South East Coast Ambulance Service NHS

NHS Foundation Trust

Annual Report and Accounts

1 April 2016 – 31 March 2017

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Chair's Introduction

I have only been in post for a couple of weeks at the time of writing, but have already been able to form some initial thoughts and first impressions.

However, I'd like to begin by thanking the previous Interim Chair, Sir Peter Dixon, for the stability and guidance he provided during 2016/17, during what was an extremely difficult year for the Trust.

The work SECAmb does is of vital importance. We are frequently people's first port of call at time of need, or where people turn when they cannot get help elsewhere. We are sometimes, quite literally, life savers.

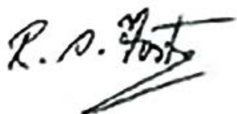
I have been very impressed with the commitment, professionalism and dedication of staff I have met so far. This is exactly what I expected to find but it is pleasing and reassuring to experience it first-hand nevertheless!

The organisation has been through a difficult time. All staff should be congratulated for coping with this so well and maintaining professionalism and patient focus through so trying a period.

The Trust now needs to move forward and as Chair I am keen to ensure that the Chief Executive and I work hand in hand as a joint top leadership team, with the Board working together with a united sense of purpose.

I am also committed to ensuring that we are open, transparent and fair in all our dealings – with the public, with staff and with all our stakeholders.

Our focus will be resolutely on patient need and the public good.



Richard Foster CBE, Chair

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Performance Report

Chief Executive's Statement

The purpose of the Overview is to give the user a short summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Chief Executive's Statement

I have only had a few weeks to get to know the Trust, since starting on 1st April 2017, but I must begin by saying how impressed I have been with all of the staff that I have met so far.

I also recognise that 2016/17 was an extremely difficult year for SECAmb. In terms of external perception, the Trust was the subject of negative media coverage on many occasions, which I know was upsetting for many.

The Trust also saw significant changes at Board level throughout the year, which you can read more about in the Directors' Report. These changes undoubtedly had a de-stabilising impact on the Trust as a whole.

We are now starting to see a greater level of stability as we complete the re-structure of the Executive Team portfolios and begin to make permanent appointments to Director roles. This is an area that the newly-appointed Chair and I are keen to address quickly.

Despite extremely hard work by our staff, the Trust did not meet its 999 operational and performance targets during the year, as was sadly also the case in almost every other ambulance Trust in England. We also fell behind where we would want to be on some of our key clinical targets.

The Trust has started to see noticeable improvements in 999 performance since the end of the year but I know that there is more we can do to improve the efficiency and responsiveness of our services.

We also need to ensure that we do everything within our gift to work with our partners and ensure that the Trust is as resilient as possible against the impact of external factors and system issues, including high levels of hospital handover delays and changes in acute service provision.

On a positive note, our NHS 111 service performed well during the year against all of the Key Performance Indicators, as well as significantly improving the financial position of the service.

The national shortage of Paramedics is well documented but we are pleased to have made significant progress in recruiting to other staff groups this year. Of course, employing sufficient Paramedics continues to be a focus for us, and we recognise that retention - including supporting employee wellbeing and making SECAmb a great place to work - is as important to get right as attracting new Paramedics. Work continues to address and improve the culture of the organisation and improve SECAmb as a place to work.

During the year, the Trust has entered into conversations with NHS England, NHS Improvement and our Commissioners to ensure that it is appropriately funded to deliver statutory national performance standards. This work is ongoing at the time of publication of this report and should be concluded in the first quarter of the new financial year.

2016/17 also saw the end of era, when SECAmb ceased providing Patient Transport Services (PTS) in the region, with the ending of the final contract in Surrey at the end of March 2017. I was very proud to hear that our PTS staff remained focussed on providing excellent patient care up until the final day of the contract and wish them well working for the new PTS provider.

One of the key challenges during the year has been the need for the Trust to significantly improve a number of its key quality and governance process, including medicines management, safeguarding, incident reporting and how we record and manage

risk. Much of this was well-documented during the CQC's inspection of the Trust in May 2016.

Good progress has already been made in many areas but there remains a great deal more to be done; however I am confident that we will have the capacity to address the challenges and opportunities we face.

Despite the scale of the challenges that the Trust has faced during the year, it has continued to make good progress in a number of our key projects. Two new fantastic Make Ready Centres have opened at Polegate and Tangmere in Sussex, which provide excellent facilities for staff, enabling them to provide better services for patients.

At the time of writing, we are in the process of moving into our superb new facility at Crawley, which houses an impressive new Emergency Operations Centre for the west of our area, as well as a single base, for the first time, for the vast majority of our support staff.

We have also continued the roll out of iPADs to all front-line staff to support the use of the new electronic Patient Report Form. Progress has been slower than we would have liked in getting these out across the whole Trust but I am keen that this is now given extra emphasis to get this completed.

Looking forwards, I believe there is much to feel positive about, although 2017/18 will, nevertheless, also bring challenges.

The financial position of the Trust remains extremely difficult and we will need to work very hard to identify where savings can be made, to ensure we remain financially sustainable as an organisation but without impacting on patient care.

We are also currently in the midst of the CQC's re-inspection of the Trust. I am hopeful that we will be able to demonstrate both where we have made progress and where we have robust plans in place to tackle outstanding areas but there will undoubtedly be further learning for us arising out of the visit.

I firmly believe that SECAmb remains a good Trust in many ways, with fantastic staff committed to delivering excellent patient care. It is my job, and the job of the Board, to support staff in doing this as we move forwards and provide strong leadership and direction.

Daren Mochrie QAM, Chief Executive

Date: 30 May 2017

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 an Independent Non-Executive Chair, Independent Non-Executive Directors and Executive Directors, including the Chief Executive.

As a Foundation Trust we have a Council of Governors, made up of 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 (up to 31 March 2017)
+ Receive and respond to NHS 111 calls from members of the public

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

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

Key risks and issues affecting the Trust

2016/17 has been a challenging year for SECAmb. There were a number of changes at Board-level, including the Chair and Chief Executive and, in May 2016, the CQC carried out a comprehensive inspection of the Trust's services and identified a number of issues leading to an overall rating of Inadequate, as illustrated below.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency & urgent care	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Patient transport services	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Emergency operations centre	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
NHS 111 service	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

On 10 June 2016 the CQC served a Warning Notice under Section 29A of the Health and Social Care Act 2008, because it had formed a view that the quality of health care provided by SECAmb required significant improvement. In particular;

1. The governance arrangements in place, including systems to assess, monitor and improve the quality and safety of the services provided to people receiving care were not effective.
2. The systems in place to ensure sufficient staff are employed, appropriate deployment of staff and staff competence was not operating effectively.
3. NHS 111 calls were not responded to in a timely and effective manner and there was a lack of systems to ensure associated risks are mitigated for the safety of patient health and welfare.
4. Adequate processes were not in place to enable the Trust to ensure that equipment is properly maintained and secured appropriately.
5. Safeguarding processes to prevent abuse of service users were not operating effectively.
6. The systems in place for medicines management were not operating safely and effectively.

The CQC reported its full findings in September 2016 and recommended that NHS Improvement place the Trust in Special Measures. NHS Improvement agreed to uphold that recommendation and, on 29 September 2016 placed the Trust in Special Measures. The Special Measures Programme consists of a range of interventions designed to support the Trust in achieving rapid improvement in the areas of concern identified by the CQC and to ensure that patients are receiving the high quality, safe care, they deserve from a responsive, well-led organisation. The specific support measures were discussed at the Quality Summit held in September 2016 and between September and November 2016, NHS Improvement assisted the Trust in its development of the Unified Recovery Plan (URP). The URP incorporated all the issues identified by the CQC (the 'must dos' and 'should dos') as well as the three main strategic change projects; the Trust's move to a new HQ (which incorporates a move from three to two Emergency Operating Centres); a new computer aided dispatch (CAD) system; and the operations restructure. The Board of Directors has closely monitored progress against the URP at each of its meetings held in public.

In response to the findings of the CQC and, in order to ensure improved governance, the Board of Directors revised its committee structure. The new structure was agreed in July 2016 with greater emphasis on assurance (see Annual Governance Statement). The benefits of this new structure were evidenced in Q3 and Q4 when the Board's Quality & Patient Safety Committee helped to uncover a number of different issues relating to medicines management to those found by the CQC, including the use of drugs labelled in a foreign language. Immediate corrective steps were taken and the concerns escalated to NHS Improvement and the CQC. A Risk Summit was subsequently held and an independent review was commissioned. This is due to report in Q1 of 2017/18.

Ambulance Trusts across the country have been challenged in meeting operational, clinical and financial performance targets during 2016/17 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 Accident

& Emergency departments add to the challenge, resulting in a 999 response being unavailable in the community as ambulances are at hospitals waiting to handover patients. Through the year, this specific issue has become a high priority nationally for the healthcare system, but little progress has been made to bring about improvement.

The South East heath economy continues to be challenged. Of the trusts in the region, the majority are operating with significant financial deficits. 2016/17 was particularly challenging for SECAmb and in Q1 the Board identified that, with the additional cost of recovery, the Trust would be unable to meet its control total. Instead, it reported to NHS Improvement a deficit target of £7.1m, which was achieved. The Trust has been in close dialogue with CCGs about the funding gap that currently exists to enable the Trust to meet the national performance targets. The aim is to resolve this during the first quarter of 2017/18.

In summary, the issues and challenges set out above will continue in to 2017/18. The focused priorities within the URP will enable us to ensure continued improvement, and will be the basis for the delivery of a safe, effective service.

Going concern statement

After making enquiries, the Directors have a reasonable expectation that the Trust will have access to adequate resources (including a £15m working capital facility from the Department of Health) to continue in operational existence for the foreseeable future. For this reason, the Directors continue to adopt the going concern basis in preparing the accounts.

Performance Analysis

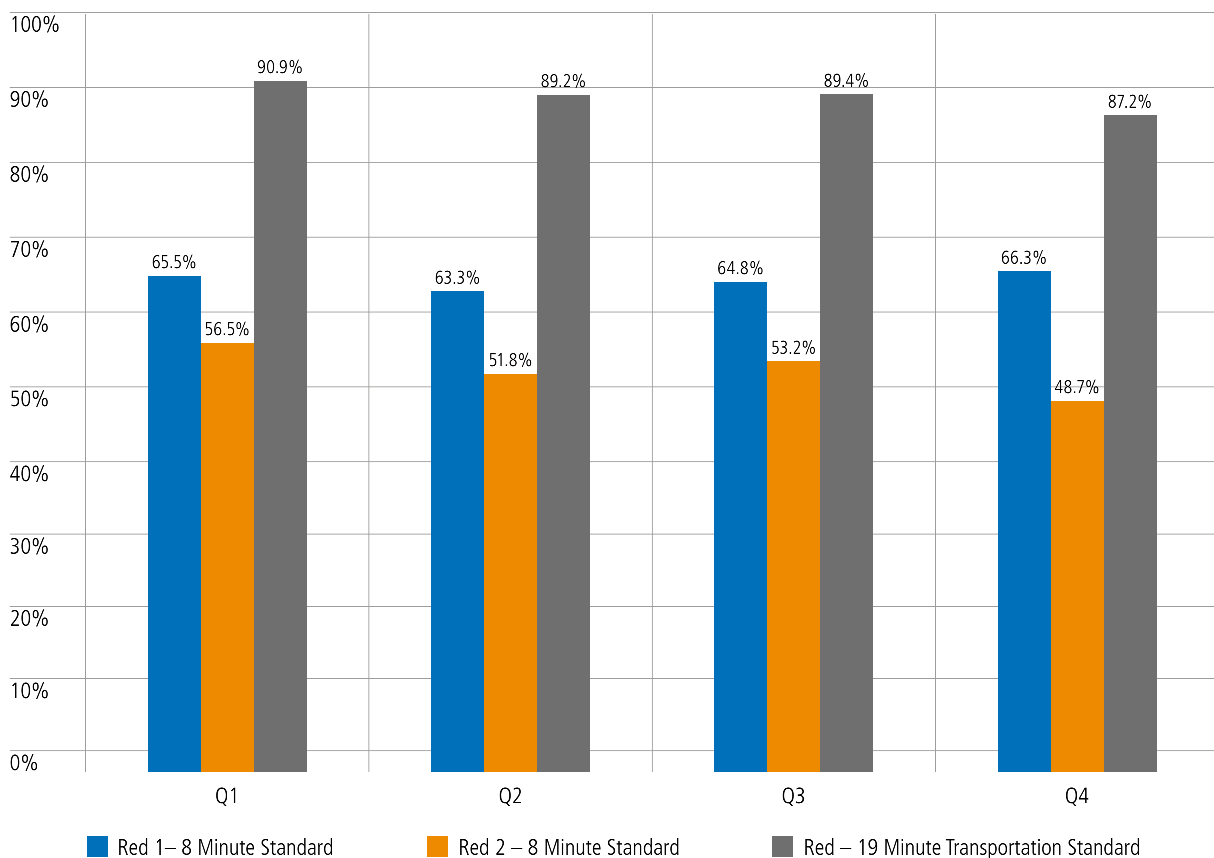
999 Response Time performance

Response times for ambulance services in England are measured from the time of the call to the time of the 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
+ ***Red 19 (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 2016/17 – National Target 75% and 95%



Achievement of targets – 2016/17	
Red 1 – 75% within eight minutes	65.1%
Red 2 – 75% within eight minutes	52.5%
Red 19-minute standard – 95%	89.2%

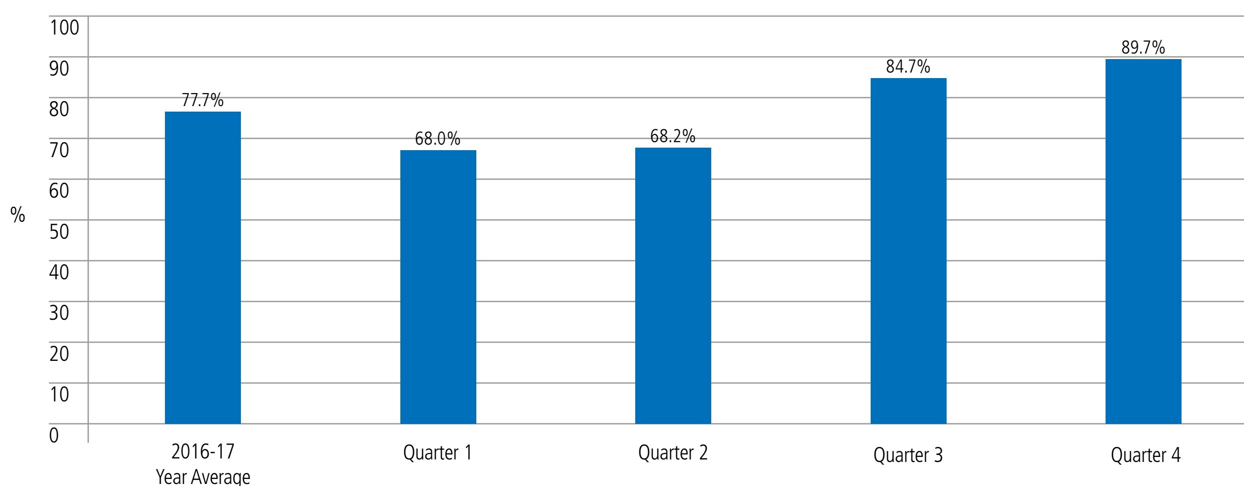
During 2016/17, the Trust answered 1,016,942 calls in our three EOCs but was unable to meet any of the nationally mandated response time targets. There have been a number of factors that affected our ability to meet these targets:

+ High demand (3.0% above commissioned levels and 3.3% above 2015/16 levels).
+ 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 within our communities.
+ 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. However, this provides system-wide benefits to the health economy and is in line with commissioner requirements.

Overall activity grew by 3.3% compared to the previous year. During 2016/17 we provided 3,194,768 hours of front-line staff time, up over 50,000 hours compared to the previous year.

The Trust, in common with many services, monitors a five second call answer performance. The Trust struggled to maintain the necessary levels of staff to meet call taking requirements during the first half of the 2016/17 year but has since recovered.

This performance averaged 77.7% in the year compared to 85.6% in 2015/16, however this has since improved with Quarter 4 above the previous year's average at 89.7%. The Trust has needed to commit significant resources to the recruitment and retention of call takers.



Performance Analysis

Implementation of the Ambulance Response Programme (ARP)

Looking forwards, the Ambulance Response Programme (ARP) is 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.

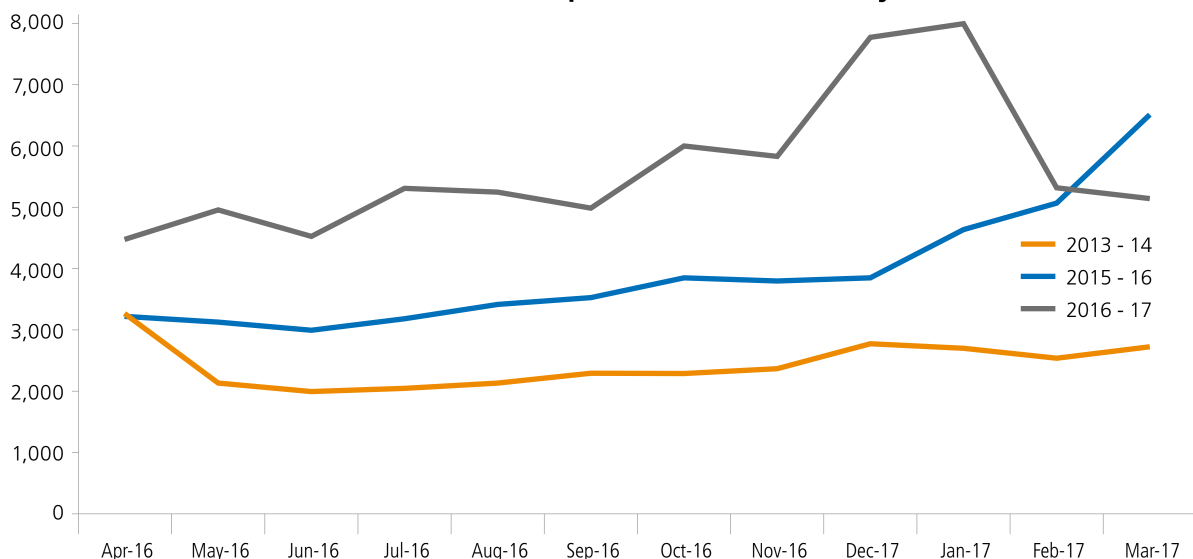
During the year, NHS England have been carrying out a controlled pilot project to trial the impact of the potential changes; this has involved a number of ambulance trusts nationally but SECAmb has not been part of the pilot.

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 is made up of 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 2016/17, 272,414 out of 442,341 (61.6%) conveyances to hospital took 30 minutes or longer at our hospitals. This was a 10% increase on the previous year (51.8%). A total of 68,243 hours of our staff time were lost due to hospital turn-around delays over the 30 minutes – equivalent to 2,844 12-hour ambulance shifts. This is an increase of lost hours of 20,000 (43% increase) compared to last year (2015/16) and a 133% increase (39,000 hours) since 2013/14, the common baseline year.



We continue to work with colleagues in acute hospitals and our Commissioners to reduce turnaround delays, however the delays are currently worsening rather than improving.

Kent Medway Surrey & Sussex (KMSS) NHS 111

SECAmb delivers the KMSS 111 service in partnership with Care UK.

The KMSS 111 service started the financial year in very challenging circumstances. The service pressure created by the delayed period of "winter pressures" demand coincided with elevated calls volumes for Easter 2016, and the service started 2016/17 in the bottom quartile nationally for operational performance. Subsequently, SECAmb entered into a formal process of improvement with Commissioners via the Unified Recovery Plan (URP) with defined actions, targets, trajectory milestones and risks included.

In addition to delivering the URP, the service also had to contend with the migration of the 111 contract for the four East Kent CCGs to a new service provider in September 2016.

Unfortunately, the new provider was unable to mobilise as planned and SECAmb was asked to provide additional support (at short notice) to East Kent via two contract variations to maintain patient safety and system resilience.

KMSS 111 started the year with six strategic goals:

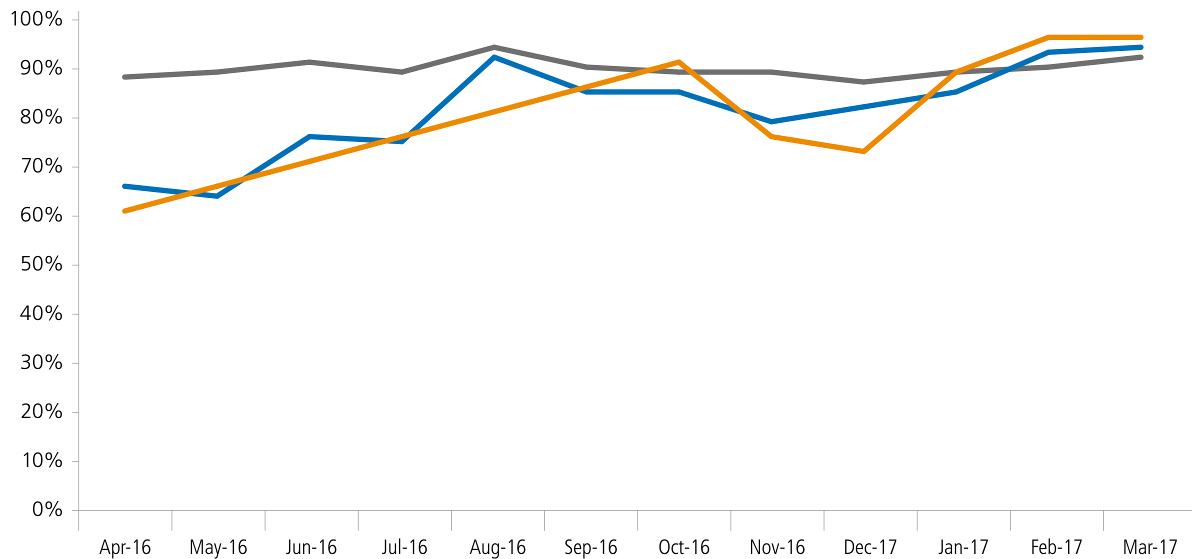
+ To achieve full service recovery and provide a consistently high performing and safe NHS 111 service with a fully staffed and engaged team;
+ To restore Commissioner and external stakeholder confidence in SECAmb so that the Trust could enter into discussions with Commissioners to shape and influence the development of Integrated Urgent Care (IUC) clinical hubs in the future;
+ To improve patient care and quality with the development of clinicians to positively impact on patient outcomes and reduce unnecessary non-emergency ambulance referrals;
+ To become the "gateway for the urgent care system", building strong relationships with external stakeholders and fulfilling a bigger role with regards to data collation and clinical governance across the region;
+ To become more integrated within the Trust and to become a positive influence across the Operations Directorate, sharing best practice where appropriate; and
+ To achieve full financial viability as a service after four years of significant financial losses.

KMSS 111 worked closely with Commissioners and NHS England throughout the year, attending fortnightly meetings which supported the delivery of the URP.

In April 2017, the Commissioners formally removed KMSS 111 from "recovery status" and the programme closure documents associated with the URP were validated through the Trust's internal governance framework. The service consistently improved throughout 2016 and once the additional burden of supporting the East Kent CCGs was removed in January 2017, it has subsequently gone on to achieve benchmark performance for all five of its Key Performance Indicators (see below).

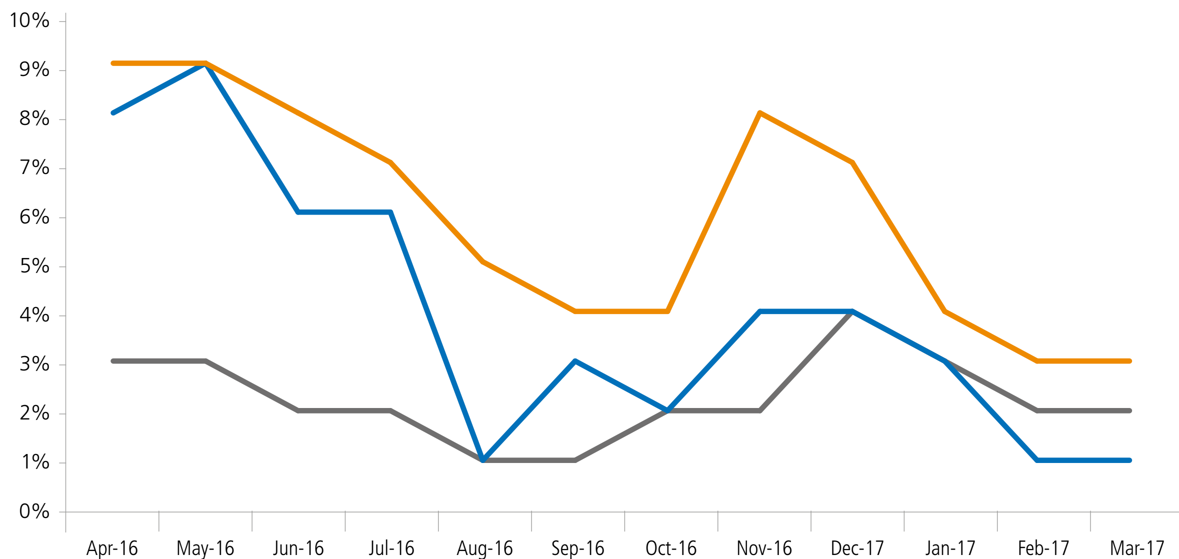
Performance Analysis

KMSS 111 "Answered in 60" KPI



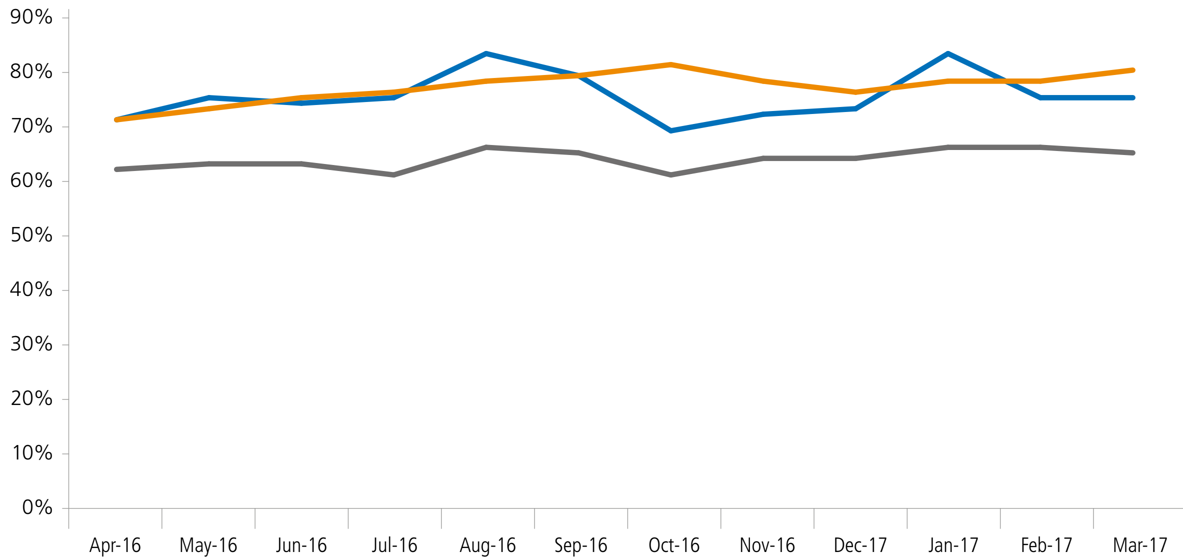
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-17	Jan-17	Feb-17	Mar-17
Answered in 60 URP target	60%	65%	70%	75%	80%	85%	90%	75%	72%	88%	95%	95%
Answered in 60 Actual	65%	63%	75%	74%	91%	84%	84%	78%	81%	84%	92%	93%
Answered in 60 National	87%	88%	90%	88%	93%	89%	88%	88%	86%	88%	89%	91%

KMSS 111 Abandoned Call Rate



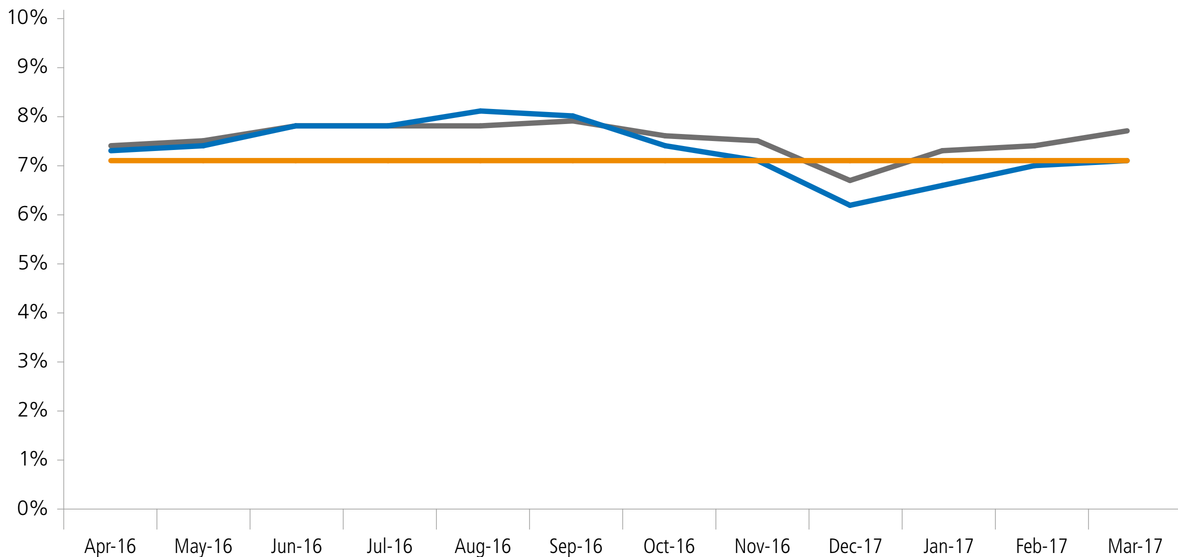
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-17	Jan-17	Feb-17	Mar-17
Abandoned calls URP Target	9%	9%	8%	7%	5%	4%	4%	8%	7%	4%	3%	3%
Abandoned calls Actual	8%	9%	6%	6%	1%	3%	2%	4%	4%	3%	1%	1%
Abandoned calls national	3%	3%	2%	2%	1%	1%	2%	2%	4%	3%	2%	2%

KMSS 111 Combined Clinical KPI



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-17	Jan-17	Feb-17	Mar-17
Combined Clinical KPI URP Target	70%	72%	74%	75%	77%	78%	80%	77%	75%	77%	77%	79%
Combined Clinical KPI Actual	70%	74%	73%	74%	82%	78%	68%	71%	72%	82%	74%	74%
Combined Clinical KPI National	61%	62%	62%	60%	65%	64%	60%	63%	63%	65%	65%	64%

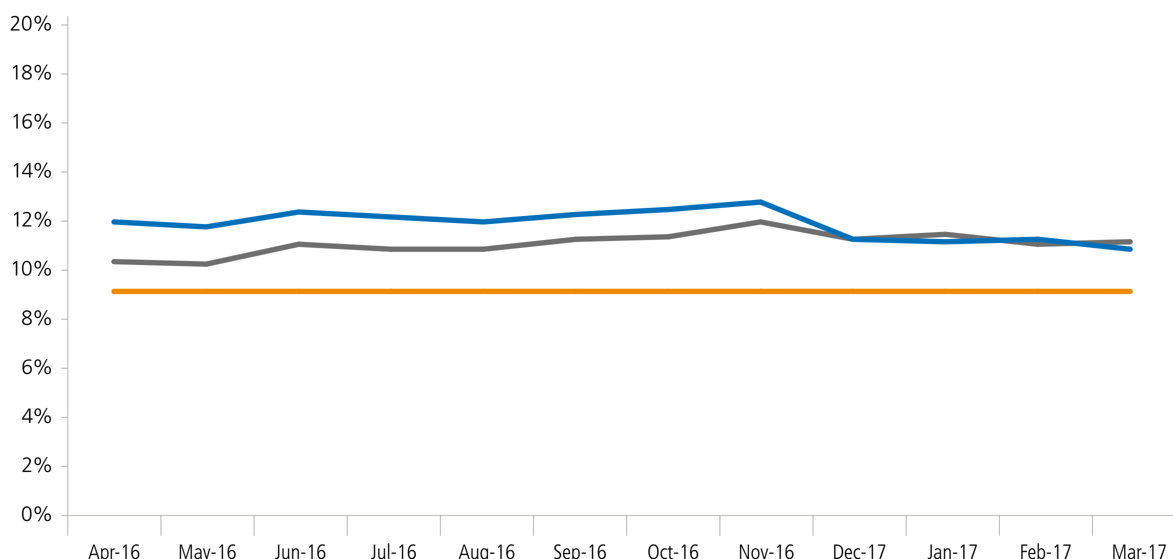
KMSS 111 A&E Referral Rate



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-17	Jan-17	Feb-17	Mar-17
A&E Referral Rate Contractual Target	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
A&E Referral Rate Actual	7.2%	7.3%	7.7%	7.7%	8.0%	7.9%	7.3%	7.0%	6.1%	6.5%	6.9%	7.0%
A&E Referral Rate National	7.3%	7.4%	7.7%	7.7%	7.7%	7.8%	7.5%	7.4%	6.6%	7.2%	7.3%	7.6%

Performance Analysis

KMSS 111 "999" Referral Rate



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-17	Jan-17	Feb-17	Mar-17
999 Referral Rate Contractual Target	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
999 Referral Rate Actual	11.8%	11.6%	12.2%	12.0%	11.8%	12.1%	12.3%	12.6%	11.1%	11.0%	11.1%	10.7%
999 Referral Rate National	10.2%	10.1%	10.9%	10.7%	10.7%	11.1%	11.2%	11.8%	11.1%	11.3%	10.9%	11.0%

KMSS 111 now consistently outperforms the majority of other 111 providers nationally.

SECAmb is currently in negotiations with Commissioners and NHS England (NHSE) to extend the current contract further, incorporating funded innovative delivery models as part of the service transition.

KMSS 111 has evolved its Clinical In-line Support (CIS) with additional training and support for its Clinical Advisor coaches and this has manifested itself through increased clinician contact and reduced ambulance referrals, now below the NHSE average. This intervention has eased some of the pressure on our 999 operations colleagues. In addition, the number of complaints and serious incidents (all of which are responded to within the NHSE timeframes) has reduced with compliments increasing.

The service now leads on system-wide data collation and conference calls, ensuring that the Directory of Services (DoS) is used appropriately and delivering greater system awareness and resilience.

The SECAmb members of the KMSS 111 senior leadership team have already shared best practice with regards to planning, audit and training with our EOC colleagues and the service now has full representation on the key SECAmb committees, team meetings and working groups.

After many years of returning major losses, 2016/17 finally saw KMSS 111 become financially viable, returning a marginal surplus. The service has managed to achieve all of its strategic goals whilst remaining within its financial envelope, aiming to improve further its operational effectiveness and efficiencies in the new financial year.

The next challenge is the 111 CQC inspection scheduled in May 2017 for which the service is fully prepared and is looking forward to as an opportunity to demonstrate its continuous quality improvement as a clinically-led, patient focussed service. Moving in to the new financial year, the service will be considering new working models with other stakeholders to explore opportunities for trialling proof of concepts that will improve the patient experience and pathways through the urgent and emergency care system.

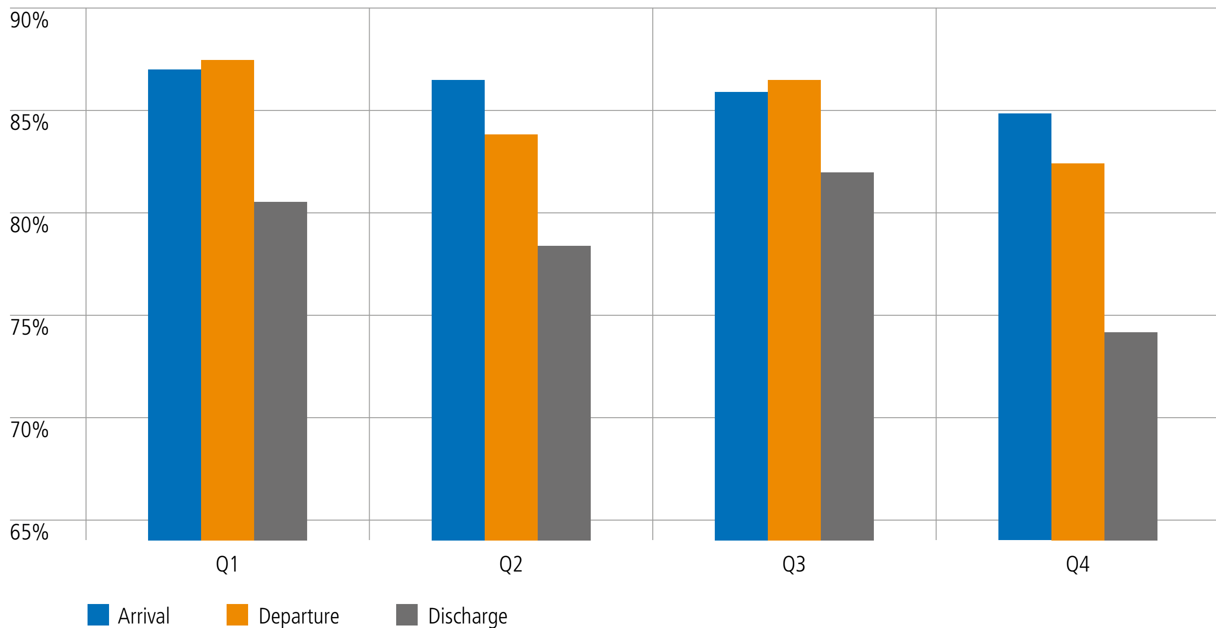
KMSS 111 is also collaborating with CCGs and NHS England, looking at longer term objectives and the challenge of implementing Integrated Urgent Care across the region, a work stream in which KMSS 111 can bring its extensive experience as a high performing Urgent Care service.

Patient Transport Services (PTS) performance

During the year, patients continued to report high levels of satisfaction through the patient satisfaction surveys carried out in Surrey. These show 94% satisfaction with the service, 98% satisfaction with the staff, and 86% satisfaction with timeliness.

Patients have also taken the time to comment personally on their experience and are overwhelmingly complementary in their praise.

During the year, our PTS staff transported 88,919 PTS patients. The graph below 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 – the Key Performance Indicators (KPIs) included in the contract.



Transition of PTS Surrey

From April 1 2017 Patient Transport Services (PTS) in Surrey transferred from SECAmb to the South Central Ambulance Service NHS Foundation Trust (SCAS).

SECAmb had tendered for the contract but unfortunately were not successful.

Many SECAmb PTS staff have transferred to SCAS under the Transfer of Undertakings - Protection of Employment (TUPE) regulations whilst others have retired. We were very pleased that a number of former PTS staff remained with SECAmb in other roles, including in A&E services and in support roles.

A number of volunteer car drivers, who have supported PTS operations in SECAmb over many years, also transferred over to the new provider.

The Trust would like to re-iterate its thanks to both the staff and volunteers who had worked to provide patient transport services in Surrey during recent years.

Clinical Performance

The NHS Operating Framework covers a number of measures regarding the quality of ambulance services in England with clinical performance being measured in two ways:

Clinical Outcome Indicators (COIs)

These indicators measure clinical care delivered to patients in respect of:

Outcome from Cardiac Arrest – Return of Spontaneous Circulation (ROSC)

+ ROSC at time of arrival at hospital (Overall)
+ ROSC at time of arrival at hospital (Utstein Comparator Group)

Outcome from acute ST-elevation myocardial infarction (STEMI)

+ The percentage of patients suffering a STEMI and who, following direct transfer to a centre capable of delivering primary percutaneous coronary intervention (PPCI), receive primary angioplasty within 150 minutes of emergency call.

- The percentage of patients suffering a STEMI who receive an appropriate care bundle.

Outcome from stroke for ambulance patients

- The percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyper-acute stroke centre within 60 minutes of emergency call.
- The number of suspected stroke, or unresolved transient ischaemic attack, patients assessed face to face who received an appropriate care bundle.

Outcome from cardiac arrest – Survival to discharge

- Survival to discharge – Overall survival rate.
- Survival to discharge – Utstein Comparator Group survival rate.

Clinical Performance Indicators (CPIs)

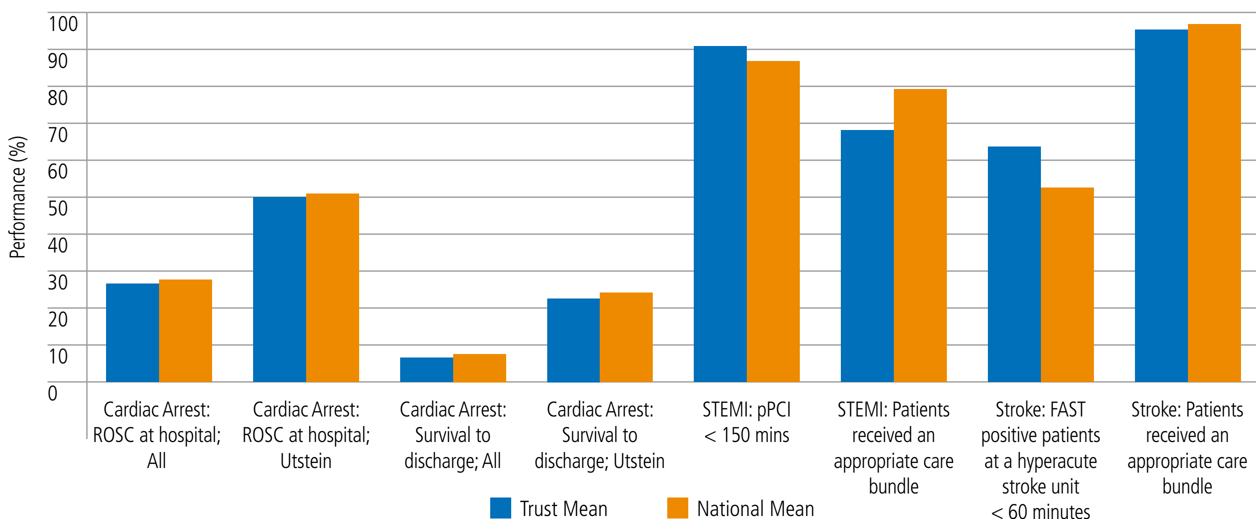
These indicators measure the process of care delivered to patients for the following conditions:

- Asthma
- Single Limb Fracture
- Febrile Convulsion
- Elderly Falls
- Mental Health

Clinical Outcome Indicators (COIs)

The following graph details SECAmb's mean performance across all Clinical Outcome Indicators submitted throughout 2016//17. As reporting for these indicators runs three months in arrears the actual data covers the period December 2015 to and including November 2016, and is a comparison against the national mean performance of the other national ambulance trusts.

Clinical Outcome indicators – Performance December 2015 to November 2016



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)

Clinical Performance Indicators are monitored by all national ambulance services in England on a rolling cycle with each indicator being measured twice a year. The performance for each trust is compared and benchmarked before the findings are submitted to the National Ambulance Service Clinical Quality Group (NASCQG) and the National Ambulance Services Medical Directors (NASMeD). National CPI reports are produced in two formats. The first relates specifically to each monitored condition within the agreed cycle and is circulated shortly after the submission date. A subsequent report is published bi-annually following the completion of each full cycle. This contains the results for all indicators, qualitative information around variations in results, exception rates etc. and information on quality improvement work which has been undertaken by individual Trusts.

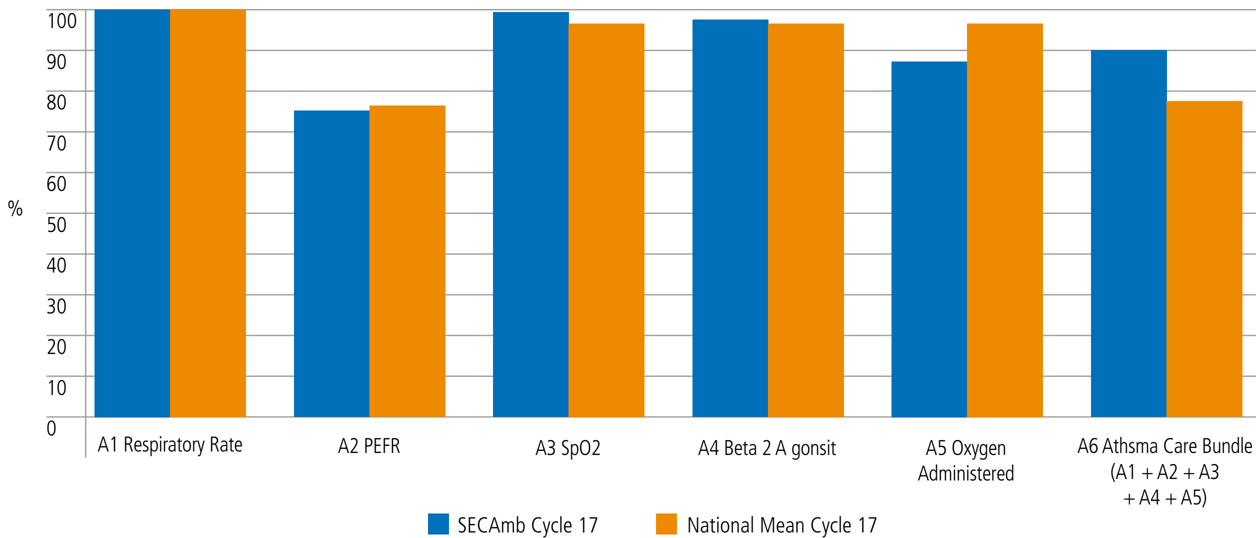
The data samples are obtained through a mixture of automated reporting and manual interrogation of individual patient clinical records by SECAmb's Clinical Audit Department to ensure accuracy of data. The sample size for each indicator is 300 cases. However, as not all participating trusts always reach this number of cases the comparative data is adjusted to accommodate this.

For 2016/17, the Trust reported on the following CPIs; Cycle 16 Mental Health (April 16 Data) and for Cycle 17 Asthma (June 2016 Data), Single Limb Fracture (July 2016 Data) and Febrile Convulsion (August 2016 Data). In September 2016, SECAmb was advised of the decision to suspend the CPIs pending further discussions between NASMeD, NASCQG and the Ambulance Leading Paramedic Group (ALPG) into the future of Ambulance Quality Indicators. Results from subsequent meetings were then taken forward for further consultation with NHS England and the Ambulance Response Programme.

Asthma

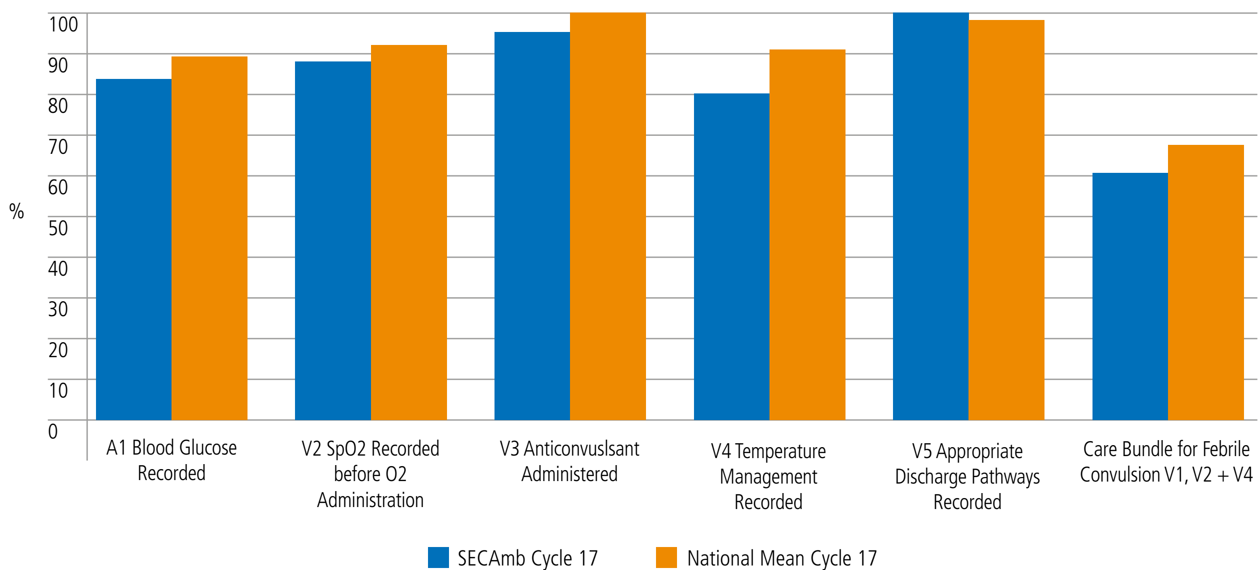
Asthma is a chronic disease with a significant impact on the predominantly younger population affecting their quality of life; rapid and appropriate treatment can ensure the patient can safely remain in the community and/or be rapidly transferred to secondary care where appropriate.

SECAmb performance in June 2016 is 74% for the full care bundle and whilst above the national mean of 70.9% shows a 5% downward trend compared to the previous cycle. The Trust is also above the national mean in three of the five data elements of care delivered for patients suffering from asthma.



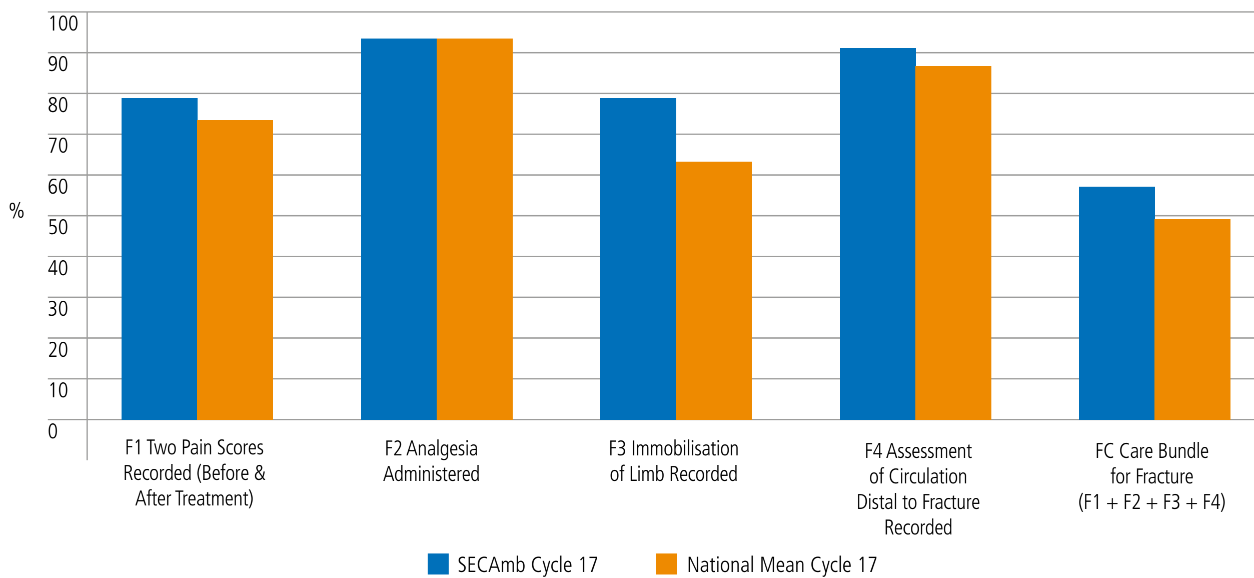
Febrile Convulsion

In August 2016 the Trust was monitored for the care of febrile convulsions. SECAmb performance against each of the elements is detailed below. The Trust is currently below the national mean for the full care bundle. An increased performance of 96% was recorded was recorded for the administration of anti-convulsant compared to cycle 16 when this stood at 93.7%.



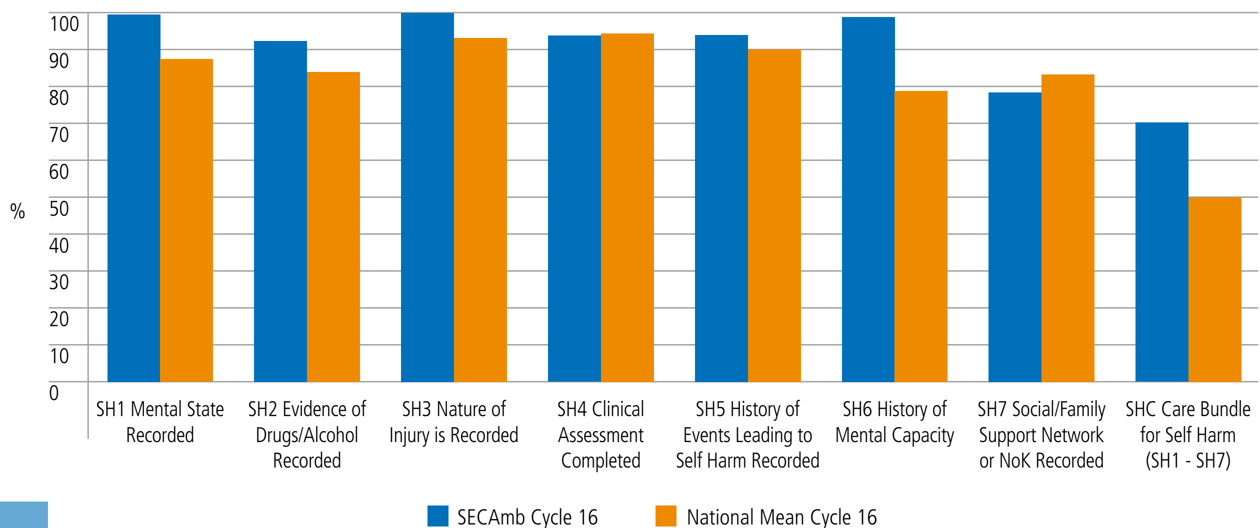
Single Limb Fractures

In July 2016 the Trust was assessed for the care of patients experiencing a single limb fracture. SECAmb performance against all four elements and the care bundle is above the national mean as detailed below. For the care bundle the Trust shows an upward trend with an increased performance from 51.0% for the previous cycle to 54.3%.



Mental Health

In April 2016 the Trust was assessed for the care of patients experiencing mental health difficulties. The chart below demonstrates how SECAmb performed in the second pilot audit for this condition. The Trust is above the national mean for the full care bundle recording a performance of 69.7% being the second highest in the country.



Financial Performance

This section of the report covers the Trust's financial performance for the year ended 31 March 2017. Audited annual 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 another challenging year in 2016/17. The plan for the year submitted to the Regulator was for a surplus of £0.7m. This was also the 'control total' against which the Regulator measures the Trust's financial performance. It became apparent relatively early in the financial year that this target was not achievable due to increased levels of operational expenditure and costs relating to the Unified Recovery Plan. At the end of the first quarter the Trust reported a projected deficit for the year of £7.1m to NHS Improvement. In the course of the year the Trust introduced a number of control measures to ensure that this revised target was delivered.

At 31 March 2017 the Trust revalued its property assets based on advice from Montagu Evans Surveyors. Details of the basis for revaluation are shown below. This resulted in a substantial impairment in the value of the Trust's property assets. In accordance with Financial Reporting Standards (FRS) the impairment taken through the Statement of Comprehensive Income was £29.5m. This contributed to an overall reported deficit for the year of £36.6m.

The impairment in the accounts is viewed by the Regulator as a technical issue and is not taken into account when measuring the Trust's performance against its control total. After adjusting for this the Trust made a deficit for the year of £7.1m, which was consistent with the projected position for most of the financial year but was £7.8m worse than the original plan. The deficit compares with a small surplus of £0.5m for the previous year.

The following table is a summary of income and expenditure for the year compared with plan and the prior year.

Income and Expenditure Summary

	Year Ending 31 March			
	2017			2016
	Plan	Actual	Variance	Actual
	£m	£m	£m	£m
Income	193.9	198.3	4.4	206.2
Operating Expenses	180.0	194.5	(14.5)	192.1
EBITDA[1]	13.9	3.8	(10.1)	14.1
Interest, depreciation, and dividend	13.1	11.7	1.4	13.6
(Loss)/gain on sale of assets	(0.1)	0.8	0.9	-
Impairment	-	29.5	(29.5)	-
Retained surplus/ (deficit)	**0.7**	**(36.6)**	**(37.3)**	**0.5**
Add back impairment	-	29.5	29.5	-
Adjusted surplus/ (deficit)	**0.7**	**(7.1)**	**(7.8)**	**0.5**

1. Earnings Before Interest, Taxes, Depreciation and Amortisation

Performance Analysis

The underlying financial position of the Trust remains very challenging moving into 2017/18 and an ambitious programme of cost improvements is being developed to improve the balance between income and expenditure. Through the contracting round for the current year it has become evident that the income available from commissioners is insufficient to achieve the national performance targets required of ambulance trusts. A major review is being undertaken with a view to identifying an appropriate strategy for correcting this imbalance.

Income

Income was down by 3.8% compared to prior year. The main reason for the drop was the loss of the Patient Transport Service in Sussex. This was partly offset by non-recurrent income of £1.2m from NHS Improvement to support the Trust in Special Measures.

In our core business of providing a 999 service, the Trust continues to experience steady activity growth year on year, with 3.3% growth in 2016/17 compared to 2.5% in 2015/16. The volume increase was partly offset by annual tariff deflation.

The PTS Surrey contract expired at the end of March 2017, following the award to the new provider, South Central Ambulance Service NHS Trust. Staff either retired, gained different roles within SECAmb or were successfully transferred under TUPE as from 1 April 2017. The financial performance of PTS deteriorated during 2016/17, mainly from reduced activity.

The financial performance of our NHS 111 contract for South East Coast with our partner, Care UK, has improved significantly, making a small surplus in 2016/17. A new two-year contract extension was agreed until March 2018 for Surrey, Sussex and Kent (excluding East Kent from October 2016) and the service is expected to be sustainable and financially viable to secure a breakeven position in 2017/18. Negotiations are also under way looking at a possible extension beyond 2017/18.

Expenses

Operating expenses increased by £2.4m (1.2%) despite the fall in operating income. This included £6.2m of increased operating expenditure as a result of additional 999 and 111 activity. The opening of three Make Ready centres in the year resulted in an additional £2.1m of costs and £2.5m was incurred to support the Unified Recovery Pan (of which £1.2m was supported by special measures funding). There was a further £0.6m cost impact of the change in discount rate applied to ill-health and early retirement and a further £1.3m increases in supporting long term sickness, drugs expenditure and other costs. The Trust was sad to lose the PTS Sussex contract as of 31 March 2016. We had been running the service at a loss and consequently reduced our costs by £10.4m in year, which includes additional cost-reductions due to there being less activity through the PTS Surrey contract (also run at a loss until it expired 31 March 2017).

Capital Expenditure

Capital expenditure in the period was £16.2m against the planned level of £21.2m. The main investments in the year were on the new HQ, Make Ready Centres at Polegate and Tangmere and the Computer Aided Dispatch (CAD) system.

Cash

The Trust’s cash balance at 31 March 2017 was £13.0m against a plan of £10.8m. Closing cash was supported by the £6.2m working capital loan from the Department of Health.

This differs from the plan originally submitted due to a number of issues highlighted elsewhere in the Annual Report, including the investment made to improve operational performance, the costs of recovery and in-year management of investments in line with the strategy.

Cost Improvement Programme (CIP)

Despite the challenges faced in 2016/17, the Trust delivered CIPs of £7.4m compared to the plan of £7.9m (94% achievement). The Trust has established a Programme Management Office (PMO) with support and advice from Ernst & Young. A governance framework is being developed that covers the identification, development, tracking, reporting and implementation of schemes. It also supports benefits realisation and the important area of quality impact assessment. The latter is an integral part of the evaluation of schemes and is overseen by the Director of Nursing and the Medical Director.

A number of schemes implemented in 2016/17 will deliver a full year impact in 2017/18. In addition, the Trust will continue to focus on key areas of improved operational efficiency, a number of which will also support improvements in service delivery.

Counter Fraud and Corruption

SECAmb is committed to maintaining an honest, open and transparent environment that seeks to eliminate any risk of fraud and bribery relating to our employees, contractors and suppliers. We have a counter fraud team that works closely with our Executive Team and Audit Committee to instil an anti-fraud and anti-bribery culture through all aspects of the organisation.

During 2016/17 we have trained all new Paramedics in fraud awareness, and sought to develop the awareness levels among all staff. The counter fraud team work closely with our internal auditors, and independently, to undertake proactive reviews to detect potential areas for fraud and work to reduce this risk though the training of staff and ensuring effective controls are implemented.

Staff are provided several routes in which to refer suspicious activity to the counter fraud team or freedom to speak up guardian, and all matters raised are investigated thoroughly.

Internal Audit

The Trust has an active internal audit programme, which is overseen by the Audit Committee. The programme covers both financial and non-financial controls on a risk basis. A programme of work is agreed, but some flexibility is retained to respond to any concerns that might arise during the year. The programme this year has highlighted a number of weaknesses in the design and application of processes, most particularly around Risk Management, Fleet Management and Incident Management and Reporting. The outcomes of audits are described in more detail in the Annual Governance Statement, alongside the Head of Internal Audit Opinion for the year.

For each individual review management actions are agreed to improve controls and outcomes and these are followed up by Internal Audit throughout the year to confirm their implementation.

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 to the accounts

Section 1.9 of the accounting policies makes reference to the revaluation of land and buildings at 31 March 2017 and the resulting impairment, details of which are provided below.

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.

Property Revaluation

It is Trust accounting policy to re-value land and buildings at least every five years. The land and buildings were last re-valued by the District Valuer as at 31 March 2015. Based on advice from NHSI, and in common with other similar Trusts, a further valuation exercise was commissioned from Montagu Evans as at 31 March 2017 to ensure that the estate was correctly valued. Montagu Evans advised that the Existing Use Value (EUV) method of valuation is more appropriate to this Trust than the Depreciated Replacement Cost method previously in use on the basis that EUV applies to non-specialised assets that are owner occupied. These form the majority of the Trust's assets.

As a result of the revaluation, the land and buildings of the Trust have been re-valued downwards by £36.9m. International Financial Reporting Standards (IFRS) require that impairment losses are initially offset against any existing revaluation reserves (on a property by property basis) and that the balance is treated as an impairment. The resulting impairment amounted to £28.9m and there were further impairments of £0.6m relating to Patient Transport Services (PTS) assets following the closure of PTS operations at 31 March 2017.

The Trust auditors had oversight of the valuation process and resulting impairment.

Audit Committee

The Audit Committee is the committee of the Board of Directors through which the Board gains assurance that effective governance arrangements are in place.

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

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

The Audit Committee membership in respect of the period ended 31 March 2017 was:

+ Trevor Willington, Non-Executive Director (Chair until 27 January 2017)
+ Angela Smith, Non-Executive Director (Chair from 1 February 2017)
+ 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

The Director of Finance, Director of Strategy & Business Development, 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 22 May 2017. Further information regarding the work of the Audit Committee and areas of scrutiny can be found in the Annual Governance Statement.

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 carried out in relation to the statutory audit. The external auditors also provided services to the Trust in the form of specialist Value Added Tax advice regarding our Telematics project. This incurred additional charges of £2,800 in the period.

Progress against key projects

During 2016/17, the Trust significantly developed and expanded its Programme Management Office (PMO) in order to support delivery of the Trust's Unified Recovery Plan; this included improving both resourcing and processes.

As a result, after a procurement and tender process, Ernst and Young (EY), an external consultancy, were bought in in January 2017 to undertake the initial work required.

New processes are now firmly embedded including clear improvement and project methodology. This will be sustained by the newly recruited Head of PMO who begins in post in late April 2017, and by recruiting a fully established team, which will be in place by May 2017. EY are remaining in place until June 2017, supporting the work and handover to the new Head and team, to ensure continuity and sustainability.

Unified Recovery Plan (URP)

In the Autumn of 2016 and with support from NHS Improvement, SECAmb created its overarching Unified Recovery Plan (URP).

The delivery of the URP is supported and monitored by the newly-established PMO (see above).

The URP is essentially a list of actions which need to be carried out over the next 12 to 24 months and aims to provide our staff, the CQC, our commissioners, the public and other stakeholders with a single place to review and track our recovery.

It provides an integrated response to:

+ The CQC Section 29A warning notice and subsequent report published on 29 September 2016
+ Undertakings following the Deloitte Governance Review and Patient Impact Review
+ Commissioner contract queries
+ Actions as a result of the national EPPR assurance processes

The plan outlines the actions required to improve governance processes, ensure delivery of safe and effective care and improve performance whilst meeting agreed financial requirements.

It is built around five core programmes:

+ Governance
+ Culture
+ 999 and 111 performance
+ Clinical outcomes
+ Financial stability

And three key enabling projects:

+ Operational Restructure
+ Trust-wide roll-out of ePCR
+ Relocation of HQ and reconfiguration of EOC

It also contains the areas highlighted by the CQC that the Trust needed to address:

+ Six months to address CQC Must Do actions
+ 12 months to address CQC Should Do actions and achieve exit from special measures

Roll out of Make Ready Centres and local Operating Units

The continuing roll-out of the Trust's Make Ready programme during the year saw three new, purpose-built Make Ready Centres opened at Gatwick, Polegate and Tangmere.

The Make Ready system differs significantly from the traditional approach to 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 for patients and staff. As vehicles are cleaned for each shift to a consistently high standard, the process significantly reduced 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.

Each Make Ready Centre is supported by a network of Ambulance Community Response Posts (ACRPs), positioned in line with patient demand, to aim to improve both response times to patients and clinical outcomes.

The Trust now operates eight Make Ready Centres:

+ Chertsey
+ Ashford
+ Paddock Wood
+ Hastings
+ Thanet
+ Gatwick
+ Tangmere
+ Polegate

In the areas not currently covered by a Make Ready Centre, a Vehicle Preparation Programme (VPP) approach is in place, which utilises key elements of the Make Ready system, particularly around vehicle cleaning and stocking.

Looking forwards, the Trust has identified a site for a Make Ready Centre in Brighton and is considering potential options around existing sites at Medway and Worthing. However, it remains difficult to identify suitable sites in Surrey.

Alongside the physical development of the Make Ready estate, 2016/17 has also seen significant work undertaken in re-structuring our Operational management teams.

Starting with the appointment of three Regional Operations Managers (ROMS) - one for each county - ten Operating Unit Managers (OUMs) were appointed in November 2016 following a robust selection process. Following the appointment of the ROMs and OUMs, a comprehensive programme has been put in place to support their on-going development.

The next phase of the re-structure will see appointments made to the new Operational Team Leader role during the Summer of 2017.

New HQ/EOC

During the year, the Trust made significant progress towards the move to its new site at Crawley.

The new building, located at Manor Royal in Crawley, is leased from Surrey County Council and houses an impressive new Emergency Operations Centre for the west of the region, as well as a single base, for the first time, for the vast majority of the Trust's support staff. SECAmb is leasing two floors of the new building.

The first staff moved into the new building in May 2017.

The Trust has been very clear for a number of years about its plans to move from operating three EOCs to two, which will bring it in line with the majority of other ambulance trusts around the country.

The Trust previously operated EOCs at its current HQ site in Banstead in Surrey, and at regional offices in Lewes, East Sussex and Coxheath, Kent. The move, which is seeing the Trust close its offices in Lewes and Banstead, will ensure greater capacity than the Trust currently has to enable it to meet the ever-growing demand

placed upon it as well as better manage the increasing complex clinical needs of its patients.

Staff from Lewes EOC will, along with support staff, be the first to move into the new base. Support staff from the Trust's Banstead and Coxheath offices are expected to complete the move by the end of June with their EOC colleagues from Banstead expected to move in early September.

The move to the new base has been intentionally staggered to allow for EOC staff to be trained on the Trust's new Computer Aided Dispatch (CAD) system. The new system is currently expected to be in operation across the Trust's region by September.

Development of an electronic Patient Clinical Record (ePCR)

A key project for the Trust during 2016/17 was the deployment of the electronic Patient Clinical Record (ePCR) mobile working solution to our front-line 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 capture on an iPAD – data which is currently captured on a paper A3 form.

Working in conjunction with our software provide Kainos and iPAD supplier, the first phase commenced in the Thanet area in October 2015.

During the year, all 2,500 iPADs were delivered to the Operational Unit teams but unfortunately the Trust did not meet the target for 'staff on-boarding' (iPad issue and ePCR familiarisation) during the year. Best practice is now being shared between well-trained "super-users" and followed up by OU managers to complete this process.

In addition to the three East Kent hospitals which went live during the previous year, four additional A&E departments are also now receiving ePCR patients:

+ Maidstone
+ Darent Valley
+ St Georges
+ Frimley

Discussions are ongoing with the other hospitals within our area who will be added to the live list as soon as they advise they are ready to proceed. Out of area and London hospital journeys remain on paper as do all cardiac arrest patients.

We now have over 6,000 ePCR records in the database.

The next two updates to the ePCR app are signed off and scheduled for delivery, one in April and the other towards the end of Q2

The next steps are twofold, 'iPad benefits realisation' and 'transition of ePCR into business as usual'. They will be managed via the programme management office (PMO) with the Director of Strategy & Business Development as the Executive Lead.

Sustainability & Environmental Report

Environmental Policy Statement

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) is committed to minimising the environmental impacts of our service. Our commitment is to ensure compliance with environmental legislation and the prevention of pollution through appropriate risk control consistent with maintaining an exceptional service to our patients

SECAmb is committed to the following key principles:

+ Meeting the minimum acceptable level of environmental performance is that set out in current environmental legislation

+ Minimising the use and emission to the environment of any hazardous materials used in our processes and activities and sourcing non-hazardous alternatives where commercially viable
+ Setting clear environmental objectives and regularly monitoring progress against them
+ Minimising the generation of waste and reducing its environmental impact through responsible disposal and recycling options
+ Purchasing recycled, recyclable and environmentally responsible products where these are available, economical and suitable
+ Working in partnership with suppliers and contractors to establish high environmental standards
+ Promoting environmental awareness among employees and training staff about environmental issues that affect their work and their responsibilities in maintaining good environmental management
+ Communicating the Trust's Environmental Policy and commitments to all staff and stakeholders

To meet our commitments, we will:

+ Review environmental policies and performance regularly, and allocate resources for their effective direction and implementation
+ Set and monitor key objectives and targets for managing our environmental performance at least annually
+ Communicate the importance of environmental issues to our people
+ Work together with our staff and stakeholders to promote improved environmental performance

SECAmb Sustainable Development Management Plan 2017 - 2020
CONTEXT
SECAMB employs over 3,500 staff and delivers its service to an area of 3,600 square miles with a resident population of 4.6m, responding to over 500,000 patients a year in vehicles. The Trust recognises that it has a significant impact on the environment, people and the economy of the South East Coast Region. This plan sets out the scope of activity needed to ensure that the Trust delivers its service in the most sustainable way possible. This plan is a counterpart to the Trust's high level 5-year Carbon Management Plan.
COLLECTIVE AMBITION
Purpose: The NHS recognises that it has a major role in encouraging people to lead more sustainable lives. Living sustainably encourages good health.
Vision: A low carbon NHS is good for health and, if we act now, we have an opportunity not only to save money but also to help our Trust to deliver a quality sustainable healthcare service.
Values: We value above all else the clinical outcomes of our patients. Improving our Trust's environmental sustainability directly correlates to improvements in the quality of outcomes for our patients.

Key Themes	Objectives	Outcomes	Targets/Dates
Operations	1. Analyse mileage associated with so-called 'Standby' manoeuvres and develop plan to reduce this 2. Vehicle procurement / replacement to take in to account developments in technology i.e. non-diesel based transport and based on a standard specification for most cost effective sustainable and low carbon options 3. Develop forecast plan and strategy for Operational Equipment and identify low carbon options 4. Develop investment plan to provide charging facilities at ACRP's to support move to greater numbers of operational electric vehicles with extended range	1. Not completed 2. Fleet Strategy drafted and hybrids project to report 3. Not started 4. Not started	2017
Travel and transport	1. Facilitate the widespread take up of Skype for Business 2. Implement site specific travel plans at all new sites 3. Develop meaningful flexible working policy 4. Develop Pool car network using electric vehicles 5. Promote walking and cycling to work as part of staff health and wellbeing	1. Achieved 2. Achieved 3. In process 4. Not started 5. Started at Polegate	2017
Estate	1. Review energy performance of existing estate and plan energy efficiency interventions, i.e., air source heat pumps instead of gas, to mitigate impact on climate change 2. Apply Environmental Design specification to each new build 3. Implement Waste Management and Recycling Policy 4. Correct drainage non compliance 5. Oversee achievement of overall carbon reduction target i.e., 30% by 2017	1. Some Salix funding has been obtained 2. New HQ meets Crown Estate specification for fit out 3. Started 4. Not completed 5. In process	2017

Key Themes	Objectives	Outcomes	Targets/Dates
Procurement	1. Identify Top 10 procurement items and produce plan to reduce carbon or find lower carbon alternatives 2. Low carbon and sustainability checklist applied to all purchases 3. Only FSC certified wood products and Woodland Trust paper 4. Cease use of consumables i.e., white and blue roll in kitchens and toilets and move to Leonardo only 5. Pharmaceuticals management follows the guidance produced by the SDU	1. Not started 2. Not started 3. Not started 4. In process 5. Not started	2017
Corporate Social Responsibility (CSR)	1. Implement Climate Change Adaptation strategy 2. The organisation's resources are used to benefit rather than damage local and global social, economic and environmental conditions; i.e., deploy only non-diesel vehicles in urban areas where Air Quality is poor 3. The Trust uses its purchasing power to procure goods and services which support the principles of sustainable development i.e., furniture, timber goods, paper, IT equipment etc from environmentally responsible suppliers and producers	1. Analysis of MRCs required to show carbon and energy savings and CCA strategy subsequently requires review 2. Not started 3. Procurement plan requires review	2017

Social, community & human rights issues

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 646 CFRs spread across Kent, Surrey and Sussex.

Our volunteer CFRs responded to 10,336 incidents during the year and 6,938 of these calls were to patients with serious conditions, including 1,641 which were classified as life-threatening.

During the year a project group was assembled to improve the dispatch and performance contribution of CFRs and to encourage closer integration with local operational units. Key milestones included:

+ A month long 'THINK CFR' campaign to enhance awareness of CFRs in the Emergency Operations Centre (EOC)
+ Hosting a series of Engagement Evenings across Operational Units bringing frontline and EOC staff together to meet their local CFRs
+ Increasing the number of Airwave handsets in circulation amongst CFRs from 50 to 100, which are accessed by over 400 volunteers
+ Providing CFRs access to six vans fitted with Terrafix units to respond in their local areas

Over 70 Community First Responders supported the Trust during the national Restart-A-Heart event in October 2016, helping SECAmb to deliver familiarisation sessions on CPR and using an defibrillator to 8,500 children.

The second Patient Satisfaction Survey was carried out for volunteers this year, and once again CFRs have been credited with showing outstanding care and compassion to patients. The Trust is now working towards achieving the national Investing in Volunteers accreditation, which is the UK standard for good practice in volunteer management.

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 2,500 PAD sites within SECAmb's area.

Due to the limitations of our current systems, the Trust continues to have issues with consistently identifying the location of all defibrillators in our areas; however, this will be addressed with the introduction of the new Computer Aided Dispatch (CAD) system during the year. During the year, we have undertaken a patient impact review on this issue, which is due to conclude early in the year.

Chaplains

Our network of 41 Chaplains continue to provide 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 both 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.

Volunteer Car Drivers

Patient Transport Services were supported by 45 dedicated Volunteer Car Drivers during the year, who use their own cars, in their own time, to take suitable patients across Surrey to outpatient, transfer and discharge appointments.

From April 2017 the PTS service transferred to South Central Ambulance Service where the car drivers will continue their volunteering.

Important events after year end

CQC visit

Between 15th and 18th May 2017, the Care Quality Commission (CQC) carried out a revisit to the Trust, following their previous inspection in May 2016.

At the time of submitting this report, the Trust is awaiting the outcome of the inspection.

New Chief Executive

On 1st April 2017, the Trust's new Chief Executive, Daren Mochrie, started with the Trust.

Daren has almost 30 years' experience of working in the NHS in Scotland and was previously the Director of Service Delivery for the Scottish Ambulance Service. He has

extensive experience of managing ambulance services in both rural and urban settings.

Daren was also the lead for ambulance provision in the 2014 Commonwealth Games in Glasgow as well as being a specialist advisor with the Care Quality Commission (CQC), leading four recent CQC inspections of ambulance trusts in England.

Move to Crawley

As referenced above, on 8th May 2017 the Trust commenced a phased move into the new Headquarters and Emergency Operations Centre (EOC) at Crawley. To minimise the risks associated with the move, staff will move in a phased approach over a number of weeks, up until 30th June 2017.

This will see the vast majority of the Trust's support staff, currently based at Banstead, Lewes and Coxheath, co-locating for the first time in the newly-built HQ.

It will also see the creation of a new EOC West, which will replace the previous control centres at Banstead and Lewes.

General Election

On 18th April 2017 it was announced that a General Election would be held on 8th June 2017. This meant that the Trust needed to abide by the 'rules' that apply to all public bodies, including NHS Trusts, during the pre-election period known as 'purdah'.

The commencement of 'purdah' on 22nd April meant that a number of the induction activities planned for the new Chief Executive and Chair needed to be postponed.

Daren Mochrie, Chief Executive

Date: 30 May 2017

3

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 Independent Non-Executive Directors.

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

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

Independent Non-Executive Directors are appointed by the Council of Governors for three-year terms of office and may be reappointed for a second, three-year term of office. Independent Non-Executive Directors may, in exceptional circumstances, serve longer than six years but this should be subject to annual re-appointment. Serving more than six years (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 Independent Non-Executive Directors, subject to ratification by the Council of Governors.

In 2016/17 the Trust Board as formally constituted included the Chair, seven Independent 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. During the year, there were a number of changes to the Board, of which you can read more 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, revised Executive Director portfolios were introduced on 27 March 2017, following a period of consultation. This saw the number of Executive Directors reduced to five, plus the Chief Executive. The Director of HR is a non-voting member of the Trust Board.

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 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 NHS Improvement panel for advising Governors if, at a meeting of the Council of Governors, more than half the members of the Council voting approve the referral.

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

On 31 May 2016, it was announced that Chief Executive Paul Sutton had left the Trust to pursue other interests. Geraint Davies, Director of Strategy & Business Development became Acting Chief Executive until he left SECAmb on 9 March 2017.

It was announced in January 2017 that Daren Mochrie had been appointed as the Trust's new Chief Executive and he started with the Trust on 1 April 2017; ahead of Daren starting, Director of Finance & Corporate Services, David Hammond, became Acting Chief Executive between 9 March and 1 April 2017.

New Chair Richard Foster started with the Trust on 31 March 2017, taking over from Interim Chair, Sir Peter Dixon, who left the Trust on 30 March 2017.

Dr Rory McCrea resigned from his position as Medical Director on 6 January 2017 for personal reasons. He was initially replaced by Dr Andy Carson, as Interim Medical Director but unfortunately, due to health issues, Dr Carson was unable to continue in the role and left the Trust on 27 January 2017. Dr Fionna Moore joined the Trust as Interim Medical Director on 6 March 2017.

On 6 January 2017, it was also announced that Professor Andy Newton, Paramedic Director, had decided to step down from his Executive Director role but would remain with the Trust as a Consultant Paramedic. Richard Webber became the Acting Paramedic Director in the interim, up until 27th March 2017.

Unfortunately, Professor Kath Start, Director of Nursing & Urgent Care and Francesca Okosi, Director of Workforce Transformation were both unable to undertake their Director roles during the year, for health reasons. Kath Start left the Trust on 31st March 2017 and Francesca Okosi on 10th April 2017 to pursue other interests. Kath's and Francesca's Director duties were undertaken during the year by Steve Graham (Interim Director of HR) and Emma Wadey (Acting Chief Nurse/Director of Quality & Patient Safety).

Jon Amos also became Acting Director of Strategy & Business Development, covering Geraint Davies whilst he was Acting Chief Executive.

As reported in last year's Annual Report, James Kennedy, Chief Operating Office left the Trust on 27th May 2016. Ian Ferguson joined the Trust as Interim Director of Operations on 27th May 2016 and left the Trust on 2 December 2016. Joe Garcia joined the Trust as Interim Director of Operations on 5 December 2016.

On the Non-Executive side, Dr Katrina Herren resigned on 4th January 2017 and Trevor Willington left on 27th January 2017, at the end of his term of office. Dr Angela Smith joined the Trust as a new Independent Non-Executive Director on 1st February 2017.

The Trust Board is supported by a number of standing committees, each dealing with a specialist area; during the year, these were re-structured as part of the Trust's broader review of its governance processes.

Up until June 2016, the Board was supported by seven standing committees:

+ 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

From 1st July 2016 onwards, the revised Committee structure was as follows:

- Appointments and Remuneration Committee
- Audit Committee
- Charitable Funds Committee
- Finance and Investment Committee
- Quality and Patient Safety Committee
- Workforce and Wellbeing Committee
- Nominations Committee

Performance evaluation

At the beginning of the year the Board undertook a comprehensive evaluation of its governance and performance, based on the model and roles in a unitary Board, and the principles of good governance. This resulted in the Board agreeing to shape its agenda around recovery and moving to monthly Board meetings held in public, which would be the primary forum for Trust-wide performance to be considered by directors, facilitated by the further development of an integrated performance report.

In evaluating its committee structure, the Board also made significant changes to ensure these were more focused on assurance. Each one led by independent non-executive directors, and taking a risk-based approach by scrutinising assurances that the system of internal control used to achieve objectives is well designed and operating effectively.

In addition, the Board also held development sessions on its duties around Duty of Candour; Safeguarding Adults; Mental Capacity Act; Mental Health Act; and Safeguarding Children.

In light of the various external reviews during the year, including the CQC inspection in May 2016, and a review of clinical governance undertaken by NHS Improvement in Q3, the Trust agreed with NHS Improvement not to undertake an external (well-led) review of Board governance, but this is planned for 2017/18.

Better Payment Practice Code (BPPC)

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
26,994	21,099	78.2%	£80,458	£61,781	76.8%

The Trust aims to support suppliers by paying in accordance with the policy. The Trust's liquidity worsened during the year, mainly due to the income and expenditure deficit. In response to this a £15m Working Capital Facility was agreed with the Department of Health via NHS Improvement. At 31 March 2017 the Trust had drawn £6.2m as a loan against this facility. This fell to £3.2m in April 2017 as the Trust was able to make a repayment.

BPPC percentages achieved over the year were lower than the target of 95%. The actual percentages for the year are below the target as a result of the Trust managing its cash flow to strict 30-day payment terms for all suppliers. This was due to increased pressure on liquidity. This has meant an adverse impact on this measure where suppliers have set shorter payment terms.

Register of Directors' interest

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. **Sir Peter Dixon – Interim Chair**
   (15 March 2016 to 30 March 2017)

Peter chairs Diabetes UK, Imperial College Health Partners and the Anglia Ruskin Health Partnership. He was previously Chair 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 was initially appointed as Interim Chair, at Monitor's (now NHS Improvement's) request for an initial six-month term. This was subsequently extended by the Council of Governors to 30 March 2017.

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

2. **Richard Foster CBE – Chair**
   (31st March 2017 to 30th March 2020)

Richard has held senior positions in the public and voluntary sectors and his career has seen him serve as Chair, CEO, Trustee, Executive Director and Non-Executive Director of a variety of large, complex, public, voluntary and private sector bodies. He was Chief Executive of the Crown Prosecution Service (CPS) between 2001-2007 and began his career at the Department of Employment in the 1970s. More recently he has chaired the Criminal Cases Review Commission from 2008.

Declared interests – none

3. **Graham Colbert – Independent Non-Executive Director & Deputy Chair**
   (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 Chair 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.

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

4. Lucy Bloem – Independent Non-Executive Director
(1 September 2013 to 31 August 2019)

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.

Following her initial term of office, Lucy was re-appointed from 1 September 2016 to 31 August 2019.

Declared interests – Deloitte partner

5. Tim Howe – Independent 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 East Surrey Community Mediation Service.

Tim was re-appointed from 1 October 2014 for a further three years of office.

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

6. Trevor Willington – Independent Non-Executive Director
(28 January 2010 to 27 January 2017)

Trevor has extensive experience working 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 advise for parents and carers of young people with special needs.

Following his initial term of office, Trevor was re-appointed from 28 January 2014 for three years and left the Trust on 27 January 2017 at the end of his term of office.

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

7. Dr Katrina Herren – Independent Non-Executive Director
(1 September 2012 to 4th January 2017)

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.

Following her initial term of office, Katrina was re-appointed from 1 September 2015 for a further three years. However, for personal reasons, she resigned from the Trust on 4th January 2017.

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

8. Alan Rymer – Independent Non-Executive Director
(28 January 2015 to 27 January 2018)

Al 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.

Declared interests - none

9. **Terry Parkin – Independent Non-Executive Director**
   (1 September 2015 to 31 August 2018)

Terry's career led to serious 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 portfolios covering services to both children and adults and including public health. He has a particular interest in children's mental wellbeing.

Declared interests - Trustee and Vice Chair, Kings Group Academies: provider of schools in Sussex. Managing Director, Monkmead Consulting Ltd: public sector (primarily local government) consultancy

10. **Dr Angela Smith – Independent Non-Executive Director**
    (1st February 2017 to 27th January 2020)

While Angela's career was mostly focused on the International Financial Services Sector, she spent some time as a Partner at KPMG and retired recently from a senior public sector role. Through her career Angela has gained substantial Board and Committee experience, chairing several Finance and Risk Committees.

Declared interests – Non-Executive Director and Deputy Chair of Audit at the University of Sussex. Chair of GlobeRisk Ltd, a private sector financial services consultancy.

11. **Paul Sutton – Chief Executive**
    (to 31 May 2016)

Paul was Chief Executive of SECAmb 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.

On 31 May 2016, it was announced that Paul Sutton had left the Trust to pursue other interests.

Declared interests - none

12. **Geraint Davies – Director of Strategy & Business Development/Deputy Chief Executive** (to 31 May 2016); **Acting Chief Executive** (31 May 2016 to 9 March 2017)

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 became Acting Chief Executive on 31 May 2016 following the departure of Paul Sutton. He announced he was leaving the Trust on 9 March 2017 for personal reasons.

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

13. **David Hammond – Director of Finance & Corporate Services and Acting Chief Executive**
    (from 9 March 2017)

David has extensive experience in senior management positions within large and small corporate organisation 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 was appointed as the substantive Director of Finance on 1 April 2016 and became Acting Chief Executive on 9 March 2017 following Geraint Davies' departure from the Trust.

Declared interests - none

14. **Professor Kath Start – Director of Nursing & 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.

Unfortunately, Kath was unable to undertake her Director role during 2016/17 due to ill-health and her Director role was covered by Emma Wadey (see below). Kath announced her decision to leave the Trust on 31st March 2017 to pursue other interests.

Declared interests – Visiting Professor at the University of Surrey

15. Francesca Okosi – Director of Workforce Transformation

Francesca has more than twenty years' experience across the private and public sectors, including in local government, housing and higher education.

Unfortunately, Francesca was unable to undertake her Director role during 2016/17 due to ill-health. Her Director role was covered by Steve Graham (see below) and she left the Trust on 10th April 2017 to pursue other interests.

Declared interests - none

16. James Kennedy – Chief Operating Officer (to 27 May 2016)

James is a member of the Institute of Chartered Accountants of Scotland and qualified with Ernst & Young's London office. He has previously worked with US corporation, Thermo Fisher Scientific and fulfilled various financial and operational roles in the UK and Switzerland.

James left the Trust on 27th May 2016.

Declared interests - none

17. Ian Ferguson – Interim Director of Operations
(27th May 2016 to 2 December 2016)

Ian has a wealth of operational ambulance experience in various Trusts and has also worked as a Consultant, providing strategic operational advice. He spent six years with South Central Ambulance Service as their Chief Operations Officer and had three years as Chief Executive with Royal Berkshire Ambulance Service.

Ian left the Trust on 2 December 2016.

Declared interests – Consultant with Lightfoot Solution

18. Joe Garcia – Interim Director of Operations
(from 5 December 2016)

Joe has over 20 years' experience in a number of operational and technical management roles in the ambulance service, most recently at East Midlands Ambulance Service.

Declared interests - none

19. Dr Rory McCrea – Medical Director
(to 6 January 2017)

Rory trained as a GP in the early 1990s and had a wealth of experience in both the public and private sectors.

Rory left the Trust on 6 January 2017 for personal reasons.

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

20. Dr Andy Carson – Interim Medical Director
(from 15 January 2017 to 27 January 2017)

Dr Carson, a practising GP and experienced ambulance Medical Director joined the Trust on 15 January but unfortunately was unable to continue due to unexpected health issues and left the Trust on 27 January.

Declared interests – Not received

21. Dr Fionna Moore – Medical Director (from 6 March 2017)

Fionna joined the Trust on 6 March 2017. She has been an A&E Consultant for over 25 years and has a great deal of experience in the ambulance sector, having been Medical Director and then Chief Executive of London Ambulance Service.

Declared interests - Honorary contract with London Ambulance Service NHS (working with Clinical Audit and Research Unit, with Advanced Paramedics as an on call Medical Emergency Response Injury Team (MERIT) doctor). Medical Director, Location Medical Services (private ambulance service).

22. Steve Graham – Interim Director of HR

Steve joined the Trust in August 2015, having worked in HR in various private and public sector organisations for over 15 years.

Declared interests - none

23. Professor Andy Newton – Paramedic Director
(to 6th January 2017)

Andy 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 Chair of the College of Paramedics.

Andy stepped down from his Director role on 6th January 2017 but remained with the Trust as a Consultant Paramedic.

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

24. Richard Webber – Acting Paramedic Director
(from 6th January 2017 to 27th March 2017)

Richard, a practising paramedic, has extensive experience in the ambulance sector and within the broader NHS.

Following Andy Newton's decision to step down from his Director role, Richard took on the Acting Director role until the implementation of the revised Executive Director portfolios on 27th March 2017.

Declared interests – College of Paramedics, Trustee for Communications; St John Ambulance, National Paramedic Lead

25. Jon Amos – Acting Director of Strategy & Business Development
(from 31st May 2016)

Jon is a qualified adult nurse and has experience across the health sector having worked in resilience, project management, operational and relationship management roles in the health protection, acute, NHS 111 and ambulance sectors.

Jon became the Acting Director of Business Strategy & Development on 31st March 2017, as Geraint Davies took on the Acting Chief Executive role.

Declared interests - none

26. Emma Wadey – Acting Chief Nurse/ Director of Quality & Patient Safety
(from 1st August 2016)

Emma has worked in the NHS for over 20 years. She is a mental health nurse and has worked in a range of different roles, including community and in-patient services.

Declared inter

Member		Attendance at Board Meetings								
		26 May 2016	23 June 2016	26 July 2016	27 September 2016	27 October 2016	24 November 2016	26 January 2017	23 February 2017	28 March 2017
Peter Dixon	Chair	X	X	X	X	X	–	X	–	X
Paul Sutton	Chief Executive	–								
Geraint Davies	Acting Chief Executive	X	X	X	X	X	X	–	X	
Trevor Willington	Non-Executive Director	X	X	X	X	X	X	X		
Dr Angela Smith	Non-Executive Director								X	X
Tim Howe	Non-Executive Director	X	X	X	X	X	X	X	X	X
Graham Colbert	Non-Executive Director	X	X	X	X	X	X	X	X	–
Katrina Herren	Non-Executive Director	X	X	X	X	–	X			
Lucy Bloem	Non-Executive Director	X	X	X	X	X	X	–	X	X
Al Rymer	Non-Executive Director	X	X	X	X	X	X	X	X	X
Terry Parkin	Non-Executive Director	X	X	X	X	X	X	–	X	X
Jon Amos	Acting Director of Strategy & Business Development	X	X	X	X	X	X	X	X	X
James Kennedy	Chief Operating Officer	X								
Ian Ferguson	Interim Director of Operations		–	X	X	X	X			
Joe Garcia	Interim Director of Operations							X	X	X
Richard Webber	Acting Paramedic Director							X	X	
Andy Newton	Paramedic Director	X	X	X	X	X	X	X		
David Hammond	Director of Finance & Corporate Services	–	X	X	X	X	X	X	X	X
Dr Rory McCrea	Medical Director	X	X	X	X	X	X			
Dr Fionna Moore	Interim Medical Director									X
Emma Wadey	Chief Nurse & Director of Quality & Safety (Acting)				X	–	X	X	X	X
Kath Start	Nursing Director	0	0	0	0	0	0	0	0	0
Steve Graham	Interim Director of HR	X	X	X	X	X	X	X	X	X
Francesca Okosi	Director of Workforce Transformation	0	0	0	0	0	0	0	0	0

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

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 Chair gives a brief overview of the issues discussed during the confidential session at the start of the public Board meeting and the agenda and minutes of confidential session of the Board are made available to the Council of Governors.

Member		Part 2 Board Meeting										
		15 April 2016	26 May 2016	23 June 2016	26 July 2016	27 September 2016	27 October 2016	24 November 2016	21 December 2016	26 January 2017	23 February 2017	29 March 2017
Peter Dixon	Chair	X	X	X	X	X	X	–	X	X	–	X
Paul Sutton	Chief Executive	–	–									
Geraint Davies	Acting Chief Executive	X	X	X	X	X	X	X	X	–	X	
Trevor Willington	Non-Executive Director	X	X	X	X	X	X	X	–	X		
Dr Angela Smith	Non-Executive Director										X	X
Tim Howe	Non-Executive Director	X	X	X	X	X	X	X	X	X	X	X
Graham Colbert	Non-Executive Director	X	X	X	X	X	X	X	X	X	X	–
Katrina Herren	Non-Executive Director	X	X	X	X	X	–	X	X			
Lucy Bloem	Non-Executive Director	X	X	X	X	X	X	X	–	–	X	X
Al Rymer	Non-Executive Director	–	X	X	X	X	X	X	X	X	X	X
Terry Parkin	Non-Executive Director	X	X	X	X	X	X	X	X	–	X	X
Jon Amos	Acting Director of Strategy & Business Development		X	X	X	X	X	X	–	X	X	X
James Kennedy	Chief Operating Officer	X	X									
Ian Ferguson	Interim Director of Operations			–	X	X	X	X				
Joe Garcia	Interim Director of Operations									X	X	X
Richard Webber	Acting Paramedic Director									X	X	
Andy Newton	Paramedic Director	X	X	X	X	X	X	X	X			
David Hammond	Director of Finance & Corporate Services	X	–	–	X	X	X	X	X	X	X	X
Dr Rory McCrea	Medical Director	X	X	X	X	X	X	X	X			
Dr Fionna Moore	Interim Medical Director											X
Emma Wadey	Chief Nurse & Director of Quality & Safety (Acting)					X	–	X	–	X	X	X
Kath Start	Nursing Director	X	0	0	0	0	0	0	0	0	0	0
Steve Graham	Interim Director of HR		X	X	X	X	X	X	X	X	X	X
Francesca Okosi	Director of Workforce Transformation	X	0	0	0	0	0	0	0	0	0	0

Board Committees

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

Up until June 2016, the Board Committee structure was as follows:

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 ARC of the Chair, the Chief Executive and all Independent Non-Executive Directors of the Trust is required under Schedule 7 of the National Health Service Act 2006. For all other matters, Committee membership is comprised exclusively of Independent Non-Executive Directors. All are eligible to attend but two must be present to be quorate.

Other individuals such as the Chief Executive and Director of Finance or external advisors may be invited to attend the Committee for specific agenda items or when issues relevant to their areas of responsibility are to be discussed.

ARC	28 April 2016	13 Oct 2016	17 Nov 2016	21 Dec 2016	23 Feb 2017
Katrina Herren	X	X	X	X	
Tim Howe	X	X	X	X	X
Trevor Willington	X	X	–	–	
Peter Dixon	X	X	X	X	–
Graham Colbert	X	X	X	–	X
Lucy Bloem	X	X	X	–	X
Al Rymer	X	X	X	X	X
Terry Parkin	X	X	–	X	X
Angela Smith					X
Geraint Davies	–	–	–	X	X

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

Audit Committee (AuC)

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 Independent Non-Executive Directors. Three must be present to be quorate.

AuC		25 May 2016	20 June 2016	4 October 2016	6 December 2016	1 March 2017
Trevor Willington	Non-Executive Director (Chair)	X	X	X	X	
Angela Smith	Non-Executive Director (Chair)					X
Tim Howe	Non-Executive Director	X	X	–	X	X
Al Rymer	Non-Executive Director	X	X	X	X	X
Graham Colbert	Non-Executive Director	X	–	X	X	–
Lucy Bloem	Non-Executive Director	X	X	X	–	X
Terry Parkin	Non-Executive Director	X	–	X	X	X
Jon Amos	Acting Director of Strategy & Business Development	X	X	X	X	X
David Hammond	Director of Finance & Corporate Services	X	X	X	X	X

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
(grey)	Not in post

Charitable Funds Committee (CFC)

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

CFC		20 June 2016	6 December 2016
Trevor Willington	Non-Executive Director (Chair)	X	X
Lucy Bloem	Non-Executive Director	X	–
Tim Howe	Non-Executive Director	X	X
Jon Amos	Acting Director of Strategy & Business Development	X	–
David Hammond	Director of Finance & Corporate Services	X	X

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

Finance and Business Development Committee (FBDC)

The purpose of the Committee is to review financial and operational performance, business development and investment decision of the Trust. The FBDC conducts an operating and financial review across all areas of the Trust 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.

FBDC		26 April 2016
Graham Colbert	Non-Executive Director (Chair)	X
Trevor Willington	Non-Executive Director	X
Tim Howe	Non-Executive Director	X
David Hammond	Director of Finance & Corporate Services	X
James Kennedy	Chief Operating Officer	X
Jon Amos	Acting Director of Strategy & Business Development	X

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

Risk Management and Clinical Governance Committee (RMCGC)

The Committee is responsible for ensuring that the Trust undertake an integrated approach to the management of clinical governance and quality. In fulfilling this responsibility, the Committee will ensure that the Trust has an appropriate 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.

RMCGC		12 May 2016
Lucy Bloem	Non-Executive Director (Chair)	X
Katrina Herren	Non-Executive Director	X
Al Rymer	Non-Executive Director	X
Terry Parkin	Non-Executive Director	X
Jon Amos	Acting Director of Strategy & Business Development	X
Andy Newton	Paramedic Director	X
Rory McCrea	Medical Director	X
Kath Start	Nursing Director	X

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

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 develop, 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.

WDC		19 April 2016
Tim Howe	Non-Executive Director (Chair)	X
Katrina Herren	Non-Executive Director	–
Al Rymer	Non-Executive Director	X
Terry Parkin	Non-Executive Director	X
David Hammond	Director of Finance & Corporate Services	–
Jon Amos	Acting Director of Strategy & Business Development	–
James Kennedy	Chief Operating Officer	X
Kath Start	Nursing Director	X
Steve Graham	Interim Director of HR	X
Francesca Okosi	Director of Workforce Transformation	0

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

As mentioned above, the Board Committee structure was revised with effect from 1st July 2016 onwards.

This saw the Finance & Business Development Committee, the Workforce Development Committee and the Risk Manage & Clinical Governance Committee replaced with three new Committees:

Finance and Investment Committee (FIC)

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

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

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

FIC		21 July 2016	20 October 2016	22 November 2016	23 January 2017	14 March 2017
Graham Colbert	Non-Executive Director (Chair)	X	X	X	X	X
Trevor Willington	Non-Executive Director	X	X	X	X	X
Lucy Bloem	Non-Executive Director	X	–	X	X	X
Al Rymer	Non-Executive Director	X	X	X	X	X
David Hammond	Director of Finance & Corporate Services	X	X	X	X	X
Ian Ferguson	Interim Director of Operations	X	X	X		
Joe Garcia	Interim Director of Operations				X	X
Jon Amos	Acting Director of Business & Strategy Development	X	X	X	X	–

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

Quality and Patient Safety Committee (QPS)

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

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

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

QPS		5 July 2016	15 September 2016	11 October 2016	8 December 2016	12 January 2017	9 March 2017
Lucy Bloem	Non-Executive Director (Chair)	X	X	X	X	X	X
Peter Dixon	Chair	–	–	–	–	–	–
Katrina Herren	Non-Executive Director	X	X	X	X		
Tim Howe	Non-Executive Director	X	X	X	X	X	X
Terry Parkin	Non-Executive Director	X	X	X	X	X	–
Geraint Davies	Acting Chief Executive	X	–	X	–	–	–
Emma Wadey	Chief Nurse & Director of Quality & Safety (Acting)		–	X	X	–	X
Andy Newton	Paramedic Director	X	X	X	X		
Ian Ferguson	Interim Director of Operations	X	–	X			
Joe Garcia	Interim Director of Operations				X	X	X
Rory McCrea	Medical Director	X	X	X	X		
Fionna Moore	Interim Medical Director						–
Richard Webber	Acting Paramedic Director					X	X

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

Workforce and Wellbeing Committee (WWC)

The purpose of the committee is to acquire and scrutinise assurances that the Trust's system of internal controls relating to the workforce (encompassing resourcing, staff wellbeing and HR processes) are designed appropriately and operating effectively.

As a minimum, the committee has three independent Non-Executive Director members, appointed by the Board; it also includes Executive members who shall number no more than the Non-Executives.

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

WWC		18 July 2016	20 September 2016	14 November 2016	19 December 2016	19 January 2017	16 March 2017
Tim Howe	Non-Executive Director (Chair)	X	X	X	X	X	X
Al Rymer	Non-Executive Director	X	X	X	X	X	X
Terry Parkin	Non-Executive Director	X	X	X	X	X	–
Steve Graham	Interim Director of HR	X	X	X	X	X	X
Andy Newton	Paramedic Director	–	X	–	–		
Ian Ferguson	Interim Director of Operations	–	X	X	X		
Joe Garcia	Interim Director of Operations					X	X

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

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 (front-line) or non-operational staff. The Council elects a Lead Governor and a Deputy Lead Governor on an annual basis.

Statement from Lead Governor

We reported last year that we expected a challenging year ahead. Subsequently, in May, the Trust was rated as inadequate by the Care Quality Commission (CQC). By the end of the year reported upon, many of the Executive Directors had moved on (including the Chief Executive), a number of interim staff were part of the Executive Team, and we began the year with an Interim Chair, appointed by NHS Improvement (formerly Monitor). We also said goodbye to two Non-Executive Directors, one at the end of their term of office and one who had brought clinical expertise, an area needing continuing focus.

A recovery plan was developed by the Trust to achieve the improvements necessary to meet the regulatory requirements and, crucially, improve the service to our patients. The Trust has now begun what will no doubt be a long journey of improvement.

It is fair to say that Governors and staff alike had raised many issues highlighted by the CQC with Trust management, prior to the inspection. Part of the Trust's recovery will involve changing the culture of the organisation so that its leaders listen when issues are raised, but also the Council must be more robust in ensuring issues raised are followed up and acted upon.

For the Council of Governors, the recovery must be visible and evidence-based not merely hopeful and aspirational. We acknowledge that it has been, and continues to be, a challenging time throughout the NHS, and these pressures are equally apparent in Ambulance Trusts, with continued growth in demand for services and delays in handing over patients to hospitals. We can, and should do better, as our peers are better able to meet performance standards.

The Council of Governors has been consulted on the development of a new five-year strategy to recognise the changing reality and the need to focus on getting the basics right, and in year one, a focus on improvements in performance and in governance. To support these imperatives, the Council has appointed a new substantive Chair and approved the appointment of a new substantive Chief Executive. We wish both well and shall positively encourage the inevitable change which will be necessary, to engage and support staff and volunteers to deliver the quality and responsive service people in the South-East deserve.

We know of so many examples, every day, of high quality services delivered to our patients. The Council of Governors will continue to challenge and constructively support the Trust so that the infrastructure fully underpins the efforts of clinicians and other employees, in providing a high quality service to patients. Only when that is achieved can the capability be maximised to save lives and relieve suffering.

At the turn of the year we held elections for Governors in our constituencies. We are grateful to those leaving us, for their hard work and perseverance. We warmly welcome seven new Governors and look forward to their contribution to meet our responsibilities and to support the Board's endeavours.

We do not under-estimate the challenges ahead, but with the leadership now in place, we have every opportunity to meet the demands placed upon the Trust, and to excel.

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

Meet the Governors

Staff Governors

Non-operational

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.

+ Governor Development Committee member
+ Nominations Committee member
+ Membership Development Committee member

Declared interests: None

Operational

David Davis
(First term of office 1 March 2014 – 28 December 2016)

David joined the ambulance service in 2001 as a clinician and worked in many areas of the Trust. He was the NHS Pathways Clinical Lead and often worked nationally to improve the services provided to patients. In December 2016 he took full-time employment with NHS England and left the Trust and the Council.

+ 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.

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

Nicholas Harrison
(First term of office 1 March 2017 – 28 February 2020)

Nick has worked for SECAmb as a Paramedic, Clinical Team Leader and now works as a Critical Care Paramedic (CCP) as well as working on the Critical Care Desk at Coxheath in Kent providing trauma support to CCPs and road crews within SECAmb.

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.

+ Nominations Committee member
+ 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 had 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 brought financial experience to the Council through his role in accountancy. He resigned from the Council in January shortly before the elections started.

Declared interests: none

Stuart Dane
(First term of office 1 March 2017 – 29 February 2020)

Stuart has been a volunteer in the Health and Social Care Sector with the British Red Cross for 5 years. He works part time with the Red Cross Ambulance Service supporting SECAmb through front line emergency ambulance work.

Declared interests: none

East Sussex

Brian Rockell
(Third term of office 1 March 2017 – 28 February 2020)

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

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

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 – Works 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

Dr Terry Collingwood
(First term of office 1 March 2017 – 29 February 2020)

Terry is a hospital based doctor specialising in critical care. He is also a volunteer Community First Responder for SECAmb. Terry has worked closely with Paramedics and Technicians in both the hospital and pre-hospital environments and with highly trained Critical Care Paramedics within Intensive Care Units.

Declared interests: None

David Escudier
(First term of office 1 March 2017 – 29 February 2020)

David has worked alongside SECAmb for 20 years as an operational firefighter and more recently as a fire service co-responder and voluntary Community First Responder for SECAmb. He is currently a senior officer at Kent Fire and Rescue. David is also a Mind Blue Light Champion which is where an employee or volunteer in the emergency services, takes action in the workplace to raise awareness of mental health problems.

Declared interests: None

Marguerite Beard-Gould
(Second term of office 1 March 2017 – 28 February 2020)

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

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

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.

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 Paramedic, Aeromedical Retrievals Doctor, Fleet Manager and even Medical Director. In 2014 he spent a year working hand-in-hand with SECAMB as a doctor on the 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.

Felicity Dennis
(First term of office 1 March 2017 – 29 February 2020)

Felicity has lived and worked in Surrey for the past 30 years. She has worked in various parts of the NHS in Guilford, including the Royal Surrey County Hospital and Frimley Park Hospital. She has a particular interest in the implementation of new technologies in the National Health Service.

Declared interests: None

Gary Lavan
(First term of office 1 March 2017 – 29 February 2020)

Gary is a volunteer Community First Responder for SECAmb. He is a semi-retired professional, with senior management positions in the City over many years. His interest lies in how the strategic and operational goals of the Trust align with the needs of the Trust's staff and the public it serves.

Declared interests: Gary's wife is a partner at Ernst and Young (auditors)

West Sussex

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 hold him in good stead for the role of West Sussex Governor.

Declared interests: None

Matt Alsbury-Morris
(First term of office 1 March 2017 – 28 February 2019)

Matt is a volunteer Community First Responder for SECAmb. He brings professional experience of working in blue chip organisations delivering transformation programmes and other voluntary work as a trustee.

Declared interests: None

Appointed Governors

Superintendent Diane Roskilly
(First term of office 17 September 2014 – 16 September 2017)

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
(Second term of office 1 March 2014 – 28 July 2016)

Sandra worked for the Stroke Association, a charity organisation promoting and lobbying for the best possible outcomes for people who have suffered a stroke. Sandra retired from her position at The Stroke Association during the year and so resigned from her position on the Council on 28 July 2016.

Declared interests: None

Michael Hewgill
(Second 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
(First term of office 3 December 2014 – 2 December 2017)

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
(Third term of office 1 March 2017 – 28 February 2020)

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 member

Declared interests – None

Graham Gibbens
(Second term of office 7 November 2016 – 6 November 2019)

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

Declared interests – None

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

The Council has held six formal meetings in public this year. The meetings were held in different parts of the South East Coast region to enable members to attend. Council meetings are 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 ensure communication and shared understanding between the Council and the NEDs, and to enable the Council of Governors to hold the NEDs to account for the performance of the Board of Directors. This year at least two NEDs were in attendance at each formal Council meeting. The Council has developed its ability to hold the NEDs to account over the year, in light of the challenges facing the Trust, with the introduction of escalation reports from NED Committee Chairs coming to each Council meeting, providing Governors with the ability to see at a glance the issues NEDs are raising with the Board and enabling them to ask questions and follow up progress.

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. Governors have not been required to work alongside the Trust's Audit Committee to appoint auditors in this financial year.

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

Membership Development Committee (MDC)

The MDC is chaired by Mike Hill, Public Governor for Surrey. The MDC had a regular membership of seven Public Governors and one Staff Governor for the majority of the year, which reduced slightly from 1 March following Governor elections. It is anticipated that some newly elected 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; planning and delivering the Trust's Annual Members Meeting and membership engagement 'Your Call' events in three counties; and advising on membership recruitment and engagement opportunities.

The MDC has worked to ensure that members' views and the views of the public are understood and communicated to the Board. Your Call meetings provided an opportunity for members, the public and our volunteers to meet Governors and Board members and directly share their views, as did our Annual Members Meeting, which was attended by over 100 stakeholders. Many Governors are plugged into their local communities including Patient Participation Groups and by attending Clinical Commissioning Group public meetings and feed back to the Chair and Non-Executives at Council meetings when relevant. Two members of the MDC are permanent members of the Trust's Inclusion Hub Advisory Group, which is made up of FT members from across our patch. This enables them to hold interactive sessions with members to inform the views they feed back to Board members.

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 Governors, one Staff-Elected Governor and four Public Governors. The Senior Independent Director (Tim Howe, Non-Executive Director) and the Chair 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 six occasions this year and has undertaken its statutory duty in recommending NED appointments, including that of a new Chair, as outlined in the section on Statutory Duties below.

	Constituency/Role	06.10.16	02.12.16	08.12.16	05.01.17	25.01.17	15.02.17
Peter Dixon	Chair	X	X	X	X	–	–
Tim Howe	Senior Independent Director and Non-Executive Director	X	X	X	X	X	X
Alison Stebbings	Staff – Non-Operational	X	X	X	X	X	X
Jean Gaston-Parry	Public – Brighton and Hove	X	X	X	X	X	X
Brian Rockell	Public - East Sussex (and Lead Governor)	X	X	X	X	X	X
Maggie Fenton	Public - Kent	X	X	X	X	X	X
Marguerite Beard-Gould	Public – Kent	X	X	X	X	X	X
Marian Trendell	Appointed	–	X	–	X	X	X

Key	
X	In attendance
–	Not in attendance
0	Not in attendance due to long-term sickness absence
	Not in post

Governor Development Committee (GDC)

The GDC has met six times during the year. At year end its membership is four Public Governors and one Staff-Elected Governor: membership of the Committee fell in March due to Governor elections however all new Governors have been invited to join the Committee. 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 during the year. In addition, the GDC has been instrumental in reviewing the operation of the Council in the round and its relationship with the Board of Directors and with NEDs in particular, so as to ensure the Council is able to identify issues within the Trust in a timely fashion.

Statutory Duties

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

Appointment of a Trust Chair

Sir Peter Dixon joined the Trust in 15th March 2016, appointed by NHS Improvement, our regulator, and the Council were initially obliged to confirm his appointment and then were pleased to extend Sir Peter's appointment until 30th March 2017.

Recruitment for a new substantive Chair began in December 2016, and the Nominations Committee commissioned Hunter Healthcare recruitment consultants (after a tender exercise) to support the recruitment process.

A selection day was held at the Trust Headquarters on 21 February, to which stakeholders including staff, volunteers, public Foundation Trust members, local HeathWatch, Clinical Commissioning Groups and representatives of partner organisations were invited. The Nominations Committee, taking all feedback into account, recommended the appointment of Richard Foster CBE as substantive Chair. Richard was formally appointed by the Council at an extraordinary meeting on 27 February 2017, for a three-year term of office, commencing 31 March 2017.

Appointment of a Non-Executive Director

The Nominations Committee led a process to appoint a new Non-Executive Director to the Trust to replace Trevor Willington, whose term of office as a NED came to an end.

An extensive search and selection process, again aided by Hunter Healthcare recruitment agency, culminated in the appointment of Dr Angela Smith by the Council on 31 January 2017 for a three-year term of office which commenced on 1 February.

Approval of the appointment of a new Chief Executive

The Council are required to approve the appointment of a Trust Chief Executive, but it does not undertake the recruitment and selection of the CEO. The recommendation to approve the appointment of Daren Mochrie first came to an extraordinary meeting of the Council on 23 November 2016 however the Council felt that it had not received sufficient information (in particular in relation to assurance about the robustness of the recruitment process) to approve the appointment at that time. A scheduled meeting of the Council was held on 29 November 2016 at which more substantial information was provided and Daren's appointment was approved by the Council.

Reappointment of a Non-Executive Director

Lucy Bloem's first term of office ended on 31 August 2016. The Nominations Committee reviewed an appraisal of Lucy's performance from the Chair and considered that she maintained her independence, and recommended to the Council that Lucy be reappointed for a further three-year term of office to provide continuity and to continue to improve the way the Quality and Patient Safety Committee, which Lucy chairs, was functioning. The Council met on 28 July 2016 and reappointed Lucy for a second term of office commencing 1 September 2016.

Input to Annual Planning and Strategy Development

The Trust has worked with Governors to review its strategy and annual plans, a process still underway at the time of writing. Interactive sessions involving Governors and NEDs have been held to develop draft strategic priorities and Governors' input has been key to strengthening the priority of staff wellbeing, as well as patient care, within the emerging strategy.

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 2016-17 (see 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.

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 Staff Engagement Forum (see the Membership section).

Appointments and Elections

There were Governor elections in all constituencies during the year except Brighton and Hove. Election results were announced on 28 February 2017.

Election results are as follows:

Public Governors:

East Sussex (1 to elect)

Brian Rockell (re-elected for a third term)

Number of eligible voters: **1,809**
Total number of votes cast: **289**
Turnout: **16%**

Kent (3 to elect)

Marguerite Beard-Gould
(re-elected for a second term)

Terry Collingwood (first term)

David Escudier (first term)

Number of eligible voters: **3,150**
Total number of votes cast: **382**
Turnout: **12.1%**

Medway (1 to elect)

Stuart Dane (first term)

Number of eligible voters: **644**
Total number of votes cast: **63**
Turnout: **9.8%**

Surrey (2 to elect)

Felicity Dennis (first term)

Gary Lavan (first term)

Number of eligible voters: **2,394**
Total number of votes cast: **285**
Turnout: **11.9%**

West Sussex (1 to elect)

Matt Morris (first term)

Number of eligible voters: **1,639**
Total number of votes cast: **319**
Turnout: **19.5%**

Staff Governors:

Operational (1 to elect)

Nicholas Harrison (first term)

Number of eligible voters: **2,390**
Total number of votes cast: **381**
Turnout: **15.9%**

All term lengths are for three years and the terms commenced on 1 March 2017 with the exception of Matt Morris who takes on the remaining two years of a previously vacant position.

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, stood down during the year or were not re-elected, as follows: Maggie Fenton, Jane Watson, David Davis, Chris Devereux, Paul Chaplin, and Michael Whitcombe.

Thanks also to Sandra Field, Appointed Governor from The Stroke Association, who retired from her role there and so stepped down from the Council during the year.

The Council has two Appointed Governor vacancies at year end: one for the representative from the University of Surrey and the other representing the charitable sector.

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.

2016-17					
Constituency	First name	Surname	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	David	Escudier	01.03.17	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	
	Terry	Collingwood	01.03.17	3 years	
Public: Medway	Paul	Chaplin	01.03.14	3 years	
	Stuart	Dane	01.03.17	3 years	
Public: Surrey	Chris	Devereux	01.03.14	3 years	
	Felicity	Dennis	01.03.17	3 years	
	Gary	Lavan	01.03.17	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	Matt	Morris	01.03.17	2 years	
	Geoff	Lovell	01.03.16	3 years	
Staff: Non Operational	Alison	Stebbings	01.03.16	3 years	
	David	Davis	01.03.14	3 years	
	Nicholas	Harrison	01.03.17	3 years	
	Charlie	Adler	01.03.16	3 years	
	Nigel	Coles	01.03.16	3 years	
Appointed: Brighton & Hove University Hospitals NHS Trust	Dom	Ford	03.12.14	3 years	
Appointed: Sussex Partnership NHS FT	Marian	Trendell	01.03.17	3 years	
Appointed: East Kent Hospitals University NHS FT	Michael	Hewgill	02.03.15	3 years	
Appointed: Surrey Police	Di	Roskilly	17.09.14	3 years	
Appointed: The Stroke Assoc.	Sandra	Field	01.03.14	3 years	
Appointed: Kent County Council	Graham	Gibbens	17.11.16	3 years	

Key	
Not in post	
Attended	X
Not in attendance	-

	Committee and working group membership	CoG 2 June 2016	CoG 28 July 2016	CoG 27 Sept 16 and Annual Members Meeting	Extraordinary CoG 23 Nov 16	29 Nov 16	31 Jan 17	Extraordinary CoG 27 Feb 17	30 March 17
	MDC, GDC, NomCom	X	X	X	X	X	X	X	X
	MDC, GDC, NomCom	X	X	X	X	X	X	X	X
		X	X	X	-	X	-	X	X
									X
	MDC, GDC	X	X	X	-	X	X	X	X
	MDC, GDC, NomCom	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		-	
									X
	MDC	X	X	X	X	X	X	X	
									X
									X
	MDC (Chair), GDC	X	X	X	X	X	X	X	X
	MDC (Dep Chair), GDC	X	-	-	X	X	-	X	
		X	X	X	X	X	X	-	-
									-
		X	X	X	-	X	X	-	-
	MDC, GDC, NomCom	X	X	X	X	X	X	X	X
	GDC	X	X	X	X	-			
									X
		X	X	-	X	X	X	-	X
	MDC	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

Board Directors attended formal Council meetings as follows:

Director	Role	CoG 2 June 2016	CoG 28 July 2016	CoG 27 Sept 16 and Annual Members Meeting	Extraordinary CoG 23 Nov 16	29 Nov 16	31 Jan 17	Extraordinary CoG 27 Feb 17	30 March 17
Sir Peter Dixon	Chair	X	-	X	X	X	X	X	X
Geraint Davies	Acting CEO	-	X	X	-	-	-	-	
Tim Howe	Non-Executive Director & Senior Independent Director	X	X	X	-	X	X	X	-
Al Rymer	Non-Executive Director	-	-	X	-	-	X	-	X
Lucy Bloem	Non-Executive Director	-	X	X	-	X	X	-	X
Trevor Willington	Non-Executive Director	-	X	X	-	X			
Terry Parkin	Non-Executive Director	-	X	X	-	-	-	-	-
Graham Colbert	Non-Executive Director		X	X	-	-	-	-	-
Katrina Herren	Non-Executive Director	-	-	X	-	-			
Steve Graham	Interim Director of Workforce	X	-	-	-	-	-	-	-
David Hammond	Director of Finance	X	-	-	-	-	-	-	X
Ian Ferguson	Interim Director of Operations	-	-	X					
Andy Newton	Paramedic Director	-	-	X	-	-			

Quality Governance

There were a wide range of challenges throughout the year. The Trust experienced sustained demand that outstripped contracted levels, an increase in hospital delays, and an increased vacancy rate. Simultaneously, we sought to improve the efficiency of our emergency and urgent response, plan a move of all support staff to a new Headquarters, and to move to a new operating structure which caused some disruption for our frontline staff and clinical managers. The Trust has been focused on improving elements of quality governance in response to the CQC's inspection report and requirements. The outcome has been that we have not met operational response targets and the quality of service for our patients has not always been to the standard we would like or expect. Details of how we have performed against key health targets is found within section 2.0 of the Quality Report.

To improve the quality and safety of our services, we have implemented a new and systematic approach to quality and service improvement; established a new Programme Management Office to ensure delivery of our key programmes, including our CQC improvement plan; appointed a new Executive Director of Quality & Safety; reviewed and strengthened our central clinical

governance team; and implemented revised Board, committee and executive governance arrangements. In addition, in January 2017 a new programme of unannounced Quality Assurance Visits was introduced. This programme involves invited stakeholders such as commissioners and HealthWatch to be part of the inspection team, and assures compliance with the 13 CQC fundamental Standards of Care. CQC Fundamental Standards Handbooks have now been published and issued to all services.

The Trust Board used Monitor's (now NHS Improvement's) quality governance framework to inform its committee assurance purview map for the year. It used this map to target which areas to test assurance and the weaknesses this framework helped to identify were escalated to the Board, with details of the management response. During 2016/17 weaknesses in the system of internal control were identified in a number of areas, as set out in the Annual Governance Statement, and Performance Report.

Improving our services and patient care

IBIS

SECAmb's Intelligence Based Information System (IBIS) has continued to grow during the year and now has approximately 45,000 patients registered, originating from around 70 partner organisations, with over 2,000 community based patient case managers uploading care plans (for example, Community Nurses, Specialist Practitioners, Hospices, Mental Health Teams) directly onto the system. Within SECAmb we use IBIS to hold care information (Alternative Management Plans) for frequent callers, Patient Specific Instructions for patients with complex care needs, and electronic Do Not Attempt Cardio-Pulmonary Resuscitation documents. IBIS enables us to make the better decisions for and with our patients because we understand more about their needs.

IBIS also helps prevent inappropriate hospital admissions. The average conveyance rate for patients with a care plan on IBIS is 37%. This is around 15% lower than the Trust's underlying managed conveyance rate. SECAmb's population is around 4.5 million and therefore the 45,000 care plans make up about 1% of the population. Calls from IBIS patients make up between 6-8% of all 999 calls to SECAmb.

A lot of work has been undertaken by the IBIS Clinical Team to work jointly with our partner organisations in improving the quality of information stored on IBIS. Audits have been undertaken to identify gaps in care plans and form the foundation for a set of 'best practice guidelines' to support community teams. A strong system of feedback has been introduced which allows SECAmb clinicians to make recommendations to the patient's case manager on how they can improve their plans. Additionally, the system has seen developments that 'auto-retire' any patient record that has not been reviewed or updated within 12 months. This has greatly improved the quality of patient records and patient safety.

IBIS facilitates two-way communication between SECAmb and partner organisations. Over the last 12 months the number of care plans on IBIS that have received a clinical review and closed with some clinical notes added (to update the patient's case manager for review and follow-up) has increased from 55% to 95%.

Frequent Callers

Frequent callers are identified by the Frequent Caller National Network (FreCaNN) as a person aged 18 or over who makes five or more emergency calls related to individual episodes of care in a month, or twelve or more emergency calls related to individual episodes of care in three months from a private dwelling.

Identifying and engaging with frequent callers

to the emergency services is essential in order to assist the individuals who are regularly calling. This will often involve working with their GP and other health care professionals to get the patient the support they need and to reduce the number of calls they feel they must make. This has a positive impact on both the patient, who will no longer resort to relying on the ambulance service to address their unmet healthcare needs, and on the wider community by releasing ambulances to respond to more appropriate emergency calls.

SECAmb has followed guidance from FreCaNN and other ambulance trusts with a frequent caller process to create policies and procedures to identify frequent callers, assess their needs and instigate intervention in their care.

Patients are identified using a unique database that draws data direct from the computer aided dispatch system to identify patients who meet the national criteria. This data is then filtered to ensure that the patients identified are more likely to meet the criteria. The central frequent caller team then checks that the patient is indeed a frequent caller (and not experiencing an acute episode of high call volume).

Once the patient is identified as a frequent caller, a letter is sent to their GP and also to the patient, encouraging them to engage with each other. These letters have been reviewed by patient and public representatives to ensure an appropriate tone.

Patients' cases are reviewed after four weeks, and if they continue to make 'frequent' calls (above the national definition) a Specialist Paramedic (SP) will visit the patient and undertake a 'stage 2' review. This review is designed to establish why the patient is making frequent calls. The SP will compile a report and refer the patient to other agencies as appropriate.

If another four weeks elapses and the patient continues to make regular 999 calls, stage 3 of the process is instigated. This involves multidisciplinary team (MDT) review: a range of professionals will work together to identify wider issues and a care plan: this might include Social Workers, Community Matrons, Falls Teams, Occupational Therapists and the patient's GP.

If stage 3 is not successful, the process moves on to stage 4. This involves the patient's case being presented to SECAmb's clinical risk panel, further MDT input, being presented to FreCaNN as a complex case and, occasionally, legal action.

Rollout of the frequent caller project has taken place across Surrey, Sussex and Kent. There are now several local frequent caller leads working on stage 2 visits and attending local MDT meetings.

The West Frequent Caller Project Officer has been funded by Surrey Downs CCG and there has been extra focus in rolling out the process in the CCG, improving local multiagency working and engagement. The work has demonstrated the wider benefit of engaging with frequent callers on a local level.

Aside from the obvious benefits to our patients who have their needs identified and can be supported in the right way, the programme also improves the effectiveness and efficiency of our call takers and crews, who would otherwise be engaged responding to frequent callers. There are also financial savings, with a reduction of three hospital conveyances a month, on average, saving approximately £2,300 per patient in A&E and hospital admission costs.

There is also excellent progress being made with the Trust's "top ten" frequent callers. All four stages of the frequent caller process have now been used.

End of Life Care

End of life care (EOLC) was identified as an area for quality improvement: the Trust can make a big difference to patient care by improving our adherence to a patient's wishes at the end of their life, where these are known.

The Trust is keen to provide specific support and training to staff to assist them in providing the best EOLC possible to our patients.

This year, an EOLC Lead has been appointed to engage with EOL networks across the region (including primary care providers and hospices). The EOLC Lead has also worked with SECAmb education leads to create a new learning package for staff and to roll out EOLC study days for clinicians.

Incident Reporting

Serious Incidents (SIs)

During the year, SECAmb adopted the Serious Incident Framework published by NHS England in March 2015 and incorporated the framework into SECAmb processes and 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 our lead commissioners, Swale CCG, 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.

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 (categories used for reporting by all NHS Trusts to enable comparison) 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).

The number of SIs reported has remained the same between the above two comparative years. In the coming year we will focus on improving the reporting of low-level incidents and 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 requirements on the appointed officer of a health service body, and what patients and/or their family/representative can expect, where a "notifiable safety incident" has occurred. Section 20 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.

The tables below set out the number of SIs, by category, in the past two years.

1 April 2015 - 31 March 2016	
Child-related / Unexpected Child Death	6
Delayed Dispatch / Attendance	5
Information Governance Breach	2
Medication Incident	2
Non-Conveyance / Condition deteriorated	9
Other	8
Patient / Third Party Injury	3
Power / Systems failure	3
RTC/RTA	1
Staff Conduct	1
Treatment / Care	5
Triage / Call management	10
Total	**55**

1 April 2016 - 31 March 2017	
Child-related / Unexpected Child Death	5
Delayed Dispatch / Attendance	12
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**

Infection Prevention & Control (IPC)

Following the CQC inspection in May 2016 and comments from the inspection team about capacity in the Infection Prevention and Control Team (IPCT) a Band 6 IPC Practitioner (IPCP) was recruited.

The IPCT have continued to maintain a high level of IPC awareness through communications to staff in a variety of formats such as SECAmb News articles, weekly bulletin articles, IPC Alerts, meetings (internal and external), inspections and audits. In February 2017 the IPCP liaised with the Electronic Patient Clinical Record Team and we now have a dedicated IPC site built into the iPads that staff are being provided with.

Audits and inspections carried out by the Infection Prevention and Control Lead (IPCL) and Infection Prevention and Control Champions (IPCC) during the first two quarters of the year were sporadic as the team lacked capacity, but have now improved with the addition of the IPCP post. A new audit programme has been developed and a monthly tracker enables the IPCT to review the consistency of audit and inspection results and provides a valuable opportunity for sharing knowledge and best practice at a local level.

Good communications with local NHS Trusts and Public Health England continue to reap benefits by ensuring that timely information is passed from one organisation to another with regard to health-care associated infections. This is a very positive and productive way of working.

An IPC Communication Strategy has been developed to ensure the provision of education and information to staff through development of good quality, validated training packages. The team ensures that training materials are well-evidenced, are fit for purpose and that communications to staff on IPC matters are concise, accurate and targeted appropriately.

The IPCL managed the seasonal flu vaccination programme this year and a rise in frontline healthcare staff vaccinated of 5.5% saw the Trust's best ever total reached (66.9%).

Safeguarding

The Safeguarding team has worked hard to raise the profile of safeguarding, and the team, throughout the year. They have done this by placing articles in the weekly staff bulletin and by developing a quick reference guide (pocket-book insert) for safeguarding, incorporating both adult and child safeguarding arrangements.

The department has seen a small drop in referral activity of 0.07% over the 2016/17 reporting period. This equates to a reduction of 7 referrals when compared to the previous year and brings the total number of referrals for 2016/17 to 10373

(adult and children). This is the first year there has been a drop in referral activity since 2008 and it is not clear whether this is a trend, or whether it is a one-off event: this will be monitored. Every referral into the department is scrutinised by the team and forwarded to the social care team for either adults or children where it is appropriate to do so.

The Safeguarding team has continued to see an increase in other areas of activity, including providing information to police and courts for cases of Domestic Abuse and child protection/ care proceedings, acting as a point of contact for internal and external stakeholders and coordinating meeting requests, particularly for child death reviews. The team has also managed requests for information pertaining to child deaths, including offering signposting to support services available to staff following these tragic and traumatic incidents.

All staff were expected to complete both a child and adult safeguarding workbook for 2016/17 training purposes. Face-to-face sessions (as part of the Clinical Team Leader delivery of key skills) have been included for this year; where the Home Office approved PREVENT (counter-terrorism) session has been delivered by one of the Trust's Home Office accredited PREVENT trainers across the Trust.

The CCG's requirement of 85% has been met for Level 2 safeguarding training (patient facing staff) with a significant improvement in completion rates for Level 1 (support staff) being seen over the last quarter of the year. However, we have not met the internal 95% compliance rate target for safeguarding training course attendance.

Care Quality Commission

As reported in the Key Risks & Issues section within Performance Report, in May 2016 the CQC carried out a comprehensive inspection of the Trust's services and identified a number of issues leading to an overall rating of Inadequate, as illustrated below.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency & urgent care	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Patient transport services	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Emergency operations centre	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
NHS 111 service	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

The CQC reported its full findings in September 2016 and recommended that NHS Improvement place the Trust in Special Measures.

NHS Improvement agreed to uphold that recommendation and, on 29 September 2016 placed the Trust in Special Measures.

In response, the Trust developed a specific CQC Action Plan, as part of the broader, over-arching Unified Recovery Plan (URP), as also described in the Performance Report.

Progress against the CQC Action Plan is discussed regularly with NHS Improvement, the CQC and local commissioners.

The Trust will be re-inspected by the CQC in May 2017.

Patient Impact Review into the Red 3 Pilot

As reported in last year's Annual Report, 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 – this was known locally as the Red 3 Pilot.

Following an initial Trust-led investigation, NHS England opened a separate investigation in March 2015, which was shared with stakeholders including Monitor (now NHS I) in August 2015.

On the basis of these reviews, Monitor decided to take enforcement action against the Trust, which included a requirement for the Trust to commission three reviews:

+ A 'forensic' review into the Pilot project – this was undertaken by Deloitte and reported in February 2016
+ A governance review – this was postponed previously, with the agreement of NHS I but will now be undertaken during 2017
+ An externally-led review into the Patient Impact of the Pilot – published in October 2016

The Patient Impact Review looked at 185,000 calls and identified no evidence of patient harm attributable to the Pilot, although the Trust recognises that there were significant governance and other failings around it.

Progress towards targets as agreed with local commissioners

The Trust's reported performance against contractual levels was significantly worse than in prior years. This was due to a number of factors within the Trust, but by far the biggest impact was as a result of changes to the way performance is measured via Ambulance Quality Indicators, which are nationally defined.

The Trust and Commissioners worked closely together to understand what causes of this deterioration were within the Trust's control and what was as a result in the change in measurement basis. As has been well-documented, the Trust had a very challenging year, with significant changes within its senior personnel and is now in a position of relative stability in order to continue improving performance trajectories.

During October 2016, contract discussions with Clinical Commissioning Groups (CCGs) began for 2017-18 and 2018-19. The Trust and CCGs entered a formal mediation process in December because the Trust identified a structural gap of £40 million between what SECAmb believed was required to meet the national performance targets and what the CCGs were willing to pay. This gap was identified based on an independent piece of work conducted by Lightfoot Consulting.

The output of the mediation process was that the Trust and 22 CCGs jointly appointed Deloittes LLP to undertake an independent review of the funding required to deliver national performance targets. The final report is due

in May and early indications suggest that the funding gap is as described by SECAmb.

The Trust continues to work with its CCG colleagues to secure additional funding to cover this gap.

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 2016/17 SECAmb received 1,394 complaints - this is a 35% reduction on the 2,144 that were received during 2015/16. However, if we exclude complaints related to the Trust's Patient Transport Service (which dwindled as the contract in Sussex neared its end on 31 March 2017) there was actually an increase of 13 complaints this year compared to the previous year.

In order to comply with NHS regulations, these are no longer classified as formal/informal, but are managed as statutory complaints – those which are from a patient or a patient's representative and are managed under the regulations. Complaints that are received from other NHS organisations or other responsible bodies are not managed under the regulations and are therefore classified as non-statutory. This ensures that all complainants are offered the same choices and level of service. Investigations are managed proportionately to the seriousness of the complaint. As there have been changes in the manner of recording, the figures from last year to this may not be truly comparable, a truer comparison will be available for 2017/18.

All complainants are spoken to by the complaints team and are offered a range of options for feedback, including the opportunity to have a resolution meeting. In this way, the management of each stage of the complaint is tailored to the complainants' wishes and needs. This also ensures that all complaints are compliant with the regulations with regard to approaching the Parliamentary and Health Services Ombudsman if they are dissatisfied.

Of the received 1,394 complaints, 1,067 are closed at the time of writing. The outcomes are:

Outcome of closed complaints	
Complaint upheld	429
Complaint partly upheld	230
Not upheld	409
Total	**1067**

This means that 62% of complaints were upheld in 2016/2017 compared to 74% in 2015/6. This change may be due to the difference in data recording, but is comparable to the ongoing monthly figures for upheld complaints.

All complaints that are upheld in any way must have an action plan developed to mitigate against another patient experiencing the same issues. Development of a clear, auditable process for sharing, monitoring and evaluating the effectiveness of actions and associated learning will be completed by July 2017.

Patient Experience

A SECAmb Patient Experience Group (PEG) has now been established to help bring the patient experience agenda to the forefront for the Trust. The group has met twice and will be chaired by Deputy Chief Nurse. Terms of Reference have been drafted and the membership enrolled. The PEG will be responsible for overseeing the development and implementation of the Trust's Patient Experience Strategy, and input into the strategy is being sought from patients, carers, staff, local Healthwatch organisations, and Foundation Trust members.

Friends and Family Test

The opportunity to respond to the Friends and Family Test patient question should be

offered to all ambulance service patients who are attended by a clinician but not conveyed to hospital, i.e. 'see and treat' patients. SECAmb does this by having a leaflet that is available for staff to leave with patients, which details how they can respond to the question by telephone, text message, or via a simple online survey.

Key Skills - Patient Experience

The Trust Patient Experience Lead has this year worked with Learning and Development to devise a two-hour Patient Experience session as part of the annual Key Skills training for SECAmb crews, which is delivered by their clinical team leaders. The interactive session explains what we mean by 'patient experience', asks staff what factors they believe impact on the way patients feel about our interaction with them, and what they can do to improve patients' experiences. The session goes on to discuss how staff might think about behaviours and impact on patients demonstrated with patient stories and films, encouraging staff share their thoughts on hearing these, linking with online feedback and compliments. The session concludes by informing staff of the Accessible Information Standard, and how it is so important to ensure that information, whether verbal or written, is provided to all patients in a way and format that they can understand. Three 'train the trainer' sessions have taken place so far and have been very well received.

Feedback from the NHS Choices and Patient Opinion websites

The Trust receives some feedback from the above two national websites, Patient Opinion and NHS Choices - to date we have received a four-star rating out of five.

Stakeholder relations

Commissioning & contract negotiations

In the NHS Operational Planning and Contracting Guidance 2017/19, the NHS was required to move to a two-year contracting model as part of the aim to support longer term planning and to reduce time spent in contractual discussions.

In line with the guidance, contract negotiations between Commissioners and SECAmb completed on time, reaching agreement on activity and finance, but with a large structural financial gap between the two parties.

It was agreed and documented in the contract that a piece of work will be undertaken to review this gap. Both parties agreed a Project Initiation Document (PID), clearly outlining the issues that impact on SECAmb delivering standards and the actions SECAmb and Commissioners can collectively take to effectively manage the issues. It is recognised that delivery of performance standards is challenging, but that there is scope to make further improvements to response time performance, which will be reflected in a recovery trajectory, whilst continuing to provide a high quality service to our patients.

The contract baseline will be the starting position to model any resulting gap with robust actions which would include but not limited to driving efficiencies and Cost Improvement Plans (CIPs), Quality, Innovation, Productivity and Prevention (QIPP) Plans associated with demand reduction, joint QIPP Plans designed to bring about service transformation and actions to reduce hospital handover delays jointly with Commissioners, NHS Improvement and NHS England as an output of the project.

The PID led to both parties commissioning an external review seeking resolution and actions required thereafter. This will report for implementation from April 2017 onwards.

Sustainability and Transformation Plans (STPs)

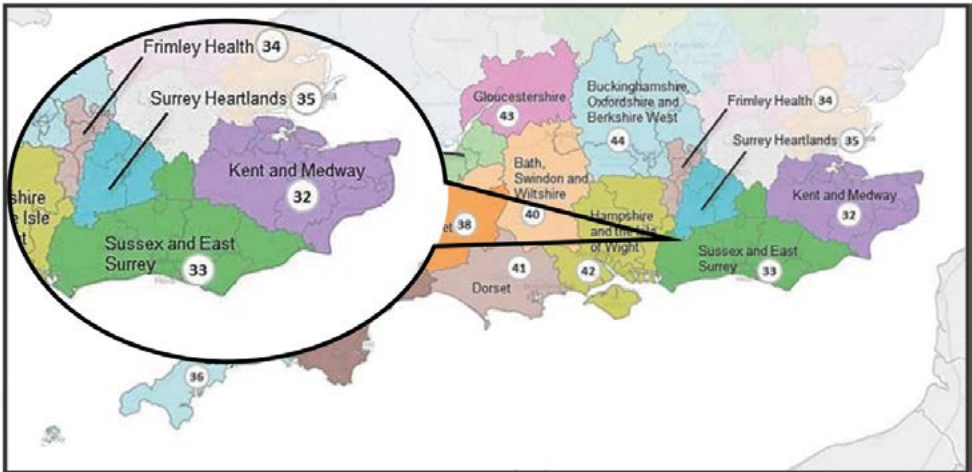
In December 2015, the NHS shared Planning guidance 16/17 – 20/21 which outlined a new

approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a five-year STP, showing how local services will evolve and become sustainable over the next five years. This was reinforced in the NHS Operational Planning and Contracting Guidance 2017/19, and subsequent guidance during December 2016.

Local areas are required to work together across commissioners and providers, to achieve change as whole systems. This will require changes to organisational sovereignty and work jointly towards achieving whole systems improvement and sustainability, across clinical services delivery, to achieve financial control totals at system level.

There are 44 STP footprints in England of which SECAmb are key partners in four:

+ Kent and Medway
+ Sussex and East Surrey
+ Frimley Health
+ Surrey Heartlands



During the year the Trust worked with these STPs, re-enforcing and cementing ourselves as key partners by sitting on three of the four programme Boards and taking part in as many relevant working groups as possible.

Each STP has unique local features and are at differing stages in development of final

plans due to be published in summer 2017.

There are common themes in each of them, all of which SECAmb is involved in developing as follows:

Development of Consistent Core Services

+ Prevention / Health and Well being
+ Primary care
+ Out of hospital care / local care
+ Acute care
+ Urgent and emergency care
+ Mental Health / parity of esteem

Enablers

+ Financial sustainability
+ Digital footprint
+ Workforce
+ Estates

Key challenges

+ Financial sustainability
+ Increased demand and complexity of need exceeding capacity

- Growth of population especially for those age over 65 years
- Lack of integrated care pathways and delivery
- Acute capacity demands in physical and mental health
- Unsustainable workforce
- Lack of progress in digital roadmap

SECAmb will continue to work closely with all regional STPs during 2017/18.

Co-responding with Fire & Police

The Trust has been part of the Surrey and Sussex Emergency Services Collaboration Programme (ESCP) for a number of years and has been collaborating with Blue Light partners in Kent as well.

The main focus of these partnerships have been around Immediate Emergency Care Response (IECR) where, in the event of cardiac arrest and other agreed incidents, the Fire and Rescue Services in West Sussex, Kent and Surrey will respond in addition to ambulance resources in order to reduce the delay in provision of CPR and early defibrillation. Fire crews from Surrey and Kent have been recognised at the Trust Awards Ceremonies for providing a key contribution in successfully resuscitating patients.

The Trust is constantly looking to collaborate with partners in order to improve patient services or work in more efficient ways by means of collaboration.

Working with our local stakeholders

During what has been another difficult year, 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. Amongst local MPs are the current Secretary of State for Health, the Right Honourable Jeremy Hunt MP (Surrey South West), the Home Secretary, the Right Honourable Amber Rudd MP (Hastings & Rye) and the Chancellor of the Exchequer, the Right Honourable Philip Hammond MP (Runnymede & Weybridge).

As well as receiving the quarterly newsletter, all MPs also receive detailed briefings on key issues and often engage with the Chief Executive and Chair, face to face or via letter, on specific local or regional issues.

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 key issues, including the CQC inspection and publication of the Patient Impact Review into the Red 3 Pilot.

Public & Patient involvement activities

Valuing difference

2016/17 has been an eventful year with sustained progress in embedding equality, diversity and human rights into core SECAmb business activity. We are particularly proud to have been awarded the Gold Standard Award for

Equality at the Employers Network for Equality and Inclusion for the third year running.

SECAmb was an early adopter of the NHS Equality Delivery Scheme (EDS) introduced in 2012, prior to it becoming mandatory for all Trusts in April 2015. We have used the EDS grading outcomes to help us develop meaningful equality objectives and have involved our stakeholders to review our progress and agree actions to deliver improvements. A full grading review of all outcomes was undertaken in March 2015 and follow up reviews were undertaken in March 2016 and 2017 as part of the process to review and refine our Equality Objectives. This work helps us understand how equality can drive improvements to strengthen performance and accountability of our services and embed equality into mainstream business. The 2017 review has helped us focus our energy on one core goal of improving representation within our workforce at all levels.

SECAmb published benchmarking data to fully comply with the requirements of the Workforce Race Equality Standard (WRES), mandatory for NHS organisations and we are currently monitoring delivery of a comprehensive action plan to ensure we deliver meaningful improvements.

The Trust has an Inclusion Working Group (IWG), comprising senior staff responsible for ensuring we meet our duties and responsibilities under the Equality Act 2010, Equality, Diversity & Human rights legislation and codes of practice including NHS, Department of Health, and Equality and Human Rights Commission standards. Other members include representatives from our Inclusion Hub Advisory Group and staff networks. The group promotes, recognises and values the diverse nature of our communities, stakeholders and staff and in doing so, works to eliminate discrimination and make best efforts to provide equality of access to ensure the Trust meets the needs of patients and its staff.

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

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

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

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

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

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

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

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 reviewed in and refreshed in May 2016 and provides an effective approach, 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.

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. 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.

Activities of the IHAG during 2016/17 include:	
Met with Governors participating in discussions around the role of NHS Improvement within the health economy.	Involved in developing key messages for inclusion in the development of public communication around Trust recovery plans
Participated in medicine management review groups, carrying out inspections across the Trust.	Participation at the Trust 2016 Quality Account meeting to assist in objective setting for the upcoming year.
Participated in processes to recruit new staff, including Deputy Chief Nurse and new Chair.	Participated in a number of SECAmb working groups and sub groups and reported back on the outcomes.
Involvement in the planning process to establish a new Patient Experience Group.	Reviewed and recommended new Equality Objective for the Trust

In addition to the above, SECAmb continues to be committed to working collaboratively wherever possible. We meet regularly 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.

Our members

SECAmb has a total membership of 14,214 people as of 31 March 2017. We have 10,351 public members and 3,863 staff members. We increased our public membership by 1,206 over the year, so taking account of 577 members who left the Trust, the vast majority of whom moved out of the area or passed away, we saw a 6% increase in our public membership.

It is worth noting here that in 2017-18 we will be seeking to validate email addresses of members and this may result in a reduction in our public membership – we know we have a number of members whose email addresses are no longer active and who may not be receiving communications other than postal election forms. Our database services supplier was not able to offer this functionality previously however we have changed to a new supplier.

Membership Eligibility

Public Constituency

Members of the public aged 16 and over are eligible to become public members of the Trust if they live in the area where SECAmb works. The public constituency is split into six areas by postcode and members are allocated a constituency area when they join depending on where they live. Members of the public can find out more or become a member by visiting our website: http://www.secamb.nhs.uk/get_involved/membership_zone.aspx

Staff Constituency

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

Membership Breakdown

Public membership report

Index key:
Red – Under-represented
Green – Over-represented
Amber – Within correct tolerance

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

Public constituency	Number of members	Population	Index
Age (years):			
0-16	24	53,339	**20**
17-21	155	238,320	**29**
22+	5,133	4,235,610	**54**
Ethnicity:			
White	8,546	4,190,333	**89**
Mixed	77	81,786	**41**
Asian	203	179,151	**50**
Black	75	49,815	**63**
Other	7	26,184	**13**
Socio-economic groupings*:			
AB	3,954	841,882	**98**
C1	3,878	1,089,373	**244**
C2	1,348	458,208	**142**
DE	1,107	917,864	**32**
Gender analysis:			
Male	3,361	2,250,332	**67**
Female	4,835	2,276,937	**96**

* 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.

Membership Strategy, Engagement and Recruitment

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

Membership engagement under the Inclusion Strategy is reported to the Board via the Inclusion Working Group 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 Staff Engagement Forum (formally known as the Foundation Council) of staff members when they wish to discuss issues or hear views. Staff Governors are permanent members of the Staff Engagement Forum in order to regularly canvas the views of staff form across the Trust.

The Membership Development Committee has discussed and reviewed our strategies for membership recruitment and engagement during the year. Our public membership now represents 0.21% of the population. Although this percentage is low our members provide a rich source of information and support to the Trust.

Constituency	Members	Population	Percentage of eligible population
Brighton & Hove	558	269,923	0.21%
East Sussex	1839	522,155	0.36%
Kent	3189	1,385,521	0.24%
Medway	675	260,376	0.26%
Surrey	2435	1,291,937	0.19%
West Sussex	1655	797,357	0.21%
Total	**10,351**	**4,527,269**	**0.23%**

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

During this year, the Staff Engagement Forum has, on behalf of the wider staff membership:

+ Gave input into the development of a revised Grievance Policy;
+ Provided feedback to Fleet Services on a new high tech concept connected ambulance that was being trialled in Chertsey;
+ Received updates on the roll out of the electronic patient care record;
+ Commented on continued professional development plans;
+ Fed in views on a staff engagement strategy around the Trust's recovery plan;
+ Took part in a focus group on developing the messaging around the impact of the Task Cycle Time project (reviewing the amount of time staff spend on scene);
+ Contributed views on development of a new health and well-being strategy.

The Inclusion Hub Advisory Group (IHAG) of public members has similarly advised the Trust on many issues and engagement.

Annual Members Meeting

The Trust held its Annual Members Meeting (AMM) on 27 September 2016. The AMM incorporated a showcase of SECAmb's services and service developments, with stalls at which members could talk to staff about the way we work and our future plans. The Governors were part of a stall which showcased the work of the Council and membership news. Members were able to speak with Governors on the stand at the event. 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 recruitment and engagement events in different constituencies throughout the year. Among these were the Brooklands Emergency Services Show in Surrey and a Kent Police Open Day. 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 Staff Engagement Forum have been 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

Nexus House
Gatwick Road
Crawley
RH10 9BG

Mobile: 07770 728250
Tel: 0300 123 0999
SMS/text: 07770 728250

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

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

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 appointment, remuneration and terms of service of the Executive Directors are agreed by the Appointments and Remuneration Committee.

Annual Statement on Remuneration

It was decided not to undertake a salary review for the Executive Directors in this financial year. However, two uplifts to Executive Director pay were made: to the Director of Finance and Corporate Services while acting up as CEO, and to the Acting Director of Strategy and Business Development who received an uplift to the full salary for the role to reflect his length of time acting up.

It is worth noting that a number of Executive Directors have been on secondment from other Trusts during the year, remuneration for which the Trust is being recharged by their substantive employer.

No substantial changes were made to senior managers' remuneration during the year, save for with the Associate Director roles as set out below.

All other management roles were covered by the national Agenda for Change arrangements during 2016/17 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

In December 2016 the Appointments and Remuneration Committee reviewed the operation of the Associate Director role outside Agenda for Change and approved the move of these roles back onto the appropriate Agenda for Change banding. This was to ensure the Trust remained competitive with others when recruiting to these important senior roles.

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 Chair and those for the Executive Directors by the Chief Executive, reflecting the strategic objectives agreed by the Board. 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 Chair. This Committee makes recommendations to the Council of Governors regarding the appointment and re-appointment of Independent Non-Executive Directors, as well as their remuneration and terms of service. In circumstances regarding the appointment or remuneration of the Chair of the Trust the Nominations Committee is chaired by the Senior Independent Director.

The Council of Governors is responsible for setting the remuneration and other terms and conditions of the Independent

Non-Executive Directors. This is done after receiving a recommendation from the Nominations Committee. When considering remuneration, the Nominations Committee considers the Trust's ability to attract and retain Independent Non-Executive Directors of sufficient quality.

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

The Nominations Committee received assurance from the Chair around NED performance during the year and discussed Non-Executive performance. The Chair held discursive, evaluative meetings with each Non-Executive Director as part of his work to evaluate and rebuild an effective Board. One NED was reappointed for a second term during the year following an appraisal by the Chair and discussion at the Nominations Committee about her performance

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

Directors' and Governors' Expenses:

Directors	2016/17	2015/16	2014/15
Number of Directors	27	18	16
Number of Directors claiming expenses	16	13	12
Total claimed (£000)	22	23	24

Governors	2016/17	2015/16	2014/15
Number of Governors	23	25	25
Number of Governors claiming expenses	7	10	12
Total claimed (£00)	69	93	89

Renumeration Report

South East Coast Ambulance Service NHS Foundation Trust - Annual Accounts 2016-17

11. Salary and Pension Entitlements of Senior Managers

Narrative explaining the changes in the leadership team during the year can be found in the introduction to the Directors' Report

Name and Title	Term of Office	Year ended 31 March 2017			
		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
Chair					
Sir Peter Dixon *Chair*	*(Left 30.03.17)*	40-45	–	–	40-45
Richard Foster *Chair*	*Appointed 31.03.17)*	0	–	0	0
Non Executive Directors					
Trevor Willington *Non-Executive Director*	*(Left 27.01.17)*	10-15	–	–	10-15
Tim Howe *Non-Executive Director*		15-20	–	–	15-20
Graham Colbert *Non-Executive Director*		10-15	–	–	10-15
Katrina Herren *Non-Executive Director*	*(Left 04.01.17)*	5-10	–	–	5-10
Lucy Bloem (Crothers) *Non-Executive Director*		10-15	–	–	10-15
Terry Parkin *Non-Executive Director*		10-15	–	–	10-15
Alan Rymer *Non-Executive Director*		10-15	–	–	10-15
Angela Smith *Non-Executive Director*	*(Appointed 01.02.17)*	0-5	–	–	0-5
Chief Executive					
Paul Sutton *Chief Executive*	*(Left 31.05.16)*	100-105	800	30-32.5	130-135
Daren Mochrie *Chief Executive*	*(Appointed 01.04.17)*	0	–	0	0
Executive Directors					
Andy Newton *Paramedic Director / Consultant Paramedic*		105-110	3,100	17.5-20	125-130
James Kennedy *Chief Operating Officer*	*(Left 27.05.16)*	20-25	700	12.5-15	35-40
Geraint Davies *Director of Strategy & Business Development & Acting Chief Executive*	*(Left 09.03.17)*	210-215	–	367.5-370	575-580
Kath Start *Nursing Director*	*(Left 31.03.17)*	300-305	10,000	35.0-37.5	345-350
Francesca Okosi *Director of Workforce Transformation*	*(Left 10.04.17)*	165-170	3,500	37.5-40	210-215
David Hammond *Director of Finance & Corporate Services*		105-110	5,500	77.5-80	190-195
David Fluck* *Interim Medical Director*	*(Appointed 20/04/15)* *(Left 05/07/15)*	n/a	n/a	n/a	n/a
Fionna Moore** *Interim Medical Director*	*(Appointed 06.03.17)*	10-15	700	–	10-15

	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
	0-5	–	–	0-5
	n/a	n/a	n/a	n/a
	15-20	–	–	15-20
	15-20	–	–	15-20
	10-15	–	–	10-15
	10-15	–	–	10-15
	10-15	–	–	10-15
	5-10	–	–	5-10
	10-15	–	–	10-15
	n/a	–	–	n/a
	160-165	4,600	35-37.5	200-205
	n/a	n/a	n/a	n/a
	105-110	2,800	40-42.5	145-150
	125-130	4,200	45-47.5	175-180
	110-115	–	30-32.5	140-145
	105-110	7,100	32.5-35.0	145-150
	105-110	2,900	45-47.5	150-155
	90-95	1,800	62.5-65	150-155
	10-15	–	–	10-15
	n/a	n/a	n/a	n/a

Renumeration Report

Name and Title	Term of Office	Year ended 31 March 2017				
		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	
Executive Directors						
Jon Amos *Acting Director of Strategy & Business Development*	*(Appointed 01.05.16)*	75-80	3500	35-37.5	120-125	
Rory McCrea *Medical Director*	*(Left 06.01.17)*	100-105	2,200	(10-12.5)	95-100	
Ian Ferguson *Interim Director of Operations*	*(Appointed 27.05.16 Left 02.12.16)*	140-145	–	–	140-145	
Richard Webber *Acting Paramedic Director*	*(Appointed 06.01.17 Left 27.03.17)*	15-20	–	–	15-20	
Joe Garcia*** *Interim Director of Operations*	*(Appointed 05.12.16)*	55-60	–	–	55-60	
Emma Wadey**** *Chief Nurse/ Director of Quality & Safety (Acting)*	*(Appointed 01.08.16)*	65-70	–	–	65-70	
Steve Graham *Interim Director of HR*	*(Appointed 03.05.16)*	160-165	–	–	160-165	
Andy Carson***** *Interim Medical Director*	*(Appointed 15.01.17 Left 27.01.17)*	0	–	0	0	

Pay Multiple	**2016-17**	**2015-16**
Band of Highest Paid Director's Total (£000)	160-165	160-165
Median Total Remuneration (£)	29,363	30,354
Remuneration Ratio	5.5	5.4
Range of salaries for median remuneration	1-252******	1-193

	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
	n/a	n/a	n/a	n/a
	55-60	–	60-62.5	115-120
	n/a	n/a	n/a	n/a
	n/a	n/a	n/a	n/a
	n/a	n/a	n/a	n/a
	n/a	n/a	n/a	n/a
	n/a	n/a	n/a	n/a
	n/a	n/a	n/a	n/a

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 2015-16 salary for Dr David Fluck was recharged from Ashford and St Peters Hospitals NHS Foundation Trust

** The 2016-17 salary for Dr Fiona Moore was recharged from London Ambulance Service NHS Trust

*** The 2016-17 salary for Joe Garcia was recharged from East Midlands Ambulance Service NHS Trust

**** The 2016-17 salary for Emma Wadey was recharged from Sussex Partnership NHS Trust

***** Dr Andy Carson was on secondment from West Midlands Ambulance Service from whom no charges were received

****** Median pay numbers reported are annualised figures rather than actual paid remuneration. The pay ratio is calculated based on the highest actual paid remuneration during the year, excluding termination benefits in accordance the DOH Group Accounting Manual paragraph 2.53

Pension Entitlements

Name and Title	Year ended 31 March 2017						
	Real increase in Pension at age 60 (bands of £2,500)	Real increase in Pension lump sum at age 60 (bands of £2,500)	Total Accrued pension at age 60 (bands of £5,000)	Lump sum at age 60 (bands of £5,000)	Cash equivalent Transfer 31 March 2016	Cash equivalent Transfer 31 March 2017	Real increase in cash equivalent transfer value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Chief Executive							
Paul Sutton *Chief Executive*	0- 2.5	2.5-5	45-50	130-135	745	816	71
Executive Directors							
Andy Newton** *Paramedic Director / Consultant Paramedic*	0- 2.5	2.5- 5	45-50	145-150	1,093	n/a	n/a
Geraint Davies *Director of Strategy & Business Development and Acting Chief Executive*	15-17.5	47.5-50	50-55	155-160	673	999	326
Kath Start *Nursing Director*	0- 2.5	0	10-15	0	189	221	32
James Kennedy *Chief Operating Officer*	0- 2.5	0	10-15	0	101	111	10
Francesca Okosi *Director of Workforce Transformation*	5-7.5	0	5-10	0	61	84	23
David Hammond *Director of Finance*	2.5-5	0	10-15	0	93	129	36
Rory McCrea *Medical Director*	(0-2.5)	(0-2.5)	50-55	150-155	1,002	1,045	43
Jon Amos* *Acting Director of Strategy & Business Development*	7.5-10	0	5-10	0	n/a	64	n/a

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from other pensions).

* No comparable figures available for 2016 as Jon Amos was not a director at that time.

** There are no 2017 figures for Andy Newton as he is above normal retirement age.

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.

Senior Managers' Remuneration Policy

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

Notes

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

Further information is set out in the Annual Statement on Remuneration (above).

Policy on payment for loss of office

The Trust would pay senior managers in line with their notice period of six months for the Chief Executive and three months for the other Executive Directors, with the exception of the Paramedic Director who had a six-month notice clause in his contract of employment. 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.

Independent Non-Executive Director Remuneration Policy

Elements of Pay	Purpose and link to strategy	Operation	Maximum Opportunity	Performance Framework
Basic remuneration	To attract and retain individuals with the skills, experience and knowledge to contribute to an effective Board	The Nominations Committee is responsible for determining the fees for Non-Executive Directors, including the Chair.	The fees are consistent with those of other NHS Trusts	n/a
Additional remuneration for specific NED roles	To provide a small amount of additional remuneration to the Chair of Audit Committee and the Senior Independent Director to reflect the additional responsibilities of those roles	The Nominations Committee is responsible for determining the 'uplift' and the NEDs to whom this is applicable	n/a	n/a

Daren Mochrie, Chief Executive

Date: 30 May 2017

Staff Report

As at 31 March 2017, 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 at 37.5 hour working week; posts are measured in terms of fractions of WTEs] and Headcount [the actual number of people].

For the purposes of this report, dual roles have been counted twice in headcount figures for each of their part-time roles – this will explain the difference between the total WTE figure in the table below and the WTE figures reported in the workforce profile tables.

Staff Group	Permanent	Other	Agency	Whole time Equivalent (WTE)
A&E	2,152.51	16.09	0.00	2,168.60
EOC	429.26	10.29	0.00	439.55
PTS	99.03	0.00	5.00	104.03
111	140.43	1.00	85.00	226.43
Support	350.87	19.56	48.00	418.43
TOTAL	**3,172.10**	**46.94**	**138.00**	**3,357.04**

The table below sets out the costs of Trust employees, broken down to distinguish permanent staff costs from other staff costs, for example staff on short-term contracts and the costs of agency/temporary staff.

	2016-17			2015-16		
	Total	**Permanently employed**	**Other**	**Total**	**Permanently employed**	**Other**
Employee costs	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Salaries and wages	**107,375**	**107,076**	**299**	107,844	107,450	394
Social security costs	**10,164**	**10,164**	**0**	7,670	7,670	0
Employer contributions to NHS pension scheme*	**12,870**	**12,870**	**0**	13,037	13,037	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	**(321)**	**(321)**	**0**	(353)	(353)	0
Costs capitalised as part of assets	**593**	**593**	**0**	283	283	0
Agency staff	**6,346**	**0**	**6,346**	6,411	0	6,411
Employee benefits expense	**137,027**	**130,382**	**6,645**	**134,892**	**128,087**	**6,805**

* The expected contribution to the pension plan for 2017-18 is £13,000k (2016-17: £13,250k)

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 roles
Manager	AOA	Team Leader; Operational Manager
Emergency Care Practitioners	AAA	Specialist Paramedic (Urgent & Emergency Care); Specialist Paramedic (Critical Care)
Ambulance Paramedic	ABA	Paramedic
Ambulance Technician	AEA	Ambulance Technician
Ambulance Personnel	A2	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

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 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 446 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 580 staff in these roles.

The 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 for 2017/18. In addition, there are 100 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 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 84 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 72 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 68 Specialist Paramedics (Critical Care).

Clinical Team Leaders – are first line paramedic managers, responsible for managing teams of up to eleven clinical staff. There are 185 employees working in this role.

Emergency Operating Centre Staff - 517 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 – 185 staff work in the contact centre at Ashford. Further NHS 111 staff are employed by Care UK (which runs the service in partnership with the Trust) 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.

During the year, we employed 105 PTS staff in the Surrey area. However, as reported elsewhere in the Report, SECAmb ceased to provide PTS services at 31st March 2017 and as a result, the affected staff were transferred under TUPE to the new service provider.

Support staff – our front line staff are supported by 416 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.

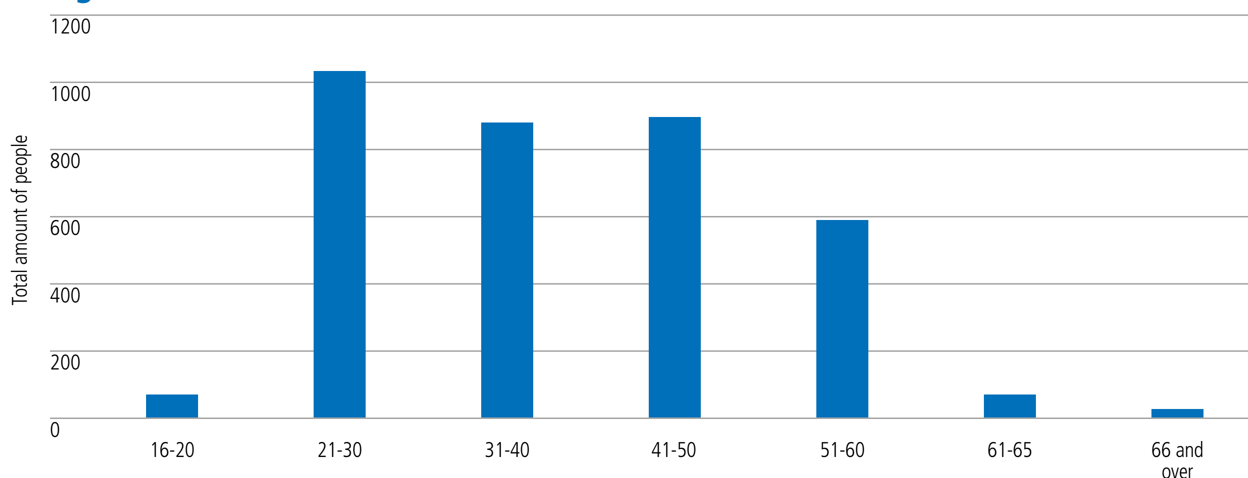
Workforce Profile

(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



Gender

In the workforce as a whole, the gender split has altered slightly during the past year from 55% male and 45% female in 2015/16 to 52% male and 48% female in 2016/17:

Gender	Headcount	Percent %
Female	1666	48%
Male	1833	52%
TOTAL	**3499**	**100%**

Gender – Directors	Headcount	Percent %
Female	4	29%
Male	10	71%
TOTAL	**14**	**100%**

Gender (Band 8a+)	Headcount	Percent %
Female	25	32%
Male	47	68%
TOTAL	**72**	**100%**

Count of Payscale	Gender		
Payscale	Female	Male	**Grand Total**
XN08	13	13	**26**
XN09	6	25	**31**
XN10	4	7	**11**
XN11	1	1	**2**
XN12	1	1	**2**
Grand Total	**25**	**47**	**72**

Race

The percentage of staff classified other than 'white British' has increased to 14% from last year's level of 12.10%.

Race	Headcount	Percent
White - British	3021	86%
White - Irish	32	1%
White – Any other white background	135	4%
White Unspecified	7	0%
White English	4	0%
White Polish	9	0%
White Mixed	1	0%
White Other European	16	0%
Mixed - White & Black Caribbean	18	1%
Mixed - White & Black African	4	0%
Mixed - White & Asian	12	0%
Mixed - Any other mixed background	17	0%
Mixed - Black & White	1	0%
Mixed - Other/Unspecified	1	0%
Asian or Asian British - Indian	10	0%
Asian or Asian British - Pakistani	3	0%
Asian or Asian British - Bangladeshi	1	0%
Asian or Asian British - Any other Asian background	10	0%
Black or Black British - Caribbean	7	0%
Black or Black British - African	19	1%
Black or Black British - Any other Black background	2	0%
Black British	1	0%
Black Unspecified	1	0%
Chinese	5	0%
Any Other Ethnic Group	10	0%
Undefined	9	0%
Not Stated	143	4%
TOTAL	**3499**	**100%**

Disability

121 (3%) staff have declared themselves as having a disability:

Disability	Headcount	Percent %
No	2643	76%
Not declared	124	4%
Undefined	611	17%
Yes	121	3%
TOTAL	**3499**	**100%**

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 2016/17, the breakdown of applicants under the Two Ticks scheme was as follows:

Disabled	409
Not Disabled	6430
Undisclosed	99
Disabled applicants appointed	21 (5%)

The Trust values the contribution made by all staff and is committed to supporting staff in circumstances where adjustments are required to their working conditions/environment to enable them to remain in employment.

The Trust also has a redeployment programme for staff who have become disabled, to ensure we retain staff whenever possible. There are a number of policies and procedures in place which detail the support available to staff and managers and these include the:

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

Sexual orientation

20% of staff have not disclosed their sexual orientation:

Sexual orientation	Headcount	Percent %
Bisexual	36	1%
Gay	66	2%
Heterosexual	2646	75%
I do not wish to disclose my sexual orientation	236	7%
Lesbian	60	2%
Undefined	455	13%
TOTAL	**3499**	**100%**

Religion and belief

This area is under reported with 29% of staff having not stated their religion or belief:

Sexual orientation	Headcount	Percent %
Atheism	619	18%
Buddhism	13	0%
Christianity	1366	39%
Hinduism	5	0%
I do not want to disclose my religion/belief	551	16%
Islam	11	0%
Judaism	7	0%
Other	471	13%
Sikhism	1	0%
Undefined	455	13%
TOTAL	**3499**	**100%**

Recruiting and retaining staff

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.

During a year of challenges and change the Trust has successfully appointed the following staff in 2016/17:

Qualified Paramedic UK	116
International Paramedic	76
Emergency Care Support Worker/	121
Associate Practitioners	81
NHS111 Clinical Advisors	24
NHS 111 Health Assistants	130
EOC Clinical Advisors	16
Emergency Medical Advisor (Operations Centre)	172
Resource Dispatchers (Operations Centre)	55

The Trust-wide vacancy rate is at 9.64% against a target of 10%.

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.

We currently have no ECSW vacancies in Sussex or Kent.

We are now recruiting Paramedics solely from the UK and this is a reflection of the great relationships that have been built with our partner universities.

In the EOC the staff vacancy rate is at 3.04% (13 wte vacancies against an establishment of 452 wte). We are at establishment for Emergency Medical Advisors and Resource Dispatchers in the EOC and have waiting lists for these positions. We are under establishment in EOC & 111 Clinical Supervisors and work continues to fill those gaps.

We are at establishment in 111 with Health Advisors having completed a piece of work to move the temporary workforce over to a substantive one.

In addition, we have reduced agency worker numbers from 170 in January to 70 at the

end of March. The majority of these have been moved to permanent contracts.

The establishment report also shows a high level of vacancy in some of the corporate services teams. The new Chief Executive has reviewed Executive portfolios and the supporting team structures to ensure they are fit for purpose and within budget. Focus and attention will then be placed on recruiting to these key vacancies over the next six months.

The recruitment into the Executive Team will also take place over the next six months.

Retention amongst clinical and operational employees remains challenging and Paramedic and Specialist Paramedic turnover remains a specific issue as there is strong completion from minor injuries unites, emergency departments, GP surgeries and other ambulance services for these clinicians.

However, looking at the Trust as a whole, the annual rolling turnover rate has remained relatively stable, if higher than desired, over the past year:

Month	Rolling Annual Turnover %
April 2016	16.0%
May 2016	16.8%
June 2016	16.7%
July 2016	16.9%
August 2016	16.9%
September 2016	16.3%
October 2016	16.1%
November 2016	16.5%
December 2016	16.9%
January 2017	16.9%
February 2017	16.6%
March 2017	16.7%

Promoting staff well being

Our services to patients are delivered through and by our workforce. The health and wellbeing of employees is not only important for individuals' personal wellness, but also has a direct impact on our ability to care for our patients. The evidence is clear that by looking after all employees, we in turn can support our patients to best effect. It is vital that we invest in our individuals and our teams, and provide opportunities and support so that the wellbeing of all SECAmb's employees is valued.

During 2016-17, the Trust worked with employees through a series of workshops to develop a Wellbeing Strategy, which sets out our commitment to our employees, and sets the direction for how we will provide more effective, accessible support to employees across the Trust, including a 'single point of access' to services such as occupational health and mental wellbeing services. The strategy was approved by the Board in March 2017.

The Trust has contracted a new Occupational Health provider during the year, in response to feedback from staff, and has also appointed a company to run an Employee Assistance Programme, providing support for a wide range of issues that affect staff.

The Trust has also committed to rolling out the Trauma Risk Management (TRiM) programme across the Trust during the forthcoming financial year after a successful pilot in 2016-17. TRiM provides proactive support for employees working in inherently stressful roles and seeks to prevent ongoing trauma and illness through early interventions.

Sickness Absence

Sickness absence for the period 1 April 2016 to 31 March 2017 was 5.08%, a reduction of 0.32% compared with 5.40% in 2015/16.

Absence (WTE)	Total Days Lost
5.08%	64,594
May 2016	16.8%

The monthly breakdown for the period is:

Month	Rolling Annual Turnover %
April 2016	5.28%
May 2016	4.74%
June 2016	4.87%
July 2016	5.12%
August 2016	5.06%
September 2016	4.99%
October 2016	5.50%
November 2016	5.12%
December 2016	5.74%
January 2017	5.27%
February 2017	4.54%
March 2017	4.63%

Protecting staff

We strive to provide a safe environment for both our staff and the patients we treat. However, with the type of services 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 directed aggressive behaviour or even violence from both service users and the public. Work is continually developing to provide a safe and secure working environment as far as is reasonably practical given the inherent risks and nature of the work our staff undertake.

There are several avenues the Trust utilises to raise awareness including inductions, articles, posters, talks with local Operating Unit management. There are also initiatives being developed regarding training requirements for de-escalation and conflict resolution/disengagement.

The Trust recognises it is still possible for violence and aggression to occur and in such instances promotes the reporting of incidents. 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.

During the financial year 2016-17 the Trust recorded;

+ 253 staff members being the victims of a physical assault
+ 110 sanctions were applied either locally or by prosecution

Though the number of reported assaults has increased from the national statistics for the previous financial year (207), work has been ongoing to improve the guidance and support available to ensure as many offenders have sanctions applied as possible and where appropriate. This in turn has improved the reporting culture, though it is recognised general levels of violence and aggression are increasing across the country which is also a significant factor.

It is a positive outcome that with the challenges faced by the Trust and external services such as the police, though there was a drop in court prosecutions, there has been a significant increase (from 49 compared to last year) in overall numbers of reported sanctions.

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

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 by the

Health and Safety Manager and Head of Risk Management and they route causes are addressed at the Health and Safety Working Groups and the Risk Management and Clinical Governance Committee (RMCGC).

In the financial year 2016/17 we recorded 6,032 adverse incident reports through our Datix system including:

+ 239* incidents related to staff sustaining musculoskeletal injuries
+ 75 of the incidents were reported to the Health and Safety Executive under the RIDDOR regulations

*This figure will not include those incidents which are currently mis-categorised on the system. We are currently working to cleanse this data.

Where trends are identified, measures are implemented to reduce the likelihood of recurrence, improving safety for staff and patients. During the year we have delivered the following health and safety improvements;

+ Overweight Vehicles Risk Assessment
+ New Vehicle Mobile Locking System Risk assessment
+ New COSHH Risk Assessment template
+ All Fleet COSHH assessments revised and new files produced for all 11 sites
+ All Fleet Risk Assessments revised and new assessments
+ COSHH Risk assessment completed for Diesel
+ Communications for Angle Grinding Safety
+ Four full Fire Drills covering the three head offices and Ashford 111 service
+ New Fire Safety Policy which clarifies roles and responsibilities for fire safety within the Trust and sets out a requirement for a Fire Safety Advisor for the Trust
+ Fire Risk Assessments for all new sites (Polegate, Gatwick, Tangmere, Thanet and Nexus House) have been completed. The remainder of the estates covering ambulance stations and ACRPs fall under an Estates tender
+ Acetylene has been removed from all Trust premises
+ A new risk assessment and procedure to improve management of Oxygen and NOX cylinders on Trust premises
+ Procurement of compliant storage cabinets for all fleet sites handling and storing Airbags/Seatbelt Pre-tensioners underway and DSEAR risk assessment and safe system of work completed
+ Spills training for Tangmere and Banstead

Looking ahead

SECAmb's Health and Safety work programme 2017/18 will take a lead from the Health and Safety Executive's three-year Health and Work programme which focuses on occupational lung disease, musculoskeletal disorders, occupational stress and related mental health issues.

Staff Friends & Family Test (FFT)

The 2016/17 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 4 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 12% decrease in the percentage scores between Q1 and Q4. In addition, the number of responses has reduced from 252 to 226 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.

	FFT Q4 2015-2016	FFT Q1 2016-2017	FFT Q2 2016-2017	FFT Q4 2016-2017
Number of Completions	302	252	243	226
How likely are you to recommend SECAmb to friends and family if they need care of treatment?	%	%	%	%
Extremely Likely	41.39	40.48	39.09	27.93
Likely	38.08	32.14	34.98	36.04
Neither Likely or Unlikely	9.6	9.13	5.35	14.41
Unlikely	5.3	3.97	4.12	9.91
Extremely Unlikely	3.97	3.17	4.53	9.91
Don't Know	1.66	0.4	0.41	1.8
How likely are you to recommend SECAmb to friends and family as a place to work?	%	%	%	%
Extremely Likely	7.95	11.11	12.35	6.19
Likely	19.54	22.22	23.87	8.85
Neither Likely or Unlikely	11.92	15.48	16.87	7.52
Unlikely	18.21	19.84	14.81	16.81
Extremely Unlikely	41.39	30.56	30.86	60.18
Don't Know	0.99	0.79	1.23	0.44

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.

For 2017/18, in an effort to increase levels of participation, the newly recruited Staff Engagement team will take responsibility for the Test, incorporating it within a wider, quarterly survey, related to the key outcomes of the annual Staff Survey. It is hoped that by increasing the scope of the questions asked, more staff will be encouraged to participate.

The Staff Engagement team will also take responsibility for feeding back to all staff on a regular basis on actions emanating from

the Pulse Survey, Staff Survey and FFT. It is hoped that focused learning and organisation development initiatives relating to leadership and management development, talent management and succession planning, career development and staff engagement will improve staff satisfaction and will be shown in the 2017/18 FFT.

Staff Survey results 2016/17

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 2016/17 Survey was undertaken between 10 October and 09 December 2016 by Quality Health, an independent organisation, on behalf of SECAmb and the results were published in March 2017. Rather than just sending the survey to a sample of staff, SECAmb opted to survey all eligible staff (3,168) and 1,278 staff completed and returned a survey questionnaire, representing a return rate of 40%, the same as in 2015.

The results of the 2016/17 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 2015/16 results.

Top ranking scores	Trust	National Ambulance Trust average	Trust Improvement or Deterioration
% of staff appraised in the past 12 months	78%	76%	Deterioration
% of staff reporting errors, near misses or incidents in the past month	82%	81%	Improvement
% of staff agreeing that their role makes a difference to patients / service users	87%	87%	Improvement
% of staff / colleagues reporting most recent experiences of harassment, bullying or abuse	38%	38%	No comparison
% of staff / colleagues reporting most recent experience of violence	62%	64%	No comparison

Bottom ranking scores	Trust	National Ambulance Trust average	Trust Improvement or Deterioration
Quality of non-mandatory training, learning and development	3.61	3.90	No comparison
Effective use of patient / service user feedback	2.95	3.28	No comparison
% of staff experiencing physical violence in the past 12 moths	4%	2%	No comparison
Effective team working	3.06	3.31	No comparison
% of staff experiencing harassment, bullying or abuse from staff in the past 12 months	40%	28%	Increase

Overall staff satisfaction scored at 3.22 / 5.00 compared with 3.30 in 2015 and a 2017 ambulance Trust average of 3.41. SECAmb's results show there has been a deterioration in most areas compared to last year .

2016/17 has been a particularly challenging year for SECAmb and the operational pressures and demands placed on the Trust has continued to hamper efforts to address issues during 2016/17. However, much effort has been exerted in laying the foundations for long-term success; embedding systems, structures, processes and people that will lead to increased staff satisfaction, and it is hoped that throughout 2017/18 and beyond there will be a significant increase in the Staff Survey scores.

Specific actions being taken to address the issues identified are included in other sections throughout this report, for example in relation to assaults and staff engagement.

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 88.1% at the end of a particularly busy year of statutory and mandatory requirements.

A new online appraisal system was developed throughout the year, due for launch at the start of 2017/18. An online system is more fit for purpose for an organisation with a largely dispersed workforce, and SECAmb's bespoke system incorporates modules for appraisal, goal setting, learning and development, a record of 1-2-1 conversations and succession planning.

The completion rate for appraisals at the year-end was 52.2%, compared to 69% for 2015/16. It is hoped that the new system will reverse this trend and lead to a minimum completion rate of 80% in 2017/18.

Communicating and engaging with staff

Meeting the challenges of communicating across a large and widely distributed workforce, working diverse shift patterns is difficult but the Trust uses a range of different mechanisms to try to communicate effective with staff.

Undertaking regular, face to face communication with front-line staff in particular is challenging, however a number of the Executive team have undertaken 'surgeries' during the year which have proved popular with staff. Moving forward, these will be supplemented by Chief Executive roadshows.

Current mechanisms for communicating with staff include:

- A weekly up-date from the Chief Executive to all staff, focussing on the top three issues affecting the Trust
- Regular bulletins focussing specifically on the three key areas of the Trust's Recovery Plan – Quality Matters, Finance Matters and People Matter
- 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 roll out of the new operational management structure will also present real opportunities for road staff to have closer contact with their Team Leaders and a great opportunity to develop a more local approach to communication and engagement. Moving forwards, this will be

supplemented by the roll-out of the personal iPAD for all clinical staff, which will provide greater opportunities for individual communication.

Staff Engagement

Staff engagement has been recognised as a hugely important area for the Trust to improve on, and two new (initially temporary) Staff Engagement Advisor posts have been created to scope the need for improvements and create plans for more effective engagement across the Trust.

During the latter part of this year, they have reviewed the Trust's induction and begun to make improvements, taken over ownership of the Staff Engagement Forum to maximise its effectiveness (see below), and are developing engagement strategies to fit changing operational structures and a new Headquarters.

Our Staff Engagement Forum (SEF), formerly called the Foundation Council, 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 SEF, 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 SEF will no doubt adapt in coming months as the staff engagement strategy develops, to be as effective as possible as a forum for testing ideas, listening to employees and representing views from across the Trust.

Despite only three meetings taking place this year, the SEF has:

- Contributed to plans for better staff engagement and communications in relation to our recovery plans;
- Commented on the Trust's plans for an enhanced Staff Wellbeing offer;
- Fed into a review of the Trust's Risk Management Strategy and Policy on Policies;
- Contributed to Trust research into ways to improve task cycle time for frontline staff without affecting the quality of care they deliver; and
- Helped promote key messages around infection control and pain management to colleagues across the Trust.

Joint Partnership Forum (JPF)

The Joint Partnership Forum (JPF) is the body through which the Trust engages and consults with its recognised trade unions.

Within SECAmb, four trade unions are formally recognised:

- Unison
- GMB
- Unite
- RCN

The JPF meets regularly throughout the year and members includes representatives of each of the recognised unions, as well as attendees from all of the Trust Directorates, including the Chief Executive and other Directors as needed. It is chaired by the Director of HR.

During the year, the JPF has been heavily involved in a number of key work-stream areas, including those highlighted below and close collaborative working has enabled real progress to be made in implementing these:

- Development of Trust Policies & Procedures – during the year, the JPF have been instrumental in helping to create a new approach to developing Policies & Procedures. This now sees every new Policy being formally discussed at the JPF at an early stage, as well as consultation with all staff
- Implementation of Band 6 for paramedics – close working with the JPF was vital in ensuring that the Trust could successfully

implement the nationally-agreed move to Band 6 for some paramedics

+ Involvement in Operational management structure – as mentioned elsewhere, during the year the Trust continued to move forwards in implementing a new management structure for operational staff, with this stage affecting Operating Unit Managers and Team Leaders. Given the numbers of staff involved at this stage, close working with the JPF was vital in enabling the restructure to move forwards effectively and sensitively

+ Engagement with the Operational management team on revising the Trust's approach to rest breaks for front-line staff and reducing the number of 'shift overruns'

Expenditure on consultancy

The total expenditure for 2016/17 was £505,000 and we engaged 11 consultancy firms.

Off pay-roll engagements

Table 1: For all off-payroll engagements as of 31 March 2017, for more than £220 per day and that last longer than six months	Number of engagements
No of existing engagements as of 31 March 2017	9
Of which:	
Number that have existed for less than one year at the time of reporting	7
Number that have existed for between one and two years at the time of reporting	1
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
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 1 April 2016 and 31 March 2017, for more than £220 per day and that last for longer than six months	Number of engagements
Number of new engagements, or those that reached six months in duration between 1 April 2016 and 31 March 2017	6
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	6
Number for whom assurance has been requested	6
Of which:	
Number for whom assurance has been received	6
Number for whom assurance has not been received *	0
Number that have been terminated as a result of assurance not being received	0

*where an individual leaves after assurance is requested but before assurance is received and instances where Trusts are still waiting for information

Table 3: For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017	Number of engagements
Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility during the financial year	2
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility'. This should include both off-payroll and on-payroll engagements	8
In any cases where individuals are include within the first row of this table, please set out:	
Details of the exceptional circumstances that led to each of these engagements	Long term sickness of Executive Directors and requirement to fill Associate Director of Finance post
Details of the length of time each of these exceptional engagements lasted	Executive Director was required from 3 May 2016, as is still continuing; a permanent solution is in process Associate Director of Finance has now been recruited to permanently as from 20 March 2017

Staff exit packages

There were 6 exit packages paid in 2016/17 (10 in 2015/16) at a total cost of £409,000 (2015/16 - £544,000).

2016/17:

Exit package cost band	No of compulsory redundancies	No of other departures agreed	Total number of exit packages by cost band
<£10,000	1	0	1
£10,001- £25,000	1	0	1
£25,001- £50,000	0	0	0
£50,001 - £100,000	3	0	3
£100,001 - £150,000	0	0	0
£150,001 - £200,000	1	0	1
TOTAL	**6**	**0**	**6**

2015/16:

Exit package cost band	No of compulsory redundancies	No of other departures agreed	Total number of exit packages by cost band
<£10,000	1	0	1
£10,001- £25,000	2	0	2
£25,001- £50,000	2	0	2
£50,001 - £100,000	3	0	3
£100,001 - £150,000	2	0	2
£150,001 - £200,000	0	0	0
TOTAL	**10**	**0**	**10**

Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2016/17(2015/16 – 0).

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 Code of Governance, most recently revised in July 2014, is based on the principle of the UK Corporate Governance Code issued in 2012.

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 16/17 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 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.3.1	Chairman's other significant commitments should be included in Annual Report	Directors' report

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 16/17 Annual Report
B.5.6	The Annual Report should include a statement as to how the views of members, Governors and the public have been canvassed and communicated to the Board	Directors' report
FT ARM	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151	N/A
B.6.1	The BoD should state in the annual report how performance evaluation of the Board, its Committees and its Directors, including the Chairman has been conducted	Directors' report
B.6.2	External facilitator should be identified and a statement made as to whether they have any other connection with the Trust	N/A
C.1.1	Directors' responsibilities for preparing Annual Report and state that they consider them to be whole, fair and balanced etc. Directors should also explain their approach to quality governance.	Statement at prior to 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	A Trust should disclose in the annual report: a) if it has an internal audit function; how the function and what role it performs; or b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes	Annual Governance Statement
C.3.5	If the Council of Governors' does not accept the Audit Committee's recommendation on the appointment, reappointment or removal of 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

Disclosures set out in the NHS Foundation Trust Code of Governance

Code Provision Section 2: Disclose	Requirement	Location of disclosure in 16/17 Annual Report
C.3.9	A separate section of the Annual Report should describe the work of the Audit Committee in discharging its responsibilities. The report should include: – The significant issues that the Committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; – An explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and – If the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	Annual Governance Statement
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration 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 16/17 Annual Report
FT ARM	The Annual Report should include: – A brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; – Information on the number of members and the number of members in each constituency; and – A summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	Directors' report
FT ARM	The Annual Report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS Foundation Trust. As each NHS Foundation Trust must have registers of Governors' and Directors' interests which are available to the public, an alternative disclosure is for the Annual Report to simply state how members of the public can gain access to the registers instead of listing all the interests in the Annual Report.	Directors' report

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.

Disclosures set out in the NHS Foundation Trust Code of Governance

Code Provision Section 6:	Requirement	Comply or Explain
A.1.4	The Board should ensure that adequate systems and processes are maintained to measure and monitor the NHS Foundation Trust's effectiveness, efficiency and economy as well as the quality of its health care delivery	Comply
A.1.5	The Board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance	Comply
A.1.6	The Board should report on its approach to clinical governance.	Comply
A.1.7	The Chief Executive as the Accounting Officer should follow the procedure set out by Monitor for advising the Board and the Council and for recording and submitting objections to decisions.	Comply
A.1.8	The Board should establish the constitution and standards of conduct for the NHS Foundation Trust and its staff in accordance with NHS values and accepted standards of behaviour in public life	Comply
A.1.9	The Board should operate a code of conduct that builds on the values of the NHS Foundation Trust and reflect high standards of probity and responsibility.	Comply
A.1.10	The NHS Foundation Trust should arrange appropriate insurance to cover the risk of legal action against its directors.	Comply
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

Code Provision Section 6:	Requirement	Comply or Explain
A.5.5	The Chairperson is responsible for leadership of both the Board and the Council but the Governors also have a responsibility to make the arrangements work and should take the lead in inviting the Chief Executive to their meetings and inviting attendance by other Executives and Non-Executives, as appropriate.	Comply
A.5.6	The Council should establish a policy for engagement with the Board of Directors for those circumstances when they have concerns.	Comply
A.5.7	The Council should ensure its interaction and relationship with the Board of Directors is appropriate and effective.	Comply
A.5.8	The Council should only exercise its power to remove the Chairperson or any Non-Executive Directors after exhausting all means of engagement with the Board.	Comply
A.5.9	The Council should receive and consider other appropriate information required to enable it to discharge its duties.	Comply
B.1.2	At least half the Board, excluding the Chairperson, should comprise Non-Executive Directors determined by the Board to be independent.	Comply
B.1.3	No individual should hold, at the same time, positions of Director and Governor of any NHS Foundation Trust.	Comply
B.2.1	The Nominations Committee or Committees, with external advice as appropriate, are responsible for the identification and nomination of Executive and Non-Executive Directors.	Comply
B.2.2	Directors on the Board of Directors and Governors on the Council should meet the "fit and proper" persons test described in the provider licence.	Comply
B.2.3	The Nominations Committee(s) should regularly review the structure, size and composition of the Board and make recommendations for changes where appropriate.	Comply
B.2.4	The Chairperson or an independent Non-Executive Director should chair the Nominations Committee(s).	Comply
B.2.5	The Governors should agree with the Nominations Committee a clear process for the nomination of a new Chairperson and Non-Executive Directors.	Comply
B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.	Comply

Disclosures set out in the NHS Foundation Trust Code of Governance

Code Provision Section 6:	Requirement	Comply or Explain
B.2.7	When considering the appointment of non-executive directors, the council should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	Comply
B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non-executive directors.	Comply
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	Comply
B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.	Comply
B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	Comply
B.5.2	The board and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	Comply
B.5.3	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.	Comply
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 unjustifiability fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	Comply

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
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

Disclosures set out in the NHS Foundation Trust Code of Governance

Code Provision Section 6:	Requirement	Comply or Explain
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	Comply
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	Comply
D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	Comply
E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.	Comply
E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole.	Comply
E.2.1	The board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate.	Comply
E.2.2	The board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.	Comply

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

1. Quality of care
2. Finance and use of resources
3. Operational performance
4. Strategic change
5. Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation

NHS Improvement has placed South East Coast Ambulance NHS Foundation Trust in segment 4 (special measures). The Trust has taken a number of steps to ensure improvement, all of which is set out in the Unified Recovery Plan (see the Performance Report for more on the Plan).

This segmentation information is the Trust's position as at May 2017. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2016/17 Q3 Score	2016/17 Q4 score
Financial sustainability	Capital service capacity	4	4
	Liquidity	2	1
Financial efficiency	I&E Margin	4	4
Financial controls	Distance from financial plan	4	4
	Agency spend	4	4
Overall scoring		**4**	**3**

Statement of Accounting Officer's Responsibilities

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Direction which require South East Coast Ambulance Service NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South East Coast Ambulance Service NHS Foundation Trust and of its income and expenditure, 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 *Department of Health Group Accounting Manual* and in particular to:

+ Observe the Accounts Direction issued by *NHS Improvement*, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
+ Make judgements and estimates on a reasonable basis
+ State whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual)* have been followed, and disclose and explain any material departures in the financial statements
+ Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance 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/her to ensure that the accounts comply with requirements outlines 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 the NHS Foundation Trust Accounting Officer Memorandum.

Daren Mochrie, Chief Executive

Date: 30 May 2017

Statement of Directors' responsibility for the report and accounts

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

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies aims and objectives of South East Coast Ambulance NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in South East Coast Ambulance NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors has ultimate responsibility for ensuring that an effective risk management process is in place. The Board of Directors recognises that risk management is an integral part of good management practice and to be most effective should become part of the Trust's culture. The Board is therefore committed to ensuring that risk management forms an integral part of its philosophy, practice and planning rather than viewed or practised as a separate programme and that responsibility for implementation is accepted at all levels of the organisation. The provision of appropriate training is central to the achievement of this aim.

The Board identified weaknesses in the risk management framework during the year 2016/17. In order to better enable staff to manage and control risk a new risk management database was introduced, and a new risk management strategy and policy was developed; approved by the Board in Q4.

The trust's risk management strategy and policy provides a framework for achieving the integration of risk management in the Trust's strategic aims and objectives. It encompasses our risk management process and sets out how staff are supported and trained to enable them to identify, evaluate and manage risk. The management governance structure, revised in Q4, is designed to ensure focus on risk management at all levels of the organisation.

Although I recognise more needs to be done to ensure better consistency, lessons learned and guidance on best practice is shared in many different ways including;

- Immediate feedback to staff in person and via our DATIX system
- Distribution of Patient Care Updates by the Clinical Care and Patient Safety team
- Issue of the Clinical News Letter- Reflections
- Quality Matters Newsletter
- Use of our internet and intranet sites
- Use of the staff magazine
- Topics shared for inclusion in clinical skills updates
- Revised corporate induction and transition to practice courses

- Coaching and mentoring
- Learning shared at Governance Meetings
- Trust wide learning events

I am accountable for the leadership of risk within the Trust. I chair the Executive Risk & Assurance Group, which was established in January 2017. Its principal aim is to help ensure strategic risks, including those on the Board Assurance Framework, are being adequately managed, and to seek assurance that services are being provided safely.

The Board committee structure was revised in Q2, re-focussing the committees, which are chaired by an independent non-executive director, so that they test areas at risk and seek assurance from management that when issues are identified appropriate action is taken. Building on the findings from the Care Quality Committee Inspection in May 2016, this new committee structure has helped to identify a number of issues through the year, helping to ensure improved patient care.

The **Executive Director Quality and Safety (Chief Nurse)** is the executive lead for ensuring that overall risk and assurance processes are devised, implemented and embedded, reporting to the Executive and Board appropriately. This executive is also responsible for providing assurance on patient care.

The **Executive Medical Director** is responsible for providing assurance on all aspects of medical leadership (including the use of medicines) reporting to the Executive and Board appropriately.

The **Executive Director of Finance and Corporate Services** has a specific role for leading the strategic development and implementation of financial risk management (including anti-fraud and bribery), which includes oversight of the Standing Financial Instructions.

The risk and control framework

The Risk Management Strategy and Policy sets out the framework and process by which the Trust implements control of risk. It describes what is meant by risk management; and it defines the roles and responsibilities of staff, including the key accountable officers (some of which are referenced in the section above).

The risk management strategy aims to support the organisation to fully understand its current and potential risks, and to ensure that risk mitigation strategies are well developed. This provides public and Board assurance that the controls in place to manage risks are working effectively. As such the system of internal control aims to;

- Be embedded in the operation of the organisation and form part of its culture;
- Be capable of responding quickly to evolving risks; and
- Include procedures for reporting and escalating any significant control failings immediately to appropriate levels of management.

Risks are **identified** via a number of mechanisms and may be both proactive and reactive from a number of sources, for example; analysis of key performance indicators; change control processes; claims, incidents, serious incidents and complaints; risk assessment; information governance toolkit.

Once identified, risks are **evaluated** by analysis of the cause(s) and source(s) of the risk, their positive and negative consequences and the likelihood that those consequences will occur. Ideally, risk evaluation should be an objective process and wherever possible should draw on independent evidence and valid quantitative data. In order to ensure consistency of risk quantification across the Trust a standardised set of descriptors and scoring matrices is used, based on the Australian/ New Zealand Standard AS/NZS 4360:2004.

Having identified and evaluated the risk, the **controls/actions** to be implemented/taken are discussed, determined and recorded. Sometimes a decision will be taken to accept the risk, otherwise controls and actions are aimed at avoidance, transference, or reduction.

In light of the findings from the CQC inspection in May 2016, which resulted in the Trust being placed in special measures, a number of actions and programmes were implemented to ensure compliance with CQC registration requirements. These are contained within the Trust's Unified Recovery Plan (URP). The URP has a number of work-streams aligned to one of the Board's assurance committees, and managed by one of the three steering groups; Recovery; Quality; Finance. The steering groups meet at least weekly, and report progress and any risks on a weekly basis to the executive.

Higher-level progress against the URP is considered by the Board of Directors at each of its meetings, including important risks. Due to the size and complexity of the URP, the Board took steps through Q3 to ensure the Programme Management Office had the right capacity and capability to support delivery of the URP.

In addition to the Board having regular updates against progress of the URP, it tests management on our compliance with CQC registration requirements through its committees. At the beginning of the year when the Board revised its committee structure, it agreed a committee assurance purview. This is based on the objectives of the URP; legal/regulatory requirements; CQC key lines of enquiry; and Monitor's quality governance framework. The Quality and Patient Safety Committee, in particular, tested throughout the year assurance against specific areas, prioritising the issues CQC set out following its inspection as 'must dos'. Through this quality governance framework, the Trust used the findings from the CQC to help identify more clearly other areas which required improvement. During this period of discovery, the action identified was captured in the URP and tracked accordingly.

As part of the governance arrangements related to being in special measures, the Trust also has meetings with NHS Improvement each month, to track progress against the URP. A Single Oversight Group also meets monthly, this includes NHSI, NHSE, CCGs, Healthwatch and other stakeholders and, as well as also seeking assurance, this Group helps to support us in our improvement journey. We also meet with CQC each month, focussing on the most serious findings from its inspection in May 2016, which resulted in a section 29A Warning Notice[2].

The Trust has an annual programme that includes information governance training for all staff on the risks around data security and the appropriate handling of patient identifiable data. In addition to this, the Trust adheres to NHS and CESG best practice around IT Security in terms of managing user access, providing anti-virus & malware protection, email filtering, web filtering, network firewalls and data backup. These systems are constantly reviewed to ensure data is protected from outside attack.

The Trust's major risks during 2016/17 included;

+ **Stability of the Board of Directors/Executive**

Through the year the Trust experienced a high number of changes at Board level, and had a number of interim directors, including the Chair, Chief Executive, and Director of Quality and Safety. A new substantive Chair and Chief Executive are now in post, from March and April, respectively and the Board's Appointment & Remuneration Committee agreed in Q4 a Board succession plan with the aim of recruiting substantively

2. See Performance Report and Quality Report

to all director-posts by the end of 2017.

+ **Capability and capacity to deliver the improvement plan (URP)**

In addition to the number of changes and interim positions at Board level, the same has been experienced throughout key departments in the Trust, in particular in the quality and safety directorate. This has impacted adversely on the pace of our recovery. The Programme Management Office (PMO) which helps to support delivery of the URP also lacked sufficient capacity and capability for much of the year. The Board acknowledged this and commissioned external specialist support, with the aim of introducing robust programme governance pending the recruitment of a substantive PMO.

+ **Medicines Management**

Although some medicines management issues were identified as a concern by the CQC during its inspection in May 2016, the Trust subsequently identified further concerns during Q3, which necessitated more comprehensive corrective actions. Most concerning was the use of medicines with labels in foreign languages. Once identified, a number of immediate corrective steps were taken. The risks and issues were notified to NHS Improvement and following a risk summit an independent review was arranged (due to conclude in Q1 2017/18). Medicines management is now being led by our new Medical Director, supported by a new Chief Pharmacist, both of whom joined the Trust in March 2017.

+ **Financial Position / Cost Improvement Programme (CIP)**

The Trust identified during Q1 a potential risk to the achievement of the CIP and the budgeted surplus, particularly in light of the investment that was required to support the Unified Recovery Plan. The Trust revised in discussion with the Board the forecast outturn for the 2016/17 year to a deficit of £7.1m, which was reported to NHS Improvement. The Trust achieved the revised target, largely as a result of a sustained focus on cost reductions in Q4 during which some £2m of savings were achieved. Pressures on the cash position required the Trust to seek a working capital facility with NHSI. A £15m facility was agreed and the Trust drew down £6.2m (note 24 in the Annual Accounts) during the year, of which £3.0m has since been repaid

+ **Staff engagement**

We have introduced a number of ways of increasing engagement with staff. For example; Speak in Confidence (our anonymous dialogue system) is now regularly used by staff to communicate directly with directors; the Chief Executive and Director of Operations both hold regular surgeries; and we have introduced a programme of focussed bulletins from directors.

Our new Health and Well Being Strategy was developed with input of staff via multiple focus groups. The evidence suggests that our workforce is keen to engage on issues meaningful to them and so we are introducing a quarterly pulse survey of eight questions focussing on leadership, bullying and harassment and feeling valued. This will help us to measure the impact of the changes we are introducing.

NHS foundation trust license condition 4 (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.

Following the weaknesses in the governance structure which the Trust identified during 2015/16 (as set out in the 2016 annual governance statement) a number of steps were taken through this year to ensure better governance. For example, the Board of Directors revised its committee structure, and the Executive agreed a new management working group governance structure. The aim of which was to ensure better clarity of the reporting lines and how management ensure standards are improved and maintained.

The consultation impacting on the structure of the Executive concluded in Q4, and this resulted in clarification of portfolios with particular emphasis on the clinical directors which were reduced from three to two. At the time of this governance statement, the outcome of the Executive restructure and implementation of the management working groups is still embedding, but my expectation is that both will provide greater clarity and a more effective structure.

Through the improved governance I have described, the delivery of the URP is now more robustly supported providing more timely and accurate information to enable better assessment of risk to compliance with the Trust's license.

As a foundation trust, we involve members, patients and the public in the development of our services. The Trust's Inclusion Strategy brings equality and diversity work, patient and public involvement and Foundation Trust membership engagement into a single strategy which ensures that our statutory and legislative duties are met.

As set out in the Inclusion Strategy, the Inclusion Hub Advisory Group is a diverse and representative group of members supported by the Trust's Inclusion Manager. It advises the Trust on:

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

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

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

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

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this 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 means by which the Trust aims to ensure economy, efficiency and effectiveness include;

- A robust pay and non-pay budgetary control system
- Financial and establishment controls
- Effective procurement
- Continuous programme of modernisation and quality and cost improvement

The Board of Directors performs an integral role in maintaining the system of internal control, supported by the work of its committees, internal and external audit and its regulators.

Each cost improvement plan (CIP) scheme is supported by an action plan, a quality impact assessment and appropriate metrics. Performance against these plans is monitored by the Executive and the Board of Directors.

The Trust's internal audit service provider is RSM. Detailed annual plans are drawn up and approved by the Audit Committee at the start of each year taking into account the Trust's objectives, risk profile, and risk register/BAF.

In accordance with the approved audit plan, a number of reviews were carried out during the year. The outcomes of the audits have been less positive than in previous years, which is what I would expect given where we are in our recovery. Where actions have been recommended, these have been accepted by management and plans are in place to implement these recommendations within agreed timescales.

RSM were unable to provide any assurance following the audit of fleet management. And partial assurance opinions were provided regarding the following systems reviewed;

- Risk Management (Draft),
- Safeguarding,
- Incident Management,
- Application of the appraisal system,
- Pre-employment checks,
- Private ambulance,
- Financial Reporting and Budget Setting,
- Sickness Absence; and
- Quality Account – Frequent Callers (Draft)

Information Governance

The Trust has reported one information governance breach to the Information Commissioner's Office (ICO); this was in March 2017 and related to a loss of patient records. An internal review identified that 33 patient clinical records (PCRs) could not be located. A full root cause analysis investigation is being undertaken and due to conclude in Q1 of 2017/18.

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. NHS Improvement (in exercise of the powers conferred on 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 purpose. In identifying and agreeing the Quality 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 Report.

As part of the annual process, Governors were invited to participate in a workshop (alongside public members, staff and other stakeholders) to agree the Quality Report measures/objectives for the year. This took place in December 2016. There are some mandatory areas we are required to report on in the combined document while other local indicators were determined in conversation with stakeholders.

The Trust is required to evaluate key processes and controls for managing and reporting against the mandatory indicators and to undertake sample testing of the data used to measure how well the Trust is doing against them – also called an audit. The findings of this audit are included within the Quality Report.

Part 2 of the Quality Report gives details of performance achieved against separate indicators under the headings of Patient Safety, Patient Experience and Clinical Effectiveness, as set out below:

Patient Safety

+ Delayed Paramedic Practitioner Referrals

Patient Experience

+ Frequent Caller Identification & Management
+ 999 Call Community Frist Responder Survey

Clinical Effectiveness

+ Delivery of high quality patient care be enhancing the skills of the Clinical Advisors working in NHS 111
+ 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.

Full details can be found within the Quality Report 2016/17

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on 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 quality and patient safety committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its committees have a significant role in reviewing the effectiveness of the

system of internal control. The processes that have been applied in this regard include;

Board of Directors

The Board receives an update from me at each meeting on any significant issues that affect the trust, as well as considering the integrated performance report which covers clinical outcomes; quality; workforce and finance. The Board receives a verbal and/or written report from each of its committees at each meeting.

Audit Committee

The Audit Committee is a standing committee of the Board of Directors. Its membership comprises of independent non-executive directors. Inter alia, it is responsible for overseeing overall Risk Management, Losses and Near Misses, Business Continuity, Information Risks, Financial Risks, Governance, Internal Audit, External Audit and the Local Counter Fraud and Bribery Specialist.

The internal audit programme is risk based and generally focused on high risk areas agreed between RSM, Audit Committee and Management. Audit Committee has flexibility to review any urgent issues should they arise.

Audit Committee regularly reviews the risks identified in the Board Assurance Framework, which includes controls and assurances (and any gaps) plus the mitigating action being taken. The Trust did not have an effective Board Assurance Framework through much of the year, however, a new approach was agreed in January 2017 and is still bedding in.

Quality & Patient Safety Committee

Chaired by an independent non-executive director, the Quality & Patient Safety Committee is also a standing committee of the Board of Directors. On behalf of the Board, it tests the design and effectiveness of the system of internal controls which relate to quality and patient safety. The committee has a key function in assessing the cost improvement programme (CIP) against the impact on quality.

During the year this Committee has prioritised which areas to scrutinise in order to test the design and effectiveness of the relevant parts of the overall system of risk management and internal control. Where the Committee has identified weaknesses, it has asked management to respond; for example, it identified weakness in the Trust's new quality impact assessment process and as a consequence management took prompt steps to address the concerns raised. The Committee also identified significant weaknesses in medicines management, which I have referred to earlier.

Clinical Audit

The Board lead for Clinical Audit is the Executive Medical Director who ensures sustained focus and attention to detail of clinical audit activity. The effectiveness of clinical audit has been a concern through much of the year, as reported to the Board through the URP. The team has experienced leadership challenges with interim Heads of the Department. The team is now relocating to the new Headquarters where colleagues will be co-located with the Medical Directorate, providing greater support and oversight.

The range of audits undertaken is limited to the national clinical performance indicators, with reporting currently 3 months behind other ambulance services. An updated audit plan for 2017-2018 will include a trajectory for faster reporting, establishing data sharing agreements with acute Trusts to enable outcome reporting for cardiac arrest survivors, and a review of the capacity to undertake local audits and clinical performance indicators.

Annual Governance Statement

Internal Audit

Internal audit provides an independent and objective opinion on the degree to which risk management, control and governance support the achievement of the Trust's objectives.

During 2016/17 the outcome of some of these audits highlighted concerns as outlined earlier in this statement. As a consequence, the Head of internal audit opinion for 2016/17 is;

There are weaknesses in the framework of governance, risk management and control such that it could be, or could become, inadequate and ineffective.

Whilst we have noted a number of core areas where controls were well designed and operating effectively, there were many others, including those around risk management and the Board Assurance Framework where controls had not been fully operational through the year and we identified a lack of accountability and deadlines around actions to close identified gaps in control. For all finalised reports Management has agreed actions to implement improvements and these are regularly followed up and progress towards their implementation will continue to be tracked into 2017/18.

External Audit

External Audit report to the Trust on the findings from the audit work, in particular their review of the accounts and the Trust's economy, efficiency and effectiveness in its use of resources (Value for Money conclusion). During 2016/17:

+ Their work in respect of the financial statements resulted in the issue of an unqualified audit opinion; and
+ Their work in reviewing the Trust's arrangements to secure economy, efficiency and effectiveness resulted in the issue of an adverse Value for Money conclusion.

Conclusion

This year has been particularly challenging. While I am satisfied that improvement has been made to ensure some controls were well designed and operating effectively, there were clear and significant instances where this did not apply, as set out within this annual governance statement.

With a more stable leadership team now in place, I am confident that we can make the further improvement in our governance arrangements, and this will remain a key priority for 2017/18.

Daren Mochrie, Chief Executive

Date: 30 May 2017

Appendix A

Quality Account & Quality Report 2016/17

This document is based on current quality accounts legislation and NHS Improvement's additional requirements for quality reports.

The Quality Account and Quality Report can be accessed via the SECAmb website www.secamb.nhs.uk or alternatively for copies of the document please e-mail enquiries@secamb.nhs.uk

Or write to:

South East Coast Ambulance Service NHS Foundation Trust
Nexus House
4 Gatwick Road
Crawley
RH10 9BG

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Introduction

The purpose of this document is to report on the quality of care provided by South East Coast Ambulance Service (SECAmb) during 2016/17.

Throughout this document you will see how we have performed against a series of measurables and targets. You will also learn about the service improvements which the Trust has committed to implement, both in the short and longer term, learning from the challenges that we have faced this year.

To qualify the information presented in this report, we have a legal requirement to obtain external scrutiny on the content and data that you will find in this document. This scrutiny is provided by the Trust's auditors and follows a framework set out by NHS Improvement (NHSI). In turn this scrutiny offers assurance to our patients on our performance reporting.

The format of the Quality Account and Quality Report is prescribed under regulation and forms three parts which much 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**
  – Priorities for improvement
  – Statements of assurance from the Board
  – Reporting against core indicators
+ **Part 3 – Other information; and two annexes:**
  – Annex 1 – Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees
  – Annex 2 – Statement of directors' responsibilities for the quality report

The integrity of the data submitted to the Department of Health has come under scrutiny and the Trust may re-state the data submitted, in line with permitted national reporting timescales, after a thorough review.

Part One

1.0. Chief Executive's Statement on Quality

I am pleased to present South East Coast Ambulance (SECAmb) NHS Foundation Trust's Quality Report for 2016/17. This year has been challenging for the Trust but our staff have worked hard to deliver a good service to our patients, as well as pursuing improvements through our Unified Recovery Plan (URP).

As a Trust, we:

+ Receive and respond to 999 calls from members of the public
+ Respond to urgent calls from healthcare professional e.g. GPs
+ Provide non-emergency patient transport services (up to 31st March 2017)
+ Receive and respond to NHS 111 calls from members of the public

We provide these services to a population of 4.5m across the South East Coast area.

I hope this report demonstrates the areas where we have seen improvements, as well as the areas where we need to do more. There has been much to do doing this year, which has meant we have had to prioritise some areas over others, meaning some are still outstanding.

In last year's report, we stated that 2015/16 was the most difficult year that the Trust had ever faced.

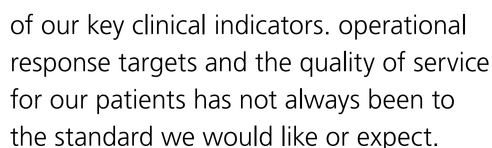
2016/17 has proved to be just as difficult, with the Trust facing a number of internal and external challenges which have impacted on our aim to deliver a high quality and response patient service, including:

+ Challenges in recruiting and retaining sufficient numbers of clinical and non-clinical staff
+ The capacity of the Trust to maintain the pace of improvement required
+ A significant increase in hospital handover delays, which impacts on the availability of crews
+ Sustained high demand which was above contractual levels, as well as our need to improve operational efficiency
+ The need to embed new quality processes

In May 2016 the Trust was inspected by the Care Quality Commission (CQC), who identified a number of issues leading to an overall rating of Inadequate for the Trust, due to specific ratings of Inadequate for the Safe and Well-Led domains.

In response, the Trust developed a specific CQC Action Plan, as part of our boarder, over-arching Unified Recovery Plan (URP) – you can read more about the Trust's response to the CQC visit and the work underway to drive up quality throughout the organisation later on in the Report.

The Trust did not meet its 999 operational performance targets during the year and fell behind where we would want to be on some



of our key clinical indicators. operational response targets and the quality of service for our patients has not always been to the standard we would like or expect.

I am pleased that we are now starting to see a greater level of stability at Board level – this is an area that the newly-appointed Chair and I are keen to address quickly. We are already working hard to make sure that leadership, good governance, systems and processes are embedded throughout every area, as well as working with our commissioners to ensure that the Trust is as supported as possible to respond to rising and changing patient demand.

During the coming year, work will continue in a range of areas that I am confident will see benefits for both patients and staff. As we see the new Staff Health & Wellbeing Strategy rolled out, the increased use of iPADs and the new electronic Patient Care Record (ePCR) and the move to the new Emergency Operations Centre/ HQ and roll out of the new Computer Aided Dispatch (CAD) system at Crawley completed, I am sure this will bring real quality improvements.

To the best of my knowledge, the information contained in this report is accurate.

Daren Mochrie, Chief Executive

2.1 Priorities for Improvement 2016/17

How they were developed

In considering which quality measures SECAmb would report on during 2016/17, we held an external workshop in November 2015 and invited Governors, patients, staff, Healthwatch representatives, Health Overview & Scrutiny Committee (HOSC) members and Commissioners to attend.

During the workshop, participants reviewed a selection of suggested quality measures; each was discussed and explored throughout the workshop and the top five were agreed upon by the stakeholders.

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.

In January 2016, the chosen five Quality Account measures were agreed by the Trust Board; included within these was one measure carried forward from 2015/16:

Quality domain		
Patient Safety	**Patient Experience**	**Clinical Effectiveness**
Delayed Paramedic Practioner (PP) referrals		
Frequent Caller Identification & Management*		
	999 Call Community First Responder (CFR) Survey	
		Delivery of high quality patient care by enhancing the skills of the Clinical Advisors working in NHS 111
		Using IBIS to assess and monitor whether End of Life Care patients with Preferred Place of Care/ Death documented on IBIS care plans achieved their care goal

*The Council of Governors is required to agree a local quality indicator to be externally audited. The Trust presented a paper to the Governors on the 31 January 2017 and following discussion, the Council of Governors approved a review of Frequent Caller/Identification and Management. This review was undertaken by the Trust's internal auditors and included performing a 'deep dive' review into Frequent Caller/Identification and Management, tracing reported information through from source data to ensure that data collection, validation and reporting processes were robust.

2.1.1 Delayed Paramedic Practitioner (PP) referrals

Quality Domain	Patient Safety
Aim of Priority	+ To measure compliance with the specified time given (1, 2 or 4 hours) to attend a patient by a PP following referral by another clinician
Target measures	+ 85% attendance by a PP within time specified + 95% attendance by a PP within time specified + 1 hour
Performance	+ 72.27% attendance by a PP within time specified + 87.92% attendance by a PP within time specified + 1 hour
Implementation Lead	+ Andy Collen, Consultant Paramedic

Background

One of the care pathways available to SECAmb's front line operational staff is the ability to refer a patient via the PP desk in the EOC. Following this, the patient will be attended by a PP (known as the PP referral system) with the intention being that the patient can be treated at or closer to home, hence avoiding an unnecessary journey to the local A&E department.

Note:

From April 2016 until the introduction of the Ambulance Response Program (ARP) on 18th October 2016, when a referral was made to the PP desk by a front line operational member of staff a time priority was placed on the case depending upon its perceived urgency (i.e. one, two or four hours).

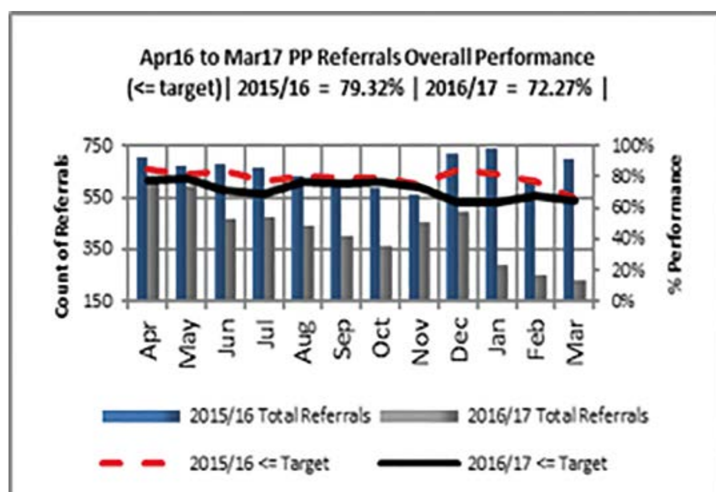
Since the introduction of the ARP, the PP Referral problem text is a without a time limit so the data used within this report from 18th October 2016 onwards uses the priority of the call to determine the urgency of the required response and this data has been added to the data set used prior to the introduction of the ARP.

Performance against targets

Note - there has been a 35.49% decrease in overall PP referrals during 2016/17 compared to 2015/16

Overall compliance with 85% attendance by PP within time specified (across 1, 2 & 4 hour priorities)

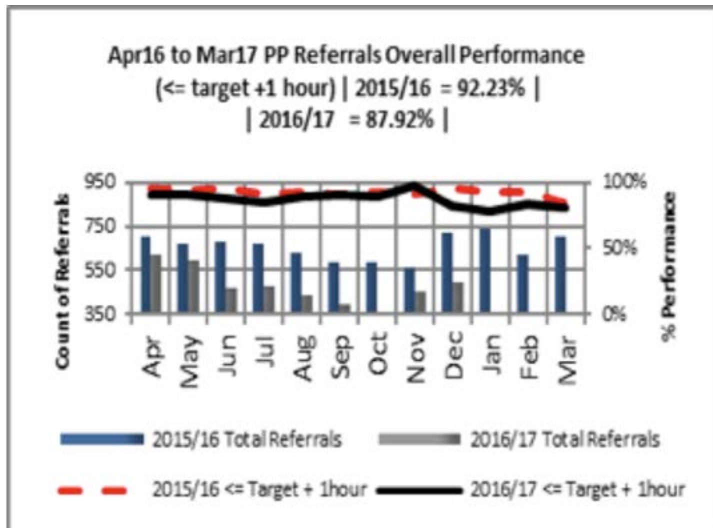
Chart 1



- Chart 1 shows that the overall performance (72.27%) is under the required target of 85%
- This also shows a reduction in performance of 7.05% compared to 2015/16 (79.32%)

Overall compliance with 95% attendance by PP within time specified + 1 hour (across 1, 2 & 4 hour priorities)

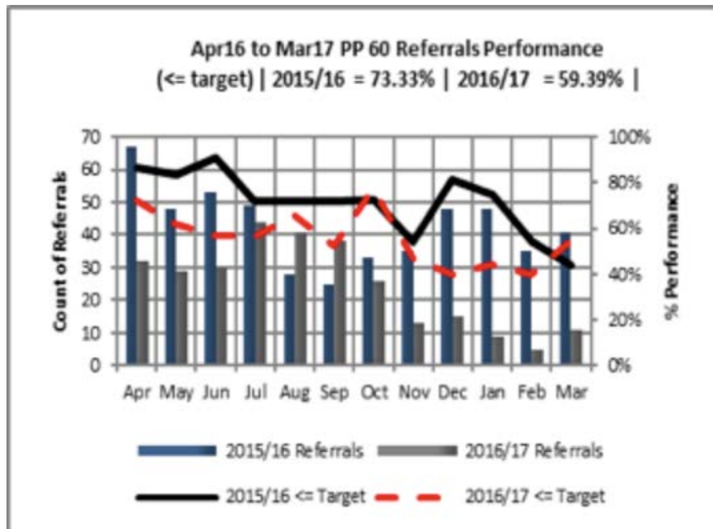
Chart 2



- Chart 2 shows performance of 87.92% is below the target of 95%
- This also shows a reduction in performance of 4.31% compared to 2015/16 (92.23%)

Compliance with 85% attendance by a PP within 1-hour target

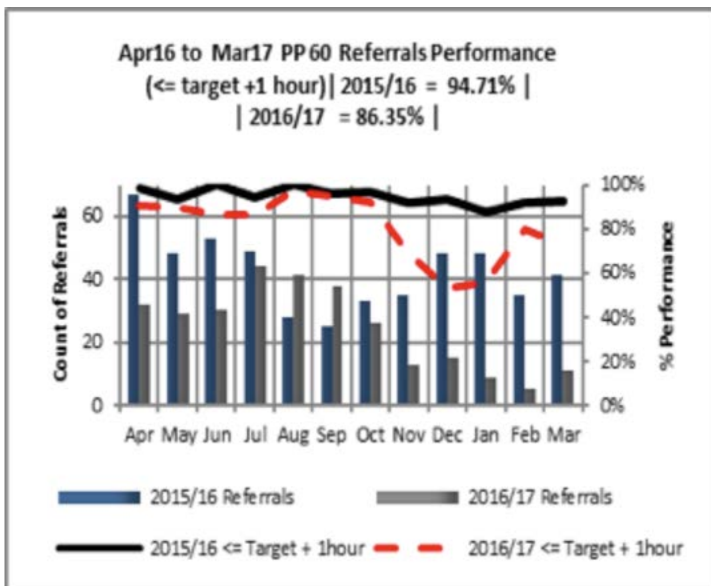
Chart 3



- Chart 3 shows performance of 59.39% is below the target of 85%
- This also shows a reduction in performance of 13.94% compared to 2015/16 (73.33%)

Compliance with 95% attendance by a PP within 1-hour target + 1 hour

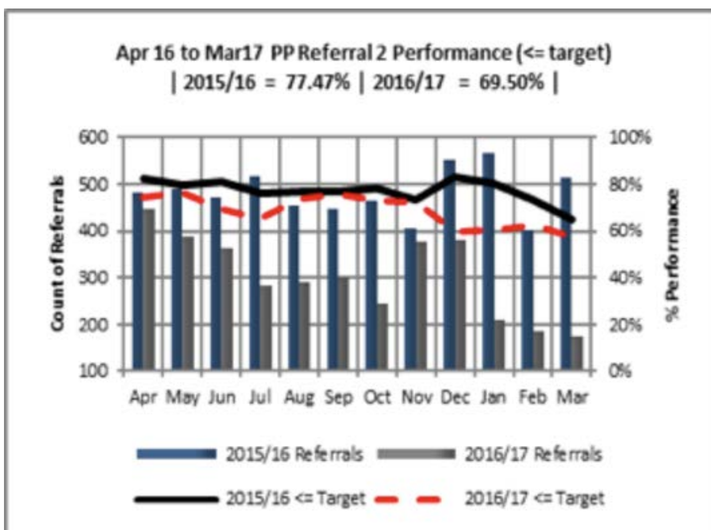
Chart 4



- Chart 4 shows performance of 86.35% below the target of 95%
- This also shows a reduction in performance of 8.36% compared to 2015/16 (94.71%)

Compliance with 85% attendance by a PP within 2-hour target

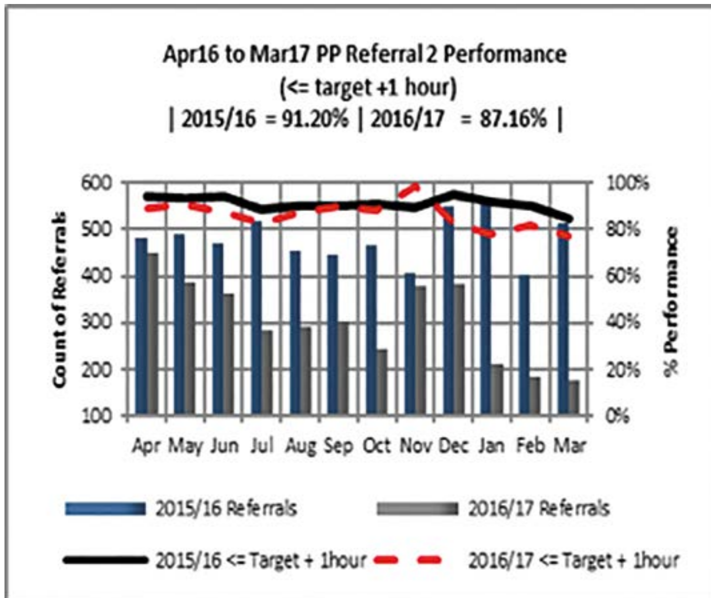
Chart 5



- Chart 5 shows performance of 69.50% below the target of 85%
- This also shows a reduction in performance of 7.97% compared to 2015/16 (77.47%)

Compliance with 95% attendance by a PP within 2-hour target + 1 hour

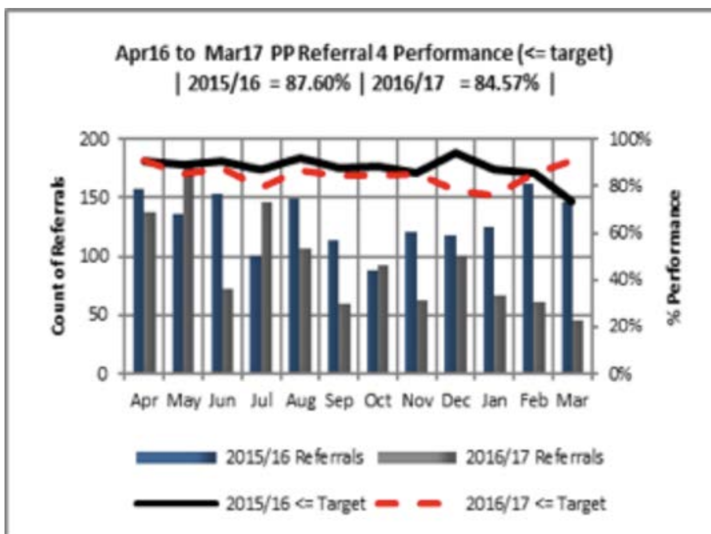
Chart 6



- Chart 6 shows performance of 81.16% below the target of 95%
- This also shows a reduction in performance of 4.04% compared to 2015/16 (91.20%)

Compliance with 85% attendance by a PP within 1-hour target

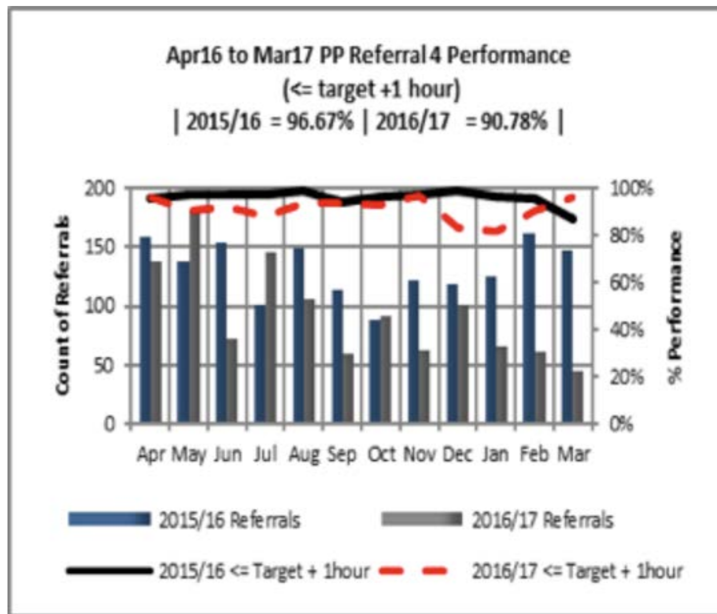
Chart 7



- Chart 7 shows performance of 84.57% below the target of 85%
- This also shows a reduction in performance of 3.03% compared to 2015/16 (87.60%)

Compliance with 95% attendance by a PP within 4-hour target + 1 hour

Chart 8



- Chart 8 shows performance of 90.78% below the target of 95%
- This also shows a reduction in performance of 5.89% compared to 2015/16 (96.67%)

Initiatives

SECAmb is working in a number of ways to ensure that patients who are referred for care by PPs receive their follow up in a timely way.

Areas of focus include:

- **Monitoring and Reporting** - there is a standard report being developed by the Clinical Development Team on all the aspects of specialist practice, and this will include a section on performance of the PP referral system
- **Development of the PP desk** (as part of the wider Clinical Hub within EOC) - one of the roles of the Clinical Hub will be to assist monitoring and oversight of PP referrals, which will aid dispatchers in managing their workloads
- **Referral Management** - the Clinical Development Team and EOC Senior Management Team will continue to work together to ensure that referral requests are improved, that patient flow is optimised and that patients' needs are met in the correct part of the health and social care economy. We are working in partnership with commissioners and other providers to ensure that referrals offer the most clinical benefit ['and there is work in progress to ensure all clinicians can confidently refer patients successfully. SECAmb also allows clinicians to discharge patients where appropriate, and we will continue to ensure that staff do not use referrals where safe discharge is appropriate (or vice versa).

2.1.2 Priority 2 - Frequent Caller Identification and Management

Quality Domain	Patient Safety
Aim of Priority	+ To reduce the volume of frequent caller calls
Target measures	+ To reduce the volume of frequent caller calls by 1% compared to 2015/16 (monthly average of 3.79% of total call volume)
Performance	+ Reduction of 4% of calls by identified frequent callers (calls per patient ratio) + Frequent caller calls reduced by 0.12% of all calls

Background

Frequent callers are identified by the Frequent Caller National Network (FreCaNN) as a person aged 18 or over who makes five or more emergency calls related to individual episodes of care in a month, or twelve or more emergency calls related to individual episodes of care in three months from a private dwelling.

Identifying and engaging with patients who are frequent callers to the ambulance service is essential to assisting the individuals to work with their GP and other health care professionals to identify their unmet healthcare needs and get the support they need to reduce their call volume. This subsequently has a positive impact on both the patient, who will no longer rely on the ambulance service for their healthcare needs, and on the wider community by making ambulances available to respond to emergency calls.

SECAmb has followed guidance from FreCaNN and other ambulance trusts with a frequent caller process to create policies and procedures to identify frequent callers, assess their needs and instigate intervention in their care.

Performance against targets

Key Performance Indicator (KPI)

The Trust has set itself a target to reduce the volume of frequent caller calls by 1%. For 2015/2016 the average percentage of call volume from frequent callers per month was 3.79%. Since April 2016 there has been a 0.12% reduction in call volume. It should be noted that prior to this period of measurement, calls from frequent callers were in excess of 5% of all calls, and this compares to the national averages of between 6 and 10% of calls.

The data collected also illustrates a reduction in calls per frequent caller by 4% resulting in a reduction of 99 calls per month, as shown below:

Quality domain	2015/16	2016/17
Number of Frequent Callers Identified	413	444
Number of calls – 1 month*	2793	2899
Frequent Callers 999 Activity	3.79%	3.66%
Frequent Callers on IBIS	31%	41%
Number of calls – 3 month**	6636	6838

*A Frequent Caller making 5 or more 999 calls in one month

**A Frequent Caller making 12 or more 999 calls in three months

- Reduction in calls per patient
  –The number of patients identified as a frequent caller has risen from 413 to 444 (27 additional patients) and the total number of calls from frequent callers has risen from 6636 to 6838 (202 more calls). The average number of calls per patient has fallen from 16.07 to 15.40 – a reduction of 4%. This means the impact of each frequent caller is reduced.
- Reduction in average monthly call volume
  – Based on the 1 month and 3 month figures, the improvements seen in relation to the use of the frequent caller management system has seen a reduction of 99 calls (1 month average) and 92 calls (3 month average).
  – While overall the reduction is only 0.12%, this figure is not normalised for growth in 999 activity or fluctuations in the number of individual frequent callers.

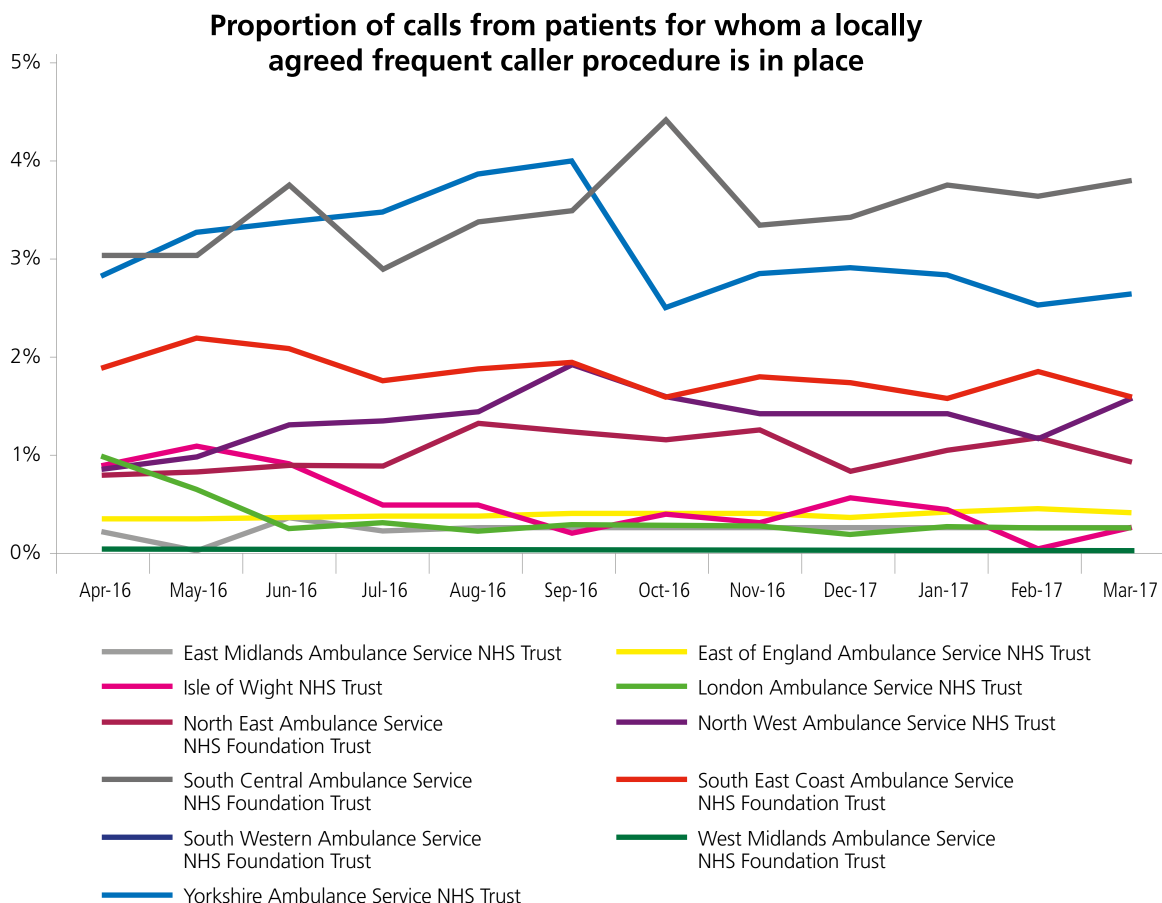
Ambulance Quality Indicator (AQI)

This year the Trust has been in a position to report on the national Frequent Caller AQI: *"Proportion of emergency calls from patients for whom a frequent caller procedure is in place"*, see figure 2. This was part of the Trust's contractual requirements for 2016/17.

Nationally, the AQI reporting has been postponed due to a lack of consistency in reporting across Ambulance Trusts, resulting in difficulty comparing performance. This will be revisited when Trusts are able to match patients to NHS numbers, resulting in more accurate identification of frequent callers.

What the national data does illustrate is that SECAmb (illustrated by the red line in Figure 2 below) has frequent caller procedure in place for 1.8% of patients that call 999 compared to the national average of 1.3% (although this doesn't take into account the differences in call volumes across the ambulance trusts).

Figure 1



Frequent Callers/IBIS

A 999 or 111 call to SECAmb from a Frequent Caller is considered to have a procedure in place if the patient has an IBIS record and the record is linked to the patient at the time of call. IBIS will then signpost clinicians to a care plan, or contact number, for the patient's main care provider (for example GP or Mental Health Service).

In April 2016, it was ensured that the top 10 frequent callers in each Operational Dispatch Area had an IBIS record in place, to aid clinician decision-making.

Initiatives

During the year, excellent progress has been made in working with the Trust's "top ten" Frequent Callers. For example, intervention with two of these patients (who have made 72 and 58 999 calls in three months respectively) has been greatly assisted by the Trust's newly-appointed Consultant Mental Health Nurse.

All four stages of the frequent caller process have now been carried out. The Frequent Caller Team continues to recruit and train local leads to progress patients though stage 2 and 3 of the process and co-ordinate stages 1 and 4.

2.1.3 Priority three – 999 Call Community First Responder Survey

Quality Domain	Patient Experience
Aim of Priority	+ To gauge the level of satisfaction of patients, their families and carers with the customer care provided by Community First Responders (CFRs)
Target measures	+ No specific targets were set however the outcomes have been compared to a survey undertaken in 2015
Performance	+ Positive feedback was received in relation to CFRs demonstrating the 6Cs – Care, Compassion, Competence, Communication, Courage and Commitment (between 93% and 100% satisfaction reported) in 2016
Implementation Lead	+ Karen Ramnauth – Voluntary Services Manager

Background

Measuring success of CFRs has been focussed on the number of volunteers at any given time, their percentage contribution to performance and the number of incidents they attended. These measurements will not change; however, it was identified that what was lacking was information on how patients felt about CFRs. Quantifiable data would justify the continuation of this service, inform the Trust if Community First Responder development was progressing in the right direction, and potentially speak to changes in scope of practice.

In September 2015, the Trust undertook its first patient satisfaction survey to patients who had been seen first by Community First Responders.

A second survey was circulated to patients seen during May 2016. The surveys seek to gauge the level of satisfaction of patients, their families and carers, with the customer care provided by Community First Responders. The survey focusses on the patient's experience of having a CFR attend as a first response, and enquires whether patients found the Trust's CFRs demonstrated compassionate care and adopted the 6Cs – Care, Compassion, Competence, Communication, Courage and Commitment.

The 2015 survey was sent to patients en masse across the area where CFRs work, but the 2016 survey was split by county, so there are now four return entries in the data - September 2015, May 2016 Kent, May 2016 Sussex and

May 2016 Surrey. Later surveys will continue to be analysed by county to enable comparison.

Performance against targets

As stated above, no targets were set as this survey was exploratory and intended to create a baseline for future measurements. The results demonstrate that Community First Responders (CFRs) are tangibly and positively contributing to the patient experience within the Trust's operating area.

The main data collected is detailed in the table below. The percentage shown is the number of recipients who agreed with the domain statements.

The Trust was keen to understand whether respondents were aware or made aware that Community First Responders were volunteers

Domain	Sept 2015	May 2016 - Kent	May 2016 - Surrey	May 2016 - Surrey
CFR listened to them or the patient	98%	98.6%	96.7%	93.5%
CFR respected patients privacy and dignity	99%	100%	100%	97.6%
CFR was kind and caring	100%	100%	100%	97.5%
CFR was calm and confident	100%	100%	100%	98.8%
CFR was reassuring	100%	100%	98.5%	98.7%
Satisfied with response from CFR	100%	100%	100%	100%

in the community. The comments suggested that patients and their families/carers had been too distraught during the incident to be able remember whether the responder identified that they were dispatched by the ambulance service.

In the 2016 survey in each county this sentiment was echoed but there were also many affirmative comments to show that CFRs were known and appreciated in their community.

Population

Data was derived from the Trust's performance reports to identify addresses where CFRs had been dispatched and arrived on scene to patients.

To ensure that the recipients were aware and recognised that a volunteer Community First Responder had been first on scene as opposed to another member of ambulance staff, the data was filtered in the first instance to include those incident addresses where the Community First Responder would have been on scene alone with the patient for at least three minutes before the arrival of crew.

The addresses were then filtered to exclude those calls which had come in from a public place / school / nursing home. The next filter was frequency of attendance, so if a Community First responder had visited the address more than once during the catchment time frame that address was excluded. This was to respect the privacy of the patient and their family depending on the outcome. For the same reason the final filter applied excluded those addresses where the problem nature was cardiac arrest. The result was 373 eligible addresses in the 2015 survey and 529 in 2016.

Research Methodology

The surveys were sent by post to the address where the call originated, with a letter of explanation and a Freepost addressed envelope. The closing date was four weeks after posting, and a reminder letter sent at two weeks.

The data was manually entered onto Survey Monkey to facilitate analysis. The questions are listed in the Appendix. Respondents were given the opportunity to share more details to explain their reasoning for all but the first question.

In the 2015 survey a number of recipients wrote in the additional comments they wanted to express their thanks to the volunteer / crew who attended. It was impossible to act on this as the survey is completely anonymised. This learning was incorporated into the 2016 survey;

recipients were advised that if they wished the Trust to look into any aspect of their experience, or to pass on comments to those who attended them, that contact details would need to be provided. Any details received will have been forwarded to the Patient Experience team for action.

Recommendations for 2017/18

Future surveys will continue to be analysed by county. It would be difficult to improve on these consistently positive results, but it is necessary to maintain regular surveys as CFRs both join and leave the network, and the results can vary.

From this survey there are no immediate identifiable training needs for CFRs. As their scope of practice develops it will be important to continue to assess the satisfaction of our patients and their families/carers.

2.1.4 Priority four - Delivery of high quality patient care by enhancing the skills of the Clinical Advisors working in NHS 111

Quality Domain	Patient Experience
Aim of Priority	+ To enhance the skills of Clinical Advisers in NHS 111 to provide a better service to patients and to improve staff retention
Target measures	+ Improved staff retention rates + Reduced 999/ED/Urgent GP Dispositions (NB - original measures evolved when working in partnership in order to secure funding however these improvements can be demonstrated, if not wholly attributable to this measure)
Performance	+ Health Advisor attrition reduced by 50% + Reduction in referral rates to 999 (from 12.5% to below 11% at year end) + Reduction in referral rates to ED (from in-year peak of 8% to 7% at year end) + Reported improved confidence and competence of clinicians in the management of poisons and medicines, and in the use of specialised support where needed
Implementation Lead	+ Scott Thowney - KMSS111 Clinical Lead + Sue Mitchell - KMSS111 Senior Quality Manager

Background

In 2015, clinicians in Kent, Medway, Surrey, and Sussex NHS 111 (KMS111) were surveyed to explore their personal priorities for additional training and support. The two biggest opportunities were identified as training and support in medicines and mental health.

As a result, KMSS 111 submitted a bid to NHS England (NHSE) for workforce investment funding for a program to provide specialist training for its clinicians, whilst also enabling them to access the right specialist reference sources within the right time frame.

There were two parts of this programme:

- National Poisons Information Service (NPIS) training in how to use ToxBase correctly and efficiently; and
- Providing suitable medicines reference sources with the requisite training to maximise the benefits of this expert material.

As a result of receiving NHSE funding, KMSS 111 approached the NPIS to develop and deliver specialist training to the clinicians at KMSS 111 with the principal aims to decrease calls to the NPIS helpline, increase the use of the ToxBase website as an alternative to using the helpline and to evaluate the clinicians' confidence with handling calls relating to the ingestion of poisons and/or toxic substances both prior to and after this training was undertaken.

At the same time the service also approached the Pharmaceutical Press (publishing division of the Royal Pharmaceutical Society of Great Britain) to look at reference sources and training support to enable clinicians working in 111 to have the suitable expert knowledge and information available at all times. Given that 111 Clinical Advisors have to be either Paramedics or Nurses, it was felt that a core base of Pharmacy information would be most beneficial. The aim of this work stream was to identify a package of expert information for clinicians, to facilitate easy access (preferably on-line) and to also enable the clinicians to maximise this information by providing training in how to use the expert information.

Project Activity

NPIS Training

The Head of the NPIS agreed to develop a bespoke ToxBase training package for KMSS 111 Clinical Advisors (CAs) and a suite of training packages to be utilised by 111 was developed, including specific packages for Paramedics, Nurses and an advanced "Train the Trainer" module for Clinical Coaches to deliver to colleagues.

Medicines Complete Training

The Pharmaceutical Press provide an on-line portal called MedicinesComplete which allows a subscriber to access a variety of expert reference sources including the BNF amongst others. At the time, only one 111 provider was using the service.

KMSS 111 paid to subsribe, allowing up to 40 clinicians access to the MedicinesComplete portal at any one time.

The training provided for both the NPIS and Medicines Complete was evaluated both quantitatively and qualitatively.

Results

NPIS training

There was a significant difference between the outcomes generated by the pre and post training data that was collated and analysed:

- In the three months prior to training, Contact Centre A had an average of 62 calls made monthly to the NPIS helpline. In the three months immediately following the training there was a marked drop in average monthly call rate to the NPIS helpline to 40. During the same period of time in the control site of Contact Centre B where the NPIS training was deliberately deferred, the average monthly call rate to the NPIS remained consistent at 61 calls per month. The number of clinicians based across both contact centres is relatively equal
- In terms of the use of ToxBase there was a step change immediately following the training intervention. The average monthly ToxBase 'hits' on the website during the three months prior to training was 1,330 whereas in the following three months, the average number of monthly ToxBase hits thereafter was 1,915.

When reviewing the pre and post training surveys the greatest movement in terms of survey questions responses was on:

Q3 – Do you feel competent when using ToxBase as a reference source? (moved from 4/10 to 8/10 average score)

Q4 – Do you know when to call the NPIS helpline and when to use the ToxBase website? (moved from 5/10 to 8/10 average score)

Q6 – Do you feel confident about handling calls when there has been the ingestion of poisons or toxic substances? (moved from 4/10 to 7/10 average score)

Medicines Complete Training

+ The number of "hits" for the MedicinesComplete website relates to the number of section requests. Prior to training the monthly average MedicinesComplete "hits" was 1,216 whereas afterwards it rose to 1,637. The majority of this change related to increased access to the BNF section of MedicinesComplete.

The pre and post training surveys also indicated an increase on the response scores for:

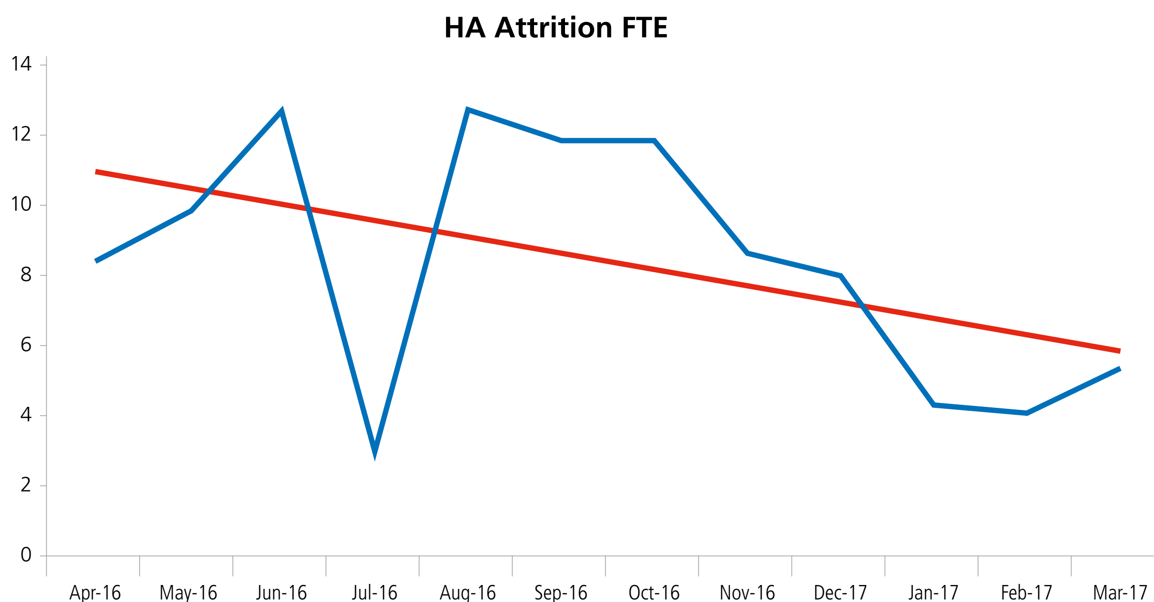
Q2 – Do you feel confident using the BNF as a reference source? (moved from 4/10 to 7/10 average response score)

Q5 – Do you feel confident handling calls with an element relating to medicines? (moved from 5/10 to 7/10 average response score)

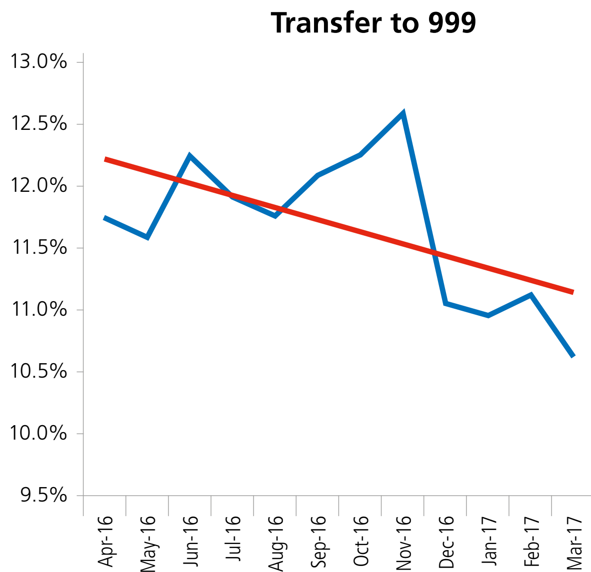
Local improvements

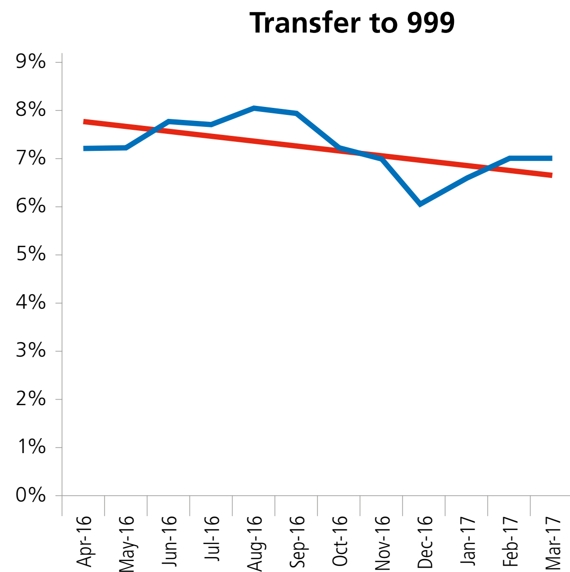
Although as noted above, the targets evolved due to our funding partnership, we in fact saw a reduction in 999/A&E/Urgent GP Dispositions and improved staff retention during the year.

The graph below shows the reduction in Health Advisor staff attrition - reducing by nearly 50% over 12 months, although there will obviously we other factors that have contributed to this:



The graphs below show the reduction in referral rates to 999 and A&E Departments; again, there will be other factors that have contributed to this:





Project Learnings

KMSS 111 is committed to exploring further opportunities to improve the patient experience through the upskilling of clinicians working across the service. This is relevant to all clinical outcomes, not just with regards to Pharmacy and poison's knowledge. This supports the ongoing development of Integrated Urgent Care, and the proposed deployment of local Clinical hubs.

There are several specific learnings and insights to take from both of these training packages:

+ If you listen to staff, they will feel more engaged and clinicians working in KMSS 111 do want to continue their professional development and fill the gaps in their current skill set
+ The NPIS/ToxBase training resulted in a 35% decrease in calls from KMSS 111 to the NPIS helpline
+ The NPIS/ToxBase training resulted in a 30% increase in the number of "hits" to the ToxBase website
+ CAs felt more confident and competent to handle these more complex calls once they had received the appropriate training
+ CAs want to have access to the right reference sources and that training to enable this access results in increased source material utilisation
+ CAs feel more confident when they are shown how to use appropriate reference sources and this manifests itself in greater utilisation of reference sources. The access to MedicinesComplete increased by over 25% as a result of additional training and sign-posting

Recommendations

There is a genuine need for further upskilling of 111 clinicians, especially as we enter a period of transition and the advent of clinical hubs. Further workforce investment programs are required to develop a set of widely acceptable clinician competencies.

There is real merit to the NPIS training package being extended and implemented nationally to improve the level of knowledge and confidence of 111 CAs and also to ease the pressure on the NPIS, allowing them to focus on cases of a higher acuity.

There is a real benefit to encouraging all 111 service providers to subscribe to MedicinesComplete, ensuring that there is a national training program in place to facilitate appropriate utilisation.

Potentially Commissioners could incorporate the need for both NPIS ToxBase training and access to MedicinesComplete as essential when writing the new service specifications.

Further qualitative analysis is required to truly measure the benefits of these training programs prior to a national roll-out.

Conclusion

Both of the training packages developed/implemented for this program have proved successful and have made a difference to both the competence and confidence of 111 clinicians. There is a definite need to provide more specialist training to our clinicians (and hence non-clinical Health Advisors also) and this is even more important as we enter a period of service transition and the introduction of clinical hubs. The feedback from colleagues throughout the program was incredibly positive and there is a tangible desire for further professional development activity.

2.1.5 Priority four – 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

Quality Domain	Clinical effectiveness
Aim of Priority	+ To enhance the experience of patients with End of Life Care plans and a Preferred Place of Care/Death + To achieve the wishes of more EOLC patients
Target measures	+ Improved adherence to care plans on IBIS relating to preferred place of care/death at end of life + IBIS conveyance rate for patients with End of Life Care Plan
Performance	+ IBIS conveyance rate for patients with End of Life Care advance care plan – 19% (compared to IBIS conveyance rate (37%) & Trust conveyance rate (c.50%) + Of those care plans which specified a preferred place of care/preferred place of death, the conveyance rate was 0%
Implementation Lead	+ Andy Collen – Consultant Paramedic

Background

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.

It was decided that the most appropriate way to collate data which identifies both patients who call 999 who have an IBIS care plan and those that don't was to assess patients End of Life status from their initial caller statement; this identified a reasonable proportion of patients who called 999 at the End of Life.

It was recognised that the methodology used only identified patients identified as being at End of Life from initial 999 call "chief complaint" (the reason for their emergency call).

In order to measure the impact of documented Preferred Place of Care/ death within IBIS care plans on patients achieving their care goals, initial data was gained by assessing received calls. Of 317 calls deemed to be related to terminal/palliative or End of Life care between 01/01/17 and 28/02/17, 78 patients' care plan were on IBIS (25%).

In order to make sure that patients care needs are effectively met we need to improve both the quality of care plans on IBIS (i.e. ensuring that IBIS care plans contain Preferred Place of Care/Death) and by ensuring that crews access any information contained within IBIS care plans to inform their decisions on management of this complex patient group.

Of the total 317, 211 (67%) of the calls related to HCP admissions to Hospices, Wards or acute accident and emergency departments.

In previous audit of the general 999 call activity (non HCP admissions), undertaken during 2015/16, 34 patients were IBIS matched (41% of the total non-HCP admission calls).

In this audit, 16 patients were IBIS matched, 12% of the total non HCP admission.

On the previous audit of those 34 matched, 19 care plans had a reported PPC/D on the IBIS care plan.

In this Audit, of the 16 matched, one care plan had a reported PPC/D on their IBIS care plan.

This section of the report provides information for the EoLC patients who call 999 and have a care plan recorded in IBIS and that continue to go to or stay in their preferred place of care.

Of the 16 patients with IBIS care plans, one IBIS Care Plans identifies a Preferred Place of Care/Death. In this case the patient was enabled to remain at home as was their declared Preferred Place of Care.

Of these 16 IBIS matches, four were DNACPR records only.

Despite there being no Preferred Place of care/ death on the majority of these records in 13 of the 16 cases, the patients were treated at home, making a conveyance rate of 19%

Therefore, in this audit, EoLC patients with IBIS records without a pre-agreed destination, attended by the ambulance service, had a conveyance rate of 19%.

Local improvement plans

In addition to the quality measures, reviewed above, there have been a number of further areas that have been identified during the year as key issues for the Trust to tackle and these are identified below.

In this section, we will also provide an up-date on a number of external reviews undertaken during the year.

Through the development and delivery of the Unified Recovery Plan (URP) and significant changes to our governance processes, the Trust has worked hard to improve the safety of the services we provide to patients. The Trust was not part of the Sign Up To Safety campaign during the year, although has committed to signing up during 2017/18.

Duty of Candour

Since 2015, Duty of Candour has been a legal duty applied to all NHS Trusts to be open and honest with patients and their families when things go wrong. Section 20 of the Health and Social Care act sets out the specific requirements for written and face to face communication with patients and their families where the 'harm' that has occurred is considered moderate, severe or has directly resulted in death.

In response to the new legislative requirements, SECAmb made a commitment to update its Being Open and Duty of Candour Policy and Procedure to reflect the changes. This work was completed in June 2015.

The inspection by the CQC in May 2016 highlighted that we needed to do further work to ensure that all staff understood the Duty of Candour and their responsibilities under it.

In response to the CQC recommendation:

+ A new CQC Fundamental Standards Staff Handbook was designed and issued Trust-wide in February 2017
+ SECAmb also delivered Human Factors Duty of Candour training to a range of senior managers, delivered in February 2017
+ The Serious Incident process was amended to tracks Duty of Candour as of April 2017, as was the incident reporting system, Datix
+ All patients involved in a complaint or serious incident now receive a CQC-endorsed leaflet explaining Duty of Candour from the Trust
+ The Trust has updated its Incident & Serious Incident Policy, Complaints Policy and Being Open Duty of Candour Policy.

However, we do recognise that there are still many significant improvements to be made in how we embed Duty of Candour at SECAmb.

NHS National Staff Survey 2016

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 included the care provided by their Trust, training, engagement and personal development.

The 2016/17 survey was undertaken between 10th October and 9th December 2016 by Quality Health, an independent organisation on behalf of SECAmb and the results were published in March 2017. SECAmb opted to survey all eligible staff (3,168) and 1,278 completed the survey – a return rate of 40%.

SECAmb's results show there has been a deterioration in most areas compared to last year. As mentioned already, 2016/17 has been a particularly challenging year for the Trust and operational pressures and wide-ranging demands placed on the Trust has slowed the pace of change in many areas.

However, lots of work has been put into building the foundations of a number of initiatives that will lead to improved staff satisfaction and it is hoped that this will be reflected in future surveys.

As required, we will now look more closely at two areas of the Staff Survey in more detail:

+ Bullying
+ Equal opportunities for career progression

Bullying

The table below shows the Trust's performance against indicator KF26 *'Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months':*

	Managers	Other Colleagues
Never	76%	82%
1-2	15%	13%
3-5	6%	4%
6-10	2%	1%
More than 10	1%	0%

Although not surprising, these results were obviously extremely disappointing for the Trust.

Alongside a range of initiatives being undertaken to improve engagement and support to staff, the Trust is also undertaking a significant piece of work to address concerns raised by staff around bullying, whilst recognising that this is also a cultural issue that will take time to change.

The Trust has commissioned Professor Duncan Lewis of Plymouth University, who has worked with a number of other NHS Trusts previously, to engage with staff and undertake a diagnostic review of the issue of the culture.

The review, which started in February 2017, has four phases:

- A survey of all staff
- Staff focus groups
- 1 to 1 interviews with staff who have asked for an interview
- Sharing of the summary report outlining the background information, findings of the research, methodology and data analytics, as well as conclusions and recommendations on actions

The Trust is due to receive Professor Lewis's report in Summer 2017 and will then be able to build a specific action plan, in response to the issues identified.

Equal opportunities for career progression

The table below shows the Trust's performance against indicator KF21 *'Percentage believing that Trust provides equal opportunities for career progression or promotion'* (the Workforce Race Equality Standard):

Yes	66%
No	34%
Don't know	29%

Compared to figures published for 2015, the Trust reported a decline in the number of staff feeling as though there were equal opportunities for progression.

The Trust is tackling this from a number of angles:

- We are working to increase the diversity in our recruitment of candidates by engaging with diverse communities in our regions and encouraging applications from under-represented groups. We will also monitor the attrition rate of candidates through our recruitment processes and report these statistics through the internal HR Group
- In addition, we have amended our Acting Up and Secondment processes to ensure appointments are made in a fair and transparent manner and shared across the workforce. These appointments will also be monitored and reported on a regular basis. We are also working hard to support individual members of staff from BME backgrounds as opportunities for internal promotion arise
- Our newly-established team of staff Diversity Champions also work hard within their workplaces to promote a culture of inclusion and respect

Care Quality Commission (CQC) Inspection

As reported in the Chief Executive's statement above, the CQC inspected SECAmb in May 2016. There were two inspections undertaken:

- An inspection of four of our core services:
  - Emergency & Urgent Care
  - Patient Transport Service
  - Emergency Operations Centre
  - Resilience and our Hazardous Area Response Teams (HART)
- A separate inspection of the NHS 111 service

The CQC ratings for each domain are shown below:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency & urgent care	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Patient transport services	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Emergency operations centre	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
NHS 111 service	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

Following the inspection and report, the CQC formally issued a Section 29 warning Notice (Health and Social Care Act 2008) detailing the required improvement, compliance actions and 'Must dos' which the trust has accepted. It also recommended that NHS Improvement (NHSI) place the Trust in Special Measures. NHSI agreed to uphold that recommendation and, on 29 September 2016 placed the Trust in Special Measures

In order to address the significant issues identified through the CQC inspection, the Trust has devised an improvement action plan; this forms a key part of the Trust's over-arching Unified Recovery Plan (URP) and covers all the issues identified by the CQC (the 'must dos' and 'should dos').

Progress in delivering the URP, and the specific CQC Action Plan is monitored by our Board, the CQC, NHS Improvement (NHSI) and our commissioners.

The specific areas covered by the CQC in the Warning Notice were grouped into six main themes:

+ Governance
+ Staffing
+ Call handling times in 111
+ Equipment
+ Safeguarding
+ Medicines management

Much work has been undertaken in each area since the Trust received the CQC's report – you can see a summary of actions taken in each area below and also read about the progress of external reviews that the Trust has commissioned in some areas.

Area of concern	2015/16
Governance	+ Implemented revised Board, committee and executive governance arrangements + Introduced a programme of unannounced Quality Assurance Visits (QAV) + Significant progress in Infection Prevention & Control, including appointing staff champions & programme of training, audits & inspections + Revised complaints process + Reduced incident backlog + Better use of Datix system
Staffing	+ Significant programme of recruitment undertaken – closed gaps in front-line & EOC staffing + Ensuring we give staff a timely break + Reducing shift-overruns
Call handling times in 111	+ Increased call-taker numbers + Reduced use of agency staff + Better matching of rotas v demand
Equipment	+ Moved all medical devices across to the Fleetman asset management system, where they are now managed including repairs & service dates + All repairs on medical equipment are carried out by the Trust's trained & certificated Equipment Officers or by the manufacturers on site
Safeguarding	+ Capacity increased in team + Increased Board oversight + On-line & face to face Mental Capacity Act (MCA) training + Developed & implemented Level 3 training + Engaged with external safeguarding boards
Medicines Management	+ Security on vehicles improved + Externally-led review commissioned + Lock down of procurement process + Guidance issued to all staff + Medicines' Optimisation Strategy drafted

The actions listed above were all completed by the end of the year. The Trust does recognise however that more work still needs to be completed in some areas and will be working hard to meet any outstanding 'must do' and 'should do' actions, within the timescales specified by the CQC (six months and twelve months respectively from publication of their report).

At the time of writing, the Trust is currently being re-inspected by the CQC. Once the report is received, this will provide a robust assessment of where progress has been made and where further work needs to be undertaken.

Reviews and external oversight

As mentioned above, to help the Trust to address key areas of concern, a number of reviews, often including external bodies, have been commissioned or completed during the year:

Patient Impact Review – Defibrillators

An internal review was undertaken during the year to understand the impact on patients of the Trust's use of the 'Webdefib' call-sign in reporting 999 performance.

The review, which has included in-put from NHS I, looked at two specific areas:

+ The use of the 'Webdefib' call sign to 'stop the clock' and how appropriately this was applied
+ The inability of the Trust's current Computer Aided Dispatch (CAD) system to consistently record the location of the nearest Public Access Defibrillator (PAD)

The findings of the review will be reported to the Trust's Quality & Patient Safety Committee during the Summer of 2017.

Independent Medicines Review

As reported elsewhere in the Report, medicines management has been a key area of concern for the Trust during the year.

To provide an external view, an Idependent Review of medicines management processes was commissioned by the Trust in March 2017 and is chaired by Professor Ann Jacklin, supported by a team of internal Trust staff.

The scope of the Review includes:

+ Governance structures
+ Compliance with the relevant regulatory and legal requirements
+ The roles and responsibilities of staff at all levels in the Trust who have any element of medicine management included in their job description

At the end of the Review it is expected there will be four outputs:

+ A report identifying the root cause(s) of the failings in governance of medicines management including omissions in adherence to legislation, regulation, best practice and professional standards
+ A report that establishes that actions taken in response to identified failings have been appropriate and implemented
+ A report that identifies any good practice or areas for development in relation to the Trust's assurance framework
+ A set of recommendations including guidance on the actions or mitigation necessary to complete those recommendations

The Review is expected to conclude during 2017/18.

Patient Impact Review into the Red 3 Pilot

As reported in last year's Annual Report, 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 – this was known locally as the Red 3 Pilot.

Following an initial Trust-led investigation, NHS England opened a separate investigation in March 2015, which was shared with stakeholders including Monitor (now NHS I) in August 2015.

On the basis of these reviews, Monitor decided to take enforcement action against the Trust, which included a requirement for the Trust to commission three reviews:

+ A 'forensic' review into the Pilot project – this was undertaken by Deloitte and reported in February 2016
+ A governance review – this was postponed previously, with the agreement of NHS I but will now be undertaken during 2017
+ An externally-led review into the Patient Impact of the Pilot – published in October 2016

The Patient Impact Review looked at 185,000 calls and identified no evidence of patient harm attributable to the Pilot, although the Trust recognises that there were significant governance and other failings around it.

Safeguarding Review

Another key area of concern, highlighted by the CQC and also by the Trust's own internal governance processes during the year, was safeguarding.

An externally-led review was commissioned during the year – the findings of which have fed into the Trust's Unified Recovery Plan.

Review into misuse of the Mobile Data Terminal (MDT) system

During the summer of 2014, concerns were raised internally regarding the potential misuse of the MDT system by staff.

The MDT system allows our control staff to track where emergency vehicles are and this misuse meant that our control staff were not aware of the location and availability of these vehicles.

SECAmb carried out an internal investigation, which resulted in six members of staff being investigated and disciplined for their actions.

During 2016/17, a further review was undertaken into the patient impact of the MDT misuse – the findings of this review will be reported to the Trust's Quality & Patient Safety Committee in the Summer of 2017.

Priorities for Improvement 2017-18

The following three priorities for Improvement have been agreed for 2017/18, with one being under each key area of Clinical Effectiveness, Patient Experience and Patient Safety.

The priorities were chosen following the outcomes of a workshop involving the Trust's key stakeholders, including Governors, patient and public representatives, Scrutiny Committee members and Healthwatch representatives.

Improving outcomes from Out of Hospital Cardiac Arrests (OHCA) – Clinical Effectiveness

Background on the proposed quality measure	+ Patient outcomes from OHCA are below the national average when compared to the other Ambulance Trusts in England + The Trust's performance in this Clinical Outcome Indicator (COI) over the past two years has deteriorated + This measure will focus the Trust on delivering high- quality care for those patients experiencing OHCA, giving them the most appropriate resource to better improve their outcomes
Aims of the Quality Measure	+ Early Identification of Cardiac Arrest calls + Appropriate dispatch of resources to incidents + Adherence to JRCALC guidelines + Improve Return of Spontaneous Circulation (ROSC) + Improve Survival to Discharge (StD)
Initiatives	+ To develop and implement a trust-wide Cardiac Arrest Strategy + To develop and implement a "PITSTOP" model + To implement a clinical partnership model working locally with the Operating Units to improve health outcomes for patients
How will we know if we have achieved the quality measure?	+ **Specific** - national COI data is available through NHS England three months in arrears, this allows for StD data to be collected + **Measureable** - early recognition of Cardiac the Ambulance Response Programme which will ensure that the Nature of Call (NOC) is identified early by using pre-triage questions which will enable faster dispatch + **Achievable** - good clinical governance supporting clinical key skills training in BLS/ALS; implementing the "PITSTOP" model + **Realistic** - supporting clinical effectiveness which will in turn improve clinical outcomes + **Timely/Time Bound** - this will support the right resource at the right time in the right place, supporting patient outcomes
Infrastructure Requirements and associated costs (if any)	+ Performance reports are already included within the scope of the Performance and Information team and will be managed locally by the Operating Unit Managers supported by the clinical partnership model
Implementation Lead(s) (Name/s)	+ Andy Collen - Consultant Paramedic/Head of Clinical Development + Fiona Wray - Associate Director, Medical
Exec Lead (Name)	+ Fionna Moore - Medical Director

Patient & Family involvement in investigating incidents – Patient Experience

Background on the proposed quality measure	+ The Trust is required to comply with Duty of Candour regulation + Currently the Trust has insufficient data quality to accurately report the number of cases where duty of candour is applicable or measure compliance with the regulation
Aims of the Quality Measure	+ To improve compliance with the Duty of Candour requirements placed on the Trust following severe harm being caused to a patient.
Initiatives	+ Improved management and reporting of incidents within Datix, enabling the identification of incidents meeting Duty of Candour Requirements.
How will we know if we have achieved the quality measure?	+ Introduction of a process to monitor and report the number of incidents meeting Duty of Candour Requirements + Upward trajectory of compliance to the Duty of Candour requirements across the year, particularly with regard to timescales for informing patients that we have caused harm
Infrastructure Requirements and associated costs (if any)	+ Improvements to the Datix System have already been costed in the Recovery Plan
Implementation Lead(s) (Name/s)	Jo Habben
Exec Lead (Name)	Emma Wadey - Director of Quality and Safety / Chief Nurse.

Learn from incidents and improve patient safety - Patient Safety

Background on the proposed quality measure	+ Reporting of near miss and low harm incidents is indicative of reporting culture, and can prevent the reoccurrence of incidents, with the potential to reduce the likelihood of more serious incidents occurring
Aims of the Quality Measure	+ To improve patient safety by reducing harm
Initiatives	+ Improved user experience in reporting incidents via the Datix System with an enhanced/streamlined IRW1 form + Introduction of staff feedback loop following incident reporting, and lessons identified + Improve local oversight of reporting metrics across Operating Units
How will we know if we have achieved the quality measure?	+ 10% increase (with previous year comparison) in near miss reporting by Q4 + 10% increase (with previous year comparison) in low harm reporting by Q4 + Compliance with CQC fundamental standards
Infrastructure Requirements and associated costs (if any)	+ Improvements to the Datix System have already been costed in the Recovery Plan
Implementation Lead(s) (Name/s)	Sarah Songhurst - AD Quality & Safety
Exec Lead (Name)	Emma Wadey - Director of Quality and Safety / Chief Nurse.

2.2 Trust Board Statements of Assurance

This section of the quality report includes a series of statements of assurance from the board of the NHS foundation trust on particular points. The exact form of each of these statements is specified by the Quality Accounts Regulations and is laid out below.

Information on the Review of Services

During 2016/27, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provided and/or sub-contracted three relevant health services:

+ PTS contract
+ A&E contract
+ NHS 111 contract (with Care UK)

SECAmb has reviewed all the data available to them on the quality of care in three of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 70% of the total income generated from the provision by SECAmb for 2016/17:

Total Trust income	66%
Total A&E income	£181m
Total PTS income	£6m
Total NHS 111 income	£7m

Clinical Audits

During 2016-17 nine national clinical audits and no national confidential enquiries covered relevant health services that SECAmb provides.

During that period, SECAmb participated in

100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SECamb was eligible to participate in during 2016-17 are as follows:

+ Ambulance Service Clinical Outcome Indicators
+ Out of Hospital Cardiac Arrest Outcomes

The national clinical audits and national confidential enquires that SECAmb participated in, and for which data collection was completed during 201617, 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 Outcome Indicator

+ **Cardiac Arrest** - Return of Spontaneous Circulation at Hospital (all cases)
  Total: 2871 cases submitted.
  761 confirmed as ROSC at Hospital.
  26.5% compliance for this National Audit
+ **Cardiac Arrest** - Return of Spontaneous Circulation at Hospital (Utstein Group)
  Total: 382 cases submitted. 190 confirmed as ROSC at Hospital.
  49.7% compliance for this National Audit
+ **Cardiac Arrest** – Survival to Discharge
  Total: 2721 cases submitted. 188 confirmed as Survival to Discharge.
  6.9% compliance for this National Audit.
+ **Cardiac Arrest** – Survival to Discharge (Utstein)
  Total: 348 cases submitted. 84 confirmed as Survival to Discharge.
  24.1% compliance for this National Audit
+ **ST Elevation Myocardial Infarction (STEMI)** – Care Bundle
  Total: 1370 cases submitted.
  928 confirmed as STEMI
  67.7% compliance for this National Audit
+ **ST Elevation Myocardial Infarction (STEMI)** – Time to hospital in 150 minutes
  Total: 1117 cases submitted. 1026 confirmed within time frame.
  91.9% compliance for this National Audit
+ **Stroke** – Care Bundle
  Total: 6034 cases submitted.
  5793 confirmed as full Stroke care bundle
  96.0% compliance for this National Audit
+ **Stroke** – Time to hospital within 60 minutes
  Total: 4823 cases submitted
  3045 confirmed within time frame
  63.1% compliance for this National Audit

The Trust has also reported on the national Out of Hospital Cardiac Arrest Outcomes Project but they have not yet published their report.

The reports of eight national clinical audits were reviewed by the provider in 2016/17 and SECAmb intends to take the following actions to improve the quality of healthcare provided - implementation of the COI Performance Dashboard giving performance to OU level.

The reports of five local clinical audits were reviewed by the provider in 2016/17 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

Feverishness Illness in Children under 5 (CA16-17/2f) recommended that:

+ Review guidance on administration of anti-pyretic medication for children with a fever of >38Oc
+ Consider re-distribution of guidance on the importance of recording blood pressures for unwell children using the paediatric observations kit

Transportation in Cardiac Arrest recommended that:

+ Formally review circumstances where transport may be appropriate as part of the cardiac arrest strategy, and subsequently clarify

guidance to all crews. This must include consideration to the outcomes of patients that are transported and clearly outline the interventions that are available to patients to manage reversible causes at scene

+ Review and reissue a clinical instruction regarding the transport of adult patients in cardiac arrest with manual compressions on-going
+ Provide clarification to critical care paramedics on the documentation of LUCAS as an intervention and the rationale they should record for its use

Airways Management of Patients in Cardiac Arrest recommended that:

+ Audit findings to be shared with Professional Practice Group (PPG) for consideration of all recommendations
+ The Professional Practice Group should clarify the trusts adherence to the JRCALC (2016) airway management guidelines, in particular the stepwise approach, issuing justification and formal clinical instruction for deviation if required
+ A clinical instruction should be considered that reiterates the expectation that intubation is only attempted with capnography, and that all staff should be comfortable prompting its use.
+ The conclusions of this audit should be reviewed by learning and development, specifically considering inclusion of the audit results and 'step-wise approach' guidance in the advanced life support (ALS) section of key-skills training
+ The Clinical Equipment and Consumables Sub Group should review the airway equipment provided to all crews, considering:
  – bougie and stylet availability/training
  – availability and efficacy of paediatric supraglottic airway devices.

Documentation Completion Audit recommended:

+ Publicise key findings from this audit in relevant staff newsletters to promote greater understanding of the importance of accurate and complete PCR completion
+ Issue an interim 'Quick Reference' guide to crews whilst awaiting the electronic PCR rollout to facilitate PCR completion
+ Consider issuing guidance to crews about the importance of documenting a decision not to take or repeat an observation
+ Re-audit overall documentation compliance from a sample of all incidents
+ Request inclusion of PCR completion and its importance to the 2017/18 Key Skills training

Appropriate and Effective use of Activated Charcoal audit recommended:

+ Continue usage of activated charcoal
+ Crews to ensure times for overdose are accurately recorded on the PCR whenever possible
+ Crews to ensure time of administration of activated charcoal is recorded.

Research and Development

The number of patients receiving relevant health services provided or subcontracted by SECAmb in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was two.

CQUIN

A proportion of SECAmb's income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed SECAmb and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for

Quality and Innovation payment framework.

In 2015/16, SECAmb received £2,749k, 1.7% of the contract income (£162,618k) for its CQUIN payment. For 2016/17, the monetary total for income condition on achieving quality improvement and innovation goals is £4,065k – 2.5% of the contract income.

Further details of the agreed goals for 2016/17 and for the following 12-month period are available electronically at http://www.secamb.nhs.uk/about_us/our_performance/quality_account.aspx.

Details of SECAmb's local 999 CQUINs are available at http://www.secamb.nhs.uk/about_us/our_performance/idoc.ashx?docid=a81fe8cf-c42a-4bbb-b528-84eaf82a5511&version=-1

CQC

SECAmb is required to register with the Care Quality Commission and its current registration status is that there are no conditions to current registration.

The Care Quality Commission has taken no enforcement action against South East Coast Ambulance Service NHS Foundation Trust during 2016-17. However, a CQC inspection was completed in May 2016 and the overall rating for the Trust was scored as 'Inadequate'. Following the inspection and report the CQC formally issued a Section 29 warning Notice (Health and Social Care Act 2008) detailing the required improvement, compliance actions and 'Must dos'. The Trust was subsequently placed in 'Special Measures' in September 2016 by NHS Improvement.

You can read more about the findings of the CQC Inspection and how the Trust has responded to this in section 2.1 above.

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 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

SECAmb's Information Governance Assessment Report overall score for April 2016 to March 2017 was 66% and was graded at a level 2.

SECAmb was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.

SECAmb will be taking the following actions to improve data quality:

+ The Trust will seek internal and external audits to continually assess and improve data quality
+ Implement the Computer Aided Dispatch (CAD) System and Electronic Patient Records
+ Further develop and improve our Business Intelligence Service
+ Work with commissioners and other partners to deliver digital agenda and contractual data quality improvement requirements
+ Up-grading the DATIX system

2.3 Reporting against Core Indicators

SECAmb has undertaken a comprehensive and robust review of its core performance targets and has developed a robust Unified Recovery Plan (URP) which was developed in 2016 in response to a number of key concerns raised during the CQC inspection in May.

The report clearly highlighted a range of areas that were inadequate. The aim of the URP was to create a comprehensive plan to ensure remedial action was undertaken. A robust PMO was fully established at the beginning of the year following recognition that there was limited grip as to progress being made

against priority areas and there was no regular reporting being provided at the time.

Since the establishment of the PMO, the URP comprising of eight work streams has been grouped to three steering groups - Quality, Organisational Recovery and Financial Recovery. Through the steering groups, which are each chaired by execs, projects are closely monitored using highlight reports and project plans. Issues and risks are discussed in a timely manner and escalations raised on a weekly basis to an executive attended 'Turnaround' meeting for immediate resolve.

Comprehensive dashboards and exception reports are produced on a monthly basis and are received by the executive team, Trust board and sub committees of the board. These governance structures, now embedded, are enabling much faster progress and visibility of potential risks to delivery. The organisation is much more sighted on the issues and there is a more streamlined flow of information ensuring rapid escalation as required.

	Prescribed information	Type of Trust	Comment
14 & 14.1	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.	Ambulance Trusts	+ Red 1 (75% within eight minutes) – 65.1% + Red 2 (75% within eight minutes) – 52.5% + Red 19-minute standard (95%) – 89.2%

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

In terms of the data, the Trust has undertaken the following to assure itself of the data quality:

+ External performance data monitoring and reporting system developed by Lightfoot. This has been a key aspect of our ability to scrutinise performance on a daily basis and support our clinical staff in the implementation of continuous improvement projects
+ Internal audit review of clinical outcomes
+ Internal scrutiny of all data areas

SECAmb has taken the following actions to improve 999 response times and so the quality of its services:

+ Inclusion of a 999 performance improvement plan within the Trust's Unified Recovery Plan (URP) and monitoring of delivery through the PMO
+ Sustained recruitment campaign for both front-line clinical staff and EOC staff
+ Engagement with commissioners regarding contractual funding levels
+ More efficient use of clinician resources, including reducing 'job-cycle' time, reducing shift over-runs and better management of staff rest breaks
+ Changed the ratio of ambulances to response cars
+ Closer working with Community First Responders, leading to increased contribution to performance
+ More efficient use of private providers
+ Improved 999 call answer times

However, 999 response times continue to fall below where they need to be and will need to continue to be a key area of focus during 2017/18.

	Prescribed information	Type of Trust	Comment
15	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.	Ambulance Trusts	SECAmb performance = 68.1% The National Average = 78.3% (up to Nov 2015) Highest and Lowest = 88.4% and 62.5%

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

In terms of the data, the Trust has undertaken the following to assure itself of the data quality:

+ Internal audit review of clinical outcomes
+ Internal scrutiny of all data areas

SECAmb has taken the following actions to improve performance against this indicator and so the quality of its services:

The Trust is aware of the below standard performance in relation to the STEMI care bundle which is mainly attributable to missing documentation in relation to the second pain scores and addressing appropriate analgesia. To rectify this, an update to the reporting requirement is being distributed across the Trust, supported by review by local operating units of their own clinical performance. The team are in the process of discussing these with the Clinical Education team for inclusion in the key skills training programme for 2017/18.

The Trust's Clinical Audit Lead has also undertaken a comprehensive and robust review of the current reporting processes which has been matched against the Department of Health's national technical guidance. In line with this programme of work, the Clinical Audit function has undergone a comprehensive review of all areas of its core business which includes local level reporting to the Operational Units for local level Quality Improvements. The performance of the suspected ST elevation myocardial infarction care bundle is hoped to increase above the national average following this programme of work.

	Prescribed information	Type of Trust	Comment
16	The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	Ambulance Trusts.	SECAmb performance = 95.5% The National Average = 97.6% Highest and Lowest = 100% - 90.1% (Nov 15).

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

In terms of the data, the Trust has undertaken the following to assure itself of the data quality:

+ Internal audit review of clinical outcomes
+ Internal scrutiny of all data areas

SECAmb has taken the following actions to improve performance against this indicator and so the quality of its services:

The Trust is aware of the below-standard performance in the Stroke care bundles which is largely attributable to the lack of blood glucose monitoring recording on the clinical record. To rectify this, an update to the reporting requirement is being distributed across the Trust, supported by review by local operating units of their own clinical performance. The team are in the process of discussing these with the Clinical Education team for inclusion in the key skills training programme for 2017/18.

The Trust's Clinical Audit Lead has undertaken a comprehensive and robust review of its current reporting processes, which has been matched against the Department of Health's national technical guidance. In line with this programme of work, the Clinical Audit function has undergone a comprehensive review of all areas of its core business which includes local level reporting to the Operational Units for local level Quality Improvements. The performance of the patients with suspected stroke assessed face to face who received an appropriate care bundle is hoped to increase above the national average following this programme of work.

	Prescribed information	Type of Trust	Comment
20	The trust's responsiveness to the personal needs of its patients during the reporting period.	Trusts providing relevant acute services.	At the time of publication, the data dictionary for Quality Accounts on the NHS Choices website refers to this relating to all trusts, but NHS Improvement has confirmed this indicator only relates to trusts providing acute services.

	Prescribed information	Type of Trust	Comment
21	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.	Trusts providing relevant acute services.	***"How likely are you to recommend the care SECAmb provides to your friends & family if they needed it?"*** Quarter 2 + Likely = 85.84% + Unlikely = 7.07% Quarter 4 + Likely = 79.47% + Unlikely = 9.27% ***"How likely are you to recommend SECAmb as a place to work?"*** Quarter 2 + Likely = 42.77% + Unlikely = 38.15% Quarter 4 + Likely = 27.49% + Unlikely = 59.6%

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

In terms of the data, the Trust has undertaken the following to assure itself of the data quality:

- Internal scrutiny of all data areas

SECAmb has taken the following actions to improve performance against this indicator and so the quality of its services:

The Friends and Family test is currently being completed by a tiny percentage of staff (less than 2%). However, those who do complete the test show increasing dissatisfaction with the organisation.

The Trust is aiming to increase participation to a target of 20% by the end of 2017/18 and also gain a 20% improvement on positivity scores at the end of the same period.

In order to make these improvements, there are three specific actions proposed:

- The recruitment of a dedicated staff engagement team who will have responsibility for incorporating the F&F Test within a wider quarterly survey, related to the Staff Survey, in which staff should have more interest in and see it as more relevant
- More feedback and actions emanating from the survey

+ The implementation of organisation development plans relating to leadership and management development, staff engagement, performance management and appraisal, succession planning and talent management, all of which should lead to a more satisfied workforce as measured through the annual Staff Survey, quarterly surveys and the Friends & Family Test

	Prescribed information	Type of Trust	Comment
25	The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	All trusts	There were 205 patient safety incidents for this period, 75 (37%) of which resulted in death or serious harm.

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

In terms of the data, the Trust has undertaken the following to assure itself of the data quality:

+ Internal scrutiny of all data areas

SECAmb has taken the following actions to improve performance against this indicator and so the quality of its services:

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. It is therefore advised that comparisons drawn within this report should not be used as a basis for assurance.

SECAmb has reviewed its governance process in respect of incident reporting through the re-design of the incident reporting system, more recently ensuring the "harm" descriptor on the incident form is a mandatory field; this is supported with the introduction of weekly serious incident decision and mortality reviews, which are escalated as needed. Increased incident reporting, including no and low harm, improves each quarter with serious incident reporting remaining consistent.

In terms of making improvements going forwards, the Trust has listened to staff to identify areas where the system and process could be improved to increase our reporting. As a result, we have rewritten our policy, streamlined the reporting process, raised awareness of what an incident is and how to report, provided feedback to staff and shared learning in a timelier and more consistent manner.

3. Other Information

The Risk Assessment Framework was replaced with the Single Oversight Framework during the year and the information regarding it appears below.

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

1. Quality of care

2. Finance and use of resources

3. Operational performance

4. Strategic change

5. Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation

NHS Improvement has placed South East Coast Ambulance NHS Foundation Trust in segment 4 (special measures). The Trust has taken a number of steps to ensure improvement, all of which is set out in the Unified Recovery Plan, information of which appears earlier in this report.

This segmentation information is the trust's position as at May 2017. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures, from '1' to '4' where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust, disclosed above, might not be the same as the overall finance score here.

Area	Metric	2016/17 Q3 score	2016/17 Q4 score
Financial sustainability	Capital service capacity	4	4
	Liquidity	2	1
Financial efficiency	I&E Margin	4	4
Financial controls	Distance from financial plan	4	4
	Agency spend	4	4
Overall scoring		**4**	**3**

The Trust has refreshed and revised its approach to patient safety and patient experience and has committed to becoming a safe, open and transparent care provider.

In the last year, a new Quality and Safety Directorate has been established to bring together, for the first time, all aspects of clinical governance and quality into one core central team. Led by the Chief Nurse and Director of Quality and Safety the team have worked in partnership with colleagues and other external key stakeholders to review and improve our policies, processes and practice. We remain on a journey of continual improvement and the focus on good governance supported by authentic patient and staff engagement will continue throughout the next year.

CQC Fundamental Standards of Care

The duty to ensure that each of the CQC Fundamental Standards of care is met rests with the organisation.

The Board continues to assure itself that the systems in place provide robust evidence of compliance. Using a triangulation approach to correlate the information and intelligence data reported via the Operational Unit (OU) dashboard, the Section 29A Warning Notice issued to the Trust by the CQC, the SECAmb corporate action plan (must do improvement plan); and feedback from the staff survey, a quality assurance template using the CQC 13 Fundamental Standards of Care as the quality baseline, has been developed.

The developed tool assesses the 13 CQC Fundamental Standards of Care to form the evidence to appraise and inform the Trusts self-assessment of the CQC Key Lines of Enquiry (KLOEs).

Currently the evidence is tested and internally assured by a new programme of unannounced inspection visits undertaken by a quorate specialist team led by the Deputy Director of Nursing and the Lead Clinician of Quality & Compliance.

In the interests of openness, transparency and provision of an independent viewpoint, external stakeholders such as Quality Leads from the Clinical Commissioning Groups and Health watch are also invited to attend in an observational capacity. Feedback from the visits has been extremely positive with external representatives rating the domain of ‘Caring’ as outstanding.

To date, one pilot announced and seven unannounced Quality Assurance Visits have been completed. A calendar of planned visits has been diarised for 2017/18. This calendar has been shared with NHS Improvement, the Clinical Commissioning Groups and Healthwatch.

In order to assess the services accurately and consistently, the quorate inspection group rate the services from the documentation and evidence provided, and the observations and interviews/discussions experienced on the day of the visit. This rating with be service specific, and not necessarily reflect or match what the overall CQC rating of the organisation would achieve. For example, *‘well-led’* will represent the exclusive service team leadership only, not the senior management, corporate or executive responsibility or accountability.

Review of 2016/17 Quality Performance

This section provides an overview of the quality of care offered by SECAmb on performance in 2016/17 against the indicators previously selected by the Board and published in last year’s Quality Account.

Patient Safety Indicators

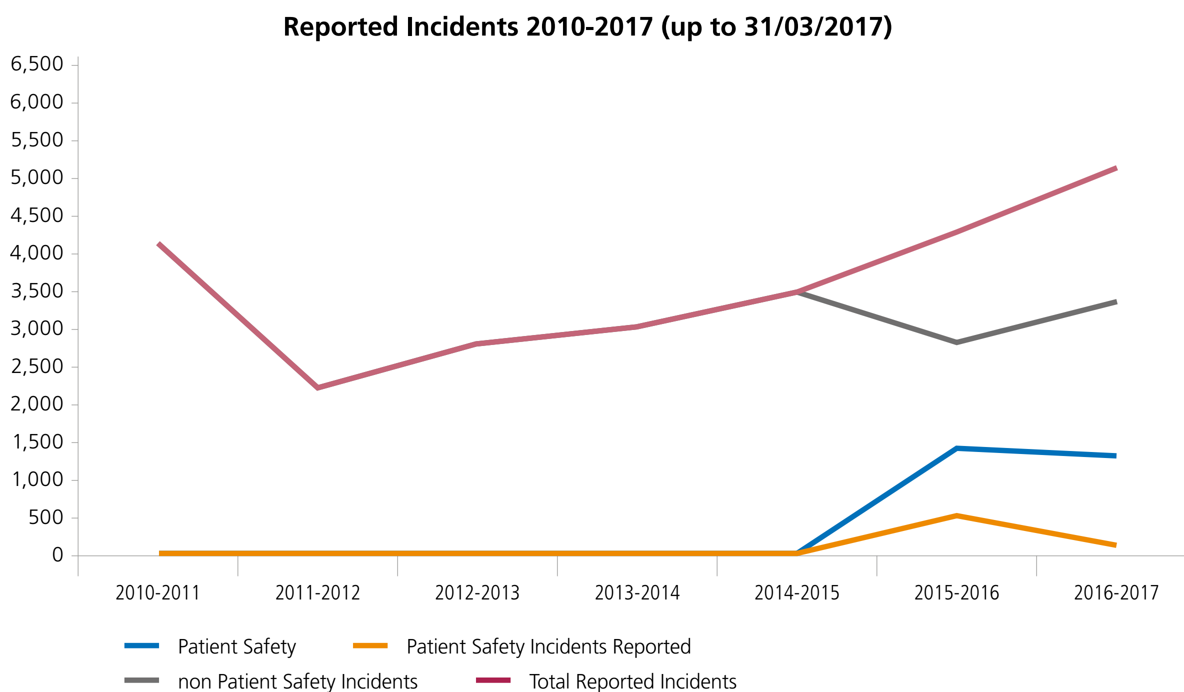
The Trust has refreshed and revised its approach to patient safety and patient experience and

has committed to becoming a safe, open and transparent care provider. In the last year a new Quality and Safety Directorate has been established to bring together for the first time all aspects of clinical governance and quality into one core central team. Led by the Chief Nurse and Director of Quality and Safety the team have worked in partnership with colleagues and other external key stakeholders to review and improve our policies, processes and practice. We remain on a journey of continual improvement and the focus on good governance supported by authentic patient and staff engagement will continue throughout the next year.

Incidents

Our approach to incident management has been reviewed and refreshed in response to shortfalls in our previous systems and practices. Historically a low reporter of incidents we listened to staff to identify areas of how the system and process could be improved to increase our reporting. As a result, we have rewritten our policy, streamlined the reporting process, raised awareness of what an incident is and how to report, provided feedback to staff and shared learning in a timelier and consistent way.

Figure 1: Overall incident reporting 2010 to 2017



Between 1st April 2016 and 31st March 2017 there had been an 18% increase in the reported figures related to patient safety incidents compared to the same period for 2015/16.

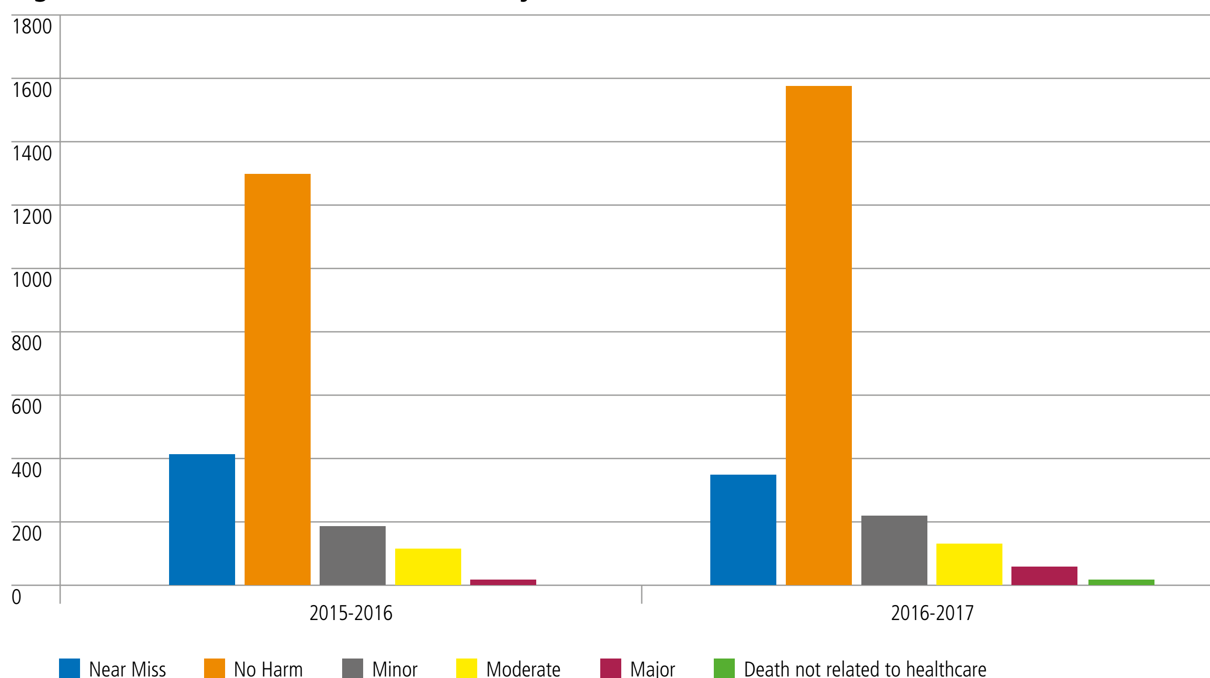
Of the 2,032 reported incidents, there were 205 patient safety incidents for this period, 75 (37%) of which resulted in death or harm.

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	TOTAL
Incident affecting patient/service user	174	162	156	164	147	135	164	181	211	212	160	166	**2032**
Grade of Harm													
Death (caused as direct result of incident)	0	2	1	1	0	0	0	0	1	9	7	1	**22**
Low (minimal harm)	20	13	15	19	14	21	16	21	32	25	21	13	**230**
Moderate (short-term harm)	6	7	12	17	8	7	5	13	14	16	8	18	**131**
No known harm	141	139	124	122	123	105	140	146	159	150	118	127	**1594**
Severe (permanent or long-term harm)	7	1	4	5	2	2	3	1	5	12	6	7	**55**
TOTAL	**174**	**162**	**156**	**164**	**147**	**135**	**164**	**181**	**211**	**212**	**160**	**166**	**2032**

This is an increase of 350 (19%) compared to 2015/16 (1682).

As shown in Figure 2 below and above, the majority of incidents result in no harm.

Figure 2: Actual Harm from Patient Safety Incidents 2015/16 to 2016/17



National Reporting and Learning System (NRLS) Data

The Organisation Patient Safety Incident Reports (September 2016) were published by NHS Improvement via their website https://improvement.nhs.uk/uploads/documents/5._Ambulance.csv

The data for the reporting period shows that the Trust is above the national percentage for all Ambulance Trust severe harms at 3.4% (compared to 1%) and deaths- 1.9% (compared to 0.9%).

Trust level data for the 6-month period, 1st October 2015 - 31st March 2016

Based on occurring d Degree of harm

		No Harm		Low Harm		Moderate Harm		Severe Harm		Death	
Trust	Number of incidents occuring	N	%	N	%	N	%	N	%	N	%
London Ambulance Service NHS Trust	1,187	945	79.6	183	15.4	53	4.5	3	0.3	3	0.3
Welsh Ambulance Service NHS Trust	514	367	71.4	137	26.7	6	1.2	0	–	4	0.8
North East Ambulance Service NHS Foundation Trust	1,059	851	80.4	183	17.3	8	0.8	1	0.1	16	1.5
North West Ambulance Service NHS Trust	570	508	89.1	51	8.9	4	0.7	3	0.5	4	0.7
Yorkshire Ambulance Service NHS Trust	848	623	73.5	136	16	51	6	21	2.5	17	2
East Midlands Ambulance Service NHS Trust	362	261	72.1	60	16.6	12	3.3	11	3	18	5
West Midlands Ambulance Service NHS Foundation Trust	314	267	85	39	12.4	3	1	3	1	2	0.6
East of England Ambulance Service NHS Trust	1,016	804	79.1	142	14	70	6.9	0	–	0	–
South East Coast Ambulance Service NHS Foundation Trust	267	158	59.2	58	21.7	37	13.9	9	3.4	5	1.9
South Central Ambulance Service NHS Foundation Trust	415	307	74	95	22.9	7	1.7	6	1.4	0	–
South Western Ambulance Service NHS Foundation Trust	1,530	5	0.3	1,501	98.1	4	0.3	20	1.3	0	–
All Ambulance trusts	**8,082**	**5,096**	**63.1**	**2,585**	**32**	**255**	**3.2**	**77**	**1**	**69**	**0.9**

Footnotes:
Ambulance organisations have no reporting rate calculated for them as there currently is no suitable denominator data for them.

* Reporting dataset - incidents reported to the NRLS between 1st October 2015 and 31st March 2016.These data are used for statistics based on reporting and are used for data quality.

** Occurring dataset - incidents occurring between 1st October 2015 and 31st March 2016 and reported to the NRLS by 31st May 2016.

The following notations are used in the tables:
'#' is used when the base number is deemed too small to provide meaningful statistics;
'0' is used for percentages that are rounded down to zero;
'-' is used for a true zero in cell showing percent, i.e. where there are no cases in a category

Since the beginning of the year the Trust has invested in improving its incident systems. The first part of 2017 saw the redevelopment of Datix to encourage reporting and to monitoring functionality including:

+ Shortened IRW1 form to improve end-user reporting by making the process of reporting an incident faster and more streamlined
+ Automatic feedback to staff raising incidents, once an incident has been closed by an administrator in Datix
+ Addition of a History Mark tick box, with the intention that once permissions have been reviewed, the History Marking Lead will receive notification of any incidents requiring a marker on the CAD record
+ Option to identify potential Serious Incidents
+ Duty of Candour checklist

Improvements to the Datix system continue and include updates to enable thematic analysis and data abstraction at a local level. More training and learning events will continue throughout 2017/18 to share changes to practice as a result of incidents and to embed further a culture of no blame and openness.

Duty of Candour

Since 2015, Duty of Candour has been a legal duty applied to all NHS Trusts to be open and honest with patients and their families.

You can read more about how the Trust has applied Duty of Candour in section 2.1 above.

Serious Incidents (SIs) reporting and management

Following our CQC inspection last year we took the opportunity to carry out a complete review of our Serious Incident (SI) investigation process.

All incidents which may be deemed serious incidents according to the updated serious incident reporting framework are referred for urgent review and are discussed weekly at a multidisciplinary Serious Incident Decision Group (SID). At this meeting immediate actions taken are reviewed and any additional actions cascaded to all staff. Duty of candour compliance is checked and agreement made on who will be the investigator.

The new process is now inclusive of Regional Operational managers and clinicians involved in the incident from the investigations process, Root Cause Analysis (RCA) and also presenting the case to the Serious Incident Review Group (SIRG). Serious incident reviews are undertaken by a central team led by the Paramedic Consultant are reviewed by a multidisciplinary group prior to submission.

Following consideration at RCA the cases are then presented at the Trust's Serious Incident Review Group (SIRG), which is chaired by the Chief Nurse/Director of Quality & Safety (Medical Director is vice chair.). It is here that action plans are agreed and the format to communicate lessons learned are discussed. Attendance at this meeting has been sporadic and will be an area to much improve going forward.

The SI Policy will continue to be subject to ongoing review as the new process becomes embedded.

The next step is to further improve the audit of actions taken to provide assurance that they have been effective.

All SIs are also recorded and managed within the Trust's integrated risk management system, Datix. This facilitates the recording of evidence, developments and monitoring proving greater assurance and facilitates monitoring and management pf the Serious Incident process.

Themes from serious incidents are produced and presented internally at our and safety working group, Quality Committee and externally at the Quality Review Group (attended by CCGs and NECS). SI detail is also included in the integrated governance report to the Board

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 2016 - 31 March 2017	
Child-related / Unexpected Child Death	5
Delayed Dispatch / Attendance	12
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**

The number of SIs reported has remained the same between the above two comparative years. This confirms the positive reporting culture within the Trust, although we recognise this is an area where more work needs to 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.

Learning from Incidents, serious Incidents safeguarding and complaints

We share learning in many different ways including;

- Immediate feedback to staff in person and via our Datix system
- Distribution of Patient Care Updates by the Clinical Care and Patient Safety team
- Issue of the Clinical News Letter- Reflections
- Quality Matters Newsletter
- Use of our internet and intranet sites
- Use of the staff magazine
- Topics shared for inclusion in clinical skills updates
- Revised corporate induction and transition to practice courses
- Coaching and mentoring
- Learning shared at Governance Meetings
- Trust wide learning events

Serious Incident and Duty of Candour Training

In late 2016, the Kent Surrey and Sussex Quality and Patient Safety Collaborative (QPSC) formed a regional Serious Incident (SI) Communities of Practice (CoP).

From inception, the primary remit of the focus group was to develop a Continuous Professional Development (CPD) accredited training course incorporating a human factors approach to SI investigations and experiential Duty of Candour training.

The aim of the training was to develop a very collaborative approach, joining NHS providers and commissioners alike to share learning, ideas and concept, and focus together on a more innovative quality improvement methodology. The training was delivered as a pilot programme in February 2017 to SECAmb staff.

In total 17 SECAmb staff were trained, and the evaluation was very favourable, leading to a transformation in the methodology of SI investigation. Further training will be provided for SECAmb staff in 2017.

In addition, the course has been accredited by the Royal College of Physicians (12 Continual Professional Development/CPD points) and is

supported by both the Kent Surrey and Sussex Patient Safety Collaborative SI CoP and the Health Foundation Q Initiative of which the course facilitator and SECAmb Lead Clinician for Quality and Compliance is a cohort founding member.

Duty of Candour and the role of the Freedom to Speak Up Guardian has now been incorporated into the Trust Corporate Induction for all new staff, in addition a new Duty of Candour information page has been added to both the SECAmb public and staff website.

The AVMA Duty of Candour patient information leaflet is now sent to all service users/families who raise a complaint, and is provided as part of the Duty of Candour process with Serious Incident investigation.

When a notifiable patient safety incident is reported, the Datix electronic incident reporting system has a new Duty of Candour menu, the incident cannot be finally approved and closed until this additional information has been added and documented and the completed investigation report uploaded.

Medication Errors

Effective medicine management is an essential element of ensuring patient safety and wellbeing. This includes the administration of the correct drug type, dosage and method of administration, as well as ensuring staff are trained and competent to identify and recognise any contra-indications associated with drugs. The administration of drug types is documented in the scope of practice for each operational role and is reflective of the clinical experience of that role.

The 2016 Care Quality Commission (CQC) inspection highlighted non-compliance with medicine management processes. Despite the Trust investing over £1 million in the installation of a new medicines management system enabling medicines to be stored securely with the ability to track staff removing drugs, medicines management continues to be a challenging and high risk for the Trust.

Where medication errors do occur there are slightly more incorrect drug doses than incorrect drug types with an average of three incidents per month for incorrect drug doses and two incidents per month for incorrect drug type. SECAmb monitors both of these types of incident to ensure that mitigation is enabled before trends begin to develop. We have promoted a no blame culture in relation to incident reporting throughout the year and this may explain the slight rise in reported incidents relating to incorrect drug doses. The table below highlights the number of drug incidents

	Incorrect drug dose administered	Incorrect drug type administered	TOTAL
Apr 16	2	1	**3**
May 16	1	2	**3**
Jun 16	1	2	**3**
Jul 16	8	3	**11**
Aug 16	1	7	**8**
Sep 16	1	1	**2**
Oct 16	2	1	**3**
Nov 16	3	2	**5**
Dec 16	3	2	**5**
Jan 17	6	0	**6**
Feb 17	1	3	**4**
Mar 17	3	1	**4**
TOTAL	**32**	**25**	**57**

Clinical Effectiveness Indicators

Clinical Performance Indicators are monitored by all national ambulance services in England on a rolling cycle with each indicator being measured twice a year. The performance for each trust is compared and benchmarked before the findings are submitted to the National Ambulance Service Clinical Quality Group (NASCQG) and the National Ambulance Services Medical Directors (NASMeD). National CPI reports are produced in two formats. The first relates specifically to each monitored condition within the agreed cycle and is circulated shortly after the submission date. A subsequent report is published bi-annually following the completion of each full cycle. This contains the results for all indicators, qualitative information around variations in results, exception rates etc. and information on quality improvement work which has been undertaken by individual Trusts.

The data samples are obtained through a mixture of automated reporting and manual interrogation of individual patient clinical records by SECAmb's Clinical Audit Department to ensure accuracy of data. The sample size for each indicator is 300 cases. However, as not all participating trusts always reach this number of cases the comparative data is adjusted to accommodate this.

For 2016/17, the Trust reported on the following CPIs:

- Cycle 16 Mental Health (April 16 Data)
- Cycle 17 Asthma (June 2016 Data)
- Single Limb Fracture (July 2016 Data)
- Febrile Convulsion (August 2016 Data).

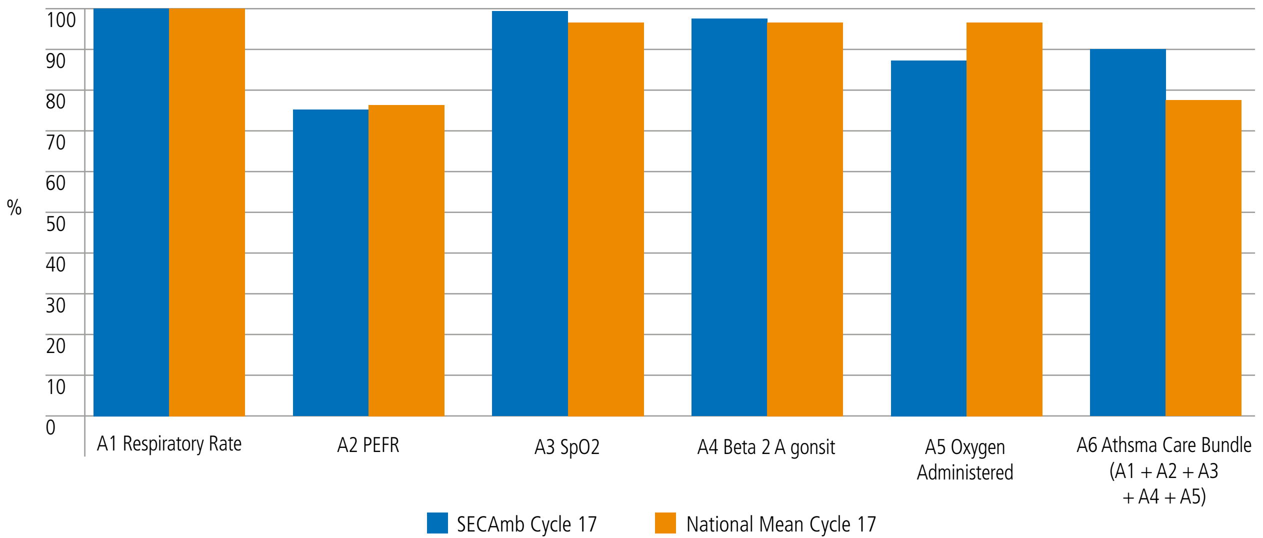
In September 2016, SECAmb was advised of the decision to suspend the CPIs pending further discussions between NASMED, NASCQG and Ambulance Leading Paramedic Group (ALPG) into the future of Ambulance Quality Indicators. Results from subsequent meetings were then taken forward for further consultation with NHS England and the Ambulance Response Programme.

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 performance in June 2016 is 74% for the full care bundle and whilst above the national mean of 70.9%, shows a 5% downward trend compared to the previous cycle. The Trust is also above the national mean in three of the five data elements of care delivered for patients suffering from asthma.

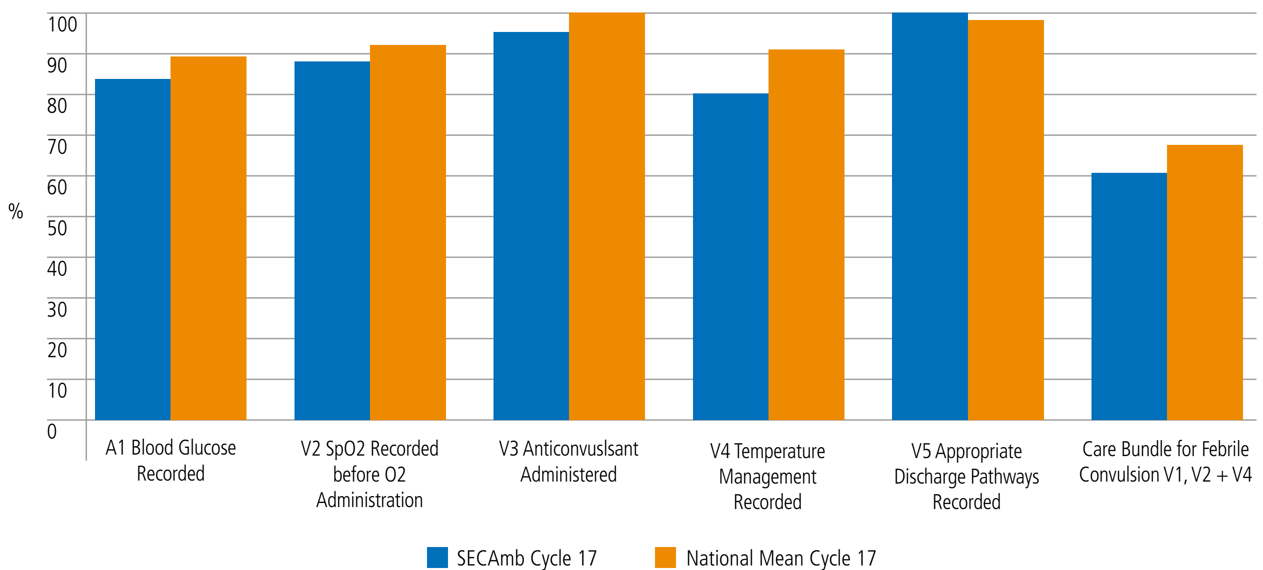
Asthma – June 2016



Febrile Convulsions

In August 2016 the Trust was monitored for the care of febrile convulsions. SECAmb performance against each of the elements is detailed below. The Trust is currently below the national mean for the full care bundle. An increased performance of 96% was recorded was recorded for the administration of anti-Convulsant compared to cycle 16 when this stood at 93.7%.

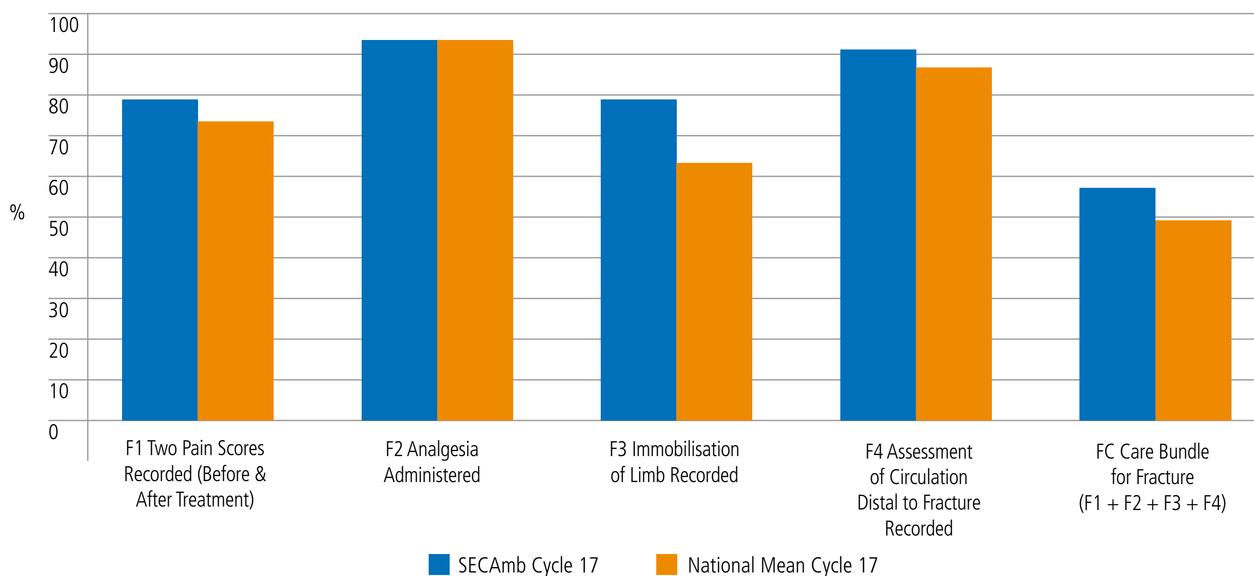
Febrile Convulsion – August 2016



Single Limb Fractures

In July 2016 the Trust was assessed for the care of patients experiencing a single limb fracture. SECAmb performance against all four elements and the care bundle is above the national mean as detailed below. For the care bundle the Trust shows an upward trend with an increased performance from 51.0% for the previous cycle to 54.3%.

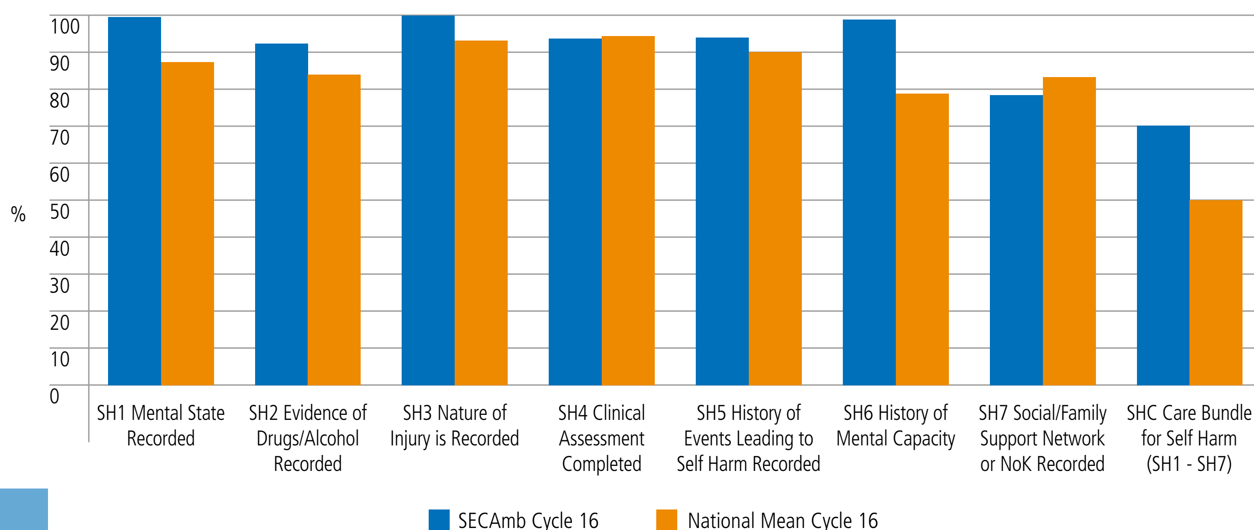
Single Limb Fracture – July 2016



Mental Health

In April 2016 the Trust was assessed for the care of patients experiencing mental health difficulties. The chart below demonstrates how SECAmb performed in the second pilot audit for this condition. The Trust is above the national mean for the full care bundle recording a performance of 69.7% being the second highest in the country.

Mental Health – April 2016



Patient Experience Indicators

Patient Experience Quality Data

The Patient Experience Team manages all complaints that are made to the Trust. The team also 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. Last year the Trust received 1,394 complaints. These include:

- Statutory complaints (those from patients or their direct representatives)
- Non-statutory complaints (those from other responsible bodies)

This classification has replaced the formal/ informal/HCP classifications in order to ensure that complaint handling is compliant with the NHS Regulations. PALS concerns have also been reintroduced and in 2016/2017 the Trust processed 69 such enquiries.

Complaints by service area 2016/17

Service area	Number
PTS	135
EOC	426
A&E	555
NHS 111	271
Non - operational	7
TOTAL	**1394**

Complaints by subject 2016/17

Administration	22
Communication issues	73
History marking issue	9
Miscellaneous	24
Patient care	523
Concern about staff	357
Timeliness	325
Transport	61
TOTAL	**1394**

Complaints may raise more than one issue, hence there being a greater number of subjects than complaints. When running the report by subject and service area, all of the subjects are included, rather than just the primary subject as in the simple table above.

Complaints by subject and service area, 2016/17

Subject	PTS	EOC	A&E	NHS 111	Other	TOTAL
Administration Issues	0	6	4	12	3	**25**
Communication	0	25	9	36	1	**71**
Concern about Staff	27	19	274	35	3	**358**
History Marking Issue	0	5	3	0	0	**8**
Miscellaneous	0	5	19	0	0	**24**
Patient Care	12	132	232	147	0	**523**
Timeliness	45	232	110	41	0	**428**
Transport Issues	51	3	4	0	0	**58**
TOTAL	**135**	**427**	**655**	**271**	**7**	**1495**

Complaints by subject for 2015/16 were as follows:

Administration	27
Communication issues	65
History marking issue	10
Miscellaneous	40
Patient care	495
Concern about staff	551
Timeliness	627
Transport	329
TOTAL	**2144**

Complaints by Outcome

The Trust aims to respond to all complaints within 25 working days. Extensions to this timeframe are granted for specified reasons and the extended timescale is agreed with the complainant. The investigating manager decides, based on their findings, whether the complaint is Upheld, Partly Upheld or Not Upheld, and the Patient Experience Team will challenge the decision should it be felt necessary. The former category of 'Unproven' has been removed as an option.

Below is the outcome of the complaints that had been closed at the time of writing:

Subject	PTS	EOC	A&E	NHS 111	Other	TOTAL
Not Upheld	27	94	280	94	2	**497**
Partly Upheld	20	72	120	40	1	**253**
Upheld	76	221	117	121	1	**536**
Withdrawn	1	1	1	3	0	**6**
TOTAL	**124**	**389**	**519**	**258**	**4**	**1294**

Once an investigation is complete, feedback is provided to the complainant in the manner that they have requested. This may be verbal, in writing or at a resolution meeting. In all cases a full explanation of SECAmb's actions is given, along with a further apology and, where appropriate, an explanation of the actions the Trust will take in order to mitigate against a recurrence.

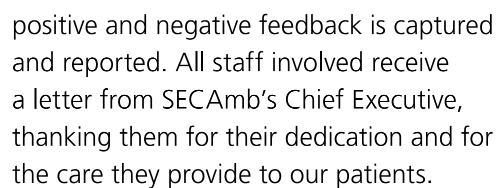
All complaints that are of a serious, complex nature are responded to by the Chief Executive, with less complex matters being managed to completion by the Patient Experience Team.

Complaints and 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.

Compliments

Each year SECAmb receives an ever-increasing number of "compliments" - 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 Quality & Patient Safety Committee, the Board and to the commissioners' quality review group meetings.

During 2016/17 SECAmb received 2,350 compliments (an increase from 2,327 in 2015/16), thanking our staff for the treatment and care they provide.

Annex 1

Statements from external stakeholders

It should be noted that the commissioners have a legal obligation to review and comment, while local Healthwatch organisations and OSCs have been offered the opportunity to comment on a voluntary basis. The Clinical Commissioning Group, which has responsibility for the largest number of people to whom the trust has provided relevant health services during the reporting period, has responded on behalf of the commissioners.

Healthwatch West Sussex response to South East Coast Ambulance NHS Foundation Trust's Quality Account

As the independent voice for patients, Healthwatch West Sussex is committed to ensuring local people are involved in the improvement and development of health and social care services.

For several years now, local Healthwatch across the country have been asked to read, digest and comment on the Quality Accounts, which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers). In West Sussex this translates to seven Quality Accounts from NHS Trusts. Each document is usually over 50 pages long and contains lengthy detailed accounts of how the Trust feels it has listened and engaged with patients to improve services.

Each year, we spend many hours of valuable time reading the draft accounts and giving clear guidance on how they could be improved to make them meaningful for the public. Each year we also state that each and every Trust could, and should, be doing more to proactively engage and listen to all the communities it serves.

Whilst we appreciate that the process of Quality Accounts is imposed on Trusts, we do not believe it is a process that benefits patients or family and friend carers, in its current format.

This format has remained the same despite Healthwatch working strategically on this for over two years. We have reducing resources and we want to focus our effort where it has the most effect on patient care and we do not believe quality accounts have this impact.

This year we have been more proactive in our own engagement with local people in their communities, more direct in our influencing work and more critical of how commissioners and providers are communicating with local people. These activities have been a positive process and we feel a better use of our resource.

We remain committed to providing feedback to the Trust through a variety of channels to improve the quality, experience and safety of its patients.

Kent HOSC response

The Kent HOSC will not be providing a statement this year as the Committee has not been reconstituted following the election on 4 May; it will be reconstituted on 25 May which is after the deadline for comments.

Medway Council's Health and Adult Social Care Overview and Scrutiny Committee response

The Acting Chief Executive of SECAmb attended the Committee in November 2016 to provide an update on the Trust's improvement journey following the publication of the Care Quality Commission's (CQC) inspection findings in September 2016, which had given the Trust an overall rating of inadequate. The Committee was advised that the Trust had been placed in special measures as a result.

SECAmb recognised its shortcomings and was delivering a Recovery Plan, which it was anticipated would address the issues that been identified by the CQC. The Plan had been submitted to NHS Improvement and had been endorsed by the CQC. The Trust would be re-

inspected within six months. The Acting Chief Executive considered that a realistic target was for this to give the Trust a rating of 'requires improvement.' The expectation was that SECAmb would be able to come out of special measures within 12 months. It was noted that the Trust had agreed an overall budget deficit of £7.1 million. SECAmb's contract for the current year only provided 75% of what was considered to be the required level of funding for red 1 responses and 70% of the required level for red 2 responses. The presentation given to the Committee also acknowledged concerns about the ability of services to manage winter pressures.

The Committee was informed that a Patient Impact Review published in relation to a Red 3 Pilot had found no evidence of patient harm which could be attributed to the pilot.

The Acting Chief Executive of SECAmb considered that the Trust had got into difficulties due to it having focused on innovation, as opposed to getting the day job right, although a Member of the Committee was not convinced that there had been significant innovation.

Committee Members were concerned about the high staff turnover and retention at SECAmb and the low rate of staff appraisal completions. The Committee was assured that steps were being taken to address these issues, although staff retention was likely to remain problematic for the foreseeable future. Bullying and harassment of staff was also raised as a concern, with the Acting Chief Executive acknowledging the issue.

The Committee noted that some statistics presented a more encouraging picture of service provision. These included relatively low patient conveyancing rates (50%) and patient satisfaction levels of over 90%

General Comments:

+ The Committee notes that SECAmb is due to be re-inspected during May 2017 and anticipates that this will show that measures are being put in place as part of SECAMB's Improvement Plan to address its inadequate rating and concerns raised by the previous inspection and by Committee Members, such as staff retention and the Trust's financial situation. The Committee is concerned that the percentage of staff who have experienced harassment, bullying or abuse had increased in 2016 compared to 2015
+ The Committee is also particularly concerned that safety has been rated as inadequate, both overall and for the NHS 111 service and that only 65.1% of red 1 responses reached the patient within eight minutes, compared to the Department for Health requirement of 75%
+ The Committee is supportive of the Sub-Group, established by the South East Regional Health Scrutiny Network to undertake scrutiny of SECAmb and to support its improvement journey. However, the Committee wishes to emphasise that it does not see the Sub-Group as a replacement for scrutiny of SECAmb undertaken by individual local authority health scrutiny committees and looks forward to SECAmb attending the Committee once again in June 2017 and subsequently during 2017/18
+ The Committee relies on Healthwatch Medway, which is a non-voting committee member, to feedback patient views and experiences.

Councillor David Wildey, Chairman of Medway Health and Adult Social Care Overview and Scrutiny Committee, 2016/17

This response to the Quality Account has been submitted by officers, in consultation with the Committee Chairman, Vice-Chairman and Opposition Spokesperson, under delegation from the Medway Health and Adult Social Care Overview and Scrutiny Committee.

Surrey Wellbeing and Health Scrutiny Board

The Wellbeing and Health Scrutiny Board welcomes the opportunity to comment on the South East Coast Ambulance Trust Quality Account. It has worked closely with the Trust through the South-East Coast Ambulance Regional Scrutiny Sub-group. This group is constituted of representatives from each of the health and overview scrutiny committees covering the region. The Board has seen a good level of engagement from Trust representatives through this sub-group, and feels it represents a coordinated and proportionate scrutiny arrangement.

The Board commends the Trust's candour in highlighting the challenges it continues to face. It would, however, also add that it is difficult to ascertain the impact for people that use the services from the Trust's Quality Account. The Trust could present its information in a more accessible way, with clearer links articulated between its core indicators, priorities and how care is delivered for people that use its services.

The Board notes the implementation of a number of actions following the issue of the Section 29 notice by the CQC, and welcomes steps taken to put a Project Management Office in place to oversee the required improvements. It awaits the outcome of CQC's follow up visit to ascertain the extent to which progress has been made.

The Board notes that anecdotal patient feedback remains positive, and is reflective to the commitment and energy of front-line staff. It is concerned that staff report experiencing bullying, harassment and abuse, and that the figures have risen when compared to 2015. It is hoped that the newly appointed Chief Executive will take action to address issues in workplace culture, for the benefit of the staff and patients.

The Board recognises there are some positive examples of the Trust's work, for example in its use of Community First Responders, and the management of frequent callers. It commends the Trust on the feedback it has received with regard to the Community First Responders, a clear demonstration of the valued role the community can play in supporting patients.

The Board recognises that there are continued challenges for the Trust in the year ahead, and will work with its regional counterparts to ensure these challenges are given due consideration across the whole system. It is clear that partnership working has a vital role to play in supporting the Trust to make its required improvements, and the Board will take this into consideration in its scrutiny over 2017/18

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 2016/17 has been another difficult year for the Trust. 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 is concerned about the findings of the Care Quality Commission (CQC) inspection, which rated SECAmb as inadequate and recommended that it be placed in special measures.

Following the publication of the CQC report, the health scrutiny committees within SECAmb's area of operation have set up a joint liaison meeting in order to monitor the implementation of the Trust's quality improvement plan. The Trust's commitment to this meeting has been evidenced through the senior representation at meetings. SECAmb has been providing evidence of improvement in performance during these meetings in regards to response times, staffing, and organisational

culture, but there is a considerable way still to go.

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 has investigated this issue during the past year but it continues to be a cause of concern.

The Committee welcomes the appointment of the new Chairman and Chief Executive and is glad to hear their commitment to recruiting a new Executive Leadership team. HOSC hopes that this will enable the Trust to focus on addressing key challenges. The Committee recognises that the Trust has been open in acknowledging the quality challenges that exist and welcomes this approach.

The Committee continues to believe 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. However, HOSC is disappointed to note that the NHS Staff Survey results showed more staff had experienced harassment and bullying than in 2016 than in the previous year. HOSC believes that SECAmb must show improvements in this year's survey.

2016/17 Quality Priorities

HOSC welcomes the progress made but it is clear that further work is needed on a number of 2016/17 quality priorities, especially those that have decreased in performance compared with the same period in 2015/16.

2017/18 Quality Priorities

It is good to see that patient & family involvement in investigating incidents is being prioritised, as well as the aim to improve patient safety by learning from incidents. HOSC notes that both were recommendations of the CQC in its September 2016 report.

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.

Statement from West Sussex HASC

This year it is difficult for the Health and Adult Social Care Select Committee (HASC) to provide any commentary for your Trust's Quality Account as there have recently been County Council elections and the Committee has not held any meetings since mid-March. Two thirds of the county councillors on the Committee are new and therefore it is a difficult time for us to provide a comment.

Brian Rockell, Lead Governor

Patients want to know they are receiving the best quality care. SECAmb has had a very difficult year but with a new Chair and Chief Executive now in place, we shall be looking for a renewed vigour and quality improvements which are embedded in the Trust's approach to performance and patient care.

The Quality Account reflects the Trust's ambitions in a significant number of areas. Successes are positively highlighted but there remains challenges where further progress is needed.

Response from Kent, Surrey and Sussex Clinical Commissioning Group

In response to the draft South East Coast Ambulance NHS Foundation Trust (SECAmb) Quality Account & Quality Report 2016-17 submitted to Kent, Surrey and Sussex Clinial Commissioning Groups (CCGs) for review, please find attached the CCGs statement in accordance with the National Health Service (Quality Account) Amendment Regulations 2012.

Kent, Surrey and Sussex CCGs acknowledge

the 2016/17 draft Quality Account submitted by SECAmb to commissioners. One version was received on 2 May 2017 and circulated for commissioner review on the 3 May 2017. A further draft of the Quality Account was submitted to commissioners on the 11 May 2017. We also acknowledge that a further version was circulated on the 19 May 2017, however this document has not been reviewed as it was received after the timeframe agreed for commissioner review.

The detail of the letter below and the comments on the Quality Account Checklist and draft Quality Account document are based on the version received on the 11 May 2017.

Kent, Surrey and Sussex CCGs can confirm that the documnent has been reviewed against the Department of Health reporting requirements. (See attached quality account checklist). Some comments have also been recorded on the draft document that we hope will be of use in compiling your final Quality Account.

Over the year SECAmb and Commissioners have jointly focused on both the development and implementation of a remedial action plan – the Unified Recovery Plan (URP) – which was initially agreed to address and mitigate operational shortfalls and the wider organisational governance issues and was later expanded in purpose to incorporate the actions identified from the CQC inspection undertaken in May 2016. However there remain concerns between us and our associate commissioners with regard to the on-going financial challenges, performance against constitutional standards and future sustainability.

During the contract negotiations for 2017/18 and 2018/19, SECamb raised concerns about the perceived structural gap required to support their delivery of the national performance standards. As part of these negotiations it was agreed that a piece of work would be commissioned and subsequently carried out by Deloitte to review the financial and performance gap and offer an evidence based position. The final report from this review has proposed a number of scenarios and recommendations that will be considered and will also take into consideration future changes such as the Ambulance Response Programme. It should be noted that in recent years Commissioners have contractually funded outturn plus growth.

CCGs note the Quality Account contains a clear reflection of the outcomes from the CQC organisational assessment in May 2016 and note that reference is also made to the re-inspection scheduled for May 2017. Commissioners acknowledge the work that has been undertaken towards addressing the concerns raised by CQC but would also like to see increased momentum in change over the coming year. We also look forward to support the planned Quality Assurance visits across the year.

The Quality Account provides a summary of progress agains the 2016/17 quality priorities and while it recognises that some of the 2016/17 priorities were not achieved commissioners feel it would be helpful to add some detail on how these priorities will continue to be monitored and reported on moving forward.

The draft report shared with commissioners on the 11 May 2017 included a section describing the 3 priority areas for improvement in 2017/18 which are:

1) Improving outcomes from Out of Hospital Cardiac Arrests (OHCA) – Clinical Effectiveness

2) Patient & Family involvement in investigating incidents – Patient Experience

3) Learning from incidents and improving patient safety – Patient Safety

Whilst Commissioners to support these areas

as prioirities for quality improvement as they align with areas outlined in the Unified Recovery Plan and CQC inspection report, commissioners would like to see clear targets, milestones and measures of improvement metrics set and we would like to see these metrics included in the final published report.

It is expected that SECAmb will require the majority of 2017/18 in order to make a full recovery against the elements identified in the unified recovery plan, and th CCGs have been working jointly with NHS England and NHS Improvement, and working closely with the Trust to support them in further development and implementation of their overarching recovery.

Data Quality

Commissionmers are satisfied with the accuracy of the data contained in the Account pending completion of final validation by auditors. We will continue to work with the SECAmb to ensure that quality data is reported in a timely manner through clear information schedules.

Overall the Kent, Surrey and Sussex CCGs acknowledge the significant challenges the Trust has faced over the past year and we look forward to working closely to support the Trust in delivering and sustaining improvements set out in this plan going forward in to 2017/18, and Commissioners are keen to see improvements in all aspects of the services delivered by the Trust, not only in terms of performance but importantly in the quality aspects of the services delivered and the governance that supports them. As commissioners, we welcome the steps being taken by SECAmb to stabilise the executive team and also note the development of the new programme office.

We look forward to receiving your final document.

If you have any queries, please contact clare.stone@nwsurreyccg.nhs.uk in the first instance.

Yours sincerely

Gail Locock
Chief Nurse

For and on behalf of Swale CCG and Associate Commissioners

Clare Stone
Chief Nurse

For and on behalf of North West Surrey CCG and Associate Commissioners

Julia Layzell
Chief Nurse and Head of Quality

For and on behalf of Crawley, Horsham and Mid Sussex CCGs and Associate Commissioners

Annex 2

Statement of Directors' Responsibilities for the Quality Report

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.

NHS Improvement 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 NHS 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 2016/17 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 2016 to May 2017
  - Papers relating to quality reported to the board over the period April 2016 to May 2017
  - Feedback from commissioners dated 26/05/17
  - Feedback from governors dated 26/05/17
  - Feedback from local Healthwatch organisations dated 07/05/2017
  - Feedback from Overview and Scrutiny Committee dated 10/05/2017
  - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31/05/2017
  - There is no national patient survey to refer to
  - The latest national staff survey 07/03/2017
  - The Head of Internal Audit's annual opinion of the trust's control environment dated 12/05/2017
  - CQC inspection report dated 29/09/2016
+ 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 NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

30 May 2017 .... **Date**

.... **Chair**

30 May 2017 .... **Date**

.... **Chief Executive**

Annex 3

Independent Practitioner's Limited Assurance Report to the Board of Governors of South East Coast Ambulance Service NHS Foundation Trust on the Quality Report

We have been engaged by the board of governors of South East Coast Ambulance Service NHS Foundation Trust to perform an independent limited assurance engagement in respect of South East Coast Ambulance Service NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the " Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS' foundation trust annual reporting manual 2016/17' and additional supporting guidance in the 'Detailed requirements for quality reports for foundation trusts 2016/17' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators mandated by NHS Improvement:

+ Category A call – Emergency response within 8 minutes; and
+ Category A call – ambulance vehicle arrival within 19 minutes

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

+ The Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
+ The Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
+ The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated on all material respects in accordance with the 'NHS foundation trust annual 2016/17' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance, 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 2016 to 26 May 2017;
+ Papers relating to quality reported to the Board over the period 1 April 2016 to 26 May 2017;
+ Feedback from Commissioners dated 26 May 2017;
+ Feedback from Governors dated 26 may 2017;
+ Feedback from local Healthwatch organisations dated 7 May 2017;
+ Feedback from Overview and Scrutiny Committee dated 10 May 2017;
+ The Trust's complaints report published under regulation 18 of the Local Authority

Social Services and NHS Complaints Regulations 2009, dated 31 May 2017;

- The national staff survey dated 7 March 2017;
- The Care Quality Commission inspection report dated 29 September 2016;
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 12 May 2017; and
- Any other information obtained during our limited assurance engagement.

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 are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Governors of South East Coast Ambulance Service NHS Foundation Trust as a body, to assist the Board 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 2017, to enable the Board of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the board of Governors as a body, and South East Coast Ambulance Service NHS Foundation Trust for our work on 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 the 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 Boards ("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 enquires of management;
- Limited testing, on a selective basis, of the data used to calculate indicators tested back to supporting documentation;
- Comparing the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance to the categories reported in the Quality Report; and
- Reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods

used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques, which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

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 out 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 required to state to them in an auditor's report and for no other purpose. Our audits of South East Coast Ambulance Service NHS Foundation Trust's financial statements are not planned of 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 2017:

+ The Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
+ The Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed reuirements for external assurance for quality reports for foundation trusts 2016/17'; and
+ The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP

Grant Thornton house
Melton Street
Euston Square
London

31 May 2017

Appendix B

Accounts 2016/17

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 NHS Improvement.

Under the National Health Service Act 2006, NHS Improvement 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 NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
+ Make judgements and estimates on a reasonable basis;
+ State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual 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 NHS Improvement's NHS Foundation Trust Accounting Officer Memorandum.

Daren Mochrie, Chief Executive
Date: 30 May 2017

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.

Daren Mochrie, Chief Executive
Date: 30 May 2017

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 give a true and fair view of the financial position of the South East Coast Ambulance Service NHS Foundation Trust (the Trust) as at 31 March 2017 and of its expenditure and income for the year then ended; and
+ The financial statements have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements 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 Schedule 10 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 2017, 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 the NHS foundation trust annual reporting manual 2016/17.

Overview of our audit approach

- Overall materiality: £4,059,000, which represents 2% of the Trust's operating expenses and finance costs;
- We performed a full scope audit of South East Coast Ambulance Service NHS Foundation Trust
- The key audit risk was identified as the valuation of the property, plant and equipment.

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 and how we tailored our procedures to address these risks in order to provide an opinion on the financial statements as a whole. This is not a complete list of all the risks we identified:

Audit risk	How we responded to the risk
Valuation of property, plant and equipment The valuation of land and buildings excluding dwellings within property, plant and equipment involves estimates that require judgements in relation to the asset valuation basis and an estimated market rent for the property. In total these represent 33% of the total asset value on the entity's statement of financial position. Specifically, the estimates relating to the revaluation of land and buildings excluding dwellings have been completed using a different methodology from the prior year which has led to a £36,900,000 decrease in the value of the Trust's land and buildings. As such, there is an increased risk that the asset is incorrectly valued. We therefore identified the valuation of property, plant and equipment as a risk requiring particular audit attention.	**Our audit work included, but was not restricted to:** + Walkthrough testing to gain assurance the controls are designed effectively in accordance with our documented understanding + Obtaining management's assessment of the valuation of property, plant and equipment and understanding the valuation process, including key controls and assumptions used by management; + Assessing the competence, expertise and objectivity of the valuer; + Assessing the appropriateness of the instructions issued to the valuer and the scope of their work, including the completeness of the data provided to the valuer; + Challenging the assumptions made by management in relation to the valuation of property, plant and equipment; and + For a sample of assets revalued in the year, testing of the revaluation calculation and agreeing the valuation included in the valuer's report to the asset register and the financial statements. The Trust's accounting policy for the valuation of property, plant and equipment is shown in note 1.9 with further disclosure on critical judgements and estimation uncertainty in note 1.3 to the financial statements and related disclosures are included in note 15.

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 Trust's financial statements as a whole to be £4,059,000, which is 2% of the Trust's operating expenses and finance costs. This benchmark is considered the most appropriate because we consider users of the 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 operating expenses and finance costs as we determined for the year ended 31 March 2016 as we did not identify any significant changes in the Trust's operations or the environment in which it operates.

We determined the threshold at which we will communicate misstatements to the Audit Committee to be £203,000. In addition, we will communicate 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 International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of financial statements of public sector bodies in the United Kingdom'. 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 evaluation of the Trust's internal control relevant to the audit including relevant 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, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2016, 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 that necessary for us to consider under the Code 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 2017, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code. Based on our risk assessment, we undertook such work as we considered necessary.

Other reporting required by regulations

Our opinion on other matters required by the Code is unmodified

In our opinion:

+ The parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006; and
+ The other information published together with the audited financial statements in the annual report for the financial year for which the financial statements are prepared 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.

Under the Code we are required to report to you if, in our opinion

+ The Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2016/17 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls; or

- We have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- We have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- We have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

We have nothing to report in respect of the above matters except for the following:

Basis for qualified value for money conclusion

Our review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matters:

In September 2016, an inspection by the Care Quality Commission (CQC) rated the Trust as "Inadequate" overall. Particular areas of weakness identified were:

– The CQC concluded that the Trust was not "safe", mainly due to inefficient reporting, accountability and staffing levels;

– The CQC concluded that the Trust was not 'well-led', mainly due to ill-defined roles and responsibilities, a lack of measurement of outcomes against strategic pledges, too many interim post holders and a culture of bullying/harassment.

As a result of the CQC findings, the Trust was placed into Special Measures with regular oversight by NHS Improvement. The Trust also has missed key national performance indicators during the year.

These issues are evidence of weaknesses in proper arrangements for informed decision making.

Adverse value for money conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2016, because of the significance of the matters described in the Basis for adverse value for money conclusion paragraph above we are not 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 2017.

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 Directions included in the NHS foundation trust annual reporting manual 2016/17 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 Code and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Responsibilities for the financial statements and the audit (continued)

We are required under Section 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. 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.

Paul Hughes

Paul Hughes, Director

for and on behalf of Grant Thornton UK LLP

Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

31st May 2017

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2017

	NOTE	Year ended 31 March 2017	Year ended 31 March 2016
		£000	£000
Revenue			
Revenue from patient care activities	5	**194,910**	199,579
Other operating revenue	5.1	**3,416**	6,592
Operating expenses	8	**(233,273)**	(203,054)
Operating surplus/(deficit)		**(34,947)**	3,117
Finance costs:			
Investment revenue	13	**28**	63
Finance costs	14	**(271)**	(201)
Public dividend capital dividends payable		**(2,235)**	(2,605)
(Deficit)/surplus for the financial period		**(37,425)**	374
Gains/(losses) of disposal of non-current assets		**850**	116
Retained surplus/(deficit) for the period		**(36,575)**	490

Other comprehensive income			
Impairments and reversals	15	**(7,981)**	0
Gains on revaluations	15	0	2,101
Total comprehensive income for the period		**(44,556)**	2,591

The notes on pages 230 to 260 form part of these accounts.

Reported NHS financial performance position [Adjusted retained surplus]

Retained surplus for the year	**(36,575)**	490
Reported NHS financial performance position [Adjusted retained surplus]	**(36,575)**	490

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2017

	NOTE	Year ended 31 March 2017 £000	Year ended 31 March 2016 £000
Non-current assets			
Property, plant and equipment	15	**63,579**	97,246
Intangible assets	16	**634**	148
Total non-current assets		**64,213**	97,394
Current assets			
Inventories	19	**1,441**	1,508
Trade and other receivables	20	**15,506**	14,631
Non-current assets held for sale	22	**3,745**	3,163
Cash and cash equivalents	21	**13,036**	16,057
Total current assets		**33,728**	35,359
Total assets		**97,941**	132,753
Current liabilities			
Trade and other payables	23	**(23,561)**	(19,563)
Other liabilities	23	**(12)**	(248)
Borrowings	24	**(197)**	(787)
Provisions	26	**(3,592)**	(3,750)
Net current assets/(liabilities)		**6,366**	11,011
Total assets less current liabilities		**70,579**	108,405
Non-current liabilities			
Borrowings	24	**(7,907)**	(1,953)
Provisions	26	**(6,135)**	(5,359)
Total assets employed		**56,537**	101,093
Financed by taxpayers' equity:			
Public dividend capital		**79,524**	79,524
Retained earnings		**(26,396)**	9,517
Revaluation reserve		**3,409**	12,052
Total taxpayers' equity		**56,537**	101,093

The financial statements on pages 225 to 260 were approved by the Board on 30 May 2017 and signed on its behalf by:

Signed: ....(Chief Executive)

Date: 30 May 2017

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2017

	31 March 2017				31 March 2016			
	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	9,517	12,052	101,093	79,524	8,728	10,250	98,502
Transfers between reserves	0	0	0	0	0	299	(299)	0
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	662	(662)	0	0	0	0	0
(Deficit)/surplus for the year	0	(36,575)	0	(36,575)	0	490	0	490
Impairments	0	0	(7,981)	(7,981)	0	0	0	0
Revaluations	0	0	0	0	0	0	2,101	2,101
Balance at 31 March	**79,524**	**(26,396)**	**3,409**	**56,537**	79,524	9,517	12,052	101,093

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Retained earnings reserve

The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2017

	NOTE	**Year ended 31 March 2017**	Year ended 31 March 2016
		£000	£000
Cash flows from operating activities			
Operating (deficit)/surplus		**(34,947)**	3,117
Depreciation and amortisation	8,15,16	**9,433**	11,198
Impairments and reversals	17	**29,501**	(226)
(Increase)/decrease in inventories	19.1	**67**	7
(Increase)/decrease in trade and other receivables	20.1	**(160)**	(679)
Increase/(decrease) in trade and other payables	23	**4,524**	1,777
Increase/(decrease) in other current liabilities	23.1	**(236)**	(771)
Increase/(decrease) in provisions	26	**555**	(357)
Net cash inflow/(outflow) from operating activities		**8,737**	14,066
Cash flows from investing activities			
Interest received	13	**28**	63
(Payments) for property, plant and equipment		**(16,564)**	(18,641)
Proceeds from disposal of plant, property and equipment		**2,767**	594
(Payments) for intangible assets		**(189)**	0
Net cash inflow/(outflow) from investing activities		**(13,958)**	(17,984)
Net cash inflow/(outflow) before financing		**(5,221)**	(3,918)
Cash flows from financing activities			
PDC dividend paid	1.24	**(2,956)**	(2,767)
Loans received	24	**6,163**	33
Interest on obligations under finance leases	14	**(175)**	(137)
Interest paid	14	**(33)**	(4)
Other loans repaid		**(6)**	0
Capital element of finance leases		**(793)**	(1,817)
Net cash inflow/(outflow) from financing activities		**2,200**	(4,692)
Net increase/(decrease) in cash and cash equivalents		**(3,021)**	(8,610)
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		**16,057**	24,667
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	**13,036**	16,057

1. Accounting policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow IFRS and HM Treasury's FReM to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting Convention

"These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities."

The following standards have been issued by the IASB but have not yet been adopted by the Foundation Trust Annual Reporting Manual:

+ IFRS 9 "Financial Instruments": Application required for accounting periods beginning on or after the 1 January 2018 but not yet adopted by FReM.
+ IFRS 14 "Regulatory Deferral Accounts": not yet EU endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DH group bodies.
+ IFRS 15 "Revenue from contracts with customers": Application required for accounting periods beginning on or after the 1 January 2018 but not yet adopted by FReM.
+ IFRS 16 "Leases": Application required for accounting periods beginning on or after the 1 January 2019 but not yet adopted by FReM.

The DH Group Accounting Manual does not require these standards to be applied in 2016-17.

Going Concern

These accounts have been prepared on a going concern basis. After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. The Trust provided NHSI with its 2017/19 Plan in December 2016 and March 2017 reflecting agreed control total deficits and the Trust has recently been granted a working capital facility of £15m by NHSI to enable it to meet any temporary cash flow problems. For these reasons the Directors continue to adopt the going concern basis in preparing the accounts.

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 Operations 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. 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; 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 party transactions note.

1.5 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.6 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from the employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

1.7 Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the

NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employer's 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 the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

1.8 Expenditure on other goods and services

Expenditure on goods and services is recognised when and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses, except where it results in the creation of a non-current asset such as property, plant and equipment.

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and
- The item has a cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building or unit, irrespective of their individual or collective cost

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

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 buildings – market value for existing use
- Leasehold improvements - depreciated replacement cost
- Assets held for sale - lower of carrying amount and current value less costs to sell

It is Trust accounting policy to re-value land and buildings at least every five years. The land and

buildings were last re-valued by the District Valuer as at 31 March 2015. The Trust considered it appropriate to commission a further revaluation exercise from Montagu Evans as at 31 March 2017 to confirm that the estate is correctly valued. Montagu Evans advised that the Existing Use Value (EUV) method of valuation is more appropriate to this Trust than the Depreciated Replacement Cost method previously in use on the basis that EUV applies to non-specialised assets that are owner occupied. These form the majority of the Trust's assets. Land and buildings were therefore revalued on this basis. As a result of the revaluation, the land and buildings of the Trust have been re-valued downwards by £36.9m. International Financial Reporting Standards (IFRS) require that impairment losses are initially offset against any existing revaluation reserves (on a property by property basis) and that the balance is treated as an impairment. The resulting impairment amounted to £28.9m and there were further impairments of £0.6m relating to Patient Transport Services (PTS) assets following the closure of PTS operations at 31 March 2017.

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 clarified as operating leases.

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, discounted using the interest rate implicit in the lease, with a matching liability for the lease obligation to the lessor. The assets and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.15 Inventory

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First in First Out (FIFO) method.

1.16 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation of uncertain timing or amount as a result of a past event, it is probable that the Trust will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. The amount recognised in the Statement of Financial Position is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates for general provisions, except for early retirement and injury benefit provisions which both use the HM Treasury's post employment benefit discount rate of 0.24% (2015-16: 1.37%) 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 Resolution NHSR (formerly NHS Litigation Authority) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSR which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSR is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSR on behalf of the Trust is disclosed at Note 26 (Provisions) but is not recognised in the Trust's accounts.

1.18 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, the Care UK Group.

The Trust holds the head contract to provide the service but the contractual arrangement between the Trust and the Care UK Group 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 the Care UK Group provide the Trust with a Managed IT service via Amicus, which is 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.

2. Pooled budget

The Trust has no pooled budget arrangements.

3. Operating segments

The segments identified and reported are Patient Services and Commercial Activities. Commercial Activities are external training, private ambulance services and third party fleet maintenance that are offered by the Trust. All other actives are reported under Patient Services (including Clinical Commissioning Group revenue).

	Patient Services		Commercial Activities		Total	
	2016-17	2015-16	**2016-17**	2015-16	**2016-17**	2015-16
	£000	£000	**£000**	£000	**£000**	£000
Income	**198,085**	205,942	**241**	229	**198,326**	206,171
Deficit/(surplus) before interest	**(34,916)**	3,139	**(31)**	(22)	**(34,947)**	3,117

4. Income generation activities

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. The following provides details of income generation activities where the full cost was not exceeding £1m or was otherwise material.

	2016-17	2015-16
	£000	£000
Income	**241**	229
Full cost	**272**	251
Deficit	**(31)**	(22)

5. Revenue from patient care activities

	2016-17	2015-16	Split of income
	£000	£000	generation
NHS Trusts	**5**	210	(21)
Clinical Commissioning Groups	**200,232***	201,635	
Foundation Trusts	**15**	(18)	
Local Authorities	**37**	35	
NHS other	**1,250**	1	
Income generation	**241**	0	241
Non-NHS:			
Business with other Whole of Government bodies			
Injury costs recovery	**671**	685	
NHS 111 contract - Care UK Group	**(7,050)***	(5,081)	
Other	**(491)**	2,112	(220)
	194,910	199,579	

* Included in the Revenue from Clinical Commissioning Groups of £200,232k (2015-16: £201,635k) is £14,100k (2015-16: £10,162k) 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 £7,050k (2015-16: £5,081k) is shown under Non-NHS Revenue.

5.1 Other operating revenue

	2016-17 £000	2015-16 £000
Education, training and research	**2,849**	5,421
Charitable and other contributions to expenditure	**13**	-
Non-patient care services to other bodies	**65**	64
Income generation	**0**	229
Other revenue	**330**	258
Secondment income	**159**	620
	3,416	6,592

6. Revenue by classification

	2016-17 £000	2015-16 £000
A & E income	**179,767**	175,450
Other NHS clinical income	**4,831**	16,928
Private patient income	**-**	1
Other non-protected clinical income	**10,312**	7,200
Other operating income	**3,416**	6,592
	198,326	206,171

Of total revenue from patient care activities, £192,265k (2015-16: £201,327k) is from Commissioner Requested Services and £6,061k (2015-16: £4,844k) is from non-Commissioner Requested Services.

7. Revenue

Revenue is almost totally from the supply of services. Revenue from the sale of goods is immaterial.

8. Operating expenses

	2016-17	2015-16
	£000	£000
Purchase of healthcare from non NHS bodies	**11,176**	13,627
Executive Directors	**1,748**	1,352
Employee Expenses - Non-executive Directors	**150**	145
Employee Expenses - Staff	**134,450**	132,987
Drug costs	**1,601**	1,417
Supplies and services - clinical (excluding drug costs)	**4,525**	4,452
Supplies and services - general	**1,806**	1,805
Establishment	**5,542**	5,181
Research and development	**7**	83
Transport	**14,111**	15,817
Premises	**12,919**	10,194
Increase/(decrease) in bad debt provision	**21**	148
Increase in other provisions	**743**	235
Depreciation on property, plant and equipment	**9,256**	11,006
Amortisation on intangible assets	**177**	192
Impairments/(reversals) of property, plant and equipment	**29,497**	(226)
Impairments/(reversals) of intangible assets	**4**	0
Audit fees:		
Audit services - statutory audit	**55**	55
Other auditors remuneration	**0**	1
Internal audit services	**139**	184
Other services	**161**	154
Clinical negligence	**1,471**	1,108
Legal fees	**546**	515
Consultancy costs	**798**	451
Training, courses and conferences	**1,771**	1,609
Patient travel	**24**	6
Publishing	**168**	25
Insurance	**91**	80
Redundancy	**236**	415
Losses, ex gratia & special payments	**47**	36
Other	**33**	0
Total	**233,273**	203,054

9. Operating leases

9.1 As lessee

Operating leases relate to the leasing of land and buildings, vehicles and other minor 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

	2016-17 £000	2015-16 £000
Minimum lease payments	**2,273**	2,273
Total	**2,273**	2,273

Total future minimum lease payments

	2016-17 £000	2015-16 £000
Payable:		
Not later than one year	**1,962**	2,342
Between one and five years	**3,614**	4,289
After five years	**4,942**	3,924
Total	**10,518**	10,555

Total future sublease payments expected to be received: £nil (2015-16: £nil)

10. Employee costs and numbers

10.1 Employee costs

	2016-17			2015-16		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	**107,375**	**107,076**	**299**	107,844	107,450	394
Social security costs	**10,164**	**10,164**	**0**	7,670	7,670	0
Employer contributions to NHS pension scheme *	**12,870**	**12,870**	**0**	13,037	13,037	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	**(321)**	**(321)**	**0**	(353)	(353)	0
Costs capitalised as part of assets	**593**	**593**	**0**	283	283	0
Agency staff	**6,346**	**0**	**6,346**	6,411	0	6,411
Employee benefits expense	**137,027**	**130,382**	**6,645**	134,892	128,087	6,805

* The expected contribution to the pension plan for 2017-18 is £13,000k (2016-17: £13,250k)

10.2 Average number of people employed

	2016-17			2015-16		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	Number	Number	Number	Number	Number	Number
Ambulance staff	**2,477**	**2,477**	**0**	2,357	2,357	0
Administration and estates	**988**	**988**	**0**	895	895	0
Healthcare assistants and other support staff	**113**	**113**	**0**	279	279	0
Bank and agency staff	**180**	**0**	**180**	209	0	209
Total	**3,758**	**3,578**	**180**	3,740	3,531	209

Of the above

	2016-17	2015-16
Number of whole time equivalent staff engaged on capital projects	9	7

10.3 Staff sickness absence

	2016-17 Number	2015-16 Number
Total days lost	**38,167**	37,800
Total staff years	**3,170**	3,246
Average working days lost	**12.0**	11.6

Data provided by Department of Health for 12 months period January to December 2016.

10.4 Retirements due to ill-health

During 2016-17 there were 7 (2015-16: 8) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £531,000 (2015-16: £397,000) to the NHS Pension Scheme.

10.5 Staff exit packages

There were 6 exit packages paid in 2016-17 (2015-16: 10) at a total cost of £409k (2015-16: £544k)

	2016-2017			2015-2016		
Exit package cost band (including any special payment element)	**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	**1**	**0**	**1**	2	0	2
£25,001-£50,000	**0**	**0**	**0**	2	0	2
£50,001-£100,000	**3**	**0**	**3**	3	0	3
£100,001 - £150,000	**0**	**0**	**0**	2	0	2
£150,001 - £200,000	**1**	**0**	**1**	0	0	0
Total number of exit packages by type	**6**	**0**	**6**	10	0	10
Total resource cost (£000)	**409**	**0**	**409**	544	0	544

10.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2016-17 (2015-16: 0) at a cost of £nil (2015-16: £nil) as shown below:

Exit packages: other (non-compulsory) departure payments	**2016-17** Payments Agreed Number	**2016-17** Total value of agreements £'000	2015-16 Payments Agreed Number	2015-16 Total value of agreements £'000
Exit payments following Employment Tribunals or court orders	**0**	**0**	0	0
Total	**0**	**0**	0	0
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 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 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.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

11. Directors' Remuneration

The aggregate amounts payable to directors were:

	2016-17	2015-16
	£000	£000
Salary	**1,682**	860
Taxable benefits	**30**	23
Employer's pension contributions	**136**	123
Total	**1,848**	1,006

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

	2016-17		2015-16	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	**26,732**	**79,078**	27,165	86,121
Total Non-NHS trade invoices paid within target	**20,905**	**60,562**	25,128	80,339
Percentage of Non-NHS trade invoices paid within target	**78%**	**77%**	93%	93%
Total NHS trade invoices paid in the period	**262**	**1,380**	383	2,112
Total NHS trade invoices paid within target	**194**	**1,219**	286	959
Percentage of NHS trade invoices paid within target	**74%**	**88%**	75%	45%

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 2016-17 Better Payment Practice Code percentages are below the target (95%) as a result of the Trust managing its cash flow to strict 30 day payment terms for all suppliers. This has meant an adverse impact upon this measure where suppliers are on shorter payment terms.

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 (2015-16: £nil)

13. Investment revenue

	2016-17 £000	2015-16 £000
Interest revenue:		
Bank accounts	**28**	63
Total	**28**	63

14. Finance costs

	2016-17 £000	2015-16 £000
Interest on loans and overdrafts	**31**	0
Interest on obligations under finance leases	**175**	137
Unwinding of discount	**63**	60
Other	**2**	4
Total interest expense	**271**	201

15. Property, plant and equipment

2016-17	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2016	18,723	34,282	20,283	11,830	57,693	9,220	338	152,369
Additions purchased	0	0	16,044	0	0	0	0	16,044
Impairments charged to operating expenses	(10,424)	(20,936)	0	0	(3,006)	(284)	0	(34,650)
Impairments charged to the revaluation reserve	(2,113)	(5,868)	0	0	0	0	0	(7,981)
Reclassifications	625	19,193	(26,476)	768	4,495	794	0	(601)
Transferred to disposal group as asset held for sale	(662)	(264)	0	0	(1,445)	0	0	(2,371)
Disposals	0	(652)	0	0	(538)	0	0	(1,190)
At 31 March 2017	**6,149**	**25,755**	**9,851**	**12,598**	**57,199**	**9,730**	**338**	**121,620**
Depreciation at 1 April 2016	0	2,852	0	8,215	36,359	7,359	338	55,123
Provided during the year	0	1,573	0	1,177	5,974	532	0	9,256
Impairments charged to operating expenses	0	(2,456)	0	0	(2,491)	(206)	0	(5,153)
Reclassifications	0	0	0	(123)	0	0	0	(123)
Revaluation surpluses	0	(22)	0	0	0	0	0	(22)
Disposals	0	(599)	0	0	(441)	0	0	(1,040)
Depreciation at 31 March 2017	**0**	**1,348**	**0**	**9,269**	**39,401**	**7,685**	**338**	**58,041**
Net book value								
Purchased	5,848	20,391	9,851	3,329	16,235	2,045	0	57,699
Donated	301	713	0	0	141	0	0	1,155
Finance leased	0	3,303	0	0	1,422	0	0	4,725
Total at 31 March 2017	**6,149**	**24,407**	**9,851**	**3,329**	**17,798**	**2,045**	**0**	**63,579**
Asset financing								
Owned	6,149	21,104	9,851	3,329	16,376	2,045	0	58,854
Finance leased	0	3,303	0	0	1,422	0	0	4,725
Total 31 March 2017	**6,149**	**24,407**	**9,851**	**3,329**	**17,798**	**2,045**	**0**	**63,579**

15. Property, plant and equipment (cont.)

2015-16	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 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
Assets purchased from cash donations	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)
Revaluations	**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
Impairments	0	0	0	0	0	0	0	0
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.)

There were no assets donated in the year.

The Directors instructed Montagu Evans to carry out a revaluation of land and buildings at 31 March 2017 to confirm that the estate is correctly valued. Montagu Evans advised that the Existing Use Value (EUV) method of valuation is more appropriate to this Trust than the Depreciated Replacement Cost method previously in use on the basis that EUV applies to non-specialised assets that are owner occupied. These form the majority of the Trust's assets. Land and buildings were therefore revalued on this basis. As a result of the revaluation, the land and buildings of the Trust have been re-valued downwards by £36.9m. International Financial Reporting Standards (IFRS) require that impairment losses are initially offset against any existing revaluation reserves (on a property by property basis) and that the balance is treated as an impairment. The resulting impairment amounted to £28.9m and there were further impairments of £0.6m relating to Patient Transport Services (PTS) assets following the closure of PTS operations at 31 March 2017.

All other non-current assets are capitalised at historic cost depreciated over their remaining useful lives on a straight line basis.

The Trust uses depreciated historical cost as a fair value proxy in respect of assets with short useful lives and low values, namely plant and machinery, transport equipment, Information Technology and furniture & fittings.

The economic lives of fixed assets range from:

	Min Life Years	Max Life Years
Buildings excluding dwellings	30	50
Plant & Machinery	5	5
Transport & Equipment	5	12
Information Technology	5	5
Furniture & Fittings	10	10

16. Intangible assets

2016-17	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 2016	1,322	0	0	0	0	1,322
Additions purchased	189	0	0	0	0	189
Reclassifications	601	0	0	0	0	601
Impairments charged to operating expenses	(15)	0	0	0	0	(15)
Gross cost at 31 March 2017	**2,097**	**0**	**0**	**0**	**0**	**2,097**
Amortisation at 1 April 2016	1,174	0	0	0	0	1,174
Reclassifications	123	0	0	0	0	123
Impairments	(11)	0	0	0	0	(11)
Charged during the year	177	0	0	0	0	177
Amortisation at 31 March 2017	**1,463**	**0**	**0**	**0**	**0**	**1,463**
Net book value						
Purchased	634	0	0	0	0	634
Donated	0	0	0	0	0	0
Government granted	0	0	0	0	0	0
Total at 31 March 2017	**634**	**0**	**0**	**0**	**0**	**634**

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 1st 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 1st 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
Total at 31 March 2016	**148**	**0**	**0**	**0**	**0**	**148**

16.1 Amortisation rate of intangible assets

Software – 5 years

17 Impairments and reversals

17.1 Analysis of impairments and reversals recognised in 2016-17

	31 March 2017 Total £000	31 March 2016 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	**29,497**	(226)
Total charged to Annually Managed Expenditure	**29,497**	(226)
Property, Plant and Equipment impairments and reversals charged to the revaluation reserve		
Changes in market price	**7,981**	0
Total impairments for PPE charged to reserves	**7,981**	0
Total Impairments of Property, Plant and Equipment	**37,478**	(226)
Intangible assets impairments and reversals charged to SoCI	**0**	0
Total charged to Departmental Expenditure Limit	**0**	0
Changes in market price	**4**	0
Total charged to Annually Managed Expenditure	**4**	0
Intangible Assets impairments and reversals charged to the Revaluation Reserve	**0**	0
Total impairments for Intangible Assets charged to Reserves	**0**	0
Total Impairments of Intangibles	**4**	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 to Revaluation Reserve	**7,981**	0
Total Impairments charged to SoCI - Departmental Expenditure Limits	**0**	0
Total Impairments charged/(credited) to SoCI - Annually Managed Expenditure	**29,501**	(226)
Overall Total Impairments	**37,482**	(226)
Of which:	**0**	0
Impairment on revaluation to "modern equivalent asset" basis		
TOTAL DONATED/GOVERNMENT GRANTED ASSET IMPAIRMENTS	**0**	0

17.2 Impairment of assets

	31 March 2017 Total £000	31 March 2016 Total £000
Impairments charged to operating deficit	29,501	(226)
Impairments charged to the revaluation reserve	7,981	0
Total impairments	**37,482**	(226)

The Directors instructed Montagu Evans to carry out a revaluation of land and buildings as at 31 March 2017 to ensure that the estate is correctly valued. Montagu Evans advised that the Existing Use Value (EUV) method of valuation is more appropriate to this Trust than the Depreciated Replacement Cost method previously in use on the basis that EUV applies to non-specialised assets that are owner occupied. These form the majority of the Trust's assets. As a result of the revaluation, the land and buildings of the Trust have been re-valued downwards by £36.9m. International Financial Reporting Standards (IFRS) require that impairment losses are initially offset against any existing revaluation reserves (on a property by property basis) and that the balance is treated as an impairment. The resulting impairment amounted to £28.9m and there were further impairments of £0.6m relating to Patient Transport Services (PTS) assets following the closure of PTS operations at 31 March 2017.

17.2 Property, plant and equipment

The charge of £29,501k (2015-16: reversal of £226k) results from the revaluation exercise of land and buildings with the cost charged to the Statement of Comprehensive Income and to the revaluation reserve.

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 2017 £000	31 March 2016 £000
Property, plant and equipment	**1,907**	7,360
Total	**1,907**	7,360

The principle commitment relates to the Trust's Make Ready Centre capital developments.

19. Inventories

19.1 Inventories by category

	31 March 2017 £000	31 March 2016 £000
Drugs	**64**	43
Consumables	**1,139**	1,219
Fuel	**238**	246
Total	**1,441**	1,508

19.2 Inventories recognised in expenses

	31 March 2017 £000	31 March 2016 £000
Inventories recognised as an expense in the period	**(67)**	(7)
Total inventories recognised in the period	**(67)**	(7)

20. Trade and other receivables

20.1 Trade and other receivables by category

	Current 31 March 2017 £000	Non-current 31 March 2017 £000	Current 31 March 2016 £000	Non-current 31 March 2016 £000
NHS receivables	**3,470**	**0**	5,137	0
Provision for impaired receivables	**(487)**	**0**	(466)	0
Prepayments	**4,467**	**0**	4,150	0
Accrued income	**4,692**	**0**	3,327	0
PDC Receivable	**715**	**0**	0	0
Other receivables	**2,649**	**0**	2,483	0
Total	**15,506**	**0**	14,631	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 2017 £000	31 March 2016 £000
By up to three months	**2,177**	2,911
By three to six months	**287**	244
By more than six months	**1,160**	1,055
Total	**3,624**	4,210

21. Cash and cash equivalents

	31 March 2017 £000	31 March 2016 £000
Opening Balance	16,057	24,667
Net change in year	(3,021)	(8,610)
Closing Balance	13,036	16,057
Made up of:		
Cash with Government banking services	**13,013**	16,033
Commercial banks and cash in hand	**23**	24
Cash and cash equivalents as in statement of financial position	**13,036**	16,057
Cash and cash equivalents as in statement of cash flows	**13,036**	16,057

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 2016	1,372	1,791	0	0	0	3,163
Plus assets classified as held for sale in the year	662	242	0	1,445	0	2,349
Less assets sold in the year	(772)	(995)	0	0	0	(1,767)
Balance at 31 March 2017	**1,262**	**1,038**	**0**	**1,445**	**0**	**3,745**
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

22.2 Non-current assets held for sale - Make Ready Centres & Patient Transport Service Vehicles

As a result of the Trust's programme of transferring Operations to Make Ready Centres, during 2011-12 the Board approved the marketing of ambulance stations for sale relating to the Make Ready Centres.

Where the Trust is actively marketing properties asset values are transferred to Assets Held for Sale. There are 5 ambulance stations in Assets Held for Sale; these are Eastbourne, Dover, Herne Bay, Knaphill and Pulborough with a combined asset value of £2,300,000 (2015-16: £3,163,000). There are a further 4 properties awaiting agreement to market; these are properties at Crawley, Littlehampton, Midhurst 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.

As of 31 March 2017 the Trust had 83 vehicles with a combined value of £1,445,000 that were held for sale as a result of its exit from the Patient Transport Service. Of these vehicles 40 were sold in April 2017 with the remaining 43 vehicles expected to be sold by 31 March 2018

23. Trade and other payables

	Current	**Non-current**	Current	Non-current
	31 March 2017	**31 March 2017**	31 March 2016	31 March 2016
	£000	**£000**	£000	£000
NHS payables	**622**	**0**	291	0
Trade payables - capital	**878**	**0**	1,398	0
Other trade payables	**7,214**	**0**	5,376	0
Taxes payable	**4,350**	**0**	4,215	0
Other payables	**1,013**	**0**	503	0
Accruals	**9,484**	**0**	7,774	0
PDC payable	**0**	**0**	6	0
Total	**23,561**	**0**	19,563	0

23.1. Other liabilities

	Current	**Non-current**	Current	Non-current
	31 March 2017	**31 March 2017**	31 March 2016	31 March 2016
	£000	**£000**	£000	£000
Other deferred income	12	0	248	0
Total	**12**	**0**	**248**	**0**

24. Borrowings

	Current 31 March 2017 £000	Non-current 31 March 2017 £000	Current 31 March 2016 £000	Non-current 31 March 2016 £000
Other Loans	**8**	**19**	6	27
Obligations under finance leases	**189**	**1,725**	781	1,926
Working capital loans from Department of Health	**0**	**6,163**	0	0
Total	**197**	**7,907**	787	1,953

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 2017 £000	Present value of minimum lease payments 31 March 2017 £000	Minimum lease payments 31 March 2016 £000	Present value of minimum lease payments 31 March 2016 £000
Within one year	**263**	**189**	841	781
Between one and five years	**749**	**511**	922	655
After five years	**1,703**	**1,214**	1,845	1,271
Less future finance charges	**(801)**	**0**	(901)	0
Value of minimum lease payments	**1,914**	**1,914**	2,707	2,707
Included in:				
Current borrowings		**189**		781
Non-current borrowings		**1,725**		1,926
		1,914		2,707

Future sublease payments expected to be received total £nil (2015-16: £nil).
Contingent rents recognised as an expense £nil (2015-16: £nil).

26. Provisions

	Current 31 March 2017 £000	Non-current 31 March 2017 £000	Current 31 March 2016 £000	Non-current 31 March 2016 £000
Pensions relating to staff	**351**	**4,785**	342	4,269
Legal claims	**926**	**0**	756	0
Other	**2,315**	**1,350**	2,652	1,090
Total	**3,592**	**6,135**	3,750	5,359

	Pensions relating to other staff £000	Legal claims £000	Other £000	Total £000
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
At 1 April 2016	**4,611**	**756**	**3,742**	**9,109**
Change in the discount rate	**592**	**0**	**0**	**592**
Arising during the year	**221**	**170**	**563**	**954**
Utilised during the year	**(351)**	**0**	**(91)**	**(442)**
Reversed unused	**0**	**0**	**(549)**	**(549)**
Unwinding of discount	**63**	**0**	**0**	**63**
At 31 March 2017	**5,136**	**926**	**3,665**	**9,727**
Expected timing of cash flows:				
Within one year	**351**	**926**	**2,315**	**3,592**
Between one and five years	**1,394**	**0**	**1,219**	**2,613**
After five years	**3,391**	**0**	**131**	**3,522**

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £5,136k represents the Trust's pension liability for pre-1995 reorganisations (31 March 2016: £4,611k). Legal claims are the member provision for personal injury claims being handled by the NHS Resolution (formerly NHS Litigation Authority).

A further £15,331k is included in the provisions of the NHS Resolution (formerly NHS Litigation Authority) at 31 March 2017 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2015-16: £7,073k).

27. Contingencies

27.1 Contingent liabilities

	2016-17	2015-16
	£000	£000
Legal claims	**694**	432
Total	**694**	432

The contingent liability for legal claims is based on information from NHS Resolution (formerly NHS Litigation Authority) and relates to other legal claims shown in Note 27. NHS Resolution (formerly 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.

28. Related party transactions

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

In addition, the Trust has had a number of transactions with other government departments and other central and local government bodies.

The Trust has received revenue payments of £nil (2015-16: £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 (2015-16: £11k) for administration and associated costs and £nil (2015-16: £7k) representing other charges for the financial year 2016-17.

The Trust has not consolidated the Charitable Fund (see note 1.4), although related party transactions with the Charitable Fund are included within these accounts.

29. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the service provider relationship that the Trust has with Clinical Commissioning Groups (CCG's) and the way those CCG's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust's financial assets and liabilities are generated by day-to-day operational activities rather than by the change in the risks facing the Trust in undertaking its activities.

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 negligible 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 53 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 2017 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 supported by the Department of Health's working capital facility which reduces the exposure to liquidity risks.

29.1 Financial assets

	Loans and receivables	
	31 March 2017	31 March 2016
	£000	£000
Receivables	**10,037**	9,894
Cash at bank and in hand	**13,036**	16,057
Total at 31 March 2016	**23,073**	25,951

29.2 Financial liabilities

	Other financial liabilites	Other financial liabilites
	£000	£000
Payables	**19,211**	15,342
Finance lease obligations	**1,914**	2,707
Other borrowings	**6,163**	-
Provisions under contract	**3,665**	3,742
Total at 31 March 2016	**30,953**	21,791

29.3 Fair Values

There is no difference between the carrying amount and the fair values of financial instruments.

29.4 Derivative financial instruments

In accordance with IAS39, the Trust has reviewed its contracts for embedded derivatives against the requirements set out in the standard. As a result of the review the Trust has deemed there are no embedded derivatives that require recognition in the financial statements.

30. Losses and special payments

The total number of losses and special payments cases and their total value is as follows:

	Total Value of Cases 2016-17 £000	**Total Number of Cases 2016-17**	Total Value of Cases 2015-16 £000	Total Number of Cases 2015-16
Losses				
Cash losses	**0**	**0**	0	0
Fruitless payments	**0**	**0**	0	0
Bad debts	**0**	**0**	0	0
Stores losses	**0**	**0**	3	7
Damage to buildings and property	**1,794**	**557**	697	1,480
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**	0	0
Special severance payments	**0**	**0**	0	0
Ex-gratia payments	**16**	**82**	65	15
Total losses and special payments	**1,810**	**639**	765	1,502

The amounts are reported on an accruals basis but exclude provisions for future losses.

31. Auditor liability limitation agreement

The Trust's contract with its external auditor, as set out in the engagement letter, provides for a maximum aggregate auditor's liability of £2m.

32. Events after the reporting period

There are no post balance sheet events.

For more information

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