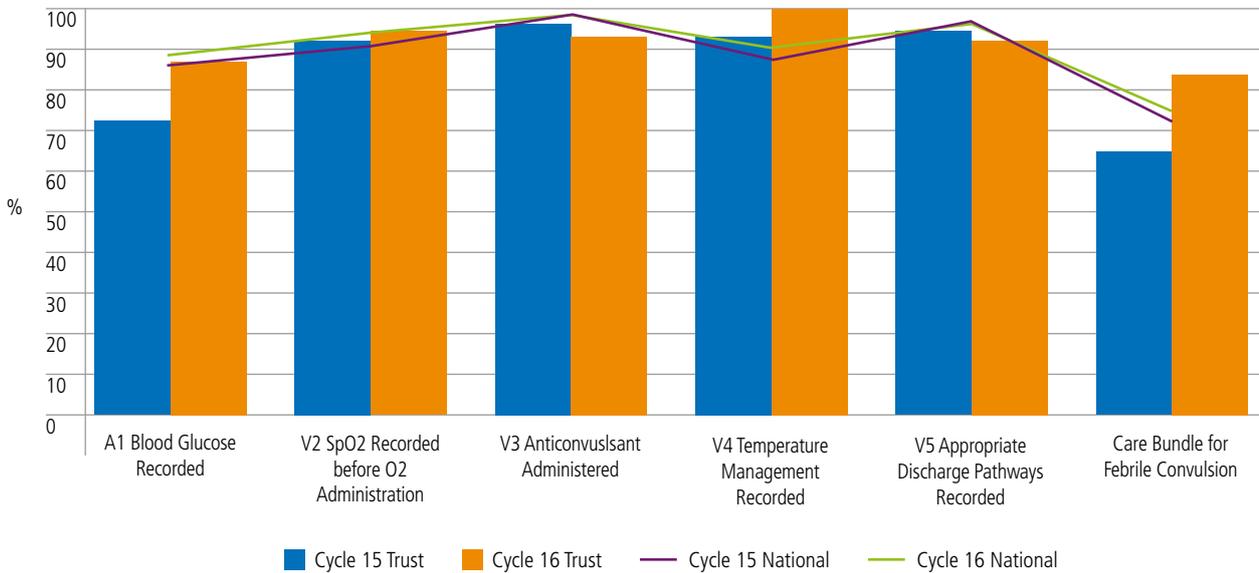


Asthma Performance (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

Febrile Convulsion

Cycle 15 data (Sept 2015) for the care of febrile convulsions demonstrates how SECamb's performance against two of the six elements of the care bundle is above the national mean and the full care bundle has shown a continued upward trend, reflecting the national trend of improvement. Cycle 16 (March 2016) further demonstrates an improvement in overall care bundle performance, with increased performance in recording of blood glucose, temperature and discharge pathways.

SECAmb – Febrile Convulsion Cycles 15 and 16

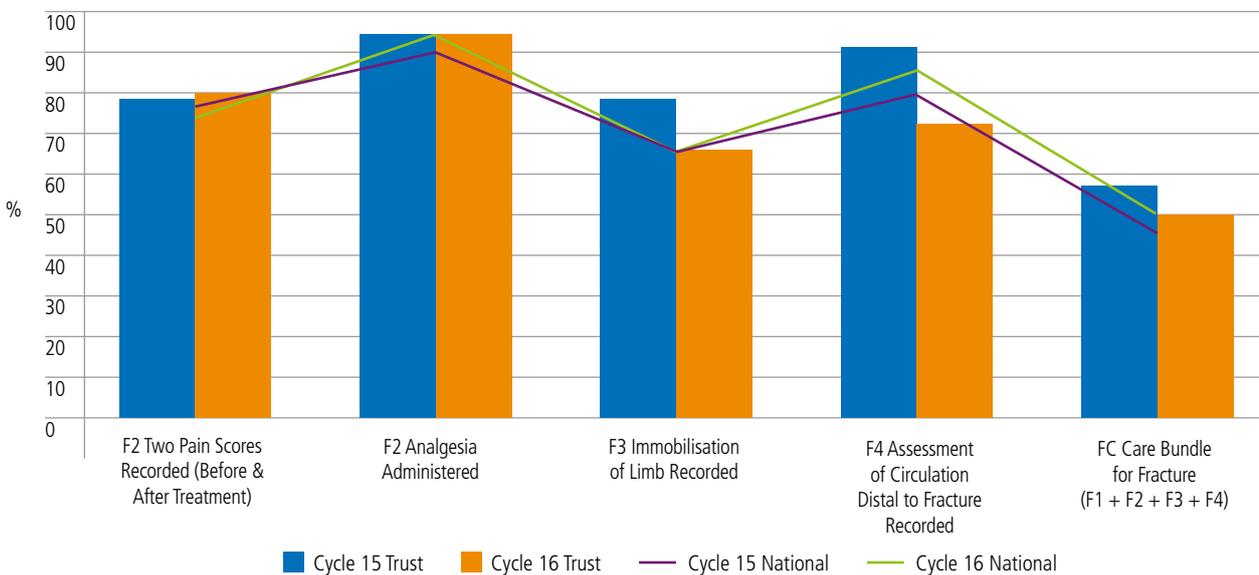


Febrile Convulsion (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

Single Limb Fractures

Cycle 15 data (Sept 2015) for Single Limb Fracture demonstrates how SECAmb’s performance against two of the six elements of the care bundle is above the national mean and the full care bundle has shown a downward trend which is reflective of the national picture. Cycle 16 (March 2016) SECAmb performance is 51%, which is above the national mean of 49.1% with two of the four elements being above.

SECAmb – Single Limb Fracture Cycles 15 and 16



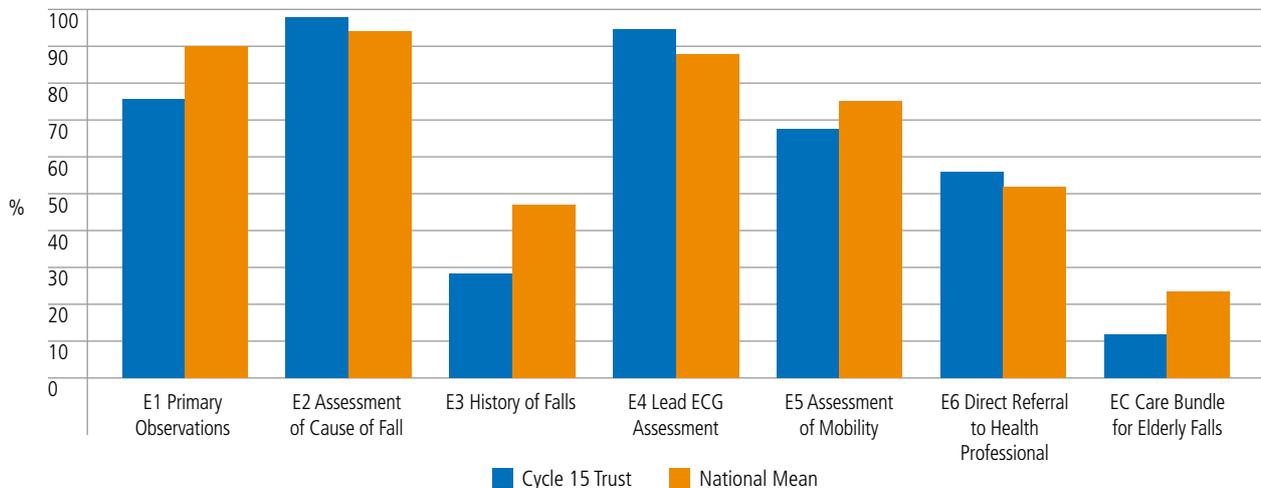
Lower Limb Trauma (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

Performance Analysis

Elderly Falls

Cycle 15 data (September 2015) for the care of elderly fallers demonstrates how SECamb has performed against each element and the care bundle in the second pilot audit for this condition. The Trust is above the national mean in three of the six individual reporting requirements. Data for Cycle 16 (March 2016) for this condition is not due for publication until June 2016.

SECamb Elderly Falls Performance Cycles 15 - September 2015

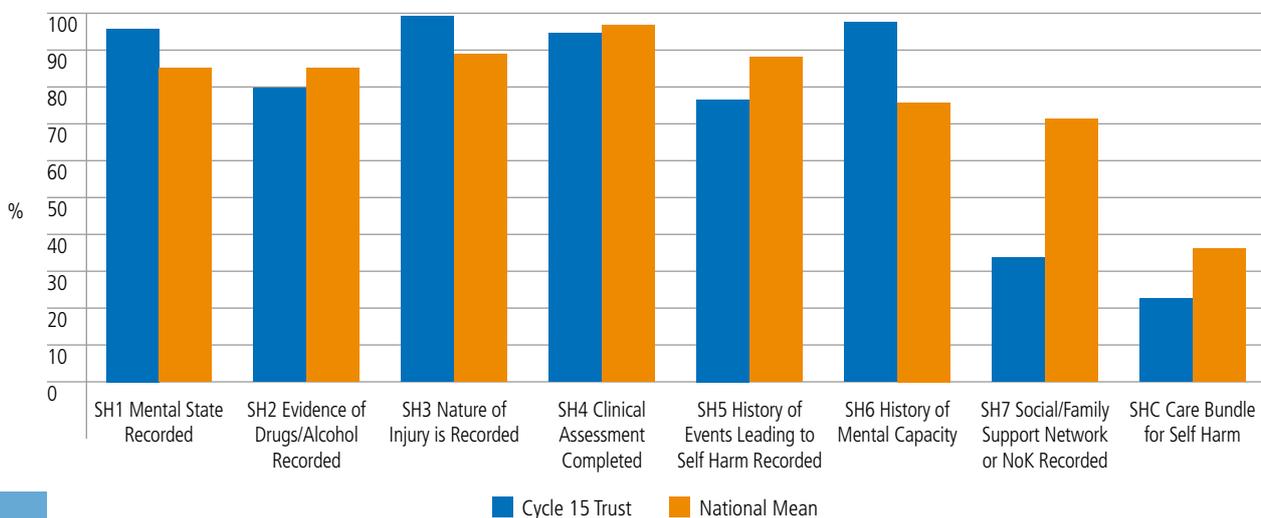


Elderly Falls Performance (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

Mental Health

Cycle 15 data (October 2015) for the care of patients experiencing mental health difficulties demonstrates how SECamb has performed against each element and the care bundle in the first pilot audit for this condition. The Trust is above the national mean in three of the seven individual reporting requirements. Data for Cycle 16 (April 2016) for this condition is not due for publication until July 2016.

SECamb Mental Health Performance Cycles 15 - October 2015



Mental Health (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

Financial Performance

This part of the report is about the Trust's financial performance in the period from 1 April 2015 to 31 March 2016. Our accounts for the period are attached as an Appendix; they are also available for downloading from the Trust's website.

Income and Expenditure Position

The Trust had a challenging year in 2015/16 but we have made continued progress in building sustainable services. The Trust is reporting a surplus of £0.5m, which is in line with the planned surplus anticipated for the same period.

Summary Financial Position year ended 31 March 2016			
Figures are subject to rounding	£M		
	Plan	Actual	Variance
Income	205.9	206.2	0.3
Operating Expenses	192.2	192.1	0.1
EBITDA*	13.7	14.1	0.4
Interest, depreciation, and dividend	13.2	13.6	(0.4)
Retained Surplus/ (Deficit)	0.5	0.5	0.0

*Earnings Before Interest, Taxes, Depreciation and Amortisation

Our overall financial performance at the end of 2015/16 was in line with the Board's continuing decision to commit additional resources to clinical and operational performance. We also undertook a series of change projects to promote efficiency and ownership at an Operational Unit level.

The Trust continued to invest in the key areas of Paramedic skills development and its core infrastructure through Make Ready and Information Technology schemes including the electronic Patient Clinical Record (ePCR).

Income

Income was up by 2.6% compared to prior year. This included monies relating to the provision of the core 999 service that exceeded

the commissioned expectations by 2.5% and generated an additional £2.5m of income that was matched by costs. Additional funding was received for education, training and staff development. The underlying income position continues to be challenging for the future.

In our core business of providing a 999 service, the Trust continues to experience steady activity growth year on year. In spite of this, the tariff deflator (effectively a price reduction) of 1.6% for the year 2015/16 along with the marginal adjustment leads to an overall price reduction annually. Furthermore, our commissioners are challenging us to raise the level of 'Hear and Treat' and 'See and Treat' responses, which reduces our overall income in future years.

The financial performance in PTS has significantly improved and generated a surplus as anticipated. As previously noted, the PTS Sussex contract transitioned to new providers from 1 April 2016. The new contract was offered on a managed service basis, which was a different model to the previous arrangements and we were unable to bid. The Trust is currently in the final stages of the tendering process for the continuation of the Surrey contract. The focus on the PTS operation has been continuous improvement, balancing the financial model with performance and cost improvements to deliver the best patient experience.

Providing the NHS 111 contract for South East Coast with our partners, Care UK, remains challenging. Additional resources have been allocated in the year to maintain the levels of performance and clinical care established by the Trust. Although we saw a 24% financial improvement in 2015/16, the service remains loss making. A new two-year contract extension has been negotiated for Surrey, Sussex and Kent (excluding East Kent from October 2016) and the service is expected to be sustainable and financially viable to ensure a breakeven in 2016/17.

The Trust has met the underlying requirement for its income from goods and services for the purpose of the health service.

Performance Analysis

Expenses

Operating expenses increased by 2.9% to match the growth in income. This is largely because of investments in resources including vehicles, clinical supplies and staff to ensure operational delivery at the required activity levels. There were further investments to support the delivery and development of NHS 111 service.

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

Our Capital Spend in the period was £19.7m. We invested in our vehicle fleet for the 999 service including medical equipment, improving the resilience of our IT systems and the strategic estates programme. We expect to continue to make significant capital investments in the next five years as our estates programme moves forward, and will ensure that our underlying cash position remains as planned.

Our cash balance at the year-end March 2015/16 was £16.1m against a plan of £14.0m. The key cause of the difference was the timing of capital spend which is expected to be operational from 2016/17 forwards.

Cost Improvement Programme (CIP)

Despite the challenges the Trust faced in 2015/16, the Trust delivered CIPs of £10.5M compared to the plan of £10.0M (105% achievement). These programmes focus on specific areas of improvement and are supported by an action plan and set of metrics which clearly defines the scheme and how the benefits are realised. For the year 2016/17, we will continue to focus on driving improvements in key operational areas including productivity in Unit Hour Utilisation (UHU). This involves working in collaboration with the NHS

colleagues within our region to improve our job cycle times by reducing hand over delays at hospitals. Further improvements are anticipated through increased recruitment of clinical and non-clinical staff to reduce the reliance on agency support, reducing See and Convey activity and transformational savings. Other schemes include efficiency improvements within PTS and 111 as well as Trust-wide transport review savings.

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 staff from areas such as quality, workforce, finance and performance as per the national guidance.

Counter Fraud and Corruption

During 2015/16, a comprehensive review of the Trust's Anti-Fraud and Bribery Policy had been conducted, which formed the basis of the revised policy. Work progressed to raise awareness of fraud to highlight the risks and obligations that we face around Fraud and Bribery. The Trust adopts a risk-based approach to focus training on the areas most at risk. We have ensured that we have a Local Counter Fraud Officer who is active and that all staff are familiar with the procedure for raising concerns in a timely manner. Furthermore, the Trust operates a whistleblowing hotline and thorough investigations are carried out if concerns are raised.

Audit Performance

We have an active internal audit program, which is governed by the Audit Committee. The programme aims to cover financial and non-financial controls on a risk basis. Much of that work is planned, but we keep some resource to respond to any concerns that might arise during the year. The audit programme this year has focussed on areas as such the formal governance arrangements for the change programme (including the move to a new HQ and EOC and the localisation agenda as previously described), clinical audits, and review processes in place around aspects of the Ambulance Quality Indicators and key financial

controls. The outcomes of audits are described in more detail in the Annual Governance Statement.

In particular, Internal Audit has identified lack of progress made in conducting clinical audits during the year and in formulating the 2016/17 Clinical Audit Plan. Management has accepted recommendations made by Internal Audit, and there is a clear plan in place to rectify this for 2016/17.

Accounting Policies

The accounting policies for the Trust are set out in the annual accounts.

Accounting policies for pensions and other retirement benefits are set out in 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 of the accounts.

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
27,548	25,414	92.2%	£88,233	£81,298	92.1%

We aim to support suppliers by paying quickly. We have focussed on process improvements that will have a sustained benefit to all suppliers rather than short-term fixes. The percentages achieved are lower than the anticipated target of 95%. This is largely due to the timing of processing invoices relating to Private Ambulance Providers under the purchases of healthcare from non NHS bodies.

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. Given the governance failings identified in the Trust in 2015/16, the Audit Committee will be a key part of ensuring that improved systems and processes are in place to deliver good governance across SECamb in 2016/17.

Performance Analysis

The Audit Committee membership in respect of the period ended March 2016 was:

- + Trevor Willington, Non-Executive Director (Chair)
- + Tim Howe, Non-Executive Director
- + Alan Rymer, Non-Executive Director
- + Graham Colbert, Non-Executive Director
- + Lucy Bloem, Non-Executive Director
- + Terry Parkin, Non-Executive Director (appointed September 2015)

The Director of Finance, Director of Commissioning, 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 25 May 2016, other than as set out below:

- + Issues have been identified in relation to data capture for the Clinical Outcome Indicators (COIs)
- + The Quality Account was not circulated to stakeholders in line with the required 30-day consultation period

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. The fees paid to the auditor in respect of the period were £55,440. The fees paid related to audit services, that is statutory audit and services carried out in relation to the statutory audit. The external auditors provided other services to the Trust in the form of specialist Value Added Tax advice regarding our Telematics project. This incurred additional charges of £1,000 in the period.

Progress against key projects

As noted, the challenges the Trust experienced in 2015/16 impacted on our ability to focus on delivering key projects. However, the Trust has continued to make some progress on a limited number of projects and work-streams, many of which formed part of an over-arching change programme and are seen as essential for building an effective service for the future.

The change programme, which started in May 2015, was an ambitious series of inter-related projects, designed to radically reform the way the Trust provides its services and help us move closer towards our vision to become a mobile healthcare provider:

Roll-out of Make Ready Centres and local Operating Units

The continuing roll out of the Trust's Make Ready approach during the year has seen significant work undertaken on new Make Ready Centres at Polegate in East Sussex, at Tangmere in West Sussex and at Gatwick (co-located with a new Hazardous Area Response Team – HART – base). Each Make Ready Centre is supported by a network of Ambulance Community Response Posts (ACRPs), positioned in line with historical patient demand to aim to improve both response times to patients and clinical outcomes.

The Make Ready system differs significantly from the traditional approach to the cleaning and re-stocking of vehicles, where ambulance crews are responsible for preparing their vehicle at the start of every shift and brings many benefits, both for patients and staff. As vehicles are cleaned for each shift to a consistently high standard, the process significantly reduces the risk of cross-infection, benefiting both patients and staff alike. By employing teams of specially-trained Make Ready Operatives (MROs) to carry out vehicle preparation, this also frees up clinical staff to spend more time treating patients, releasing more resources into front-line care.

The Trust currently operates five Make Ready Centres – Chertsey, Ashford, Paddock Wood, Hastings and Thanet. A new Make Ready Centre at Gatwick, the first purpose-built Centre in Sussex, opened in April 2016. Chichester is the next Centre which is expected to go live in the Autumn of 2016, followed shortly afterwards by Polegate.

Looking forwards, the Trust has identified a site for a Make Ready Centre in Brighton and is planning to develop the current ambulance stations at Medway and Worthing into MRCs. However, it remains difficult to identify suitable sites in Surrey.

The roll-out of the local Operating Units has worked in tandem with the physical development of the Make Ready Centres during the year.

Following the successful pilot of the Operating Unit model and associated local management structure in Thanet during 2014/15, the process has begun during 2015/16 to roll out ten local Operating Units across the Trust's area. The first stage saw the appointment of ten Operating Unit Managers on 1 November 2015, who are responsible for the delivery of services in their local area, for building strong local teams and effective working relationships with local partners.

The roll-out of the broader local leadership structure was delayed during the year, partly due to the Trust experiencing significant operational pressures and also due to our focus on rectification plans and activities. However, this re-commenced in the Spring of 2016 and is due to be completed by the Autumn of 2016.

Senior Management re-structure

During the year, following a re-organisation of Executive Director portfolios, a re-structure of the Trust's Senior Management team took place, beginning in May 2015 and implemented in October 2015, designed to support the wider change programme and drive transformation and devolution.

The specific key aims of the re-structure were to stream-line hierarchy and decision making at a senior level, whilst introducing greater local leadership and accountability – the appointment of the new Regional Operations Managers and Operating Unit Management teams were a key part of this.

As part of these changes, a small number of management and support staff were made redundant during the year, as referenced in the Remuneration Report. The re-structure has also impacted on the turnover rate during the year and led to the Trust requiring high numbers of interims whilst permanent staff were recruited.

New HQ/EOC

Following the Board's decision in January 2015 to create a new Trust HQ, as well as moving to a two-EOC model, a formal agreement was entered into with Surrey County Council to allow the Trust to move to a site owned by the Council in Crawley, West Sussex.

The site will provide an opportunity for 'blue light' collaboration as other emergency services, including Fire and Police, are expected to re-locate there in the medium term.

Once the site is built, SECamb will occupy the ground and first floor of a four-storey building. The ground floor will include the new 'West' EOC, which will house the EOC teams currently based at Lewes and Banstead. The first floor will house the new Trust HQ, in an open plan environment.

Building work on the site began in June 2015 and is progressing well; the building is expected to be completed in the Summer of 2016. Lots of work has also been undertaken with EOC staff, who have been actively involved in planning and designing the layout of the new EOC.

The focus on planning for the 'people' aspects of the move have commenced in 2016.

Performance Analysis

Development of Community Paramedic teams

The development of an integrated Community Paramedic team has been piloted during the year in Whitstable in Kent. This sees Paramedics and Specialist Paramedics integrated into local urgent care teams, providing support for urgent GP home visits and providing vital links between ambulance staff and primary care, as well as with local care homes, etc. This is paid for by local commissioners and you can read more about the progress of this pilot in the Performance Report.

Moving forwards, we recognise that we now need to consider how to align the development of the Community Paramedic programme with the 'Paramedic at Home' role, as outlined in the Five Year Forward View.

Development of an electronic Patient Clinical Record (ePCR)

Included in SECAmb's plans for 2016/17 is the wider deployment of the electronic Patient Clinical Record (ePCR) mobile working solution to our frontline clinicians, which will provide significant benefits in terms of capturing and appropriately sharing patient information. It will also provide better quality data to inform service improvements.

The ePCR collects patient clinical data at the point of care on an iPad; data which is currently captured on a paper A3 form.

Working in conjunction with our software provider Kainos and iPad supplier the first phase commenced in the Thanet area in October 2015.

This 'soft launch' enabled the structured testing of the software and the validation of staff support processes introducing the change to their working practices.

In partnership also with the East Kent Hospitals University Foundation Trust (EKHUFT) we have achieved the successful handover of patients into their care at both Queen Elizabeth the Queen Mother (QEQM) A&E in Margate and the Kent & Canterbury hospitals.

This significant change project has been assured under SECAmb's Clinical Quality Working Group (CQWG) governance process and Risk Management and Clinical Governance Committee (RMCGC).

A full review of the soft launch will be undertaken in April ahead of operational deployment across the wider Trust area during the summer months.

Feedback to date from both staff and patients is positive, both in terms of ease of use of the ePCR application, and reduction in the use of paper forms.

By placing the personal issue and personally-enabled iPad as the cornerstone of mobile working for frontline staff, this project is fully aligned with SECAmb's vision for the future and the government target of being 'paperlite' by 2018.

Sustainability & Environmental Report

In 2015/16 we have taken delivery of 15, fully-converted Plug in Hybrid Electric vehicles for use in our frontline fleet. The Government's Office for Low Emission Vehicles (OLEV) is supporting us in this innovative trial project, which promotes the national 'Go Ultra Low' vehicle programme. It will run for 24 months and will demonstrate how petrol hybrid electric vehicles can support our frontline operations.

The Outlander vehicles run on petrol, which is a much cleaner and safer fuel than diesel for both our staff and our patients. The vehicles will also make use of our existing electric

charge-point network for which we also received OLEV funding, to keep their electric batteries topped up. The trial will test the extent to which they can run on electricity alone, potentially avoiding carbon emissions associated with conventional fuel and saving money.

Supporting this project is a new Workplace Charging Policy which explains how staff may access the network of Electric Vehicle Charge-points we have installed on our sites.

This year we have also begun the development of a series of Travel Plans. This work is helping us to get to grips with car travel and parking issues and to develop sustainable travel plans at key sites including Ashford MRC, Paddock Wood MRC, the new Gatwick HART MRC and the new HQ building. This will support staff to get to work in the most sustainable, economic and stress-free way possible, which might mean not travelling by car.

This year we have also been successful in accessing interest free loans from the Government's Salix programme. This has supported improvements in energy efficiency at six sites, including Hastings Make Ready where £20,000-worth of LED lighting upgrades have been undertaken. Using a loan to undertake this work means that SECAmb can repay the loan from the electricity savings made as a result of the new technology.

We have developed a Sustainable Fit-Out Guide to be used as a specification for fitting out our new Headquarters building to ensure the work meets robust environmental standards. The same Guide will also be applied to our upcoming Make Ready Centres. We have also developed an Environmental Design Specification for subsequent Make Ready Centres which sets out requirements for the buildings to address environmental sustainability issues and climate change adaptation.

In addition, preparations are underway to move the Trust's previously-held paper records, predominantly HR, to an electronic format. This is part of the Trust's plan to go 'paper-lite' by 2018 and is a key milestone in the preparations for the move to the new HQ in Crawley.

Important events after year end

On 1 April 2016, the Trust's contract for the provision of Patient Transport Services (PTS) in Sussex ended. You can read more about this in the section on PTS performance within the Performance Analysis section.



Geraint Davies, Acting Chief Executive

Date: 26 May 2016



Accountability Report

Directors' Report

The Board of Directors

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

The Council of Governors holds the Non-Executive Directors to account for the performance of the Board and represents the interests of members and the wider public. The Council has statutory duties which include appointing or removing the Non-Executives and setting their remuneration.

Non-Executive Directors are appointed by the Council of Governors 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 2015/16 the Trust Board as formally constituted included the Chairman, seven Non-Executive Directors, the Chief Executive, six Executive Directors and the Director of Workforce

Transformation who is a non-voting member of the Trust Board. As previously noted, there have been a number of changes to the Board during the year. Further information is provided below.

There is extensive experience of the NHS within the current group of Executive Directors. Notwithstanding the changes experienced within the Board membership in recent months, the Board is satisfied that overall there is a balance of knowledge, skills and experience that is appropriate to the requirements of the Trust. However, in order to clarify clinical responsibilities and otherwise address issues identified by various external reviews of the Trust, Executive portfolios will be re-aligned during 2016/17. We will also be looking to strengthen capacity and capability on the Board and at all levels within the Trust.

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

In the event that the Council considers the Trust to have failed or to be failing to act in accordance with its Constitution or Chapter 5 of the NHS Act 2006, the Council would make the Board aware of the nature of the Council's concern and the Council and Board would then attempt to resolve the issue through discussion. This process would normally be led by the Lead Governor and the Chair. Where this fails, or where discussion through the Chair is inappropriate, the Senior Independent Director would act as an intermediary between the Council and the Board, with the objective to find a resolution. In the event that the issue cannot be resolved by discussion it may be referred to the Monitor panel for advising Governors if, at a meeting of the Council of Governors, more than half of the members of the Council voting approve the referral.

Dr David Fluck joined the Trust in the role of part-time Interim Medical Director on 20 April 2015. He was replaced on 6 July 2015 with the arrival of the permanent Medical Director, Dr Rory McCrea.

On 14 March 2016, the Trust Chairman Tony Thorne resigned and an Interim Chair, Sir Peter Dixon, was appointed at Monitor's request on 15 March 2016.

James Kennedy, Chief Operating Officer, has tendered his resignation and will leave the Trust on 27 May 2016.

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.)

Evaluation mechanisms

During the year, the Board held two development sessions; the first of these was to consider the Board's performance in relation to the Well Led Governance Framework. A second development session focussed on training around Raising Concerns.

Given the regulatory action taken during the year against the Trust, the Board has not had the opportunity to continue the development programme started during 2014/15.

Moving forwards and as part of the Trust's response to the regulatory action, there will be a broad programme of Board development, focussing on governance and roles and responsibilities in a unitary 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. During the year, a number of Committees were also observed by representatives of our lead Clinical Commissioning Group (CCG).

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.

Governance

During 2015/16 governance failures were identified within the Trust in relation to two activities:

- + Re-triage pilot scheme, undertaken by the Trust during December 2014 to February 2015. The pilot involved a change to standard operating procedures regarding the handling of certain NHS 111 calls which had been transferred to the 999 service where the NHS Pathways assessment had resulted in an ambulance despatch disposition.
- + The application of defibrillators with regard to the Ambulance Quality Indicators (AQIs).

You can read more on both of these issues and the actions taken subsequently by Monitor in the Annual Governance Statement.

Directors' Report

Register of Directors' interests

The Board of Directors are required to declare other company directorships and significant interests in organisations which may conflict with their Board responsibilities. The register of Directors' interests is up-dated annually and is available on the Trust's website.

The interests of all Board members have been declared.

Board Members (terms of office shown in brackets)

1. Tony Thorne – Chairman

(1 September 2011 to 14 March 2016)

Tony chaired 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. On 14 March 2016, Tony resigned from his role as Chairman.*

*In line with contractual obligations and as set out later in the Remuneration Report, Tony Thorne was paid by the Trust until 31 March 2016.

Tony was 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. Sir Peter Dixon – Interim Chairman

(from 15 March 2016)

Following regulatory action taken by Monitor against the Trust, Peter was appointed as Interim Chairman at Monitor's request for an initial six-month period.

Peter also chairs Diabetes UK, Imperial College Health Partners and the Anglia Ruskin Health Partnership. He was previously chairman of the Housing Corporation, the funder and regulator of social housing, until 2008 and of University College London Hospitals NHS Foundation Trust until 2010. Prior to this he ran a variety of manufacturing businesses and has experience in banking and corporate finance. His knighthood was for services to housing.

Peter is a member of the Trust Board.

Declared interests – Chair, Imperial College Health Partners; Chair, Anglia Ruskin Health Partnership; Chair Diabetes UK; Vice-Chair, The Broads Authority; Board Member, National Parks Partnerships

3. Lucy Bloem – Non-Executive Director

(1 September 2013 to 31 August 2016)

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

Lucy is a member of the Trust, the Workforce Development Committee (to 30 September 2015), the Audit Committee and the Charitable Funds Committee and has chaired the Risk Management and Clinical Governance Committee since 1 July 2014.

Declared interests – Deloitte Partner

4. Tim Howe – Non-Executive Director

(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 Nominations Committee, the Finance and Business Development Committee, the Audit Committee and chair of the Workforce Development Committee.

Declared interests – Director of Komoka Ltd; Director of the Human Resource Centre Ltd; Trustee Age UK (Sutton);

5. Trevor Willington – Non-Executive Director

(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 the Board of Governors, Corporation of North East Surrey College of Technology; Member of the Royal Marsden NHS Foundation Trust; Member, Surrey SEND Information, Advice & Support Service; Member, Surrey County Council Pension Board

6. Dr Katrina Herren – Non-Executive Director

(1 September 2012 to 31 August 2018)

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 organisations.

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.

Following her initial term of office, Katrina was re-appointed from 1 September 2015 to 31 August 2018.

Declared interests – Medical and International Director - Dr Foster; Deputy Chief Product Officer – Expert-24 and part of a team taking part in the current request for proposal for a replacement of the NHS pathways system for 111

Directors' Report

7. Graham Colbert – Non-Executive Director

(1 September 2012 to 31 August 2018)

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 and has continued in this role following his re-appointment.

Following his initial term of office, Graham was re-appointed from 1 September 2015 to 31 August 2018

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

Declared interests – Pensioner of Astra Zeneca; employed by Genomics England Ltd; Trustee of the British Lung Foundation

8. Alan Rymer – Non-Executive Director

(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 Workforce Development Committee and the Audit Committee.

Declared interests – None

9. Terry Parkin – Non-Executive Director

(1 September 2015 to 31 August 2018)

Terry has lived for the last 25 years in West Sussex. His career led to senior posts in education and social care as well as significant experience of volunteering. He has worked as a chief officer in two local authorities, leading what has become known as the 'people' portfolio, covering services to both children and adults, and including public health. Terry has a particular interest in children's mental wellbeing. He was invited to join the Winterbourne View programme board at the Department of Health representing directors of children's services where he helped shape policy relating to children and young people. He continues to work with the DfE and DH on the arrangements for children with challenging behaviours

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

Declared interests – Director, Monkmead Consulting

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.

Declared interests – None

11. James Kennedy – Chief Operating Officer

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 Workforce Development Committee.

Declared interests – None

12. Professor Andy Newton – Chief Clinical Officer/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 and then Chief Clinical Officer on 1 April 2015.

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

13. Geraint Davies – Director of Commissioning/ Deputy Chief Executive

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

On 6 March 2016, Geraint took on the role of Acting Chief Executive, whilst Paul Sutton was on mutually-agreed leave of absence.

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

14. 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 – Visiting Professor at the University of Surrey

15. 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.

Francesca is a non-voting member of the Trust Board and a member of the Workforce Development Committee.

Declared interests – None

Directors' Report

16. Dr David Fluck – Interim Medical Director

(from 20 April 2015 to 5 July 2015)

David obtained his MBBS, MRCP (UK) and FRCP (UK) from the University of London. He trained at a number of hospitals in London and the South East, including St Bartholomew's Hospital, Guys Hospital London, and the Hammersmith Medical School. He joined Ashford & St Peter's in 1996 as a Consultant Cardiologist, and was instrumental in developing services such as the Rapid Access Chest Pain Clinics and trans-oesophageal echocardiography. He became the Clinical Director for Medicine in 2006, and was appointed to Deputy Medical Director in 2010, before being appointed to his current role of Medical Director in 2012.

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

Declared interests – Consultant Cardiologist, Ashford & St Peter's

17. Dr Rory McCrea – Medical Director

(from 6 July 2015)

Having trained as a GP in the early 1990s, Dr McCrea has a wealth of experience in both the public and private sectors. In 2001 he established ChilversMcCrea Healthcare, the UK's first corporate NHS general practice provider with walk-in and general practice services. In 2011 he founded and became Chair of ORLA Healthcare, the UK's first acute medical provider in the home. He has

also served as Medical Director of NHS West Essex (Epping Forest Primary Care Trust). More recently, in 2014, he became a part-time Executive Director of Amie Healthcare, an innovative start-up acute and community healthcare provider.

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

Declared interests – GP Principal part-time, Senior Partner – Keyhealth Medical Centre, NHS General Practice, Waltham Abbey, Essex; Executive Director part-time, Amie Healthcare, Upshire, Essex; Medical Director part-time, Stellar Healthcare, Nazeing, Essex – GP Federation; Director part-time Chilvers McCrea Healthcare; Patron, The Dream Factory, West Essex Charity; Patron, Heart of Epping, Essex

18. David Hammond – Interim Director of Finance

David has a degree in Economics and is a Fellow of the Association of Chartered Certified Accountants. He has extensive experience in senior management positions within large and small corporate organisations in the UK and overseas. For the last seven years David has led finance teams in Ambulance and Acute Hospital Trusts within the NHS.

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

Declared interests – None

Member	Attendance at Board Meetings							
	Wednesday 29 April 2015	Thursday 28 May 2015	Tuesday 28 July 2015	Thursday 24 September 2015	Thursday 22 October 2015	Tuesday 24 November 2015	Tuesday 26 January 2016	Tuesday 29 March 2016
Peter Dixon *								X
Tony Thorne **	X	X	X	X	X	X	X	
Paul Sutton	X	X	X	X	X	X	X	-
Trevor Willington	X	X	X	X	X	X	X	X
Tim Howe	X	X	X	X	X	X	X	X
Graham Colbert	-	X	-	X	X	X	X	-
Katrina Herren	X	X	X	X	X	X	X	-
Lucy Bloem	X	X	X	X	-	X	X	X
Al Rymer	X	X	X	X	X	X	X	X
Terry Parkin ***					X	X	X	X
Geraint Davies	X	X	X	X	X	X	X	X
James Kennedy	X	X	-	X	X	X	X	X
Andy Newton	X	X	X	X	X	X	-	-
David Hammond	X	X	X	X	X	X	X	X
Dr David Fluck ****	X							
Dr Rory McCrea *****				X	X		X	X
Kath Start	-	-	X	X	X	X	-	-
Francesca Okosi	X	X	X	X	X	X	X	-

- * Interim Chairman from 15 March 2016
- ** Chairman until 14 March 2016
- *** Non-Executive Director from 1 September 2015
- **** Interim Medical Director to 5 July 2015
- ***** Medical Director from 6 July 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

Board Committees

In order to exercise its duties, the Board is required to have a number of statutory Committees. Monitor's (now NHS Improvement) Code of Governance sets out that the Board may opt to have one or two Nominations Committees and provides guidance on the structure for either option. SECAmb has elected to follow the model for two Nominations Committees – one which has responsibility for Executive Directors and one which has responsibility for Non-Executive Directors, including the Chairman.

Appointments and Remuneration Committee (ARC)

The purpose of the Committee is to decide and report to the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors employed by the Trust and other senior employees, having

proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements where appropriate. This fulfils the duties for the Nominations Committee for Executive Directors, as described above.

For any decisions relating to the appointment or removal of the Executive Directors, membership of the Appointments and Remuneration Committee of the Chairman, the Chief Executive and all Non-Executive Directors of the Trust is required under Schedule 7 of the National Health Service Act 2006. For all other matters, Committee membership is comprised exclusively of 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 Transformation 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								
	10 April 2015	22 May 2015 *	24 June 2015	10 July 2015	7 September 2015	14 October 2015	27 November 2015	2 December 2015	23 March 2016
Katrina Herren	X	X	X	X	X	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
Paul Sutton	-	-	-	X	X	X part	-	X part	-
Tony Thorne	-	-	-	-	-	-	X	-	-
Clare Mitchell	-	X	X	X	X	X	-	X	-
Francesca Okosi	X	X	X	X	X	X	X part	X	X
Graham Colbert	-	-	-	-	-	-	X	-	-
Lucy Bloem	-	-	-	-	-	-	X	-	-
Al Rymer	-	-	-	-	-	-	-	-	-
Geraint Davies	-	-	-	-	-	-	-	-	X
Steve Graham	-	-	-	-	X	X	-	X	X

* There were two separate meetings held on 22.5.15, one of which was an extraordinary meeting. LB/AR/GC/PS attended the extraordinary meeting in addition to the other attendees identified above.

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 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	Attendance at Board Meetings				
	Wednesday 27 May 2015	Monday 8 June 2015	Monday 7 September 2015	Wednesday 2 December 2015	Wednesday 2 March 2016
Trevor Willington	X	X	X	X	X
Tim Howe	X	X	X	X	-
Al Rymer	X	X	X	X	X
Graham Colbert	X	-	-	-	X
Lucy Bloem	X	-	X	X	X
Terry Parkin *			X	X	X

* Non-Executive Director from 1 September 2015

Directors' Report

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	
	Monday 8 June 2015	Wednesday 2 December 2015
Trevor Willington (Chair)	X	X
Lucy Bloem	-	X
Tim Howe	X	-
Geraint Davies	X	X
David Hammond	X	X

Finance and Business Development Committee (FBDC)

The purpose of the Committee is to review financial and operational performance, business development and investment decisions of the Trust. FBDC 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										
	Thursday 23 April 2015 - Q	Thursday 18 June 2015 - T	Thursday 16 July 2015 - Q	Thursday 17 September 2015 - T	Monday 19 October 2015 - Q	Thursday 19 November 2015 - T	Thursday 17 December 2015 - T	Thursday 14 January 2016	Thursday 21 January 2016 - Q	Thursday 18 February 2016	Thursday 17 March 2016 - T
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
Geraint Davies	X	X	X	-	X	X	X	X	X	X	X
James Kennedy *	X	-	X								
David Hammond	X	X	X	X	X	X	X	X	X	X	X

* Although appointed as Chief Operating Officer on 1 April, James Kennedy attended the April & July FBDC meetings to hand-over.

Q Quarterly Review Meeting

T Meeting held by teleconference

Risk Management and Clinical Governance Committee (RMCGC)

The Committee is responsible for ensuring that the Trust undertakes an integrated approach to the management of clinical governance and quality and, until January 2016 when responsibility moved to the Audit Committee, 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	Attendance at Board Meetings					
	Thursday 7 May 2015	Monday 6 July 2015	Monday 14 September 2015	Thursday 5 November 2015	Tuesday 12 January 2016	Monday 7 March 2016
Lucy Bloem (Chair)	X	X	X	X	X	X
Katrina Herren	X	X	X	X	X	X
Al Rymer	X	X	-	X	X	X
Terry Parkin *				X	X	X
Geraint Davies	-	-	-	X	X	X
Andy Newton	X	X	X	X	-	-
Dr David Fluck **	X					
Dr Rory McCrea ***			X	X	X	X
Kath Start	-	X	X	X	X	X

* Non-Executive Director from 1 September 2015

** Interim Medical Director to 5 July 2015

*** Medical Director from 6 July 2015

Directors' Report

Workforce Development Committee (WDC)

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 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						
	Tuesday 21 April 2015 - Q	Monday 22 June 2015	Monday 21 September 2015 - T	Thursday 1 5 October 2015 - Q	Monday 18 January 2016 - Q	Monday 22 February 2016	Wednesday 16 March 2016
Tim Howe (Chair)	X	X	X	X	-	X	X
Katrina Herren	X	X	X	X	X	X	X
Al Rymer	X	X	X	X	X	X	X
Lucy Bloem *	X	X					
Terry Parkin **			X	-	X	X	-
Andy Newton	X	X	-	-	-	X	X
Kath Start	X	X	X	X	-	-	X
Francesca Okosi	-	X	X	X	X	-	-

* Following changes in NED responsibilities, Lucy Bloem left the WDC on 30 September 2015.

** Non-Executive Director from 1 September 2015

Q Quarterly Review Meeting

T Meeting held by teleconference

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.

Statement from the Lead Governor

'It has been an exceptionally challenging year for the Trust and we are under no illusions that 2016/17 will no doubt bring more challenges, but will bring opportunities to improve. These opportunities have to be grasped. The Trust's leaders are focussed on making the improvements now needed, to once again be an ambulance service of which everyone can be proud.

I continue to be proud to be associated with SECAMB: the Trust's frontline staff and volunteers provide excellent front-line care with patients, every minute of every day, and this year worked ever harder as demand increased. As a Community First Responder and Team Leader myself until very recently, I can testify first-hand to the dedication and commitment of the Trust's clinical and healthcare support staff.

There is no doubt that the Council of Governors has been greatly concerned by the governance failings identified as a result of reviews of the Trust, undertaken by Monitor and NHS England, which are explained in detail in other parts of this Annual Report. As I write, a review into the impact on patients is still underway, and there is work to do to improve governance

structures throughout the Trust. The Council will focus on ensuring lessons are learned and improvements are made and embedded. In line with our statutory responsibilities, as amended by the 2012 Health and Social Care Act, we shall continue to hold the Board to account, through the Non-Executive Directors, on behalf of the public and our members for these changes.

The role of the ambulance service in addressing the challenges of rising demand in the NHS is not to be underestimated, and the Trust's focus on improving operational and clinical performance is both welcomed and necessary. The plan for the coming year takes a 'back to basics' approach, though there are a number of substantial projects to deliver that aim to prepare the Trust for a sustainable future.

Both I and my fellow Governors are always keen to hear from you and to know your views. You can contact any of us via the Membership Office on ftmembrship@secamb.nhs.uk or using our personal email addresses publicised in the membership newsletter, 'Your Call.'

Brian Rockell, Lead Governor and Public Governor (East Sussex)

Meet the 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 was the Chair of the Membership Development Committee until her term as Staff Governor ended on 29 February 2016.

- + Membership Development Committee member
- + Nominations Committee member

Declared interests – None

Alison Stebbings

(First term of office 1 March 2016
– 28 February 2019)

Alison is the Trust's Logistics Manager, supporting a team of 16 working across Sussex, Surrey and Kent. She is based at Worthing Ambulance Station in West Sussex.

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.

- + Governor Development Committee member
- + Deputy Lead Governor

Declared interests – Seconded to NHS England as National Clinical Lead for the NHS 111/ Integrated Urgent Care Workforce Development Programme, College of Paramedics – Chair of Honours and Awards Committee, 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 10 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 Committee member

Declared interests – None

Charlie Adler

(First term of office 1 March 2016
– 28 February 2019)

Charlie is a graduate Paramedic working out of Woking, Surrey. Prior to qualifying as a Paramedic Charlie served in the Army, with operational tours in Bosnia and Afghanistan.

Declared interests – None

Nigel Coles

(First term of office 1 March 2016
– 28 February 2019)

Nigel is a Paramedic working out of Tongham Ambulance Station in Surrey. He has worked for SECAMB for 26 years.

Declared interests – None

Public Governors

Brighton

Jean Gaston-Parry

(Second term of office 21 June 2015
– 20 June 2018)

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

Directors' Report

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
- + Chair of Governor Development Committee
- + Membership Development Committee member
- + Lead Governor

Declared interests – None

Peter Gwilliam (Second term of office 1 March 2016- 28 February 2019)

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

Declared interests – None

Kent

Marguerite Beard-Gould

(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
- + Inclusion Hub Advisory Group member

Declared interests – Member of the Conservative Party

Maggie 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

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's focus has always been 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

James Crawley

(First term of office 1 March 2016
– 28 February 2019)

James is a Community First Responder for SECamb in Sevenoaks, and he is also a Trustee of his local CFR scheme. James has previously served as an Officer in the Royal Navy and as a Special Sgt in the Metropolitan Police; he now works in Management Consultancy. Alongside volunteering for SECamb James also volunteers for the British Red Cross as an Event First Aider Emergency Response and Trainer.

Declared interests – None

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 the St Peters Hospital in Chertsey. She has been an advocate for inclusion, equality and diversity for staff and patients in the NHS, and also brings seven years' experience as a school governor.

+ Deputy Chair of Membership
Development Committee

+ 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 brought financial and operational expertise to the role.

Declared interests – None

Directors' Report

Mike Hill

(Second term of office 1 March 2016
– 28 February 2019)

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.

- + Chair of Membership Development Committee
- + Governor Development Committee member

Declared interests – None

Dr Peter Beaumont

(First term of office 1 March 2016
– 28 February 2019)

Peter has over 25 years' experience of working with a number of public, private and charitable ambulance services, in roles as varied as volunteer EMT, Paramedic, Aeromedical Retrievals Doctor, Fleet Manager and Medical Director. In 2014 he spent a year working hand-in-hand with SECAmb as a doctor on the Kent, Surrey and Sussex Air Ambulance. Peter works as a Consultant in Critical Care Medicine; he also serves as the lead for inter-hospital patient transfers for the South London Adult Critical Care Network, which represents all hospitals south of the Thames in London, Northeast Surrey and Northwest Kent.

Declared interests – Lead for patient transfers at South London Adult Critical Care Network.

West Sussex

Ted Coleman

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

Ted brought 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 Committee member
- + Nominations Committee member

Declared interests – None

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

Geoff Lovell

(First term of office 1 March 2016
– 28 February 2019)

Geoff lives in Crawley in West Sussex. Geoff had recently called upon SECAmb's services in an emergency and this sparked an interest in his local ambulance service. Geoff is passionate about the National Health Service, and has experience in representative positions in the Trades Union. Although retired Geoff brings life skills in industrial relations which he hopes will hold him in good stead for the role of West Sussex Governor.

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

**Tom left the Council on 31 December 2015 due to taking a new position with Kingston and St George's joint Faculty of Health, Social Care and Education. The position of an Appointed Governor from the University of Surrey is presently vacant.*

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 – None

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.

+ Nominations Committee

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

Directors' Report

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. This year at least two NEDs were in attendance at all formal Council meetings. 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 was chaired by a Staff-Elected Governor (Non-Operational), Angela Rayner until 1 March when she stepped down from the Council and Mike Hill, Public Governor for Surrey, now chairs the MDC. The MDC has a membership of nine

Public Governors at year end. It is anticipated that some newly elected Staff Governors will put themselves forward to join in due course.

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; a Governor Twitter Takeover to offer SECamb's c10,000 twitter followers the opportunity to be part of a live question and answer session with Governors; and advising on membership recruitment and engagement opportunities.

The MDC receives a report on the views of public and staff FT members at each meeting. These views are gathered through the Trust's two key membership engagement groups, the Inclusion Hub Advisory Group (IHAG) for public FT members and the Foundation Council (FC) for staff FT members. Members' views are also reported to the Council at each meeting through the MDC's regular report.

All Board members receive the papers for meetings of the Council of Governors and Directors regularly attend both the IHAG and FC to listen to members' views and talk about Trust plans. We have reasonable attendance from public members at our Annual Members Meeting (around 80 members attended in 2015/16) and Governors attend numerous public events during the year, many over the Summer, to engage with members and the wider public and inform their views shared with Council colleagues and the Board.

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 one Appointed Governor, 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 three occasions this year and has undertaken its statutory duty in recommending NED appointments, as outlined in the section on Statutory Duties below.

	Constituency/Role	16.04.15	08.10.15	14.01.16
Tony Thorne	Chairman	X	X	X
Tim Howe	Senior Independent Director and Non-Executive Director	X	X	X
Angela Rayner	Staff – Non-Operational	X	X	X
Ted Coleman	Public – West Sussex	X	-	X
Brian Rockell	Public – East Sussex (and Lead Governor)	X	X	X
Maggie Fenton	Public – Kent	-	X	-
Marguerite Beard-Gould	Public – Kent	X	X	X
Marian Trendell	Appointed	X	X	X

Directors' Report

Governor Development Committee (GDC)

The GDC has met six times during the year. At year end its membership is six 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 Director, which culminated in the appointment of Terry Parkin as a Non-Executive Director of the Trust for a three year term of office which commenced on 1 September 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. 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.

Reappointment of Non-Executive Directors

The Nominations Committee reviewed appraisals of Katrina Herren and Graham Colbert, with input from the Chief Executive and Chairman, and recommended to the Council that they be reappointed for a second three year term of office. The Council made the appointments.

Input to Annual Planning

The Trust has worked with Governors to review its annual plans. An interactive session between Non-Executives and Governors was held to review the key areas of the plan, and gather Governors' views and priorities for the coming year. The annual planning process was somewhat overtaken with the outcomes of regulatory activity and associated reviews of the Trust however the 'back to basics' approach for 2016/17 was endorsed by the Council during discussions.

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 (see the Quality Account).

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 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 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. They have contributed to staff engagement improvements planned by the Trust.

Appointments and Elections

There were Governor elections in all constituencies during the year. The Brighton election took place in June 2015 and all other elections took place in February 2016.

Election results are as follows:

Brighton Public Governor:

Jean Gaston Parry (re-elected for a second term)

Number of eligible voters: **481**

Total number of votes cast: **74**

Turnout: **16%**

East Sussex Public Governor:

Peter Gwilliam (re-elected for a second term)

Number of eligible voters: **1,775**

Total number of votes cast: **208**

Turnout: **11.7%**

Kent Public Governor:

James Crawley

Number of eligible voters: **2,813**

Total number of votes cast: **188**

Turnout: **6.7%**

West Sussex Public Governor:

Geoff Lovell

Elected unopposed

Surrey Public Governors:

Dr Peter Beaumont & Mike Hill

(Mike Hill re-elected for a second term)

Number of eligible voters: **2,396**

Total number of votes cast: **235**

Turnout: **9.8%**

Non – Operational Staff Governor:

Alison Stebbings

Number of eligible voters: **458**

Total number of votes cast: **134**

Turnout: **29.3%**

Operational Staff Governors:

Charlie Adler & Nigel Coles

Number of eligible voters: **3,197**

Total number of votes cast: **267**

Turnout: **8.4%**

All term lengths are for three years and the terms commenced on 21 June 2015 for our Brighton Governor and 1 March 2016 for all Governors elected in other areas. Thanks to all members who put themselves forward for nomination and/or voted in the election, and congratulations to those elected.

We would like to thank the many Governors who completed their terms this year and chose not to stand for election again, or were not re-elected as follows: Nigel Sweet, Warren Falconer, Angela Rayner, Neil Baker, Ted Coleman, Tony Dell, and Robin Kenworthy.

Thanks also to Professor Tom Quinn who was an Appointed Governor from the University of Surrey who stepped down from the Council in December 2015 due to taking a new position with Kingston and St George's joint Faculty of Health, Social Care and Education.

The Council has one Public Governor vacancy at year end in West Sussex due to only one candidate standing for election. There is also an Appointed Governor vacancy for a representative from the University of Surrey.

Directors' Report

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.

2015-16				
Constituency	Name	Appointed	Term of Office	
Public: Brighton and Hove	Jean Gaston-Parry	21.06.15	3 years	
Public: East Sussex	Brian Rockell	01.03.14	3 years	
	Peter Gwilliam	01.03.13	3 years	
Public: Kent	Robin Kenworthy	01.03.13	3 years	
	James Crawley	01.03.16	3 years	
	Marguerite Beard-Gould	01.03.14	3 years	
	Maggie Fenton	01.03.14	3 years	
	Michael Whitcombe	01.03.14	3 years	
Public: Medway	Paul Chaplin	01.03.14	3 years	
Public: Surrey	Chris Devereux	01.03.14	3 years	
	Neil Baker	01.03.13	3 years	
	Mike Hill	01.03.13	3 years	
	Jane Watson	01.03.14	3 years	
	Peter Beaumont	01.03.16	3 years	
Public: West Sussex	Ted Coleman	01.03.13	3 years	
	Tony Dell	01.03.13	3 years	
	Geoff Lovell	01.03.16	3 years	
Staff: Non Operational	Angela Rayner	01.03.13	3 years	
	Alison Stebbings	01.03.16	3 years	
Staff: Operational	David Davis	01.03.14	3 years	
	Nigel Sweet	01.03.13	3 years	
	Charlie Adler	01.03.16	3 years	
	Warren Falconer	01.03.13	3 years	
	Nigel Coles	01.03.16	3 years	
Appointed: Brighton & Sussex University Hospitals Trust	Dom Ford	03.12.14	3 years	
Appointed: Sussex Partnership NHS FT	Marian Trendell	01.03.11	3 years	
Appointed: East Kent Hospitals University NHS FT	Mike Hewgill	02.03.12	3 years	
Appointed: Surrey Police	Di Roskilly	17.09.14	3 years	
Appointed: The Stroke Assoc.	Sandra Field	24.05.11	3 years	
Appointed: University of Surrey	Tom Quinn	01.03.14	3 years	
Appointed: Kent County Council	Graham Gibbens	17.11.13	3 years	

Key	
Not in post	
Attended	X
Not in attendance	-

	Committee and working group membership	CoG 2 June 15	CoG 30 July 15	CoG 24 Sept 15 and Annual Members Meeting	Extraordinary CoG 3 Nov 15	26 Nov 15	28 Jan 16	Extraordinary CoG 14 March 16	31 March 16
	MDC, GDC	X	X	X	X	-	X	X	X
	NomCom, GDC, MDC	X	-	X	X	X	X	X	-
		X	X	X	-	-	X	-	X
	GDC	X	X	X	X	X	X		
								X	X
	NomCom, GDC, MDC	X	X	X	X	X	X	X	X
	MDC, GDC, NomCom	X	X	-	X	X	X	-	X
	MDC	X	-	X	X	X	X	X	X
		X	-	-	-	-	-	-	-
	MDC	X	X	X	X	X	X	X	-
		X	-	-	-	-	-		
	MDC (new chair), GDC	X	X	X	X	X	-	-	X
	GDC, MDC (Dep Chair)	X	X	X	X	X	X	X	-
								X	X
	GDC, NomCom	X	X	X	X	X	X		
		X	X	X	X	X	-		
								-	-
	MDC (Chair), NomCom	X	X	X	X	X	X		
	MDC, GDC							X	X
	GDC	X	X	X	X	X	X	X	-
	MDC, GDC	X	X	X	X	X	X		
								X	X
		X	X	-	-	-	-		
								X	X
	NomCom	X	X	X	-	X	X	X	X
		X	-	-	X	-	-	X	-
		X	X	X	X	-	-	-	-
		-	X	-	X	-	X	X	X
		-	X	X	X	X			
		X	X	X	-	X	X	X	-

Directors' Report

Board Directors attended formal Council meetings as follows:

Director	Role	2 June 15	30 July 15	24 Sept 15	26 Nov 15	28 Jan 16	31 March 16
Paul Sutton	Chief Executive	X	X	X	X	X	-
James Kennedy	Chief Operating Officer	-	-	-	X	X	X
Geraint Davies	Director of Commercial Services	-	-	X	X	-	X
Kath Start	Director of Nursing and Urgent Care	-	-	-	X	-	-
Lucy Bloem	Non-Executive Director	-	-	-	X	-	-
Trevor Willington	Non-Executive Director	-	X	-	X	-	-
Tim Howe	Non-Executive Director	X	X	-	X	X	-
Al Rymer	Non-Executive Director	X	-	-	-	X	X
Graham Colbert	Non-Executive Director	-	-	X	-	X	-
Katrina Herren	Non-Executive Director	-	-	X	-	-	-
Terry Parkin	Non-Executive Director	-	-	-	-	-	X

In addition, all Non-Executive Directors (NEDs) have attended at least one session with the Council for discussion. Governors and the NEDs had one session to discuss annual planning, as outlined elsewhere.

Patient care – developing & improving

This year has seen further developments to support our staff to make care as effective and as safe as possible. The following work provides examples of the developments which were either introduced or enhanced this year.

IBIS (Intelligent Business Information System)

The IBIS system continues to go from strength to strength, and is now used extensively internally within SECamb, as well as externally by community partners. SECamb uses IBIS to support patients who are classed as frequent callers (see next section), and also stores vital information for patients who are living in the community and have “do not attempt

cardiopulmonary resuscitation” (DNACPR) instructions. Making clinical information available to our operational clinicians is vital in ensuring that patients’ wishes and care goals are achieved.

IBIS now has nearly 40,000 care plans on the system, and this relatively small number of patients equates to around 8% of all 999 calls received by the Trust. This illustrates the shift towards patients receiving long term care in a community setting, and how our role to support this is increasing. Patients who do wish to be taken to hospital, or who have specific needs, must have information available to support their wishes – particularly in an emergency – and our patients benefit from this facility. It also provides operational benefits by reducing unnecessary journeys to hospital thus keeping valuable resources available in communities.

Frequent callers

SECAMB has worked hard over the last two years to develop a very safe and well-governed frequent caller management system. The work we have done has been applauded nationally from the Frequent Callers Ambulance Network (FRECANN). This year has seen three operating units working as exemplar sites to test the frequent caller system, and this has seen some real success. The ethos of SECAMB approach to frequent callers is that these are patients with unmet needs which create the need to call 999 multiple times. Making sure staff view these staff in a positive way and working to resolve their needs has been a key success in the exemplar sites.

The system has been built with the intention of reflecting the Trust's operating model so that it can be operated at Operating Unit level, with central support from the Clinical Directorate. Building the relationship between Operations and Clinical has also been successful, and the system is being used according to the policies and procedures which underpin its safe use. The three exemplars (Thanet, Ashford and Eastbourne) have already seen some very successful outcomes for patients, and the process of sending a Specialist Paramedic to visit frequent callers to review their needs and then working with GPs and other community teams to set up better care arrangements has been very successful.

There are currently around 500 patients identified in the SECAMB region as being frequent callers and they account for tens of thousands of calls. The impact of their activity is important, but providing the right care pathway for these patients is paramount. Plans are currently underway to roll out the system to all ten Operating Units over the coming year.

End of Life Care (EOLC)

End of Life Care is an increasingly important aspect of how we support patients in our communities. Traditionally, ambulance clinicians have been sent to 999 calls with the intention of saving lives but with more patients choosing to die with dignity in their own home, we are seeing more calls to support patients and their families at the end of life.

Making sure our staff are confident to act according to the patient's wishes is vital, and this year has seen the appointment of a dedicated End of Life Care Lead, funded via our CQUIN (Commissioning for Quality & Innovation) plan. Their role is to explore current practice, and work with all areas of healthcare to improve our approach to EOLC. Managing patients at end of life is complex, and making sure our staff feel supported to provide care in a different way to make a real difference. For example, staff report feeling anxious to not resuscitate patients unless there is a DNACPR order to hand, despite clear evidence in other care planning documents. We have worked hard to develop and deliver both a study day (for the Sussex area via CQUIN) and an e-Learning package for all staff to undertake to improve their knowledge and skills.

We are also now using IBIS to store DNACPR documents, and making sure that staff are aware of the document prior to arrival at scene.

The range of diseases which our staff are seeing in patients at end of life is wider than previously, and we are seeing more patients with end-stage heart disease and dementia for example. These can be very challenging and upsetting incidents, and the learning opportunities have helped reduce the number of patients conveyed to hospital contrary to their wishes. This means more patients are dying at home, with their family around them, and with dignity.

Directors' Report

Development of the Community Paramedic scheme

The Community Paramedic is not a new role, rather it is a new way of working which brings together Paramedics and Specialist Paramedics (and in future, advanced paramedics) into a Community Paramedic Team (CPT), focused on serving their locality. The Paramedics on CPTs are offered further education in key areas to ensure that where they do not hold a BSc (Hons) paramedic qualification, they can practice to this level with the additional support.

SECAmb launched new Operating Unit pilots in the Ashford and Thanet areas of Kent which commenced in July 2014. As these pilots come to an end, the trust is looking at developing key areas into normal business.

This pilot enabled the trust to look at new ways to approach the clinical, resourcing and operational effectiveness within an operating unit area to the benefit of patients and staff.

The aim was to find ways to fully derive the benefits to patient care and to look at new ways of working to improve core 999 responses to enable response time reliability, clinical effectiveness, customer satisfaction and economic efficiency.

The new management structure gave more responsibility to Clinical Team Leaders (CTLs), allowing local managers to work more strategically in the running of the unit and liaising more closely with local stakeholders.

As part of the pilots Thanet was selected as one of three beacon sites across the Trust and this has allowed the development of

Community Paramedic Teams working in collaboration with local GP surgeries.

The Community Paramedic Teams went live on 4 January 2016 in Whitstable, Canterbury, Faversham, Deal and Sandwich.

This sees teams of Paramedics and Specialist Paramedics some of the GP home visits on behalf of surgeries while also being responsible for most of the 999 emergency calls in the area.

The GPs will determine which patients are suitable for a paramedic visit, allowing the patient to receive a quicker response and GPs to focus on seeing patients in their surgeries.

In the first week of the programme going live, hospital conveyance rates were reduced by 20 per cent and results in an earlier pilot in Whitstable saw patients being seen on average within an hour of being referred.

The Community Paramedic Teams will also respond to almost all 999 calls from their communities. Being locally-based, will allow the teams to build closer relationships with patients, local community teams and GP practices, as well as providing a more responsive and effective service.

This new model builds on the pilot which took place in Whitstable, one of the NHS Vanguard sites which received central funding.

Similar models are already being trialled in other areas of Kent. Moving forwards, we recognise that we now need to consider how to align the development of the Community Paramedic programme with the 'Paramedic at Home' role, as outlined in the Five Year Forward View.

Service quality

Quality governance is the combination of structures and processes that ensure Trust-wide quality performance. The Trust's performance monitoring standards and actions taken to improve performance are stated within the performance analysis section of the Annual Report. The Trust's approach to monitoring and learning from complaints and serious incidents and identifying, sharing and ensuring the delivery of best practice are outlined in the Director's Report alongside other actions taken to drive continuous improvement of the clinical service we provide. Our approach to risk management is detailed in the Annual Governance Statement.

As noted there, we are undertaking a fundamental review of our clinical and corporate governance structures during 2016/17 to ensure adherence to the quality governance framework.

Listening to patients and improving their experience

SECAmb has always been keen to listen to and learn from patients' experiences of our services, be they good or bad.

Complaints

During 2015/16 SECAmb's EOC staff dealt with approximately 900,000 calls and our A&E staff made 792,000 responses, including Hear and Treat. In addition our PTS staff made 463,000 journeys, and our NHS 111 staff took 1,136,000 calls. From this activity SECAmb received 376 formal complaints, which is a reduction of 34% against the 563 received in 2014/15.

This equates to one formal complaint for approximately every 8,800 staff interventions.

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 enquiries are complete, a full explanation, along with an apology where appropriate, is sent by the Chief Executive to the complainant.

There were 380 formal complaints due to be responded to between 1 April 2015 and 31 March 2016, and as this document was compiled, 358 (99%) had been concluded, the outcomes for which were as follows:

	2015/16	2014/15
Complaint upheld	146	226
Partly upheld	120	183
Complaint not upheld	64	130
Unproven	28	34
TOTAL	358	573

74% of formal complaints due for response during 2015/16 were deemed to be either upheld or partly upheld, compared to 71% in 2014/15.

Many people who contact us with queries, questions or concerns prefer to have them dealt with less formally, and we register these as 'informal complaints'. These are usually less serious complaints (complaints are graded and the more serious are registered as formal complaints provided the complainant is in agreement). They are still thoroughly investigated, but feedback is generally provided to complainants by the Patient Experience Team, and usually by telephone.

Directors' Report

During 2015/16 SECAmb received 1,769 informal complaints – a reduction of approximately 17% on the 2,124 received in 2014/15

Complaints 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 to mitigate a recurrence. Where there is Trust-wide learning from complaints, we endeavour to ensure that this learning is shared across the Trust but recognise that this an area where we need to improve.

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

The 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 bi-monthly 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 each year, and in 2015/16 this included a Patient Experience session, developed by a small group of staff including a Clinical Team Leader, a Clinical Operations Manager, an Ambulance Technician, an Emergency Care Support Worker,

the Head of Learning and Development, and the Patient Experience Lead. The session highlighted 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.

The Friends and Family Test (FFT) patient question

The Trust first implemented the FFT patient question in October 2014 as a CQUIN measure, and from April 2015 it became a statutory commitment to offer the opportunity to respond to the question to PTS and 'see and treat' (S&T) patients.

Most ambulance services, SECAmb included, have struggled to elicit responses from patients for a variety of reasons:

- + Many PTS patients travel frequently (in particular dialysis patients who undertake six journeys a week with us) and may not wish to keep responding to the question.
- + Patients and staff alike find the question odd, ie to be asked if they would recommend the ambulance service, especially as they do not have a choice of ambulance service.
- + With 'see and treat' patients, the A&E staff who are directly caring for the patient are responsible for leaving behind a leaflet about the FFT question, as well as ensuring that all other relevant documentation is explained and provided and worsening care advice given. This is an additional item to remember in what can be a very hectic schedule, and also human nature would dictate that if there has been a poor experience/interaction, staff may be less inclined to remember to leave behind a leaflet.

During 2015/16 response rates, by quarter, have been as follows:

- + Q1 number of responses: 101 (25 PTS and 76 S&T)
- + Q2 number of responses: 116 (17 PTS and 99 S&T)
- + Q3 number of responses: 83 (8 PTS and 75 S&T)
- + Q4 number of responses: 61 (13 PTS and 48 S&T)

While the level of response is disappointing, other ambulance trusts are seeing similar rates in terms of 'see and treat' patients, with the exception of two, who received 174 and 93 respectively. In January 2016 the number of responses from 'see and treat' patients for the remaining eight services ranged from 1 to 25 (SECAmb received 13). Work will therefore be undertaken to ascertain how these two trusts are achieving such high results, though the costs and benefits of this must be borne in mind.

When the FFT patient question was first implemented by ambulance services, the data submitted to NHS England each month was classified as 'official statistics', however this has since been downgraded to 'management information'. The information elicited from the responses we receive does not provide anything new, and is in the main anonymous, such that if a respondent mentions an issue we should like to explore further, we are unable to do so.

The results from the FFT question have been largely positive, as one would imagine, with 98% of patients stating that they would recommend the 'see and treat' service and 92% of patients saying that they would recommend our PTS service.

The Trust is to develop a Patient Experience Strategy in 2016/17, and issues to address the poor response to the FFT patient question will be addressed therein, along with a range of initiatives for eliciting patient feedback going forwards.

Stakeholder relations

During what has been a difficult year, SECAmb has worked hard to build and maintain relationships with key stakeholders across a range of areas in our region and nationally.

Commissioning (Including Impact of Operating Framework)

The Trust has worked closely throughout the year with the three lead Clinical Commissioning Groups (CCGs) for each of the new county contracts for 999 services, focussing on establishing 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 services. Commissioning of NHS 111 and PTS services has been unaffected by these structural changes. Hazardous Area Response Team (HART) services have moved to become locally commissioned by CCGs and along with a number of specialist services, a lead from the three CCGs has worked with us specifically on these areas of service provision.

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. 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.

Directors' Report

The Trust has been working closely with commissioners and partner organisations over recent months to prepare both annual plans for 2016/17 but also geographically-based Five Year Plans called Sustainability and Transformation Plans. These form the delivery plans over the next five years following from the national Five Year Forward View strategy published last year by NHS England.

The Planning Framework set a net efficiency requirement of 1.6% in addition to Cost Improvement Programmes (CIPs) of 5% of operating expenditure. For 2015/16, the Trust was commissioned to provide £201m 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 2015/16.

Activity growth during 2015/16 was 1.4 percent lower than contracted levels, though significant variation was seen across the year with the last quarter being 3.5% above the expected plan.

East Kent Bid

During 2015/16, the Trust took part in a competitive tender for provision of the new Integrated Urgent Care service in East Kent. This service will combine the current NHS 111 and GP Out of Hours services in a single contract. The Trust was unsuccessful in this bid and will therefore be transferring part of the KMSS NHS 111 service to the successful bidder in October 2017. The Trust will continue to provide the remainder of the service across Kent, Surrey and Sussex in partnership with Care UK.

Co-responding with Fire & Police

During the year, the Trust has worked hard to develop collaborative relationships with the four, county-based Fire and Rescue Services and the Fire and Rescue Service (FRS) provided by Gatwick Airport Limited, to explore using their resources

to respond to emergency calls in a similar manner to the Community First Responder (CFR) Scheme.

We were very pleased when Surrey FRS and Kent FRS became operational in Autumn 2015. At the end of the year, Gatwick, West Sussex and East Sussex FRS are all at different stages of development, working towards becoming operational.

Why use FRS as Co-Responders?

The Trust, along with all other Ambulance Trusts, has seen yearly increases in call volume whereas the UK Fire & Rescue Services have experienced an approximate 40% reduction in fire calls in the last decade. This is mainly due to successes in areas such as Fire Safety, legislative changes and control of flammable substances in furniture.

The FRSs in our area have a legal requirement to provide a minimum service but have also recognised that there are often occasions where fire crews are available and able to rapidly respond to incidents such as cardiac arrests.

A bespoke training course was developed, in conjunction with the Trust's Clinical Education Team, which encompasses both trauma skills that may be required at a fire or other related incident and the CFR training package. The package is now known as the Immediate Emergency Care Responder Course (IECR).

Those involved in providing a response under the IECR carry standard equipment similar to the Trust's equipment, for consistency, including the use of defibrillators.

Since going live, KFRS and SFRS collectively, have attended over 600 incidents in support of the Trust.

The Trust and the Surrey FRS scheme have recently been honoured with the Gold award at the Improving Efficiency Social Enterprise Awards which is a national award to recognise best practice in collaboration.

Working with our local stakeholders

During the year and especially in light of the regulatory action taken against the Trust and the accompanying media coverage, the Trust has worked hard to maintain effective working relationships with local Members of Parliament (MPs) and Health Scrutiny Committees amongst others.

All local stakeholders receive an up-date from the Trust in the form of a quarterly Stakeholder Newsletter, which covers key issues and developments.

The Trust is served by 44 MPs in our region, including the current Secretary of State for Health, the Right Honourable Jeremy Hunt MP, whose constituency is Surrey South West.

As well as receiving the quarterly newsletter, all MPs also receive detailed briefings on key issues and are invited to meet with the Trust's Chief Executive and Chairman at least twice during the year, at specially-arranged MP engagement sessions, held at the House of Commons.

Within our area, the Trust is accountable to the following six Scrutiny Committees, covering the local government areas within our region:

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

During the year, the Trust has provided written up-dates as requested by Committee members and also appeared in person before each Committee to provide up-dates on the re-triage pilot and subsequent regulatory action, as well as on the application of defibrillators to the Ambulance Quality Indicators (AQIs).

Inclusion

It is of paramount importance to SECAmb that we provide equitable and inclusive services to all patients and their carers, meeting and where possible, exceeding NHS requirements. We are committed to complying with equal opportunities legislation, equality duties and associated codes of practice for our staff. We aim to promote a culture that recognises respects and values diversity between individuals, and uses these differences to benefit the organisation and deliver a high quality service to all members of our community.

In 2011 we embarked on a process to introduce a new Inclusion Strategy to embed accountability for effective and timely involvement and engagement in the Trust's planning, service development and patient experience work. This was approved in May 2012 and proved effective in enabling our stakeholders to participate in ways that are right for them. It has enabled us to act on what we hear and feedback on what has changed as a result. If we are unable to act on what we hear we tell people why. The strategy was revised and refreshed during the first quarter of 2016 following consultation with our key stakeholders who will continue to help us deliver our Inclusion Strategy and to monitor its success.

As recommended in our original Inclusion Strategy we set up an Inclusion Hub Advisory Group (IHAG) who advise the Trust on effective engagement and involvement relevant to service design during both development and delivery of our services.

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

Directors' Report

An early recommendation from the IHAG has led to the establishment of a virtual Equality Analysis (EA) Reference Group which provides staff with the ability to seek advice and guidance from a very diverse group of our members (patients and public) to ensure that we never knowingly discriminate or disadvantage any particular group. The EA reference group enables us to engage groups that we may otherwise struggle to involve, such as housebound, carers etc.

Our approach enables the Trust to involve and engage in the most appropriate way. For example, simple engagement can take place virtually by email or survey, a single or series of focus groups, bespoke workshops or a large-scale engagement events are organised as appropriate. We have over 9500 public members who have identified how they would like to be involved and enables us to target opportunities for wider engagement and involvement accordingly.

In addition, Healthwatch organisations are represented on the IHAG and we host regular meetings to proactively engage them in our plans and to ensure effective communication and involvement with their members.

A notable achievement this year was when the IHAG was shortlisted for Team of the Year at the Employers Network for Equality and Inclusion 2015 awards. Representatives were presented with a 'Highly Commended' certificate at the event held at the Law Society in London during July 2015.

Our Members

SECAmb has a total membership of 13,454 people as of 1 March 2016. We have 9,721 public members and 3,733 staff members. We increased our public membership by 680 over the year, so taking account of 374 members who left the Trust (the vast majority moved or passed away), we saw a 3% increase in our public membership.

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/foundation_trust/become_a_member.aspx

Staff Constituency

Any SECAmb staff member with a contract of 12 months or longer is able to become a member of the Trust. Staff who join the Trust are automatically opted into membership and advised how they can opt out if they wish.

Membership Breakdown - Public membership report

Public constituency	Number of members	Population	Index
Age (years):			
0 - 16	18	53,339	15
17 - 21	202	238,320	39
22+	4,896	4,235,610	53
Ethnicity:			
White	7,946	4,190,333	88
Mixed	75	81,786	42
Asian	203	179,151	52
Black	65	49,815	60
Other	6	26,184	10
Socio-economic groupings*:			
AB	1,867	841,882	103
C1	6,677	1,089,373	242
C2	1,329	458,208	135
DE	641	917,864	32
Gender analysis:			
Male	3,549	2,250,332	73
Female	4,788	2,276,937	97

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 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.

Directors' Report

Membership Strategy, Engagement and Recruitment

Our membership strategy focuses on meaningful, quality engagement with a representative group of our members and regular, informative educational and health-related communication with all of our members. All members are invited to the Trust's Annual Members Meeting, which is reviewed below in more detail. The membership strategy is incorporated into the Trust's Inclusion Strategy, which aims to ensure staff, patients and the public (members and non-members) are involved and engaged appropriately in the Trust.

Membership engagement under the Inclusion Strategy is reported to the Board via the Risk Management and Clinical Governance Committee

and to the Council of Governors via the Council's Membership Development Committee. Governors are part of and can access the Inclusion Hub Advisory Group of public members and the Foundation Council of staff members when they wish to discuss issues or hear views. Staff Governors are permanent members of the Foundation Council in order to regularly canvas the views of staff from across the Trust.

The Membership Development Committee has discussed and reviewed our strategies for membership recruitment and engagement during the year. Our public membership now represents 0.21% 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	518	269,923	0.19%
East Sussex	1772	522,155	0.33%
Kent	2825	1,385,521	0.20%
Medway	593	260,376	0.22%
Surrey	2394	1,291,937	0.18%
West Sussex	1619	797,357	0.20%
Total	9,721	4,527,269	0.21%

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.

You can read more about the Foundation Council in the Staff Report.

Annual Members Meeting

The Trust held its Annual Members Meeting (AMM) on 24 September 2015. The AMM incorporated a showcase of SECAmb's services and service developments, with stalls at which members and the public could talk to staff about the way we work and our future plans. The Governors were part of a stall which showcased all of SECAmb's different volunteer opportunities. Members were able to speak with Governors and also find out more on all of SECAmb's volunteer roles. 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 Surrey County Show, Brighton and Hove PRIDE, Action for Carer's Annual Conference in Surrey, a Living with Diabetes Day event and the cultural arts event Maidstone Mela; both of which took place in Kent. At events, Governors often work alongside our volunteers and frontline staff to promote the Trust and recruit members.

Members have been invited to all public Council meetings during the year, through our membership newsletter and dates are also advertised on our website. Two issues of our membership newsletter, Your Call, have been sent to all public members this year. The newsletter contains invitations to get involved with the Trust, spotlight articles on

different staff within the ambulance service to help raise awareness of what we do and also career opportunities within the Trust, and we regularly feature our volunteers and encourage members to get involved in this way. Our Staff-Elected Governors have used social media and email to communicate with 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
Textphone (via TextRelay): 18001 01273 484821
Fax: 01273 489444

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

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

Directors' Report

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.



Income Disclosures

South East Coast Ambulance Service NHS Foundation Trust confirms that income from the provision of goods and services for the purposes of the health service in England is greater than income from the provision of goods and services for any other purpose, in accordance with section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012). Income from the provision of goods and services for other purposes has had no detrimental effect on the provision of goods and services for the provision of health services.

Remuneration Report

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.

Annual Statement on Remuneration

It was decided not to undertake a salary review for the Executive Directors in this financial year. No substantial changes were made to senior managers' remuneration during the year.

These decisions were made whilst the Trust awaited the results of the investigations by NHS England and Deloitte.

All other management roles were covered by the national Agenda for Change arrangements during 2015/16 with the following exceptions:

- + Associate Director of Operations
- + Associate Director of Service Transformation (Operations)
- + Associate Director of Clinical Quality & Development
- + Associate Director of Finance
- + Associate Director of Organisational Development

The management roles 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) 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 considering NED remuneration, the Nominations Committee considers the Trust's ability to attract and retain NEDs of sufficient quality alongside other considerations including whether SECAMB staff are receiving inflation-related pay increases and taking account of market practice.

The Nominations Committee conduct a formal external review of Chair and Non-Executive Director remuneration every three years and a desktop review annually. The Nominations Committee last commissioned an external review of the Chairman's and Non-Executive Directors' remuneration in April 2014.

The Nominations Committee received an overview of NED appraisals in April 2015 and conducted a review of NED remuneration through a desktop benchmarking exercise. While minded to mirror the national increase of 1% for NHS staff to reflect positive views of NEDs' performance, the Committee withheld a recommendation to the Council until such time as more was known about the outcomes of reviews into the re-triage pilot project.

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

Director and Governor Expenses:

	2015/16	2014/15
Number of Directors	18	16
Number of Directors claiming expenses	13	12
Total claimed (£00)	230	240

	2015/16	2014/15
Number of Governors	25	25
Number of Governors claiming expenses	10	12
Total claimed (£00)	93	89



Geraint Davies, Acting Chief Executive

Date: 26 May 2015

Remuneration Report

Name and Title	Term of Office	Year ended 31 March 2016			
		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>	(Left 31/03/2016)	40-45	-	-	40-45
Sir Peter Dixon <i>Chairman</i>	(Appointed 15/03/2016)	0-5	-	-	0-5
Non Executive Directors					
Trevor Willington <i>Non-Executive Director</i>		15-20	-	-	15-20
Tim Howe <i>Non-Executive Director</i>		15-20	-	-	15-20
Graham Colbert <i>Non-Executive Director</i>		10-15	-	-	10-15
Katrina Herren <i>Non-Executive Director</i>		10-15	-	-	10-15
Lucy Bloem <i>Non-Executive Director</i>		10-15	-	-	10-15
Terry Parkin <i>Non-Executive Director</i>	(Appointed 01/09/2015)	5-10	-	-	5-10
Alan Rymer <i>Non-Executive Director</i>		10-15	-	-	10-15
Chief Executive					
Paul Sutton <i>Chief Executive</i>		160-165	4,600	35-37.5	200-205
Executive Directors					
Andy Newton <i>Chief Clinical Officer</i>		105-110	2,800	40-42.5	145-150
James Kennedy <i>Chief Operating Officer</i>		125-130	4,200	45-47.5	175-180
Geraint Davies <i>Director of Commissioning</i>		110-115	-	30-32.5	140-145
Kath Start <i>Director of Nursing and Urgent Care</i>		105-110	7,100	32.5-35.0	145-150
Francesca Okosi <i>Director of Workforce Transformation</i>		105-110	2,900	45-47.5	150-155
David Hammond <i>Interim Director of Finance</i>		90-95	1,800	62.5-65	150-155
Dr David Fluck* <i>Interim Medical Director</i>	(Appointed 20/04/2015) (Left 05/07/15)	10-15	-	-	10-15
Dr Rory McCrea <i>Medical Director</i>	(Appointed 06/07/2015)	55-60	-	60-62.5	115-120

Pay Multiple

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

2015-16

160-165
29,132
5.5

2014-15

160-165
30,354
5.4

Name and Title	Term of Office	Year ended 31 March 2015			
		Salary (bands of £5,000) £'000	Benefits in Kind Rounded to the nearest 100 £	Pensions related benefit (bands of £2,500) £'000	Total (bands of £5,000) £'000
Chairman					
Tony Thorne Chairman	(Left 31/03/2016)	40-45	-	-	40-45
Sir Peter Dixon Chairman	(Appointed 15/03/2016)				
Non Executive Directors					
Trevor Willington Non-Executive Director		15-20	-	-	15-20
Tim Howe Non-Executive Director		15-20	-	-	15-20
Graham Colbert Non-Executive Director		10-15	-	-	10-15
Katrina Herren Non-Executive Director		10-15	-	-	10-15
Lucy Bloem Non-Executive Director		10-15	-	-	5-10
Terry Parkin Non-Executive Director	(Appointed 01/09/2015)	-	-	-	-
Alan Rymer Non-Executive Director		0-5	-	-	0-5
Chief Executive					
Paul Sutton Chief Executive		160-165	4,900	90.0-92.5	255-260
Executive Directors					
Andy Newton Chief Clinical Officer		105-110	2,800	25.0-27.5	135-140
James Kennedy Chief Operating Officer		125-130	-	67.5-70.0	195-200
Geraint Davies Director of Commissioning		110-115	-	25.0-27.5	135-140
Kath Start Director of Nursing and Urgent Care		105-110	6,900	32.5-35.0	145-150
Francesca Okosi Director of Workforce Transformation		60-65	1,400	10.0-12.5	70-75
David Hammond Interim Director of Finance		-	-	-	-
Dr David Fluck* Interim Medical Director	(Appointed 20/04/2015) (Left 05/07/15)	-	-	-	-
Dr Rory McCrea Medical Director	(Appointed 06/07/2015)	-	-	-	-

Benefits in Kind

All Benefits-in-Kind relate to lease cars

Salary

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

Employer pension contribution

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

Senior managers paid more than £142,500 - The pay of all senior managers is commensurate with their position and in relation to the pay levels of equivalent positions in the local economy.

* The salary for Dr David Fluck was recharged from Ashford and St Peters Hospitals NHS Foundation Trust

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions

Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Remuneration Report

Senior Managers' Remuneration Policy

Elements of Pay	Purpose and link to strategy	Operation	Maximum Opportunity	Performance Framework
Salary and Fees	To attract and retain high performing individuals, reflecting the market value of the role and experience of the individual Director	Reviewed by the Appointments & Remuneration Committee (ARC) annually, taking into account the Government policy on salaries in the NHS, with regard to the bandings under Agenda for Change	Within the salary constraints on the NHS	Individual and business performance are considerations in setting base salaries
Benefits	Cars are provided to Directors based upon operational requirements to travel on business		The ARC reviews the level of benefits	n/a
Retirement benefits	To provide post-retirement benefits	Pensions are compliant with the rules of the NHS Pension Scheme	n/a	n/a
Long-term incentives	n/a	n/a	n/a	n/a

Notes

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

Senior managers' remuneration is set by the Appointments and Remuneration Committee (ARC). 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.

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 2015 when a desktop 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.

Staff Report

As at 31 March 2016, the breakdown of our staff between clinical and support roles was as follows:

Note – Please note differences throughout between Whole Time Equivalent (WTE) [job-related activity which covers a 37.5 hour working week; posts are measured in terms of fractions of WTEs] and Headcount [the actual number of people].

Staff Group	Permanent	Other	Agency	Whole time Equivalent (WTE)
A&E	2,021.30	22.00	0.00	2,043.30
EOC	367.48	1.50	2.76	371.74
PTS	281.77	2.00	17.83	301.60
111	113.67	1.00	53.15	167.82
Support	394.63	26.60	89.98	511.21
TOTAL	3,178.85	53.10	163.72	3,395.67

A&E (999) Workforce

Note – throughout the report, following Health Education England, NHS England and College of Paramedic guidelines, we will now use the term Specialist Paramedic (Urgent & Emergency Care) to describe the role formally known as Paramedic Practitioner/PP and Specialist Paramedic (Critical Care) to describe the role formally known as Critical Care Paramedic/CCP.

NHS Information Centre Occupational role	NHS Information Centre Occupational Code	SECAmb equivalent role/s
Manager	AOA	Clinical Team Leader (CTL)
Emergency Care Practitioners	AAA	Specialist Paramedic (Urgent & Emergency Care; Specialist Paramedic (Critical Care)
Ambulance Paramedic	ABA	Paramedic
Ambulance Technician	AEA	Ambulance Technician
Ambulance Personnel	A2A	Associate Practitioner; Emergency Care Support Worker (ECSW); Patient Transport Services (PTS) staff
Administration & Estates staff	G0-G3 (A-E)	Support staff
Support workers	H2S	Emergency Operations Centre (EOC) staff; NHS 111 staff
TOTAL	3,178.85	53.10

In line with reporting requirements, we have attempted to align the national definitions, as above, with job roles utilised within the Trust.

52% of the A&E workforce are Paramedics/ Specialist Paramedics/Practitioners and 48% 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 391 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 540 staff in these roles.

The new role of Associate Practitioner (APs) has been created to partially 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 1,032 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 Specialist 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 75 staff in these teams.

Specialist Paramedic – Urgent Care (Paramedic Practitioners) – are paramedics who have undergone additional education and training to equip them with greater patient assessment and management skills. They are able to diagnose a wide range of conditions and are skilled to treat many minor injuries and illnesses and are also able to “signpost” care – referring patients to specialists in the community such as GPs, community nurses or social care professionals. They can also refer patients to hospital specialists, thus avoiding the need to be seen in A&E first. We currently have 109 Specialist Paramedics (Urgent Care).

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

Staff Report

Clinical Team Leaders – are first line paramedic managers, responsible for managing teams of up to eleven clinical staff. There are 212 employees working in this role.

Emergency Operating Centre Staff - 380 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 – 113 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 290 PTS staff.

Support staff – our front line staff are supported by 413 non-clinical staff who work in areas including finance, human resources, service development and corporate affairs, information management and technology, education and training, estates, fleet and logistics services, contingency planning and resilience, clinical governance and communications.

Workforce Profile

(Figures given are headcount)

SECAmb values diversity, equal access for patients and equality of opportunity for staff. As an employer we will ensure 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 397 (11.3%) staff aged 55 and above, of whom 159 (7.6%) of the total are A&E staff and may choose to retire within the next five years. 111 (4.3%) A&E staff within this age group are registered Paramedics. Our workforce is fairly evenly distributed along the age profile, with 1,791 staff aged 40 and below and 1,696 above.

Age	Headcount	Per cent %
16 - 20	39	1.12%
21 - 30	905	25.95%
31 - 40	847	24.29%
41 - 50	985	28.25%
51 - 60	603	17.29%
61 - 65	81	2.32%
66 plus	27	0.77%
TOTAL	3487	100.00%

Gender

In the workforce as a whole, the gender split has altered slightly during the last 12 months from 54.90% male and 45.10% female in 2014/15 to 54.75% male and 45.25% female in 2015/16.

As at 31 March 2016, there were twelve male Board Directors and four female Board Directors.

The highest ratio of male to female staff is in PTS – 64% to 36%. The next highest is in A&E, where 59% of staff are male and 41% female. The ratio in support services is 46% female and 54% male.

Gender	Headcount	Percent %
Female	1578	45.25%
Male	1909	25.95%
Transgender	0	0.00%
TOTAL	3487	100.00%

For senior managers (classed as Band 8s and above), the gender breakdown is as follows:

Gender	WTE
Female	14.27
Male	43.13
TOTAL	57.39

Race

The percentage of staff classified as other than 'white British' has increased during the last two years and is now at 12.10%.

Race	Headcount	Percent %
White British	3086	87.90%
White Other	132	4.20%
Mixed	42	1.24%
Asian	19	0.65%
Black	29	0.99%
Chinese	1	0.04%
Unstated	171	4.79%
Other	7	0.20%
TOTAL	3487	100.00%

Disability

113 (3.24%) staff have declared themselves as having a disability.

Disability	Headcount	Percent %
No	2549	73.10%
Yes	113	3.24%
Unstated	825	23.66%
TOTAL	3487	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 2015/16, the breakdown of applicants under the Two Ticks scheme was as follows:

Disabled	301
Not Disabled	4180
Disabled applicants appointed	4

Staff Report

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 number of policies and procedures in place which detail the support available to staff and managers and these include the:

- + Equality, Diversity and Human Rights Policy
- + Sickness Absence Management Policy and Rehabilitation Procedure
- + Special Leave Policy
- + Flexible Working Policy

Sexual Orientation

22.14% of staff have not disclosed their sexuality:

Sexual Orientation	Headcount	Percent %
Heterosexual	2547	73.04%
Bisexual	36	1.03%
Gay	70	2.01%
Lesbian	62	1.78%
Unstated	772	22.14%
TOTAL	3487	100.00%

Religion and belief

This area is under reported, with 30.37% of staff having not stated their belief:

Religion and Belief	Headcount	Percent %
Atheism	535	15.34%
Buddhism	17	0.49%
Christianity	1401	40.18%
Hinduism	5	0.14%
Islam	8	0.23%
Judaism	6	0.17%
Other	456	13.08%
Unstated	1059	30.37%
TOTAL	3487	100.00%

Recruiting and retaining

Over the past year SECAmb has undergone a period of workforce re-structure.

Our comprehensive assessment centre remains a major focus of our selection process aimed at ensuring that we recruit the highest quality of staff motivated to work for the Trust.

Our use of the national NHS jobs attraction and applicants’ portal remains one of the methods used to encourage applications from all sectors of the community. The team deliver values based recruitment referencing compassionate care and NHS England’s “6 C model”.

We adhere to the NHS employment check standards which ensures a fair, transparent and rigorous process.

Despite an extremely competitive labour market and national shortage of qualified Paramedics, the Trust has successfully appointed the following staff in 2015/16:

Qualified Paramedic	152
Emergency Care Support Worker/ Associate Practitioners	179
NHS111 Clinical Advisors	14
Ambulance Care Assistant (Patient Transport)	40
Emergency Medical Advisor (Operations Centre)	117

Retention amongst clinical and operational employees is an ongoing challenge with a turnover rate for this group of staff of 12.9% for 2015/16. Paramedic and Specialist Paramedic 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 we have increased our engagement with a number of universities which has resulted in larger numbers being recruited from these universities.

	Rolling annual turnover (WTE) - % 2015/16
Clinical Operations A&E	8.02
Clinical Operations COMs	3.40
Clinical Operations HART	4.97
Clinical Operations PTS	28.05
Clinical Operations EOC	26.58
Urgent Care Services 111	28.81
All other staff	20.04
TOTAL	14.25

Promoting staff well-being

SECamb's Health and Wellbeing Strategy was formally agreed by the Executive Team in April 2016, following a review of services and a range of new interventions have been developed in partnership with staff side to promote and encourage health and wellbeing at work.

SECamb recognizes that our workforce is central to the provision of high quality pre-hospital care and patient transport services. It is our intention to ensure that all our employees have the opportunity to be involved in the process of creating and maintaining a healthier workplace and that we invest in promoting and maintain the Health and Wellbeing of all our colleagues.

This is particularly important for SECamb as an Ambulance Trust where the inherently stressful nature of emergency work, combined with the distribution of employees across numerous geographical locations, heightens the need for managers to be confident and skilled in delivering health and wellbeing, and engagement interventions.

Sickness Absence 2015/16

Sickness absence for the period 1 April 2015 to 31 March 2016 was 5.40%. This is an increase of 0.28% compared with 5.12% in 2014/15.

The quarterly breakdown for the period is:

Period	Sickness absence (%)
Quarter 1	4.56
Quarter 2	5.23
Quarter 3	5.90
Quarter 4	5.90
Total Days Lost	63,944.89

Staff Report

Whilst SECAmb's rates of sickness absence compare favourably to a cross section of the wider ambulance sector overall, it is clear that the new model of HR service delivery, underpinned by a fresh approach to employee health and wellbeing, will support on-going improvements.

A review of the Trust's sickness absence policy is now complete following workshops with staff side representatives and management. This is leading to a re-configuration of how SECAmb manages attendance and long term sickness absence, with a new focus on early intervention and individual, case-by-case support for managers and staff. Following management and staff feedback on the pilot, a decision has also been taken to remove the initial step of staff calling-in to a third party to report their absence. First Care is therefore no longer providing this service to 111 and EOC staff from April 2016.

February 2016 saw the Trust commit to the MIND Blue Light Pledge. Underpinned by a stretching action plan, the Blue Light Infoline offers confidential, independent and practical support, advice and signposting around mental health and wellbeing to emergency service staff, volunteers and their families in England.

The occupational health and employee assistance programme services are currently subject to a procurement exercise. Our aim is to re-provision services from April 2017.

HR is supporting management interventions to improve redeployment, increase the number of OH referrals and manage problematic short-term absences across the Trust.

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 in various external environments

It is, sadly, also possible that staff may be the subject of aggressive behaviour or even violence from both service users and the public. Work is continually developing to provide a secure working environment as far as is possible by raising awareness, identifying and implementing training requirements and in the event of an incident occurring, investigating and where appropriate pursuing a prosecution. The Trust takes violence and aggression against staff very seriously and will support any staff member who wishes to pursue action locally or by prosecution.

The Trust has a strong safety culture and seeks to operate an integrated and open incident-reporting system, enabling trend analysis to be reported through clinical and corporate governance routes. However, this is an area where we recognise that more work needs to be done, to improve learning from incidents, as well as making our systems more accessible to staff.

The Central Health and Safety Working Group meets every three months and is chaired by an Executive Director and its members include managers and staff representatives.

During 2015/16 we recorded 4,965 adverse incident reports including:

- + 154 incidents related to staff sustaining musculoskeletal injuries
- + 184 incidents related to staff being physically assaulted
- + 58 of the incidents were reported to the Health and Safety Executive under the RIDDOR regulations

We encourage staff to report adverse incidents as it assists in giving an accurate appraisal of the hazards which they face; these incidents are regularly analysed and reviewed at the Health and Safety Working Groups and the Risk Management 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.

Staff Friends & Family Test (FFT)

The 2015/16 Staff FFT continues to allow staff (and volunteers) to give their feedback on the services provided by the 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. The FFT is run in Quarters 1, 2 and 3 with the national NHS Staff Survey taking place in Quarter 3.

With regards to the question of how likely are you to recommend SECAMB to friends and family if care and treatment was needed, there has been a 4% decrease in the percentage scores between Q1 and Q4. In addition, the number of responses has significantly reduced from 507 to 302 between Q1 and Q4. This could be due to the challenges the Trust has experienced over the same period, as the deterioration in scores for Q4 coincide with a period of high operational demand, as well as uncertainty due to external scrutiny of the Trust.

		Quarter 1	Quarter 2	Quarter 4
Number of respondents		507	326	302
“How likely are you to recommend the care SECAMB provides to your friends & family if they needed it?”	Likely	84%	86%	79%
	Unlikely	5%	7%	9%
“How likely are you to recommend SECAMB as a place to work?”	Likely	50%	43%	27%
	Unlikely	33%	38%	60%

The Trust takes the results of the Staff FFT seriously and every effort is made to address the issues raised by staff, such as improving the level of communication to ensure staff are adequately informed of key priorities and developments.

Staff Survey results 2015/16

The NHS Staff Survey is undertaken annually and covers all staff who work for the NHS. 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 2015/16 Survey was undertaken between 25 September and 27 November 2015 by Capita, an independent organisation, on behalf of SECAMB and the results were published in February 2016.

Rather than just sending the survey to a sample of staff, SECAMB opted to survey all staff and 1,334 staff completed and returned a survey questionnaire.

SECAMB saw an increase in the overall response rate received for 2015. The return rate, compared to the national average for ambulance Trusts, can be seen below:

	2014/15		2015/16		Trust Improvement or Deterioration
	Trust	National average	Trust	National average	
Response rate	34%	34%	40%	41%	6% improvement

Staff Report

The results of the 2015/16 Staff Survey has shown that the questions for the top five and bottom five questions have changed compared to previous years. As a result of this, it was not possible to make a direct comparison to the 2014/15 results. However, the 2015 questionnaire, key findings and benchmarking groups have all undergone substantial revision since the survey of 2014.

Top ranking scores	2015/16		Trust Improvement or Deterioration
	Trust	National average	
% of staff who have been appraised in the last 12 months	87%	74%	Improvement
Support from immediate managers	3.40	3.39	Improvement
% of staff agreeing that their role makes a difference to patients / service users	88%	88%	No comparator
% of staff reporting errors, near misses or incidents witnessed in last month	80%	79%	No change
Organisation and management interest and action on health and well-being	3.15	3.15	No comparator

Bottom ranking scores	2015/16		Trust Improvement or Deterioration
	Trust	National average	
% of staff experiencing harassment, bullying or abuse from staff in last 12 months	32%	30%	No change
% of staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	55%	46%	No change
% of staff satisfied with the opportunity for flexible working patterns	29%	34%	No comparator
% of staff experiencing discrimination in last 12 months	24%	19%	No change
% of staff working extra hours	89%	86%	Deterioration

SECAmb's results show there has been no significant deterioration and some areas of improvement compared to last year and it is an improving picture 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 2014/15 and 2015/16 results at a local level does show some areas of improvement. However, the operational pressures and demands placed on the Trust has continued to hamper efforts to address issues during 2015/16.

Despite the many 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 as part of the move to local Operating Units. The key areas of focus for 2016/17 will be:

- + The continued rollout of the new appraisal process – moving to a framework of regular “conversations” between managers and staff members, as well as an annual appraisal whilst simplifying the paperwork
- + 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 – support the leadership development and effectiveness of the Trust managers to ensure there is leadership and management consistency across the Trust
- + Communications – move to promoting a common understanding that all staff will need to improve the way they communicate to underpin the drive to improving internal communications and engagement as part of the move to local Operating Units.

Appraisals & Mandatory training

Much work went on during the year into supporting staff through the provision of key skills and mandatory training, including manual handling and infection control. The Trust was pleased to achieve a completion rate of 92% at the end of the year. During 2016/17, the plan is to move to a two-day course for front-line staff.

A new appraisal process was also rolled out during the year, focussing on moving to regular ‘conversations’ between staff and their manager, in addition to a formal appraisal once a year. The completion rate for appraisals at the year-end was 69%, which was a significant improvement on previous years, however still leaves much work to do moving forwards.

Communicating and engaging with staff

Meeting the challenges of communicating across a large and widely distributed workforce on diverse shift patterns can be difficult but the Trust uses a range of different mechanisms to try to communicate effectively with staff.

We were pleased with an improved response from the most recent national NHS Staff Survey and other staff feedback avenues that showed we are rising to that challenge.

At a time when rising demand and busy schedules make it increasingly difficult for face to face communications, other avenues are always being explored and the development of the personal iPad for clinical staff is one area where opportunities exist as the system expands across the Trust.

Staff Report

Current mechanisms include:

- + Regular face to face briefings for managers on important topics, to enable them to brief their teams effectively
- + A weekly up-date from the Chief Executive, focussing on the top three issues affecting the Trust
- + 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
- + Use of "Twitter" – our main corporate account, as well as a secure "staff only" account
- + The introduction of 'whiteboards' as an additional communication tool, which has been successfully trialled across eight sites and is being rolled out across the Trust

Moving forwards, the Trust will also be introducing regular 'pulse' surveys across the Trust – to measure the effectiveness of the communication strategy gauge and the opinion of staff on key issues of the moment.

The expansion of the Operating Unit model from Kent through the rest of the Trust is enabling closer contact by Clinical Team Leaders with those currently out on the road for long periods and presents real opportunities to communicate and engage with staff face to face. This means moving away from having a top down approach to implementing a culture that staff at all levels own and take responsibility for.

The move to more localised Operating Units is also already seeing local managers developing innovative ways of engaging with their staff locally.

Foundation Council

Our staff forum, the Foundation Council (FC), is made up of around 25 staff members representing all areas of the Trust. The Chief Executive and four Staff Governors are permanent members of the FC, which allows them to hear the views of a wide range of staff members, as well as sharing information about what is happening at Board and Council level.

The FC meets quarterly but can be cancelled in times of high operational demand so as not to have an impact on performance.

The FC has provided staff feedback on and input to the development of many areas of the Trust's work this year. This is a selection their work:

- + Advising the Trust on improving the annual appraisal process;
- + Helping develop staff communications about moving to a new Headquarters and making changes to our Emergency Operations Centres;
- + Continued involvement in the development of an Electronic Patient Clinical Record for use by frontline staff;
- + Understanding and sharing the outcomes of research into shared clinical decision-making and its benefits for patients and clinicians;
- + Reviewing the Staff Friends and Family Test provisional results and making proposals for the use of these going forwards;
- + Commenting on the recruitment, retention and workforce plan;
- + Reviewing and suggesting improvements to workforce policies;
- + Sharing key messages with colleagues and gathering their feedback;
- + Reviewing staff suggestions for improvements to the Trust.

Development of clinical roles

This year has seen the further develop of clinical roles which support enhanced care for our patients. SECamb has successfully been awarded funding to develop Advanced Paramedic (Urgent & Emergency Care). The first cohort of Advanced Practice students began their studies in September 2015, and were selected from our experienced specialist paramedic (PP) workforce.

Advanced Paramedics follow a Masters Degree (MSc) programme at universities in our region, and study areas such as higher level decision making, ethics and professional judgment, leadership, and research, and will also each adopt a "special interest" which will form their research topic for their dissertation. The special interest topics will be agreed between the student and the Trust to ensure that the research is relevant to our patients and organisation.

Advanced Paramedics may, in future, be able to become independent prescribers should the NHS England project to introduce this be successful.

SECamb also has appointed its second Consultant Paramedic, and continues to recognise the importance of developing a strong clinical leadership structure to ensure that service delivery is optimised and supported. The Advanced Paramedics will work locally, and the Consultant Paramedics will work centrally, to support the Operating Unit management teams with clinical quality and professional support.

Specialist Paramedic (Critical Care) - CCPs

This year has seen significant developments for our Specialist Paramedics (Critical Care) – more commonly called Critical Care Paramedics (CCPs). We now have CCP teams in nine of our ten operating units and are being used in a more focused way to support patients with the most serious illness and injury.

Importantly, this year has seen the introduction of additional interventions which will promote better outcomes for patients. CCPs are now able to provide better care for patients suffering very severe asthma attacks, long duration epileptic fits, and those who have been resuscitated following a cardiac arrest but experience distress as their level of consciousness increases. This "post-ROSC (Return of Spontaneous Circulation)" phase is critical in the next phase of care. Where patients are distressed, as their physiology is still altered due to the effect of their cardiac arrest, the best practice treatment is to carefully sedate these patients and in cases give paralytic agents to prevent the patient experiencing distress and also to stabilise and optimise them prior to transfer to hospital. This is a big step for SECamb CCPs, and this work has been supported by internal Trust governance as well as close engagement with key partners, such as physicians at our regional trauma centre in Brighton and our colleagues from the regional air ambulance.

The coming year will see plans for our tenth team and the development of a dedicated CCP ambulance.

Critical Care Desk

2015/16 has seen changes to the way critical care support and tasking is done. Previously, Paramedics seconded to the Air Ambulance have undertaken this role, and this year has seen the decision to directly employ paramedics to the air ambulance and end the arrangement to second staff.

This arrangement has both strengthened the operational relationship between the Trusts and allowed SECamb to develop a dedicated Critical Care Desk in EOC to support staff attending high-acuity incidents. We have retained an air ambulance (HEMS) tasking desk in our Coxheath EOC and continue to work closely with the air ambulance trust to ensure that their enhanced care team can be accessed by as many patients as possible.

Staff Report

The SECAmb critical care desk provides the following key functions;

- + Tasking of CCPs, HEMS, HART
- + Clinical support to staff

The desk operates 24 hours a day, all year around and is staffed by experienced CCPs who have additional training to operate the EOC systems, such as CAD and the digital radio system. Having a critical care desk means that all staff can access support for their patients, and to request CCP attendance for the most suitable incidents.

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)

SECAmb currently has 621 CFRs spread across Kent, Surrey and Sussex. Community First Responders volunteered with SECAmb for 210,215 hours during the reporting 2015/16. Our CFRs have attended 19,935 emergency during the year, 12,549 of these calls were to patients with serious conditions, including 1,222 which were classified as life-threatening.

An enhanced Disclosure and 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 Clinical Education, this training is undertaken by CFRs on a three year cycle.

During 2015/16, the Trust also decided to move to a two-tier system of CFRs, recognising that some CFRs are more comfortable providing basic life support whereas others are prepared to take on further training:

- + 'ECHO' CFRs attend a one day course and are trained to respond to cardiac arrests and choking
- + 'MIKE' CFRs will be able to also respond to patients with specific medical conditions.

A fully qualified CFR will have undertaken both the ECHO and MIKE training, and have completed modules in salbutamol, patient observations and use of a bag valve mask.

In 2015/16, 59 new CFRs were fully trained to respond to all CFR appropriate incidents and successfully completed the one day ECHO course. MIKE courses are two days in length and are scheduled to commence in April 2016.

With regard to previously qualified CFRs, update training continues to be delivered, where possible by relying on support from operational paramedics to deliver this locally. Whilst a national CFR qualification is still being considered in conjunction with our fellow ambulance services, the focus for the coming year is to identify and create a pathway for continuing re-certifications for CFR skills. We have also begun to work with the Ministry of Defence and Health Education England (Kent, Surrey and Sussex) to identify possible co-responder CFR teams with military personnel.

In 2015/16 42 compliments were received from patients and their families for the approach to patient care practised by CFRs. SECAmb took part in National Volunteers Week in June 2015 for the first time, issuing certificates to all CFRs to recognise their contribution.

Public Access Defibrillators (PADs)

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 familiarise members of the public on using this device within their local communities.

There are over 2,250 PAD sites within SECAMB's area which are identifiable on our computer aided dispatch (CAD) 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

also continue to attend many meetings and functions to support the wider work of the Trust.

Voluntary Car Drivers

Patient Transport Services were supported by 180 dedicated Volunteer Car Drivers during the year, who use their own cars, in their own time, to take suitable patients across Sussex and Surrey to outpatient, transfer and discharge appointments.

In 2015/2016 our Volunteer Car Drivers completed 20,352 patient journeys and they continue to be an important and integral part of PTS.

Recognising the change in the provision of the PTS contract in Sussex from 1 April 2016 onwards, our aim remains to widen the scope of the work the Volunteer Car Drivers undertake, improve recruitment, induction and the training we provide them with, whilst ensuring they feel engaged and integrated as part of the wider PTS team.

Staff Report

Expenditure on consultancy

The total expenditure for 2015/16 was £451,000 and we engaged 12 external consultancy firms.

Off-payroll engagements

Table 1: For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last for longer than six months	
No. of existing engagements as of 31 Mar 2016	9
Of which.....	
Number that have existed for less than one year at the time of reporting	6
Number that have existed for between one and two years at the time of reporting	2
Number that have existed for between two and three years at the time of reporting	
Number that have existed for between three and four years at the time of reporting	
Number that have existed for four or more years at the time of reporting	1
Confirmation:	
Please confirm that all existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.	YES

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2015 and 31 Mar 2016, for more than £220 per day and that last for longer than six months	
Number of new engagements, or those that reached six months in duration between 01 Apr 2015 and 31 Mar 2016	5
Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and national insurance obligations	5
Number for whom assurance has been requested	5
Of which.....	
Number for whom assurance has been received	5
Number for whom assurance has not been received	
Number that have been terminated as a result of assurance not being received	

Table 3: For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2015 and 31 Mar 2016	
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	8

Disclosures set out in the NHS Foundation Trust Code of Governance

South East Coast Ambulance Service NHS Foundation Trust has applied the Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust 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 the Accountability Report.

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 15/16 Annual Report
A.1.1	The schedule of matters reserved for the Board of Directors (BoD) should include a clear statement detailing the roles and responsibilities of the Council of Governors (CoG). 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, CEO, SID, Chairperson and members of the Nominations, 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 appointment and Lead Governor	Directors' report
FT ARM	The Annual Report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors	Directors' report
B.1.1	The BoD should identify in the Annual Report each NED it considers to be independent with reasons where necessary	Directors' report
B.1.4	The BoD should include in its Annual Report a description of each Directors skills etc. and make a clear statement about its own balance, completeness and appropriateness to the requirements of the FT.	Directors' report
FT ARM	The Annual Report should include a brief description of the length of appointments of the Non-Executive Directors, and how they may be terminated	Directors' report
B.2.10	A separate section of the Annual Report should describe the work of the Nominations Committee(s), including the process it has used in relation to Board appointments.	Directors' report
FT ARM	The disclosure in the Annual Report on the work of the Nominations Committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a Chair or Non-Executive Director	Directors' report

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 15/16 Annual Report
B.3.1	Chairman's other significant commitments should be included in Annual Report	Directors' report
B.5.6	The Annual Report should include a statement as to how the views of members, Governors and the public have been canvassed and communicated to the Board	Directors' report
FT ARM	<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	N/A
C.1.1	Directors' responsibilities for preparing Annual Report and state that they consider them to be whole, fair and balanced etc.	Statement at end of the Accountability Report
	Directors should also explain their approach to quality governance.	Annual Governance Statement
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	Annual Governance Statement
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>	Performance Report – financial performance section

Disclosures set out in the NHS Foundation Trust Code of Governance

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 15/16 Annual Report
C.3.5	If the Council of Governors' does not accept the Audit Committee's recommendation on the appointment, reappointment or removal of the external auditor, the Board of Directors should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors had taken a different position	N/A
C.3.9	A separate section of the Annual Report should describe the work of the Audit Committee in discharging its responsibilities. The report should include: <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. 	Performance report
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration report should include a statement of whether or not the Director will retain such earnings.	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.	Directors' report
E.1.5	The BoD should state in the Annual Report the steps they have taken to ensure that Board members, and particularly NEDs, develop an understanding of the views of Governors and members, for example through attendance at CoG meetings, face to face contact, surveys, consultations etc.	Directors' report
E.1.6	The Board of Directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of membership engagement and report on this in the Annual Report.	Directors' report

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 15/16 Annual Report
FT ARM	The Annual Report should include: <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
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

Disclosures set out in the NHS Foundation Trust Code of Governance

Code Provision Section 6:	Requirement	Comply or Explain
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
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

Code Provision Section 6:	Requirement	Comply or Explain
A.5.7	The Council should ensure its interaction and relationship with the Board of Directors is appropriate and effective.	Comply
A.5.8	The Council should only exercise its power to remove the Chairperson or any Non-Executive Directors after exhausting all means of engagement with the Board.	Comply
A.5.9	The Council should receive and consider other appropriate information required to enable it to discharge its duties.	Comply
B.1.2	At least half the Board, excluding the Chairperson, should comprise Non-Executive Directors determined by the Board to be independent.	Comply
B.1.3	No individual should hold, at the same time, positions of Director and Governor of any NHS Foundation Trust.	Comply
B.2.1	The Nominations Committee or Committees, with external advice as appropriate, are responsible for the identification and nomination of Executive and Non-Executive Directors.	Comply
B.2.2	Directors on the Board of Directors and Governors on the Council should meet the "fit and proper" persons test described in the provider licence.	Comply – the Trust has taken reasonable steps to satisfy itself that Directors and Governors meet the requirements
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

Disclosures set out in the NHS Foundation Trust Code of Governance

Code Provision Section 6:	Requirement	Comply or Explain
B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.	Comply
B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	Comply
B.5.2	The board and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	Comply
B.5.3	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.	Comply
B.5.4	Committees should be provided with sufficient resources to undertake their duties.	Comply
B.6.3	The senior independent director should lead the performance evaluation of the chairperson.	Comply
B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	Comply
B.6.5	Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	Comply
B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	Comply

Code Provision Section 6:	Requirement	Comply or Explain
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.1.4	The board should notify Monitor and the CoG without delay and consider whether it is in the public's interest to bring to the public's attention, any major new developments which may lead to a substantial change in financial wellbeing, healthcare delivery performance or reputation and standing of the FT.	Comply
C.3.1	The board should establish an audit committee composed of at least three members who are all independent non-executive directors.	Comply
C.3.3	The council should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors.	Comply
C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.	Comply
C.3.7	When the council ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	Comply
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

Disclosures set out in the NHS Foundation Trust Code of Governance

Code Provision Section 6:	Requirement	Comply or Explain
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 [implicit within the Trust's Inclusion Strategy]
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



Geraint Davies, Acting Chief Executive

Date: 26 May 2015



Regulatory Ratings

Monitor Risk Ratings

The tables below summarise the rating performance throughout the year and compared to the previous year:

	Annual plan 2015/16	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
Under the Risk Assessment Framework					
Continuity of Services Risk Rating	4	4			
Financial Sustainability Risk Rating	4		2	3	4
Governance Risk Rating	Green	Green	Under review	Under review	Red

	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

We achieved a Continuity of Service Risk Rating of 4 in quarter 1. We delivered a Financial Sustainability Risk Rating (FSRR) of 2 in quarter two, a level 3 in quarter three and achieved a FSRR of 4 in quarter four. Our governance rating was green in quarter 1, under review as described elsewhere in the Annual Report in quarters 2 and 3 and red subject to enforcement action in quarter 4.

The reasons for the red governance rating are set out in the Annual Governance Statement.

Due to mandated in-year changes to the basis of calculations for the Financial Sustainability Risk Rating, this saw a lower than expected rating for quarter 2; this was rectified in quarters 3 and 4.

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 2015 to 31 March 2016 we received 378 Freedom of Information requests compared to 319 for 2014/2015.

This equates to an 18% increase year on year. We have responded to 98.68% of these requests within the 20 working day time frame.

Risk Management

The Trust has a Risk Management Strategy and Policy which was last refreshed by the Board in September 2014. It is under review at the time of writing as the Trust revises its risk identification and mitigation structures and processes.

The Trust uses risk registers at a local level as a tool to coordinate risk information so that risk treatment can be planned and reversed. The most significant risks are collated within the Corporate Risk Register. This is reviewed by the Executive directorates frequently, and by the relevant Board Committees leading on risk management assurance.

The Board sets out the controls over the most significant risks of failure in the Board Assurance Framework (BAF) and reviews it at the Board and in its own Committee work thereby progressively gaining confidence during the year that risks are being mitigated to acceptable levels and that corporate objectives will be met. Where the Board remains unassured that risks of failure are greater than the Trust's risk appetite, additional resources can be allocated to achieve greater control.

The Board has undertaken a review of the effectiveness of its systems of internal control and this is described in the Annual Governance Statement.

Incident Reporting

Serious Incidents (SIs)

SECAmb adopted the new Serious Incident Framework published by NHS England on 27 March 2015. The points within this framework have been incorporated into SECAmb documents relating to the reporting and investigation of Serious Incidents.

Every SI 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 SI investigation can be closed.

Within SECAmb we continuously monitor SIs, 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.

To enable reporting trends the Trust measures the Reporting Reason for SIs rather than using the STEIS categories used in previous years. This allows the trust an improved picture of the causes of our SI reporting. STEIS categories changed in the new Framework and do not reflect ambulance service activity well. The following information has been collated from our SI management database and our current incident reporting system (Datix):

1 April 2014 - 31 March 2015	
Child / Unexpected Death	3
Child / Unexpected Death, Treatment / Care	1
Child / Unexpected Death, Triage / Call management	1
Delayed Back-up	2
Delayed Dispatch / Attendance	10
Green 5 Process	2
Handover Delay	3
Information Governance Breach	1
Medication Incident	1
Non-Conveyance / Condition deteriorated	3
Other	2
Patient / Third Party Injury	4
Power / Systems failure	2
RED 3 Process	1
RTC/RTA	3
Staff Conduct	2
Treatment / Care	4
Triage / Call management	10
Total	55

Regulatory Ratings

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

The number of SIRIs has increased between the above two comparative years by one. This confirms the positive reporting culture within SECAMB, although we recognise this is an area where more work needs to be done in terms of low-level reporting. We also recognise that we need to improve the sharing of learning from incidents and feedback to staff.

With effect from 1 April 2015 it became 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. The Trust updated its Being Open and Duty of Candour Policy and Procedure to reflect this.

Medication errors

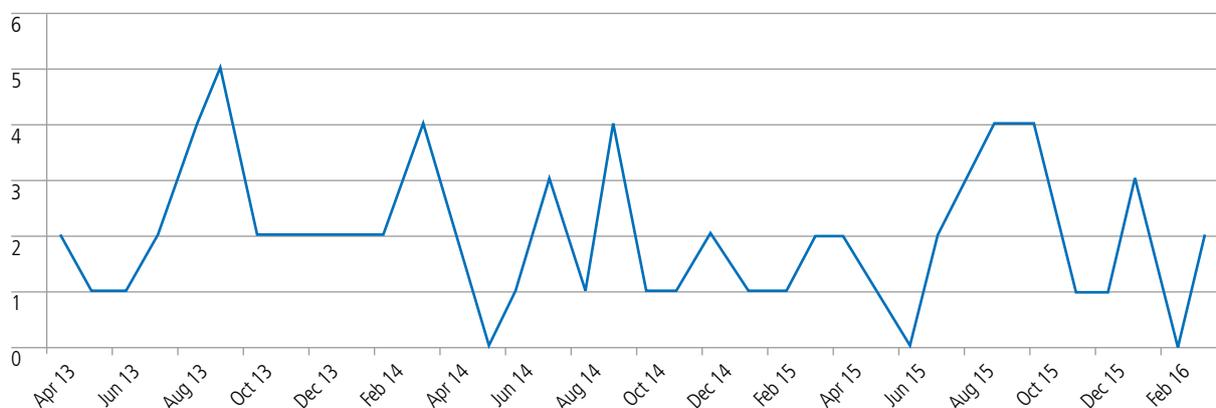
Correctly medicating patients remains an essential element of ensuring patient safety and wellbeing. The administration of the correct drug type, the correct dosage and the correct method of administration is vital, together with the ability to identify and recognise any contra indications associated with drugs. The administration of drug types is bound by the scope of practice of each operational role and is reflective of the clinical experience of that role. For example, CCPs are able to administer a wider range of drugs than Technicians, because they are more highly qualified and trained.

Previous inspection by the CQC in December 2013 highlighted that medicine management processes were not being consistently applied across the organisation by operational staff. Since this inspection that Trust has invested over £1million in the installation of a new medicines management system enabling medicines that are at high risk of error, such as similar names, to be separated into different locations.

Where medication errors do occur they are equally split between drug doses and incorrect drug types with an average of 2 incidents each month for each category. 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.

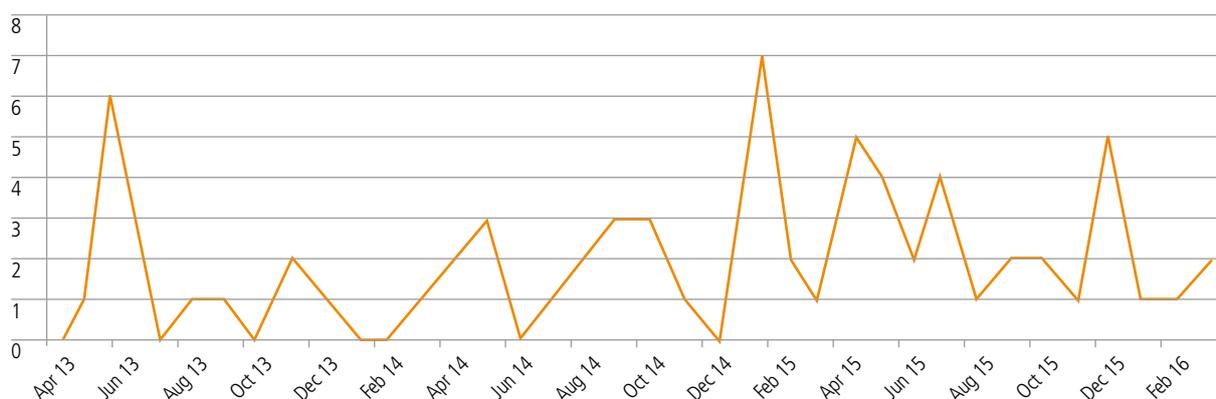
The information in the below graphs has been collated from SECAMB's incident reporting system (Datix) and are based on clinical patient safety incidents, both actual and near miss.

Incorrect Drug Type



Medication Errors: Incorrect Drug Type (April 2013 - February 2016)

Incorrect Drug Dose Administered



Medication Errors: Incorrect Dose (April 2014-March 2016)

There has been a minimal increase in the reporting of medication errors between 2013/14 and 2015/16 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.

It remains difficult to determine if improvement is required due to the lack of national ambulance

data which can be used for benchmarking however despite an erratic pattern of incidents it is reassuring that on average the number of incidents have not greatly varied.

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.

Regulatory Ratings

Following last year’s review in conjunction with North Kent CCG, all new incident reports are now reviewed by a senior clinician and re-categorised if required. We have re-categorised our incident reporting system to more easily identify Patient Safety Incidents and ensure equipment incidents relating to patient safety are recorded under this Type categorisation. This does make direct comparison year on year difficult as we now report all Patient/Service User related incidents as a Key Performance Indicator (KPI). Historically committees had reports of National Reporting and Learning System (NRLS) -reported incidents as the KPI.

PSIs are recorded on our local incident reporting system. All incident reports and their subsequent investigations are reviewed by a senior clinician; where it is identified that an incident could have or did lead to harm for patients receiving NHS funded healthcare the (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 2015-31 March 2016	
Patient safety incident	1682

Figure 10: Number of Patient Safety Incidents (April 2015-March 2016)

The data above indicates that there has been a significant rise in the reported figures relating to PSIs in 2015-16 compared to 2014/2015. There is no emerging trend of causation but is reflective of an increase in activity, the changes to the reporting categorisation mentioned above and good reporting culture by staff. 77% of patient safety incidents were “no harm” events. This will continue to be a KPI and monitored at RMCGC.

CQC Registration and Inspection

The Trust is registered with the CQC and was previously subject to an unannounced inspection in 2013.

During this visit, 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 one outcome – Assessing and monitoring the quality of service provision – however this was felt by the inspectors to only have a minor impact on service users.

An action plan to address the outstanding areas was submitted and actioned and in October 2014 the CQC published a follow-up report explaining that they were satisfied with the actions taken and the Trust was then fully compliant.

The CQC undertook a planned inspection of the Trust during May 2016, utilising their new inspection regime. It is expected that improvements will be required.

IG Toolkit

SECamb published its Information Governance Toolkit V13 submission for 2015/16 and achieved an Overall Assessment of Level 2, Graded Satisfactory.



Statement of Accounting Officer's Responsibilities

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 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 168 responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.



Geraint Davies, Acting Chief Executive

Date: 26 May 2016



Annual Governance Statement

The Board of Directors is responsible for preparing the Annual Report and Accounts. The Directors consider the Annual Report and accounts to be fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

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 2016 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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.

As set out throughout this statement, the Trust recognises the need to strengthen its control mechanisms and develop its risk management framework. However, we set out the frameworks which were in existence during 2015/16 in this report.

This framework enables employees to manage and control risks in accordance with agreed procedures. I am accountable for the leadership of risk within the Trust. 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.

It is the responsibility of the Trust Board to ensure 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 requires varying levels of training across the Trust. Lessons learned and guidance on best practice are cascaded to staff through the weekly staff bulletin and the SECamb News magazine, although we recognise more needs to be done in this area.

The Trust has adapted its approach to risk management during the year 2015-16. Until January 2016 the Risk Management and Clinical Governance Committee (RMCGC) oversaw the acquisition of management assurance in relation to all risks. The RMCGC reported 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. From January 2016 this responsibility moved to the Audit Committee (AuC) of the Trust, which is also Chaired by a Non-Executive Director and has at least three independent non-executive members. The Director of Commissioning and the Director of Finance attend each meeting, and other Executive Directors attend as required. The Trust's internal and external auditors attend meetings of the Committee as required as does the local counter fraud specialist. The Corporate Risk Register is reviewed on a monthly basis by the Executive Team, and relevant risks are reviewed at Directorate level on a monthly basis.

The Head of Risk Management at the Trust is a Technical Member of the Institute of Occupational Safety (TechIOSH). The Trust is represented on the National Risk and Safety Group, National Ambulance Quality Governance and Risk Directors Group which feed in to the Association of Ambulance Chief Executives (AACE). The Trust participates in local health economy groups to support learning from incidents.

The Director of Commissioning is the Senior Information Risk Owner (SIRO) of the Trust. 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 Trust's governance risk rating is currently Red.

NHS foundation trust 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.

During 2015/16 governance failures were identified within the Trust in relation to two activities, as outlined below.

1. Re-triage Pilot Scheme

In December 2014 the Trust implemented a Pilot scheme that involved a change to standard operating procedures regarding the handling of certain NHS 111 calls which had been transferred to the 999 service where the NHS Pathways assessment had resulted in an ambulance despatch disposition.

Under the Pilot, the Trust introduced a second triage stage for certain calls to NHS 111 to ascertain whether they required an ambulance. The second triage took place after the NHS 111 assessment had determined that an ambulance was required.

Annual Governance Statement

The changes effected via the Pilot scheme were not in line with the NHS England NHS 111 Commissioning Standards and did not comply with nationally agreed operating standards for ambulance services.

The Trust initiated an investigation in February 2015, with scrutiny by the lead Commissioners' Clinical Quality and Safety team, into the Trust's introduction and handling of the Pilot and the report was finalised on 1 July 2015. NHS England opened a separate investigation following a risk summit on 31 March 2015. The NHS England investigation report was shared with stakeholders (including Monitor) on 17 August 2015.

Monitor decided to take enforcement action against the Trust on the basis of the reviews noted above. As part of the enforcement action, Monitor has accepted undertakings from the Trust under section 106 of the Health and Social Care Act 2012. These undertakings included a requirement for the Trust to commission a forensic review into the Pilot project.

This forensic review, undertaken independently by Deloitte, reported to SECAMB and Monitor on 22 February 2016. It concluded that there were a number of fundamental failings in governance at the Trust which resulted in the implementation of a high risk and sensitive project without adequate clinical assessment or appraisal by the Board, Commissioners or the NHS 111 Service.

The undertakings the Trust has made to remedy the governance failings identified include:

- + Developing as a unitary Board;
- + Improving clarity around Executive Director roles and responsibilities, particularly in relation to clinical decision-making and accountability; and
- + Improving the organisational culture, including to ensure clinicians' concerns are listened to and acted upon.
- + A comprehensive internal review of the Trust's corporate and clinical governance is underway at the time of writing.

2. Ambulance Quality Indicators (AQIs)

At the request of the Trust, an independent review into the application of defibrillators and their reporting in relation to AQIs was undertaken by RSM, the Trust's internal auditor. The report was presented to the Trust in March 2016. This made a number of high level recommendations, all of which were accepted by management, to ensure improved authorisation and communication of operational or interpretational changes affecting reporting; data validation; reporting on data quality; clarity in Committee papers regarding when decisions are required; enabling the Computer Aided Dispatch system to identify Public Access Defibrillators consistently during a 999 call; ensuring EOC staff were informed of correct procedures; and issuing clinically appropriate instructions in relation to the new AQIs.

This report also identified fundamental failings in governance. Monitor and commissioners were informed of the outcome of the review, and of actions to be taken by the Trust in responding to recommendations made by RSM.

Risk management, controls and improving governance

The steps taken during 2015-16 to mitigate the risk of governance failings are set out below. However, given the failures of governance already outlined, and as stated above, Trust governance is now the subject of rigorous internal review.

The Constitution, Standing Orders, Standing Financial Instructions, Scheme of Delegation, and Policies of the Trust, including the Risk Management Strategy, Policy and Procedure, set out the framework and systems for the implementation of risk management and governance in the Trust.

The Risk Management Strategy Policy and Procedure has been reviewed every three years by the Risk Management and Clinical Governance Committee who has recommended it for approval by the Board. It was most recently approved by the

Board in September 2014 but will be revised to incorporate improved structures during 2016/17.

The Trust uses risk registers at a local level as a tool to co-ordinate risk information so that risk treatment can be planned and reversed. The most significant risks are collated within the Corporate Risk Register and reviewed by the relevant Board Committees leading on risk management assurance.

The Board sets out the controls over the most significant risks of failure in the Board Assurance

Framework (BAF) and reviews it at the Board and in its own Committee work thereby progressively gaining confidence during the year that risks are being mitigated to acceptable levels and that corporate objectives will be met. Where the Board remains unassured that risks of failure are greater than the Trust's risk appetite, additional resources can be allocated to achieve greater control.

The Trust's risk appetite is largely determined by thresholds required by regulatory and commissioner targets.

The organisation's most significant risks (rated 20 or above) for 2015/16 as at the end of the financial year were as follows:

Risk	Current/ Future	Commentary
Turnaround delays at hospitals within SECamb area	Current and Future	The number of hours lost due to handover delays at A&E departments has continued to increase throughout 2015/16. The clinical risk to patients who are awaiting an ambulance resource is mitigated by the implementation of the Trust's Immediate Handover Procedure at times when delays at hospitals are having a significant impact on the availability of ambulance resources.
Non-achievement of quarterly operational performance standards	Current and Future	Operational performance in 999 has declined since June 2015. Causal factors include hospital turnaround times, a shortage of Emergency Medical Advisers for part of 2015, and changes in interpretation of Ambulance Quality Indicators. Although activity was 2.5% below plan April-December 2015, the Trust failed to meet its response time targets. A remedial 999 performance Action Plan was developed and implemented in August 2015. Mitigation measures included the implementation of operational hubs to provide reactive, flexible leadership to address demand; amendment of the resources plan in line with new activity; and increased use of Private Ambulance Providers better aligned with demand. However, the Trust saw a substantial increase in activity in January 2016 which continued into March 2016 and contributed to a further reduction in response time performance.
Red 3 call partition process	Current and Future	The details of the Red 3 call partition process are outlined above and also within other sections of the Annual Report. Risks associated with potential adverse patient impact, effective governance and reputation have been identified as a consequence of reviews undertaken into the process. Mitigation includes: implementation of the rectification plan, implementation of any recommendations resulting from a patient impact review; and implementation of recommendations from an internal review of governance.
111 service (GP Out of Hours (OOH))	Current	One of the key risks to the effective operation of the 111 service is the failure of the main GP OOH's service provider to deliver sufficient service capacity, particularly at periods of peak operational activity. Mitigation includes: detailed reporting to commissioners; regular resourcing reviews; and additional clinicians to support call handlers.

Annual Governance Statement

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 in 2014-15, 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 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 elements of the BAF 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 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.

The above steps, combined with work undertaken by external and internal audit, enable the Board to be assured of the validity of 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.

Stakeholder involvement

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.

An Inclusion Working Group (IWG), 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 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.

Compliance

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 was inspected by the CQC in May 2016.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme

records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projections, to ensure that the organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Trust has a track record for achieving delivery against its CIP targets, and has CIPs which include stretch targets. Each CIP is supported by an action plan, a quality impact assessment 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 RSM. 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 BAF.

In accordance with the approved audit plan, a number of reviews were carried out during the year the outcomes of which were broadly positive. Where actions were recommended, these have been accepted by management and plans are in place to implement these recommendations within agreed timescales.

Annual Governance Statement

The Trust received two amber/red-rated internal audit reports, one on Clinical Audit and one on data quality-mental health call reporting. The Clinical Audit Report noted that at the time of the audit review there had been limited progress against the 2015/16 Clinical Audit Plan. The review identified that a significant number of clinical audits planned for 2015/16 were not completed. Recommendations for action were made to improve the utilisation of resources, escalation of risk, setting priorities for undertaking clinical audit in accordance with the agreed plan and development of the 2016/17 and three year rolling Clinical Audit Plan. A further review conducted in April assessed year end compliance to the audit plan for 2015/16. A Clinical Audit Rectification Plan has been developed for implementation during 2016/17. Main priorities are to risk assess outstanding audits for inclusion to a revised 2016/17 audit schedule and align audit activity with the Trust's strategic and business objectives. The data quality mental-health call reporting audit has not been presented in full at the time of writing. However, it focussed on the quality indicator 'Improve telephone triage response to 111/999 patients with Mental Health problems'. It found there was an inadequate audit trail to evidence the check/analysis, challenge, feedback, and sign off.

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 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 have been developed from a range of quality measures that were identified as a result of a stakeholders' workshop. The decision to include the chosen five quality measures followed guidance/ suggestions from the stakeholder workshop held for the purpose. The workshop included representatives from the Council of Governors, IHAG, Healthwatch, Health Overview and Scrutiny Committees (HOSCs), the Foundation Trust membership and commissioners.

At each meeting of the RMCGC, a report on the progress against Quality Account measures 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.

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

Patient Safety

- + SIs
- + Medication errors
- + Number of patient safety incidents

Clinical Effectiveness

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

Patient Experience

- + Formal complaints
- + Informal complaints
- + Compliments

Full details can be found in the Trust's Quality Account/Report for 2015/16.

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.

"The organisation has an adequate and effective framework for risk management and internal control. However our work has identified further enhancements to the framework of risk management and internal control to ensure that it remains adequate and effective. During the year there have been weaknesses identified in the framework of governance that could be, or could become, inadequate and ineffective and an action plan is in place to address these issues."

Weaknesses in governance identified within the Red3 process, application of defibrillators in AQI reporting and clinical audit have been identified, and are referred to separately within this 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 BAF itself provides me with evidence that the effectiveness

of controls that manage the risks to the organisation achieving its principal objectives has been reviewed. My review is also informed by work undertaken by external audit, work undertaken by internal audit and the Trust's registration with the CQC.

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, and since March 2016 an improved Integrated Performance Report to each Board;
- + 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 2015/16 Head of Internal Audit Opinion;
- + On-going compliance with the CQC's fundamental standards of quality and safety;
- + Monthly commissioner performance reviews;
- + Bi monthly commissioner quality review meetings;
- + Commissioner meetings monitoring the delivery of service level agreements;
- + Minutes of the Trust Board and Board Committee meetings;
- + On-going update and approval of the corporate BAF 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 Corporate Risk Register at RMC GC and the Trust Board, and then since March 2016 at the Audit Committee, ensuring that action is taken to manage key risks at the appropriate level and assign necessary resources were required.

Annual Governance Statement

Conclusion

I am satisfied that generally sound systems of internal control were in operation and applied throughout the financial year. However, there were clear and significant instances where this did not apply. Failings in governance were identified within both the Red3 process and the application of defibrillators in reporting AQI performance. The review of Clinical Audit identified significant concerns in respect of inadequate control design and compliance.

There is work to be undertaken to improve internal governance arrangements and significant internal control issues have been identified. The Trust has already taken steps to improve oversight of strategic risk during the year. The Trust will be focusing on implementing the necessary improvement required in its governance arrangements in 2016-17.



Geraint Davies, Acting Chief Executive

Date: 26 May 2016

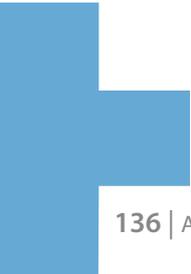


South East Coast Ambulance Service 
NHS Foundation Trust

Appendix A

Quality Account & Quality Report 2015/16

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



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Part 1

1. Chief Executive Officer's Summary and Statement

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.

2015/16 has probably been the most difficult year the Trust has ever faced. Despite extremely hard work by our staff, we have seen the Trust fail to deliver its operational and performance targets in both 999 and 111, as well as falling behind on some of our key clinical targets during the year. We have also seen Patient Transport Service (PTS) performance falling below the standards expected.

There are many external factors, including unprecedented rises in demand and significant system failings, including high levels of hospital handover delays and gaps in Out of Hours (OOH) provision, which have undoubtedly impacted on the delivery of our 999 and 111 performance.

PTS operations have also been delivered within a decidedly difficult operating climate. I was personally very sorry to see the end of PTS in Sussex on 31 March 2016, following the re-structure and re-tendering of the contract by the lead Clinical Commissioning Group (CCG).

However, despite external factors undeniably having an impact, we must also take responsibility for internal issues which have had an impact on the Trust delivering its key objectives during the year.

During the year, external reports into the governance of the Red 3 re-triage project and the way in which defibrillators were recorded at the scene of incidents were published. Both

of these issues received negative national press coverage during the year, which not only has resulted in reputational damage but, more importantly, has had a significant impact on staff morale and public confidence in our services.

In December 2014 the Trust implemented a Pilot scheme that involved a change to standard operating procedures regarding the handling of certain NHS 111 calls which had been transferred to the 999 service where the NHS Pathways assessment had resulted in an ambulance despatch disposition.

Under the Pilot, the Trust introduced a second triage stage for certain calls to NHS 111 to ascertain whether they required an ambulance. The second triage took place after the NHS 111 assessment had determined that an ambulance was required.

The changes effected via the Pilot scheme were not in line with the NHS England NHS 111 Commissioning Standards and did not comply with nationally agreed operating standards for ambulance services.

The Trust initiated an investigation in February 2015, with scrutiny by the lead Commissioners' Clinical Quality and Safety team, into the Trust's introduction and handling of the Pilot and the report was finalised on 1 July 2015. NHS England opened a separate investigation following a risk summit on 31 March 2015. The NHS England investigation report was shared with stakeholders (including Monitor) on 17 August 2015.

Monitor decided to take enforcement action against the Trust on the basis of the reviews noted above. As part of the enforcement action, Monitor has accepted undertakings from the Trust under section 106 of the Health and Social Care Act 2012. These undertakings included a requirement for the Trust to commission a forensic review into the Pilot project.

This forensic review, undertaken independently by Deloitte, reported to SECAMB and Monitor on 22 February 2016. It concluded that there were a number of fundamental failings in governance at the Trust which resulted in the implementation of a high risk and sensitive project without adequate clinical assessment or appraisal by the Board, Commissioners or the NHS 111 Service.

The undertakings the Trust has made to remedy the governance failings identified include:

- + Developing as a unitary Board;
- + Improving clarity around Executive Director roles and responsibilities, particularly in relation to clinical decision-making and accountability; and
- + Improving the organisational culture, including to ensure clinicians' concerns are listened to and acted upon.

A comprehensive internal review of the Trust's corporate and clinical governance is underway at the time of writing.

The Trust received two amber/red-rated internal audit reports, one on Clinical Audit and one on data quality-mental health call reporting. The Clinical Audit Report noted that at the time of the audit review there had been limited progress against the 2015/16 Clinical Audit Plan. The review identified that a significant number of clinical audits planned for 2015/16 were not completed. Recommendations for action were made to improve the utilisation of resources, escalation of risk, setting priorities for undertaking clinical audit in accordance with the agreed plan and development of the 2016/17 and three year rolling Clinical Audit Plan.

A further review conducted in April assessed year end compliance to the audit plan for 2015/16. A Clinical Audit Rectification Plan has been developed for implementation during 2016/17. Main priorities are to risk assess outstanding audits for inclusion to a revised 2016/17 audit

schedule and align audit activity with the Trust's strategic and business objectives.

The data quality mental-health call reporting audit has not been presented in full at the time of writing. However, it focussed on the quality indicator 'Improve telephone triage response to 111/999 patients with Mental Health problems'. It found there was an inadequate audit trail to evidence the check/analysis, challenge, feedback, and sign off.

There have been 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, which will strengthen further the importance of extended paramedic skills in urgent care delivery. The expansion of the Paramedics in the Community project has resulted in better use of our Paramedic Practitioners who have improved the service for those patients who can be treated at home or closer to home, thus avoiding transportation to A&E. This is benefitting both patients and the health economy as a whole and will ensure that we continue to increase the number of patients managed out of hospital.

The "LabKit" project has seen Paramedic Practitioners trained to use a range of "point of care" testing devices and now utilise that equipment effectively in the Surrey area where this is being piloted. This trial is likely to conclude during quarter one with the encouraging results seen to date formally published with the likely result of rolling out this innovative project.

The Trust has been working with Surrey Fire & Rescue Service (SFRRS) and other partners as part of the Emergency Services Collaboration Programme for the last three years. A work-stream of this programme has been to set up co-responding as an activity that would be of benefit to the population in Surrey, with further detail in section 3.13.

Part 1

The Critical Care Desk has gone live this year and is now providing clinical oversight and support to all staff, it has been well received and is believed to be reducing the clinical risk. This is further supported by on call Clinical Consultant support.

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. During 2015/16 we have seen some improvements 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 3.17.

Progress on our 2015/16 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. For next year, we have five 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 2016/17" 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 2017.

We have also included updates on other quality improvements we planned to introduce during 2015/16 (see section 3) and a separate chapter on quality improvements we propose to implement during 2016/17 (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 2016/17 will be a challenging 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 3.19 provides an update on the Thanet and Ashford pilot Operational Units which commenced in July 2014.

I am also keen that we improve our Clinical Outcomes. The new Clinical Audit and Quality Sub Group (CAQSG) which covers both Operations and EOC will look at improving our performance against the national Ambulance Clinical Quality Indicators (ACQI), inform and influence quality improvement measures and to work with EOC and KMSS 111 on clinically led activities. We will continue the emphasis we have seen during 2015/16 on driving up our clinical performance in key areas such as cardiac arrest and stroke.

Equally we must not underestimate 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.

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.

For 2016/17 the Trust has agreed the following objectives:

- + Delivering an improving trajectory of Clinical performance
- + Delivering an improving trajectory of Operational performance
- + Delivery of the following key projects:
 - + *Roll out of operating units*
 - + *Move to new EOC/HQ*
 - + *Continuation of the Electronic Patient Clinical Record (ePCR) deployment*
- + Managing the Care Quality Commission (CQC) inspection and outcomes
- + Financial sustainability
- + Improving the culture of the Trust

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.

As well as getting a better grip on the delivery of the Trust's key projects, the plan for this year focuses on key areas such as providing a safe, effective service, while maintaining financial sustainability and improving our clinical performance.

There are also likely to be some key learning points for the Trust arising out of the CQC inspection of the Trust in May 2016.

As we enter the new financial year, the Trust undoubtedly has a number of key challenges it still needs to address. It will, without doubt, be another tough year, not least due to the ever-shrinking financial resources allocated to the Trust.

However, I fundamentally believe that SECAMB remains a good Trust, with fantastic staff committed to delivering excellent patient care. Despite the negative publicity the Trust has received, we have continued to receive high numbers of compliments and have not seen any evidence of a decrease in patient satisfaction.

It is my job, and the job of the Board, to support staff in doing this as we move forwards and provide the very best environment and resources possible. I will do everything possible to make SECAMB a Trust our patients and public can have confidence in.

To the best of my knowledge and belief, the information in this account/report is accurate.



Geraint Davies, Acting Chief Executive

Date: 26 May 2016

Part 1

2. Introduction to the Quality Account and Quality Report

Welcome to the South East Coast Ambulance Service NHS Foundation Trust's (SECAmb) Quality Account and Quality Report for 2015/16. 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 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 (PTS) (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).

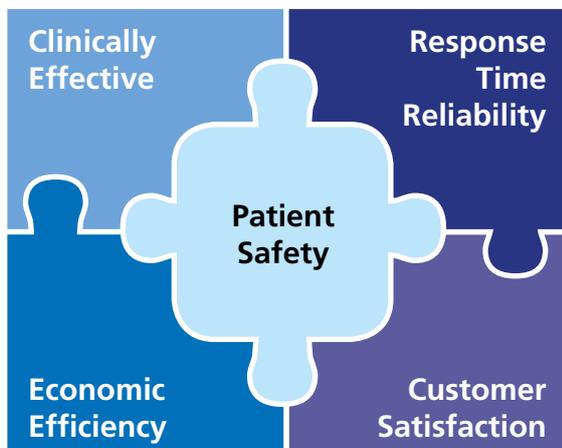


Figure 1: Model of High Performance Ambulance System

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 2016/17 SECAMB will be moving in to phase two of the change programme which will reform the way we provide our services and help us move towards our vision, towards local partnership working whilst underpinning Governance at the heart of the Trust. In this respect, I will be supporting the aim to achieve clinical excellence, improving clinical outcomes and enhancing the patient experience and I am looking forward to the challenges of the year ahead.

Andy Newton, Chief Clinical Officer

Date: 26 May 2016

Part 2

3. Quality improvements implemented by SECAMB

3.1. Clinical Strategy

The Clinical Strategy 2014-2019 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 quality in clinical care and is striving to achieve 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.

2015/16 has been a difficult year for the Trust, with capacity issues in most departments, noticeably Clinical Audit. The Clinical Audit Plan (CAP) for 2015/16 was not achieved and is now part of the wider recovery plan. Of the seven planned audits only three have been completed. The integrity of the data submitted to the Department of Health has also come under scrutiny and the Trust plans

to restate the data submitted in August 2016 after a thorough review has been undertaken. More information on this can be found in section 6.

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 patients suffering out of hospital cardiac arrest (OHCA), and to see where improvements could be made to promote better outcomes for patients. This would also allow SECAMB to demonstrate better performance in national reporting to Return of Spontaneous Circulation (ROSC) at hospital (both all and Utstein groups).

CATF changed its name during 2015/16 to Cardiac Arrest Survival Team (CAST). It is made up of operational and non-operational staff and, while it has limited senior input, it reflects the true picture of cardiac arrests managed operationally and clinically. CAST aims to meet monthly to review clinical performance data and to undertake a review process to identify incidents where care could have been improved or was not potentially delivered or documented in accordance with clinical guidelines. These learning opportunities can be reported back informally to the local Clinical Operations Managers (COMs) to enable them to support the respective member of front line operational staff and also inform learning and development programmes as appropriate.

CAST last met in October 2015 and, due to operational demand, it has not been possible to meet again this year. The Cardiac Arrest Strategy (CAS) will be written during 2016 building on the work already carried out within SECAMB to enhance the survival rate of those patients who suffer an OHCA. One aspect that will be incorporated into the strategy is the use of Cardiac Arrest download analysis. This is where the Cardiac Arrest incident is recorded electronically and then reviewed with learning points fed back to

the ambulance crews who attended the patient. During the last few months several hundred downloads have been analysed and reported back to staff who have welcomed this initiative.

3.2.2. Quality Improvement Group (QIG)

SECAmb's Quality Improvement Programme (QIP) has not been as successful this year as in previous years, the team last met in September 2015. This group is now part of a wider Clinical group which incorporates the QIG, the Clinical Audit and Guidelines Sub Group (CAGSG) and the Emergency Operations Centres (EOC) Quality and Development Sub Group (EOCQDSG). The Clinical Audit and Quality Sub Group (CAQSG) has been set up in light of an internal audit that took place in November 2015. The group will specifically look at:

- + Performance against Clinical Performance Indicators (CPI) and the Clinical Outcome Indicators (COIs) contained within the Department of Health's Ambulance Clinical Quality Indicators (ACQIs)
- + Outcomes and recommendations arising from completion of the annually agreed CAP thereby informing and influencing quality improvement measures
- + Performance in relation to clinically led activities within the EOC and 111 services

In order to ensure that effective improvements are seen over the next year, the directorate has reviewed its structure and has made a number of recent appointments. The additional capacity will ensure that effective progress is made in the next year towards improving SECAmb performance in line with the Unified Recovery Plan.

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. Patient and participant safety in research and the undertaking of robust research within NHS organisations are key concerns within the United Kingdom, and there are several forthcoming changes in relation to national research governance processes for NHS trusts; SECAmb has engaged fully in preparation for the changes due to be implemented in April 2016.

During 2015/16 SECAmb made two key appointments in the area of research: a research lead, Professor Julia Williams who will lead on all research activities throughout the Trust; and a Research Manager, Dr Jonathan Smart who was responsible for day-to-day management of research studies in progress throughout the Trust with key responsibility for governance. The latter post was funded through collaboration with the Clinical Research Network (CRN) and application has been made for recurrent funding from the CRN to maintain this post in the future.

3.3.1. Participation in current portfolio studies:

Over the past 12 months we have continued to participate successfully in a number of different research activities for example:

+ ***Out of Hospital Cardiac Arrest Outcomes (OHCAO)***

This is a portfolio study funded by the National Institute for Health Research (NIHR) led by the Clinical Trials Unit at the University of Warwick.

+ ***Understanding variation in rates of "non-conveyance to an emergency department" of emergency ambulance users (VAN)***

This is a portfolio study funded by the NIHR led by the University of Sheffield.

Part 2

+ **Prehospital Resuscitation Intranasal Cooling Effectiveness Survival Study (PRINCESS)**

This is a portfolio study funded by the Resuscitation Council UK. It is an international trial sponsored by the Karolinska Institute in Stockholm. SECAmb is the only UK ambulance Trust who was invited to participate and the trial opened in September 2015. Further details on this registered clinical trial can be found at <https://clinicaltrials.gov/ct2/show/study/NCT01400373?term=princess#contacts>.

+ **Rapid Intervention with Glycerol trinitrate in Hypertensive stroke Trial-2 (RIGHT-2): Assessment of safety and efficacy of transdermal glycerol trinitrate, a nitric oxide donor, and of the feasibility of a multicentre ambulance-based stroke trial**

This is a portfolio study and governance checks are in progress currently, prior to commencement of the study in Spring 2016.

3.3.2. Development of research grant applications for full funding

SECAmb has a commitment to encouraging and supporting quality research of all types and is developing collaborative partnerships with other ambulance trusts, higher education institutions and industry to become a centre of excellence with regard to research and evaluations related to patient care.

During 2015/16 a number of collaborative research grant applications were developed/ submitted to a variety of funding streams, with outcomes awaited including:

- + Health and wellbeing of emergency call centre staff
- + Evaluation of pre-hospital sepsis
- + Use of TENS for abdominal pain relief
- + Implementation of an app for assessment of pain

- + Impact on the ambulance trust of increased numbers of patients using novel psychoactive drugs ('legal highs')

3.3.3. 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.

3.3.4. Governance for small-scale studies

This is a growing issue for SECAmb as these are unfunded studies and largely coming from our own staff who are undertaking MSc level projects. Governance for these studies along with maintaining safety have a cost implication and currently SECAmb is working with the CRNs and the higher education institutions to ensure that appropriate sponsorship arrangements are in place. It is essential that SECAmb support their own staff undertaking research as part of their professional development in order to grow research capability and capacity amongst our workforce, but there needs to be wider discussion as to the viability of supporting unfunded student projects from external sources. This will be monitored closely through 2016/2017.

In conclusion, given SECAmb's stated intention to create an integrated research unit within the Trust, it has been an encouraging year and progress has been made. The first permanent posts were appointed and this has resulted in an increase in portfolio activity and grant applications. Work continues to expand the numbers of staff dedicated to research work and there will be opportunities to employ Research paramedics with external funding to support specific studies e.g. RIGHT-2.

Work also continues to capitalise on funding from bodies such as the NIHR to support MSc and PhD level studentships via the Integrated Clinical Academic Programme.

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

The KMSS 111 service has experienced a difficult year in 2015/16, which has seen it enter a transitional period culminating in a change of leadership taking the service down a clinically-led path and resulting in the agreement of a contract extension.

3.4.1. Performance

The operational Service Level Agreement (calls answered within 60 seconds) has been below target for the duration of 2015/16 and, although there was a steady improvement during Q3 and over the critical Christmas period, the step-change in call volumes received across all NHSS 111 services since late January has significantly affected KMSS 111's operational KPIs. The key factors that have been the root cause for this tail-off in operational service level are:

- + Recruitment; an ongoing issue with the challenge of recruiting the appropriate calibre of staff to what is essentially a demanding but relatively low paid role of Health Advisor.
- + Retention; due to the nature of working in such a difficult environment, career

opportunities elsewhere and the negative impact on staff created by adverse media reporting has diminished the attraction of remaining with the service.

- + External GP OOH provider pressure; GP OOHs service providers continues to affect KMSS 111 performance, especially at weekends when finding the right service in a suitable timeframe for patients can be extremely challenging.
- + Operational efficiencies; the reliance on developing newly qualified Health Advisors and working within the constraints of the original contract has resulted in operational factors such as extended Average Handling Time (AHT) and rota harmonisation becoming obstacles for KMSS 111 to realise its full operational effectiveness.

All of these issues are being addressed via a detailed recovery plan and the service continues to work closely with Commissioners to ensure that it remains a safe and quality-focussed NHS 111 service with patient care at its heart.

3.4.2. Quality

Despite its operational challenges KMSS 111 continues to consistently out-perform the majority of other providers with its Combined Clinical KPI, which is a measure of how effective the service is at handling cases with a need to be addressed by an NHS 111 clinician (warm transfer to a Clinical Advisor or call-back within 10 minutes).

It is the firm belief of the KMSS 111 leadership team that this is a more meaningful measure to evaluate how the service is managing clinical risk. In addition to this, KMSS 111 has out-performed the national average for the percentage of cases referred to A&E and the total number of cases triaged. This is despite the increase in demand year on year which culminated in the fact that March represented the biggest monthly demand on KMSS 111 (131,000 calls received) since its inception three years ago.

Part 2

In 2014/15 KMSS 111 secured National Health Service England (NHSE) funding for a pilot to develop its clinicians via a clinician appraisal tool framework. This proved highly successful and demonstrated the service's intention to further develop its clinicians and innovation with a view to sharing best practice across the sector. The service also worked closely with the National Poisons Information Service (NPIS) looking at a proof of concept as to the merit of further educating NHS 111 clinicians with respect to managing cases relating to the ingestion of poisonous or toxic substances. The success of the NHSE funded clinician appraisal tool was instrumental in SECAmb securing further significant funding from HEKSS to conduct further clinician education for paramedics and nurses working in both 999 and 111. This programme, which is delivered by St. Georges Hospital Foundation Trust, is focussed around developing the clinical skills associated with telephone triage, which remains a relatively new field of practice. This programme has already facilitated a closer working relationship between clinicians from both 999 and 111 through its educational sub-committee. The first cohort started in Q4 of 2015/16 and the programme will be extended with additional cohorts planned for later in 2016. This innovative work will benefit not only the Trust, but also other urgent and emergency care providers utilising telephone triage. This is particularly relevant as we are now entering the commissioning of new Urgent Integrated Care (UIC) Clinical Hubs.

3.4.3. Clinical Governance

The service continues to work closely with stakeholders and its transparent and open ways of working remains the foundation for engendering innovation and maintaining trust. This is enabled through:

- + The progress of the Quality & Patient Safety Committee (QPSC) within KMSS 111 which operates alongside the Senior Management Team (SMT) and the Working Group to ensure that all issues, risks and concerns are addressed as appropriate.
- + Representation during 2015/16 at every Regional Clinical Quality Governance Advisory Group meeting along with every County cluster Clinical Governance Advisory Group meeting and End-to-End call review with multiple external stakeholders. Representation at these fora is vital to collaborative working, especially with Commissioners.
- + A comprehensive Clinical Governance report which is submitted to the RMC GC encompasses all elements of the service, especially quality measures. This document is produced monthly and is the cornerstone to the open and transparent modus operandi that KMSS 111 adheres to.
- + KMSS 111 continues to create additional analysis and documents to share learning and insight and to promote a more cohesive urgent care system so that local service providers can further understand how they can improve.
- + An "open-door" policy for Commissioners, NHSE and other stakeholders, which is aimed at raising the awareness and understanding about the work that KMSS 111 is undertaking.

3.4.4. The year ahead

Although 2015/16 has been difficult, for the reasons already identified, it is certainly moving in the right direction. The contract extension starting in April 2016 should improve the financial viability of the service.

However from October 2016 onwards, the four CCGs that constitute East Kent will leave the revised NHSS 111 contract and create an Urgent

Integrated Clinical (UIC) Hub model. An alternative provider has secured the contract which will create challenges with respect to boundary issues and the complexity of two very different operating models working adjacently i.e. conventional discrete NHS 111 and GP OOH services operating across eighteen CCGs and a new, conceptual integrated service across four CCGs. KMSS 111 will continue to work closely with Commissioners to ensure that the migration of the NHS 111 business pertaining to the East Kent CCGs is facilitated as smoothly as possible to the new provider and that any risk associated with this change is mitigated against, where necessary.

There is also the considerable amount of time and focus that KMSS 111 is investing in its people. The service has secured funding from the NHSE Workforce Investment Fund to conduct two clinician development programmes in:

- + Improving the NHS 111 clinicians' skillset and ability to handle calls relating to mental health – via improving interoperability between KMSS 111 and KMPT "RiO" mental health care plans and also through specific mental health training.
- + Developing NHS 111 clinicians and their ability to handle calls relating to the ingestion of poisonous and toxic substances, whilst also enabling them to have a better understanding of how to use pharmacy related literature and reference sources.

The results of this work will be shared with other service providers through NHSE with the purpose of improving the quality of NHS 111 services nationally and shaping the direction of further workforce development.

In 2016/17 KMSS 111 will continue to focus on recovering its operational performance whilst delivering a safe NHS 111 service which remains committed to further developing its people and improving the quality of its patient care.

3.5. Medicines Management

Medicines management governance remains 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.

Following the changes in 2014 the Trust continues to build upon a fully inclusive system for medicines management whereby medicines can be tracked from purchase through to administration. The Trust has continued to be seen as a sector lead in medicines management technology.

The Trust will be in a position during Q1 2016/17 to expand the work already undertaken to deploy a more efficient system for specialist paramedics, a generic title which includes Paramedic Practitioners and Critical Care Paramedics.

3.6. Electronic Patient Clinical Record (ePCR)

Included in SECamb's plans for 2016/17 is the wider deployment of the ePCR mobile working solution to our frontline clinicians.

The ePCR collects patient clinical data at the point of care on an iPad, which is currently captured on a paper A3 form.

Working in conjunction with our software provider Kainos and iPad supplier O2 Telefonica the first phase commenced in the Thanet area in October 2015.

This 'soft launch' enabled the structured testing of the software and the validation of staff support processes introducing the change to their working practices.

In partnership also with the East Kent Hospitals University Foundation Trust (EKHUFT) we have achieved the successful handover of patients into their care at both Queen Elizabeth the Queen Mother (QEQM) A&E in Margate and the Kent & Canterbury hospitals.

Part 2

This significantly changed project has been assured under SECAMB's Clinical Quality Working Group (CQWG) governance process and Risk Management and Clinical Governance Committee (RMCGC).

A full review of the soft launch will be undertaken in April ahead of operational deployment across the wider Trust area during the summer months. The roll out has been slower than anticipated due to further software development being required before moving past the pilot stage. Feedback to date from both staff and patients is positive both in terms of ease of use of the ePCR application, and reduction in the use of paper forms.

By placing the personal issue and personally enabled iPad as the cornerstone of mobile working for frontline staff, this project is fully aligned with SECAMB's vision for the future and the government target of being 'paper-light' by 2020.

3.7. Safeguarding

During 2015/16 safeguarding reporting activity was migrated across to a web-based solution; this was a bespoke module of the already established incident reporting system which was well received by staff. There has been a continued increase in referral activity, although this may not be wholly attributed to the new reporting procedures as there has been a year on year increase in referral activity. Overall, safeguarding activity has increased by approximately 30% on the previous year, with approximately 800 new referrals being received each month.

Close work with the commissioning safeguarding leads continues with regular meetings and delivery of agreed reporting metrics over 2015/16. Improved reporting metrics for 2016/17 have been agreed and work to improve data analysis from the database is underway to enable delivery of these.

A safeguarding development day was undertaken in September 2015 with representation from the Executive, Non-Executive and senior management teams. Following this, improved working arrangements and interface between specialist areas, particularly the Risk team, has been facilitated which will improve patient care through review and subsequent learning.

It has been recognised at the recent visit by CQC that we need to embed Safeguarding and reporting of incidents and concerns into the organisation.

3.8. Domestic Abuse (DA)

During 2015/16 a second DA pilot project was undertaken. This was supported by two thirds funding from the Strategic Commissioner (Joint Domestic, Sexual Violence & Abuse and Violence against Women & Girls (VAWG) Unit) and the Sussex Police and Crime Commissioners office.

This project built on the success of the initial project and the DA practitioner delivered Trust-wide training, improved referral pathways into specialist DA service providers and supported patients identified as at risk of suffering DA across Sussex. The Safeguarding Lead and DA practitioner delivered a presentation at the 2015 Conference for the National Centre for the Study and Prevention of Violence and Abuse at the University of Worcester discussing the innovative work which had occurred during the first pilot and how this would be expanded during the second project.

Unfortunately funding streams to continue the specialist DA work have not been possible to source so this work cannot continue at present.

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 CQWG, who are accountable to the RMCGC.

3.10. IBIS

The IBIS system continues to go from strength to strength with nearly 40,000 patients' care plans available on the system. Further development work has been undertaken to make the system easier for users to operate, including a new document management system which allows multiple associated documents to be added to the IBIS record, where previously only one could be added. This year has seen IBIS performance achievements holding steady compared to previous years, and audits have been done to check the quality of care plans and the reasons for conveyance for patients with care plans.

3.11. Fleet and Technical Support

In view of the changing model of care, and the establishment of Operating Units - it is vital that the vehicle fleet reflects the needs of the communities we serve, ensuring better patient experience as well as providing value for money and working towards reducing our 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 region.

The fleet and logistics teams 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 2015/16 the team provided 2,800,000 operational unit hours at an average maintenance cost of £1.63 per unit hour.

In addition we supplied 99.62% of required response hours using Single Response Vehicles (SRVs) in to plan and 99.95% of the required transport hours by way of double crewed ambulances (DCAs) to meet patient demand.

The 2015/16 vehicle replacement programme was delivered in line with schedule and within the defined financial envelope.

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:

+ *The development and build of 22 new SRVs on a versatile all-wheel drive Skoda platform.*

The design of these vehicles was predicated on the ability to maximise space and comfort for the crew, whilst eliminating problematic manual handling associated with accessing equipment from within the vehicle.

The use of a light-weight pod for storage in the back of the vehicles also enables the technical team's unhindered access to electronic and communications equipment within the vehicle.

The Skoda equipped to the Trust standard load also has the driver safety system fitted as standard. The system includes dynamic speed controller, CCTV and the full installation of black box technology that provides feedback on driver style and behaviour, as well as enabling the reconstruction of critical incidents and feed back to the fleet teams and shows any engine data needed to pre-empt problems with the vehicle before it becomes critical.

Part 2

Equipped with advanced patient diagnostics and other specialist equipment, the vehicles place the needs of the patient and the clinicians at the very heart of the design.

+ 2015/16 also saw the refurbishment of 35 ex-COM Volvos that, because of their condition and cost, represented excellent value for money.

These vehicles, needed to support the changing model of care, have been fully liveried and equipped for frontline deployment. They have mirrored the Skoda in terms of equipment load and slide out pod for access to electronic and communications equipment.

These Volvos also have a full standard suite of driver safety system components ensuring the staff and public are safe and supported and the interests of the Trust are protected.

+ The successful bid for funds followed, from the Office for Low Emission Vehicles (OLEV), for the procurement and build of 15 Mitsubishi Outlander Hybrid response vehicles.

These vehicles represent a 'first of breed' in frontline operation nationally, allowing the Trust the opportunity of getting to grips with the notion of alternative fuel technologies in its Fleet Operation whilst also enabling technical staff exposure so that they can 'up skill' accordingly to support these vehicles.

If successful, the Mitsubishi project will allow us to dramatically reduce our fuel spend and the greenhouse gases that affect our patients.

The Mitsubishi project provides a built response vehicle for specific communities all of whom will be supported by a network of rapid (20 minute) chargers. In addition the vehicle will have high output marine grade solar panels, all monitored for effectiveness by the driver safety system.

Clever design has also seen staff welfare considered throughout, recognising the need for versatility within this vehicle which will ultimately provide 'connected' work space for Clinical Team Leaders (CTLs) across the Trust.

+ Finally, SECamb has seen the development of the 'connected ambulance' introduced for frontline deployment whilst this ambulance challenges the norms of vehicle design.

The vehicle's built in partnership with FERNO, brings the best technology available onto a van conversion ambulance.

Internally, the vehicle can be reconfigured to match the capability of the staff or the requirement for unit hours (UH) in the plan, meaning it can be configured for a Specialist Paramedic (CCP) role one day and a Basic Life Support (BLS) ambulance the next.

Externally the tail lift has been removed in favour of a state of the art self-loading trolley which reduces the manual handling risk for the operator of using a tail lift from 13 actions to just 2 with the new stretcher.

In addition the removal of the tail lift takes approximately 250kgs out of the weight of the vehicle which consequently reduces fuel expenditure and carbon emissions for every mile travelled. In addition to this, the maintenance burden and associated failure of tail lifts are avoided completely. We also see an opportunity of reducing the task time by 2 minutes per patient transported, thereby saving in excess of 200,000 UH every year!

The remainder of the vehicle is full of electronics that support the use of the vehicle in field, from Radio Frequency Identification (RFID) asset management, high fidelity cloud based CCTV, Wi-Fi and solar panels to smart temperature control managed remotely by the crew.

The vehicle enables the crew to 'connect' to the wider health economy, enabling support for telehealth and telemedicine as well as being able to beam clinical data to the receiving care provider and gain clinical support when required.

This project is envisaged to return in excess of £22m pounds worth of savings over the next five years compared to a conventional box back ambulance. The benefit to patient care could be extensive.

In conclusion, the fleet and logistics team have had a tremendous year in support of patient care and frontline service delivery.

The team retained their 'excellence' accreditation with the Freight Transport Association (FTA), as well as winning Blue Light Fleet of the Year. More recently the team have been shortlisted for a number of awards such as;

- + Fleet of the Year
- + Cost saving initiative of the year
- + Safe fleet of the year
- + Most improved fleet of the year
- + Green fleet of the year
- + Fleet manager of the year

These external accreditations should provide reassurance to our staff, patients and commissioners that operational support in SECamb is good quality, reliable and cost effective.

In 2015/16 we have delivered 15 fully converted Plug in Hybrid Electric vehicles for use in our frontline fleet. The OLEV (formed by the Government) is supporting us in this innovative trial project which promotes the national 'Go Ultra Low' vehicle programme. It will run for 24 months and will demonstrate how petrol hybrid electric vehicles can support our frontline operations.

The Outlander vehicles run on petrol which is a much cleaner and safer fuel for both our staff and our patients. The vehicles will also make use

of our existing electric chargepoint network for which we also received OLEV funding, to keep their electric batteries topped up. The trial will test the extent to which they can run on electricity alone, potentially avoiding carbon emissions associated with conventional fuel, thereby saving money.

Supporting this project is a new Workplace Charging Policy which explains how staff may access the network of Electric Vehicle Chargepoints that we have installed on our sites.

This year we have also kicked off the development of a series of Travel Plans. This work is helping us to understand the problems that staff encounter with car travel and parking, and to develop sustainable travel plans at key sites including Ashford, Paddock Wood, Gatwick (Hazardous Area Response Team (HART)) Make Ready Centres (MRCs) and the new headquarters building. The purpose of this work is to support staff to ensure that they travel to work in the most sustainable, economic and stress free way possible.

This year we have also been successful in obtaining interest free loans from the Government's Salix programme. This has supported improvements in energy efficiency at six sites including Hastings Make Ready where £20k worth of LED lighting upgrades have been undertaken. Using a loan to undertake this work means that SECamb can repay the loan from the electricity savings made as a result of the new technology.

We have developed a Sustainable Fit out guide to be used as a specification for fitting out our new Headquarters building to ensure that the work meets robust environmental standards. The same Fit out guide will be applied to our upcoming MRCs. We have also developed an Environmental Design Specification for subsequent MRCs which sets out requirements for the buildings to address environmental sustainability issues and climate change adaptation.

Part 2

3.12. Patient Experience

At the beginning of 2015/16 a new session was introduced into Key Skills training for A&E staff. The session was developed jointly by SECAmb's Patient Experience Lead, the Head of Learning and Development, and a COM, with input from a CTL, an Emergency Care Support Worker (ECSW), a Paramedic and a Technician. The main aims of the session were 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 they (or the Trust) can do about it.
- + raise awareness of the importance of valuing and congratulating our colleagues/staff.

The session was very well received by staff, as well as the CTLs who were delivering the training. The number of complaints about the attitude and conduct of our A&E staff has decreased this year, with 320 recorded compared to 338 in 2014/15. Although this is a small reduction, it should be borne in mind that activity has also increased, with A&E staff making approximately 23,000 more attendances to patients than in 2014/15.

It is important to ensure that patients' voices are heard so that the Trust and its staff can fully appreciate the impact of the care we provide to patients, both good and bad. To this end, we produced our first 'patient story' video this

year, which was the initiative of one of our CTLs, and which related the experience of a family whose loved one we attended. The daughter of the patient described to camera how the experience made the family feel, and this was both humbling and thought-provoking. The video was shown at one of our Risk Management and Clinical Governance Committee meetings, as well as at a public Trust Board meeting, and was very well received. Moreover, it was used at several Key Skills training sessions, and feedback was extremely positive.

This year the Patient Experience Team (PET) has provided complaints investigation training to the Trust's Patient Transport Service managers and team leaders, which all who participated found useful.

Moving forward in to 2016/17 the PET team will work with other departments to share the learning outcomes from complaints.

3.12.1. Friends and Family Test (FFT) patient question

The Trust first implemented the FFT patient question in October 2014 as a Commissioning for Quality and Innovation (CQUIN) measure and, from April 2015, it became a statutory commitment to offer the opportunity to respond to the question to PTS and 'see and treat' (S&T) patients.

Most ambulance services, SECAmb included, have struggled to elicit responses from patients for a variety of reasons:

- + Many PTS patients travel frequently (in particular dialysis patients who undertake six journeys a week with us) and may not wish to keep responding to the question.

- + Patients and staff alike find the question odd, ie to be asked if they would recommend the ambulance service, especially as they do not have a choice of ambulance service.
- + With S&T patients, the A&E staff who are directly caring for the patient are responsible for leaving behind a leaflet about the FFT question, as well as ensuring that all other relevant documentation is explained and provided and worsening care advice given. This is an additional item to remember in what can be a very hectic schedule, and also human nature would dictate that if there has been a poor experience/interaction, staff may be less inclined to remember to leave behind a leaflet.
- + The number of responses received, for S&T patients and PTS patients are reported separately;

3.12.2. Response rate

During 2015/16 response rates have been as follows:

Q1 number of responses: 101 (25 PTS and 76 S&T)

Q2 number of responses: 116 (17 PTS and 99 S&T)

Q3 number of responses: 83 (8 PTS and 75 S&T)

Q4 number of responses: 61 (13 PTS and 48 S&T)

While the level of response is disappointing, other ambulance trusts are seeing similar rates in terms of S&T patients, with the exception of two – Yorkshire and East of England, who received 174 and 93 respectively. In January 2016 the number of responses from S&T patients for the remaining eight services ranged from 1 to 25 (SEC Amb received 13). Work will therefore be undertaken to ascertain how Yorkshire and East of England are achieving such high results, though the costs and benefits of this must be borne in mind.

When the FFT patient question was first implemented by ambulance services, the data

submitted to NHS England each month was classified as ‘official statistics’, however this has since been downgraded to ‘management information’. The information elicited from the responses we receive does not provide anything new, and is, in the main, anonymous, such that if a respondent mentions an issue we should like to explore further, we are unable to do so.

The results from the FFT question have been largely positive, as one would imagine, with 98% of patients stating that they would recommend the S&T service and 92% of patients saying that they would recommend our PTS service.

The Trust is to develop a Patient Experience Strategy in 2016/17, and issues to address the poor response to the FFT patient question will be addressed

3.12.3. Quality Improvements planned for 2016-2017

While the quality of complaints investigation and responses is generally high (47 of 2,145 complainants advised that they were not satisfied with the response to their complaint – just over 2%), we continually endeavour to improve our service to patients and complainants.

In 2016/17 there is to be continuous engagement with managers throughout the Trust, emphasising our aspirations in terms of patient experience, i.e. reducing the number of complaints we receive, further improving the quality of complaints investigations and reports, and also increasing the percentage of complaints responded to within the Trust’s 25 working day timescale.

Complaints investigation training is to be provided to all managers who investigate complaints, as well as to team leaders, who will then be able to investigate lower level complaints and assist with information gathering for more serious complaints, which should improve both quality and timeliness of response.

Part 2

During 2016/17 more work will be undertaken to highlight themes from complaints and to look at tackling the top three themes identified within complaints. There will also be some work undertaken to identify the themes that emerge from a review across Complaints, Risk and Safeguarding.

A Patient Experience Strategy is to be developed early in 2016/17, with a view to increasing our engagement with patients in order to elicit, share and learn from their experiences. This will include, but is not limited to, producing a leaflet to inform patients as to how they can feed back to us, and a poster for all vehicles advertising the opportunity to do so, among other initiatives.

3.12.4. Patient Comments

The comments below are what has been received throughout the year and, where possible, in order to identify staff, letters have been forwarded to them to thank them for their dedication. A selection of these can be seen as follows:

“I wanted to get in touch because I wanted to say thank you for your help and support. I am referring to the female call handler who helped me and my wife deliver our son at home. I don't know her name but she was so great and talked me through the delivery. She stayed on the line until the ambulance arrived. I'm so grateful. I hope that you can try to track down the operator and tell her that she is doing a great job and we will always remember that night and she will always be a part of that.”

“To all the staff who attended my friend last Monday after his horrific motorcycle accident. He has a long fight ahead of him, but they have begun to bring him out of his induced coma. He is beginning to respond to people's voices. Without you he wouldn't have that opportunity. We know he has many months/years ahead of him to recover (God willing) and you made that possible. Thank

you. Thank you for caring. Thank you for choosing to do a job that most people would find way too distressing. Thank you for enabling life.”

“On the 19th March 2016 for the first time ever I had to call the 111 service. My husband was in severe pain with what he thought might be trapped nerve in his back and was lying on the floor unable to get up. I was concerned it was more serious (e.g. DVT) as he had been inactive in the weeks leading up to this incident and he had been getting steadily worse despite weekly physiotherapy sessions. You sent a practitioner paramedic called Stephen. He was brilliant. He was efficient and effective. He did a thorough assessment, explained what he thought it was (first person to do so) and prescribed medication. Progress was so good after his visit I was able to cancel a doctor's appointment and the physiotherapy sessions. My husband is now fully recovered. I would call that a definite result and money saving for the NHS in the long run.”

“I want you to know and to tell the “powers that be” that the men and women of the ambulance service do an excellent job in what are sometimes difficult circumstances. I cannot speak highly enough of the drivers and the staff who sat with the passengers. The gentleness and the general conversations putting patients at ease. Both outward and return journeys it was ensured that we were all carefully seated and explained to how we would be getting on and off the ambulances. Whilst I was waiting for one return journey I witnessed the speed and dedication of two ambulance staff that were just entering the hospital – a gentleman and his wife were waiting for their transport; the gentleman collapsed and the wife cried out, the crew turned and went straight into dealing with the situation before the doctors and resus team came and the ambulance staff went off to pick up their next patients – I had wished it was on camera. Well done.”

“We wish to commend and thank the crew who came out to our mother. She had collapsed at her nursing home and was having serious breathing problems. Their swift intervention and professional work in stabilizing our Mum and taking her to hospital saved her life. Thanks to them, Mum remained totally in command of her faculties. Although she only lived another day, it gave us the opportunity to have some wonderful time with her prior to her death. Please would you thank them both on our behalf.”

3.13. Community First Responders (CFRs)

SECAmb currently has 621 CFRs spread across Kent, Surrey and Sussex. CFRs volunteered with SECAmb for 210,215 hours during the reporting time period (2015/16). Our CFRs have attended 19,935 emergency calls 12,549 of these calls were to patients with serious conditions, including 1,222 which were classified as life-threatening.

An enhanced Disclosure and 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, in line with the guidelines from Clinical Education, this training is undertaken by CFRs on a three year cycle.

CFRs found it challenging to commit to the five day training course; the content has now been separated into three levels: ECHO CFRs attend a one day course and are trained to respond to cardiac arrests and choking, MIKE CFRs will also be able to respond to patients with specific medical conditions. A fully qualified CFR will have undertaken both the ECHO and MIKE training, and completed modules in salbutamol, patient observations and use of a bag valve mask.

In 2015/16, 59 new CFRs were fully trained to respond to all CFR appropriate incidents, and 57 CFRs attended the one day ECHO course. MIKE courses are two days in length and are scheduled to commence in April 2016.

With regard to previously qualified CFRs, update training continues to be delivered, where possible by relying on support from operational paramedics to deliver this locally. Whilst a national CFR qualification is still being considered in conjunction with our fellow ambulance services, the focus for the coming year is to identify and create a pathway for continuing re-certifications for CFR skills. We have also begun to work with the Ministry of Defence and Health Education England (Kent, Surrey and Sussex) to identify possible co-responder CFR teams with military personnel.

In 2015/16 42 compliments were received from patients and their families for the approach to patient care practised by CFRs. SECAmb took part in National Volunteers Week in June 2015 for the first time, issuing certificates to all CFRs in order to recognise their contribution.

During November 2015 we carried out our first patient satisfaction survey, sending questionnaires to 373 respondents who were seen by a CFR in September 2015. The survey sought to gauge the level of satisfaction of patients, their families and carers, with the customer care provided by CFRs.

The questions posed sought to capture the 6Cs of the NHS, Care, Compassion, Competence, Communication, Courage and Commitment. We filtered the recipients to addresses where CFRs were on scene alone with the patient for at least 3 minutes before the arrival of crew. The return rate was 43%, and the results confirmed that CFRs are tangibly and positively contributing to the patient experience within our operating area.

Part 2

3.14. Co-responders

The Trust has been working with Surrey Fire & Rescue Service (SFRS) and other partners as part of the Emergency Services Collaboration Programme for the last three years. A work-stream of this programme has been to set up co-responding as an activity that would be of benefit to the population in Surrey.

SFRS and The Trust have developed a bespoke training and assessment package to ensure that SFRS personnel have been comprehensively prepared for co-responding. This training course is known as the Immediate Emergency Care Responder course (IECR) and is a hybrid course developed to include both CFR and Basic Trauma skills syllabus.

Surrey Fire and Rescue Service currently responds to Red 1 Incidents on behalf of the Trust. The Fire staff have undergone training to enable them to respond to a range of CFR type Red 1 calls. There is an intention to widen the scope of calls that the fire service are able to respond to during 2016/17.

3.15. 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 familiarise members of the public on using this device within their local communities.

There are over 2,250 PAD sites within SECAMB's operating area which are identifiable on our Computer Aided Dispatch (CAD) system.

At the request of the Trust, an independent review into the application of defibrillators and their

reporting in relation to AQIs was undertaken by RSM, the Trust's internal auditor. The report was presented to the Trust in March 2016. This made a number of high level recommendations, all of which were accepted by management, to ensure improved authorisation and communication of operational or interpretational changes affecting reporting; data validation; reporting on data quality; clarity in Committee papers regarding when decisions are required; enabling the Computer Aided Dispatch system to identify Public Access Defibrillators consistently during a 999 call; ensuring EOC staff were informed of correct procedures; and issuing clinically appropriate instructions in relation to the new AQIs.

This report also identified fundamental failings in governance. Monitor and commissioners were informed of the outcome of the review, and of actions to be taken by the Trust in responding to recommendations made by RSM.

3.16. Collaborative Working

During 2015/16 SECAMB has continued to make progress on its inclusion programme and has consulted on the review of its Inclusion Strategy. The revised strategy, approved by the Trust Board in May 2016, runs to May 2021 and covers our approach to membership and governor engagement, patient and public involvement and equality and diversity.

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's 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.

The original 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 Inclusion Hub Advisory Group (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 effectiveness of implementing our Inclusion Strategy.

A notable achievement this year was the shortlisting of IHAG for Team of the Year at the Employers Network for Equality and Inclusion 2015 Awards. Representatives were presented with a ‘Highly Commended’ certificate at the event held at the Law Society in London during July 2015.

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 2015/16 include:	
Undertaking a review of our Equality Objectives and prioritising actions for improvement during 2016/17.	Participation at the Trust 2015 Quality Account meeting to assist in objective setting for the upcoming year.
A joint event with Governors to define and agree the process to review our Inclusion Strategy.	Members have participated in a number of SECamb working groups and sub groups and reported back on the outcomes.
Provided feedback on a project to introduce rapid tranquilisation for life threatening disorders.	Lead the development of a training needs analysis to embed cultural competency training and equality and diversity, tailored to staff roles into the training curriculum for the period 2016 - 2019
Developed and delivered Experts by Experience Training workshops.	

In addition to the above, SECamb continue to be committed to working collaboratively wherever possible. We host regular 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.

Part 2

3.17. Patient Transport Services (PTS)

SECAmb undertook PTS across Surrey and Sussex, transporting patients to and from hospital out-patient and in-patient appointments. Each day 1,500 journeys were carried out to over 70 different locations where patients, with a range of differing mobility's, 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 remained steady with 85% of patients arriving promptly within the contracted timeframe, and with almost 80% of patients being discharged from hospital on time.

PTS managers, staff and hospital colleagues are continuing to work together to improve timeliness for patients and further improvements can be expected throughout 2016/17.

PTS has significantly reduced the number of complaints it receives with formal complaints at 0.02% (73), informal complaints 0.16% (422) and hospital concerns 0.16% (351) from a total number transports of 262,718.

SECAmb PTS in Sussex ceased to exist after 31st March 2016 as the contract extension comes to an end. Staff were TUPED to new transport providers under the new Managed Service Provider Coperforma.

SECAmb have agreed a contract extension with Surrey CCGs and are currently tendering to be the new provider of transport from April 2017.

3.18. 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.

3.19. Thanet and Ashford Pilot Operational Units

SECAmb launched new operating unit pilots in the Ashford and Thanet areas of Kent which commenced in July 2014. As these pilots come to an end, the Trust is looking at developing key areas into normal business.

This pilot enabled the Trust to look at new ways to approach the clinical, resourcing and operational effectiveness within an operating unit area to the benefit of patients and staff.

The aim was to find ways to fully derive the benefits to patient care and to look at new ways of working to improve core 999 responses to enable response time reliability, clinical effectiveness, customer satisfaction and economic efficiency.

The new management structure gave more responsibility to clinical team leaders, allowing local managers to work more strategically in the running of the unit and liaising more closely with local stakeholders.

Based on the lessons learned from these pilots the Trust is rolling out the management structure for all Operating Units early in the 2016/17 financial year.

As part of the pilots Thanet was selected as one of three beacon sites across the Trust and this has allowed the development of Community Paramedic Teams working in collaboration with local GP surgeries.

Communities across Kent have been the first to benefit from this completely new way of delivering urgent and emergency care.

The Community Paramedic Teams went live on 4th January 2016 in Whitstable, Canterbury, Faversham, Deal and Sandwich.

It sees teams of Paramedics and Specialist Paramedics undertaking some of the GP home visits on behalf of surgeries while also being responsible for most of the 999 emergency calls in the area.

The GPs will determine which patients are suitable for a paramedic visit, allowing the patient to receive a quicker response and GPs to focus on seeing patients in their surgeries.

In the first weeks of the programme going live, hospital conveyance rates were significantly reduced and patients being seen on average within an hour of being referred. The response time reliability, clinical outcomes and staff satisfaction with the new model continue to be monitored closely. The system has proven to be safe and enhances our ability to treat patients more effectively closer to home.

Whitstable PP, Steve Hulks, who has been involved with the programme since its inception said: "Working alongside our GP and community service teams in this way, you feel part of a whole team working together for the benefit of the patient."

"A really good example of this approach working well was when we received a 999 call involving an elderly man who had suffered a fall. As I had already seen him previously on a GP home visit, I was fully aware of the patient's previous medical history, which we have access to, and was then able to make an informed decision. This meant the patient could be kept at home and referred back to the GP the following day."

The Community Paramedic Teams will also respond to almost all 999 calls from their communities. Being locally-based, this will allow the teams to build closer relationships with patients, local community teams and GP practices, as well as providing a more responsive and effective service.

This new model builds on the pilot which took

place in Whitstable, one of the NHS Vanguard sites which received central funding.

Whitstable Medical Practice at Estuary Park was one of the practices involved in the Vanguard programme.

Senior partner Dr John Ribchester said it was a very important step and fully in tune with its model of care under the Vanguard scheme which aims to transform how care is delivered locally.

"The figures have been impressive and we expect it will prove very successful," he said.

"In our first week we referred 32 patients to be assessed and 20 of them were dealt with by SECamb; dealt with at home in liaison with the doctor and only two needed to be referred on for admission."

"The team also dealt with the referred 999 calls in the area and the transfer to A&E was also down so it has been an excellent start."

Regional Operations Manager, Chris Stamp, said:

"We're really pleased with the early stages of this new way of working which ensures better levels of care for our patients and means that where possible more patients are treated in their own homes without the need for hospital treatment."

"We're looking forward to the further roll out of the scheme across our region as SECamb is committed to innovation to improve care and experience for our patients and to increase local ties with GP and other local community services."

Moving forwards, we recognise that we now need to consider how to align the development of the Community Paramedic programme with the 'Paramedic at Home' role, as outlined in the Five Year Forward View.

Part 2

3.20. 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 program in 2007 to provide a key component of the government's resilience strategy.

HART Teams throughout the country are provided with a Service Specification which each Trust is expected to comply with as part of the commissioning agreement.

SECAmb HART teams have responded to over 6000 incidents involving challenging or hazardous environments last year.

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 three Managers and an Administrative Assistant who cover both bases. The fleet consists of 22 specialist vehicles which are identical at both sites and conform to a national specification to ensure maximum interoperability with other teams throughout the UK. The National Ambulance Resilience Unit (NARU) monitor each HART team to ensure that a full national capability is maintained and that Teams are compliant with the Service Specification.

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 turnaround times become a challenge, which may include setting up temporary shelters for patients.

During 2015/16 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 training and flooding situations.

A new HART Base at Gatwick opened in April 2016 which will be a combined HART and Make Ready Base. The HART section of the base will have a bespoke built Training unit consisting of a safe working at height rig to train staff to work at heights including tower cranes and scaffolding, a Breathing Apparatus training area along with an underground tunnel network to allow HART staff to become familiar with confined space working.

3.21. Managing increase in demand

Demand in 2015/16 has continued to grow. This current year presented significant challenges in the pattern of demand with peaks experienced in August, February and March compared to the pattern from previous years of peaks in July and December. The impact of 111 on 999 has become more stable than in previous years as the 111 service has matured. The Trust continued to seek to prioritise the most urgent patients where possible.

The period from 18th January to the end of March 2016 was particularly busy for both 999 and 111. The demand impacted overall volumes of calls and also the acuity which has increased. As an indication 42% of calls in February were categorised as Red 2, compared to 40% in 2015. This demand was also experienced by other NHS services including GP Out of Hours services and Emergency Departments and all services have struggled to maintain service cover during this period.

The partial implementation of Operating Units during the year meant that the Trust was able to provide stronger local focus to ensure that the response to increased pressure took account of local system and population needs. The Trust has focussed effort on matching local supply of resources to local demand and on early identification of potential gaps in resources, and the Trust has used overtime and private ambulance providers to fill these gaps. The Trust's recruitment performance for Paramedics and ECSWs has been good but has still struggled to meet the overall demand. Financial pressures have also constrained available resources.

The Trust put significant effort into recruiting and training call takers in both 999 and 111 as this is

an essential part of patient experience and supports the early identification of the most serious patients. The Trust has been forced to implement immediate handover with acute hospitals regularly and Trust managers have found this to be very challenging.

The Trust has relied on demand management plans which provide a clinical basis for prioritising calls and conserving resources to deploy to situations where patients are considered at risk.

Looking forwards the Trust has identified the need to address the overall time taken on each job and is looking to address this, mindful that this needs to be balanced with good patient care and with the desire from commissioners to reduce conveyance to hospitals.

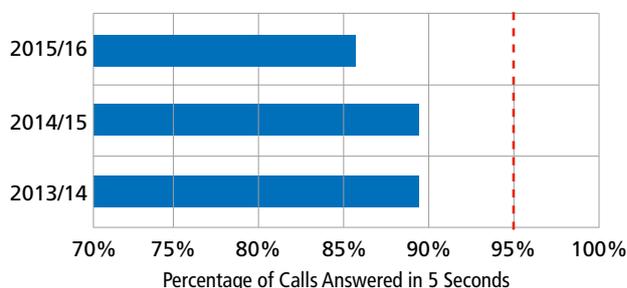
3.22. Overview of the patient journey/experience during 2015/16

The following paragraphs describe SECamb's performance against selected metrics.

3.22.1. Taking the 999 Call

During 2015/16 SECamb answered 85.59% of emergency calls it received in less than five seconds, with the national target being 95%. (2014/15 - 89.45%; 2013/14 - 89.35%).

SECamb Emergency Call Answer Performance (Target 95%)



Data Source: Info.secamb/NHS England and excludes 111 calls

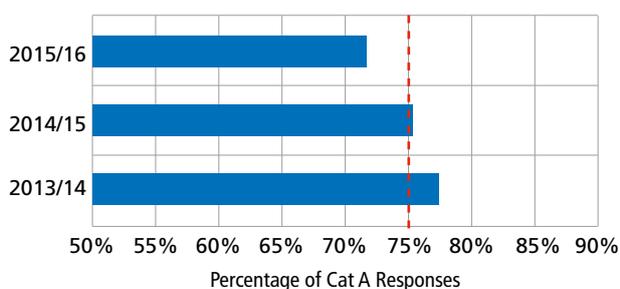
Part 2

3.22.2. Response Times

3.22.2.1. Category A 8 Minute Red 1 Response

For the period 2015/16, SECAmb responded to 14,536 Category 'A' Red 1 calls, of which we were able to provide a response within eight minutes 71.6% of the time against the target of 75%. This compares to 75.30% (13,107 responses) for 2014/15.

SECAmb Cat 'A' 8 Minute Red 1 Performance (Target 75%)



Data Source: info.secamb/NHS England

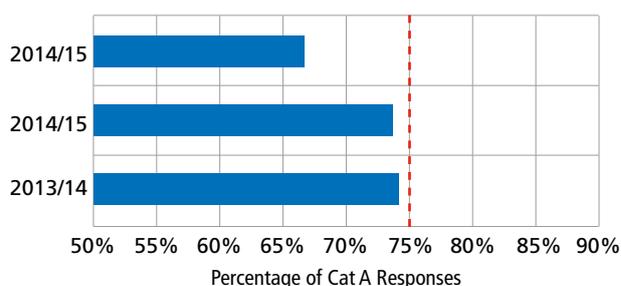
3.22.2.2. Category A 8 Minute Red 2 Response

For the period 2015/16, SECAmb responded to 277,900 Category A Red 2 calls, of which we were able to provide a response within eight minutes 67.3% of the time against the target of 75%. This compares to 71.2% (259,528 calls) for 2014/15 which differs from the original published figure due to the fact that in 2015/16 SECAmb amended

how it records the application of public access defibrillators. This only impacts the Red 2 eight minutes standard. Within this report, in order to maintain consistency of measurement and comparison, this change has also been applied to the 2014/15 performance figures for Red 2.

The performance data for 2014/15 supplied to NHS England (and available on their website) will therefore be variant to the Red 2 performance for 2014/15 stated in this report.

SECAmb Cat 'A' 8 Minute Red 2 Performance (Target 75%)

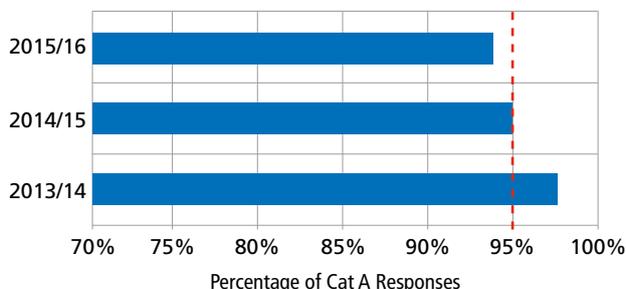


Data Source: info.secamb/NHS England

3.22.2.3. Category A 19 Minute Response

For 2015/16, SECAmb provided a response to Category 'A' 19 minute response calls 93.80% of the time, against a national target of 95%. However, this was a reduction on the previous year (2014/15: 95.20% and 2013/14: 97%).

SECamb Cat 'A' 19 Minute Performance (Target 95%)



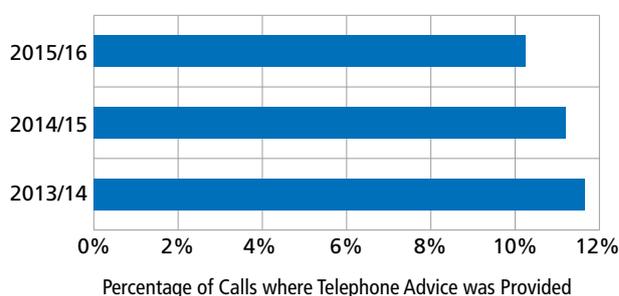
Data Source: info.secamb/NHS England

SECamb was unable to achieve Category 'A' performance throughout 2015/16 due to a number of reasons which were experienced nationally. Hospital turnaround delays particularly in quarter four saw the highest turnaround delays recorded, this, along with the unpredictable activity which hit the extremes in February and March, all played a part in what was an extremely difficult year.

3.22.3. Hear and Treat

During 2014/15 SECamb provided telephone advice to 10.19% of Ambulance Quality Indicator qualifying emergency calls received into our EOCs. This is a reduction on 2014/15 (11.3%) and on 2013/14 which was 11.8%) of calls.

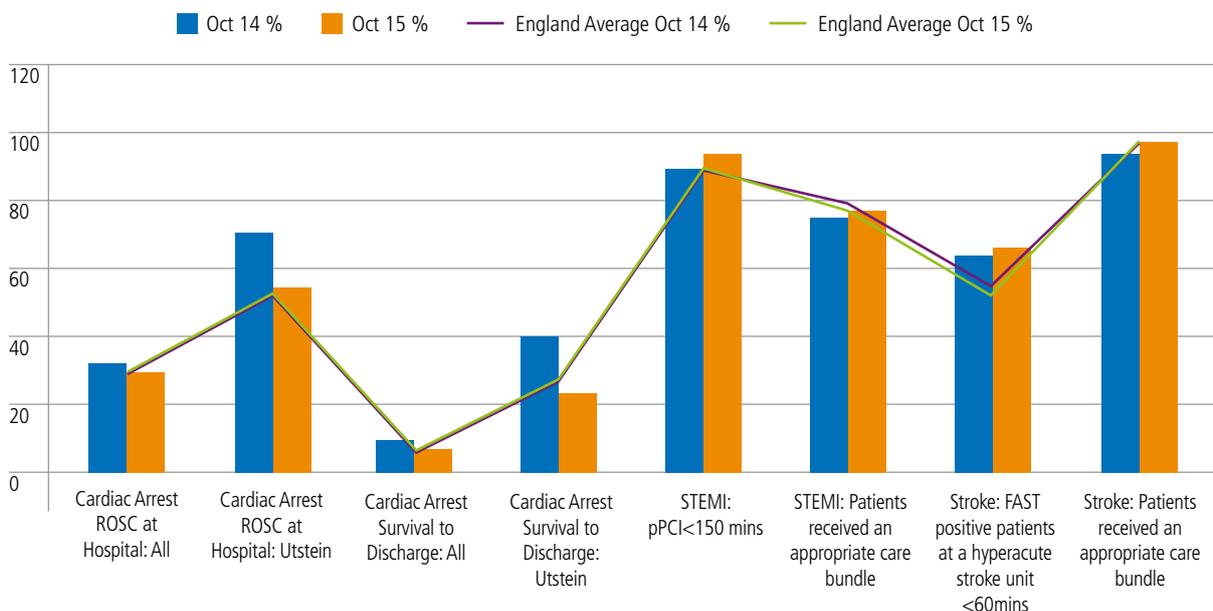
SECamb Hear and Treat



Data Source: info.secamb/NHS England

3.22.4. Outcome of Care

The following graph highlights SECamb's performance across all Clinical Outcome Indicators during 2015/16 compared with performance during 2014/15. This demonstrates that our Cardiac Arrest performance has dropped in all categories whilst Stroke and STEMI care has increased.



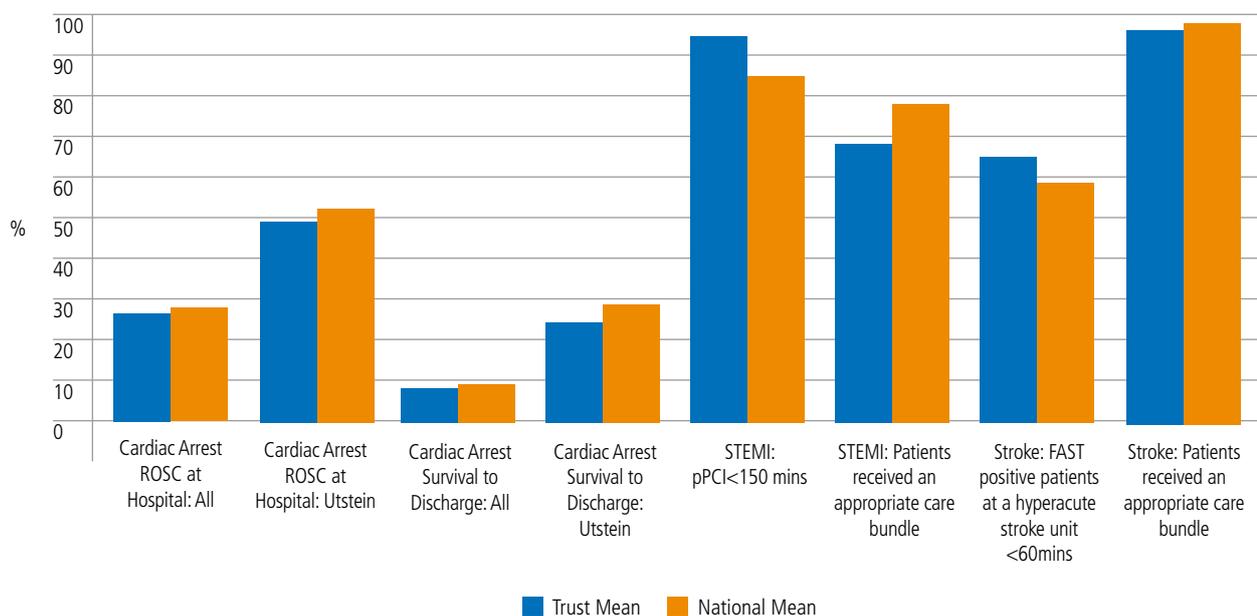
Trust Comparative COI Performance Data: NHS England

N.B. Outcome of Care shows the data that has been submitted to the Department of Health to date. Restated

Part 2

The following graph highlights SECAMB's mean performance across all Clinical Outcome Indicators up to and including October 2015 compared with the National mean (of the other national ambulance trusts) performance for the same period. With the exception of STEMI 150 and Stroke FAST positive, the Trust has underperformed against the national mean. A rectification plan is being written to develop the work that has already been undertaken by the team.

Clinical Outcome Indicator Performance April 2015 - October 2015



Data Source: Clinical Directorate – Clinical Audit

3.22.5. Patient Safety

The Trust continues to develop our Make Ready infrastructure and has five central reporting MRCs, these are:

- + Paddock Wood (Kent)
- + Ashford (Kent)
- + Thanet (Kent)
- + Hastings (Sussex)
- + Gatwick (Sussex) – Operational end of April 2016

In addition to the above, there is also a satellite MRC in Chertsey (Surrey).

The difference between a full central reporting MRC and a satellite MRC is the following:

Central Reporting:

- + Operational Staff reporting to a 'high performance' Centre from 'traditional' Ambulance Stations within agreed catchment. e.g. 5/6 Stations centralised into one centre
- + Relief capacity of vehicles increased to allow every shift to commence operations with 'Made Ready' vehicle.
- + Fleet integrated into the Make Ready system to reduce vehicle failure.
- + Production Unit Hour Utilisation (UHU) figures enhanced via the use of a crew friendly, quality assured vehicle, with a minimised risk of infection and safe for patient care for every shift start.

- + Human resource processes and communication processes improved.
- + Introduction of Ambulance Community Response Posts enhance UH availability

Satellite:

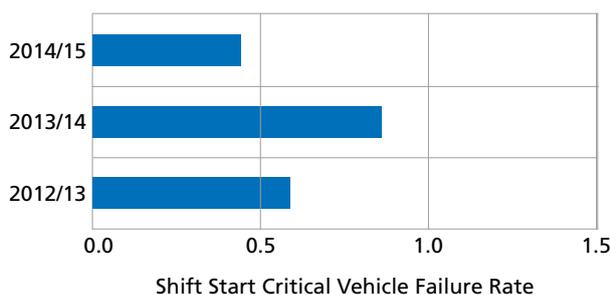
- + Operational Staff remain working from the traditional Stations and report into a Make Ready system integrated into a traditional Station. (Chertsey)
- + Relief capacity of vehicles increased to allow average 64.91 (14/15) shifts to commence operations with 'Made Ready' vehicle.
- + Fleet integrated into the Make Ready system to reduce vehicle failure
- + An enhanced UHU against the Non Make Ready system but some traditional processes remain and therefore reduces UHU efficiency when compared to centralisation.
- + No change to Human resource processes and communication processes
- + System Status Plan interrupted by vehicle movement into satellite system.

This is reflected in the results below:

3.22.5.1. 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 2015/16 was 0.46 which is lower than the previous two years (2014/15: 0.88 and 2013/14: 0.57).

Critical Vehicle Failure Rate - Shift Start
(Yearly Average | Max Limit = 1)

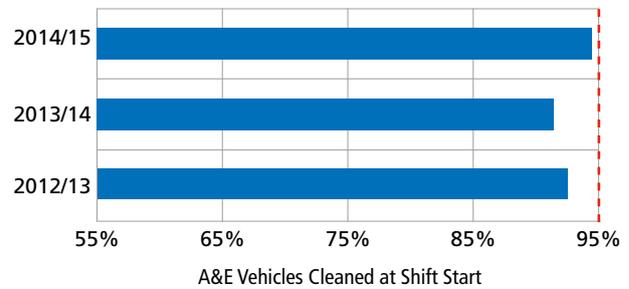


Data source: info.secamb

3.22.5.2. MRC Only A&E Vehicles Cleaned at Shift Start

During 2015/16 SECamb cleaned 94.55% (32,037) of the 33,883 planned vehicles at shift start against a target of 95%. The target of 95% was not achieved, however did improve on the performance for 2014/15, 92.23% and also was an improvement on 2013/14 (92.96%).

SECamb Make Ready A&E Cleaned at Shift Start (Target = 95%)

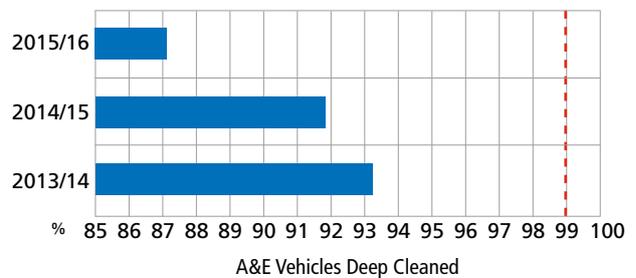


Data source: Info.secamb

3.22.5.3. MRC Only A&E Vehicles Deep Cleaned

During 2015/16 87.09% (884) of the 1015 planned vehicles to be deep cleaned were processed, however this was below the 99% target and also below performance for the previous two years (2014/15: 91.93% and 2013/14: 93.35%).

SECamb Make Ready Only A&E Vehicles Deep Cleaned (target = 99%)



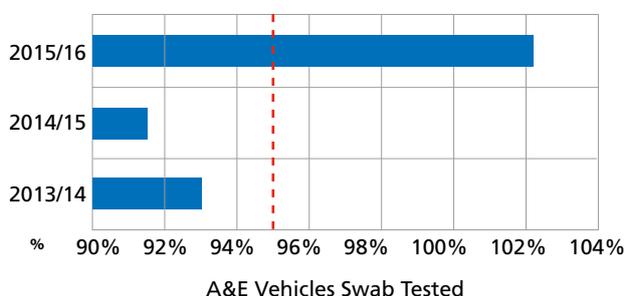
Data source: info.secamb

Part 2

3.22.5.4. MRC Only A&E Swab Testing

During 2015/16 SECamb planned to swab test 95 MRC A&E vehicles, of which 97 were completed (102.11%) against a target of 95%. This was an increase in performance compared to the previous two years (2014/15: 91.35% and 2013/14: 93%)

SECamb Make Ready A&E Vehicles Swab Tested (Target = 95%)

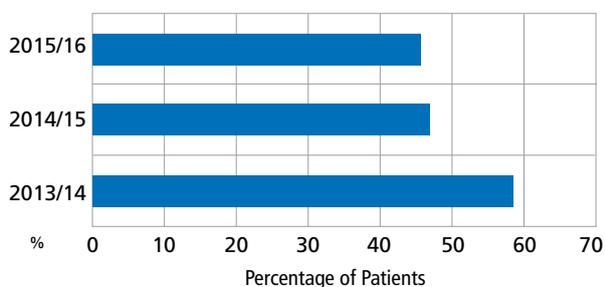


Data source: info.secamb

3.22.5.5. Patient Handover at Hospital – 15 Minutes

Where patients were handed over within 15 minutes and times were able to be recorded during 2015/16, 45.62% (158,652) were handed over to hospital clinicians within the specified timescale. This is a reduction on the previous two years (2014/15: 49.94% and 2013/14: 58.5%).

SECamb Patient Handover Times (<15mins) (where time was captured)

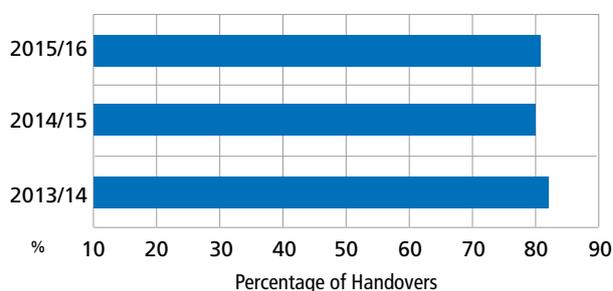


Data source: info.secamb

3.22.5.6. Hospital Handover Captured Times

During 2015/16 80.68% (347,804) of hospital handover times were captured. This is an improvement on the previous year's performance (2014/15: 80.4%) but a reduction on the performance for 2013/14: (82.3%).

SECamb Hospital Handover Times Captured

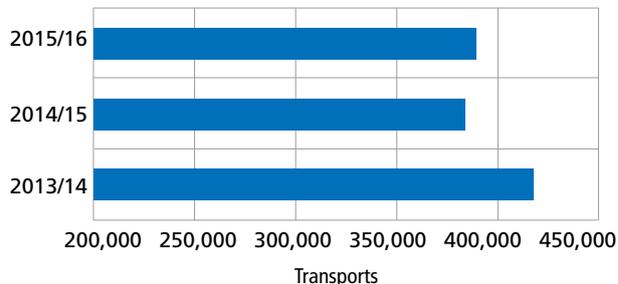


Data source: info.secamb

3.22.5.7. Transports to Hospital

SECamb transported 437,875 to hospitals within its Commissioned boundaries of which 387,085 patients were taken to an A&E department within a type one or two hospital during 2015/16. This is an increase of 1.2% on 2014/15 on patient transports.

A&E Transport to Hospital



Data source: info.secamb/NHS England

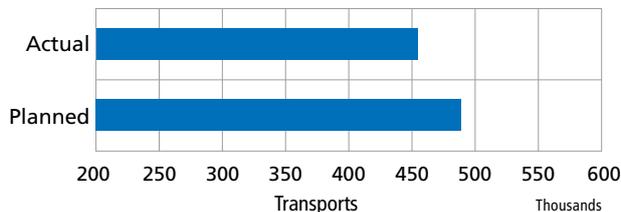
3.22.5.8. Patient Transport Service (PTS)

During 2015/16 PTS transported 456,240 patients to and from appointments for treatment against a forecasted figure of 488,133 patients.

The following provides the number of hospital out-patients transported for each of SECAmb's constituent counties.

County	Number of Planned Journeys	Number of Actual Journeys
Kent	No contract exists for the Kent area	N/A
Surrey	202,410	173,344
Sussex	285,723	282,896

Patient Transport Service



Data Source: Operations Directorate

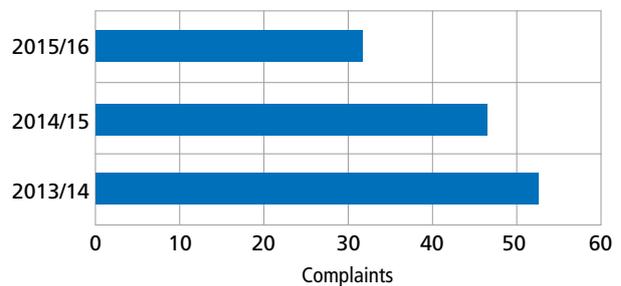
3.22.5.9. Patient and Public Experience

(Further information/breakdown of figures can be found in Section 10.3)

3.22.5.10. Formal Complaints

The monthly average number of complaints received by SECAmb for 2015/16 was 31.3 compared with the figure for 2014/15 of 47 and 51.4 for 2013/14 and the average number of HCP complaints for 2015/16 was 47.45

Formal Complaints (monthly average)

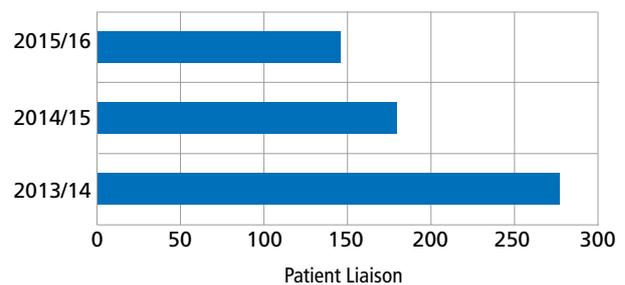


Data source: PET Team

3.22.5.11. Informal Complaints

The monthly average of informal complaints for 2015/16 was 147.33 which was less than the number for 2014/15 (177) and the 282.6 registered during 2013/14.

Informal Complaints (monthly average)



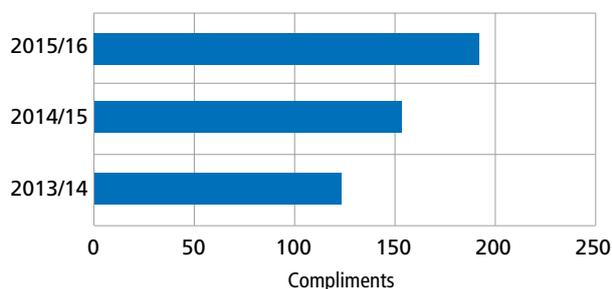
Data source: PET Team

Part 2

3.22.5.12. Compliments

The monthly average number of compliments received by SECamb for 2015/16 was 193.92 which is greater than 2014/15 (152.75) and the 125.4 received during 2013/14.

Compliments (monthly average)

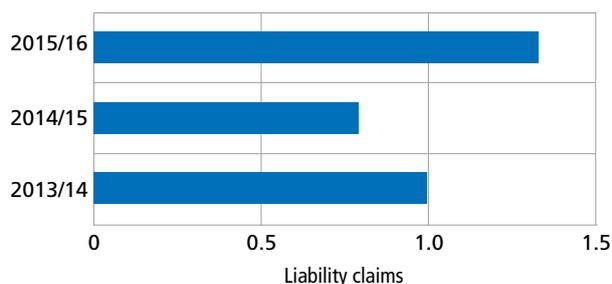


Data source: PET Team

3.22.5.13. Liability Claims

The monthly average for clinical negligence and liability claims for 2015/16 was 1.3 compared with 0.75 for 2014/15 and 1 in 2013/14.

Liability Claims (monthly average)



Data Source: Compliance Department

4. Updates on 2015/16 four Quality Measures

The Quality Account published last year (June 2015) allowed SECamb to focus on four quality measures. Monitoring has taken place during the year culminating in 2015/16 figures as follows:

4.1. Quality Domain: Patient Experience

Quality Measure 1 – Patient Drop Off and Pick Up Times for PTS Patients

During 2015/16 84.56% of patients being transported by PTS arrived within 15 minutes of their appointment time. This is an increase of 0.15% on 2014/15 but unfortunately remains below the target of 90%.

Whilst the percentage of patients being transported within one hour following their appointment was 86.22%, an improvement of 0.26% on 2014/15, this is unfortunately also below the 90% 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 85% of patients conveyed by PTS within two hours of discharge. 2015/16 performance was 77.98%, which is an increase of 3.37% on 2014/15 figures.

4.2. Quality Domain: Patient Safety

Quality Measure 2 – Improve PP Response Times Following Referrals

SECAmb has many ways in which it can treat patients within its healthcare economy; 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 (known as the PP referral system). Following this, the patient will be attended by a PP 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.

When a referral is made to the PP desk by a frontline 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.

Performance is measured in two ways, within target and within target plus one hour, the target is 85% (neither of which have been achieved) however, year on year, we note that there has been a reduction of 0.66% in actual referrals.

Moving forward initiatives for this measure will be to help develop the PP desk as part

of the wider clinic hub development, more robust monitoring and reporting methods and ensuring that referral requests are optimised and managed when demand is high.

4.3. Quality Measure 3 – Mental Health Calls

During 2015/16 SECAmb wanted to explore the disposition 'Mental health issues' as defined in NHS Pathways, to look at improving the quality of care that this group of patients received during the telephone triage stage from both the 999 and KMSS111 service. The measure also looked at if an attendance was made, to report on the outcome of this call i.e. S&T, "see and convey".

Year on year for the period April 2015 to March 2016 the number of mental health calls has increased by 32.01%, however, the number of cases that are able to be resolved via hear & treat has increased by 22.90% to over 6,500 cases.

The responses provided to attend the patients has increased by 13.74% and of these patients attended to by a SECAmb clinician the non-conveyance rate has increased by 16.13% when compared to the same period of 2014.

KMSS111 is working with our commissioners to ensure that there are relevant referral pathways available to enable the service to deal with mental health.

More information on this measure is in section 5.2, our Council of Governors supported this topic to be locally audited.

Part 2

4.4. Quality Domain: Clinical Effectiveness

Quality Measure 4 – Utilisation of Care Plans/Clinical Registers by Front Line 999 Operational Staff

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.

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.

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%

The table below shows compliance for the year 2015/16 compared to that of 2014/15 and shows that this target has not been achieved, however table 5 does show that there has been an increase in performance between the two periods. During the year 2014/15 performance shows that 21.43% of dispatch desks achieved the standard whereas the same period for 2015/16 indicates an increase in performance of 7.14% to 28.57%

All Dispatch Desks		
April to March	>72%	
Dispatch Desk	2014/15	2015/16
Ashford	72.64%	66.79%
Brighton	66.81%	73.14%
Chertsey	68.21%	58.03%
Chichester	72.47%	65.27%
Crawley	68.48%	67.21%
Dartford	63.65%	79.13%
Eastbourne	66.52%	76.81%
Guilford	70.33%	66.35%
Hastings	71.43%	62.01%
Maidstone	59.06%	86.08%
Medway	70.47%	68.06%
Redhill	61.75%	67.48%
Thanet	64.61%	67.37%
Worthing	73.19%	71.51%
SECAmb	68.85%	68.81%
Performance	21.43%	28.57%

5. Assurance on 2013/14 Mandatory Performance Indicators

5.1. Reporting on Core Indicators

Prescribed Information – Reporting Period 1/4/15–31/3/16	Formal Statement	Performance Data 1/4/15–31/3/16	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 V1.3 between April to December 2015 and V1.4 from January 2016 onwards Data quality is subject to annual 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 2015/16:</p> <ul style="list-style-type: none"> + Additional unit hours have been provided in response to demand changes + Lower Response UHU + Focus on maximising SRV provision + Response Capable Managers deployed + Demand management of NHS 111 Out of Hours <p>In 2016/17 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 (up to January 2016): R1=73.4%. R2=72.2%.</p> <p>The National Average: R1=73.5%. R2=69.1%</p> <p>Highest: R1=79.1%. R2=76.0%. and Lowest: R1=67.8%. R2=62.7%.</p>	<p>SECAmb data for February 2016 (national comparison not yet available): R1=65.5%. R2=57.7%.</p> <p>March 2016 Estimated Values R1=61% R2=50%</p>

Part 2

Prescribed Information – Reporting Period 1/4/15–31/3/16	Formal Statement	Performance Data 1/4/15–31/3/16	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 AQI Guidance V1.3 between April to December 2015 and V1.4 from January 2016 onwards + Data quality is subject to annual internal and external audit, which provided reassurance to the quality reported. 	<p>As of January 2016: SECAmb performance = 94.8%</p> <p>The National Average = 93.4%</p> <p>Highest = 97.3% and Lowest = 88.8%</p>	<p>SECAmb data for February 2016 (national comparison not yet available):</p> <p>R19 = 91.3%.</p> <p>March 2016 Estimated Values</p> <p>R19 = 88%.</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 can be measured by:</p> <ul style="list-style-type: none"> + continuing the work of the CAST + The merging of the Quality Improvement Group and the Clinical Audit and Guidelines Sub Group to improve the clinical performance trust wide 	<p>SECAmb performance = 68.1%</p> <p>The National Average = 78.3% (up to Nov 2015)</p> <p>Highest and Lowest = 88.4% and 62.5%</p>	<p>April 2015 – November 2015</p> <p>September 2015 = 66.7%</p> <p>October 2014 = 77.4%</p>

Prescribed Information – Reporting Period 1/4/15–31/3/16	Formal Statement	Performance Data 1/4/15–31/3/16	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 is shown by:</p> <ul style="list-style-type: none"> + The merging of the Quality Improvement Group and the Clinical Audit and Guidelines Sub Group to improve the clinical performance Trust wide 	<p>SECAMB performance = 95.5%</p> <p>The National Average = 97.6%</p> <p>Highest and Lowest = 100% - 90.1% (Nov 15)</p>	<p>April 2015 – October 2015</p> <p>September 2015 = 96.0%</p> <p>November 2015 = 97.6%</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 the 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><i>“How likely are you to recommend the care SECAMB provides to your friends & family if they needed it?”</i></p> <p>Quarter 2 Likely = 85.84% Unlikely = 7.07%</p> <p>Quarter 4 Likely = 79.47% Unlikely = 9.27%</p> <p><i>“How likely are you to recommend SECAMB as a place to work?”</i></p> <p>Quarter 2 Likely = 42.77% Unlikely = 38.15%</p> <p>Quarter 4 Likely = 27.49% Unlikely = 59.6%</p>	<p>Quarter 2 - (September 2015)</p> <p>Quarter 4 - (March 2016)</p>

Part 2

Prescribed Information – Reporting Period 1/4/15–31/3/16	Formal Statement	Performance Data 1/4/15–31/3/16	Performance for last two reporting periods
<p>...with regard to the number and, where available, rate of patient safety incidents (PSIs) reported within the Trust during the reporting period, and the number and percentage of such PSIs 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> <p>The National Reporting and Learning System (NRLS) have confirmed 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.</p> <p>It is therefore advised that comparisons drawn within this report should not be used as a basis for assurance.</p>	<p>Dataset for reporting period 1/4/15-30/9/15 published by NRLS</p> <p>SECAmb total number of incidents occurring = 263</p> <p>Total number of incidents that resulted in severe harm or death = 20</p> <p>Percentage of incidents that resulted in severe harm or death = 7.6%</p>	<p>Dataset for reporting period 1/10/2014–31/3/2015 published by NRLS</p> <p>SECAmb total number of incidents occurring = 350</p> <p>Total number of incidents that resulted in severe harm or death = 19</p> <p>Percentage of incidents that resulted in severe harm or death = 5.4%</p>
	<p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this number, and 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. All Serious Incidents (SIs) are now included in the NRLS figures.</p> <p>NRLS publish data 6 months in arrears so only 6 months data for the financial year is available.</p>	<p>The National Ambulance Cluster average total number of incidents occurring = 508 Highest = 945 Lowest = 339</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 10 Highest = 21 Lowest = 0</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 1.9% Highest = 7.6% Lowest = 0%</p>	<p>The National Ambulance Cluster average total number of incidents occurring = 451 Highest = 1025 Lowest = 163</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 15 Highest = 52 Lowest = 0</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 3.3% Highest = 11% Lowest = 0%</p>

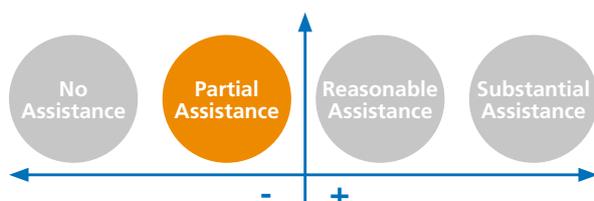
5.2. Audit Findings on Mental Health Calls - Governors Choice

5.2.1. In line with the Department of Health and Monitor (now known as NHS Improvement) guidance issued in February 2016 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 2016 recommending Mental Health Calls 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 February 2016 with the scope being "To evaluate how mental health calls are handled within 999 and 111, to further the Trust's ability to improve the service provided to this group of patients'.

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 partial assurance that the controls to manage this risk are suitably designed and consistently applied. Action is needed to strengthen the control framework to manage the identified risk(s)".

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 Volume of Mental Health calls received and how the Trust handles them:

Year on Year Comparison	April 2014 to March 2015	April 2015 to March 2016	Year on Year % Change
Total Emergency Calls	26664	30897	15.88%
Duplicate Emergency Calls	1818	2400	32.01%
Hear and Treat Responses	5323	6542	22.90%
Transported to Hospital	17990	20462	13.74%
Not Conveyed	11822	13299	12.49%
	6168	7163	16.13%

Part 2

5.2.4.2. The year on Year Percentage Change of the Component of the Mental Health Call:

April 2014 to March 2015			April 2014 to March 2015		
Systematic sampling (k=5 n=1223)			Systematic sampling (k=5 n=1375)		
Of those not conveyed	Count	Percentage	Of those not conveyed	Count	Percentage
Clear at Scene	524	42.85%	Clear at Scene	624	45.38%
Dealt with by Other	22	1.80%	Dealt with by Other	39	2.84%
Hoax Call	8	0.65%	Hoax Call	9	0.65%
No Patient Found	59	4.82%	No Patient Found	76	5.53%
Patient Absconded	24	1.96%	Patient Absconded	35	2.55%
Patient Deceased	1	0.08%	Patient Deceased	0	0.00%
Police Dealing	267	21.83%	Police Dealing	236	17.16%
Treat & Refer	260	21.26%	Treat & Refer	291	21.16%
Treated on Scene	58	4.74%	Treated on Scene	65	4.73%
TOTAL	1223	100.00%	TOTAL	1375	100.00%

5.2.4.3. Mental Health Calls Received by the KMS 111 Service:

Final Disposition	April 2014 to March 2015		April 2014 to March 2015	
	Count of Final Disposition	Percentage of Total Mental Health Calls	Count of Final Disposition	Percentage of Total Mental Health Calls
Dx08 – To contact the GP Practice or other local service within 24 hours	117	37.74%	121	36.67%
Dx11 – Speak to GP Practice within 1 hour	105	33.87%	116	35.15%
Dx05 – To contact the GP Practice or other local service within 2 hours	16	5.16%	4	1.21%
Dx06 – To contact the GP Practice or other local service within 6 hours	8	2.58%	13	3.94%
Dx75 – Must contact own GP Practice within 3 working days	17	5.48%	10	3.03%
Dx07 – To contact the GP Practice or other local service within 12 hours	4	1.29%	1	0.30%
Dx02 – Attend Emergency Department Immediately	39	12.58%	48	14.55%
Dx12 – Speak to GP Practice within 2 hours	1	0.32%	7	2.12%
Dx13 – Speak to GP Practice within 6 hours	0	0%	9	2.73%
Total KMS111 Mental Health Calls	310	100.00%	330	100.00%

5.2.5. In the Quality Measure it stated that a survey would be carried out of both 999 and KMSS 111 call operators, the survey will be designed to provide a baseline of awareness and knowledge to inform further training needs to improve how we handle mental health calls. The survey is to be complete by the end of quarter two.

5.2.6. The induction of new staff and ongoing training will be developed using both the survey as mentioned above and the development of a structured internal call taker training programme with specific clarity given to the types of mental health calls that are expected and the best protocol to deal with these. The Trust's Clinical Education department is planning to work with HEKSS to develop how we manage mental health throughout the Trust during 2016/17.

6. Statement of Assurance relating to quality of NHS services provided during 2015/16

(Red text relates to the Quality Report Data requirements)

The information below is in line with the prescribed schedule in the Quality Account Regulations and NHS Foundation Trust Annual Reporting Manual for 2015/16 that SECAmb is required to declare.

Statements of Assurance from the Board

Information on the Review of Services

During 2015/16 SECAmb provided and/or sub-contracted 20 relevant health services.

SECAmb has reviewed all the data available to them on the quality of care in these health services.

The income generated by the relevant health services reviewed in 2015/16 represents 9.9% of the total income generated from the provision by SECAmb for 2015/16.

Clinical Audits

During 2015/16 13 national ACQI audits and one national confidential enquiry covered relevant health services that SECAmb provides.

During that period SECAmb participated in 100% national ACQI audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national ACQI audits and national confidential enquiries that SECAmb was eligible to participate in during 2015/16 are as follows:

- + Clinical Performance Indicators
- + Clinical Outcome Indicators
- + Out of Hospital Cardiac Arrest Outcomes project

The national ACQI audits and national confidential enquiries that SECAmb participated in during 2015/16 are as follows:

- + Clinical Performance Indicators
- + Clinical Outcome Indicators
- + Out of Hospital Cardiac Arrest Outcomes project

The national ACQI audits and national confidential enquires that SECAmb participated in, and for which data collection was completed during 2015/16, 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%)

The reports of 13 national clinical audits were reviewed by the provider in 2015/16 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

Part 2

- + Continue to increase the care given to patients suffering from a Stroke
- + Continue to increase Trust performance in the national CPI and Clinical Quality Indicators audit programme
- + Complete retrospective review of the data submitted for our COI and CPI

The Trust planned to complete seven local clinical audits, only three of the seven were completed. The two reports were reviewed by the provider in 2015/16 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

- + A rectification plan has been submitted for approval to the Trust Board with a detailed plan of work that is needed to deliver Clinical Audit in 2016/17.
- + Individual action plans have been set against each area for service improvement to advance patient care and improve clinical quality.
- + Develop the work of the new Clinical Audit and Quality Sub 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 2015/16 that were recruited during that period to participate in research approved by a research ethics committee = zero.

CQUIN

A proportion of SECAmb income in 2015/16 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 CQUIN payment framework.

Further details of the agreed goals for 2015/16 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 2015/16 for CQUIN schemes was available which totaled £3,901,818 . 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).

2015/16 CQUIN income = £3,901,818 (in 2014/15 the financial payment for CQUIN was £3,929,204).

CQC

SECAmb is required to register with the CQC 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 CQC has not taken enforcement action against SECAmb during 2015/16.

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 2015/16 to the Secondary User's 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 2015/16 was 66% and was graded Green.

SECAmb was not subject to the Payment by Results clinical coding audit during 2015/16 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

7. How the Quality Measures have been prioritised for 2016/17

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 November 2015 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 for monitoring during 2016/17. These proposals were discussed and explored throughout the workshop and the top five were agreed upon by the stakeholders. The stakeholders were aware that they needed to ensure that at least one quality measure was within each quality domain (Clinical Effectiveness, Patient Experience and Patient Safety).

The workshop was very well received and at the end of the day participants were asked to complete an evaluation form; the summary findings are as set out below.

	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.

Part 2

The final question was based on whether participants found attendance at the workshop overall worthwhile, which resulted in the following:

Yes, definitely	8
Yes, probably	4
Not really	0
Not at all	1

A report was presented to our RMC GC in January 2016 the proposed quality measures identified from the workshop were highlighted, of which the top five were chosen for inclusion within this document to be monitored during 2016/17. These quality measures were then approved by SECAmb's Board at the January 2016 meeting. (Previous editions of the Quality Account and Quality Report are available at [South East Coast Ambulance Service I Quality Account](#)).

The quality measures selected for 2016/17 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

- + Frequent Caller Identification and Management
- + 999 Call CFR Survey

Quality Domain: Patient Safety

- + Improve PP response times following referrals

Quality Domain: Clinical Effectiveness

- + Utilisation of Care Plans/Clinical Registers by Front Line Operational Staff
- + Delivery of high quality patient care by enhancing the skills of Clinical Advisors working in NHS 111

As part of the consultation, the draft 2016/17 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 five quality measures at the joint SECAmb/Commissioner quality focus meetings.

8. Details of five Quality Measures for implementation during 2016/17

8.1. Quality Domain: Patient Experience

8.1.1. Frequent Caller Identification and Management

Background on the proposed quality measure

A frequent caller is defined by the Ambulance Service Frequent Caller National Network (FreCaNN) as someone aged 18 or over who makes 5 or more emergency calls related to individual episodes of care in a month, or 12 or more emergency calls related to individual episodes of care in 3 months from a private dwelling.

The overwhelming majority of Individuals or organisations who access the 999 or 111 service do so with legitimate healthcare requirements. The identification and management of those who access unscheduled healthcare on an abnormally high number of occasions can lead to the identification of individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs.

The process would see Specialist Paramedics in Urgent & Emergency Care visiting frequent callers on an appointment basis and completing a frequent caller assessment framework document, this screening tool guides investigation

of un-met need and identifies potential management options to re-engage the patient in the appropriate health & social care arena.

Aims of the Quality Measure

Number of Frequent Callers identified as per the national definition contacting the Trust who are then screened via the Frequent Caller Assessment Framework (FCAF) Document.

Initiatives

The identification and management of those who access unscheduled healthcare on an abnormally high number of occasions can lead to the identification of individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs.

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

Specific

The frequent caller agenda is growing throughout NHS Ambulance Trusts and is well supported by the Ambulance Service FReCaNN which reports to the Association of Ambulance Chief Executives (AACE). The need to improve identification and management of this complex and vulnerable patient group will allow appropriate ongoing resourcing which meets the needs of all patients that the Trust has contact with.

Measurable

The Trust is able to identify residential addresses within the region that meet the national definition in order to target proactive completion of a FCAF document per patient. Looking for a year on year growth as uptake of this process is rolled out across the Trust's Operating Business Units and a continual improvement is seen in the numbers of Frequent Callers whom the Trust has incorporated as part of this process in order to develop care.

Achievable

With good clinical governance provided by the clinical directorate to oversee this

locally led process it is envisaged that this is achievable and sits well within new community paramedic operating models of care.

Realistic

The process is realistic and is supported by the Trust in its wider intentions to improve patient care.

Timely/Time Bound

The Frequent Caller agenda is growing in interest nationally, with occasional interest and requests from the media in relation to individuals who utilise the Trust's services frequently.

Implementation Lead(s):

- + **Andy Collen**, Consultant Paramedic/
Head of Clinical Development
- + **Kieran Cambell**, Specialist Paramedic/
Frequent Caller Lead

Executive Lead:

- + **Professor Andy Newton**, Chief Clinical Officer

8.1.2. 999 Call CFR Survey

Background on the proposed quality measure

Substantial anecdotal evidence exists about the good work of CFRs in the form of thank you letters and written acknowledgements, but this has not yet been drawn together formally and we have no quantifiable data that informs us if we are progressing CFR development in the right direction.

The survey will focus on the patient's experience of having a CFR attend as a first response, and will enquire whether patients found the Trust's CFRs demonstrated compassionate care and adopted the 6Cs i.e. Care, Compassion, Competence, Communication, Courage and Commitment.

Aims of the Quality Measure

In order to ensure that we are providing a service in line with patients' expectations, we intend to carry out a survey of patient experience following contact with CFRs.

Part 2

Initiatives

During the financial year 2015/16 a Patient Satisfaction Survey for CFR First Attendance will be carried out. The findings will be available by March 2016.

The sample will be selected using SECAmb's CAD system, filtered to include calls from each of our geographical areas where CFRs were on scene for a minimum of three minutes with patients before the arrival of a clinician. Options for return will include Freepost and email.

Investigate using simple printed cards to be given out at point of contact or cards asking patients to visit a website to complete questions.

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

The resulting analysis will be used to appraise the current level of training that CFRs receive from the Trust.

It will direct future training modules which may need to be developed to enhance specific CFR skills, and provide a baseline for patient satisfaction with CFRs which can be built upon by undertaking future surveys.

Implementation Lead(s):

+ **Karen Ramnauth**, Voluntary Services Manager

Executive Lead:

+ **Professor Andy Newton**, Chief Clinical Officer

8.2. Quality Domain: Clinical Effectiveness

8.2.1. Delivery of high quality patient care by enhancing the skills of the Clinical Advisors working in NHS 111

Background on the proposed quality measure

For the period of April-September 2015 KMSS 111 took 551,448 calls, an average of almost 92,000 per month. These calls are answered by trained Health Advisors using NHS Pathways. Health

Advisors are supported by Clinical Advisors, who are currently registered Nurses or Paramedics, also trained in the use of NHS Pathways.

NHS 111 is the gateway to urgent care by directing callers to the most appropriate service, providing the right care dependent on their symptoms at the time of the call within an appropriate timeframe. The aim is to ensure a high level of clinical assessment for the patient in, or close to, their home.

To monitor the effectiveness of NHS 111, the outcome of calls is provided to the Department of Health. These include patients receiving an ambulance response, those advised to attend the Emergency Department, access primary or community care, attend another community service such as a pharmacist or dentist, or given self-care and home management advice. These outcomes are monitored on a daily basis in the form of KPIs.

In KMSS 111, approximately 75% of calls are passed directly by the Health Advisor to the appropriate service once an outcome has been reached. However, the remaining 25% are passed to a Clinical Advisor for further assessment. NHS Pathways' optimal target of transfer to a Clinical Advisor is 20%.

One of the KPIs is the combined clinical target of call backs and warm transfers and KMSS 111 represents a top quality performance for this measure compared with other NHS 111 providers.

The continual high transfer rate to Clinical Advisors (24.9%) is significantly above the NHS Pathways' optimal target of 20%. However, this gives assurance to stakeholders and callers that an above average percentage of service users have access to clinicians when they ring the service for advice. Lowering this transfer rate would give Clinical Advisors more time with fewer patients, however, this would not necessarily improve quality. This could be achieved with enhanced telephone assessment skills, knowledge and confidence in referrals. Therefore, at present KMSS 111 do not intend to lower this transfer rate.

Aims of the Quality Measure

Telephone triage is complex and it is essential that Clinical Advisors feel confident in their decision making where access to the patient is remote. In addition to their skill set as a registered health care professional, Clinical Advisors are trained in the use of NHS Pathways, however, it is essential that this group of staff are further developed to ensure that they are able to deliver a safe, timely and competent case closure or make the appropriate referrals to other services, protecting the wider health economy by reducing the burden on ambulances, A&E and the urgent OOH GP services.

The aim of this quality measure is to enhance the telephone assessment skills of the Clinical Advisors through a number of methods.

Initiatives

- + University education modules currently being proposed to provide education and accreditation.
- + Access to online clinical modules
- + Support for Peer Mentorship sessions
- + Call review meetings
- + Placements within GP surgeries and Minor Injury Units
- + Conduct engagement sessions with service providers i.e. Pharmacists,

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

Specific

- + Reduced 999/ED/Urgent GP Dispositions
- + Improved staff retention rates

Measurable

- + KMSS 111 Line Level Data
- + HR Records
- + NHS Pathways Audits
- + End to end call reviews
- + Peer reviews

Attainable

- + University education modules currently being arranged with funding already secured

Relevant

- + Impacts positively on clinical effectiveness of KMSS NHS service

Time limited

- + 12 months

Infrastructure Requirements and associated costs (if any)

Ongoing recruitment of Clinical Advisors into the KMSS 111 service to ensure adequate backfill to enable Clinical Advisors to be released from the rota

Implementation Lead(s):

- + **Scott Thowney**, KMSS111 Clinical Lead
- + **Sue Mitchell**, KMSS111 Senior Quality Manager

Executive Lead:

- + **Kath Start**, Director for Urgent Care and Chief Nurse

8.2.2. Using IBIS to assess and monitor whether End of Life Care patients with Preferred Place of Care/ Death documented on IBIS care plans achieve their care goals

Background on the proposed quality measure

When patients have discussed with their care team where they would prefer to be cared for, and to die, the care team often detail this on their Personalised IBIS care plan. It is important that the ambulance service integrate with the wider health care team and adhere to the patients' choices – especially when they are no longer able to advocate for themselves.

We propose to measure whether this is happening by assessing and monitoring whether patients with documented PPC/D achieve their care goals in terms of admission/non-admission.

Part 2

Aims of the Quality Measure

We want to achieve a collaborative relationship with care providers who upload patients onto IBIS in order to ensure that patients achieve their care goals and empower clinical staff to make more appropriate, informed decisions about their patients which acknowledge the work that the wider health care team do with them on a daily basis.

We want to assess whether ambulance service clinicians are making the most of available information about their patients in order to make the most appropriate decision about their ongoing care.

Initiatives

IBIS is a constantly growing and improving database of complex patients. We have initiatives to both improve the number of patients on IBIS and to improve the quality of data on IBIS.

We are also working to improve staff uptake of IBIS and endorse its uses.

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

Specific

There has been increasing focus on improving collaboration in order to improve patient care both in the wider NHS and specifically in the End of Life Care ambitions.

Measurable

In order to know that patients are increasingly having their care goals met we would monitor the data pool periodically using IBIS and Infoman to ensure that crew compliance with calling IBIS is improving.

Achievable

Due to increased focus on quality of care plans and improved crew compliance – improving the number of End of Life Care patients who achieve their care goals appears achievable.

Realistic

The improvements are realistic and are supported by the Trust in its wider intention to enhance patient care and integration of services to improve clinical effectiveness.

Timely/Time Bound

The End of Life Care agenda is still at the forefront of clinical practice. SECamb is keen to develop the quality of care provided to patients approaching the end of their life. This additional support will allow us to achieve our quality account goals.

Infrastructure Requirements and associated costs (if any)

Costs related to time spent monitoring data on IBIS and infoman

Implementation Lead:

- + **Andy Collen**, Consultant Paramedic/
Head of Clinical Development
- + **Shirmilla Austin**, End of Life Care Lead/
Student Specialist Paramedic (PP)

Executive Lead:

- + **Professor Andy Newton**, Chief Clinical Officer

8.3. Quality Domain: Patient Safety

8.3.1. Delayed PP Referrals

Background on the proposed quality measure

SECamb has many ways in which it can treat patients within its health care economy and one of the care pathways available to SECamb's clinicians is the ability to refer a patient to a PP skill set via the PP desk. The use of the PP referral system provides the patient with the advantage of being treated at, or closer to, home hence avoiding an unnecessary trip to the local A&E department.

Aims of the Quality Measure

When a referral is made to the PP desk by a clinician a time priority is placed on the case

depending upon its perceived urgency and this can be 1, 2 or 4 hours, this means that a PP will visit the patient within the prescribed time. Due to the pressures within the Trust control centres (EOC) the target placed on the dispatchers is that SECAMB would expect to attend 85% of all PP referrals within the target time and fulfil 95% of the PP referrals within the target time plus one hour.

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 break down in to the following areas for attention:

+ 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 PP Referral performance.

+ Development of the PP Desk as part of the wider Clinical Hub

The Clinical Hub will be able to take additional roles in monitoring and oversight of PP Referrals, and this will assist Dispatchers with managing this area of their workload.

+ Referral Management

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

SECAMB will have achieved this domain 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 time specified (1, 2 or 4 hours) 85% of the time or better.

Implementation Lead:

- + Andy Collen**, Consultant Paramedic/
Head of Clinical Development

Executive Lead:

- + Professor Andy Newton**, Chief Clinical Officer

9. Quality improvements to be implemented by SECAMB during 2016/17

9.1. Patient Transport Services (PTS)

SECAMB will be taking a full and active part in re-tendering for Surrey. A new operating model is being developed which will ensure that PTS continues to reflect the needs of the service users and commissioners.

9.2. Complaints

While the quality of complaints investigation and responses is generally high (47 of 2,144 complainants advised that they were not satisfied with the response to their complaint – just over 2%), we continually endeavour to improve our service to patients and complainants.

In 2016/17 there is to be continuous engagement with managers throughout the Trust, emphasising our aspirations in terms of patient experience, i.e. reducing the number of complaints we receive, further improving the quality of complaints investigations and reports, and also increasing the percentage of complaints responded to within the Trust's 25 working day timescale.

Complaints investigation training is to be provided to all managers who investigate complaints, as well as to team leaders, who will then be able to investigate lower level complaints and assist with information gathering for more serious complaints, which should improve both quality and timeliness of response.

A Patient Experience Strategy is to be developed in 2016/17, with a view to increasing our engagement with patients in order to elicit, share and learn from their experiences. This will include, but is not limited to, producing a leaflet to inform patients as to how they can feed back to us, and a poster for all vehicles advertising the opportunity to do so, among other initiatives.

Part 2

9.3. Revised Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Process

This year has seen a review of the arrangements relating to the management of DNACPR documents shared with SECAmb to support patients at the end of their life. The decision made between patients, their families and their care team (i.e. GP, palliative care team) is an important one as it provides clear guidance on the futility of attempting to resuscitate patients once their terminal disease has progressed.

SECAmb has improved its methods and now holds a copy on the IBIS system so clinicians in the EOCs can view the DNACPR form, and support clinicians at the patients' side to make the correct decision. Avoiding situations where patients who do not want to be resuscitated are resuscitated and taken to hospital is the main drive for this work, and the new system is already up and running and making a difference to this very important group of patients.

9.4. SI Investigation by Professional Standards

SECAmb has a dedicated team of Professional Standards Managers, and this year we have expanded the team to 4 in order to cover the investigation of all SIs including those relating to driving incidents.

Previously, local managers investigated SIs, and this led to an inconsistent method of investigation and reporting, and also created challenges with timely submission. The use of Professional Standards Managers has already seen an improvement in consistency, and allows easier collation of common themes and learning.

There has been an increase year on year of 39% of SIs needing investigation, and this is believed to reflect the increased emphasis on promoting a culture of reporting in the Trust.

9.5. LabKit

SECAmb has been working with Surrey Pathology Services at Frimley Park Hospital on the "LabKit" project, which has been developing and evaluating the use of "point of care" blood and urine testing devices. The LabKits are being used by specialist trained PPs in the West Surrey area of the Trust.

Making these tests available at the patient's side means that more patients can be managed safely in the community. The LabKit devices are not a replacement for skilled clinical assessment, but provide important information to help support or refute a diagnosis. It is hoped that the results from the project will inform the need for point of care testing device use across SECAmb, and the wider health economy.

9.6. 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. There are currently 20 users in the Thanet ODA using the ePCR, all data is being analysed and checked for accuracy, with the intention to roll out trust wide during 2016/17.

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.

9.7. Pathway Mapping

As part of this year's CQUIN plan, SECAmb clinical leads have been mapping all care pathways available across the region. Ensuring that we know exactly what facilities are available to use is essential in promoting the most appropriate care pathway is used, and that we can reduce safely the number of patients taken to Emergency Departments.

Ongoing work will see the pathway map develop into a web based tool to support clinicians in practice, and it is hoped to develop this further into a smartphone app in due course.

Supporting clinicians to make more community referrals is key, and SECAmb continues to work with partner providers to improve and enhance governance relating to the transfer of care between SECAmb and other organisations.

9.8. Organisational Change

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 based 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 early 2017. Considerable project management expertise will be needed in 2016/17 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 2016/17. Work is ongoing for MRCs in Brighton and Chichester (Tangmere planned go-live summer 2016), 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 change within SECAmb. To ensure we remain resilient during this period, a change management programme is being introduced to focus on the elements of our plans for 2016/17 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.

Part 2

9.9. Critical Care Desk

There has been an ongoing project this year to redesign the way staff access support and supervision remotely relating to patients with critical care needs. Previously, staff seconded to the Kent Surrey and Sussex Air Ambulance Trust (KSS-AAT) crewed a combined HEMS/trauma support desk, but due to the changes to the staffing arrangements for the charity, this function is now undertaken by SECAmb CCPs, with a separate desk based in Coxheath EOC for the KSS-AAT dispatch staff. There is a Critical Care Desk in all three EOCs, with one staffed 24/7 based on a regional rota.

The model of care for the desk has been developed, and crews are successfully accessing support from the CCPs, and the additional focus from the CCP Desk on tasking enhanced care resources is also having a positive impact – ensuring patients who need the care of CCPs or the air ambulance do so in a timely way.

9.10. Frequent Caller Management System

SECAmb has been developing a consistent and robust Frequent Caller management system over the past year, and this year has seen the system tested in three exemplar sites.

Frequent callers often have an unmet health or social care need, and the system focuses on helping to signpost patients to the best part of the health system in order to ensure that they do not rely solely on 999 for their needs.

The frequent caller project will continue into 2016/17, seeing the system roll out to the whole of the Trust.



Part 3

10. Review of 2015/16 Quality Performance

This section provides an overview of the quality of care offered by SECAMB on performance in 2015/16 against indicators selected by the Board, with an explanation of the underlying reason(s) for selection.

10.1 Patient Safety Indicators

10.1.1 SIs

SECAMB adopted the new Serious Incident Framework published by NHSE on 27th March 2015. The points within this framework have been incorporated into SECAMB documents relating to the reporting and investigation of Serious Incidents.

Every SI 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 occurring 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 that each SI investigation can be closed.

Within SECAMB we continuously monitor SIs, both at 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 KMSS through the regional patient safety collaborations.

To enable reporting trends, the Trust measures the Reporting Reason for SIs rather than using the STEIS categories used in previous years. This allows the trust an improved picture of the causes of our SI reporting. STEIS categories changed in the new Framework and do not reflect ambulance service activity well. The following information has been

collated from our SI management database and our current incident reporting system (Datix):

1 April 2015 - 31 March 2016	
SI reporting reason	
Child / Unexpected Death	3
Child / Unexpected Death, Treatment / Care	1
Child / Unexpected Death, Triage / Call management	1
Delayed Back-up	2
Delayed Dispatch / Attendance	10
Green 5 Process	2
Handover Delay	3
Information Governance Breach	1
Medication Incident	1
Non-Conveyance / Condition deteriorated	3
Other	2
Patient / Third Party Injury	4
Power / Systems failure	2
RED 3 Process	1
RTC/RTA	3
Staff Conduct	2
Treatment / Care	4
Triage / Call management	10
Total	55

Table 1: Number of Reported SI's (April 2015 - March 2016)

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

Table 2: 2 Number of Reported SIR's (April 2014 - March 2015)

The number of SIs has increased between the above two comparative years by one. This confirms the positive reporting culture within SECamb together with our willingness to learn from such cases.

With effect from 1 April 2015 it became 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. The Trust updated its Being Open and Duty of Candour Policy and Procedure to reflect this.

10.1.2 Medication Errors

Correctly medicating patients remain an essential element 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 and is reflective of the clinical experience of that role. For example, CCPs are able to administer a wider range of drugs than Technicians, because they are more highly qualified and trained.

Previous inspection by the CQC in December 2013 highlighted that medicine management processes were not being consistently applied across the organisation by operational staff. Since this inspection the Trust has invested over £1 million in the installation of a new medicines management system enabling medicines that are at high risk of error, such as similar names, to be separated into different locations.

Where medication errors do occur they are equally split between drug doses and incorrect drug types with an average of two incidents each month for each category. 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.

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The information graphs below have been collated from SECAmb's incident reporting system (Datix) and are based on clinical patient safety incidents, both actual and near miss.

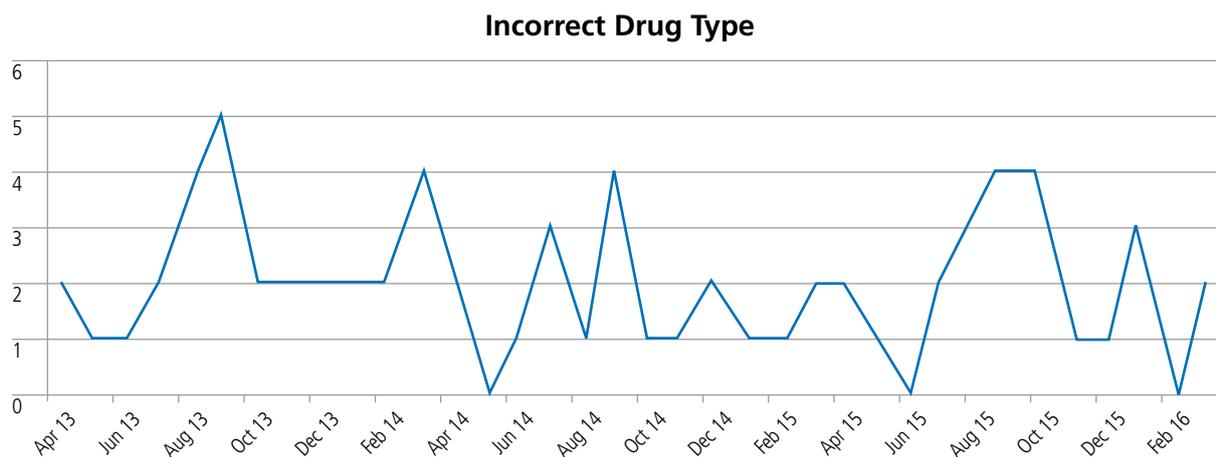


Figure 2 Medication Errors - Incorrect Drug Type (April 2013 - February 2016). Data Source: Datix

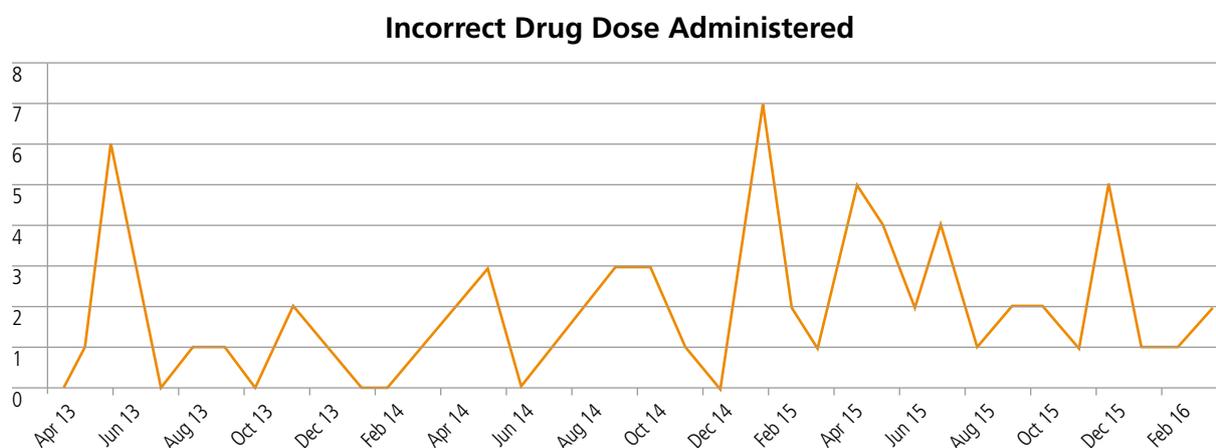


Figure 3 Medication Errors - Incorrect Drug Dose Administered (April 2015 - March 2016). Data Source: Datix

There has been a minimal increase in the reporting of medication errors between 2013/14 and 2015/16 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.

It remains difficult to determine if improvement is required due to the lack of national ambulance data which can be used for benchmarking, however, despite an erratic pattern of incidents, it is reassuring that on average the number of incidents have not greatly varied.

10.1.3 Number of 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.

Following last year's review in conjunction with North Kent CCG, all new incident reports are now reviewed by a senior clinician and re-categorised if required. We have re-categorised our incident reporting system to more easily identify Patient Safety Incidents and ensure equipment incidents relating to patient safety are recorded under this Type categorisation. This does make direct comparison year on year difficult as we now report all Patient/Service User related incidents as a Key Performance Indicator (KPI). Historically committees had reports of NRLS reported incidents as the KPI.

PSIs are recorded on our local incident reporting system. All incident reports and their subsequent investigations are reviewed by a senior clinician. Where it is identified that an incident could have or did lead to harm for patients receiving NHS funded healthcare the 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 figure 6 has been collated from SECAMB's incident reporting system (Datix) and is based on both actual and near miss incidents.

1 April 2015 - 31 March 2016

Patient safety incident	1682
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Table 3 Number of Patient Safety Incidents (April 2015 - March 2016)

The data above indicates that there has been a significant rise in the reported figures relating to PSIs in 2015-16 compared to 2014/2015. There is no emerging trend of causation but it is reflective of an increase in activity, the changes to the reporting categorisation mentioned above and good reporting culture by staff. 77% of patient safety incidents were "no harm" events. 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 (NASCCQ) 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. The NASCQG replaced the national hypoglycaemia CPI with a new CPI on elderly fallers (lower limb fractures) developed and taken forward from cycle 13 (August 2014). In 2015 a new CPI was introduced - Mental Health. This condition is increasing and allows the national picture to be compared and monitored more closely.

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, lower limb fractures and mental health were formally adopted and are focused as follows.

10.2.1 Asthma

Asthma is a chronic disease with a significant impact, predominantly on the 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 is 79% and above the national mean which is 73.5%, the Trust is above the national mean in three of the five data elements of care delivered for patients suffering from asthma as shown in *figure 4*:

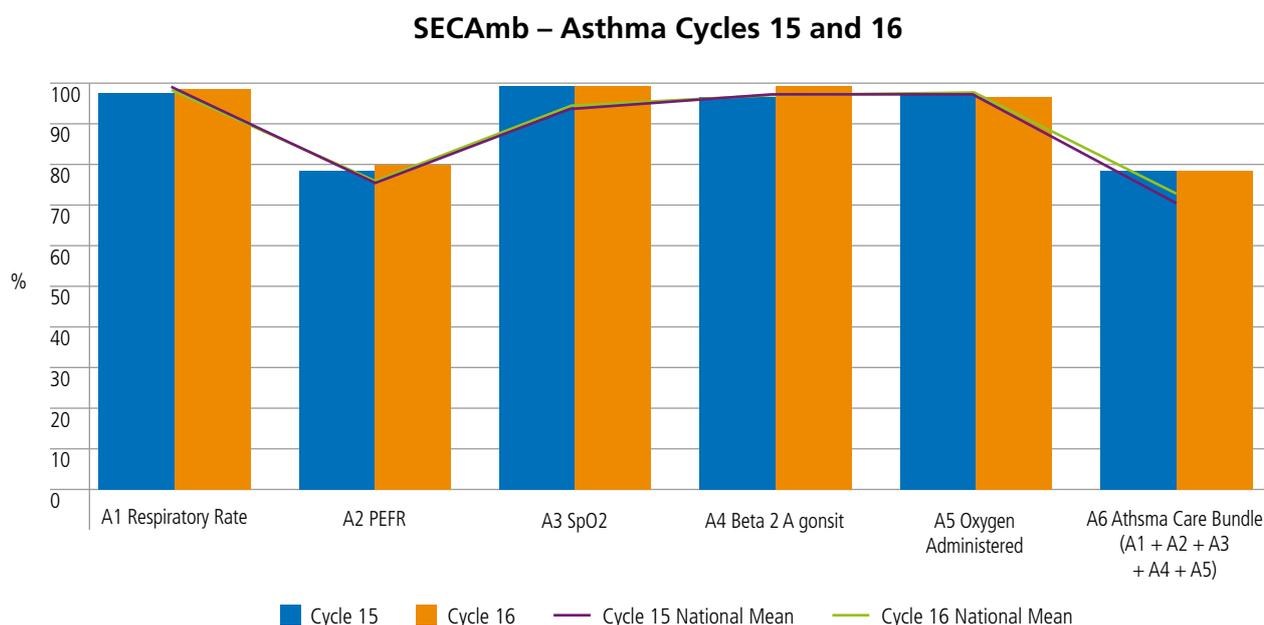


Figure 4 Asthma Performance (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

10.2.2 Febrile Convulsions

Cycle 15 data (Sept 2015) for the care of febrile convulsions demonstrates how SECAmb's performance against two of the six elements of the care bundle is above the national mean and the full care bundle has shown a continued upward trend, reflecting the national trend of improvement. Cycle 16 (March 2016) further demonstrates an improvement in overall care bundle performance, with increased performance in recording of blood glucose, temperature and discharge pathways.

SECAmb – Single Limb Fracture Cycles 15 and 16

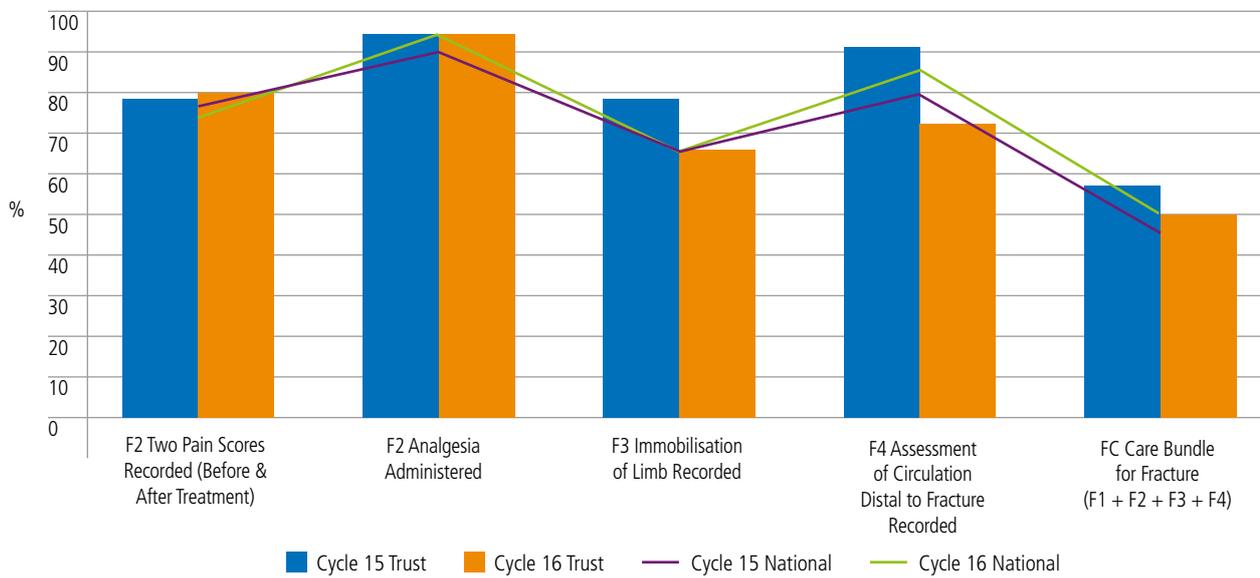


Figure 5 Febrile Convulsion (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

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10.2.3 Single Limb Fractures

Cycle 15 data (Sept 2015) for Single Limb Fracture demonstrates how SECAmb's performance against two of the six elements of the care bundle is above the national mean and the full care bundle has shown a downward trend which is reflective of the national picture. Cycle 16 (March 2016) SECAmb performance is 51%, which is above the national mean of 49.1% with two of the four elements being above.

SECAmb – Single Limb Fracture Cycles 15 and 16

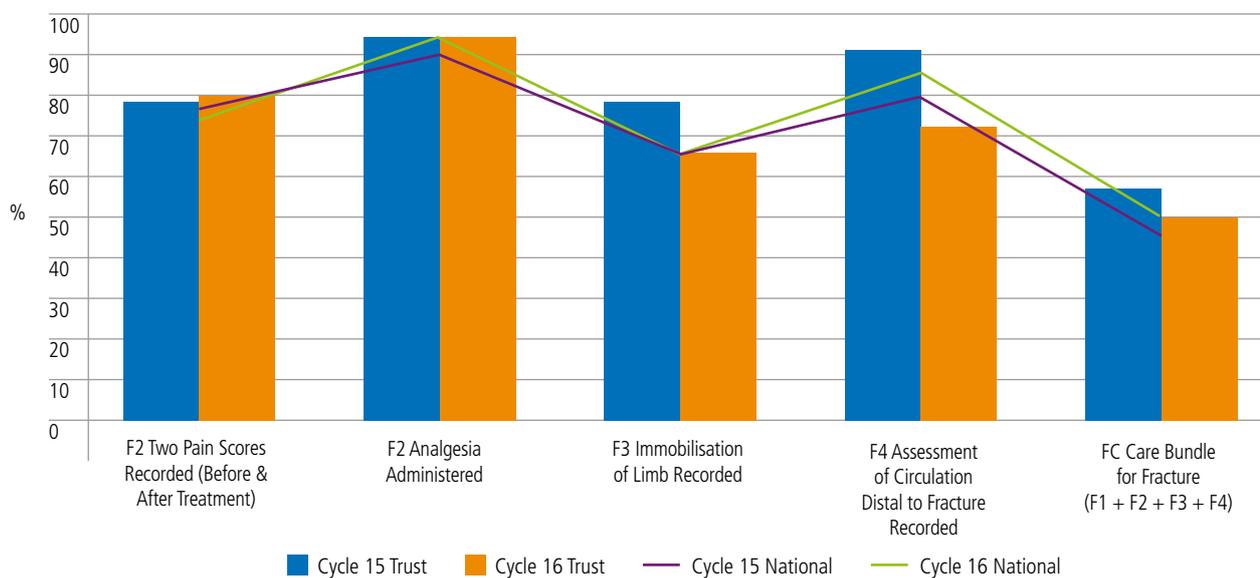


Figure 6 Lower Limb Trauma (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

10.2.4 Elderly Falls

Cycle 15 data (September 2015) for the care of elderly fallers demonstrates how SECamb has performed against each element and the care bundle in the second pilot audit for this condition. The Trust is above the national mean in three of the six individual reporting requirements. Data for Cycle 16 (March 2016) for this condition is not due for publication until June 2016.

SECamb Elderly Falls Performance Cycles 15 - September 2015

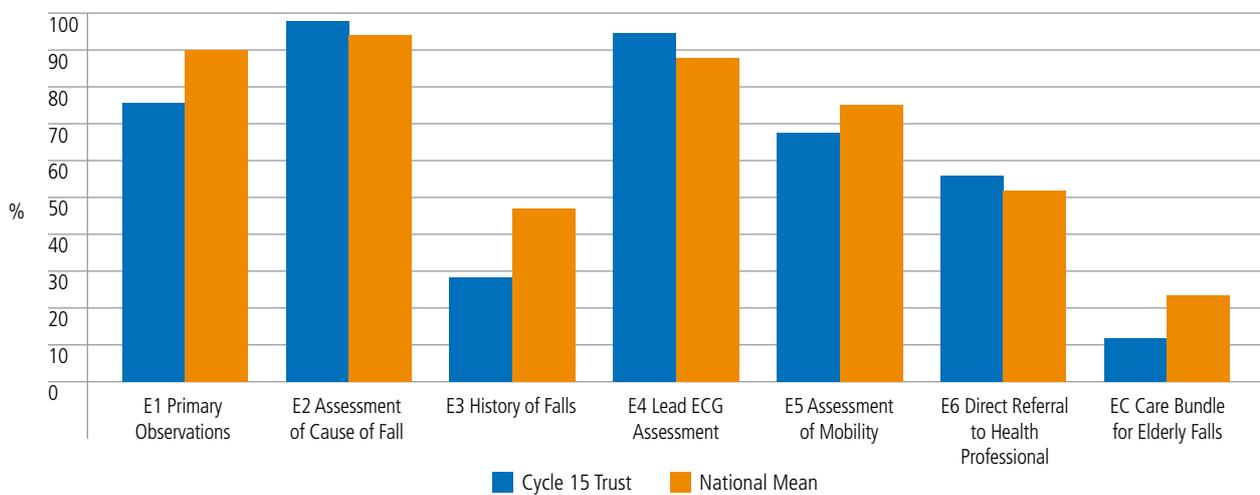


Figure 7 Elderley Falls Performance (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

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10.2.5 Mental Health

Cycle 15 data (October 2015) for the care of patients experiencing mental health difficulties demonstrates how SECamb has performed against each element and the care bundle in the first pilot audit for this condition. The Trust is above the national mean in three of the seven individual reporting requirements. Data for Cycle 16 (April 2016) for this condition is not due for publication until July 2016.

SECamb Mental Health Performance Cycles 15 - October 2015

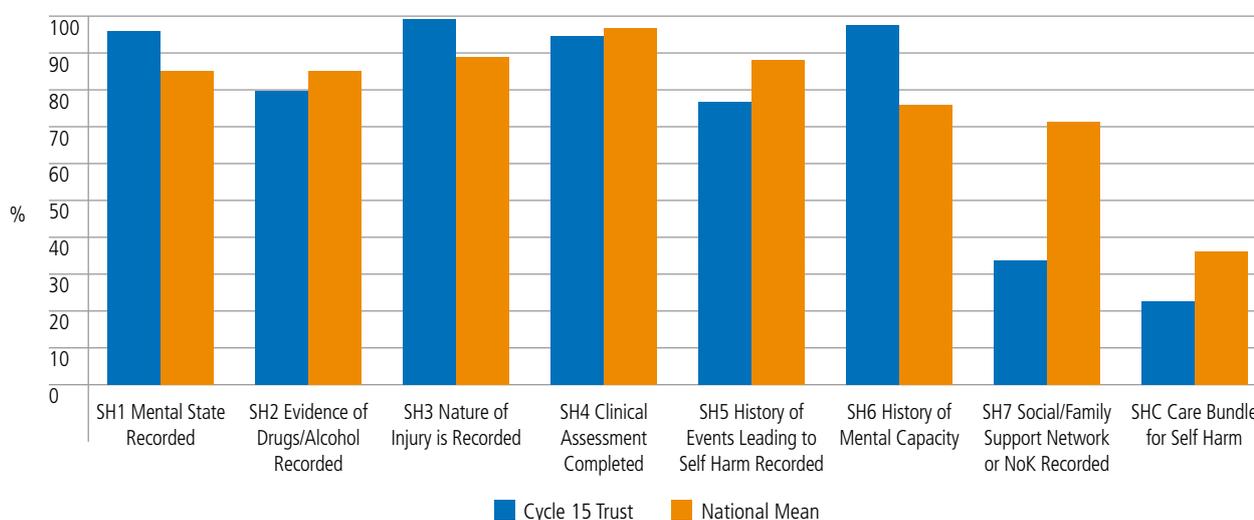


Figure 8 Mental Health (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

10.3 Patient Experience Indicators

The 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.

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.

Moving forward in to 2016/17 the PET team will work with other departments to share the learning outcomes from complaints.

10.3.1 Informal complaints (previously known as “PALS concerns”)

During 2015/16 our PET registered and dealt with 1,768 Informal complaints (including those raised by other health care providers), broken down by directorate and subject as follows:

Subject	NHS111	Commercial Services	Finance	Clinical Operations - A&E	Clinical Operations – PTS	Clinical Operations – EOC	Unknown	Workforce Development	Total
Administration	15	0	0	6	1	2	0	0	24
Communication issues	29	1	0	8	2	16	0	0	56
History marking issue	0	0	0	10	0	0	0	0	10
Miscellaneous	3	1	0	28	1	3	0	0	36
Patient care	158	0	0	109	11	81	0	1	360
Concerns about staff	27	0	1	272	103	22	1	1	427
Timeliness	47	0	0	10	397	92	0	0	546
Transport	0	0	0	6	301	2	0	0	309
Totals:	279	2	1	449	816	218	1	2	1768

Table 4 Informal Complaints received during 2015-16, by subject and Directorate. Data source: Datix, Complaints Module (PET)

This is a reduction on the 2,124 received in 2014/15):

Subject	2014–2015
Administration	31
Communication issues	97
Information request	9
Miscellaneous	105
Patient care	474
Staff attitude/conduct	432
Timeliness	698
Transport arrangements	278
Total	2,124

Table 5 Informal Complaints received during 2014-15 by subject. Data Source: Datix, Complaints Module (PET)

10.3.2 Formal Complaints

During 2015/16 SECAmb’s EOC staff dealt with approximately 900,000 calls and SECAmb’s A&E road staff made 792,000 responses including hear and treat. In addition our PTS staff made 463, 000 journeys, and our NHS 111 staff took 1,136,000 calls. From this activity SECAmb received

376 formal complaints which is a reduction of approximately 34% against the 563 received in 2014/15. This equates to one formal complaint for approximately every 8,800 staff interventions

* ‘All calls’ figure, taken from SECAmb’s CAD viewer, ‘info’
† ‘All responses’ figure, taken from SECAmb’s CAD viewer, ‘

Service area	Number	Activity	% of calls/ journeys receiving a complaint
NHS 111 and Urgent Care-111 Service	39	1,135,699	0.003%
A&E	173	713,130	0.024%
PTS	75	462,619	0.016%
EOC	84	946,262	0.009%
Totals:	371	3,257,710	0.011%

Table 6 Formal Complaints set against activity, 2015-16. Data Source: Datix, Complaints Module and SECAmb CAD Viewer, ‘INFO’

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Subject	NHS111	Finance	Clinical Operations - A&E	Clinical Operations - PTS	Clinical Operations - EOC	Operations (other)	Workforce Development	Total
Administration	0	0	2	0	0	1	0	3
Communication issues	2	0	2	0	3	0	1	8
Miscellaneous	0	0	2	1	0	0	1	4
Patient care	19	0	69	10	40	0	0	138
Concern about staff	8	1	94	14	6	1	0	124
Timeliness	10	0	4	30	35	0	0	79
Transport	0	0	0	20	0	0	0	20
Totals:	39	1	173	75	84	2	2	376

Table 7 Formal Complaints received in 2015-16 by subject and Directorate. Data Source: Datix, Complaints Module (PET)

Subject	2014-15
Administration	7
Communication issues	22
Information request	2
Miscellaneous	9
Patient care	183
Concern about staff	176
Timeliness	131
Transport	32
Totals	563

Table 8 Formal Complaints received during 2014-15, by subject. Data Source: Datix, Complaints Module (PET)

When a formal complaint is received a manager is appointed to investigate. On most occasions they will make arrangements to speak personally to everyone concerned, visiting complainants at home

in many cases. On completion of every complaint, consideration is given as to whether 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 due to be concluded within 25 working days of their receipt, so the figures below include the complaints received in March 2015 but not those received in March 2016, which will be due for response in the new financial year 2016/17. There were therefore 381 formal complaints due to be responded to between 1st April 2015 and 31st March 2016, and as this document was compiled, 362 (just over 95%) had been concluded, the outcomes for which are shown as follows:

	NHS111	Finance	Clinical Operations - A&E	Clinical Operations - PTS	Clinical Operations - EOC	Operations (other)	Workforce Development	Total
Complaint upheld	21	0	49	43	35	0	0	148
Partly upheld	12	1	54	28	23	1	1	120
Complaint not upheld	4	0	45	7	9	0	0	65
Unproven	0	0	22	6	1	0	0	29
Totals:	37	1	170	84	68	1	1	362

Table 9 Formal Complaints outcomes, 2015-16. Data Source: Datix, 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”, ie 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 review group meetings.

During 2015-16 SECAmb received 2,327 compliments (an increase from 1,837 in 2014-15), thanking our staff for the treatment and care they provide.

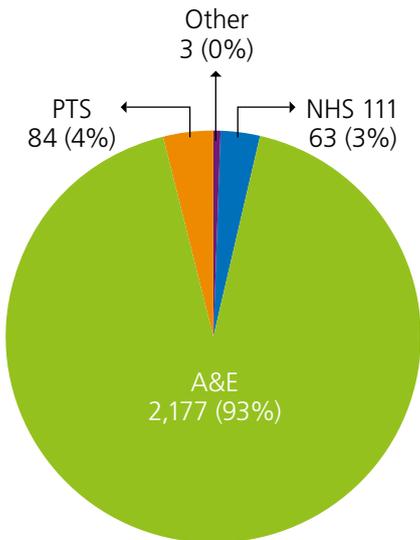


Figure 9 Compliments 2015/16. Data Source: Datix, PALS Module (PET)

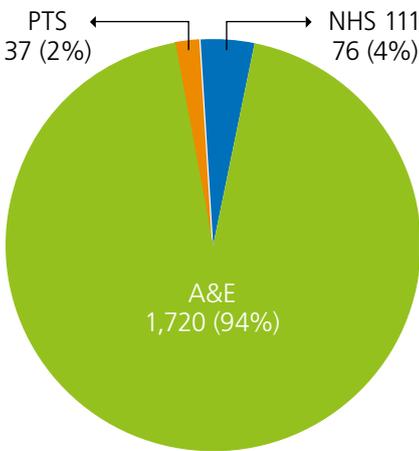


Figure 10 Compliments 2014/15. Data Source: Datix, PALS Module (PET)

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 (including West Sussex County Council, Brighton and Hove City Council, East Sussex County Council, Kent County Council, Surrey County Council and Medway Council) as well as Healthwatch organisations (including England, Kent, Medway, Surrey, East Sussex, Brighton & Hove and West Sussex), IHAG, Governors, Executive and Non-Executive Directors and Stakeholder Workshop attendees .

Detailed above is a comprehensive list of who we shared our Quality Account with. Due to the pressures on the Trust that arose as a result of a number of issues, not least of which was the Red 3 investigation and the CQC inspection, the Quality Report was produced later than it has in previous years. In order to achieve the statutory reporting guidelines, the time period for responses was less than the agreed 30 day period. As a consequence, not all organisations managed to submit a formal response prior to the publication of this document. The responses received by that date appear below and further responses are available at [South East Coast Ambulance Service | Quality Account](#)

Formal statements from the Lead Commissioner, HOSCs and Healthwatch organisations are as follows:

Statement from Commissioners

I am writing to confirm the co-ordinating commissioners from Kent, Surrey and Sussex will be responding collectively to this. In respect of timelines, we are unable to respond within your timeline but will get a collaborative response to you by the end of the month

Clare Stone

Chief Nurse/ Associate Director of Quality

Wellbeing and Health Scrutiny Board Responses

The Wellbeing and Health Scrutiny Board welcomes the opportunity to comment on South East Coast Ambulance Services NHS Foundation Trust's Quality Account (SECAMB) for 2015/16. The Board wishes to thank the Trust for its involvement in the scrutiny process over the last year.

The Board recognises that there have been significant steps undertaken in light of a number of concerns raised in relation to the governance and performance of the KMSS 111 service. It welcomed the opportunity to scrutinise the performance of SECAMB on 7 January 2016, and is awaiting the outcome of the patient impact, governance and clinical reviews in order to scrutinise the detail of proposed improvements. It anticipates working closely with the Trust and its regional scrutiny partners over 2016/17 to monitor progress in this area.

The Board notes that the improved performance with regard to the number of informal and formal complaints compared with previous years, as well as a number of positive comments from patients on p24-25. At the same time, it would encourage the Trust to see this in conjunction with the poor perception of SECAMB as an employer, as detailed on p52-

53, and consider how this can be addressed.

The Board notes that Surrey is underperforming compared to its regional counterparts on a number of KPIs related to the cleaning of vehicles (as detailed on p39 – 40). It would highlight that there is an opportunity to identify best practice from the other constituent counties in order to improve performance.

The Board is supportive of the five quality measures for 2016/17 and will continue to work with the Trust in monitoring and supporting these for the benefit of Surrey patients and their families.

Bill Chapman

Chairman, Wellbeing and Health Scrutiny Board
Surrey County Council

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on the South East Coast Ambulance Service NHS Foundation Trust (SECamb) Quality Account for 2015-16 however, the committee would have appreciated a lengthier amount of time to consider its response.

HASC would like to make the following comments on the following: -

1. Quality Improvements Implemented

– HASC is generally pleased with the quality improvements that have been implemented, but

- + hopes that measures to improve the Quality Improvement Programme will be successful
- + will be keen to continue to monitor NHS 111 performance
- + is disappointed that no more funding is available for the Domestic Abuse pilot
- + understands the difficulty with implementing the Friends and Family Test, but is pleased with the feedback from those who responded.

2. Updates on 2014/15 four Quality Measures

+ Patient Experience – Patient Drop Off and Pick Up Times for PTS Patients

This measure is now superfluous for West Sussex as SECamb no longer provides the service. However, HASC will consider the impact of the transition to the new provider at a future meeting following publically raised concerns

+ Patient Safety – Improve Paramedic Practitioner Response Times Following Referrals

HASC hopes that the development of the Paramedic Practitioner desk will improve patient safety

+ Mental Health Calls

HASC is pleased to learn that the the number of cases resolved via hear & treat are greater than the increase in calls

+ Clinical Effectiveness – Utilisation of Care Plans/Clinical Registers by Front Line 999 Operational Staff

HASC is disappointed that the target was not met, particularly as performance was down in Chichester, Crawley and Worthing

3. Other Comments

- + HASC will be interested to learn more about SECamb's future plans to reduce the time taken to complete each job, especially as handover times in West Sussex have worsened, and hopes that the pathway mapping exercise will help to safely reduce the number of patients being taken to A&E. The committee continues to welcome regular updates on handover times which are currently provided to its Business Planning Group meetings.
- + HASC welcomes SECamb's engagement with stakeholders in developing its quality measures for 2015/16

Annex 1

Finally, HASC welcomes its continued open dialogue with SECAMB, looks forward to receiving details of the Trusts Joint Recovery Plan following the Deloitte Forensic report into the Red3/Green 5 pilot and continuing to work with SECAMB in 2016-17.

Mr Bryan Turner

Chairman, Health & Adult Social Care
Select Committee, West Sussex

Statement from East Sussex Health Overview and Scrutiny Committee (HOSC)

It is clear from the Quality Account, and from HOSC's own scrutiny of the Trust, that 2015/16 has been a difficult year. Demand for services (ambulance, 111, and related services provided by other Trusts) has increased. A number of targets have been missed and it is clear that the Trust's capacity has been stretched. HOSC has expressed a number of concerns during the year, notably in relation to the 111 to 999 triage pilot scheme introduced without appropriate checks and communication. The Committee remains concerned as to whether the governance and leadership failures apparent in relation to this scheme are more widespread. A further report on the scheme's impact on patients is due to be presented to HOSC in June 2016.

HOSC also has ongoing concerns about the impact of delays in the handover of patients at hospital A&E departments. The 15 minute recommended handover standard is frequently exceeded, and it is not unusual for ambulance crews to experience delays of up to 45 minutes or more. This inevitably impacts on SECAMB's performance and therefore on the Trust's ability to provide a timely response to other calls. HOSC will be investigating this issue further with both hospital Trusts and SECAMB in June 2016.

In addition, the findings of a recent Care Quality Commission (CQC) inspection are awaited.

At the time of producing this statement the Trust's future leadership remains unclear. The Committee welcomes the appointment of a new Chairman with experience of supporting NHS organisations through challenging times. Given all the indications of a further challenging year ahead it will be important to agree further leadership arrangements as soon as possible to enable the Trust to focus on addressing key challenges. HOSC believes that patient and staff satisfaction are intrinsically linked and a key aspect of moving forward will be addressing staff concerns, ensuring staff feel supported and more positive about the organisation – HOSC would expect to see improvements here reflected in future staff survey findings.

2015/16 Quality Priorities

HOSC welcomes the progress made but notes that further work is needed on a number of 2015/16 quality priorities.

2016/17 Quality Priorities

The Trust has in place a well-established process for engaging stakeholders in the development of quality priorities and the engagement evident in selecting 2016/17 priorities is welcome. Those selected do appear to reflect areas of relevance and concern to patients and the public.

HOSC would also like to see SECAMB take an active role engaging with Clinical Commissioning Groups (CCGs), as well as acute Trusts, during 2016/17 regarding the achievement of the handover standard.

HOSC looks forward to working with the Trust to monitor progress on the priority areas, and overall performance, over the coming year. HOSC will particularly look to ensure that any areas for improvement highlighted by CQC are fully and actively addressed by the Trust leadership.

Healthwatch

The official response for submission to the SECAmb Quality Accounts for 2015-2016 from local Healthwatch for Surrey, Sussex and Kent is:

Local Healthwatch (for Surrey, Sussex and Kent) would have wanted to submit a considered response to this document, particularly this year. However, the timescale provided by the Trust rendered anything meaningful impossible.

The Trust is required to provide a draft within 30 days of the publishing deadline in order to allow stakeholders to submit a considered response but sadly we were given less than a week to review and comment on the draft document.

Please include this submission in the final document.

Please note the above wording has been agreed with the following Healthwatch organisations:

- + ***Healthwatch Surrey***
- + ***Healthwatch West Sussex***
- + ***Healthwatch East Sussex***
- + ***Healthwatch Brighton & Hove***
- + ***Healthwatch Kent***
- + ***Healthwatch Medway***

Katrina Broadhill

Consumer Champion & Healthwatcher
(Locality Manager)

Annex 2

Annex 2: Statement of Directors' Assurance/ Responsibilities in respect of the Quality Report 2015/16

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 2015/16 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 2015 to May 2016;*
 - + *papers relating to Quality reported to the board over the period April 2015 to May 2016;*
 - + *feedback from commissioners;*
 - + *workshop with the governors took place on 30 November 2015 and subsequent feedback from the draft document was obtained May 2016;*
 - + *workshop with local Healthwatch organisations took place on 30 November 2015 and subsequent feedback from the draft document was obtained May 2016;*
 - + *feedback from Health Overview and Scrutiny Committees dated May 2016;*
 - + *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 2015 national staff survey went live week commencing 25 September 2015 and closed on 27 November 2015;*
 - + *The Head of Internal Audit's annual opinion over the Trust's control environment, dated 1 April 2016 (Draft Report);*
 - + *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



Sir Peter Dixon,
Interim Chairman

Date: 26 May 2016



Geraint Davies,
Acting Chief Executive

Date: 26 May 2016

Annex 3

Annex 3: Independent Auditor's Report

Independent Practitioner's Limited Assurance Report to the Council of Governors of South East Coast Ambulance NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust to perform an independent limited assurance engagement in respect of S NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in Annex 2 to Chapter 7 of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to the limited assurance engagement consist of those 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 Council of Governors and Practitioner

The Council of Governors are responsible for the content and the preparation of the Quality Report covering the relevant indicators and in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2015/16' issued by Monitor and 'Detailed guidance for external assurance on quality reports 2015/16'.

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
- + 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 2015/16'; 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 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual 2015/16, 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 1 April 2015 to 26 May 2016;
- + Papers relating to quality reported to the Board over the period 1 April 2015 to 26 May 2016;
- + Feedback from Commissioners dated May 2016;
- + Feedback from Governors dated May 2016;
- + Feedback from local Healthwatch organisations dated May 2016;
- + Feedback from Overview and Scrutiny Committee dated May 2016;

- + The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2015;
- + The 2015 national staff survey;
- + Care Quality Commission Intelligence pack dated March 2016; and
- + The Head of Internal Audit's annual opinion over the Trust's control environment dated 13 May 2016.

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.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We have complied with the independence and other ethical requirements of the Code of Ethics for Professional Accountants issued by the International Ethics Standards Board for Accountants, which is founded on the fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. 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, to assist the 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 2016, to enable the 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 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:

- + evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- + making enquiries of management
- + analytical procedures
- + limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation
- + comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' to the categories reported in the Quality Report; and
- + reading the documents.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement and consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Annex 3

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 thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2015/16'.

The scope of our limited 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.

Our audit work on the financial statements of South East Coast Ambulance Service NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as South East Coast Ambulance Service NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to South East Coast Ambulance Service NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to South East Coast Ambulance Service NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no

other purpose. Our audits of NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than South East Coast Ambulance Service NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- + the Quality Report is not prepared in all material respects in line with the Criteria;*
- + 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 2015/16'; 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 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'*

Grant Thornton UK LLP

Grant Thornton UK LLP

Chartered Accountants, London

Date: 27 May 2016



Glossary

Abbreviations	Full Expression	Abbreviations	Full Expression
AACE	Association of Ambulance Chief Executives	DBS	Disclosure and Barring Service
ACRP	Ambulance Community Response Post	DCA	Double Crewed Ambulances
ACQI	Ambulance Clinical Quality Indicators	DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
A&E	Accident and Emergency	ECSW	Emergency Care Support Worker
AHT	Average Handling Time	EKHUFT	East Kent Hospitals University Foundation Trust
AP	Associate Practitioners	EOC	Emergency Operations Centre
AQI	Ambulance Quality Indicator	EOCQDSG	Emergency Operations Centres Quality and Development Sub Group
BLS	Basic Life Support	ePCR	Electronic Patient Clinical Record
CAD	Computer Aided Dispatch	FFT	Friends and Family Test
CAGSG	Clinical Audit and Guidelines Sub-Group	FCAF	Frequent Caller Assessment Framework Document
CAP	Clinical Audit Plan	FreCaNN	Frequent Caller National Network
CAQSG	Clinical Audit and Quality Sub Group	FTA	Freight Transport Association
CAS	Cardiac Arrest Strategy	HART	Hazardous Area Response Team
CAST	Cardiac Arrest Survival Team	HEKSS	Health Education Kent, Surrey and Sussex
CATF	Cardiac Arrest Task Force	HOSC	Health Overview and Scrutiny Committee
CECSG	Clinical Equipment & Consumables Sub Group	HQ	Headquarters
CCGs	Clinical Commissioning Groups	IBIS	Intelligence Based Information System
CCP	Critical Care Paramedic	IHAG	Inclusion Hub Advisory Group
CFR	Community First Responder	KMSS	Kent, Medway, Surrey and Sussex
CG	Clinical Governance	KMSS111	Kent, Medway, Surrey and Sussex 111
CGAG	Clinical Governance Advisory Group	KPI	Key Performance Indicator
COM	Clinical Operations Manager	KSS-AAT	Kent, Surrey and Sussex Air Ambulance Trust
COI	Clinical Outcome Indicator	LTC	Long Term Condition
CPI	Clinical Performance Indicator	MHRA	Medicines and Healthcare Products Regulatory Agency
CQC	Care Quality Commission	MI	Myocardial Infarction
CQGAG	Clinical Quality Governance Advisory Group	MRC	Make Ready Centre
CQUIN	Commissioning for Quality and Innovation	NARU	The National Ambulance Resilience Unit
CQWG	Clinical Quality Working Group	NASCQG	National Ambulance Service Clinical Quality Group
CRN	Clinical Research Network	NASMeD	National Ambulance Services Medical Directors group
CTLs	Clinical Team Leaders		
CWG	Compliance Working Group		
DA	Domestic Abuse		

Abbreviations	Full Expression
NPIS	National Poisons Information Service
NHSE	National Health Service England
NIHR	National Institute for Health Research
NRLS	National Reporting and Learning System
ODA	Operational Dispatch Area
OHCA	Out of Hospital Cardiac Arrest
OHCAO	Out of Hospital Cardiac Arrest Outcomes
OLEV	Office for Low Emission Vehicles
OOH	Out of Hours
OUM	Operating Unit Manager
PAD	Public Access Defibrillators
PALS	Patient Advice and Liaison Service
PET	Patient Experience Team
PP	Paramedic Practitioner
PPC/D	Preferred Place of Care/Death
PRINCESS	Prehospital Resuscitation Intranasal Cooling Effectiveness Survival Study
PSI	Patient Safety Incident
PTS	Patient Transport Service
QEQM	Queen Elizabeth the Queen Mother
QGARD	Quality and Governance and Risk Directors
QIG	Quality Improvement Group

Abbreviations	Full Expression
QIP	Quality Improvement Programme
QPSC	Quality & Patient Safety Committee
RDG	Research and Development Group
RFID	Radio Frequency Identification
RIGHT-2	Rapid Intervention with Glyceryl trinitrate in Hypertensive stroke Trial-2
RMCGC	Risk Management and Clinical Governance Committee
ROM	Regional Operations Manager
ROSC	Return of Spontaneous Circulation
SECAmb	South East Coast Ambulance Service NHS Foundation Trust
SI	Serious Incident
SMT	Senior Management Team
SRV	Single Response Vehicle
STEMI	ST Segment Elevation Myocardial Infarction
TIA	Transient Ischaemic Attack
UH	Unit Hours
UHU	Unit Hour Utilisation
UIC	Urgent Integrated Care
VAN	Variation in Ambulance Non-Conveyance
VAWG	Violence against Women & Girls
WDC	Workforce Development Committee

South East Coast Ambulance Service 
NHS Foundation Trust

Appendix B

Accounts 2015/16

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 NHS Foundation Trust Accounting Officer Memorandum issued by 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.



Geraint Davies, Acting Chief Executive
Date: 26 May 2016

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.



Geraint Davies, Acting Chief Executive
Date: 26 May 2016

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Our opinion on the financial statements is unmodified

In our opinion the financial statements of South East Coast Ambulance Service NHS Foundation Trust (the 'Trust'):

- + give a true and fair view of the state of the financial position of the Trust's affairs as at 31 March 2016 and of the Trust's expenditure and income for the year then ended; and
- + have been properly prepared in accordance with International Financial Reporting Standards

(IFRSs) as adopted by the European Union, as interpreted and adapted by the 2015/16 FReM as contained in 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 the 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 for the year ended 31 March 2016 which comprise the statement of comprehensive income, the statement of financial position, the statement of changes in taxpayers' equity, the statement of cash flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and IFRSs as adopted by the European Union, and as interpreted and adapted by the 2015/16 Government Financial Reporting Manual (the 2015/16 FReM) as contained in the NHS Foundation Trust Annual Reporting Manual (ARM) and the Directions under paragraph 25(2) of Schedule 7 of the National Health Service Act 2006 issued by Monitor, the Independent Regulator of NHS Foundation Trusts.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Overview of our audit approach

- + Overall materiality: £4,037,000, which represents 2% of the Trust's gross revenue expenditure;
- + Key audit risks were identified as:
 - + *Occurrence and valuation of healthcare income; and*
 - + *Completeness of operating expenditure.*

Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risks that, in our judgement, had the greatest effect on our audit:

Audit risk

Occurrence and valuation of healthcare income

The Trust receives 98% of its income from commissioners of healthcare services. The Trust 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. This can involve further negotiation of contractual adjustments with commissioners. There is therefore a risk that the income from commissioners recognised in the financial statements may be misstated.

Given the scale of this income stream to the Trust, we considered this to be an area of heightened risk of material misstatement in the financial statements.

We identified the occurrence of healthcare revenues as a significant risk requiring special audit consideration. We also identified the valuation of healthcare income as a risk requiring particular audit attention.

How we responded to the risk

Our audit work included, but was not restricted to:

- + evaluating the Trust's accounting policy for revenue recognition of healthcare income for appropriateness and consistency with the prior year;
- + gaining an understanding of the Trust's system for accounting for healthcare income and evaluating the design of the associated controls;
- + using an analysis provided by the Department of Health to identify any significant differences in income and debtor balances with contracting NHS bodies;
- + agreeing, on a sample basis, amounts recognised as healthcare income in the financial statements to signed contracts and invoices; and
- + agreeing, on a sample basis, additional healthcare income to contract variations or supporting documentation.

The accounting policy on healthcare income, including its recognition is shown in note 1.5 to the financial statements and related disclosures are included in notes 5 and 6.

Audit risk

Completeness of operating expenditure

Expenditure on goods and services represent 27% of the Trust's total expenditure Management uses judgement to estimate accruals of expenditure for amounts not yet invoiced at the year-end.

We therefore identified the completeness of operating expenses (in particular the understatement of accruals) as a risk that requiring particular audit attention.

How we responded to the risk

Our audit work included, but was not restricted to:

- + gaining an understanding of the systems used to recognise non-pay expenditure and year-end accruals, and evaluating the design of the associated controls;
- + review of the year-end reconciliation of the subsidiary system interface and general ledger control account to ensure that all transactions from the subsidiary system are reflected in the financial statements;
- + testing, on a sample basis, post year-end payments one month after year end (being a sufficient period to consider) to confirm the completeness of creditors and accruals; and
- + considering the completeness of reported accruals and provisions by review of Trust committee minutes and events subsequent to the year end.

The accounting policy on expenditure on other goods and services is shown in note 1.8 to the financial statements and related operating expenses disclosures are included in note 8.

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 economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the financial statements as a whole to be £4,037,000, which is 2% of the Trust's gross revenue expenditure. This benchmark is considered the most appropriate because we consider users of the Trust's financial statements to be most interested in how it has expended its revenue and other funding.

Materiality for the current year is at the same percentage level of gross revenue expenditure as we determined for the year ended 31 March 2015 to reflect our view that we had not identified any reason for users of the accounts to change their view of the appropriate level of materiality.

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 for the audit of the Trust financial statements.

We also determined a lower level of specific materiality for certain areas such as disclosures of senior manager salaries and allowances in the Remuneration Report.

We determined the threshold at which we would communicate misstatements to the Audit Committee to be £202,000. In addition we communicated misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

Overview of the scope of our audit

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 Chief Executive as Accounting Officer; 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 incorrect based on, or 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.

We conducted our audit in accordance with 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 of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards 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 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, and in particular included an interim visit to evaluate the Trust's internal control environment including its IT systems and controls over key financial systems.

Overview of the scope of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2015, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016 and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Other reporting required by regulations

Our opinion on other matters required by the Code is unmodified

In our opinion:

- + the part of the Remuneration Report and Staff Report subject to audit have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 FReM as contained in the NHS Foundation Trust Annual Reporting Manual; and
- + the other information published together with the audited financial statements in the annual report is consistent with the audited financial statements.

Matters on which we are required to report by exception

Under the ISAs (UK and Ireland), we are 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.
- + Under the Code of Audit Practice 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 ARM or is misleading or inconsistent with the information of which we are aware from our audit.

We have nothing to report in respect of the above matters.

Our review of the Trust's arrangements identified the following matter:

The Trust demonstrated failings in governance when implementing a pilot scheme which transferred 111 calls to 999 between December 2014 and February 2015, which resulted in Monitor placing the Trust under specific enforcement action in October 2015 for breaching its licence to operate. An independent review focusing specifically at the decision-making processes and governance around the implementation of the pilot concluded in February 2016 that there were fundamental failings at the time of the pilot implementation. The Trust recognised that underlying governance issues associated with the pilot scheme continued into 2015/16.

In addition a separate review into the Trust's compliance with the Ambulance Quality Indicators (AQIs) found that changes in the process were not submitted to the relevant committee or Board for consideration and approval and there was an inconsistent approach to application of the guidance.

These issues are evidence of weaknesses in proper arrangements for informed decision making in acting in the public interest through demonstrating and applying the principles of good governance.

Qualified value for money conclusion

On the basis of our work under the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2015, except for the effects of the matters described in the Basis for qualified value for money conclusion paragraphs, we are satisfied that, in all significant respects, South East Coast Ambulance Service NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016.

Responsibilities for the financial statements and the audit

What the Chief Executive, as Accounting Officer, is responsible for:

As explained more fully in the Statement of Chief Executive's Responsibilities, 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. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

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.

We are also required under Section 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

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 Code of Audit Practice.



Paul Hughes

Director

for and on behalf of Grant Thornton UK LLP

Grant Thornton House

Melton Street

Euston Square

London NW1 2EP

26th May 2016

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2016

	NOTE	Year ended 31 March 2016	Year ended 31 March 2015
		£000	£000
Revenue			
Revenue from patient care activities	5	199,579	198,356
Other operating revenue	5.1	6,592	2,545
Operating expenses	8	(202,938)	(198,499)
Operating surplus/(deficit)		3,233	2,402
Finance costs:			
Investment revenue	13	63	71
Other gains and losses			
Finance costs	14	(201)	(187)
Surplus/(deficit) for the financial period		3,095	2,286
Public dividend capital dividends payable		(2,605)	(2,224)
Retained surplus/(deficit) for the period		490	62
Other comprehensive income			
Gains on revaluations	15	2,101	7,324
Total comprehensive income for the period		2,591	7,386

The notes on pages 15 to 49 form part of these accounts.

Reported NHS financial performance position [Adjusted retained surplus]

Retained surplus for the year	490	62
Reported NHS financial performance position [Adjusted retained surplus]	490	62

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2016

	NOTE	Year ended 31 March 2016	Year ended 31 March 2015
		£000	£000
Non-current assets			
Property, plant and equipment	15	97,246	88,311
Intangible assets	16	148	340
Total non-current assets		97,394	88,651
Current assets			
Inventories	19	1,508	1,515
Trade and other receivables	20	14,631	13,952
Non-current assets held for sale	22	3,163	1,532
Cash and cash equivalents	21	16,057	24,667
Total current assets		35,359	41,666
Total assets		132,753	130,317
Current liabilities			
Trade and other payables	23	(19,563)	(18,787)
Other liabilities	23	(248)	(1,019)
Borrowings	24	(787)	(1,116)
Provisions	26	(3,750)	(3,139)
Net current assets/(liabilities)		11,011	17,605
Total assets less current liabilities		108,405	106,256
Non-current liabilities			
Borrowings	24	(1,953)	(1,487)
Provisions	26	(5,359)	(6,267)
Total assets employed		101,093	98,502
Financed by taxpayers' equity:			
Public dividend capital		79,524	79,524
Retained earnings		9,517	8,728
Revaluation reserve		12,052	10,250
Total taxpayers' equity		101,093	98,502

The financial statements on pages 228 to 268 were approved by the Board on 26 May 2016 and signed on its behalf by:

Signed:  (Acting Chief Executive)

Date: 26 May 2016

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2016

	31 March 2016				31 March 2015			
	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	8,728	10,250	98,502	79,524	8,539	3,053	91,116
Transfers between reserves	0	299	(299)	0	0	127	(127)	0
Surplus/(deficit) for the year	0	490	0	490	0	62	0	62
Revaluations	0	0	2,101	2,101	0	0	7,324	7,324
Balance at 31 March	79,524	9,517	12,052	101,093	79,524	8,728	10,250	98,502

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2016

	NOTE	Year ended 31 March 2016	Year ended 31 March 2015
		£000	£000
Cash flows from operating activities			
Operating surplus/(deficit)		3,233	2,402
Depreciation and amortisation	8,15,16	11,198	10,661
Impairments and reversals	17	(226)	887
Transfer from donated asset reserve		0	0
(Increase)/decrease in inventories	19.1	7	(49)
(Increase)/decrease in trade and other receivables	20.1	(679)	(2,061)
Increase/(decrease) in trade and other payables	23	1,777	448
Increase/(decrease) in other current liabilities	23.1	(771)	830
Increase/(decrease) in provisions	26	(357)	(154)
Net cash inflow/(outflow) from operating activities		14,182	12,964
Cash flows from investing activities			
Interest received	13	63	71
(Payments) for property, plant and equipment		(18,641)	(12,514)
Proceeds from disposal of plant, property and equipment		478	319
Net cash inflow/(outflow) from investing activities		(18,100)	(12,124)
Net cash inflow/(outflow) before financing		(3,918)	840
Cash flows from financing activities			
PDC dividend paid	1.24	(2,767)	(2,055)
Loans received	24	33	0
Interest on obligations under finance leases	14	(137)	(103)
Interest paid	14	(4)	(4)
Capital element of finance leases		(1,817)	(1,981)
Net cash inflow/(outflow) from financing activities		(4,692)	(4,143)
Net increase/(decrease) in cash and cash equivalents		(8,610)	(3,303)
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		24,667	27,970
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	16,057	24,667

1. Accounting policies

Monitor is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. 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 the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the 2015-16 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 11 (amendment) "Acquisition of an interest in a joint operation": not yet EU adopted. Expected to be effective from 2016/17.
- + International Accounting Standard (IAS) 16 (amendment) and IAS 38 (amendment) "Depreciation and Amortisation": not yet EU adopted. Expected to be effective 2016/17.
- + IAS 16 (amendment) and IAS 41 (amendment) "Bearer plants": not yet EU adopted. Expected to be effective 2016/17.
- + IFRS 10 (amendment) and IAS 28 (amendment) "Sale or Contribution of Assets": not yet EU adopted. Expected to be effective 2016/17.
- + IFRS 10 (amendment) and IAS 28 (amendment) "Investment Entities applying the consolidation exception": not yet EU adopted. Expected to be effective 2016/17.
- + IAS 1 (amendment) "Disclosure Initiative": not yet EU adopted. Expected to be effective 2016/17.
- + IFRS 15 "Revenue from contracts with customers": not yet EU adopted. Expected to be effective from 2017/18.
- + Annual Improvements 2012-15 cycle: not yet EU adopted. Expected to be effective from 2017/18.
- + IFRS 9 "Financial Instruments": not yet EU adopted. Expected to be effective from 2018/19.

The Treasury Financial Reporting Manual does not require these standards to be applied in 2015-16.

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 1.26 Joint Operation below

1.3 Key sources of estimation uncertainty

The following are the key sources of estimation uncertainty which may cause a material adjustment to assets and liabilities in the next financial year.

Asset Valuations

All land and buildings are revalued to current value every five years by professional valuation. In the intervening years the current values of buildings are updated by desktop revaluation. Details of these revaluations are shown in Note 1.9.

The reported amounts for depreciation of property, plant and equipment and amortisation of non-current intangible assets can be materially affected by the judgements exercised in determining their estimated economic lives. Details of economic lives and carrying values of assets can be found in notes 15 and 16.

Provisions

Provisions are made for liabilities that are uncertain in amount. The costs and timings of cash flows relating to these liabilities are based on management estimates supported by external advisors. Details of this can be found in note 1.16 with the carrying values of provisions are shown in note 26.

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 Revenue recognition

Revenue 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 Revenue for the Foundation Trust is contracts with commissioners in respect of healthcare services.

Where revenue is received for a specific activity which is to be delivered in the following financial year, that revenue is deferred.

Revenue 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.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent

changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

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 current value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the current value at the date of revaluation,

less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values are determined as follows:

- + Land and non-specialised buildings
 - market value for existing use
- + Specialised buildings – depreciated replacement cost.
- + Assets held for sale - lower of carrying amount and current value less costs to sell

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. For 2015/16 the Trust has applied an indexation factor to reflect the current market and has used the Investment Property Databank (IPD) sector Capital Value All Property Index for all buildings.

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.

NOTES TO THE ACCOUNTS

(continued)

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.”

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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 1.37% (2014-15: 1.3%) 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 Public Dividend Capital (PDC) and PDC dividend

PDC is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as PDC dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.25 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.

1.26 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, 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. The Trust includes within its financial statements its share of the assets, liabilities and expenses. 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	
	2015-16	2014-15	2015-16	2014-15	2015-16	2014-15
	£000	£000	£000	£000	£000	£000
Income	205,942	200,578	229	229	206,171	200,901
Surplus/(deficit) before interest	3,255	2,386	(22)	16	3,233	2,402

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.

	2015-16	2014-15
	£000	£000
Income	229	323
Full cost	251	307
Deficit	(22)	16

5. Revenue from patient care activities

	2015-16 £000	2014-15 £000
NHS Trusts	210	266
Clinical Commissioning Groups	201,635*	202,712
Foundation Trusts	(18)	42
Local Authorities	35	0
Department of Health	0	399
NHS other	1	0
Non-NHS:		
Business with other Whole of Government bodies	1	11
Private patients	0	1
Injury costs recovery	685	753
NHS 111 contract - Harmoni HS Ltd	(5,081)*	(5,350)
Other	2,111	(478)
	199,579	198,356

* Included in the Revenue from Clinical Commissioning Groups of £201,635k (2014-15: £202,712k) is £10,162k (2014-15: £10,700k) 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 £5,081k (2014-15: £5,350k) is shown under Non-NHS Revenue.

5.1 Other operating revenue

	2015-16 £000	2014-15 £000
Education, training and research	5,421	1,750
Non-patient care services to other bodies	64	18
Income generation	229	323
Other revenue	258	144
Secondment income	620	310
	6,592	2,545

6. Revenue by classification

	2015-16 £000	2014-15 £000
A & E income	175,450	163,747
Other NHS clinical income	16,928	16,915
Private patient income	1	1
Other non-protected clinical income	7,200	17,693
Other operating income	6,592	2,545
	206,171	200,901

Of total revenue from patient care activities, £201,327k (2014-15: £197,531k) is from Commissioner Requested Services and £4,844k (2014-15: £3,370k) 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.

NOTES TO THE ACCOUNTS

(continued)

8. Operating expenses

	2015-16 £000	2014-15 £000
Purchase of healthcare from non NHS bodies	13,627	14,405
Executive Directors	1,352	952
Employee Expenses - Non-executive Directors	145	141
Employee Expenses - Staff	132,987	129,250
Drug costs	1,417	1,337
Supplies and services - clinical (excluding drug costs)	4,452	4,626
Supplies and services - general	1,805	1,881
Establishment	5,181	4,930
Research and development	83	166
Transport	15,817	15,910
Premises	10,194	9,331
Increase/(decrease) in bad debt provision	148	(22)
Increase in other provisions	235	254
Depreciation on property, plant and equipment	11,006	10,426
Amortisation on intangible assets	192	235
Impairments/(reversals) of property, plant and equipment	(226)	887
Audit fees :		
Audit services - statutory audit	55	55
Other auditors remuneration	1	12
Internal audit services	184	120
Other services	154	169
Clinical negligence	1,108	772
Gain/(loss) on disposal of land and buildings	(116)	121
Legal fees	515	367
Consultancy costs	451	562
Training, courses and conferences	1,609	1,279
Patient travel	6	3
Publishing	25	99
Insurance	80	55
Redundancy	415	145
Losses, ex gratia & special payments	36	31
TOTAL	202,938	198,499

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

	2015-16 £000	2014-15 £000
Minimum lease payments	2,709	2,863
	2,709	2,863

Total future minimum lease payments

	2015-16 £000	2014-15 £000
Payable:		
Not later than one year	2,342	1,284
Between one and five years	4,289	1,560
After five years	3,924	1,577
Total	10,555	4,421

Total future sublease payments expected to be received: £nil (2014-15: £nil)

NOTES TO THE ACCOUNTS

(continued)

10. Employee costs and numbers

10.1 Employee costs

	2015-16			2014-15		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	107,844	107,450	394	105,734	105,112	622
Social security costs	7,670	7,670	0	7,659	7,600	59
Employer contributions to NHS pension scheme *	13,037	13,037	0	12,608	12,516	92
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(353)	(353)	0	(320)	(320)	0
Costs capitalised as part of assets	283	283	0	0	0	0
Agency staff	6,411	0	6,411	4,666	0	4,666
Employee benefits expense	134,892	128,087	6,805	130,347	124,908	5,439

* The expected contribution to the pension plan for 2016-17 is £13,250k (2015-16: £13,037k)

10.2 Average number of people employed

	2015-16			2014-15		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	Number	Number	Number	Number	Number	Number
Ambulance staff	2,357	2,357	0	2,438	2,438	0
Administration and estates	895	895	0	930	930	0
Healthcare assistants and other support staff	279	279	0	312	312	0
Bank and agency staff	209	0	209	161	0	161
Total	3,740	3,531	209	3,841	3,680	161

Of the above

Number of whole time equivalent staff engaged on capital projects

7

7

10.3 Staff sickness absence

	2015-16	2014-15
	Number	Number
Total days lost	37,800	38,249
Total staff years	3,246	3,200
Average working days lost	11.6	12.0

Data provided by Department of Health for 12 months period January to December 2015.

10.4 Retirements due to ill-health

During 2015-16 there were 8 (2014-15: 8) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £397,000 (2014-15: £540,000) to the NHS Pension Scheme.

NOTES TO THE ACCOUNTS

(continued)

10.5 Staff exit packages

There were 10 exit packages paid in 2015-16 (2014-15: 6) at a total cost of £544k (2014-15: £145k)

Exit package cost band (including any special payment element)	2015-2016			2014-2015		
	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	1	0	1
£10,001-£25,000	2	0	2	3	0	3
£25,001-£50,000	2	0	2	0	1	1
£50,001-£100,000	3	0	3	1	0	1
£100,001 - £150,000	2	0	2	0	0	0
Total number of exit packages by type	10	0	10	5	1	6
Total resource cost (£000)	544	0	544	116	29	145

10.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2015-16 (2014-15: 1) at a cost of £nil (2014-15: £29k) as shown below:

Exit packages: other (non-compulsory) departure payments	2015-16		2014-15	
	Payments Agreed Number	Total value of agreements £'000	Payments Agreed Number	Total value of agreements £'000
Exit payments following Employment Tribunals or court orders	0	0	1	29
Total	0	0	1	29
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.

10.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

NOTES TO THE ACCOUNTS

(continued)

11. Directors' Remuneration

The aggregate amounts payable to directors were:

	2015-16 £000	2014-15 £000
Salary	860	807
Taxable benefits	0	0
Performance related bonuses	0	0
Employer's pension contributions	123	94
Total	983	901

Further details of directors' remuneration can be found in the remuneration report.

12. Better Payment Practice Code

12.1 Better Payment Practice Code – measure of compliance

	2015-16		2014-15	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	27,165	86,121	29,278	81,635
Total Non-NHS trade invoices paid within target	25,128	80,339	27,261	73,128
Percentage of Non-NHS trade invoices paid within target	93%	93%	93%	90%
Total NHS trade invoices paid in the period	383	2,112	705	2,657
Total NHS trade invoices paid within target	286	959	583	1,891
Percentage of NHS trade invoices paid within target	75%	45%	83%	71%

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 2015-16 Better Payment Practice Code percentages are below the target (95%) predominantly due to the timing of processing private ambulance providers invoices and in part due to the shorter payment terms. The timing of NHS payment runs also adversely impacts the BPPC calculations.

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 (2014-15: £nil)

13. Investment revenue

	2015-16 £000	2014-15 £000
Interest revenue:		
Bank accounts	63	71
Total	63	71

14. Finance costs

	2014-15 £000	2013-14 £000
Interest on obligations under finance leases	137	103
Unwinding of discount	60	80
Other	4	4
Total interest expense	201	187

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(continued)

15. Property, plant and equipment

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
2015-16	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2015	19,586	32,550	17,045	9,979	50,347	7,700	428	137,635
Additions purchased	0	0	17,661	0	0	0	0	17,661
Additions leased	0	0	1,921	0	0	0	0	1,921
Additions donated	0	0	141	0	0	0	0	141
Reversal of Impairments	0	226	0	0	0	0	0	226
Reclassifications	(13)	392	(16,461)	2,634	11,657	1,735	(90)	(146)
Revaluations	0	2,237	0	0	0	0	0	2,237
Transferred to disposal group as asset held for sale	(850)	(1,123)	0	0	0	0	0	(1,973)
Disposals	0	0	(24)	(783)	(4,311)	(215)	0	(5,333)
At 31 March 2016	18,723	34,282	20,283	11,830	57,693	9,220	338	152,369
Depreciation at 1 April 2015	11	1,478	0	7,356	33,916	6,135	428	49,324
Provided during the year	0	1,277	0	1,643	6,651	1,435	0	11,006
Reclassifications	(11)	(39)	0	(4)	(6)	4	(90)	(146)
Revaluation surpluses	0	136	0	0	0	0	0	136
Disposals	0	0	0	(780)	(4,202)	(215)	0	(5,197)
Depreciation at 31 March 2016	0	2,852	0	8,215	36,359	7,359	338	55,123
Net book value								
Purchased	18,422	27,513	18,920	3,615	21,290	889	0	90,649
Donated	301	734	120	0	44	0	0	1,199
Finance leased	0	3,183	1,243	0	0	972	0	5,398
Total at 31 March 2016	18,723	31,430	20,283	3,615	21,334	1,861	0	97,246
Asset financing								
Owned	18,723	28,247	19,040	3,615	21,334	889	0	91,848
Finance leased	0	3,183	1,243	0	0	972	0	5,398
Total 31 March 2016	18,723	31,430	20,283	3,615	21,334	1,861	0	97,246

15. Property, plant and equipment (cont.)

	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
Additions purchased	56	2,298	11,494	15	0	0	0	13,863
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	79,502
Donated	0	0	0	0	0	0	0	1,120
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	88,380
Asset financing								
Owned	19,575	24,614	17,045	2,623	15,940	756	0	80,622
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	88,380

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). The Trust has applied an indexation factor in 2016 to reflect the current market and has used the Investment Property Databank (IPD) sector All Property Industrial Index for all buildings with the exception of Herne Bay ACRP which is a recent new build..

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

2015-16	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 2015	1,395	0	0	0	0	1,395
Disposals	(73)	0	0	0	0	(73)
Gross cost at 31 March 2016	1,322	0	0	0	0	1,322
Amortisation at 1 April 2015	1,055	0	0	0	0	1,055
Disposals	(73)	0	0	0	0	(73)
Charged during the year	192	0	0	0	0	192
Amortisation at 31 March 2016	1,174	0	0	0	0	1,174
Net book value						
Purchased	148	0	0	0	0	148
Government granted	0					0
Total at 31 March 2016	148	0	0	0	0	148

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 1st April 2014	1,395	0	0	0	0	1,395
Gross cost at 31 March 2015	1,395	0	0	0	0	1,395
Amortisation at 1st April 2014	820	0	0	0	0	820
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
Total at 31 March 2014	340	0	0	0	0	340

16.1 Amortisation rate of intangible assets

Software – 5 years

NOTES TO THE ACCOUNTS

(continued)

17 Impairments and reversals

17.1 Analysis of impairments and reversals recognised in 2015-16

	31 March 2016 Total £000	31 March 2015 Total £000
Property, Plant and Equipment impairments and reversals taken to Statement of Comprehensive Income (SoCI)		
Total charged to Departmental Expenditure Limit	0	0
Changes in market price	(226)	(887)
Total charged to Annually Managed Expenditure	(226)	(887)
Property, Plant and Equipment impairments and reversals charged to the revaluation reserve		
Changes in market price	0	0
Total impairments for PPE charged to reserves	0	0
Total Impairments of Property, Plant and Equipment	(226)	(887)
Intangible assets impairments and reversals charged to SoCI	0	0
Total Impairments of Intangibles	0	0
Financial Assets charged to SoCI	0	0
Total Impairments of Financial Assets	0	0
Non-current assets held for sale - impairments and reversals charged to SoCI.	0	0
Total impairments of non-current assets held for sale	0	0
Total Investment Property impairments charged to SoCI	0	0
Total Impairments charged/(credited) to SoCI - Annually Managed Expenditure	(226)	887
Overall Total Impairments	(226)	887
Of which:	0	0
Impairment on revaluation to "modern equivalent asset" basis		
TOTAL DONATED/GOVERNMENT GRANTED ASSET IMPAIRMENTS	0	0

17.2 Property, Plant and Equipment

The reversal of £226k (2014-15: impairment of £887k) 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 2016	31 March 2015
	£000	£000
Property, plant and equipment	7,360	13,067
Total	7,360	13,067

The principle commitment relates to the Trust's Make Ready Centre capital builds.

19. Inventories

19.1 Inventories by category

	31 March 2016	31 March 2015
	£000	£000
Drugs	43	6
Consumables	1,219	1,236
Fuel	246	273
Total	1,508	1,515

19.2 Inventories recognised in expenses

	31 March 2016	31 March 2015
	£000	£000
Inventories recognised as an expense in the period	(7)	49
Write-down of inventories	0	0
Reversal of write-downs that reduced the expense	0	0
Total inventories recognised in the period	(7)	49

NOTES TO THE ACCOUNTS

(continued)

20. Trade and other receivables

20.1 Trade and other receivables by category

	Current 31 March 2016 £000	Non-current 31 March 2016 £000	Current 31 March 2015 £000	Non-current 31 March 2015 £000
NHS receivables	5,137	0	5,297	0
Provision for impaired receivables	(466)	0	(318)	0
Prepayments	4,150	0	5,496	0
Accrued income	3,327	0	1,128	0
Other receivables	2,483	0	2,349	0
Total	14,631	0	13,952	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 2016 £000	31 March 2015 £000
By up to three months	2,911	2,457
By three to six months	244	1,001
By more than six months	1,055	1,020
Total	4,210	4,478

21. Cash and cash equivalents

	31 March 2016 £000	31 March 2015 £000
Opening Balance	24,667	27,970
Net change in year	(8,610)	(3,303)
Closing Balance	16,057	24,667
Made up of:		
Cash with Government banking services	16,033	24,638
Commercial banks and cash in hand	24	29
Cash and cash equivalents as in statement of financial position	16,057	24,667
Cash and cash equivalents as in statement of cash flows	16,057	24,667

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 2015	664	868	0	0	0	1,532
Plus assets classified as held for sale in the year	850	1,123	0	0	0	1,973
Less assets sold in the year	(142)	(200)	0	0	0	(342)
Balance at 31 March 2016	1,372	1,791	0	0	0	3,163
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
Balance at 31 March 2015	664	868	0	0	0	1,532

22.2 Non-current assets held for sale - Make Ready Centres

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 6 ambulance stations in Assets Held for Sale; these are Eastbourne, Canterbury, Dover, Horsham, Herne Bay and Lewes with a combined asset value of £3,163,000 (2014-15: £1,532,000). There are a further 6 properties awaiting agreement to market; these are properties at Battle, Crawley, East Grinstead, Hailsham, Heathfield 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 2018.

NOTES TO THE ACCOUNTS

(continued)

23. Trade and other payables

	Current 31 March 2016 £000	Non-current 31 March 2016 £000	Current 31 March 2015 £000	Non-current 31 March 2015 £000
NHS payables	291	0	694	0
Trade payables - capital	1,398	0	2,237	0
Other trade payables	5,376	0	3,039	0
Taxes payable	4,215	0	2,472	0
Other payables	503	0	0	0
Accruals	7,774	0	10,177	0
PDC payable	6	0	168	0
Total	19,563	0	18,787	0

23.1. Other liabilities

	Current 31 March 2016 £000	Non-current 31 March 2016 £000	Current 31 March 2015 £000	Non-current 31 March 2015 £000
Deferred grants income	0	0	0	0
Other deferred income	248	0	1,019	0
	248	0	1,019	0

24. Borrowings

	Current 31 March 2016 £000	Non-current 31 March 2016 £000	Current 31 March 2015 £000	Non-current 31 March 2015 £000
Other Loans	6	27	0	0
Obligations under finance leases	781	1,926	1,116	1,487
Total	787	1,953	1,116	1,487

25. Finance lease obligations

The Trust leases 54 A&E ambulances on a two year commercial lease arrangement and 20 single response vehicles 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.

Amounts payable under finance leases:

	Minimum lease payments 31 March 2016 £000	Present value of minimum lease payments 31 March 2016 £000	Minimum lease payments 31 March 2015 £000	Present value of minimum lease payments 31 March 2015 £000
Within one year	841	781	1,156	1,116
Between one and five years	922	655	409	182
After five years	1,845	1,271	1,935	1,305
Less future finance charges	(901)	0	(897)	0
Value of minimum lease payments	2,707	2,707	2,603	2,603

Included in:

Current borrowings	781	1,116
Non-current borrowings	1,926	1,487
	2,707	2,603

Future sublease payments expected to be received total £nil (2014-15: £nil).

Contingent rents recognised as an expense £nil (2014-15: £nil).

NOTES TO THE ACCOUNTS

(continued)

26. Provisions

	Current 31 March 2016 £000	Non-current 31 March 2016 £000	Current 31 March 2015 £000	Non-current 31 March 2015 £000
Pensions relating to staff	342	4,269	356	4,261
Legal claims	756	0	906	0
Other	2,652	1,090	1,877	2,006
Total	3,750	5,359	3,139	6,267

	Pensions relating to other staff £000	Legal claims £000	Other £000	Total £000
At 1 April 2014	4,727	1,148	3,605	9,480
Arising during the year	180	0	264	444
Utilised during the year	(370)	0	0	(370)
Reversed unused	0	(242)	14	(228)
Unwinding of discount	80	0	0	80
At 31 March 2014	4,617	906	3,883	9,406
At 1 April 2015	4,617	906	3,883	9,406
Change in the discount rate	(35)	0	0	(35)
Arising during the year	330	0	596	926
Utilised during the year	(361)	0	(48)	(409)
Reversed unused	0	(150)	(689)	(839)
Unwinding of discount	60	0	0	60
At 31 March 2016	4,611	756	3,742	9,109

Expected timing of cash flows:

Within one year	342	756	2,652	3,750
Between one and five years	1,318	0	931	2,249
After five years	2,951	0	159	3,110

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £4,611k represents the Trust's pension liability for pre-1995 reorganisations (31 March 2015: £4,617k).

Legal claims are the member provision for personal injury claims being handled by the NHS Litigation Authority.

A further £7,073k is included in the provisions of the NHS Litigation Authority at 31 March 2016 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2014-15: £6,923k).

27. Contingencies

27.1 Contingent liabilities

	2015-16	2014-15
	£000	£000
Legal claims	432	397
Total	432	397

The contingent liability for legal claims is based on information from the NHS Litigation Authority and relates to other legal claims shown in Note 27. The NHS Litigation Authority provides a probability for the success of each claim which is included in Provisions. The difference between this probability and 100% of each claim is included in contingent liabilities.

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.

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
NHS Coastal West Sussex CCG	0	23,821	0	706
NHS West Kent CCG	0	15,866	81	524
NHS Brighton & Hove CCG	0	15,264	0	314
NHS North West Surrey CCG	0	14,028	0	244
NHS Eastbourne, Hailsham And Seaford CCG	0	11,222	0	282
NHS Medway CCG	0	10,504	0	157
NHS Surrey Downs CCG	0	10,002	0	197
NHS Dartford, Gravesham And Swanley CCG	0	9,431	0	178
NHS Hastings & Rother CCG	0	9,942	0	599
NHS South Kent Coast CCG	0	9,405	0	115
NHS Horsham And Mid Sussex CCG	0	9,179	0	138
NHS Canterbury & Coastal CCG	0	7,996	0	205
NHS Guildford And Waverley CCG	0	7,375	0	161
NHS Thanet CCG	0	6,973	0	214
NHS East Surrey CCG	0	6,949	3	648
NHS High Weald Lewes Havens CCG	0	6,732	0	344
NHS North East Hampshire & Farnham CCG	0	6,493	0	118
NHS Crawley CCG	0	5,650	0	45
NHS Swale CCG	0	5,645	0	959
NHS Ashford CCG	0	4,169	0	151
NHS Surrey Downs CCG	0	3,319	0	82
NHS England	0	755	30	33
NHS Bracknell And Ascot CCG	0	334	0	3
Other CCG's	2	581	0	260
NHS Foundation Trusts**	243	(18)	57	170
NHS Trusts	555	222	68	37
Health Education England	0	5,325	248	1,272
NHS Pension Scheme	13,037	0	0	0
HM Revenue & Customs	7,670	0	4,215	587
NHS Litigation Authority	1,138	0	0	0
Department of Health *	122	25	6	34
Other WGA	196	37	123	29
South East Coast Ambulance Service Charitable Fund***	0	0	0	89

28. Related party transactions (cont.)

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 (2014-15: £nil) from the South East Coast Ambulance Service Charitable Fund, the Trustee for which is the South East Coast Ambulance Service NHS Foundation Trust. The Trust has charged the Charity £11k (2014-15: £11k) for administration and associated costs and £7k (2014-15: £60k) representing other charges for the financial year 2015-16.

* Figures shown for the Department of Health exclude Public Dividend Capital repaid.

** The Trust's Director of Commissioning and Acting Chief Executive also holds the position of Appointed Governor for East Kent Hospitals University NHS Foundation Trust.

** The Trust's Chairman also holds the position of Chair for Imperial College Health Providers and for Anglia Ruskin Health Partnership.

*** 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 2016				31 March 2015			
	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	587	0	4,215	0	615	0	2,472	0
Balances with local authorities	29	0	26	0	10	0	38	0
Balances with NHS trusts and foundation trusts	207	0	125	0	267	0	348	0
Balances with other NHS bodies	7,983	0	465	0	6,546	0	880	0
Balances with public corporations and trading funds	0	0	0	0	0	0	0	0
Intra government balances	8,806	0	4,831	0	7,438	0	3,738	0
Balances with bodies external to government	5,825	0	14,732	0	6,514	0	15,049	0
At 31 March	14,631	0	19,563	0	13,952	0	18,787	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 2 year fixed rate finance lease and a further 20 support 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.

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 2016 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.

30.1 Financial assets

	Loans and receivables	
	31 March 2015	31 March 2014
	£000	£000
Receivables	9,894	7,844
Cash at bank and in hand	16,057	24,667
Total at 31 March 2016	25,951	32,511

30.2 Financial liabilities

	Other financial	Other financial
	liabilites	liabilites
	£000	£000
Payables	15,342	16,147
Finance lease obligations	2,707	2,603
Provisions under contract	3,742	3,883
Total at 31 March 2016	21,791	22,633

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.

NOTES TO THE ACCOUNTS

(continued)

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 2015-16 £000	Total Number of Cases 2015-16	Total Value of Cases 2014-15 £000	Total Number of Cases 2014-15
Losses				
Cash losses	0	0	0	0
Fruitless payments	0	0	0	0
Bad debts	0	0	0	0
Stores losses	3	7	1	1
Damage to buildings and property	697	1,480	519	983
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	0	0	10	1
Special severance payments	0	0	0	0
Ex-gratia payments	65	15	86	31
Total losses and special payments	765	1,502	616	1,016

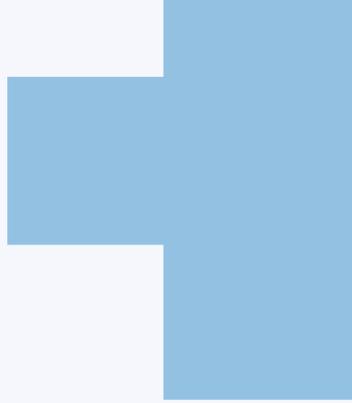
The amounts are reported on an accruals basis but exclude provisions for future losses.

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.

33. Events after the reporting period

There are no post balance sheet events.



For more information

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

Annual Report and Accounts

1 April 2015 – 31 March 2016