NHS
South East Coast Ambulance Service
NHS Foundation Trust

Annual Report and Accounts

1 April 2018 - 31 March 2019

South East Coast Ambulance Service NHS Foundation Trust

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For more information

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Chair's Introduction

I'd like to begin by thanking Graham Colbert for doing an excellent job as Interim Chair, prior to me joining the Trust in August 2018. With his long experience as a Non-Executive Director, Graham was able to provide stability and leadership to the Board, for which we were all grateful.

In November 2018 we announced that Chief Executive, Daren Mochrie, would be leaving SECAmb at the end of March 2019, to take on a new role as Chief Executive of North West Ambulance Service, with which we wish him every success.

Following a recruitment and selection process, in March 2019, we were very pleased to announce the appointment of Philip Astle, currently Chief Operating Officer at South Central Ambulance Service, as SECAmb's new Chief Executive. Philip has enjoyed a varied career to date in the Army and in a number of high-profile public sector roles and we look forward to him joining us in September 2019.

I am very grateful to our Medical Director, Dr Fionna Moore, who agreed to act as Interim Chief Executive following Daren's departure and until Philip joins us in the Autumn. I know that Fionna is extremely well respected and we are fortunate to benefit from her significant experience and enthusiasm.

Looking back at 2018/19, it was another extremely busy year for the Trust and despite the challenges, we were pleased to see areas of real improvement.

In November 2018 the Trust received the outcome of the inspection undertaken by the Care Quality Commission (CQC) in July and August 2018. The report recognised a significant number of improvements and rated the Trust overall as 'Requires Improvement', a level up from its previous rating. However, the CQC also recommended to NHS Improvement that the Trust remain in special measures while the improvements made are further embedded throughout the Trust.

Whilst we were disappointed to be remaining in special measures, we nevertheless welcomed the improved overall rating, which reflected the hard work put in by staff across the Trust. We were particularly pleased at the improvements made in the safe and well-led sections of the inspection and we were delighted that staff, once again, were rated as good for the care they provide to patients.

As I write, we are looking forward to the CQC's next inspection of the Trust, due this summer, where I hope we will be able demonstrate the continuing progress we are making.

In October 2018, a major programme of work to improve care for patients across our region was announced jointly by SECAmb and the 22 Clinical Commissioning Groups (CCGs) that commission ambulance care in our area.

The decision followed an independent review, carried out by Deloitte, which looked to identify the resources we require to meet the increasing emergency and urgent care needs of our patients.

The review identified the need for a rolling programme of investment and the commitment from commissioners began with additional investment of £10m for 2018/19, with similar levels of investment over the next two years.

We have already started to make good use of the additional funding during the year, with the recruitment of additional front-line staff and purchase of new emergency vehicles. I look forward to seeing further progression in these areas.

I am particularly keen that we improve our response to our less seriously ill and injured 999 patients – those in Category 3 and 4. Whilst we are responding well to our Category 1 and 2 patients, we are not currently providing a good response to everyone. We are often called by elderly patients, with complex clinical and unmet social care needs, who may require a different type of response than a standard, emergency ambulance

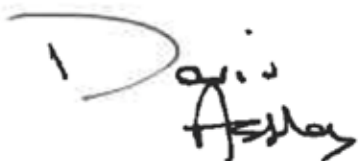
and we must ensure that we can better meet their needs, in a timely and compassionate way.

A key area of focus identified previously was the need to improve the culture within the Trust and make SECAmb a better place to work for all of our staff. We have made a good start, as reflected in our improved staff survey results but we need to do much more to be an innovative and evolving NHS ambulance service, which meets our patient's needs and is a great place to work or volunteer.

Since joining the Trust in August 2018, I have enjoyed getting out and about around the Trust, meeting staff and volunteers, as well as some of our key external partners. When spending time within the Trust, the commitment shown by everyone and the high level of care we provide, from critical care right through to social care, has been striking. In particular, the calmness and professionalism of our front-line staff, often working under significant pressure, is incredible.

I have also been impressed with the vast array of voluntary help we can call upon in the Trust. From Community First Responders on the front line supporting patients, to our FT members who volunteer in a variety of roles in the the Trust, we are fortunate to have their support and I am committed to building and improving this relationship moving forward.

I hope that you, like me, can see that progress is being made at SECAmb in spite of continuing pressure and high demand and recognise that we are committed to ensuring this progress continues in the months and years ahead.



David Astley, Chair

Aspiring to be ***better today*** and even ***better tomorrow*** for our people and our patients

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Performance Report

Chief Executive's Statement

My position within SECAmb in 2018/19 was as Medical Director. I began as Interim Chief Executive on 1 April 2019, following the departure of our former Trust CEO, Daren Mochrie, who is now CEO of North West Ambulance Service.

On 28 March, the Trust announced that Philip Astle had been appointed as the new substantive Chief Executive and will be joining SECAmb in September 2019. Philip is currently Chief Operating Officer at South Central Ambulance Service and I'm sure we will benefit from his experience and vision. I am very pleased to lead the Trust forwards in this interim period.

We also welcomed our Chair, David Astley, to the Trust in August 2018 and I know the Trust has benefited from his experience and strong leadership since then. Thank you also to Graham Colbert, who took on the role of Interim Chair between April and August 2018 and again provided strong leadership during a busy time for the Trust.

2018/19 was, as ever, another busy year for the Trust. Despite this, I know we have continued to make good progress across a number of areas.

In November 2018, the Trust received the outcome of the inspections undertaken by the Care Quality Commission (CQC) in July and August. While we were pleased that the CQC recognised the hard work of all staff and our overall rating improved to 'Requires Improvement', we were disappointed to remain in 'Special Measures'.

Since receiving the report, we have continued to implement our improvement plans and address areas of concern highlighted by the CQC. We have seen improvements in a number of areas since their previous inspection, including a significant improvement in 999 call answer times. I am confident that the Trust remains on the right path and, with the right processes and structures in place, know that we are in a position to cement these improvements and make further progress over the coming months and years.

The CQC has, at the time of this report, begun it's pre-inspection process for its next visit, due in the coming weeks. This will, of course, provide us with another opportunity to demonstrate the further improvements we have embedded across our service. I would like to thank everyone at the Trust for their ongoing commitment to make this happen.

Despite this professionalism and dedication by everyone, and in particular our front-line staff, we did not meet all of our 999 operational and performance targets for the year. Following SECAmb moving to the new national Ambulance Response Performance (ARP) standards in November 2017, which saw the introduction of four new categories of call, we have worked hard to ensure we have the right vehicle and skill mix to meet the new standards.

While we performed well in responding to our most seriously ill and injured patients, triaged as Category 1 and 2 patients, we still need to make significant progress in improving our response to lower priority patients (those in Category 3 & 4). We recognise that these patients, who are often older with complex and/or unmet social needs, while not in an immediately life-threatening condition, require an appropriate and timely response nonetheless.

Recent months have seen some improvements in our Category 3 and 4 response time performance and we will continue to work hard to ensure all our patients receive a response appropriate to their clinical needs.

I was also especially pleased to see that we were able to maintain, overall, a good level of response to our patients, even during the peak periods in the year when we saw considerable increases in demand, including the hot summer of 2018, the football World Club and the busy Christmas and New Year period.

Throughout 2018/19 we have continued to work closely with our hospital colleagues and the wider NHS to improve hospital handover times and reduce unavailability of our ambulances at hospital. I am pleased that we saw a 17% improvement in hospital handover times and an overall reduction in 12,000 hours lost waiting to handover patients during the year.

This work must continue and be reflected across our region so that we are best placed to respond to patients in the community awaiting an ambulance response.

I am also pleased that we have made significant improvements to our 999 call answering performance during 2018/19. The Trust was a significant outlier in this area in previous years but we started the new financial year in line with and ahead of the national average in some areas of this measure.

2018/19 saw a challenging year for our NHS 111 service, as we entered the final year of our contract and significant change with regards to the configuration of the service and the way that calls were handled by our partner provider, Care UK.

During the year, we were also asked to exit our core 111 service, whilst supporting the mobilisation of the new Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) for Surrey and mobilising a new interim IUC 111 service for Sussex, North and West Kent and Medway for 2019/20. This has seen a considerable amount of additional work for the staff involved but I have been impressed with their hard work and focus in achieving this.

However, despite the demands placed upon us, the Trust successfully continued to deliver a safe and effective 111 service during 2018/19, again demonstrating a focus on patient care and outcomes.

We have worked hard during the year to try to make SECAmb a better place to work for all of our staff, although I do recognise that there is more that we need to do. We have seen our Wellbeing Hub, established during the previous year, continue to be well used by staff, with more than 2,400 interactions during the year – I am pleased that this is proving to be of such benefit to staff.

We also saw a much improved set of results from the 2018 NHS Staff Survey, with our highest return rate ever and improvements in every area. We know that we have more to do but it is definitely good to see things going in the right direction.

I have also been very pleased to see during the year that, despite the often challenging performance and financial climate, we have continued to focus on the quality of the care we provide to our patients and on opportunities for making improvements, often delivered with our partners. Initiatives like the new Midwife Line operating in our EOC and the Joint Response Units in Kent and Surrey, delivered in partnership with the Police, all bring real benefits for patients and I am keen to see this continue and increase in the coming year.

Over the past year or so we have also recruited to senior clinical positions to support the service, with six Consultant appointments covering the paramedic profession (x3), midwives, safeguarding and mental health.

In a difficult regional and national financial climate, the Trust delivered a sound financial position at the end of the year, ending the year with a very small surplus and successfully achieving an ambitious Cost Improvement Programme target. Looking ahead however, 2019/20 is likely to be just as challenging and we will have to ensure we are operating as efficiently as possible and identifying opportunities to make saving, to allow us to continue to invest in improving the services we provide.

In October 2018, after a considerable period of analysis, planning and negotiation, a major programme of work to improve care for patients across our region was announced jointly by SECAmb and the 22 Clinical Commissioning Groups (CCGs) that commission ambulance care in the area.

Chief Executive's Statement

The decision followed an independent review, carried out by Deloitte, which looked to identify the resources required by SECAmb to meet rising emergency and urgent care demand and how best to deliver the Ambulance Response Programme standards, introduced in November 2017.

The review identified the need for a rolling programme of investment to help address a number of challenges and implement changes that will improve patient care and experience. This commitment from commissioners began with additional investment of £10m for 2018/19, with similar levels of investment over the next two years.

The additional investment has already enabled us to significantly increase the number of front-line ambulance staff on the road and call handlers and clinicians in the EOCs during the year, as well as investing in improving our fleet, to ensure that we have the right number and type of vehicles available to respond to all categories of call.

As we move into the new financial year, work is continuing with Phase Two of the programme, focused on improving patient experience and ensuring we continue to improve our efficiency and effectiveness.

Whilst reflecting on the previous year and looking forward to the new financial year, I would like to take the opportunity to thank both our trade union colleagues and our Council of Governors for the support and collaboration they have provided during the year. By working in partnership, we have been able to respond to issues that have arisen and find the right way forwards for staff and patients.

I am constantly impressed by the efforts of everyone who is part of SECAmb and the commitment and dedication that I witness every day throughout the Trust. I am extremely proud to be taking on the role of Acting Chief Executive until September 2019 and, working with our Board, will do my very best to lead the Trust forwards in the right direction.

Dr Fionna Moore, Acting Chief Executive

Date: 23 May 2019

Performance Overview

This overview provides a summary to help the reader understand the organisation, its purpose, key risks to the achievement of its objectives and how it has performed during the year.

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 six governors appointed from key partner organisations.

As a Trust, we:

- Receive and respond to 999 calls from members of the public
- Respond to urgent calls from healthcare professionals e.g. GPs
- Receive and response to NHS 111 calls from members of the public

We provide these services across the whole of the South East Coast region – Kent, Surrey, Sussex and parts of North East Hampshire and Berkshire (with the exception of the NHS 111 service).

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

During the year, we have continued to deliver our overarching Five-Year Strategic Plan for 2017-2022. This focuses on a continuous improvement approach to achieving our mission – "To deliver our aspiration of being better today and even better tomorrow for our people and our patients"

The next five years are focused on delivery of our four strategic themes, which are:

- Our people – supporting and developing our staff and volunteers
- Our patients - ensuring timely quality of care, in the right place by the right people
- Our enablers – fit for purpose technology, fleet and estates, underpinned by sustainable financial performance
- Our partners – working with health, 'blue lights' and education partners

These themes are translated into two-year objectives, which form the basis of delivery of our plan and which are delivered and monitored via five core work streams:

- Strategy
- Compliance
- Service Transformation and Delivery
- Sustainability
- Culture and Organisational Development

We have also taken the opportunity to begin to refresh our Five Year Strategy during the year to take account of evolving internal factors and changing external influences, including the publication of the NHS Long Term Plan and the changing local NHS landscape. This work is on-going and will carry on into 2019/20.

You can read more about how the Strategic Plan is being delivered throughout the Report.

Key risks and issues affecting the Trust

In July and August 2018 the CQC undertook a planned inspection of the Trust's services. The report was published in November 2018 and gave

the Trust an overall rating of 'Requires Improvement'; the rating in 2017 was 'Inadequate'. Despite the improvement, NHS Improvement decided to keep the Trust in special measures, to help ensure the improvements were sustained. The Trust was supportive of this. 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 CQC ratings are provided in the Improving our Services and Patient Care section.

One of the most significant issues during the year related to clinical safety within our Emergency Operations Centre (EOC). This was an area also identified by the CQC and linked to the one 'Must Do' arising from its inspection. Concerted effort to improve recruitment and retention continues, particularly for clinical staff.

Ambulance Trusts across the country have been challenged in meeting operational, clinical and financial performance targets during 2018/19, 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. At the end of 2018 the Demand and Capacity Review concluded. This was commissioned jointly with Clinical Commissioning Groups, and helped to confirm the additional investment required over the next three years to help ensure the Trust is able to meet the new Ambulance Response Programme (ARP) standards. This investment and its impact on performance is tracked as part of the wider Delivery Plan, which incorporates all the key change and quality improvement programmes. The Board of Directors has closely monitored progress with the Plan at each of its meetings.

During 2018/19 the Trust concluded a number of significant projects. It changed its EOC telephony platform, which has helped to improve call answer performance. In recent years this has been really challenging and we are now consistently achieving over 90% call answer performance within 5 seconds.

Ahead of concluding the Demand and Capacity Review and, anticipating the outcome, the Board took the decision in early 2018 to provide additional investment in new staff through a targeted Resourcing Plan. This aimed to recruit by January 2019 200 new Emergency Care Support Workers (ECSWs) and 100 new Associate Ambulance Practitioners (AAPs). We achieved 227 and 44 with a further 24 and 94 internal starters, respectively.

The Trust has also developed an electronic patient care record; testing is currently underway with a plan to roll out from June 2019.

The hospital handover project has continued to help reduce handover delays at Accident & Emergency departments, which results in a 999 response being unavailable in the community. Despite there still being delays, significant improvement has been maintained during the year.

The South East heath economy continues to be challenged, with many providers in the region operating with significant financial deficits. Despite a challenging cost improvement programme, SECAmb achieved all its financial targets; meeting its agreed control total.

In summary, while 2018/19 saw the Trust take significant steps to improve the care it provides for it patients within the resources it has available, there were and continue to be a number of challenges. The Trust Board is focussed on these challenges to ensure a sound basis for delivering safe and effective services.

There are no material inconsistencies between the Annual Governance Statement, the corporate governance statement, the quality report, the annual report, and reports from the CQC.

Performance Analysis

Going concern statement

After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future.

For this reason, they continue to adopt the going concern basis in preparing the accounts.

Ambulance Response Programme (ARP) Response Times

The financial year 2018/2019 is the first complete year that all trusts have been measured against the new Ambulance Quality Indicators. This has provided the Trust with an opportunity to measure progress throughout the year in a consistent way that can be benchmarked against other ambulance trusts. To enable us to meet national response time standards by 2019/20, the Trust is currently undertaking a Transformation and Delivery programme. As a result, the Trust has moved to a Targeted Dispatch Model to ensure the most appropriate clinical response is provided to the patient. The Service Transformation programme models progression towards meeting national response time standards by 2019/2020.

To enable delivery of these trajectories the Trust has increased available resources including frontline, Emergency Operations Centre and fleet staff.

Taking account of seasonal pressures, the Trust has made progress towards the targets for the highest acuity patients responded to as Category 1 incidents. These patients have been seen within an average of less than 8 minutes and a 90th centile of less than 15 minutes.

	Target	Q1	Q2	Q3	Q4
Cat 1 Mean	00:07:00	00:07:31	00:07:52	00:07:35	00:07:46
Cat 1 90th centile	00:15:00	00:13:49	00:14:37	00:14:03	00:14:06
Cat 2 Mean	00:18:00	00:16:38	00:19:01	00:19:36	00:21:12
Cat 2 90th centile	00:40:00	00:31:30	00:36:23	00:37:45	00:40:31
Cat 3 90th centile	02:00:00	02:43:08	03:18:34	03:27:04	04:15:20
Cat 4 90th centile	03:00:00	04:27:57	04:07:29	04:30:16	04:56:26

The highest volume of patients seen are within the next level of acuity, Category 2. On average these patients are seen in less than 20 minutes against a target of 18 minutes. A 90th centile of Category 2 patients were seen within 40 minutes for the first three quarters from April 2018 to December 2018. The challenges impacting on delivery are known but we are working hard to achieve ARP compliance by the end of Quarter 1 (2019/20). Our efforts are interlocked with commissioners to ensure that the action plan is as effective as possible, embedding quality improvement plans every step of the way.

SECAmb has and continues to supply the modelled hours required and demand is aligned with the Demand and Capacity review. We analyse our performance extremely closely, including efficiency and utilisation analysis which shows opportunities for improvements across parts of the pre-hospital pathway. Plans to improve clinicians' availability within call centres will enhance operations, make sure patients get the right support more often first time and make better use of clinicians for responding to Category 3 patients. This is further supported with the purchase of 30 Non-Emergency Transport Vehicles (NETs) that can be dispatched to clinically assessed patients requiring conveyance,

allowing for the Dual Crewed Ambulances to be deployed to higher acuity incidents.

The private ambulance market is actively managed by the Trust to provide a flexible, efficient ability to scale up and down with demand. New rotas have been introduced across most of the Trust in-year which matches hours and skills available more effectively to predicted demand, and enables more strategic use of the different staffing groups available.

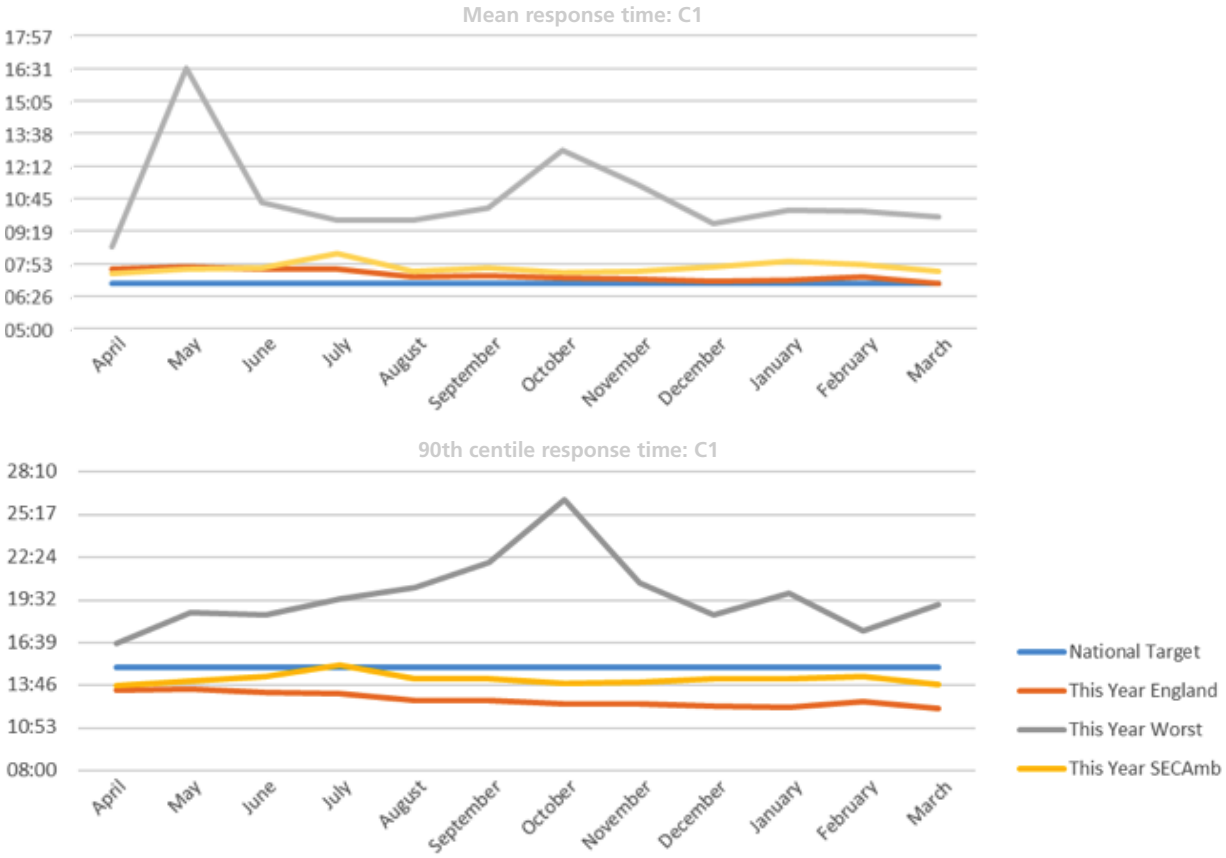
The Trust has invested in business intelligence systems to help manage and monitor progress against our improvement plans. These also integrate effectively with our operational data to enable a joined up approach. Over Christmas, this enhanced data was one reason partners from across the NHS joined SECAmb in our command hub to see how the Trust was able to monitor things with a broad scope system perspective, and to consider the benefits this type of system-wide intelligence could bring to patients in the South East.

Recruitment to support improved performance continues apace and in 2018/19 we have recruited 726 FTE Frontline Staff, made up of:

- 328 Emergency Care Support Workers (ECSW) & Associate Ambulance Practitioners (AAP) - 256 ECSW, 72 AAP
- 97 Newly Qualified Paramedics and 196 Emergency Operations Centre Emergency Medical Advisers
- 177 NHS 111 Advisors (162 Health Advisors & 15 Clinical Advisors)

Response Times Analysis

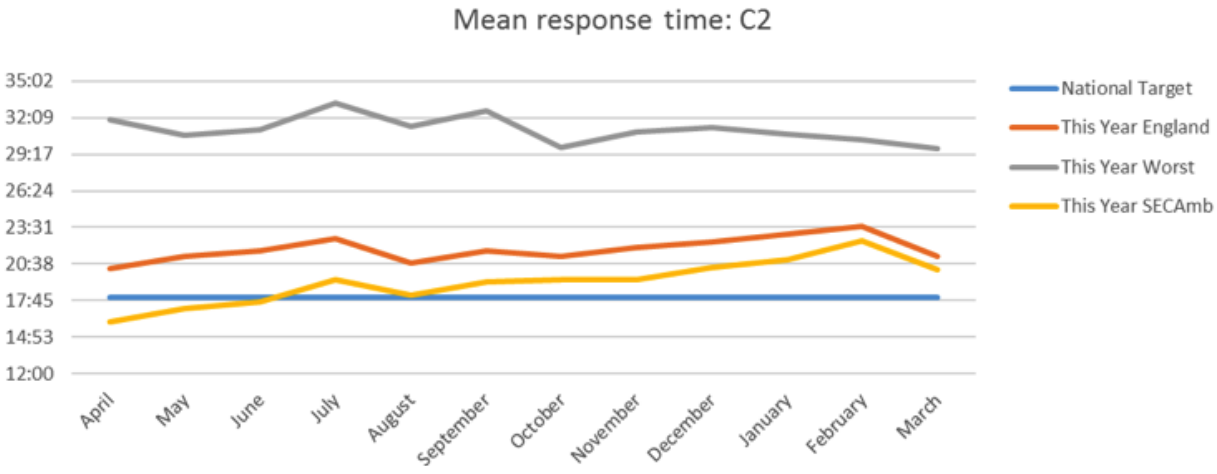
Category 1 – life threatening conditions where the speed of intervention may be critical to saving the life, or improving the outcome of a patient, for example cardiac arrest, choking or labour. On average patients should receive a response within 7 minutes, with a 90th centile response time target of 15 minutes.

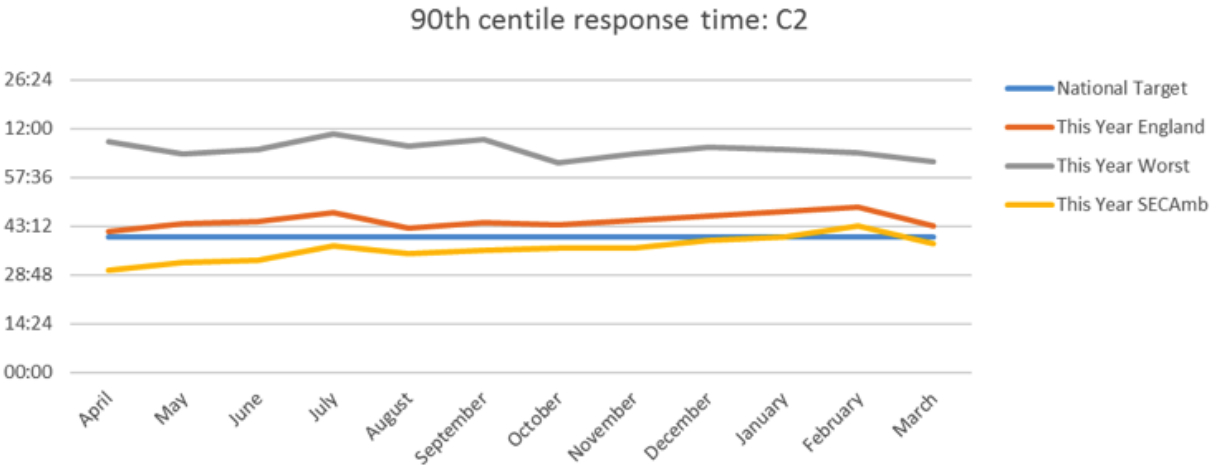


Performance Analysis

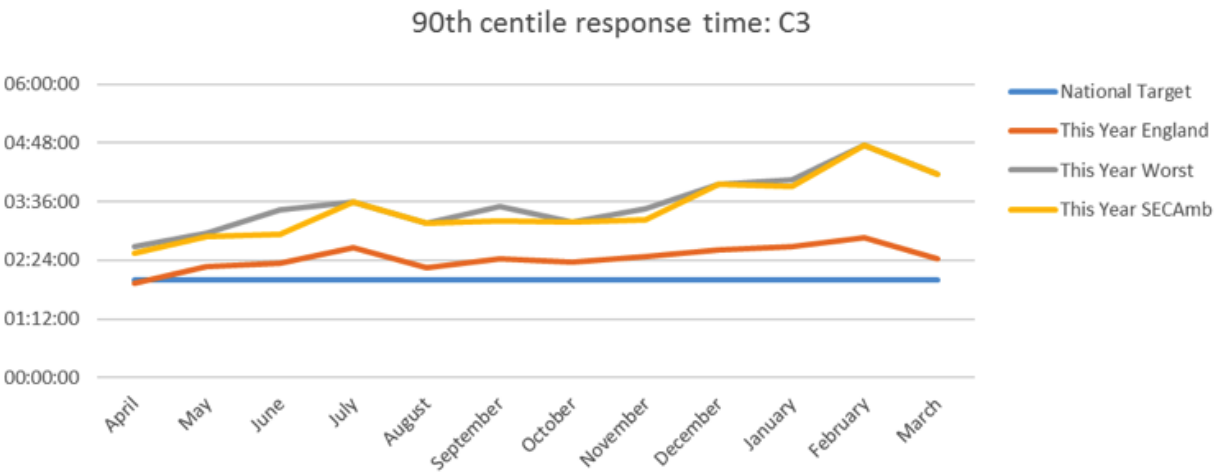
Category 2 – serious illness / injuries such as a heart attack, stroke or breathing difficulties. On average patients should receive a response within 18 minutes, and a 90th centile response time target of 40 minutes.

SECAmb came under the spotlight of lead commissioners in February when a Contract Penalty Notice was issued concerning Category 2 performance not being met for quarter 3 of 2018/19. A joint investigation between SECAmb and the lead commissioners took place and summarised that action was needed to ensure staff hours provided were high enough and used well, and that recruitment was undertaken. The resulting action plan continues to be monitored.

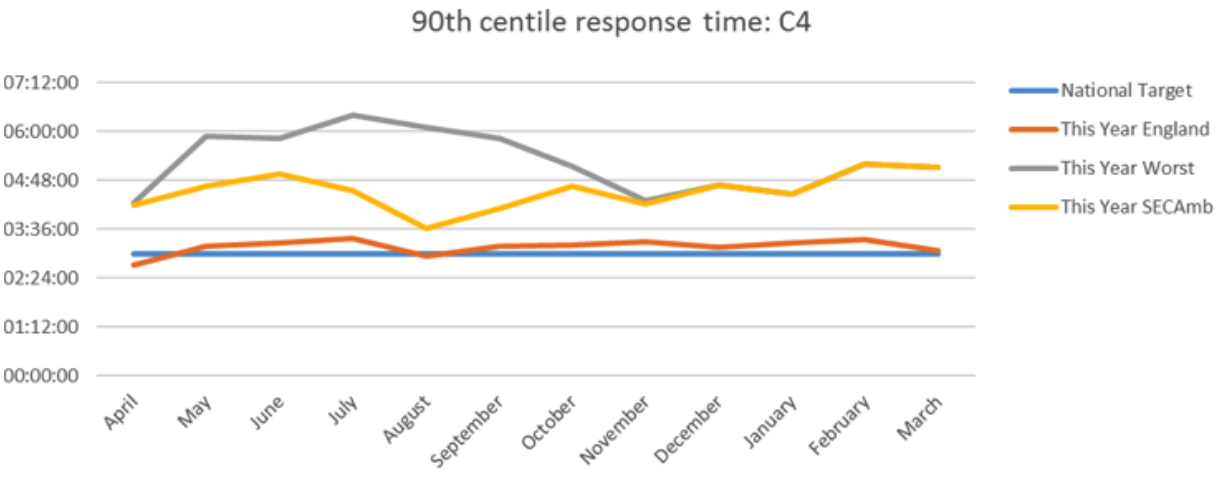




Category 3 – Urgent illness / injuries such as abdominal pain or limb injuries. The Trust should deliver a 90th centile response time target of 120 minutes (two hours).



Category 4 – Less urgent calls – a 90th centile response time target of 180 minutes.



Performance Analysis

Calls and call answer times

Call volume is modelled to increase by 3.9% per year against a 10-year baseline. The volume of calls received by the Trust has marginally exceeded the modelled rate, with higher than modelled volumes in quarter 4.

Month	Number of Calls Received by the EOC Switchboard
Quarter 1	185164
Quarter 2	196665
Quarter 3	195100
Quarter 4	200104

The Trust has significantly improved against a call response time indicator - measured as the percentage of calls picked up within 5 seconds. The ARP requirement is for 95% of calls to be answered in 5 seconds. This is in part due to additional resource from the transformation programme and a new telephony system.

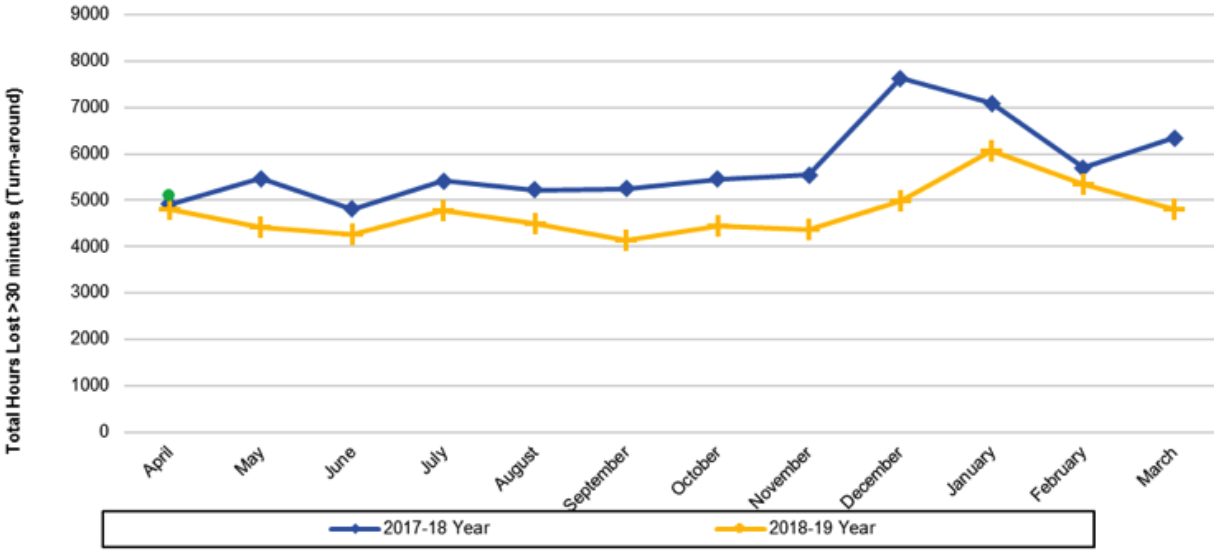
Month	Target	EOC 5 Second Performance
Quarter 1	95%	78.4%
Quarter 2	95%	76.8%
Quarter 3	95%	86.1%
Quarter 4	95%	90.6%

Total hours lost to hospital turnaround delays 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 prepare for the next call.

SECAmb are leading a system wide programme of work to reduce the time lost through turnaround delays which impact on our ability to respond to patients in the community. A total of 56,824 of ambulance hours were lost last year due to turnaround delays. However, because of the programme, good progress has been made overall, and this is the lowest number of hours lost for the last three years. The improvement equates to a 17% improvement or 12,000 ambulance hours (4,735 x 12-hour shifts).

Working in partnership with acute trusts, SECAmb has been able to deliver significant improvements in handover times. This is measured as a resultant reduction in the total number of hours lost (over 30 minutes) to handover.



The programme will now focus on consolidating the improvements already made and focusing on the sites where more improvement is anticipated.

Performance Analysis

NHS 111 performance

SECAmb KMSS 111 and South East Coast (SEC) NHS 111

NHS 111 is a national telephone service, providing help if you have an urgent medical problem and you're not sure what to do.

Up until 28 March 2019, the service was provided in North Kent, West Kent, Sussex and Surrey by SECAmb in partnership with Care UK. From 28th March 2019, it has been provided in North Kent, West Kent and Sussex by SECAmb as sole provider.

The service's greatest challenges are usually felt during the Christmas and New Year period, due to the sharp increase in call volumes over the winter period, coupled with the surgery closures over the Christmas and New Year Bank Holidays.

Planning for the Christmas period commenced in August 2018 with the publication of the 111 Winter Plan. This formed part of the overall SECAmb Winter Plan, and was also integrated with Care UK planning. Members of the 111 Senior Leadership Team (SLT) attended various external collaboration meetings in each county, in addition to A&E Delivery Boards and Urgent Care Operational Groups. A representative of the 111 SLT also sits on the SECAmb Resilience Forum.

Activity planning was integrated with national intelligence from the NHS England Urgent and Emergency Care Delivery Team, in addition to collaboration within the National Providers' Forum. Staffing planning commenced three months in advance, and the various iterations of operational and clinical staffing were fed through to NHS England. Significant Health Advisor and Clinical Advisor recruitment and training was put in place throughout late 2018, and staff incentives were implemented to maximise schedule adherence.

The service outperformed the national benchmark operationally and clinically across the fortnight in question. The service also succeeded in mitigating pressure on the wider system, including

Date	Answered in 60 secs	Calls abandoned	999 transfer rate	Referral to Emergency Dept rate	Combined Clinical
Target	**>=95%**	**<=2%**	**<=10%**	**<=7%**	**>=90%**
22-Dec	68.34%	3.99%	7.60%	5.32%	69.99%
23-Dec	76.47%	2.90%	8.81%	6.15%	86.30%
24-Dec	99.52%	0.00%	11.23%	7.81%	86.81%
25-Dec	97.36%	0.35%	13.88%	6.68%	85.33%
26-Dec	71.16%	6.71%	11.70%	6.08%	81.97%
27-Dec	94.25%	1.08%	12.36%	8.94%	91.17%
28-Dec	92.45%	1.40%	12.88%	7.36%	68.08%
29-Dec	81.58%	2.65%	9.92%	6.00%	66.56%
30-Dec	97.79%	0.43%	11.42%	5.55%	85.31%
31-Dec	97.50%	0.59%	13.12%	8.55%	72.63%
01-Jan	80.73%	3.24%	13.87%	7.76%	93.24%
02-Jan	96.55%	0.17%	15.31%	9.40%	79.38%
03-Jan	97.34%	0.50%	15.15%	10.05%	84.54%
04-Jan	97.68%	0.71%	13.54%	9.28%	70.86%
05-Jan	75.53%	2.62%	11.35%	5.21%	73.95%
06-Jan	90.93%	1.29%	11.37%	6.80%	64.53%

Key Performance Indicators: 22nd December 2018 – 6th January 2019

The service achieved the following weekly service levels:

Week Commencing 24-Dec	88.7% (national: 85.8%)
Week Commencing 31-Dec	88.2% (national: 86.7%)

SECAmb 999, thanks to the expanded capacity of Clinical In-line Support (CIS), whereby clinicians support with the handling of calls at as early an opportunity as is possible and appropriate.

Representatives of the service's SLT attended daily national conference calls, SECAmb tactical conferences and system-wide regional calls, especially with respect to the potential challenges of New Year's Eve pressures. The service consistently provided performance data into SHREWD (Single Health Resilience Early Warning Database – a capacity management platform used extensively by CCGs across Kent and Sussex), giving external visibility of our activity and resilience to wider health systems and thereby facilitating effective oversight of the wider system by Commissioners and NHS England.

Performance Analysis – 2018/19

The KMSS 111 service experienced a challenging year as we entered the final year of our contract. There was a tremendous amount of change, especially with regards to the configuration of the service and the way that calls were handled by our partner provider Care UK.

In terms of multiple concurrent work-streams, the Trust was asked to exit its core 111 service whilst also supporting the mobilisation of the new Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) for Surrey, whilst also mobilising a new interim IUC 111 service for Sussex, North and West Kent and Medway for 2019/20.

Despite the demands placed upon SECAmb, the Trust successfully continued to deliver a safe and effective 111 service during 2018/19, again demonstrating a focus on patient care and outcomes.

KMSS 111 had comparable answer 60 performance to the national average. The service had recognised challenges with meeting an ambitious abandoned call rate target, but was able to deliver significant improvements in the latter half of the service year. It is also important to note that the NHS England Integrated Urgent Care benchmark rate for abandoned calls is 5%.

The ambulance referral rate for KMSS 111 was aligned to the national average for most months in 2018/19. In a wider context, the ambulance referral rate saw a national increase from autumn 2018 onwards, possibly as a result of the NHS 111 advertising campaign, which caused a significant uplift in usage of the 111 entry point for high acuity cases. The increase in the KMSS ambulance referral rate reflected this national trend, although our service continued to be successful in mitigating pressure on the wider system.

The service consistently performed well above the national average on combined clinical performance, putting timely clinical intervention at the heart of patient care.

This improvement in 999 referral rate and clinical performance impacted on Emergency Treatment Centre referral performance, as calls were scrutinised and downgraded appropriately to prevent unnecessary ambulance attendance. It is important to note that Emergency Treatment Centre (ETC) outcomes do not necessarily result in Emergency Department referral, and other services such as Urgent Treatment Centres and Minor Injury Units were used as referral points where identified

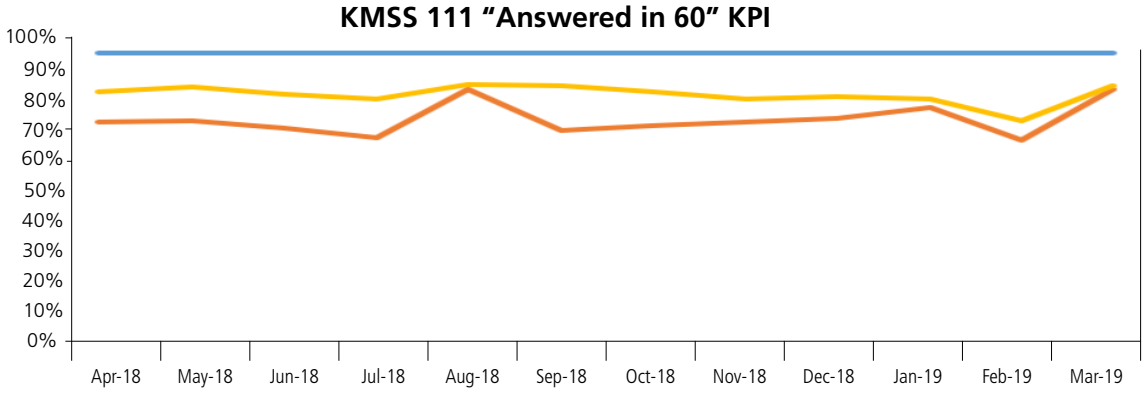
Performance Analysis

The KMSS 111 Service was also able to maintain robust compliance to the management of audits, achieving full compliance in 10 of the 12 service months.

The graphs below show our performance against each Key Performance Indicator during the year. Values have been ordered to ensure consistency to show that downward trends are reflected as negative, and upward trends are reflected as positive.

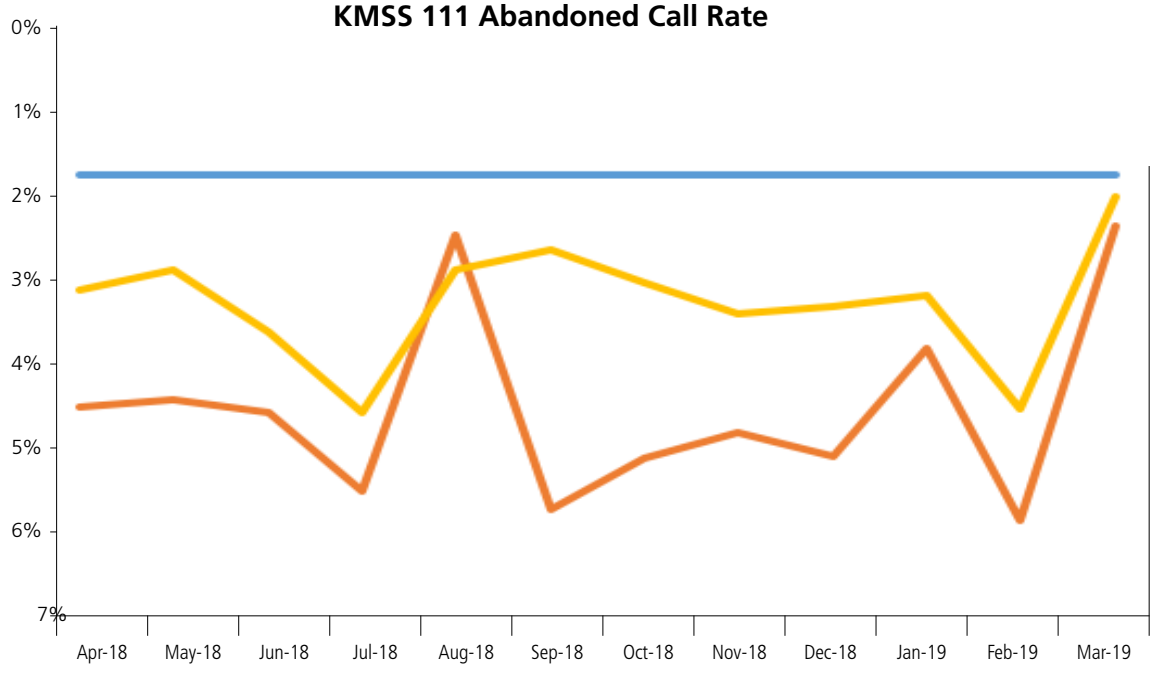
Apr-18	100.00%
May-18	100.00%
Jun-18	100.00%
Jul-18	100.00%
Aug-18	46.50%
Sep-18	100.00%
Oct-18	100.00%
Nov-18	100.00%
Dec-18	100.00%
Jan-19	100.00%
Feb-19	63.89%
Mar-19	100.00%

Health Advisor Audit Compliance: April 2018 – March 2019



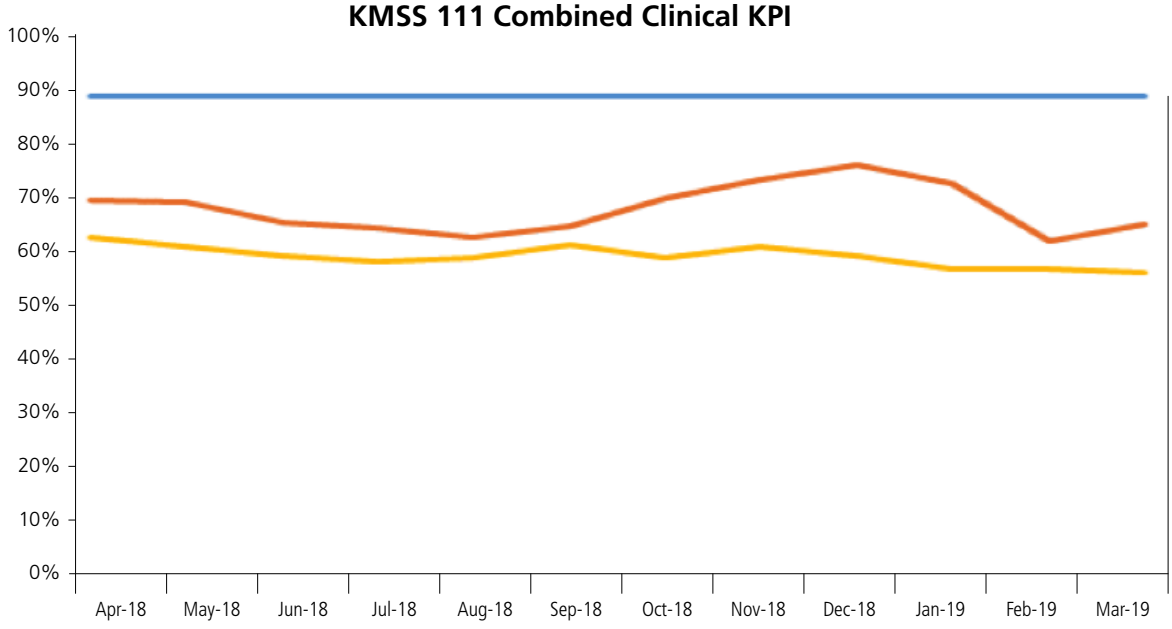
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Answered in 60 Contractual KPI	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Answered in 60 Actual	73.6%	74.0%	71.7%	68.9%	83.7%	70.9%	72.5%	73.5%	74.6%	78.1%	68.0%	83.8%
Answered in 60 National	83.4%	84.7%	82.6%	80.9%	85.4%	85.0%	83.3%	80.9%	81.7%	80.8%	73.9%	85.1%

KMSS 111 Abandoned Call Rate



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Answered in 60 Contractual KPI	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Answered in 60 Actual	4.8%	4.7%	4.8%	5.7%	2.7%	6.0%	5.4%	5.1%	5.3%	4.1%	6.1%	2.6%
Answered in 60 National	3.4%	3.1%	3.9%	4.8%	3.1%	2.9%	3.3%	3.6%	3.6%	3.4%	4.8%	2.3%

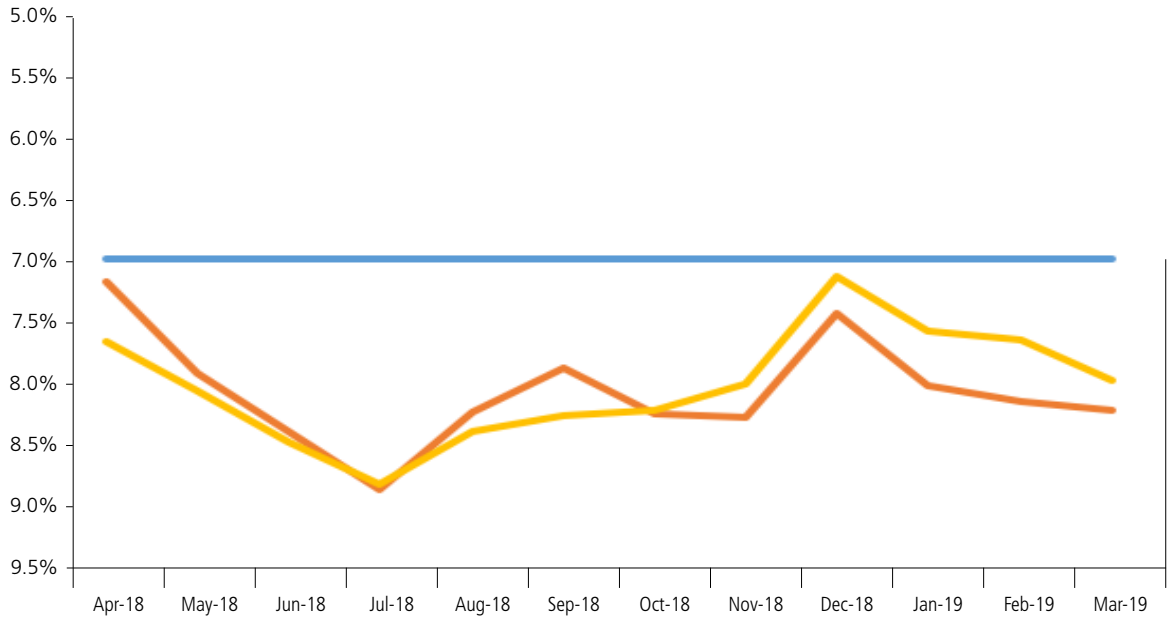
KMSS 111 Combined Clinical KPI



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Combined Clinical KPI Contractual KPI	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Combined Clinical KPI Actual	68.9%	68.6%	64.5%	63.3%	61.3%	63.8%	69.3%	73.1%	76.2%	72.1%	60.6%	64.0%
Combined Clinical KPI National	61.3%	59.4%	57.6%	56.5%	57.5%	60.1%	57.4%	59.5%	57.7%	55.2%	54.9%	54.5%

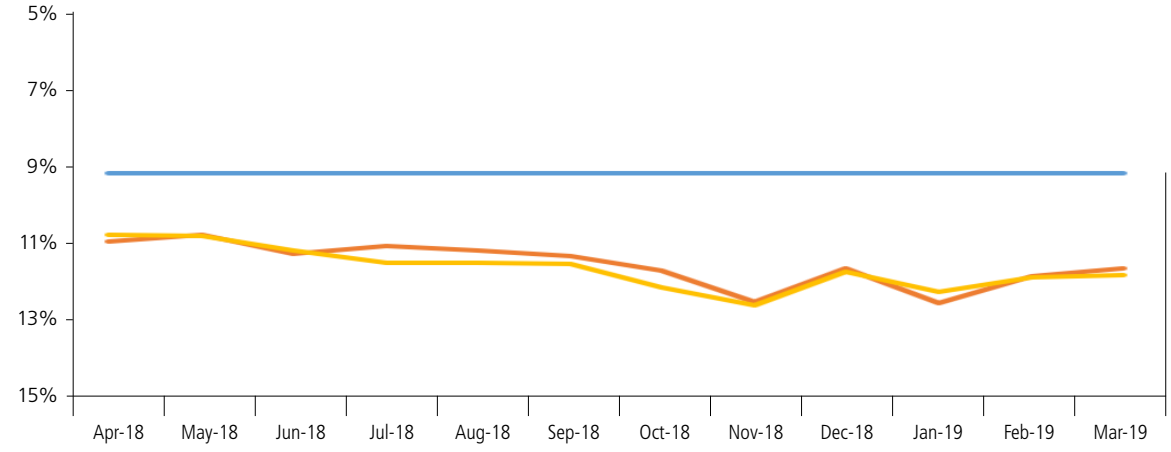
Performance Analysis

KMSS 111 Emergency Treatment Centre Referral Rate



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
ETC Rate Contractual KPI	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
ETC Rate Actual	7.2%	7.9%	8.4%	8.8%	8.2%	7.9%	8.2%	8.3%	7.4%	8.0%	8.1%	8.2%
ETC Rate National	7.7%	8.1%	8.5%	8.8%	8.4%	8.2%	8.2%	8.0%	7.1%	7.6%	7.6%	8.0%

KMSS 111 999 Referral Rate



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
999 Rate Contractual KPI	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 Rate Actual	10.9%	10.7%	11.2%	11.0%	11.1%	11.3%	11.7%	12.6%	11.6%	12.6%	11.8%	11.6%
999 Rate National	10.7%	10.7%	11.1%	11.5%	11.5%	11.5%	12.1%	12.7%	11.7%	12.3%	11.9%	11.8%

South East Coast 111 Integrated Urgent Care Service

The new interim 111 service provided by SECAmb for the 11 Clinical Commissioning Groups of Sussex, North Kent, West Kent and Medway was successfully launched on 28 March 2019 and was the culmination of six months of careful and detailed planning by the Trust, working in close collaboration with its Commissioners and NHS England. The Programme Board created for this service was fully adherent to the Trust's Programme Management Office (PMO) governance framework and external stakeholders were fully involved throughout the pre-mobilisation period.

Despite the myriad of challenges, including introducing a new IT infrastructure with new telephony and a host Computer Aided Dispatch system, increasing call handling capacity by 50%, and having to undertake major estates investment and development in our Ashford Contact Centre, the service has demonstrated consistent performance improvement since its inception and is on the right track to realise a Clinical Assessment Service for the patients across its footprint before the end of 2019. This will significantly help the Trust protect the wider healthcare economy as we experience the increased demands associated with winter pressures.

Clinical Performance

All ambulance services in England are required to report their clinical performance, through a set of Clinical Outcome Indicators, in the following areas:

Outcome from Stroke for ambulance patients:

- Mean time from call to hospital door for patients with suspected stroke (please note this measure was introduced in November 2017)
- Median time from call to hospital door for patients with suspected stroke (introduced in November 2017)
- 90th centile time from call to hospital door for patients with suspected stroke (introduced in November 2017)
- The percentage of suspected stroke, or unresolved transient ischaemic attack, patients assessed face to face, who received an appropriate care bundle.

Outcome from acute ST-elevation myocardial infarction (STEMI):

- Mean time from call to angiography for patients with confirmed STEMI (introduced in November 2017 and the latest available data is October 2018)
- 90th centile time from call to angiography for patients with confirmed STEMI (introduced in November 2017 and the latest available data is October 2018)
- The percentage of patients suffering a STEMI who receive an appropriate care bundle.

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)
- Percentage of patients, where ROSC was achieved, who received a full bundle of care 2018/19.

Outcome from cardiac arrest – survi val to discharge:

- Survival to discharge (overall survival rate)
- Survival to discharge (Utstein Comparator Group survival rate).

Outcome from sepsis:

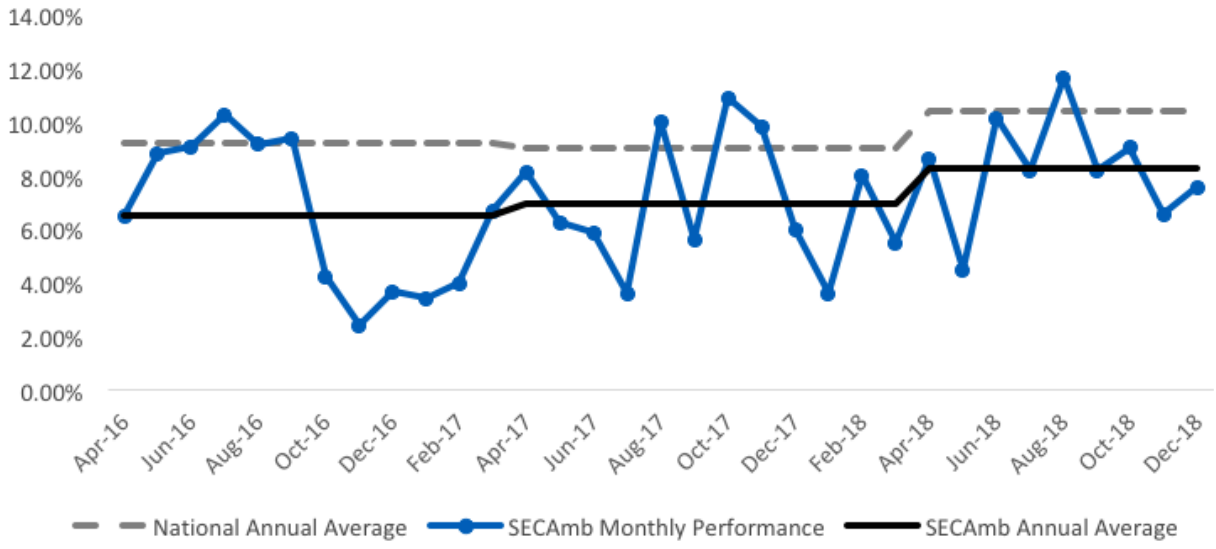
- The number of patients with suspected or confirmed sepsis who receive an appropriate care bundle.

Performance Analysis

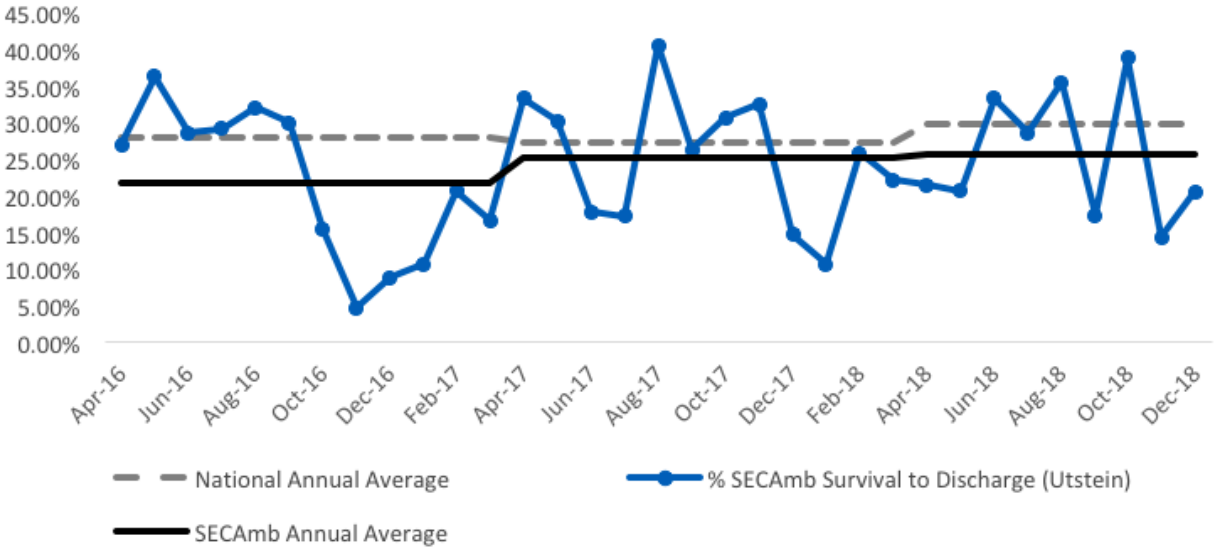
You can see our performance in each area in the graphs below, as well as comparison against the national mean of the other ambulance trusts:

Outcome from cardiac arrest – survival to discharge

Percentage of cardiac arrest patients who survive to discharge (all patients) 2016-2018:

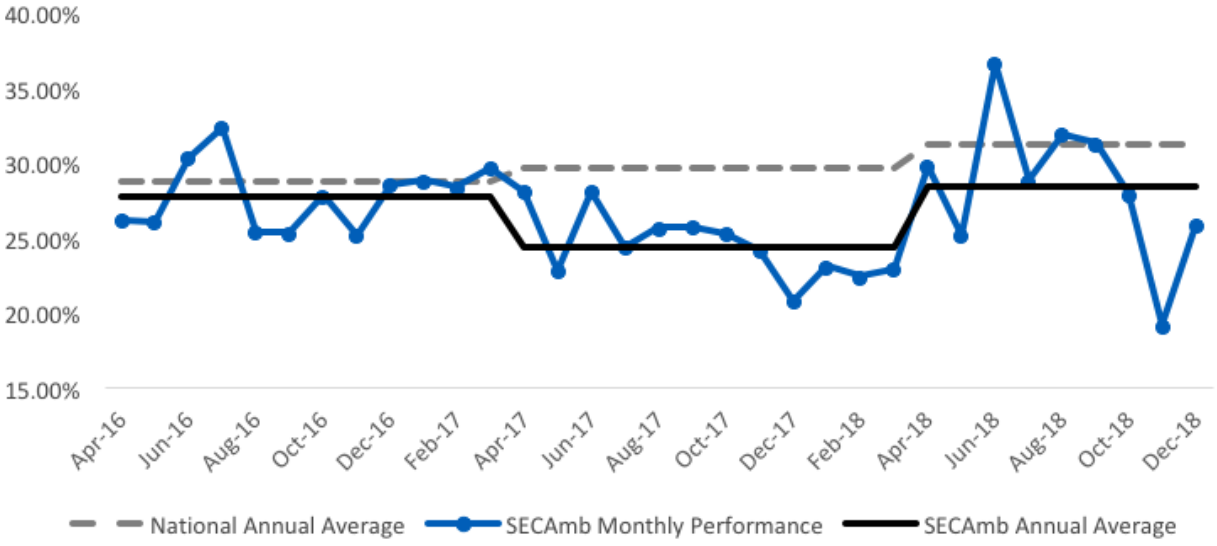


Percentage of cardiac arrest patients who survive to discharge (Utstein) 2016-2018:

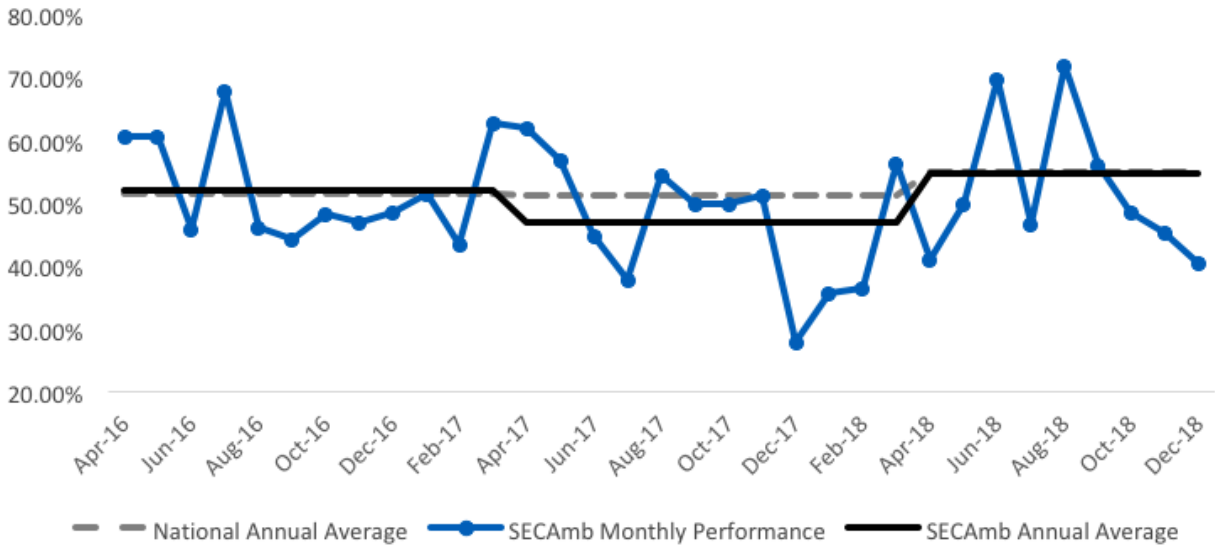


Outcome from Cardiac Arrest – ROSC

Percentage of cardiac arrest patients with ROSC at hospital (all patients) 2016-2018:

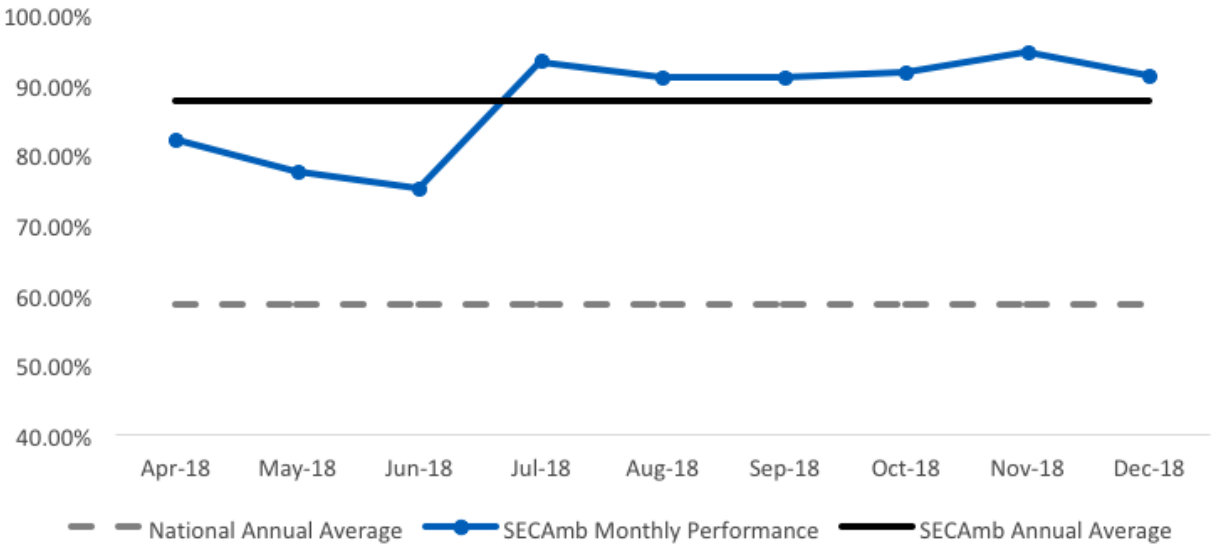


Percentage of cardiac arrest patients with ROSC at hospital (Utstein) 2016-2018:



Performance Analysis

Percentage of patients, where ROSC was achieved, who received a full bundle of care 2018/19:



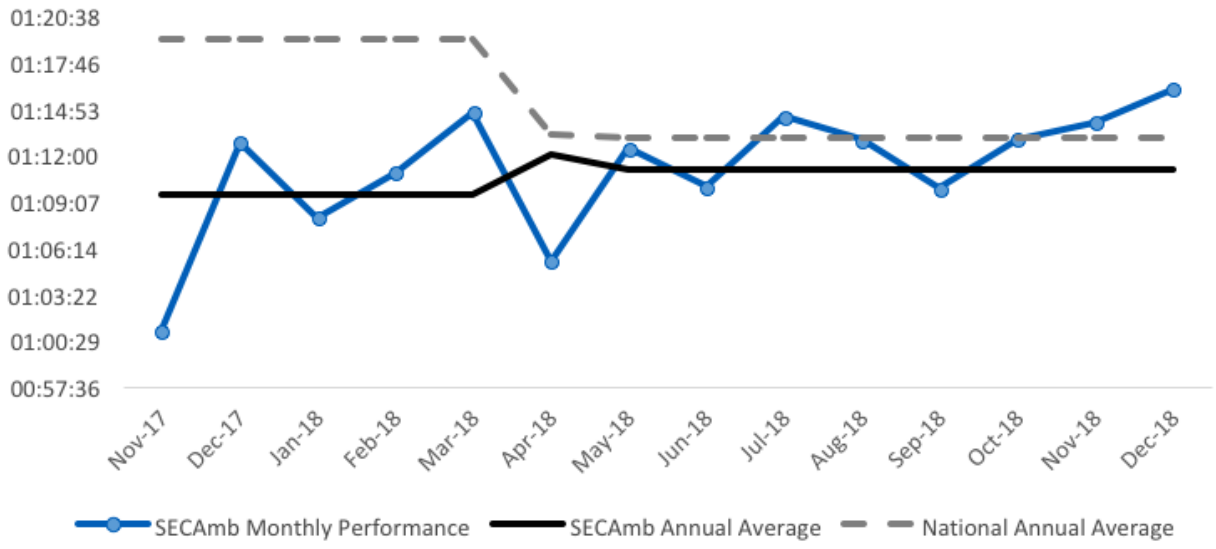
Improving our service

The Trust continues to expand its volunteers, workforce and fleet in order to improve a timelier response to all categories of incident. A full day of practical resuscitation training will be delivered during the Trust's 2019/20 Key Skills training Programme. The Trust has introduced the 'GoodSam' system, which is used to dispatch trained members of the community to cardiac arrests through an app on their smartphone.

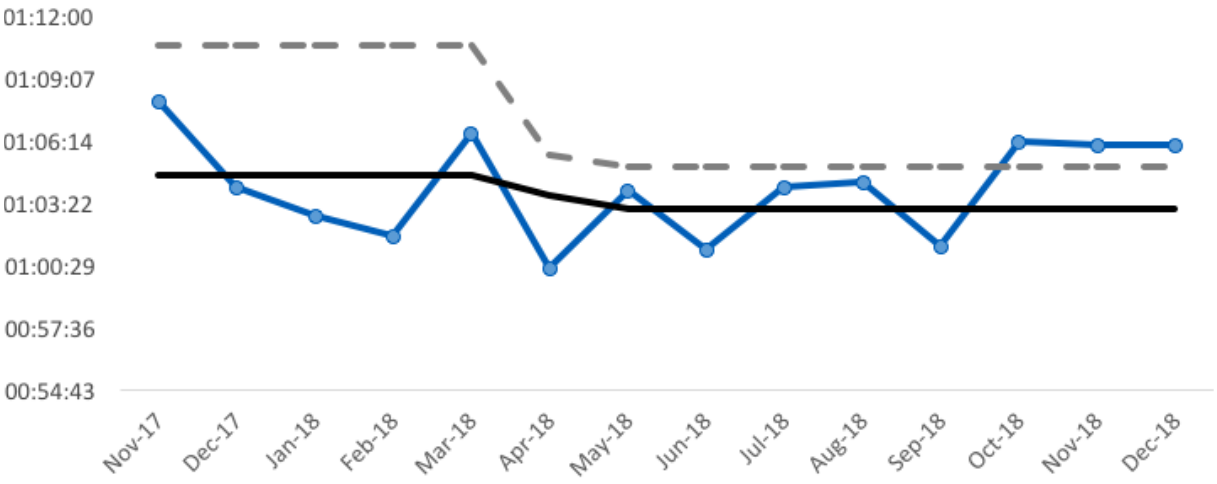
The Trust has reinvigorated the cardiac arrest download Programme, which gives clinician feedback on the effectiveness of resuscitation attempts.

Outcome from Stroke

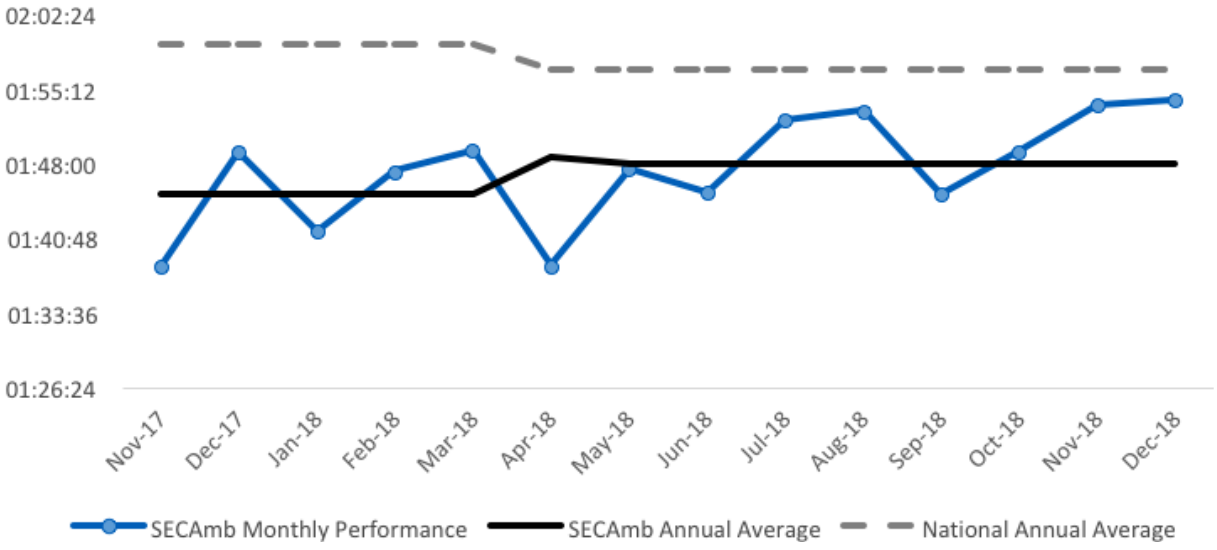
Mean time from call to hospital door for patients with suspected stroke (please note this measure was introduced in November 2017):



Median time from call to hospital door for patients with suspected stroke (introduced in November 2017):



90th centile time from call to hospital door for patients with suspected stroke (introduced in November 2017):



Improving our service

The Trust has purchased an electronic clinical audit system that will give individual clinicians the ability to view their own performance in managing these cases and reflect to improve future care. The system will also give leaders in the organisation better information to support their teams.

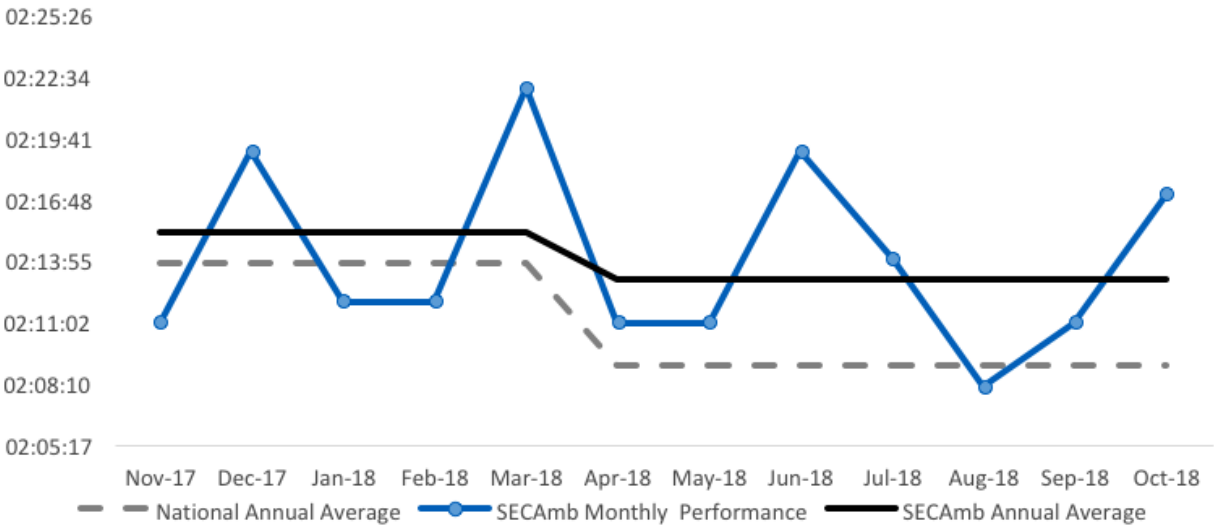
Performance Analysis

The Trust has purchased a new electronic patient clinical record system that will prompt users to address documentation omissions that may lead to quality standards not being met.

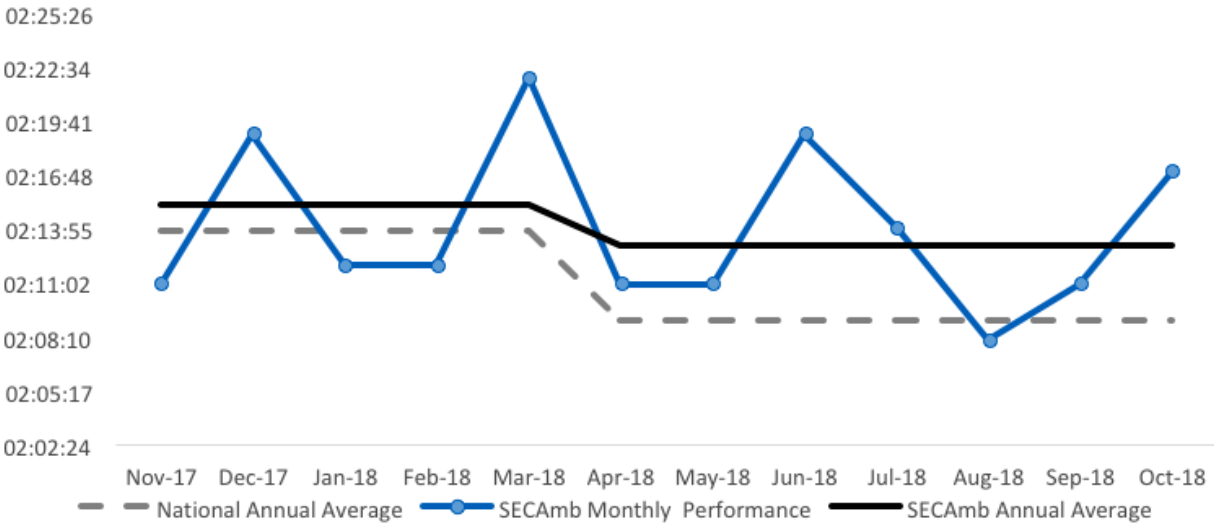
Training on stroke management will be included in the Trust's 19/20 Key Skills Programme and will stress the importance to timely and effective care for this patient group.

Outcome from ST Elevation Myocardial Infarction (STEMI)

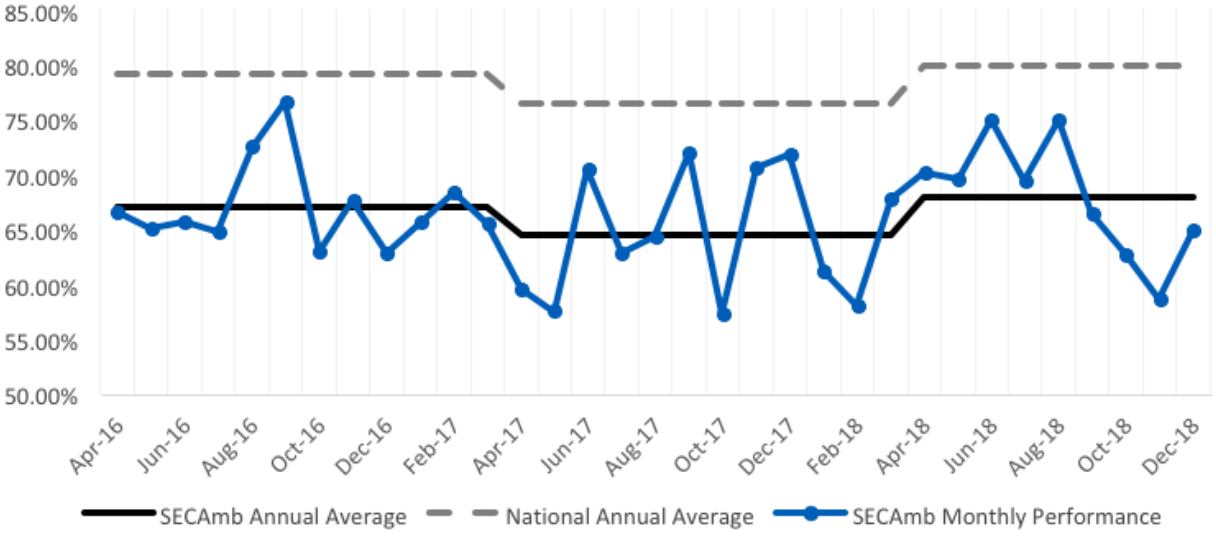
Mean time from call to angiography for patients with confirmed STEMI (introduced in November 2017 and the latest available data is October 2018):



90th centile time from call to angiography for patients with confirmed STEMI (introduced in November 2017 and the latest available data is October 2018):



Percentage of STEMI patients who received a full bundle of care 2016-2018:



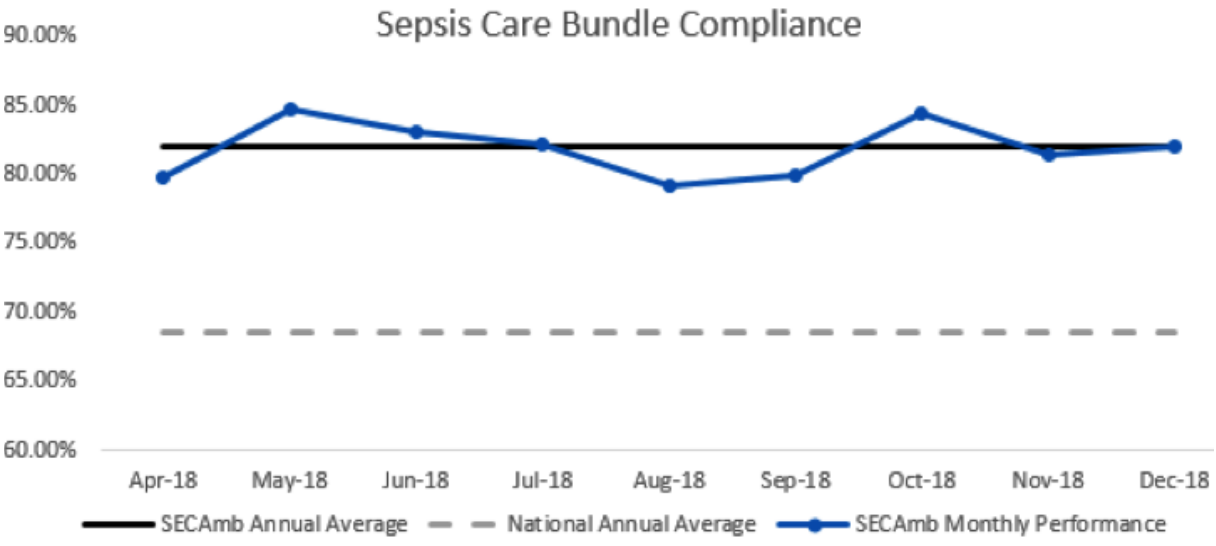
Improving our service:

Additional Electrocardiogram (ECG) training will be provided in the Trust's 2019/20 annual mandatory training Programme for clinical staff to increase the accuracy and timeliness of STEMI diagnosis.

Our electronic clinical audit and electronic patient clinical record systems will help us manage and improve in this areas, as set out above.

Outcome from Sepsis

Percentage of patients with suspected or confirmed sepsis who receive an appropriate care bundle:



Performance Analysis

Improving our service

As described above in relation to stroke and STEMI care, our electronic clinical audit and new electronic patient clinical record systems will provide welcome benefits to us in reviewing and managing our own performance with a view to making improvements.

The Trust has invested in systems that enable better documentation of where pre-alert calls were provided to emergency departments, which will drive better compliance in this element of care.

Financial Performance

Income and Expenditure Summary

This section of the annual report outlines the performance of the Trust for the year ended 31 March 2019. The Audited annual accounts for the financial year 2018/19 are attached as an Appendix and they are also available for downloading from the Trust's website.

The Trust's income and expenditure performance for the year ended 31 March 2019 was a surplus of £2.4m which, included £4.4m Provider Sustainability Funding (PSF). The Trust had planned a surplus of £0.7m for the year, being the revised control total agreed with NHS Improvement (NHSI) during the year. This was an improvement on the original control total deficit of £0.8m agreed with NHSI.

The significant improvement in the Trust's financial performance from the original plan was due to additional non-recurrent PSF contribution of £1.0m based on delivering a £0.5m improvement in the original underlying performance and a further PSF distribution of £1.7m for achieving the agreed control totals target.

The Trust's underlying performance was a deficit of £2.0m, which is the position excluding PSF.

The Trust continued its progress towards financial sustainability by further strengthening financial controls and governance. The table below 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			
	2019			2018
	Plan	Actual	Variance	Actual
	£m	£m	£m	£m
Income	215.8	228.4	12.6	214.1
Operating Expenses	205.9	217.5	(11.6)	200.3
Operating surplus	9.9	10.9	1.0	13.8
Interest, depreciation, and dividend	9.2	9.5	(0.3)	12.4
Gain/(loss) on sale of assets	0.0	1.0	1.0	(0.1)
Retained surplus	**0.7**	**2.4**	**1.7**	**1.3**

Performance Analysis

Pressures on the Trust's finances will increase in 2019/20 due to the ambitious service transformation plans to deliver the Demand and Capacity Review. The full year implementation of service transformation will enhance performance against the national Ambulance Response Programme (ARP) targets. The Trust will require a robust and sustainable cost improvement programme to maintain the balance between income and expenditure.

Income

Total Income was up by 6.7% compared to the prior year. Following a successful conclusion of a 'Demand and Capacity' review, the Trust and its Commissioners agreed an increase to the 999 contract of £4.5m to support the Trust's trajectory of improvement to deliver a safe service that meets the ARP targets. This was in addition to the planned contractual increase to meet demand and performance. Also included in total income was £3.5m for the NHS Pay Deal and the £4.4m of PSF referred to above, of which £1.7m was additional to the level received in 2017/18.

The financial performance of our NHS 111 contract for South East Coast, delivered in conjunction with Care UK, was breakeven. The two-year contract extension for Kent (excluding East Kent), Medway, Surrey and Sussex ended on 28 March 2019 and the partnership with Care UK was concluded. The Commissioners for the Surrey Clinical Commissioning Groups (CCG) cluster awarded the new contract for the Surrey Integrated Urgent Care (IUC) service (including Clinical Advice Service and GP Out-of-hours) to Care UK. The remaining Commissioners for Kent, Medway and Sussex paused their contract tender process in 2018 but awarded a new, one-year contract to the Trust until the end of March 2020.

The tender process for Kent, Medway and Sussex resumed in 2019 and the Trust aims to maintain its role at the heart of the urgent and emergency care network and to deliver future IUC contracts. In April 2019, the Trust submitted a bid to deliver the NHS111/Clinical Assessment Service for Kent, Medway & Sussex CCGs for the five years from April 2020. The announcement of the successful bidder is expected in July 2019.

Expenses

Operating expenses increased by 8.6% (£11.6m) in line with the growth in income and included the impact of the NHS Pay Deal, including section 2 Unsocial Hours awards during the year. The Trust invested heavily in infrastructure and operational resources, specifically vehicles, IT, estate and staff.

Interest, depreciation and dividend decreased by £2.9m. Public Dividend Capital dividend payments fell by £0.3m due to the improved cash position. There was a corresponding increase in net interest, partly due to the repayment of the Department of Health loan in March 2018.

Capital Expenditure

Capital spend in the period of £13.0m was 2% below plan but in line with projections. The investments in the year included vehicle fleet and medical equipment for the 999 service, enhancement to the resilience of our technological infrastructure, including investment in the new 111 contract network system, and maintaining our strategic estate priorities.

The Trust expects to continue to make significant capital investments in the next five years in line with the planned capital programme. This includes more ambulances, both replacement and additional vehicles, investment in the quality of our estates, and improvements in the functionality and resilience of our operations centres: all improvements that should mean an improved service to our patients and a better working experience for our staff.

Performance Analysis

The Trust is currently seeking formal approval from the Department of Health and Social Care (DHSC) for the £19.1m of schemes that were the subject of successful 'Wave 4' capital bids. The schemes are Brighton, Medway and Worthing Make Ready Centres and Nexus House HQ expansion. £15.8m of the expenditure is planned for 2019/20 with the balance of £3.3m in 2020/21.

Cash

The Trust's cash balance at 31 March 2019 was £24.2m, which compared to the plan of £17.8m. The improvement of £6.4m arose from a number of factors, including the proceeds from disposal of ambulance stations and effective cash management.

Cost Improvement Programme (CIP)

The Trust delivered in full the efficiency target of £11.4m for the financial year 2018/19, of which £4.2m was recurrent and £7.2m was non-recurrent. The Trust continues to focus on key areas of operational efficiency to develop a sound pipeline of recurrent schemes.

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. The Trust has a counter fraud team that works closely with executive management and the Audit and Risk Committee to instil an anti-fraud and anti-bribery culture through all aspects of the organisation.

All new staff receive counter fraud awareness during corporate induction sessions and regular up-dates and reminders are provided to all staff during the year. 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 with several routes through which to refer suspicious activity to the counter fraud team or freedom to speak up guardian, and all matters raised are investigated thoroughly.

Internal Audit Performance

The Trust has an active internal audit programme, which is overseen by the Audit and Risk Committee. The programme covers both financial and non-financial controls on a risk basis. A programme of work is agreed, but some flexibility is retained to respond to any concerns that might arise during the year.

The programme this year has included DBS checks, fleet management, Duty of Candour, medical assets, payroll and HR staff records.

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 the notes 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 the notes to the accounts.

Capital Structure

The Trust's capital structure is typical of NHS Foundation Trusts. The Treasury provides capital finance in the form of Public Dividend Capital. An annual dividend (representing a cost of capital charge) is payable on the Public Dividend Capital at a rate of 3.5% of average relevant net assets. The Trust has accumulated reserves relating to income and expenditure surpluses and revaluations of non-current assets.

Audit and Risk Committee

The Audit & Risk Committee is the committee of the Board of Directors through which the Board gains assurance that effective governance arrangements are in place. It independently reviews, monitors and reports to the Board on the attainment of effective control systems and financial reporting processes. In particular, it's work focuses on the framework of risk, control and related assurances that underpin the delivery of the Trust's objectives.

The Committee receives and considers reports from Internal Audit, External Audit and the Local Counter Fraud Specialist. The Committee reviews the risks identified in the Board Assurance Framework (BAF), which includes controls and assurances (and any gaps) plus the mitigating action being taken.

During the past year, the Audit & Risk Committee did not identify any significant issues in relation to the financial statements. However, there were two significant control issues, relating to DBS checks and driving license checks, both of which are set out in the Annual Governance Statement, where further information regarding the work of the Committee and areas of scrutiny can be found.

The Trust last tendered external audit services during 2017/18. It appointed KPMG LLP in November 2017 on a three-year contract. The fees payable to the auditor for statutory audit in respect of the period was £69,720. KPMG LLP has not provided any services other than external audit (including the limited assurance review of the Trust's quality report) to the Trust during 2018/19.

The Audit and Risk Committee did not identify any significant issues in relation to the financial statements, operations and compliance at the Committee on 20 May 2019.

Progress against key projects

The Trust's Programme Management Office (PMO) was established in 2016/17 to support the delivery of the Trust's key areas of work. As part of the governance structure established during 2017/18, four Steering Groups are in place to support the delivery of key work-strands. Each is led by an Executive Director and supported by the PMO:

- Quality & Compliance Steering Group (focussing on the CQC Must and Should Dos & areas affecting the quality of our services)
- Service Transformation & Delivery Steering Group (focussing on taking forward the outputs of the Demand & Capacity Review)
- HR Transformation Steering Group
- Sustainability Steering Group, led by an Executive Sponsor (focussing on Estates, Cost Improvement Programme and Digital)

The PMO continues to monitor overall progress for delivery against each project and reports regularly to the Executive Management Board and monthly to the Trust Board.

In October 2018 a major programme of work to improve care for patients across our region was announced jointly by SECAmb and the 22 Clinical Commissioning Groups (CCGs) that commission ambulance care in the area.

The decision followed an independent Demand and Capacity review, carried out by Deloitte, which looked to identify the resources required by SECAmb to meet rising emergency and urgent care demand and how best to deliver the new Ambulance Response Programme standards.

The review identified the need for a rolling programme of investment to help address a number of challenges and implement changes that will improve patient care and experience.

Performance Analysis

This commitment from commissioners began with additional investment of £10m for 2018/19, with similar levels of investment over the next two years. The additional investment will enable us to:

- significantly increase the number of front-line ambulance staff on the road and call handlers and clinicians in its Emergency Operations Centres (EOCs)
- ensure we have the right number of staff, with the right skills, to meet the changing needs of its patients
- improve our fleet, to ensure the Trust has the right number and type of vehicles available to respond to all categories of call
- work with system partners to improve whole system flow and the patient experience, in and out of hospital
- raise the standard of site facilities, working conditions and internal processes for staff
- introduce new technologies for greater performance insight.

Good progress was made during the year, including:

- The recruitment of 726 people to front-line roles including Associate Ambulance Practitioners, Emergency Operations Centre staff and clinicians, and Emergency Care Support Workers. This intensive recruitment campaign will continue over the next two years, complemented by a workforce retention initiative, encompassing staff engagement, training and development.
- The implementation of a range of initiatives with system partners, including hospital trusts, community providers and commissioners, to help reduce handover delays between SECAmb and Accident & Emergency Departments. Freeing up ambulance crews more quickly at the point they transfer a patient into hospital care supports patient outcomes and improves experience, as well as whole system flow. During the period April 2018 to March 2019 there was a significant 17% improvement on the previous year equating to almost 12,000 operational hours - or 500 emergency double-crewed ambulances (DCAs) – going back into the system over that year, equivalent to an average 33 ambulance hours per day.
- The addition to the fleet of 43 replacement Mercedes Sprinter box body ambulances and 16 Fiat Ducato van conversion ambulances. We have also had approval to commission 92 replacement Mercedes Sprinter double-crewed ambulances, the first 22 of which represent an uplift to established DCA numbers i.e. additional, not replacement stock.
- The introduction of 30 new non-emergency transport (NET) vehicles to help us respond better to patients who are not in a serious or life-threatening condition but require assisted transportation into hospital or an urgent health care setting, and back home again. Smart utilisation of these vehicles helps free up more ambulances to attend our highest-level Category 1 and 2 calls.
- The changing of every front-line rota to assist the Trust in making sure our growing workforce and fleet are delivering maximum benefit to our patients. The new rotas provide extra capacity, deliver additional efficiencies and start to reduce the reliance on staff working unwanted overtime. By April 2021, the Trust expects to see overtime at between 5%-6%, from a high of over 10%.
- Better capacity and management of Private Ambulance Providers (PAPs) has helped us mobilise extra staff on the road. By the end of

phase one (2018/19) 531 private ambulance colleagues have been made available to support our operational staff and six providers are now contracted in on the framework. As every frontline rota changes, PAPs are filling the gaps in establishment whilst our recruitment campaigns get underway.

Work continues through phase two focused on improving the patient experience, ensuring that the Trust becomes increasingly efficient and that we are able to deliver a fit-for-purpose service by April 2021.

A number of digital projects are well underway in order to provide the necessary infrastructure and improved resilience and capacity we need as we grow. These include the development of a new electronic Patient Clinical Record, connecting our frontline staff with the NHS Spine to enable more effective (and secure) transfer of data and access to summary clinical records, upgrading our fleet management system and introducing automated temperature monitoring of drugs stored across the Trust. We have also recently improved cyber security across the Trust.

In order to better support staff in their interactions with the Trust, an HR Transformation programme is underway. HR processes have been mapped in order to streamline and automate where possible to improve timeliness and reliability. Our health and safety development programme continues at pace, as detailed elsewhere in this report.

EU Exit

During the year, the Trust worked hard to plan and prepare for the impact of the UK leaving the European Union. We worked closely with our colleagues in the emergency services, in government and in the wider NHS - nationally, regionally and locally - to prepare for all eventualities. This was to ensure that we were as prepared as possible, given our unique geographical location and the vital role we play in serving the public and responding to patients.

For the majority of the year, there was a possibility that the UK could leave the EU without a deal or with a limited deal. A 'no deal' or a limited deal scenario would be highly likely to cause disruption at ports and borders of the UK, due to planned changes in customs processes and immigration checks. And in turn, these changes would be likely to have a significant impact on road traffic, leading to increased congestion.

For SECAmb, the areas at the highest risk of disruption are the Operating Units (OUs) in the east of our region, primarily Ashford, Dartford & Medway and Thanet OUs as the key geographical risk area is the Port at Dover. Any impact on traffic in Dover Port quickly affects the strategic road network in the surrounding areas, as well as potentially leading to increased demand through 'held' traffic.

Although the Trust recognises that the most immediate impact would be in Kent, there could also well be impacts in other areas of the Trust, including around the Channel Tunnel, Gatwick Airport and other ports including Newhaven and Folkestone.

Significant disruption to road traffic could also directly affect our physical response to patients, as well as presenting potential issues with staff getting to and from work. There are also a number of other associated potential risks including supply chain issues, security risks and potential increased numbers of unauthorised migrants.

Our plans are designed to ensure that we are well prepared to manage the impact of the UK's exit from the EU, given our geographical location and important role we play in serving the public. Through 2019/20, we will continue to monitor the national situation closely and refine and adapt our plans as needed.

Performance Analysis

Sustainability & Environmental Report

In recent years, the Trust has not prioritised work to deliver its sustainable development action plan, primarily due to subsequent CQC reports outlining the need to rapidly improve safety and governance in a number of areas across the Trust. As a consequence, the plan developed some years ago is now out of date and a revised plan considering new targets and guidance will be developed and approved by the Board during 2019/20.

Social, community and human rights issues

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

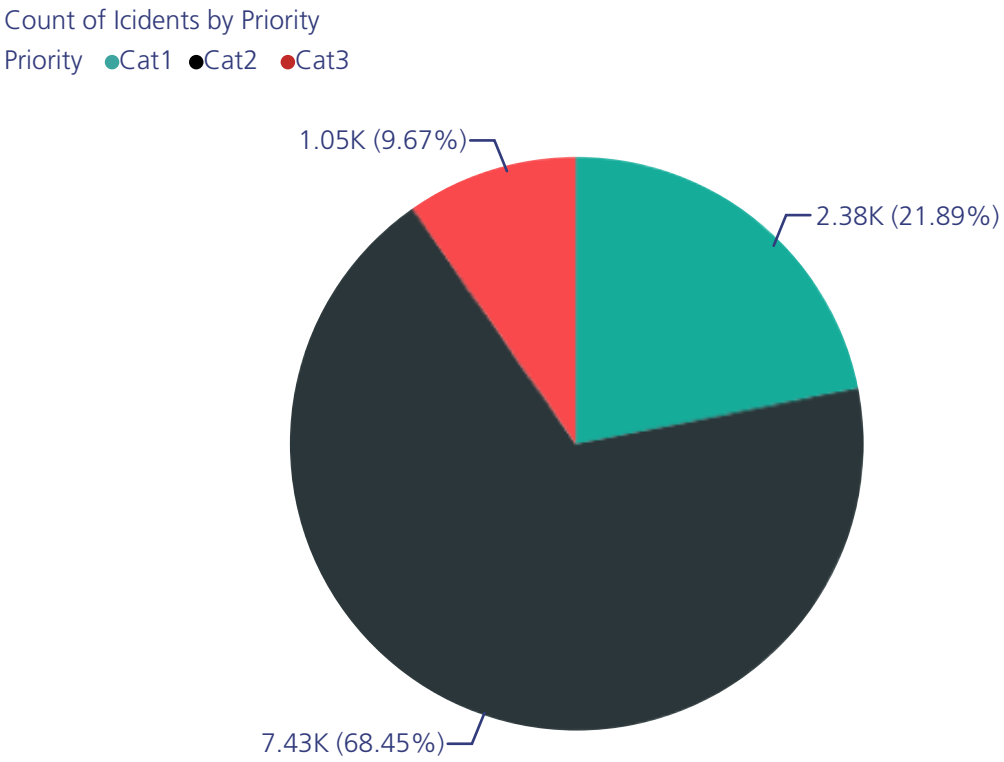
You can read about the work of some of our volunteers below and about others in the Directors Report.

Community First Responders (CFRs)

Community Resilience is about making communities better prepared for an emergency. Our Community First Responders already play a huge part in this, by providing a first response to life-threatening incidents, delivering life-saving training for members of the community, and fundraising for locally placed Public Access Defibrillators.

SECAmb's CFRs are a valuable resource in responding to our patients. There are at the time of writing (1 May 2019) 322 CFRs spread across Kent, Surrey, Sussex and NE Hampshire. In 2018/19 CFRs responded to over 11,500 emergency calls on behalf of the Trust. This is a fantastic achievement and demonstrates the benefit CFRs bring to the organisation.

Number of calls attended by CFRs 2018/19



For the coming year (2019/20), we have introduced a new recruitment process for CFRs so there is better governance to ensure our CFRs are fully supported through their journey with SECAmb. This year we have recruited 120 CFRs, with a training programme running from June onwards to train them in preparation to "go live" in 2019/20. A further 48 successful CFR candidates will be trained once training courses are available.

This year has seen some changes within the Community Resilience team with a newly appointed Head of Community Engagement and the pending release of an ambitious Community Resilience Strategy. Our strategy will focus upon five key goals:

- Doing what is right for our patients
- Looking after our people
- Being inclusive
- Embedding our values
- Integrating our Trust with the community

An engagement period will run through April and May of 2019 involving both internal and external stakeholders. This will give us clear direction over the coming years, ensuring that we continue to meet the needs of our patients, volunteers, and external partners. It is anticipated the proposed strategy will go to the Trust Board in July 2019 for approval.

The past year has been very busy one focusing upon governance and compliance to ensure the service provided by our CFRs is safe, effective and responsive to our patients' needs and requirements.

Public Access Defibrillators (PADs)

Another key strand of Community Resilience is about the community taking responsibility and being prepared to help and assist in emergency situations where basic life support techniques and the use of relatively simple equipment could save the life of a neighbour or loved one.

Sudden cardiac arrest is a leading cause of premature death in the western world. With immediate bystander CPR and access to a defibrillator (prior to the ambulance arriving), many lives could be saved.

For each minute lost when someone has a cardiac arrest, there is a 10% decrease in survivability. SECAmb and our CFRs continue to promote heavily within communities the importance of PAD sites and effective CPR, delivering training and education to the public in both CPR and community defibrillation. We have registered 3,540 PAD sites within SECAmb's geographical area, with 1,771 of these available 24/7 to members of the public.

Last year the Trust was involved in the national Restart a Heart campaign and jointly trained over 11,000 members of the public in basic life support and defibrillation.

Chaplains

SECAmb has a network of 28 Chaplains spread across the geographical area of the Trust to support our staff and volunteers. Last year the Chaplains, on average dealt with three referrals per week to assist and support staff and volunteers.

The Chaplains continue to work closely with ambulance stations and Make Ready Centres to support staff and CFRs as required. They also attend meetings and support the wider work of the Trust. The Chaplaincy remains non-denominational, and there is a commitment to support all religious groups.

Important events after year end

Chief Executive

Chief Executive, Daren Mochrie, left the Trust on 31 March 2019 to take on a new role with North West Ambulance Service. On 28 March 2019, the Trust announced that Philip Astle had been appointed as the new Chief Executive.

As Philip is not able to join the Trust until September 2019, the Board have asked Dr Fionna Moore, Executive Medical Director, to take on the role of Acting Chief Executive in the interim period.

Change in NHS 111 contract

On 18 April 2019, the Trust submitted a bid to run the NHS 111 & Clinical Advice (CAS) service in Kent, Medway and Sussex from April 2020 onwards. At time of writing, the outcome of this submission is not known.

Dr Fionna Moore, Acting Chief Executive

Date: 23.05.19

Aspiring to be ***better today*** and even ***better tomorrow*** for our people and our patients

NHS
South East Coast Ambulance Service
NHS Foundation Trust

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 the 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 Independent Non-Executive Directors 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 2018/19, the Trust Board as formally constituted included the Chair, eight Independent Non-Executive Directors, the Chief Executive and six Executive Directors.

During the year, there were a number of changes to the membership of the Board, of which you can read more below.

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

The 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 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.

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

On 18 April 2018, the Trust announced that the Chair, Richard Foster, had decided to step down from his role for health reasons. Deputy Chair, Graham Colbert, took on the duties of the Chair with immediate effect, until he was formally appointed as Interim Chair on 27 April 2018 by the Trust's Council of Governors.

On 24 August 2018, following a recruitment and selection process, David Astley was appointed by

the Council of Governors into the role of Chair.

On the Non-Executive side, long-standing Independent Non-Executive Directors, Tim Howe and Graham Colbert both left the Trust on 30 September 2018. Michael Whitehouse joined the Board on 24 October 2018 as a new Independent Non-Executive Director.

On 1 June 2018, the Trust announced that Dr Fionna Moore had been appointed into the substantive role of Medical Director; Fionna had been previously undertaking the role as an Interim since 6 March 2017.

On 12 November 2018, the Trust announced that Chief Executive Daren Mochrie had decided to leave the Trust on 31 March 2019, to take on a new role as Chief Executive of North West Ambulance Service. On 28 March 2018, the Trust announced that Philip Astle, currently Chief Operating Officer at South Central Ambulance Service, had been appointed as the Trust's new Chief Executive.

Philip will join the Trust in September 2019 and in the meantime, Medical Director Dr Fionna Moore took on the role of Interim Chief Executive.

On 1 April 2018 Bethan Haskins joined the Trust as Executive Director of Nursing & Quality. Bethan took over from Steve Lennox, who had filled the role on an interim basis since 1 June 2017.

And finally, on 1 February 2019, it was announced that Director of HR & OD, Ed Griffin, would be leaving the Trust on 29 April 2019, to take on a new role at the Institute for Employment Studies. At the time of writing, the process to recruit a new Director of HR is still underway.

The Trust Board is supported by seven standing Committees:

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

Performance Evaluation

The Board met in public every month, save for in December. Meetings are routinely observed by members of staff, governors, external stakeholders and members of the public.

Each meeting is voice-recorded so that stakeholders can listen to the discussions and these are made available on the Trust's website.

Positive feedback is regularly received from observers, about the relevance of the issues received and the challenge demonstrated, particularly between the Independent Non-Executive and the Executive Directors.

The Board has a well-established structure, based on the model and roles of a unitary Board, and the principles of good governance. Its four main committees report to the Board after each meeting, confirming the level of assurance it has received relating to the areas it has reviewed. Each committee is chaired by an independent Non-Executive Director, and taking a risk-based approach scrutinises assurances that the system of internal control used to achieve objectives is well designed and operating effectively.

In addition, the Board held development sessions, including on its specific duties around Health & Safety, Workforce Race Equality Standards, and Anti-Fraud and Bribery.

The Board took the decision to move to bi-monthly Board meetings from April 2019, using the intervening months for board development. In April its development session focussed on culture, and the session planned

for June will focus on the Trust's strategic intentions over the next five to ten years.

NHS Improvement Well-Led Framework

The Trust Board regularly assesses leadership capacity and capability and has in the past year overseen a refresh of the leadership arrangements including within the medical, nursing and quality, and operational directorates.

Steps were taken to engage internal and external stakeholders in a refresh of the Trust's Five Year Strategic Plan, which is currently underway. Arising from this, the Board will be exploring in Q1 of 2019/20 the key strategic questions that will set the organisation in the best possible position to support delivery of high quality urgent and emergency services over the next 5-10 years.

Work continues to be developed to ensure clarify of roles and accountability within a defined governance and assurance framework. As set out in the Annual Governance Statement the Board has a well-established committee structure. Committees are guided by an assurance purview map which includes the well-led key lines of enquiry, and seeks assurance that the Executive continues to maintain a sound and effective system of internal control.

The Performance Overview details the outcome of the CQC core and well-led inspections in July and August 2018. Two of the main findings of the well-led inspection identified that more work was needed to fully embed systems for managing risk and to embed the newly established values.

In response to risk management, a project was established to ensure effective implementation of the risk management policy and develop the culture of risk management in the Trust. The Annual Governance Statement provides more detail about how the Trust has demonstrated progress, including the Head of Internal Audit opinion which confirms the Trust has an adequate and effective framework for risk management and governance.

A programme of leadership training was provided during the year, to help reinforce and embed the values the Trust introduced in 2017/18. This was specifically targeted at senior managers and the Trust is now exploring how to develop more local training.

Register of Directors' Interests

The Board of Directors are required to declare other company directorships and significant interests in organisations which may conflict with their Board responsibilities.

The register of Directors' interests is up-dated annually and as any new interests are declared 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)

Richard Foster CBE – Chair

(to 18 April 2018)

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 and 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.

On 18 April 2018, it was announced that Richard would be standing down from his role as Chair, with immediate effect, for health reasons.

Declared interests – Chair of the Criminal Case Review Commission

Graham Colbert – Interim Chair (18 April to 24 September 2018) /Independent Non-Executive Director (to 30 September 2018)

Graham is the Chief Financial Officer and Chief Operating Officer at Genomics England. 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.

Following Richard Foster's decision to stand down as Chair, Graham served as Interim Chair

until 24 September 2018. He left the Trust on 30 September 2018, having served as an Independent Non-Executive Director since 1 September 2012.

Declared interests – Employed by Genomics England Ltd; Trustee of the British Lung Foundation.

David Astley OBE – Chair

(from 25 September 2018)

David was awarded an OBE in 2006 for services to the NHS, has held a number of very senior roles in the NHS including Chief Executive of East Kent University Hospitals NHS Trust between 1999 and 2006 and Chief Executive of St George's Healthcare NHS Trust between 2006 and 2011.

From 2011 to 2015 David was Chief of Tertiary Hospitals Group of the Hamad Medical Corporation in Qatar. On return to the UK and retirement from full time Executive duties, David was appointed as a non-executive director of Liverpool Women's Hospital NHS Foundation Trust.

Declared interests – A Director of Yoakley Care Share Ltd and Yoakley Care Trustee Ltd, a charitable company that manages alms houses and a care home. His daughter Emma is a Senior Manager at PWC Consulting, which sometimes works with the public sector. His son Robert is a Recruitment Manager with Salary Finance, a company that works with some NHS organisations.

Daren Mochrie QAM – Chief Executive

Daren has extensive experience of managing ambulance services in both rural and urban settings. Daren was 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 previous CQC inspections of ambulance trusts in England.

On 12 November 2018, the Trust announced that Daren Mochrie had decided to leave the Trust on 31 March 2019, to take on a new role as Chief Executive of North West Ambulance Service.

Declared interests – Member of the College of Paramedics; Member of the Royal College of Surgeons Faculty of Pre Hospital Care; Paramedic registered with the Health Care Professions Council; Specialist Advisor to the Care Quality Commission

David Hammond - Executive Director of Finance and Corporate Services

David has extensive experience in senior management positions within large and small corporate organisations in the UK and overseas. During recent years, David has led finance teams in Ambulance and Acute Hospital Trusts within the NHS.

Declared interests – None

Joe Garcia - Executive Director of Operations

Joe has over 20 years' experience in a number of operational and technical managements roles in the ambulance service, including East Midlands and West Midlands Ambulance Services.

Declared interests – His partner is Managing Director of Reforma Associates Limited, which is a management consultancy and improvement company. He is in no way otherwise associated with the business.

Dr Fionna Moore – Executive Medical Director

(Interim from 6 March 2017;
Substantive from 1 June 2018)

Fionna 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 the London Ambulance Service (LAS).

Declared interests – Medical Advisor LAS; Medical Director, Location Medical Services

Bethan Haskins – Executive Director of Nursing & Quality

(from 1 April 2018)

Bethan is a qualified nurse and has a broad range of experience and worked most recently as Chief Nurse across a number of Kent clinical commissioning groups.

Declared interests – None

Steve Emerton – Executive Director of Strategy & Business Development

Steve has a wealth of NHS experience, having previously been the Delivery Director for NHS England Specialised Commissioning. Prior to this, he was Director of Commissioning at North

West Surrey Clinical Commissioning Group.

Declared interests – KEFKAV Ltd, Interim NHS consultancy work.

Ed Griffin – Executive Director of Human Resources and Organisational Development

Ed has extensive international HR experience and joined SECAmb from the British Council where he was Interim Global HR Director and was previously Head of HR. Prior to this, he served as Group HR Director for international marketing groups, CSM Sport & Entertainment.

On 1 February 2019, it was announced that Ed Griffin, would be leaving the Trust on 30 April 2018, to take on a new role at the Institute for Employment Studies.

Declared interests – Lead editor of a Field Guide on Organisation Development which is aimed at HR professionals, line managers and consultants. Has a financial interest in this as he receives royalty payments. Has an extensive network of external consultants from having worked as a consultant. If there are times one of this network is involved in tendering for work with SECAmb he will declare an interest. Occasionally buys and sells antiques.

Tim Howe – Independent Non-Executive Director

(to 30 September 2018)

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 left the Trust on 30 September 2018 having served as a Non-Executive Director since 28 January 2010.

Declared interests – Director of Komoka Ltd HR Consultancy; Trustee Age UK (Sutton).

Adrian Twyning – Independent Non-Executive Director

Adrian's career has covered the energy, retail and health sectors. He is the Director of White Goods for DixonsCarphone Plc and was previously Head of UK Field Operations at Centrica Plc. Previous NHS experience includes Associate Director of Operations at Brighton and Sussex Hospitals NHS Trust and as Associate Director of Performance and Delivery at NHS East Coast Kent.

Declared interests – Employment with Dixons.

Terry Parkin – Independent Non-Executive Director

Terry's career led to senior posts in education and social care, as well as significant experience of volunteering. He has worked as a Chief Officer in two local authorities, leading portfolios covering services to both children and adults and including public health. He has a particular interest in children's mental wellbeing.

Declared interests – Managing Director of Monkmead Consulting Ltd; Chief Executive Officer of King's Academy Group; Member of Children's and Young Persons Disability Steering Group

Dr Angela Smith – Independent Non-Executive Director

Whilst Angela's career was mostly focussed 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 – Independent Council Member at the University of Sussex and Chair and owner of GlobeRisk Ltd, a management consultancy business.

Tricia McGregor – Independent Non-Executive Director

Tricia is a speech and language therapist and a visiting professor in the School of Health Sciences at the University of Surrey. She is also an experienced, board-level leader with some 30 years' experience in the healthcare, social enterprise and employee-owned sectors. Tricia also serves as a Non-Executive Director for the Kent, Surrey and Sussex Academic Health Science Network (AHSN) and was awarded an MBE in 2011 for services to social enterprise.

Declared interests – Non-Executive Director of KSS AHSN, supports and works with all health providers in KSS; Visiting Professor of University of Surrey, Trains Paramedics in SECAmb; Provision of Interim and Consultancy work of Tricia McGregor Ltd; and Interim Chief Executive Registrar at the General Chiropractic Council (the government regulator of chiropractors).

Al Rymer – Independent Non-Executive Director

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

Declared interests - Director of Lune Consulting Ltd; Chair of Trustees of Church of England Soldiers, Sailors and Airmens Clubs – Charity welfare facilities for Armed Forces; Chairman and Director of Church of England Soldiers, Sailors and Airmens Housing Association – Charitable Sheltered Housing provision; President of Selsey RNLI Lifeboat Station – Lifesaving

Lucy Bloem – Independent Non-Executive Director, Deputy Chair and Senior Independent Director

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.

Declared interests – Deloitte Partner (medically retired)

Laurie McMahon – Independent Non-Executive Director

Laurie spent much of the 1980s as a Senior Fellow at the King's Fund College. In 1989 he co-founded the Office for Public Management and co-founded and directed Realisation Collaborative, which specialises in helping large, multi-stakeholder organisations manage strategic change. He is also Honorary Visiting Professor in Strategy and Organisational Design at Cass Business School in London.

Declared interests – Director of the Realisation Collaborative, specialising in organisational development; Board member of The Horsebridge Arts and Community Centre, Whitstable and Trustee of The Collaborative Foundation, a charitable organisation aimed at improving public management. Working with the Kent and Medway Sustainability and Transformation Partnership to help the system leaders work through how best their Integrated Care System and the three or four Integrated Care Partnerships might work.

Michael Whitehouse – Independent Non-Executive Director

(from 24 October 2018)

Michael brings with him a wealth of experience of audit and financial oversight across the public sector. Until 2017 he was Chief Operating Officer of the National Audit Office. Michael has also been responsible for a number of evidence-based reports to Parliament related to the health sector, including on the financial performance and sustainability of the NHS, hospital-acquired infection, dementia, end-of-life care and autism. Since retirement, Michael has focused on his role as a trustee and honorary treasurer of Cruse, the bereavement charity.

Declared interests – From December 2018, Board member of the Medicines and Health Products Regulatory Agency.

Directors' Report

Board Meeting Member		Board attendance (meetings held in public)										
		26 April 2018	25 May 2018	28 June 2018	26 July 2018	30 August 2018	28 September 2018	25 October 2018	29 November 2018	24 January 2019	28 February 2019	28 March 2019
Graham Colbert	Interim Chair	x	x	x	x	x	x					
David Astley	Chair						x	x	x	x	x	x
Darren Mochrie	Chief Executive	x	x	x	x	x	x	x	-	x	x	-
Tim Howe	Independent Non-Executive Director	x	x	x	x	x	x					
Joe Garcia	Executive Director of Operations	x	x	-	x	x	x	x	x	x	x	x
Fionna Moore	Executive Medical Director	x	x	x	x	x	x	x	x	-	-	x
David Hammond	Executive Director of Finance & Corporate Services	x	x	x	x	x	x	x	x	x	x	-
Bethan Haskins	Executive Director of Nursing & Quality	x	x	-	x	x	x	x	x	x	x	x
Ed Griffin	Executive Director of HR & OD	x	-	x	x	x	x	-	-	-	x	x
Steve Emerton	Executive Director of Strategy & Business Development	x	x	x	x	x	x	x	x	x	x	x
Lucy Bloem	Independent Non-Executive Director	x	x	x	x	x	x	x	x	x	x	x
Al Rymer	Independent Non-Executive Director	x	x	x	x	x	x	x	x	x	x	x
Terry Parkin	Independent Non-Executive Director	x	x	x	x	x	-	x	x	x	x	x
Angela Smith	Independent Non-Executive Director	x	x	x	-	-	x	x	x	-	x	x
Tricia McGregor	Independent Non-Executive Director	x	-	x	x	x	x	x	x	x	x	x
Adrian Twyning	Independent Non-Executive Director	x	x	x	x	x	x	-	x	x	x	x
Laurie McMahon	Independent Non-Executive Director	x	x	x	x	x	x	x	x	-	x	x
Michael Whitehouse	Independent Non-Executive Director							x	x	x	x	-

Key	
x	In attendance
-	Not in attendance
	Not in post

The Board also meets in confidential session, normally on the same day as the public Board meetings, to make decisions relating to items that need to be dealt with in confidence, usually because of commercial sensitivities. The Chair gives a brief overview of the issues discussed during the confidential session at the start of the public Board meeting and the agenda and minutes of the confidential sessions of the Board are made available to the Council of Governors.

Part 2 Board Meeting Members		Board attendance (meetings held in private)										
		26 April 2018	25 May 2018	28 June 2018	26 July 2018 (Strategy Session)	30 August 2018	28 September 2018	25 October 2018	29 November 2018	24 January 2019	28 February 2019	28 March 2019
Graham Colbert	Interim Chair	x	x	x	x	x	x					
David Astley	Chair						x	x	x	x	x	x
Darren Mochrie	Chief Executive	x	x	x	x	x	x	x	-	x	x	-
Tim Howe	Independent Non-Executive Director	x	x	x	x	x	x					
Lucy Bloem	Independent Non-Executive Director	x	x	x	x	x	x	x	x	x	x	x
Al Rymer	Independent Non-Executive Director	x	x	x	x	x	x	x	x	x	x	x
Terry Parkin	Independent Non-Executive Director	x	x	x	x	x	-	x	x	x	x	x
Angela Smith	Independent Non-Executive Director	x	x	x	-	-	x	x	x	-	x	x
Joe Garcia	Executive Director of Operations	x	x	-	x	x	x	x	x	x	x	x
Fionna Moore	Executive Medical Director	x	x	x	x	x	x	x	x	-	-	x
David Hammond	Executive Director of Finance & Corporate Services	x	x	x	x	x	x	x	x	x	x	-
Bethan Haskins	Executive Director of Nursing & Quality	x	x	-	x	x	x	x	x	x	x	x
Ed Griffin	Executive Director of HR & OD	x	-	x	x	x	x	-	-	-	x	x
Steve Emerton	Executive Director of Strategy & Business Development	x	x	-	x	x	x	x	x	x	x	x
Tricia McGregor	Independent Non-Executive Director	x	-	x	x	x	x	x	x	x	x	x
Adrian Twyning	Independent Non-Executive Director	x	x	x	x	x	x	-	x	x	x	x
Laurie McMahon	Independent Non-Executive Director	x	x	x	x	x	x	x	x	-	x	x
Michael Whitehouse	Independent Non-Executive Director							x	x	x	x	-

Directors' Report

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 Independent Non-Executive Directors, including the Chair.

Appointments and Remuneration Committee (ARC)

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

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.

Appointments & Remuneration Committee (ARC)		25 May 2018	30 August 2018	15 November 2018
Angela Smith	Independent Non-Executive Director	x	x	-
David Astley	Chair			x
Tim Howe	Independent Non-Executive Director	x	x	
Al Rymer	Independent Non-Executive Director/Committee Chair	x	x	x
Graham Colbert	Independent Non-Executive Director	x	x	
Lucy Bloem	Independent Non-Executive Director	x	-	x
Terry Parkin	Independent Non-Executive Director	x	x	x
Tricia McGregor	Independent Non-Executive Director	-	x	x
Laurie McMahon	Independent Non-Executive Director	x	x	x
Daren Mochrie	Chief Executive	x	-	-
Michael Whitehouse	Independent Non-Executive Director			x

Key	
x	In attendance
-	Not in attendance
	Not in post

Audit and Risk Committee (AuC)

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

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

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

Audit and Risk Committee (AuC)		21 May 2018	11 July 2018	19 September 2018	3 December 2018	4 March 2019
Angela Smith	Independent Non-Executive Director/Committee Chair	x	x	x	x	x
Al Rymer	Independent Non-Executive Director	x	x	x	x	x
Lucy Bloem	Independent Non-Executive Director	x	-	-	-	-
Terry Parkin	Independent Non-Executive Director	-	-	x	x	x
David Hammond	Executive Director of Finance & Corporate Services	x	x	x	x	x
Tricia McGregor	Independent Non-Executive Director	x	x	-	x	x
Daren Mochrie	Chief Executive	x	-	x	-	x
Bethan Haskins	Executive Director of Nursing & Quality	x	-	x	-	x
Fionna Moore	Executive Medical Director	-	-	-	x	-
Michael Whitehouse	Independent Non-Executive Director				x	x

Key	
x	In attendance
-	Not in attendance
	Not in post

Directors' Report

Charitable Funds Committee (CFC)

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

The quorum necessary for the transaction of business by the Committee is three members, including the Director of Finance or designate.

To minimise the amount of time spent attending Committee meetings, the Charitable Funds Committee meets immediately prior to the Audit and Risk Committee. The Charitable Funds Committee is required to meet a minimum of twice a year.

Charitable Funds Committee (CFC)		11 July 2018	3 December 2018
Angela Smith	Independent Non-Executive Director/Committee Chair	x	x
Lucy Bloem	Independent Non-Executive Director	-	-
David Hammond	Executive Director of Finance & Corporate Services	x	x
Al Rymer	Independent Non-Executive Director	x	
Joe Garcia	Executive Director of Operations	x	-

Key	
x	In attendance
-	Not in attendance
	Not in post

Finance and Investment Committee (FIC)

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

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

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

Finance & Investment Committee (FIC)		20 April 2018	17 July 2018	18 October 2018	17 January 2019	t25 February 2019
Angela Smith	Independent Non-Executive Director/Committee Chair	x	x	x	x	x
David Astley	Chair			-	x	x
Lucy Bloem	Independent Non-Executive Director	x	x	-	x	x
David Hammond	Executive Director of Finance & Corporate Services	x	x	x	x	x
Fionna Moore	Executive Medical Director	-	x	x	-	-
Adrian Twyning	Independent Non-Executive Director	x	x	-	-	-
Graham Colbert	Independent Non-Executive Director	x	-			
Steve Emerton	Executive Director of Strategy & Business Development	x	x	x	x	-

Key	
x	In attendance
-	Not in attendance
	Not in post

Directors' Report

Quality and Patient Safety Committee (QPS)

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

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

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

Quality & Patient Safety Committee (QPS)		6 April 2018	21 May 2018	21st June 2018	23 July 2018	10 September 2018	19 October 2018	December 2018	18 January 2019	18 February 2019
Lucy Bloem	Non-Executive Director/Committee Chair	x	x	x	x	x	x	x	x	x
Daren Mochrie	Chief Executive	-	x	-	-	x	-	x	-	-
Tim Howe	Independent Non-Executive Director	x	x	x	x	x				
Joe Garcia	Executive Director of Operations	x	x	x	x	x	x	x	-	x
Fionna Moore	Executive Medical Director	x	x	x	x	x	x	x	x	x
Tricia McGregor	Independent Non-Executive Director	x	x	x	x	x	x	x	x	x
Bethan Haskins	Executive Director of Nursing & Quality	x	x	x	x	x	-	x	-	x
Laurie McMahon	Independent Non-Executive Director	-	x	x	-	-	x	x	x	x
Ed Griffin	Executive Director of HR & OD	-	-	-	x	x	x	-	x	x

Key	
x	In attendance
-	Not in attendance
	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 control relating to the workforce (encompassing resourcing, staff wellbeing and HR processes) is designed appropriately and operating effectively.

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

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

Workforce & Wellbeing Committee (WWC)		11 May 2018	23 July 2018	19 October 2018	18 January 2019
Tim Howe	Independent Non-Executive Director	x	x		
Al Rymer	Independent Non-Executive Director	x	x	-	x
Terry Parkin	Independent Non-Executive Director/Committee Chair	x	x	x	-
Ed Griffin	Executive Director of HR & OD	x	x	x	x
Joe Garcia	Executive Director of Operations	x	x	x	-
Laurie McMahon	Independent Non-Executive Director	-	x	-	x
Bethan Haskins	Executive Director of Nursing & Quality	x	x	-	-
Adrian Twyning	Independent Non-Executive Director	x	x	x	-
Steve Emerton	Executive Director of Strategy & Business Development	-	x	x	-

Key	
x	In attendance
-	Not in attendance
	Not in post

Directors' Report

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.

The Trust aims to support suppliers by paying in accordance with the policy. By the end of the financial year, the Trust's improved liquidity had enabled it to work proactively on meeting the required targets and will continue to focus on older invoices requiring resolution before payment or crediting.

The 2018/19 Better Payment Practice Code percentages are below the target (95%) for the full year but the Trust has been actively seeking to improve the promptness of creditor payments. To this end, the total figures for the month of March 2019 exceeded the 95% target and this improvement will be the basis for improvement into the new financial year.

Year	Total invoices paid	Invoices paid of time	% of invoices paid within target	Total value paid £'000	Value paid on time £'000	% of invoices by value paid within target
2018/19	20,836	19,321	92.7%	84,219	78,485	93.2%
2017/18	19,975	15,902	79.6%	72,430	55,510	76.6%

HM Treasury compliance:

The Trust has complied with HM Treasury's cost allocation and charging guidance as set out in Chapter 6 of Managing Public Money (2018).

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

James Crawley (Public Governor for Kent and Lead Governor) on behalf of the Council of Governors

The Council of Governors continues to take its responsibilities very seriously: to hold the Non-Executive Directors to account for the performance of the Board, and to represent the interests of our members and the wider public. The Council is made up of 25 volunteers working with the Trust on your behalf.

When I wrote my report last year, it was in the context of the Trust having begun its improvement journey to reach the standards the public expect of their local ambulance service. It had been a difficult year, with many changes in senior leadership as a result of failings identified by the Care Quality Commission (CQC), and the Council of Governors had played an important role in recruiting new Non-Executive Directors to improve oversight and governance within the Trust.

Improvements have continued during 2018/19,

and, importantly, improvements already made are beginning to be embedded across the Trust. We are starting to see the benefits of a focus on improving the working environment for staff, with the Trust's best NHS staff survey results for many years. Our commissioners recognised that the Trust had been underfunded and so a programme of 'service transformation' is underway, closely engaging with other parts of the health system in the region, and underpinned by significant investment. We have also received funding to develop a number of new, more effective premises in the region, and have invested in better vehicles. Data is now more readily available and provides us with better, timely information about our performance, so we can do the best for our patients.

The Council were pleased to see an improved CQC inspection outcome this year, however the 'requires improvement' outcome, while better than the previous inspection outcome, seems fair as we continue to embed quality and governance systems effectively. Again, we were proud to see our staff gain a 'good' rating for the care they provide to our patients, day in, day out.

At Board level, the Council has been pleased to initially recruit and now develop an effective working relationship with our Chair, David Astley, who started with the Trust in September 2018. David has quickly sought to work more closely with the Non-Executives and support the Chief Executive to ensure the Board functions well. He is also very hands on with the Council. We look forward to Philip Astle starting in post as Chief Executive later this year, and in the meantime are grateful to Dr Fionna Moore who has provided stability as Acting CEO. We thank former CEO Daren Mochrie for bringing the Trust this far on its journey and wish him well in his new role.

During the year, the Council has focused in on a number of issues on the public's behalf:

- The developing workforce strategy, and work to improve the culture in the Trust and the provision of effective HR systems to staff, volunteers and applicants;
- Integrated urgent care, the 111 service and work to join up out of hours' provision and 111 call-taking;
- The hospital handover improvement programme, designed to reduce the amount of time ambulances are waiting at hospitals. A new partnership approach has been taken which seems to be reaping benefits in some areas, but Governors remain focused on some hospitals where handover times remain a serious issue;
- Clinical outcomes and progress against the Trust's quality indicators;
- Progress on the Trust's volunteering strategy, with a focus on support for and investment in Community First Responders;
- The Trust's activities to improve services using increased investment from the commissioners (the service transformation programme); and
- Mental Health – This is an area of ongoing concern to the Governors, and whilst we are pleased to see a range of initiatives being invested in across the Trust, we continue to seek assurance that the provision of support to patients in a mental health crisis is becoming consistent across the Trust's geography.

Governors continue to be represented at our Inclusion Hub Advisory Group, which is made up of public members of the Trust and advises the Trust on public engagement. Our staff Governors attend the Trust's Staff Engagement Forum to learn from and discuss issues with staff. We attended a number of public events and meetings to get out and about and listen to your views, including: Trans Pride in Brighton, Brooklands 999 Day in Surrey, Diverse Crawley event in West Sussex, Ashford Community Safety Partnership in Kent,

and Dover District Youth Conference. Governors have also been meeting local CFR teams, joining Patient Participation Groups, and meeting staff at ambulance stations, among other things to help them understand your views.

Governor elections were held in February 2019 and I was pleased to welcome twelve new colleagues to the Council during the year or on 1 March. They are already contributing really well to the team, and bring a wealth of experience and a passion for the NHS and our patients. I'd like to thank Governors who stepped down, came to the end of a term of office or were not re-elected this year: Mike Hill, Jean Gaston-Parry, Gary Lavan, Charlie Adler, Alison Stebbings, Francis Pole, Stuart Dane, Matt Alsbury-Morris, Mike Hewgill and Nigel Coles. I also want to pay tribute to Brian Rockell who sadly passed away in November after many years of service to SECAmb and the public in East Sussex.

Finally, I'd like to thank all my colleagues on the Council and all the other volunteers at SECAmb as we work together to try and ensure we have the best ambulance and 111 services possible, for the benefit of the public.

Meet the Governors

Staff Governors

Non-operational

Lorraine Tomassi

(First term of office 1 March 2019 - 28 February 2022)

Lorraine is an Executive Assistant to the Chair and Chief Exec and works out of Crawley HQ in West Sussex. Lorraine is a strong supporter of the Trust's staff engagement and freedom to speak up work.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None

Operational

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.

- Deputy Lead Governor
- Membership Development Committee member
- Governor Development Committee member

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.

- Membership Development Committee Deputy Chair
- Governor Development Committee member

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.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None

Malcolm Macgregor

(First term of office 01 March 2019 - 28 February 2022)

Malcolm is a Paramedic Practitioner working out of Brighton in East Sussex. Having worked as a union representative to support staff at a local level he is hopeful to transfer his skills to this role to highlight areas of focus for the Trust.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: Also works with out of hours GP service IC24.

Waseem Shakir

(First term of office 1 March 2019 - 28 February 2022)

Waseem is a Paramedic Practitioner and Operational Team Leader working out of the Burgess Hill area in West Sussex. Was has worked in the ambulance service for 20 years and prior to this gained a degree in business and economics.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None

Alison Stebbings

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

Alison stood down from the Governor role in July 2018.

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

Marianne Phillips

(First term of office 21 June 2018 - 20 June 2021)

Marianne has a background in the health service - she trained as a nurse; so has seen the challenges the health service faces first hand. She also has previous experience as a Board member, Governor, Trustee and Non-Executive Director for a variety of charitable and not for profit organisations. Marianne's areas of interest are strategy and accountability.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: Member of the Labour Party, Governing Board member for Future Qualifications an organisation responsible for paramedic qualifications.

Medway

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 five years. He works part time with the Red Cross Ambulance Service supporting SECAmb through front line emergency ambulance work.

Declared interests: Red Cross ambulance crew (Emergency Care Support Worker).

East Sussex

Nicki Pointer

(First term of office (1 March 2019 - 28 February 2022)

Nicki is from Crowborough in East Sussex and works as a Senior Sister/Ward Manager at Pembury Hospital. She has been a Registered General Nurse for 7 years. Nicki is an active Community First Responder (CFR) volunteer for the Trust and became Deputy Team Leader of her local CFR scheme in 2016. Nicki is keen to champion person centred care and act as an advocate and ambassador for the Trust.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None

Frank Northcott

(First term of office 1 March 2019 - 28 February 2020)

Frank is from Polegate in East Sussex and took over Brian Rockell's remaining term. He has been an active member of the Trust for five years, observing and asking questions at many Board and Council meetings. He comes from a family with four generations of service to the ambulance service. Now retired, Frank was a Chartered Engineer. His areas of interest are effective training, recruitment and retention of staff and volunteers in the Trust.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: Chartered engineer fellow of the Institute of Engineering and Technology

Brian Rockell

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

Brian sadly passed away in November 2018. Brian made a huge contribution to the Trust, joining the Council when SECAmb became a Foundation Trust back in 2011 and serving as Lead Governor for a number of years. He is profoundly missed.

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. He is also a member of the Seaford Lifeguards.

Declared interests: None

Kent

James Crawley

(First term of office 1 March 2016 – 28 February 2022)

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. He volunteers for the British Red Cross as an Event First Aider Emergency Response and Trainer.

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

Declared interests: None

Roger Laxton

(First term of office 7 February 2018 – 29 February 2020)

Roger previously worked for SECAmb for 30 years and has extensive experience in the Trade Unions. Recently retired, Roger brings life skills in industrial relations which he hopes hold him in good stead for the role of Kent Governor.

- Membership Development Committee member
- Governor Development Committee member

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. 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.

- Membership Development Committee member
- Governor Development Committee member

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

Mike Hill

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

Mike's wife has been a patient of the Trust and they were part of a Trust Survivors event after she survived a heart attack in 2010. Mike brings varied experience from time in the RAF and senior management roles as well as this personal connection to the service.

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

Declared interests: None

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.

- Membership Development Committee member
- Governor Development Committee member
- Patient Experience Group member

Declared interests: None

Brian Chester

(First term of office 1 March 2019 – 28 February 2022)

Brian lives in Windlesham in Surrey. Brian's career to date has been in Finance and General Management most of which was at Board level in private and public organisations. He is currently a Non-Executive Director for a media company and works part time as a Finance Director for a biomedical start up research company. His key area of interest is finance and the effective and appropriate use of NHS funds.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: Non-Executive Director at Viewsat Ltd, Finance Director at Great North Finance & Innovation Ltd, PPG member at Lightwater Surgery

Chris Devereux

(Second term of office 1 March 2019 – 28 February 2022)

Chris lives in Ockley in Surrey. He served a previous three-year term as a Governor from 2014 - 2017. Chris is well connected to his local community and has an interest in mental health and disability services availability in rural areas.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None

Geoffrey Kempster

(First term of office 1 March 2019 – 28 February 2022)

Geoffrey lives in Warlingham in Surrey. He is a retired electronic engineer and also has experience in managing large capital budgets and managing assets. He is an active volunteer Community First Responder in the Caterham area for the Trust. Geoffrey is particularly interested in how the Trust manages, supports and utilises its volunteers.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None

Gary Lavan

(First term of office 1 March 2017 - 29 February 2020)

Gary stood down from the Governor role in May 2018.

- Patient Experience Group member

Declared interests: Gary's wife is a partner at Ernst & Young.

West Sussex

Pauline Flores-Moore

(First term of office 1 March 2019 – 28 February 2022)

Pauline lives in Horsham in West Sussex. She has been a volunteer Community First Responder for the Trust for 11 years and a Parish Councillor for 16 years. Semi -retired but clearly keeping herself busy, Pauline works one day a week at Worthing Hospital in the A&E department. Pauline's area of focus is on striving for continuous improvements for the benefit of staff and patients.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: Southwater Parish Councillor

Harvey Nash

(First term of office (01 March 2019 - 28 February 2020)

Harvey lives in Horsham West Sussex. His career to date has focussed on how to attract, develop and motivate employees alongside developing diversity practices. On early retirement, he became a Justice of the Peace sitting in Crime and Family and has chaired, for three years, the Sussex Family Panel. He is also a Bench rep for the West Sussex Magistrates Association. Harvey served with St John Ambulance for 8 years. He is serving the remaining term of a previous Governor.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None

Reverend Francis Pole

(First term of office - 28 February 2019)

Francis stood down from the Governor role in October 2018.

Declared interests: None

Matt Alsbury-Morris

(First term of office 1 March 2017 - 28 February 2019)

Matt stood down from the Governor role in February 2019.

Declared interests: None

Appointed Governors

Michael Hewgill

(Third term of office 23 February 2018 – 22 February 2021)

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. He stepped down from the Governor role in March 2019 due to work commitments and the Trust is seeking another representative.

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
- Governor Development Committee member

Declared interests: None

Graham Gibbens

(Second term of office 6 November 2017 – 7 November 2020)

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

Assistant Chief Constable Nev Kemp, QPM

(First term of Office 20 February 2019 – 19 February 2022)

Nev is Assistant Chief Constable for Surrey Police with responsibility for Local Policing, Criminal Justice and Public Contact. Before transferring to Surrey, he was an officer with Sussex Police for 22 years, including almost four years as the Commander for Brighton and Hove. Nev is the National Police Chiefs' Council Lead for Custody and the movement of prisoners.

Declared interests: None

The Council of Governors

We would like to thank all Governors for their time and contributions over the last year. The Council has seen a number of Governors stand down due to health reasons or not being able to make the necessary time commitment. In the 2019 elections, the promotional material focussed on being clear about the role, responsibilities and anticipated time commitment to effectively undertake the role. This was covered in our member newsletter, emails and drop in information sessions.

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

The Council held six formal meetings in public this year. The meetings were mainly held at Trust Headquarters in Crawley, which is central to the patch and allows the best access for our members and the public. However, our September meeting was held in Surrey, prior to our Annual Members Meeting, which rotates around the patch, and the July meeting of the Council was in Brighton. 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 and 'escalation reports' from Board Committees are presented by NEDs to alert Governors to any risk areas for the Trust.

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

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

Membership Development Committee (MDC)

Through 2018/19 the MDC was chaired by Mike Hill (Public Governor for Surrey). The MDC is open to all Governors to attend and membership fluctuates from meeting to meeting, with a core regular membership of around five Governors and the Trust's Corporate Governance and Membership Manager.

The remit of the Committee is to:

- Advise on and develop strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population
- Plan and deliver the Council's Annual Members Meeting
- Advise on and develop strategies for effective membership involvement and communications

The Committee met three times this year. Key areas of work have included: regular membership monitoring; planning and delivering the Trust's Annual Members Meeting and advising on membership recruitment and engagement opportunities. You can read more about membership and public engagement in the Membership section of this report.

The MDC has worked to ensure that members' views and the views of the public are understood and communicated to the Board. Our Annual Members Meeting, which was attended by over 180 stakeholders, provided an opportunity for members, the public and our volunteers to meet Governors and Board members and directly share their views. Many Governors are engaged with their local communities including through Patient Participation Groups and by attending Clinical Commissioning Group public meetings and they feed back to the Chair and Non-Executives at Council meetings when relevant. Three 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 majority of members of the Nominations Committee are Governors and the NomCom is usually chaired by the Trust Chair. The Trust's Senior Independent Director (previously Tim Howe, Non-Executive Director and now Lucy Bloem, Non-Executive Director) is also in regular attendance. During the year, membership included one Appointed Governor, one Staff-Elected Governor and four Public Governors.

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 held additional meetings as necessary in order to undertake its statutory duty in recommending NED appointments, as outlined in the section on Statutory Duties below.

	Constituency/Role	19.04.18	14.05.18	05.07.18	29.08.18	07.09.18	26.03.19
David Astley	Chair						X
Tim Howe	Senior Independent Director & Non-Executive Director	X	X	X	X	X	
Alison Stebbings	Staff – Non-Operational	X	X	X			
Jean Gaston-Parry	Public – Brighton and Hove	X	X				
James Crawley	Public – Kent (and Lead Governor)	X	X	X	X	-	X
Mike Hill	Public - Surrey	X	X	X	X	X	
Marguerite Beard-Gould	Public – Kent	X	X	X	X	X	X
Marian Trendell	Appointed	X	X	X	X	X	X
Felicity Dennis	Public - Surrey			X	-	-	X
Charlie Adler	Staff – Operational				-	X	
Lucy Bloem	Senior Independent Director & Non-Executive Director						X

Key	
x	In attendance
-	Not in attendance
	Not a member of the Committee/Not in post

Governor Development Committee (GDC)

The GDC has met six times during the year. The GDC's membership fluctuates as all Governors are invited to attend, however there is a core regular membership of at least six Governors. The GDC is currently 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 devise the annual Council effectiveness self-assessment survey.

Statutory Duties

The Council has undertaken a number of its statutory duties during the year, as set out below:

Appointment of the Chair

The Nominations Committee (NomCom) led a process to appoint a new Chair to the Trust. An extensive search and selection process, aided by Hunter Healthcare recruitment agency, culminated in the appointment of David Astley by the Council in September for a three-year term of office, which commenced on 25 September 2018.

Approval of the appointment of Chief Executive Office

The NHS Act 2006 places a statutory duty on the Council of Governors to approve the appointment of Chief Executive. However, the Act places the duty for appointment with the Independent Non-Executive Directors (NEDs) via the Trust's Appointments and Remuneration Committee.

A rigorous recruitment process culminated on 23 January 2019 when each shortlisted candidate was interviewed. The Appointments and Remuneration Committee made an offer of appointment, subject to the approval of the Council of Governors, which was accepted. The Council approved the appointment of Philip Astle at their meeting on 31 January 2019. Philip will commence the CEO role at the Trust on 1 September 2019.

Appointment of a Non-Executive Director

The Nominations Committee led a process to appoint a new Non-Executive Director to the Trust with a financial background. An extensive search and selection process, aided by Hunter Healthcare recruitment agency, culminated in the appointment of Michael Whitehouse by the Council on 14 September 2018 for a three-year term of office, which commenced on 24 October 2018.

Reappointment of Non-Executive Director

Terry Parkin's first term of office ended on 31 August 2018. The Nominations Committee reviewed an appraisal of Terry's performance from the Chair and considered that he maintained his independence, and recommended to the Council that Terry be reappointed for a further three-year term of office to provide continuity and to continue to improve the way the Workforce and Wellbeing Committee, which Terry chairs, was functioning. The Council met on 5 July 2018 and reappointed Terry for a second term of office commencing 1 September 2018.

Input to Annual Planning and Strategy Development

The Trust has worked with Governors to review and advise on its strategy and annual plans. Annual plans have revolved around achieving Care Quality Commission requirements, reviewing the Trust's governance and making improvements to the culture of the organisation. Interactive sessions involving Governors and managers have been held to discuss priorities and plans.

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 2018/19 (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 were also invited to attend our Awards ceremonies.

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

Two sets of Governor Elections were held during the year. The first was for one constituency, Brighton & Hove, and the election results were announced on 20 June 2018. The result was as follows:

Public Governor Brighton & Hove (1 to elect)

Marianne Phillips (first term)

Number of eligible voters: 508

Total number of votes cast: 43

Turnout: 8.46%

The second set of Governor Elections were held in February 2019. Election results were announced on 22 February 2019 and the results were as follows:

Staff Governors Operational (2 to elect)

Was Shakir (first term)

Malcolm MacGregor (first term)

Number of eligible voters: 3,450

Total number of votes cast: 676

Turnout: 19.6%

Staff Governor Non-operational (elected unopposed)

Lorraine Tomassi (first term)

Public Governor West Sussex (2 to elect)

Pauline Flores-Moore (first term)

Harvey Nash (first term – 1 year term)

Number of eligible voters: 1,531

Total number of votes cast: 171

Turnout: 11.2%

Public Governor East Sussex (2 to elect)

10.6%

Nicki Pointer (first term)

Frank Northcott (first term – 1 year term)

Number of eligible voters: 1,604

Total number of votes cast: 170

Turnout: 10.6%

Public Governor Kent (1 to elect)

James Crawley (second term)

Number of eligible voters: 2, 917

Total number of votes cast: 242

Turnout: 8.3%

Public Governor for Surrey and NE Hants (3 to elect)

Geoffrey Kempster (first term)

Brian Chester (first term)

Chris Devereux (second term)

Number of eligible voters: 2,216

Total number of votes cast: 205

Turnout: 9.3%

The Council has three Appointed Governor vacancies at year end: representing our University partners, the charitable sector and our acute hospital partners. Work is underway to fill these vacancies.

The table below sets out Board members' attendance at Council meetings throughout the year. Non-Executive Directors attend the meetings on a rota. Executive Directors (with the exception of the CEO) only attend if invited to discuss their area of responsibilities.

Attendance at Council meetings by Board members

Name	Role	31.05.18	27.07.18	14.09.18 & AMM	15.11.18	31.01.19	14.03.19
Daren Mochrie	Chief Executive	x	x	x	x	x	x
David Astley	Chair				x	x	x
Tim Howe	Independent Non-Executive Director	x	x	x			
Al Rymer	Independent Non-Executive Director	-	-	x	x	-	x
Lucy Bloem	Independent Non-Executive Director	-	-	-	x	x	x
Terry Parkin	Independent Non-Executive Director	-	x	x	-	x	-
Graham Colbert	Independent Non-Executive Director/Interim Chair	-	-	x			
David Hammond	Executive Director of Finance & Corporate Services	-	-	-	-	-	-
Tricia McGregor	Independent Non-Executive Director	-	-	-	x	-	-
Laurie McMahon	Independent Non-Executive Director	-	x	x	-	-	x
Adrian Twyning	Independent Non-Executive Director	-	-	x	-	-	-
Angela Smith	Independent Non-Executive Director	x	-	x	-	-	-
Michael Whitehouse	Independent Non-Executive Director				x	x	x
Steve Emerton	Executive Director of Strategy & Business Development	-	-	-	-	x	-
Joe Garcia	Executive Director of Operations	-	-	-	-	x	-
Fionna Moore	Executive Medical Director	-	-	-	x	-	-
Bethan Haskins	Executive Director of Nursing & Quality	-	-	-	-	-	-
Ed Griffin	Executive Director of HR & OD	-	-	x	-	-	-

Key	
x	In attendance
-	Not in attendance
	Not a member of the Committee/ Not in post

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

Directors' Report

Name	Term of office	Committee membership	31.05.18	27.07.18	14.09.18 & AMM	15.11.18	31.01.19	14.03.19
Brian Rockell	Third Term 01/03/17-28/02/20	• Membership Development Committee member • Governor Development Committee member	-	X	X	X		
Peter Gwilliam	Second Term 01/03/16-28/02/19		-	-	X	-	X	-
James Crawley	Second Term 01/03/19-28/02/22	• Governor Development Committee Chair • Nominations Committee member • Membership Development Committee member • Lead Governor	X	X	X	X	X	X
David Escudier	First Term 01/03/17-29/02/20	• Membership Development Committee member • Governor Development Committee member	-	X	-	X	X	-
Matt Alysbury-Morris	First Term 01/03/17-28/02/19	• Governor Development Committee member	-	-	-	-	-	
Roger Laxton	First Term 07/02/18-29/02/20	• Membership Development Committee member • Governor Development Committee	X	-	-	-	-	-
Marguerite Beard-Gould	Second Term 01/03/17-28/02/20	• Nominations Committee member • Membership Development Committee member • Governor Development Committee member • Inclusion Hub Advisory Group member	X	X	X	X	X	X
Stuart Dane	First Term 01/03/17-29/02/20		-	X	X	-	-	
Mike Hill	Second Term 01/03/16-28/02/19	• Chair of Membership Development Committee • Governor Development Committee member • Nominations Committee member	X	X	X	X	X	-
Gary Lavan	First Term 01/03/17-29/02/20	• Governor Development Committee member						
Felicity Dennis	First Term 01/03/17-29/02/20	• Membership Development Committee member • Governor Development Committee member • Patient Experience Group member	X	-	X	X	X	X

Alison Stebbings	First Term 01/03/16-28/02/19	• Nominations Committee • Membership Development Committee • Governors Development Committee	x	-				
Charlie Adler	First Term 01/03/16-28/02/19	• Deputy Lead Governor • Membership Development Committee member • Governor Development Committee member	x	-	x	x	x	-
Nick Harrison	First Term 01/03/17-28/02/20	• Membership Development Committee member • Governor Development Committee member	-	x	x	-	x	x
Nigel Willmont-Coles	First Term 01/03/16-28/02/19	• Membership Development Committee Deputy Chair • Governor Development Committee member	-	-	x	x	x	-
Marian Trendell	Third Term 01/03/17-28/02/20	• Nominations Committee member • Governor Development Committee member	x	x	x	-	x	x
Marianne Phillips	First Term 21/06/18-20/06/21	• Membership Development Committee member • Governor Development Committee member		-	x	x	x	x
Mike Hewgill	Third Term 23/02/18-22/02/21		-	x	-	-	x	x
Graham Gibbens	Second Term 06/11/17-07/11/20		-	x	x	-	x	x
Francis Pole	First Term 01/03/17-28/02/19	• Governor Development Committee • Membership Development Committee	-	-	x			
Frank Northcott	First Term 01/03/19-28/02/20	• Membership Development Committee member • Governor Development Committee member						x
Malcolm MacGregor	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member						-
Was Shakir	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member						-
Lorraine Tomassi	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member						-
Nev Kemp	First Term 20/02/19-19/02/22							-

Nicki Pointer	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member						x
Brian Chester	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member						-
Chris Devereux	Second Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member						x
Geoff Kempster	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member						x
Pauline Flores-Moore	First Term 01/03/19-28/02/22	• Membership Development Committee member • Governor Development Committee member						x
Harvey Nash	First Term 01/03/19-28/02/20	• Membership Development Committee member • Governor Development Committee member						x

Improving our services and patient care

The Quality Report and Account included in this report sets out in detail our approach to quality improvements and our achievements and areas of focus in the past year.

Two stakeholder events were held during the year to engage with our patients, staff and the public about key areas for quality improvement.

In order to support our improvement journey, we launched 'Basics, Time and Safety – our Clinical and Quality Strategy' at a stakeholder event in November 2018. The strategy sets out how quality and clinical care are interlinked and the strategy will support the highest quality clinical services we can provide. The strategy has three key quality themes and 11 priorities:

- Being excellent at the basics: Leadership; Guidelines; Records;
- Thinking about time: Right first time; Giving patients time; Acting quickly; Planning ahead; Working in partnership;
- Caring about Safety: Continuous improvement; Safeguarding; Reporting incident and risk.

The Trust has made substantial improvements over the past 12 months in terms of medicines management. This was previously a significantly weak area in SECAmb and the audits were noted in the CQC inspection as outstanding practice.

Improvement work throughout 2018/19 has included:

- The revised medicines policy has been rolled out into practice. New Controlled drugs (CDs) policy approved and many associated Standard

Operating Procedures with both policies.

- A considerable number of Patient Group Directions (PGDs) which enable our qualified staff to give medication to patients have been reviewed and revised in line with national guidance.
- Our medicines governance dashboard is now available to all Operational Unit Managers (OUMs), Operational Managers OMs and Operational Team Leaders (OTLs).
- Regular audits are undertaken to ensure compliance with policy.
- Our medicines governance group meets bi-monthly. New medicines application process to review medicines requested to be added to SECAmb formulary.

The rate of medicines incidents, compliance with policy, mandatory medicines training compliance and audit compliance is reported to the Board on a monthly basis.

Incident Reporting

Serious Incidents

The number of Serious Incidents (SIs) reported in the year has increased to 112 from 103 in the previous year. The Serious Incident Group meets weekly to review all potential SIs identified through our Incident Reporting Software, Complaints received and from external concerns raised. The Trust's Improvement Action Plan for Incidents that included SIs, has been completed. The initial focus for the year was to build the Serious Incident Team. Three new posts were identified to support the work of the team. We appointed a Serious Incident Analyst in September; this post will allow us to review trends in incidents and provide data and analysis to the Trust's committees and working groups. Two Serious Incident Manager posts were created to give much closer support to the investigating managers. These posts will have responsibility for an incidents caseload ensuring high quality investigations and investigation reports, managing the new SI Procedure and achieving the National Framework timeframes. The first appointment was made in January and the other post is currently covered by secondment.

A Serious Incident Policy was approved and will be reviewed again in the coming year to reflect changes in the process being introduced in a new Serious Incident Procedure and expected changes in the Serious Incident National Framework. The new process includes two multidisciplinary meetings that will ensure the correct focus of investigation is identified at an early stage and all relevant contributory factors are considered to allow the root causes to be identified and appropriate recommendations made. Key deadlines have been introduced to enable measurement of investigation progress.

The new internal root cause analysis investigation has been introduced and under the new Procedure will now follow the same process as the externally reported SIs.

We identified that work was required to provide evidence of completion of the action plans for completed incidents. Evidence was found and to date 295 actions have been closed for pre-2018 incidents. The new Procedure includes a more robust monitoring process for these actions that will be the responsibility of named staff, overseen by governance forums

To enable reporting trends, the Trust measures the Reporting Reason for Serious Incidents (SIs) rather than using the Strategic Executive Information System [StEIS] categories. This allows the Trust an improved picture of the causes of our Serious Incidents. StEIS categories (categories used for reporting by all NHS Trusts to enable comparison) in the SI Framework do not reflect ambulance service activity well. The following information has been collated from our incident reporting system (Datix).

Reporting Reason	No.
Call Answer Delay	10
Child-related/Unexpected Child Death	3
Delayed Dispatch/Attendance	47
Information Governance Breach	1
Non-Conveyance/Condition deteriorated	6
OOH/111/GP concerns	1
SMP no send	1
Potential Reputational Damage	1
Staff Concerns	1
Power/Systems failure	1
Staff Conduct	6
Treatment/Care	14
Triage/Call management	26
TOTAL	**118**

NB Total more than number of SIs as more than one reporting reason recorded

The focus for the coming year is to embed the new SI Procedure and improve our submission of completed investigations within the National Framework timeframes. Further investigation training is planned to improve the quality of investigations and report-writing to increase closure rates on first submission.

Safeguarding

Safeguarding is about protecting children, young people and adults at risk of harm. As part of a wider commitment by all health organisations to safeguard and promote the welfare of patients, the Trust encourages and supports staff to identify adults and children at risk in the community, who may be suffering harm from abuse or have unmet care needs.

The Safeguarding Department forms part of the Nursing & Quality Directorate and during 2018/19, work has been undertaken to re-structure the team and increase the overall capacity. There has been significant investment in the Safeguarding function across the Trust; a substantive Safeguarding Consultant was appointed during the year with additional senior posts created to further enhance the work of the team.

Following the 2018 CQC inspection a recommendation was that the Trust should ensure that processes for providing staff with feedback from safeguarding alerts are improved to strengthen and develop learning. Subsequently the Safeguarding team have worked closely with other stakeholders to develop processes to address the recommendation.

The department has continued to see a year on year increase in referral activity. During 2018/19 a total of 13,784 safeguarding referrals were made to local authorities across Kent, Surrey, Sussex and Hampshire. This is an increase of 22 per cent on the previous year. During 2017/18 a significant amount of Safeguarding resource was invested in delivering enhanced face-face training to all paramedics and registered health practitioners; this training may explain the reason for the considerable increase in referrals throughout 2018/19.

Throughout 2018/19 SECAmb contributed to over 40 Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. Where relevant, areas of good practice and areas of learning have been cascaded across the Trust via the monthly Infographic posters co-ordinated by the Quality Improvement Hub. These posters provide staff with quick and easy access to safeguarding priority areas.

Areas of Safeguarding development for the coming year will include:

- Working with commissioners to develop a Trust-wide Safeguarding Supervision process;
- A greater focus on recognising potential domestic abuse and highlighting the available resources to support staff in escalating these concerns.

Information Governance (IG)

Information Governance Framework 2018 / 2019

The Trust continues to build a robust information governance framework to support the organisation with meeting its statutory legal requirements. It has successfully implemented the General Data Protection Regulation (GDPR) 2016 and Data Protection Act 2018. This new legislation gives individuals stronger rights over how their personal information is used and places greater accountability on organisations.

Engagement within the Trust continues to be positive. The Information Governance Working Group meets monthly and has widespread attendance throughout the organisation. There is a suite of new Privacy Notices in place relating to services within the Trust together with accompanying information leaflets. This demonstrates transparency which is a key requirement under GDPR. In addition to the above, the public and internal facing websites now hold local level information relating to Information Governance.

The Trust has also implemented the completion of Data Protection Impact Assessments (DPIA) forms within its Programme Management Office process. These forms are completed in instances where there are changes to systems or processes involving personal data. Their completion highlights any privacy risks to individuals.

Information relating to the DPIAs is available on the Trust's website and intranet. In accordance with GDPR there is also an overarching register published which summarises DPIA completion.

Collaborative Working

The Trust appointed an Information Governance Manager in January 2019 which now provides additional capacity.

The Head of Information Governance continues to work collaboratively with the National Ambulance Information Governance Group and also the Sussex and Surrey Information Groups. This ensures best practice and shared learning.

During September 2018 London Ambulance Service undertook a peer review of the Trust's GDPR Action Plan; this provided assurance, with no significant issues raised.

Since January 2018, the Trust's bespoke internal IG training has been peer reviewed on an annual basis. This review is completed by an Acute partner organisation with a CQC outstanding rating, is formally reported to the Information Governance Working Group and provides internal assurance that this is compliant with legislation.

Forward Plan 2019 / 2020

On a strategic level there is a need to continue with promoting IG awareness within the organisation. During 2018/19 the Head of Information Governance facilitated localised training sessions within the Trust. These were focused predominately around the implementation of GDPR / Data Protection Act 2018 and Subject Access Request training.

Attendance was good and feedback obtained from attendees was positive. There is now an appetite to strategically expand on this during 2019/20, through independent service visits, dovetailing with team meetings or arranging bespoke training sessions.

Mandatory IG training continues to be reviewed and updated on an annual basis with the updated training material taking into account internal incidents/trends which have been observed during 2019/20.

Reportable IG Breach – September 2018

The Trust reported one IG breach in September 2018. This related to a breach of confidentiality.

In accordance with process this was formally recorded though the Data Security & Protection Toolkit and also to the Information Commissioner's Office (ICO). A thorough review has taken place and the ICO has received a succinct response demonstrating that the Trust has thoroughly reviewed the breach and also undertaken shared learning.

The breach was also internally reported by the Head of Information Governance through the Information Governance Working Group. This group meets on a monthly basis and

membership includes the Trust Caldicott Guardian, Senior Information Risk Owner (SIRO), Head of Information Governance / Data Protection Officer and Senior Managers.

Infection Prevention and Control

The Trust's Infection Prevention and Control (IPC) Team were tasked with developing an Improvement Plan for 2018/19 that would review all IPC-related practices across the Trust to ensure that we met the objective of 'Keeping patients and staff safe by breaking the chain of infection'.

We began the year with a workshop that involved a diverse range of staff from across the Trust and was focused on producing a new procedure for IPC-related practices that translated into practice for the ambulance setting and environment. The new procedure would follow Best Practice guidance for IPC, but would be adapted to specifically allow ambulance staff to relate to terminology that was more suitable for them to comply with on a day-to-day basis.

The new procedure was developed and introduced into the Trust in July 2018 and is known as 'Infection Prevention Ready' (IPR). The procedure is made up of the following elements:

- Process Ready (Policy/Champions)
- Make Ready (Environment)
- Person Ready (Health & Immunisation)
- Protection Ready (Uniform & Personal Protective Equipment)
- Hands Ready (Hand Hygiene)
- Competence Ready (Knowledge)
- Effectiveness Ready (How do we know we did not cause harm)

During the development stage, the IPC Team produced a new set of audit / review tools that would be accessible to staff carrying out the audits / reviews on their individually issued IPad and would capture live results and compliance levels. The staff carrying out the audit / reviews are a mixture of IPC Champions and Operational Team Leaders, which allowed us to focus on embedding the new procedure into practice at a local level and discussing non-compliance issues with staff at the time of the audit / review being carried out.

The IPC Team also carry out regular visits to Trust and hospital locations to provide some consistency checks on the results being generated. Quality Assurance Visit teams are asked to complete a Post Patient Care Review tool at hospitals during their visits, which provides us with further evidence of either compliance or non-compliance of staff to the procedures.

The entire development plan and IPR Procedure has been shared with colleagues from Public Health England, the NHS Improvement Team and Care Quality Commission staff, along with local healthcare providers across the region. The feedback from all parties has been positive and the IPC Team have been asked to present the new procedure at several IPC Forums and Infection Prevention Society workshops since its introduction.

The Head of IPC for the Trust is the current Chair of the National Ambulance Services IPC Group and in that capacity has presented the procedure to the group and many of them have asked if this can be further developed into a national standard for IPC for all UK ambulance services.

The IPC Team continue with the day-to-day management of IPC throughout the Trust and provide expert advice via the governance structure in place, which includes a quarterly IPC Sub Group meeting who report into the Clinical Governance Group and upwards to the Quality and Patient Safety Committee (a sub group of the Board).

All of the good work carried out during the year culminated in the trust's best ever flu vaccination uptake figures and for the first time we reached the target of 75% for both reporting lines with 78.7% uptake for frontline staff and 76.3% for all staff.

Care Quality Commission (CQC)

As reported in the Key Risks and Issues section within the Performance Report, the CQC carried out an inspection of the Trust's services during July, August and September 2018. Their report into the Trust was subsequently published in November 2018.

The inspection resulted in a 'Requires Improvement' rating overall, which was an improvement from the previous 'Inadequate' rating. The ratings for individual inspection areas are as below:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency & urgent care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Emergency Operations Centre (EOC)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Resilience	Good	Good	Good	Good	Requires Improvement	Good
NHS 111 service	Good	Good	Good	Good	Outstanding	Good
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

The CQC inspection found that South East Coast Ambulance Service NHS Foundation Trust demonstrated compassionate care and emotional support that took people's needs into account. The Trust had made significant progress in areas including medicines management, safeguarding training, staff understanding and management of incident reporting, the quality of the Trust's response to complaints, staff culture and had a number of outstanding areas.

The CQC noted some areas of outstanding practice:

- **Emergency Operations Centre:** Support for maternity patients was excellent. A new pregnancy advice and triage line for pregnant women had been introduced within the Crawley EOC.
- **Emergency and Urgent Care:** The Crawley triage scheme, which had led to a reduction in conveyancing to hospital for people with mental health conditions from 53% to 11%.
- The CQC found elements of outstanding medicine management, for example the way the Trust handled Controlled Drugs (CD's). The CQC found suitable audit and quality control processes to ensure the high standards achieved by the organisation were continuously monitored.
- The Trust initiative to provide physical and mental health support for staff through the 'wellbeing hub' was widely commended by staff during the inspection.

- There was a multidisciplinary multiagency approach to training in the Kent area. This meant staff were training to deal with unexpected situations should they occur.
- Brighton station had a dedicated homeless lead who took responsibility for and oversight of this vulnerable group. This role included undertaking outreach work, as well as working with local services to meet the needs of these patients.

However, there were areas where the CQC has asked the Trust to make improvements. An overarching improvement plan has been developed which is regularly monitored by the CQC. There are also additional more detailed action plans for each requirement. In particular, we have an internal improvement plan for safety within our EOC.

"The Trust **must** ensure that their processes to assess, monitor and improve the quality and safety of services and also to assess, monitor and improve the assessment of risk relating to the provision of the service are operating effectively". This relates to concerns about monitoring safety within out Emergency Operations Centre. There is an overarching action plan and it is reflected in one of our priorities for the coming year noted earlier in this report.

"The Trust **should** ensure they take action to continue to have effective systems and processes to assess the risk to patients and people using the services and they do all that is reasonably practicable to mitigate those risks, specifically in relation to the risk assessment of patients awaiting the dispatch of an ambulance". We continue to recruit additional staff, including clinicians to our Emergency Operations Centre. We have agreed a welfare call policy whereby patents who are awaiting an ambulance receive a welfare call. Our revised surge management plan includes the use of welfare calls allowing clinicians to escalate the priority status of any patient where clinically indicated. Welfare calls are undertaken by clinical staff who have either been trained in NHS Pathways or Manchester Triage.

"The Trust **should** ensure they continue to monitor the effectiveness of the clinical safety navigator role to ensure continued oversight on the safety of patients waiting for an ambulance". We have agreed scope of practice and have a framework for key roles within our EOC. We will have a clinical safety navigator on duty in each of our EOCs but only one will have overall responsibility for the safety of any waiting patient. Every triple breach of ARP response time will have a tail audit completed and any that fail are reported via the DATIX system so that they can be investigated to ensure patients were kept safe and if not to identify any learning.

"The Trust **should** ensure there are a sufficient number of clinicians in each EOC to meet the needs of the service". We continue to recruit clinicians for our EOC, internally from our operational paramedics and externally including nurses, midwives and mental health professionals both from the United Kingdom and internationally.

"The Trust **should** ensure the processes for providing staff with feedback from safeguarding alerts is improved to strengthen and develop learning". Changes have been made to our DATIX system which ensures that our staff receive an acknowledgement when a safeguarding referral has been made to a Local Authority. SECAmb do not always receive specific feedback form Local Authorities but when this happens, the information is forwarded to the member of staff who made the original referral. However, this is understandably limited due to patient confidentiality.

"The Trust **should** ensure that maps in all vehicles are current, up to date and replaced regularly". We have reviewed the best way we can support our crews to find their destination

including benchmarking other ambulance Trusts. We have several electronic mapping solutions in every vehicle including the mobile data terminal and Garmin satellite navigation, which both automatically map destination location from the CAD. Every member of staff can also search any address on their personal issue I-Pad. We are engaging with our staff side representatives to decide whether to replace paper map books on every vehicle or to remove them altogether.

"The Trust **should** ensure that all staff adhere to the Trust policy on carrying personal equipment and the regular servicing of such equipment". Guidance has been communicated that personal equipment should not be used. The Trust will be issuing all staff with agreed observation equipment over and above that which is provided in every vehicle and is writing a policy and procedure to ensure that this is serviced and calibrated appropriately.

"The Trust **should** ensure that pain assessments are carried out and recorded in line with best practice guidance". This is now part of the minimum data set for every patient and is included in the statutory training for all clinical staff in 2019/20.

"The Trust **should** ensure response times for category three and four calls is improved". Ways in which we are addressing this are detailed earlier in this document.

"The Trust **should** consider producing training data split by staff group and core service area for better oversight of training compliance". The Trust is developing a tool using power BI to ensure greater visibility and to enable simpler audit of all statutory and mandatory training.

"The Trust **should** ensure they collect, analyse, manage and use data on meeting response times for Hazardous Area Response Team (HART) incidents". Currently this is monitored by the Computer Aided Dispatch System (CAD). The Trust BI team are developing an interactive process via the CAD to collect and analyse data.

You can read more about how the Trust is continuing to address the issues identified by the CQC in the Quality Account and Report.

Listening to patients and improving their experience

Throughout 2018/19 we have received 1,009 complaints. This is in the context of the following number of contacts with the public/patients:

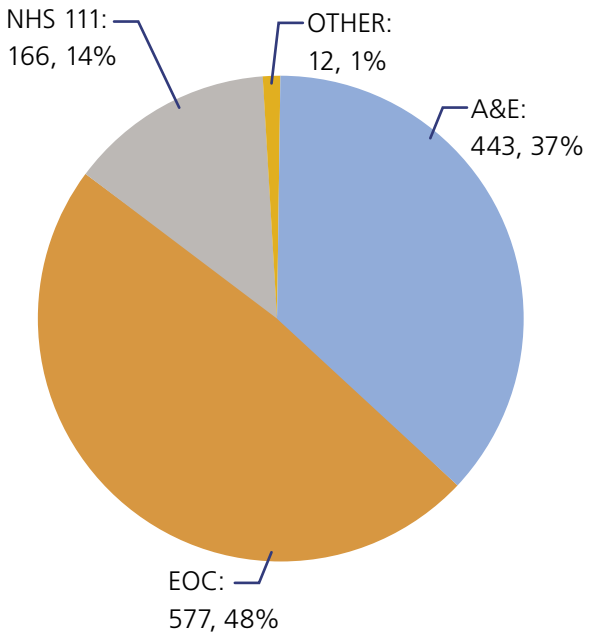
- Our Emergency Operations Centre staff took 853,067 calls.
- Our A&E road staff made 677,237 responses to patients.
- Our NHS 111 staff took 1,097,530 calls.

This equates to one complaint for every 2,604 patient interactions, meaning that 0.099% of all calls / journeys attracted a complaint. Detailed below is a comparison between the complaints received in the past two years which shows a slight reduction in 2018/19 against 2017/18.

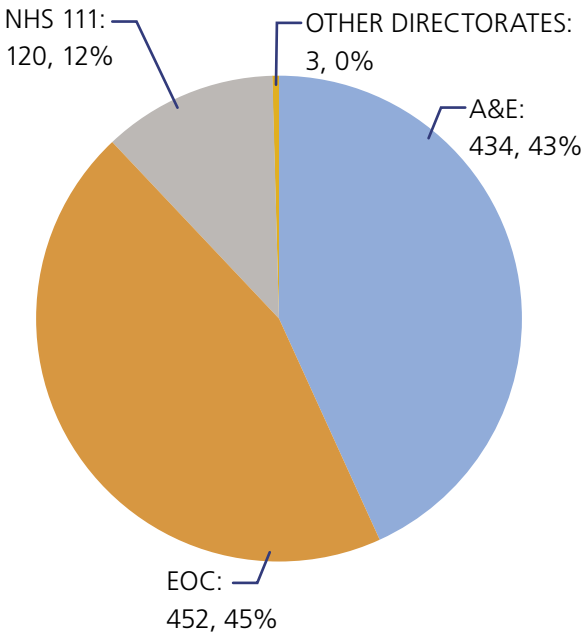
Directors' Report

SECAmb complaints over the past two years:

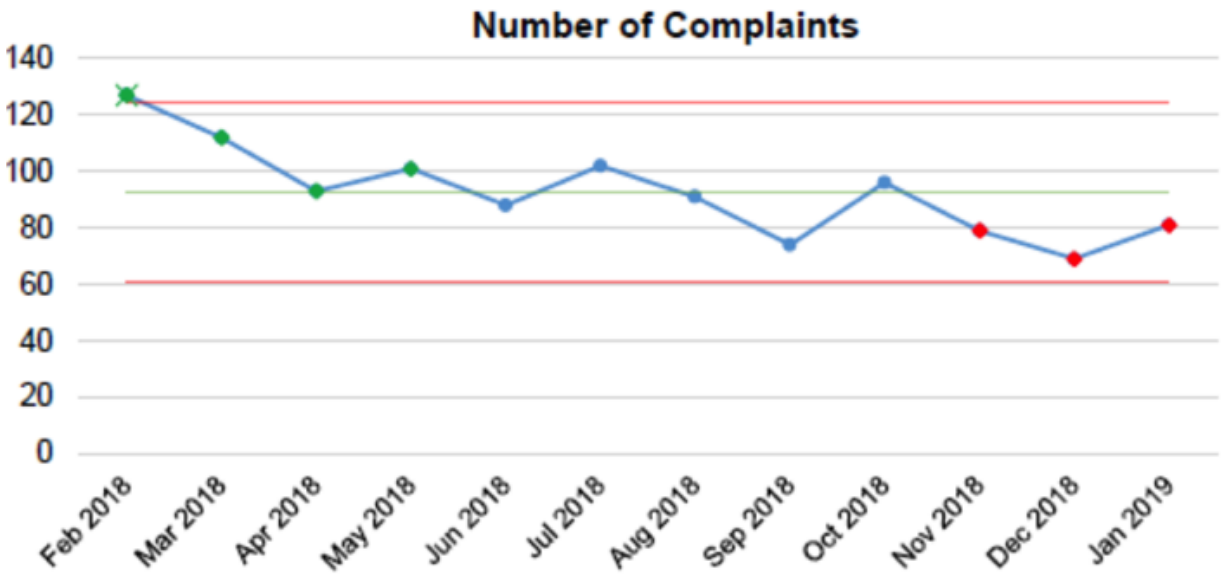
17/18: 1,198



18/19: 1,009



The Trust also received 1,846 compliments, slightly more than the 1,688 received in 2017/18.



During 2018 /19, the Trust received notification that seven complaints were referred to the Parliamentary and Health Service Ombudsman. Historically the Trust struggled to respond to complaints within internal timescales and response to complaints is monitored at Board level against an internal Key Performance Indicator (KPI) that 95% of complaints will be responded to within 25 working days. This target is achieved on a monthly basis. The most notable trend arising from complaints is timeliness of ambulance response. This relates to SECAmb performance against the National Ambulance Response Programme (ARP). Concerns about staff also feature and staff are encouraged to use reflection to consider how they may have approached a patient differently. The Trust now triangulates information arising from complaints as part of our serious incident process. All complaints of moderate harm or above are considered in the context of national requirements for serious incidents at a weekly

Serious Incident Group meeting. When a complaint meets national criteria for a serious incident it is also reported as such. In addition, complaints are reviewed through 'deep dives' undertaken as part of our thematic work on mortality and morbidity.

Feedback from the NHS Choices and Care Opinion websites

NHS Choices and Care Opinion websites can also be used by patients to leave feedback and this is monitored by the Patient Experience team.

At the end of 2018/19, the feedback for the year is as below:

	Compliments	Complaints
NHS Choices	23	6
Care Opinion	8	5

All postings had been responded to.

Sustainability & Transformation Partnerships (STPs) and Integrated Care Systems (ICSs)

Partnership working with ICSs and STPs is key for whole systems working and future sustainability.

SECAmb works with two ICSs and two STPs as follows:

- Surrey Heartlands ICS
- Frimley Health ICS
- Kent and Medway STP
- Sussex and East Surrey STP

Each ICS and STP has a Programme Board (PB) and governance structure. We have established Executive Director representation at each, and an executive or deputy at each clinical board. We are also members of a wide range of working groups in each area covering the whole system, local networks and specific pathways.

In the ICS for Surrey Heartlands, we have been key partners in the development to devolution to ICS status from April 2019, and in development of each of their three Integrated Care Partnerships (ICPs). We have been less involved with Frimley Health ICS and are striving to increase our involvement

in this ICS. We are also actively involved in the development of our remaining STPs into ICSs.

Each of our ICSs/STPs have shared key drivers as follows:

- Financial sustainability
- Increased demand and complexity of need exceeding capacity
- Growth of population especially for those aged over 65 years
- Need for integrated care pathways and delivery
- Acute capacity demands in physical and mental health
- Need for sustainable workforce
- Progress required in digital roadmap
- Improvements needed in urgent and emergency care

The Trust is working with each ICS/ICP/ STP on the common themes as follows:

Development of Consistent Core Services	• Prevention / Health and Wellbeing • Primary Care • Out of Hospital Care / Local Care • Hospital and Acute Care • Urgent and Emergency Care • Mental Health • Maternity
Enablers	• Financial sustainability • Digital footprint • Workforce • Estates • Communication and Engagement

The Trust work with the ICSs and STPs is focused on the following:

Primary Care, Community Services and Clinical Hubs – a variety of locality models for better alignment of primary and community care are being enacted or proposed to form ICPs, and smaller local primary care networks. These will draw out of hospital services into single cohesive multidisciplinary teams wrapped around groups of GP practices.

SECAmb is working with all areas to develop local care models and pathways, including enacting them to appropriately reduce ambulance conveyance. Key to this is working with the development of the Care Advisory Hubs and integrating 111, 999 dispatch and GP responses alongside others including mental health, maternity and other specialities.

Acute reconfiguration – each ICS and STP is, or will be in the future, undertaking reconfiguration of varying elements of acute, urgent and emergency care. SECAmb knows from experience that this will have a significant impact on the Trust operating model and is continuing to work with partners to ensure this is modelled into plans.

Urgent and Emergency Care – the Trust remains engaged in this work for each area via

the Urgent and Emergency Care Networks and we are modelling in changes as they develop.

The Trust continues to work to provide a balance of local and regional service delivery. For example, SECAmb is running a pilot scheme for paramedic practitioner rotation via Primary care, SECAmb Emergency Operations Centres (EOC), and 999 frontline services in the Crawley, Horsham and Mid Sussex area. This mitigates loss of staffing to other parts of the system and offers a more attractive career mix to some staff, improving retention. Other examples include pilots with community providers to develop joint approaches to responses to falls.

Mental Health – This is an area with a high volume of activity. Each ICS/STP has a work stream on mental health including improving the urgent and emergency care offering. This is core to SECAmb's work, and we are working with partners in Sussex and Surrey to develop our offer and refine models of care. We are developing our work with Kent. We are also working, for example in Sussex and East Surrey to pilot new models of care such as Ambulance Street Triage.

Estates – We have worked with ICSs and STPs to develop bids for capital and have successfully gained this to develop three Make Ready Centres and our HQ to date.

Co-responding with Fire & Police

Blue Light Collaboration continues to be an important area of work for the Trust to develop. The Trust continues to utilise Kent Fire and Rescue Service to co-respond to a set range of C1 and C2 incidents and in the last year they have contributed over 60,000 hours of cover in the Kent area.

Agreement has also been reached between the various Police Forces, Fire and Rescue Services and SECAmb to ensure that that a quick response is gained in incidents where patients are in locked or inaccessible areas which means a faster service and less damage caused than when the Police have previously gained entry on behalf of the Trust.

In the last 12 months there have been two Joint Response Units (JRUs) established with Kent and Surrey Police respectively. These units comprise a Paramedic and two Police officers who crew a Trust vehicle on Friday and Saturday nights with the aim of reducing demand on both services at a range of incidents. Preliminary data from the JRUs shows a promising trend and in a high percentage of cases can resolve the incident without further resources.

Emergency Services Collaboration boards have been established in Kent and Sussex to further identify opportunities for collaboration.

Working with ambulance trusts

During the year the Trust has entered a working Alliance with the West Midlands and South West Ambulance services. This arrangement will allow the services to look at collaboration and opportunities for closer working in all areas. This is a key part of the Lord Carter of Coles review of Ambulance Services.

Working with our local stakeholders

The Trust has continued to work hard during the year to proactively maintain and extend our working relationships with our local stakeholders, including Members of Parliament (MPs), Health Scrutiny Committees and Police and Fire Colleagues.

All local stakeholders receive regular up-dates from the Trust on key issues and developments.

The Trust is served by 44 MPs, with representation from four political parties. Amongst local MPs within our region are many members of the Cabinet.

The Trust's regional MPs receive detailed briefings on key issues and also often engage

with the Chief Executive and Chair, face to face or via letter, on specific local or regional issues. As well as the Chief Executive and Chair often meeting MPs individually, in December 2018 the Trust held an Engagement Session at the House of Commons to which all regional MPs were invited. More than 20 MPs or their representatives attended and the session covered a range of issues including rural response times, recruitment and funding. We intend to hold a similar session following the new Chief Executive starting with the Trust later this year.

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 response time performance.

The Trust also works closely at an operational level with four Police Forces (Kent, Surrey, Sussex and Hampshire) and five Fire and Rescue Services (Kent, Surrey, West Sussex, East Sussex and Hampshire). During the year, the Chief Executive and/or the Chair has met with all the Chief Constables and Chief Fire Offices to discuss operational issues and the progress of on-going joint initiatives like the Police Joint Response Units, as well as opportunities for further joint working. They have also had meetings with some of the Police Commissioners in our region.

Public and Patient involvement activities

Valuing difference

2018/19 has seen sustained progress in embedding equality, diversity and inclusion into core SECAmb business activity. We are proud to have been awarded the Silver Standard for Talent Inclusion & Diversity Evaluation Awards at the Employers Network for Equality and Inclusion.

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. A full grading review of the EDS which involved our stakeholders was undertaken in late March 2019 and a report to the Board will follow subsequently. In 2018/19 we have continued to focus our energy on the single equality objective adopted in 2017, to continue 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. Progress against the nine metrics is delivered via a comprehensive action plan, refreshed annually to ensure we deliver meaningful improvements. The Trust supported the relaunch of the National Ambulance Black, Minority and Ethnic (BME) Forum and delivery of its first national conference in October 2018. The event was attended by a cross section of SECAmb Senior Managers and staff including members of our Cultural Diversity network, Aspire, alongside colleagues from NHS Ambulance Trusts across the UK. The conference raised awareness of the experiences of BME staff and the need for inclusive leadership behaviours.

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, Head of Inclusion & Wellbeing by email: angela.rayner@secamb.nhs.uk or Tel: 01737 364428,SMS/text: 07771 958085.

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 and refreshed in May 2016 and provides an effective approach, enabling our stakeholders to participate in ways that are right for them. It has allowed 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 those who are housebound, carers etc.

Key achievements of the IHAG during 2018/19 include:	
Participated in focus groups during the process to recruit the substantive Medical Director and new Chief Executive, ensuring the public/ patient perspective were considered.	Developed the Trust Bereavement leaflet following a staff suggestion with support of other SECAmb stakeholders. The leaflet aims to improve both service user experience and support staff.
Regularly participate in Quality Assurance Visits, carrying out inspections across the Trust, identifying good practice and gaps for improvement.	Participation at the Trust 2018 Quality Account stakeholder event, where they helped define a refreshed process to assist in objective setting for the upcoming year. IHAG participants strongly recommended a review of the process to enable a more inclusive approach to determining future priorities.
Provided feedback on accessibility of the proposed new Make Ready Centre at Falmer as part of a stakeholder group.	Supported the delivery of Trans awareness training for staff, sharing personal stories and experience.
IHAG proposed a joint event with Governors in role of SECAmb within the Sustainable Transformation Partnerships (STPs).	Developed the 999 messaging script and voicemail for times of high activity.
Participated in a number of SECAmb working groups and sub groups and reported back on the outcomes. E.g. History Marking sub group, Medicines Management Group, Patient Experience Group and Inclusion Working Group and now also part of the Service Transformation and Delivery Strategic Oversight Group.	Defined the process for the 2019 Equality Delivery System 2 grading event, and identified specific areas of good practice and challenge that would be discussed on the day. Revised approach was aimed at ensuring a balanced review of our processes, and to help identify gaps and future work streams.

Our Members

Membership report

Our Members

SECAmb has a total membership of 13,911 people as of 31 March 2019. We have 10,187 public members and 3,724 staff members. Our public membership increased by 418 over the year. Specific member recruitment activity was undertaken with a focus on developing under-represented areas of our membership such as BAME and LGBTQ members to ensure they have a voice in our Trust.

Year on year we have a volume of members who have moved out of the area or sadly passed away.

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

Public constituency	Number of members	Population	Index
Age (years):			
0-16	13	995,385	**1**
17-21	115	276,328	**20**
22+	5,371	3,678,829	**71**
22-29	537	455,205	**57**
30-39	821	598,894	**67**
40-49	1,101	654,143	**82**
50-59	973	693,406	**68**
60-74	1,317	811,983	**79**
75+	622	465,198	**65**
Gender:			
Male	3,270	2,427,079	**65**
Female	4,726	2,515,010	**91**
Neither of these options	8	-	**-**
Prefer not to say	1	-	**-**
Ethnicity:			
Asian	225	185,685	**55**
Black	104	51,929	**91**
Mixed	80	84,387	**43**
Other	13	27,155	**22**
White	8,365	4,302,671	**89**
ONS/Monitor Classifications*			
AB	2,816	366,673	**105**
C1	2,974	459,537	**88**
C2	2,114	287,147	**100**
DE	2,182	275,976	**108**

* 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. The data in this report excludes:

- 4,688 public members with no stated dates of birth
- 1,400 members with no stated ethnicity
- 2,182 members with no stated gender

We only have age data for a proportion of our public members, as the Trust did not begin to ask for members' dates of birth until late in 2010.

Staff Constituency

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

Membership Strategy, Engagement and Recruitment

Our membership strategy focuses on meaningful, quality engagement with a representative group of our members and regular, informative educational and health-related communication with all of our members. All members are invited to the Trust's Annual Members Meeting, which is reviewed below in more detail. The membership strategy is incorporated into the Trust's Inclusion Strategy (as described above), 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 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 from across the Trust.

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

Constituency	Members	Population	Percentage of eligible population
Brighton & Hove	498	293,032	0.17%
East Sussex	1603	555,382	0.29%
Kent	2923	1,567,229	0.19%
Medway	623	283,628	0.22%
Surrey	2212	1,386,062	0.16%
West Sussex	1547	856,756	0.18%
Out of Trust area	781	-	-
TOTAL	**10,187**	**4,942,089**	**0.21**

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 engagement champions 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 but also to share areas of good practice more widely with colleagues.

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

- Fed back views on how to improve the Staff Awards to bring them into line with the new Trust values – and to better use them as a vehicle to reward and recognise behaviours we all wish to see.
- Considered the three key barriers to colleagues being able to do their jobs effectively and provided solutions. These were the lack of effective communications from the centre, good ideas being implemented badly, and inconsistent application of policies and procedures.
- Fed back on planned changes to bring scheduling (setting rotas) in-house to each Operating Unit.
- Contributed ideas and requested specific tools to help colleagues challenge poor behaviours and reinforce positive behaviours.
- Fed back to local teams on the outcomes of the Demand and Capacity Review and what this meant for the Trust with a staff focus.
- Undertook an exercise on raising concerns with the Trust's Freedom to Speak Up Guardian.
- Taken part in a discussion and feedback on the Trust's meal break policy, highlighting areas of inconsistency and proposed solutions.
- Taken part in a demonstration of the new electronic patient clinical record and were supportive of the changes and new platform, which incorporated feedback from staff on the previous version.

The Inclusion Hub Advisory Group (IHAG) of public members has similarly advised the Trust on many issues and engagement, as set out earlier in this report.

Remuneration Report

Annual Members Meeting

The Trust held its Annual Members Meeting (AMM) on 14 September 2018 in Surrey. 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 'Get Involved' stall, which showcased the work of the Council and all our other volunteers in the Trust alongside 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 Council meeting and good numbers of staff and public members attended the Council meeting as well as the AMM.

Governors had the opportunity to engage with and/or sign up members at multiple events over the last year.

The Membership Office arranged attendance for Governors at:

- Trans Pride in Brighton.
- Brighton Pride Community Parade.
- SECAmb research event for members & other stakeholders in West Sussex.
- Our Annual Members Meeting in Surrey.
- Brooklands 999 Day in Surrey.
- Diverse Crawley multicultural event in West Sussex.
- Lightwater Patient Participation Group SECAmb info session in Surrey.
- Our Inclusion Hub Advisory Group meetings made up of our Public FT members.
- Our Patient Experience Group meetings made up of patient FT members and other stakeholders and staff FT members.
- Our Staff Engagement Forums made up of staff FT members.
- Investing in volunteers meetings with staff and volunteer/public FT members.
- Chair recruitment day with broad selection of stakeholders.
- NHS Horizon event for all UK ambulance services.
- NHS Providers Annual Governors Conference – learning about best practice re membership activities.
- Election information drop-in sessions for FT public and staff members in Kent, Surrey & Sussex.
- Public members who are interested in standing for election were invited to the Council meetings.
- Quality Account event with public and staff FT members and other stakeholders.

Governors have also taken the opportunity to engage with members and the public by attending events on their own and they have a Governor Toolkit of information and resources available to them to support this.

Events attended:

- Shepway Mental Health Conference.
- Informal meeting with managers and staff at Tongham Ambulance Station.
- Informal meeting with managers and staff at Brighton Ambulance Station.
- Ashford Community Safety Partnership event.
- East of England Mental Health Workshop.
- Surrey Armed Forces Covenant Conference.
- Observational shift at ICU Epsom & St Helier NHS Trust.

- Dover District Youth Conference.
- Attendance at Clinical Commissioning Group & Sustainability and Transformation Partnership public meetings/ events.
- Meetings with local Community First Responder teams to build relations and understand that aspect of our service.

Members have been invited to all public Council meetings during the year, through our membership newsletter and dates are advertised on our website. Three issues of our membership newsletter, Your Call, have been sent to all public and staff 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 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 internal publications to communicate with staff members about their work. Minutes from the Staff Engagement Forum have been shared on the Trust's intranet and outcomes from the meetings were fed back locally through staff engagement champions.

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 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 2 (A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012). Income from the provision of goods and services for other purposes has had no detrimental effect on the provision of goods and services for the provision of health services.

Dr Fionna Moore, Acting Chief Executive

Date: 23.05.19

Remuneration Report

Annual Statement on Remuneration

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.

In January 2019 the Committee considered the guidance provided by NHSI relating to annual pay increases for very senior managers (VSMs) and its recommendation that a flat rate uplift of £2,075 p.a. should be awarded. It agreed to adopt this recommendation and therefore awarded to each Executive Director the £2,075 uplift, which was consolidated, and back-dated to 1 April 2018.

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, and in comparison to the pay and conditions of other employees who are covered by Agenda for Change. While we do not directly consult employees locally about senior managers' remuneration, the Trust follows NHS England's Very Senior Manager pay framework. 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 one appointed governor, 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. An independent review was undertaken in May 2018 to benchmark remuneration against comparator Trusts and consider whether remuneration remained sufficient to attract and retain quality NEDs.

The review found:

- the 'peer average' for NEDs in London and the South-East was £13,475 (compared to SECAmb's £13,000) with a range between £10,100 and £18,000
- the 'peer average' for Chairs in London and the South East was £48,693 (compared to our £42,950) and the range was £40,000 to £66,429.
- Our NEDs and Chair were working at the top end of the number of days per month expected of NEDs and Chairs.

As a result, and noting that NED/Chair remuneration had remained static since 2012,

the NomCom recommended to the Council that NED remuneration increase to £14,000 per annum for four days' work per month and Chair remuneration increase to £49,000 per annum for three day's work per week. The Council approved this recommendation in May 2018.

The NomCom received assurance from the Chair around NED performance during the year and the Committee discussed Non-Executive performance. The Committee and all Governors provided feedback to the Chair to aid his formal appraisals of each NED which are undertaken shortly after the end of the financial year and Governors fed back to the Senior Independent Director on the Chair's performance.

The uplift of £2,500 for Audit and Risk Committee Chair and Senior Independent Director remained static.

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

Directors and Governors' Expenses

Directors	2018/19	2017/18	2016/17	2015/16
Number of Directors	19	21*	27	18
Number of Directors claiming expenses	17	15	16	13
Total claimed (£000)	260	160	220	230

* The number reported in 2017/18 was incorrect and not 18 but 21 Directors served during that year.

Governors	2018/19	2017/18	2016/17	2015/16
Number of Governors	32	25	23	25
Number of Governors claiming expenses	8	9	7	10
Total claimed (£000)	56	74	69	93

Remuneration Report

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. Any variation from the dates given in the Directors' report in terms of office and/or leaving dates are due to individual terms and conditions, including notice periods:

Name and Title	Term of Office	Year ended 31 March 2019				
		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)	
Chair						
Richard Foster	*to 18.04.18*	0-5	-	0	0-5	
David Astley	*from 25.09.18*	20-25	-	-	20-25	
Chief Executive						
Daren Mochrie****		160-165	5,200	1232.5-1235	1400-1405	
Non Executive Directors						
Tim Howe	*to 30.09.18*	10-15	-	-	10-15	
Adrian Twyning		10-15	-	-	10-15	
Al Rymer		10-15	-	-	10-15	
Terry Parkin		10-15	-	-	10-15	
Angela Smith		15-20	-	-	15-20	
Tricia McGregor		10-15	-	-	10-15	
Graham Colbert	*to 30.09.18*	10-15	-	-	10-15	
Lucy Bloem (Crothers)		15-20	-	-	15-20	
Laurie McMahon		10-15	-	-	10-15	
Michael Whitehouse	*from 24.10.18*	5-10	-	-	5-10	
Executive Directors						
David Hammond *Director of Finance & Corporate Services*		120-125	12,100	37.5-40	170-175	
Joe Garcia* *Executive Director of Operations*		110-115	5,400	-	115-120	
Fionna Moore *Executive Medical Director*		190-195	8,300	-	200-205	
Steve Emerton *Executive Director of Strategy & Business Development*		105-110	1,600	25-27.5	130-135	
Jon Amos*** *Acting Director of Strategy & Business Development*	*to 02.01.18*	n/a	n/a	n/a	n/a	
Bethan Haskins *Executive Director of Nursing & Quality*		110-115	9,100	-	115-120	
Emma Wadey** *Chief Nurse/Executive Director of Quality & Safety*	*to 31.08.17*	n/a	n/a	n/a	n/a	
Steve Lennox*** *Acting Chief Nurse/Director of Quality & Patient Safety*	*to 19.11.18*	n/a	n/a	n/a	n/a	
Ed Griffin *Executive Director of HR & OD*		110-115	4,500	27.5-30	145-150	
Steve Graham *Interim Director of HR*	*to 16.02.18*	n/a	n/a	n/a	n/a	
Mark Power *Interim Director of HR*	*from 16.02.18 to 07.03.18*	n/a	n/a	n/a	n/a	

	Year ended 31 March 2018			
	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)
	40-45	-	-	40-45
	n/a	n/a	n/a	n/a
	155-160	1,500	202.5-205	365-370
	15-20	-	-	15-20
	0-5	-	-	0-5
	10-15	-	-	10-15
	10-15	-	-	10-15
	15-20	-	-	15-20
	0-5	-	-	0-5
	10-15	-	-	10-15
	10-15	-	-	10-15
	0-5	-	-	0-5
	n/a	n/a	n/a	n/a
	120-125	4,400	67.5-70	195-200
	140-145	800	62.5-63	205-210
	135-140	3,100	-	135-140
	25-30	-	12.5-15	35-40
	105-110	900	95-97.5	205-210
	n/a	n/a	n/a	n/a
	55-60	-	-	55-60
	95-100	-	52.5-55	150-155
	5-10	-	-	5-10
	150-155	-	-	150-155
	10-15	-	-	10-15

* The 2017/18 salary up to 11/9/17 for Joe Garcia was recharged from East Midlands Ambulance Service NHS Trust

** The 2017/18 salary for Emma Wadey was recharged from Sussex Partnership NHS Trust

*** Jon Amos and Stephen Lennox did not serve as directors during 2018/19

**** Figures for 2017-18 pension have been restated to include a transfer of pension from NHS Scotland.

Remuneration Report

Benefits in Kind

All Benefits-in-Kind relate to lease cars.

Salary

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

Employer pension contribution

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

Senior managers paid more than £150,000

The pay of all senior managers is commensurate with their position and in relation to the pay levels of equivalent positions in the local economy.

Fair pay multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in South East Coast Ambulance Service NHS Foundation Trust in the financial year 2018/19 was £190,000-£195,000 (2017-18, £155,000-£160,000). This was 6.1 times (2017/18,5.3) the median remuneration of the workforce, which was £31,607 (2017/18, £29,685). The increase in the ratio relates to the Director receiving a full year of the Gold Clinical Excellence Award over and above the base salary.

In 2018/19, one (2017/18, nil) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £1,000 to £197,000 (2017/18 £1,000-£225,000)

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

Pay Multiple	2018/19	2017/18
Band of Highest Paid Director's Total (£000)	190-195	155-160
Median Total Remuneration (£)	31,607	29,685
Remuneration Ratio	6.1	5.3
Range of salaries for median remuneration	1-197	1-225

Pension Entitlements

Name and Title	Year ended 31 March 2019							
	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 2017	Real Increase in Cash equivalent Transfer Value	Cash equivalent Transfer 31 March 2019	Employer's Contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Chief Executive								
Daren Mochrie†	*52.5-55*	*162.5-165*	*60-65*	*160-165*	*34*	*1083*	*1,141*	*23*
Executive Directors								
David Hammond* *Director of Finance*	*2.5-5*	*0*	*20-25*	*0*	*172*	*40*	*230*	*18*
Steve Emerton *Director of Strategy & Business Development*	*0- 2.5*	*0*	*5-10*	*0*	*64*	*23*	*101*	*15*
Joe Garcia *Director of Operations*	*0- -2.5*	*0- -2.5*	*40-45*	*130-135*	*938*	*69*	*1,024*	*16*
Fionna Moore‡ *Medical Director*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*
Ed Griffin Þ *Executive Director of HR & OD*	*0- 2.5*	*-*	*0- 2.5*	*-*	*n/a*	*n/a*	*29*	*16*
Bethan Haskins ‡ *Director of Quality/Chief Nurse*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*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).

† Figures received for the current year include a transfer of pension from NHS Scotland.

‡ Dr Fionna Moore and Bethan Haskins are not in the NHS Pension Scheme.

Þ No figures available for Ed Griffin as he joined in March 2018.

** CETV value for 31 March 2018 for David Hammond has been restated for a correction of figures previously supplied by NHS Pensions.*

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.

Staff Report

Senior Managers' Remuneration Policy

Elements of Pay	Purpose and link to strategy	Operation	Maximum Opportunity	Performance Framework
Salary and Fees	To attract and retain high performing individuals, reflecting the market value of the role and experience of the individual Director	Reviewed by the Appointments 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. Redundancy payments would be calculated as set out in the Agenda for Change Handbook.

Independent Non-Executive Director Remuneration Policy

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

Dr Fionna Moore, Acting Chief Executive

Date: 23.05.19

Staff Report

As at 31 March 2019, the breakdown of our staff between clinical and support roles was as follows:

83% of our workforce are directly engaged in providing care to patients.

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

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

Staff Group	Permanent	Other	Agency	Whole Time Equivalent (WTE)
A&E	2226.67	11.00	0.00	2237.67
EOC	432.04	6.50	0.00	438.54
111	214.33	1.00	9.00	224.33
Support	520.10	24.34	53.00	597.44
TOTAL	**3393.14**	**42.84**	**62.00**	**3497.98**

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

	2018-19			2017-18		
Employee costs	**Total £000**	**Permanently employed £000**	**Other £000**	**Total £000**	**Permanently employed £000**	**Other £000**
Salaries and wages	**119,231**	**118,737**	**494**	106,334	105,617	717
Social security costs	**11,880**	**11,880**	**0**	10,562	10,562	0
Employer contribution to NHS pension scheme*	**14,102**	**14,102**	**0**	12,975	12,975	0
Recoveries from DH Group bodies in respect of staff costs netted off expenditure	**(349)**	**(349)**	**0**	(317)	(317)	0
Costs capitalised as part of assets	**431**	**119**	**312**	969	543	426
Agency staff	**3,882**	**0**	**3,882**	2,718	0	2,718
Employee benefits expense	**149,177**	**144,489**	**4,688**	**133,241**	**129,380**	**3,861**

*The expected contribution to the pension plan for 2019-20 is £14,000k (2018-19: £13,000k).
The increment to the 20.6% employer contribution rate is to be funded centrally.

A&E 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 Ambulance Practitioner; Associate Practitioner; Emergency Care Support Worker (ECSW)
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..

51% of the A&E workforce are Paramedics/ Specialist Paramedics (including those working as Team Leaders) and 49% are Clinical Support Staff.

If a patient needs clinical advice or an emergency response, they can expect to come into contact with one or more of our clinicians, depending on their condition:

Emergency Care Support Workers – drive ambulances under emergency conditions and support the work of qualified ambulance technicians, associate practitioners, associate ambulance practitioners and paramedics. We have 552 WTE Emergency Care Support Workers (ECSWs).

Technicians/Associate Practitioners/Associate Ambulance Practitioners – respond to emergency calls, as well as a range of planned and unplanned non-emergency cases. They support Paramedics during the assessment, diagnosis and treatment of patients and during their journey to hospital. We have 546 WTE staff in these roles.

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 958 WTE paramedics, including those working as clinical managers.

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 WTE staff in these teams.

Staff Report

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 45 WTE 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 53 WTE Specialist Paramedics (Critical Care).

Operational Team Leaders – are first line paramedic managers, responsible for managing teams of up to eleven clinical staff. There are 158 employees working in this role.

Emergency Operating Centre Staff – 438 staff work in the Trust's 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 – 224 staff work in the contact centre at Ashford. Further NHS 111 staff are employed by Care UK and work in the contact centre at Dorking. The majority of these staff are health advisors, who answer the NHS 111 calls and they are supported by nurses, paramedics and GPs who provide clinical advice.

Support staff – our front line staff are supported by 597 non-clinical staff who work in areas including finance, human resources, service development and corporate affairs, information management and technology, education and training, estates, fleet and logistics services, contingency planning and resilience, clinical governance and communications.

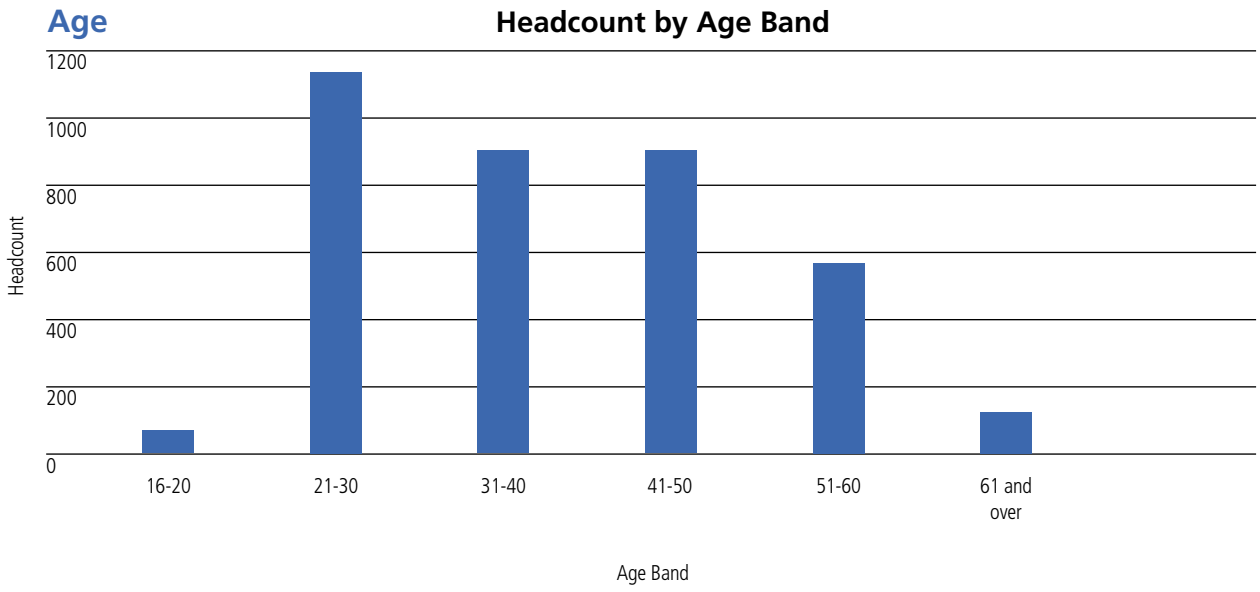
Workforce Profile

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

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

Age Band	Headcount
16-20	67
21-30	1153
31-40	913
41-50	908
51-60	589
61 and over	89
TOTAL	**3724**

Age



Staff Report

Gender

In the workforce as a whole, the gender split has altered from the previous year (51% male and 49% female in 2017/18), meaning that for the first time the Trust is employing more females than males.

Gender	Headcount	Percent %
Female	1925	52%
Male	1799	48%
TOTAL	**3724**	**100%**

Gender – Directors	Headcount	Percent %
Female	5	26%
Male	14	74%
TOTAL	**19**	**100%**

Gender (Band 8a+)	Headcount	Percent %
Female	55	34%
Male	106	66%
TOTAL	**161**	**100%**

Gender – Band 8a+	Headcount		
AfC Pay Band	Female	Male	Total
Band 8 - Range A	25	45	70
Band 8 - Range B	13	30	43
Band 8 - Range C	6	13	19
Band 8 - Range D	2	3	5
Band 9	1	3	4
Non AfC	8	12	20
TOTAL	**55**	**106**	**161**

Race

The percentage of staff classified other than 'white British' has decreased slightly to 13%, from last year's level of 14%.

Race	Headcount	Percent %
A White - British	3256	87%
B White - Irish	29	1%
C White - Any other White background	120	3%
C3 White Unspecified	7	0%
CA White English	5	0%
CC White Welsh	1	0%
CP White Polish	9	0%
CX White Mixed	1	0%
CY White Other European	11	0%
D Mixed - White & Black Caribbean	22	1%
E Mixed - White & Black African	4	0%
F Mixed - White & Asian	17	0%
G Mixed - Any other mixed background	16	0%
GC Mixed - Black & White	1	0%
GF Mixed - Other/Unspecified	2	0%
H Asian or Asian British - Indian	17	0%
J Asian or Asian British - Pakistani	4	0%
K Asian or Asian British - Bangladeshi	2	0%
L Asian or Asian British - Any other Asian background	11	0%
M Black or Black British - Caribbean	8	0%
N Black or Black British - African	14	0%
P Black or Black British - Any other Black background	1	0%
PD Black British	1	0%
PE Black Unspecified	1	0%
R Chinese	5	0%
S Any Other Ethnic Group	13	0%
Z Not Stated	146	4%
TOTAL	3724	100%

Staff Report

Disability

136 (4%) staff have declared themselves as having a disability:

Disability	Headcount	Percent %
Yes	136	4%
No	2371	64%
Prefer Not To Answer	1217	33%
TOTAL	**3724**	**100%**

Again, this is an area which is under-reported, with 33% of staff preferring not to confirm whether or not they have a disability.

The Trust has taken specific steps to support people with disabilities and provides information and guidance related to declaring a disability, access to work funding, mental health and working with dyslexia.

In the last year, we provided training on disability awareness, autism awareness, and dyslexia awareness to improve understanding and enable colleagues and managers to better support staff. We take a proactive approach to address the individual needs of employees, ensuring reasonable adjustments are properly considered and implemented.

The Trust is a member of the Disability Confident scheme and has a staff network to support people with disabilities.

Sexual orientation

18% of staff have not disclosed their sexual orientation, an improvement on last year's figure of 20%:

Sexual orientation	Headcount	Percent %
Bisexual	52	1%
Gay or Lesbian	158	4%
Heterosexual or Straight	2849	77%
I do not wish to disclose my sexual orientation	665	18%
TOTAL	**3724**	**100%**

Religion and belief

This area remains under-reported, with 27% of staff having not stated their religion or belief:

Religion or belief	Headcount	Percent %
Atheism	799	21.46%
Buddhism	15	0.40%
Christianity	1415	38.00%
Hinduism	8	0.21%
Islam	16	0.43%
Judaism	6	0.16%
Other	472	12.67%
Sikhism	5	0.13%
I do not wish to disclose my religion/belief	988	26.53%
TOTAL	**3724**	**100%**

Recruiting and retaining staff

Over the past year SECAmb has significantly changed the recruitment process to align with the demand from the Service Transformation and Delivery program that will increase our workforce.

The recruitment process has been scrutinised and re-configured insuring inclusion of the Key Skills Framework requirements along with the Trust's values.

The fitness assessment has been re-designed to meet business needs and as a result of this vacancies are now advertised regionally and assessments carried out at the relevant operating unit. This has allowed for engagement from the team leaders at initial contact with candidates. The goal is to establish relationships from an early stage, encouraging retention.

The paramedic interview has also been adapted to multi mini interviews (MMIs). This has enabled a non-discriminatory evaluation of candidates. We are still seeing a high turnover rate in our Emergency Operations Centres (EOC) and in particular our Emergency Medical Advisors (EMAs).

A career progression plan for our EMAs has been developed and should help with retention.

SECAmb are working in partnership with the NHS Streamlining project, to ensure a smoother transition from existing NHS staff to our trust. This project will help candidates transfer skills at pre-hire stage, such as statutory and mandatory training, current DBS and skills identified on the Core Skills Training Framework (CSTF) This will encourage savings and unnecessary re-training, helping staff to become operational, quicker.

In November 2018, the Trust undertook a recruitment campaign in Dubai and the UAE in order to improve our Clinician capacity within our EOCs. From this, we offered 49 Clinicians, with 44 accepted offers. We currently have 35 Clinicians in the compliance and visa application process. The first cohort of 9 Clinicians will arrive in July 2019.

Their role will be to support EOC and 111 to achieve our clinical targets in regards to hear and treat. The rest of the offered candidates will arrive later in 2019/20.

During the year, the following staff left the Trust:

Part of the Trust	Number of leavers
Emergency Operations Centres	156
999	188
111	111
Operations Management	8
Non-Operational	75
Total	**538**

We received 8,961 applications to our vacancies during the year via NHS jobs, of which 6,120 were through our direct NHS jobs adverts. We hired 872 'new to trust' employees during the year; we received 438 applications from applicants who declared a disability, of which 38 were hired. There were seven candidates recruited who preferred not to disclose if they had disabilities. We received 943 applications from BME candidates via NHS jobs and hired 46 BME staff (4 staff preferred not to state their ethnicity). At the end of the year, the trust wide adjusted vacancy rate is at 5.46%

Month 2017/18	Rolling Annual Turnover %	Month 2016/17	Rolling Annual Turnover %
Apr-18	16.50%	Apr-17	16.70%
May-18	17.42%	May-17	16.34%
Jun-18	15.17%	Jun-17	17.85%
Jul-18	15.37%	Jul-17	17.67%
Aug-18	14.97%	Aug-17	17.51%
Sep-18	14.88%	Sep-17	17.77%
Oct-18	14.62%	Oct-17	18.17%
Nov-18	14.57%	Nov-17	18.05%
Dec-18	14.70%	Dec-17	17.77%
Jan-19	14.06%	Jan-18	17.85%
Feb-19	14.12%	Feb-18	17.74%
Mar-19	14.07%	Mar-18	17.19%

Staff Report

Sickness Absence

Sickness absence for the period 1 April 2018 to 31 March 2019 was 5.04%, a slight increase on the previous year (4.95%).

Absence (WTE)	Total Days Lost
5.04%	60,026

The monthly breakdown for the period is:

Month	Rolling Annual Turnover %
Apr-18	5.26%
May-18	5.12%
Jun-18	5.21%
Jul-18	5.02%
Aug-18	5.14%
Sep-18	5.10%
Oct-18	5.08%
Nov-18	5.04%
Dec-18	4.95%
Jan-19	4.92%
Feb-19	5.49%
Mar-19	5.04%

Workforce Policies

Counter-fraud and corruption

The Trust has a current Anti-Fraud and Bribery Policy which was last revised in 2018 and approved for use on 1 November of that year. The revision was undertaken with input from the Trust's Local Counter-Fraud Specialist. The Policy covers the following: facilitation payments, gifts and hospitality, travel and expenses, political and charitable contributions, sponsoring, public service values and action to be taken including disciplinary action and police involvement.

Creating a safe working environment and 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 services users and the public.

Work is continually developing to provide a safe and secure working environment as far as is reasonably practical, as detailed below:

Board Commitment to Health & Safety

During 2018/19 our Board of Directors attended the (IOSH) Institution of Occupational Safety & Health dedicated course for Executives and Directors. The Trust Board are fully committed to Health & Safety and support the Head of Health & Safety with the improvements being made.

Additional Resources

During 2018/2019, the organisation created and recruited into five new Health & Safety roles. The Health & Safety team is now better resourced which aligns proportionally with the number of employees and the geographical coverage provided by the organisation.

Improvement Plan

In October 2018, a 12-month improvement plan was developed and implemented by the Head of Health & Safety. The plan focuses on the implementation of a robust Health & Safety management system. This is a comprehensive management system designed to manage safety elements in the workplace. Progress with the improvement plan is monitored every two weeks by the Quality Compliance Steering Group.

Health & Safety Audit Programme

In January 2019, the Health & Safety team implemented a bespoke audit tool which measures compliance across 12 separate categories. The team undertake a minimum of 10 audits per month across the Trust. The audits will become an annual programme led by the Health & Safety team.

New Health & Safety Training Courses

The Health & Safety team have created three, new e-learning courses which are listed below.

- Risk Assessment Training (for Team Leaders and Managers)
- Vehicle maintenance centre staff (Health & Safety training and awareness)
- Health & Safety training for all staff

We have implemented a quarterly classroom-based training programme. Training dates are published internally, and the courses delivered are Fire Warden and Display Screen Equipment assessor training.

Accredited Training Centre

Accreditation stands as a mark of quality for the training that an organisation provides. Offering accredited training within an organisation instils loyalty in employees and confidence in those who come into contact with our staff.

In 2019/20, the Head of Health & Safety shall explore the merits of becoming an accredited training centre for Health & Safety. The type of course that we are considering delivering in-house will be the IOSH Managing Safely course or a suitable accredited alternative.

Governance Improvements

Currently the organisation has a well-established (CHSWG) Central Health & Safety Working group which meets on a quarterly basis. Due to the Health & Safety improvements being made we shall be introducing five new sub-groups which will meet on a bi-monthly basis, including covering fire and water health and safety specifically.

Continuous Improvement

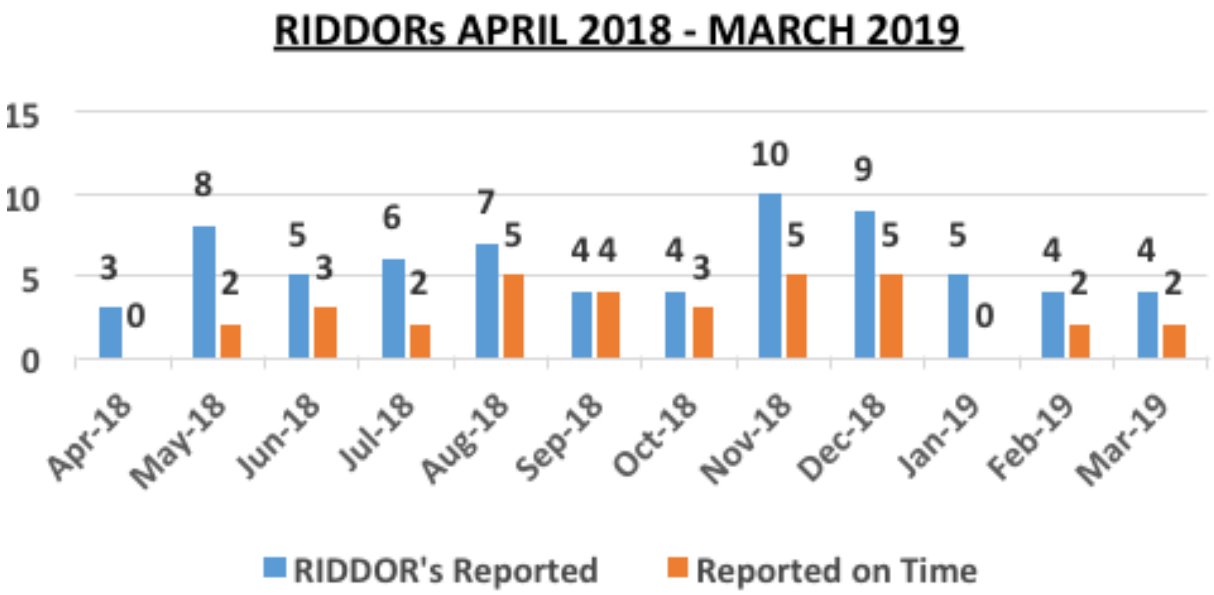
We shall continue implementing an effective health & safety management system and building a safety culture that permeates throughout the organisation. Striving for continuous improvement and learning from Health & Safety incidents will support our improvement journey.

RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

The regulation requires employers to report certain workplace accidents, occupational diseases and specified dangerous occurrences. The formal reporting is made by the employer to the Health & Safety Executive. Accidents resulting in over-seven-day incapacitation of an employee, require notification to the enforcing authority within 15 days of the incident.

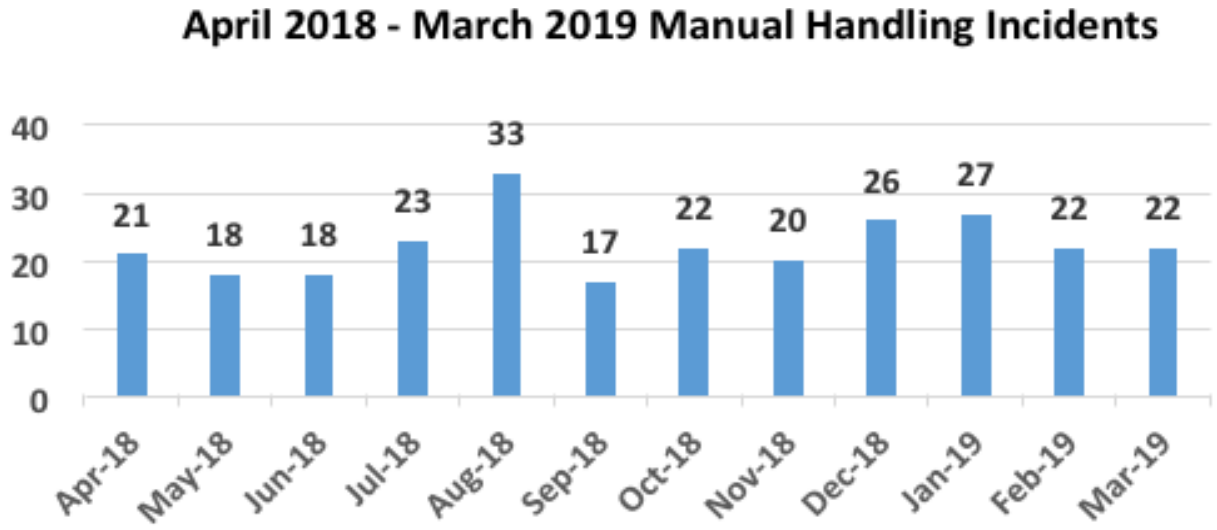
In 2018/19 the organisation reported 69 RIDDOR related incidents and 52% of these incidents were reported on-time to the Health & Safety Executive. In 2017/18 the organisation reported 72 RIDDOR related incidents and 31% of these were reported on time. Further improvements are being undertaken to achieve a higher level of compliance. The Health & Safety team have been raising the awareness of RIDDOR requirements to our workforce during training and internal staff bulletins. Potential RIDDOR incidents are being screened by the team when a new incident is loaded onto Datix (our incident reporting system).

Staff Report



Manual Handling Incidents

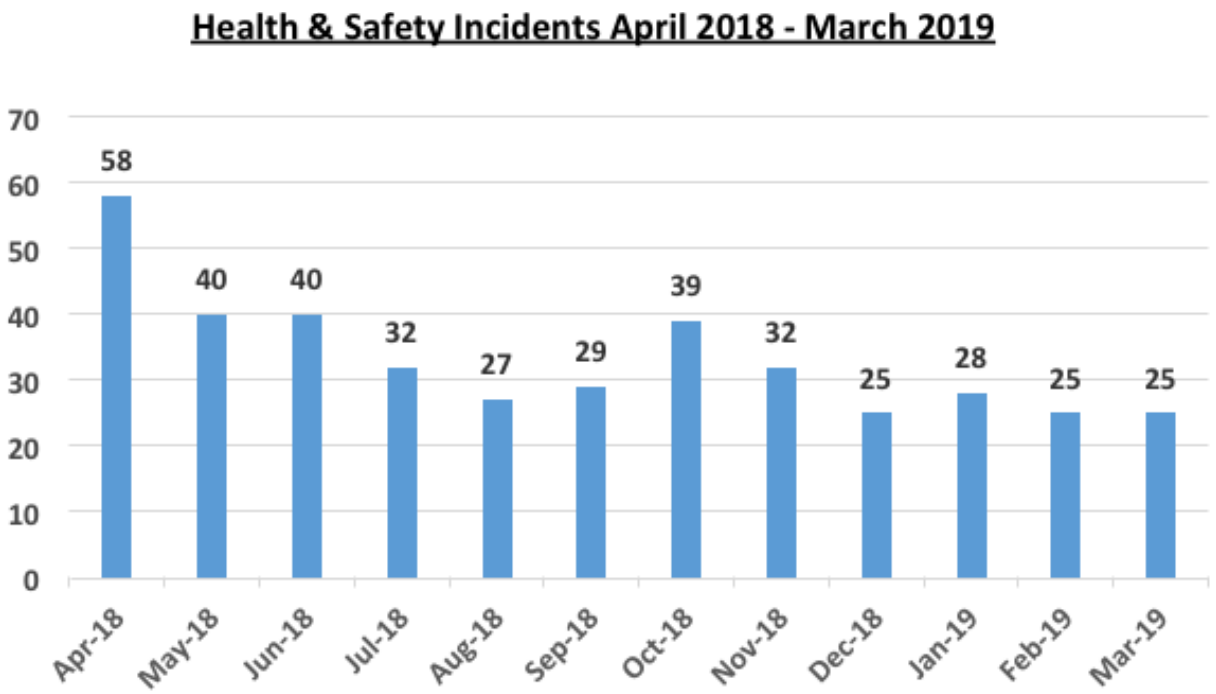
During 2018/19 269 Manual Handling Incidents were reported. This is an increase of 15 incidents when compared to the previous year. The organisation employed new frontline staff during the 2018/19 period which may be the reason why manual handling incidents have remained moderately static.



The Health & Safety team have been working with the Datix team and recently introduced additional sub-category data fields within our electronic incident reporting forms. These new additions will assist the safety team in creating trend analysis data to pin point the sources for manual handling incidents. In 2019/20 the Health & Safety team will undertake a full manual handling equipment review. The data will be used to benchmark with other Ambulance trusts to identify any possible equipment improvements.

Health & Safety Incidents

During 2018/19 400 Health & Safety Incidents were reported. This is an increase of nine incidents when comparing to the previous year. The Health & Safety team have been developing working relationships with our workforce to embed a positive safety culture and encouraging our staff to report Health & Safety related incidents.



Health & Safety Incidents

Sadly, our staff are regularly exposed to violent and aggressive behaviour from patients and other service users.

There are several avenues the Trust utilises to raise awareness including inductions, articles, posters, and talks with local Operating Unit management.

We take this very seriously and will support any staff member who wishes to pursue action locally or by prosecution and regularly promote the reporting of incidents.

During 2018/19 the Trust recorded:

- 224 staff members being the victims of a physical assault
- 104* sanctions were applied either locally or by prosecution

* provisional figure, this may increase following final outcomes of cases from 2018/19 and communications concluded with e.g. Police/ Crown Prosecution Service (CPS)

Security Management has continued to work hard during the year to incorporate the additional requirements since the removal of NHS Protect and assurance to NHS England, where responsibility for security now sits.

Staff Report

The aggravating factors in the majority of cases were one of three:

1. None (50) (i.e. there were no factors other than the offenders' own behaviour)
2. Alcohol (49)
3. Mental Health (40)

It has been a consistent trend that alcohol is a factor in many of the incidents of violence but a positive is to see a slight decrease for cases where mental health was a factor. The concern is the increase in general aggressive behaviour due to the character of the offender.

We are also beginning to see an increased trend of drug and/or gases misuse, which has been a factor in some incidents. This will be monitored.

The number of physical assaults has remained at a fairly similar level, with 224 reports of victims of physical assault opposed to 221 the previous financial year. At present, the level of sanctions has also been maintained, where 104 provisional sanctions have been made, compared to 105 sanctions at this point in the previous year. In 2017/18, we saw a final outcome of 123 sanctions and we expect to achieve a similar level on final outcomes for 2018/19. Within the 104 sanctions, there were several positive outcomes for rehabilitation, custodial sentences and Orders of the Court. There is still further work required to ensure our operatives receive appropriate closure following distressing incidents and prosecutions progress.

The new Emergency Workers Act has now received Royal Assent and is in force and the Trust Lead for Security where possible seeks the charging decision be made under this legislation rather than common assault.

Work is also ongoing nationally with a violence reduction strategy that Leads on Security are aware of to tackle both the increase in aggression generally and the working relationships with partner organisations such as the Police Services.

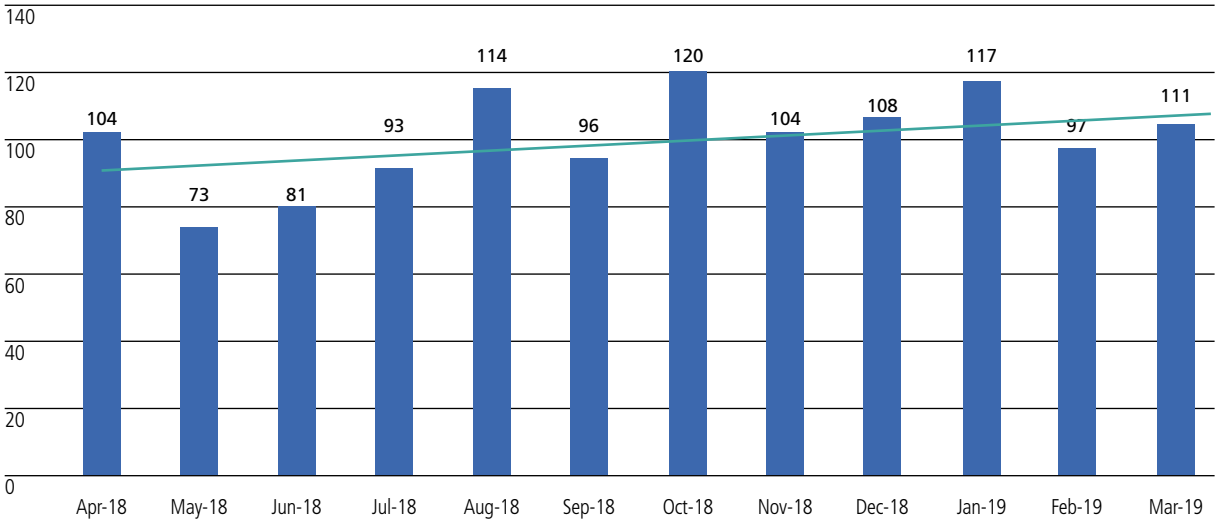
Within the Trust, the new violence and aggression procedure is now in force to further support governance arrangements for the personal security of operatives and we will be following up to ensure compliance and that appropriate sanctions locally are applied for the benefit of all operatives.

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.

Our Wellbeing Strategy was developed with staff in 2016/17 and sets out our commitment to our employees and how we will provide more effective, accessible support to them, 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 and the Wellbeing Hub launched in January 2018. In the Wellbeing Hub's first year (Jan 18 - Jan 19), it recorded 2,340 interactions, an average of 195 interactions a month. Of these, 1,045 required an onward referral. This equates to the Hub managing and resolving 45% of all interactions without onward referral, often utilising the availability of free community services / charitable organisations etc.

The Wellbeing Hub are working closely with Occupational Health and the Employee Assistance Programme (EAP) to maximise return of investment and enable direct referral between these services and the Wellbeing Hub. OH received the following management referrals from April 18 to March 19:



The Trust continues to support a Trauma Risk Management (TRiM) programme. TRiM provides proactive support for employees working in inherently stressful roles and seeks to prevent ongoing trauma and illness through early interventions. The Trust currently has 130 TRiM practitioners.

Staff Report

Staff Survey results

The NHS Staff Survey is undertaken annually and covers all permanent 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 2018 Survey was undertaken during the Autumn of 2018 by Quality Health, an independent organisation, on behalf of SECAmb and the results were published nationally on 26 February 2019. As per the previous year, SECAmb chose to send the survey to all eligible staff and 53% or 1768 people completed and returned the survey questionnaire, a 9 percentage-point / 20% increase on the previous year's response rate.

The Trust saw significant improvements in many areas, however there is still work to do. We will pay particular focus to 'How we care for our people' to ensure we have a supportive and safe to work environment, with specific attention on reducing cases of bullying and harassment.

We will ensure that behaviours, processes and procedures all contribute to providing the best working environment possible.

The CEO and Exec have set priorities for improvement at organisational level and will be ensuring their teams to perform the same exercise at Directorate and team level. The Executive Team's priorities are:

- Leadership communication
- Quality of Appraisals
- How we care for our people

The results from questions are grouped to give scores against ten indicators. The indicator scores are based on a score out of ten for certain questions with the indicator score being the average of these.

The response rate to the 2018 survey among Trust staff was 53 % (2017: 44%). Scores for each indicator together with the of the survey benchmarking group (ambulance services) are presented below.

	2018/19		2017/18		2016/17	
	Trust	Benchmark-ing Group	Trust	Benchmark-ing Group	Trust	Benchmark-ing Group
Equality, diversity and inclusion	8.2	8.4	7.9	8.3	7.9	8.5
Health and wellbeing	5.0	5.0	4.3	5.1	4.2	4.8
Immediate managers	6.4	6.2	5.8	5.8	5.2	5.8
Morale	5.5	5.7				
Quality of appraisals	4.6	4.6	4.2	4.4	3.7	4.5
Quality of care	7.1	7.4	6.8	7.2	7.1	7.3
Safe environment – bullying and harassment	6.9	7.3	6.5	7.1	6.3	7.1
Safety culture	6.1	6.2	5.4	5.9	5.1	5.9
Staff engagement	6.2	6.2	5.5	6.1	5.5	6.0

Freedom to Speak Up

Our Executive Director for Freedom to Speak up is our Executive Director of Nursing and Quality. We also have a Non–Executive Director for Freedom to Speak up. In August 2018, South East Coast Ambulance Service employed a full time Freedom to Speak up Guardian. This has been quickly followed by an internal network of Local Freedom to Speak up Advocates who are available to offer signposting to staff who wish to raise concerns. The Advocates act as links from the Guardian to staff within our services.

There are a number of ways in which staff can raise concerns including: individual Line Manager; Senior Team Manager; Human Resources Advisor; Freedom to Speak up Guardian; Freedom to Speak up Advocates; Executive Director of Nursing & Quality; Lead Non-Executive Director; via our anonymous secure web portal 'Speak up in Confidence', our Whistleblowing hotline or via our DATIX incident reporting system. Our internal intranet gives clear advice on raising concerns on a dedicated page.

Our Freedom to Speak up Guardian and Advocates hold events at local ambulance stations, universities and A&E's to answer any questions regarding Freedom to Speak up and raise awareness of the process.

Staff who choose to raise concerns via the Freedom to Speak up process receive regular updates on the actions taking place to address their concern and are provided with a further update and explanation when the concern is ready to be formally closed. Staff are assured that they can contact the Freedom to Speak Up Guardian or any of the Freedom to Speak Up team at any time in the future for advice or guidance.

The Freedom to Speak Up Guardian reports into the Board on a quarterly basis. This includes key themes for the concerns and learning. Members of the Executive team meet with the Freedom to Speak up Guardian on a monthly basis.

The Freedom to Speak Up Guardian works independently but closely alongside the Trust's Directorates, trades unions and other stakeholders to ensure a holistic approach to those raising concerns via the Freedom to Speak up process, and also works closely with those raising concerns to promote a culture where staff do not suffer detriment from raising concerns.

Appraisals and Training

An appraisal review is an important part of regular and meaningful interaction between staff and their line managers.

An annual appraisal meeting will cover performance over the past year and seek to establish objectives for the forthcoming year. An effective appraisal is structured around discussing: what's gone well, what's not gone well, and what could be done better. It should also be aligned with the NHS' Knowledge and Skills Framework (KSF) for non-managerial employees and the NHS Leadership model for managers.

The outcome of an appraisal review meeting includes the creation of a Personal Development Plan (PDP) based on an analysis of the development needs of individuals. The plan should take into account both individual and collective (team) learning and development needs.

The reported total of appraisals completed is based on a headcount of 3456 substantive staff. We define an appraisal as 'undertaking meaningful conversations about performance during a review meeting set up for that purpose'. Exceptions from the appraisal final count were employees on maternity leave, a career break, bank staff and new starters after December 2018.

The figures of in-progress and published records were combined to give an overall accumulative percentage rate of all staff whom started

prior to December 2018. Employees after this date did not require a full appraisal, however in good practice objectives and regular 1-2-1s were necessary for feedback and review progress whilst in the probation period.

During the appraisal year April-March 2018-2019, 84.49% of staff had an appraisal, which equated to 2920 of staff.

During the year, 94% of staff completed their statutory and mandatory training, up from 93% the year before.

Policies and procedures to support disabled persons

The Trust's Equality, Diversity and Inclusion Policy is the overarching policy for the support of disabled persons in the workplace.

The Trust is committed to equality of opportunity of all staff. We welcome applications from individuals regardless of age, any disability, sex, gender reassignment, sexual orientation, pregnancy and maternity, race, religion or belief, The Trust aspires to reflect the diversity of our community in our workforce and guarantee an interview to candidates with disability who meet the minimum criteria specified. We particularly encourage applications from black, Asian, ethnic minority, and disabled applicants as these groups are currently underrepresented in the organisation.

The Trust's Recruitment and Selection Policy (2018) sets out considerations that apply to applications from disabled persons for both pre-employment for new applicants and for members of staff wishing to move to a different role within the Trust. The Policy also considers redeployment and prior consideration due to disability. The Managing Health and Attendance Policy (2018) supports employed disabled persons in the consideration of reasonable adjustments and redeployment to an alternative role if required.

Counter-fraud and corruption:

The Trust has a current Anti-Fraud and Bribery Policy which was last revised in 2018 and approved for use on 1 November of that year. The revision was undertaken with input from the Trust's Local Counter-Fraud Specialist. The Policy covers the following: facilitation payments, gifts and hospitality, travel and expenses, political and charitable contributions, sponsoring, public service values and action to be taken including disciplinary action and police involvement.

Communicating & Engaging with staff

The Trust uses a range of different mechanisms to try to communicate effectively with staff, recognising the challenges of communicating across a large and widely-distributed workforce, many of whom work diverse shift patterns.

Undertaking regular, face to face communication with front-line staff in particular is challenging, however during the year, the Chief Executive continued his progress of frequently visiting various Trust locations to speak with staff and hear, first-hand, about their local challenges and successes. A number of other Executive Directors also undertake 'surgeries' during the year, which have proved popular with staff, as well as spending time working operationally within their teams.

Current mechanisms for communicating with staff include:

- A weekly up-date from the Chief Executive to all staff, issued every Friday, focussing on the key issues affecting the Trust that week
- Quarterly live web-casts featuring the Chief Executive and other Directors, enabling staff to ask questions directly during the session
- A weekly electronic staff bulletin, which contains key performance information, as well as 'beeline' messages, where staff can pay tribute to and acknowledges the achievements of their colleagues

- Use of social media, specifically for staff, including a staff-only Twitter account and the SECAmb Facebook Community group, which has more than 2,500 members

Through their operational structures, front-line staff also receive regular cascade briefing via the 'Teams' structure, which provides a framework of structure team meetings, as below:

Meeting	Frequency	Chair	Participants
Teams A Strategic	Weekly	Executive Director of Operations	The Senior Operations Leadership Team
Teams B Tactical	Weekly	Regional Operations Manager	All Operating Unit Managers (OUMs) who report to the chair, Guests
Teams C Operational	Weekly	Operating Unit Manager	OMs/EOCMs, OTLs/CAMs/DTLs/ EMATLs in the OU of the OUM chair
Teams D Team Meeting	For times per week	OTL / EOCM	All members of staff who report to the OTL or are under the EOCM chair
Teams E Conference Call	Daily	Strategic or Tactical On Call Commander	SOLT, OUMs, OMs, EOCMs, Duty Tactical/ Operational Commanders, Scheduling
Teams F FLIGHT DECK	Twice Yearly	Executive Director of Operations	Non Executive Directors, ROMs, OUMs, Guest speaker(s),OMs/ OTLs, Staff focus groups chairs / Staff Governors / Union reps
Area Governance Review (AGR)	Monthly	Executive Director of Operations	Relevant ROM, OUMs who report to the ROM, (Representatives from other departments as required)
Operating Unit Review (OUR)	If trigger criteria are met	Executive Director of Operations	The OUM of the OU under review, All ROMs

Joint Partnership Forum

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:

- GMB
- RCN
- UNISON
- Unite the Union

The JPF meets regularly throughout the year and members include 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.

The Director of Operations and Medical Director have been regular attendees this year. The JPF is chaired by the Director of HR & OD, who also holds regular catch up meetings with union colleagues to discuss more confidential issues.

During the year, the JPF has been heavily involved in a number of key areas, including those highlighted below:

- Reviewing and approving Trust policies and procedures;
- Improving the speed and consistency with which the Trust undertakes disciplinary processes;
- Highlighting the use of mediation rather than swift escalation through grievance procedures;

- Implementing rota changes in a timely way;
- Finalisation of Christmas overtime and incentives scheme.

In addition, our Unions are busy throughout the year working with the Trust to negotiate on all terms and conditions of employment for our members, and other areas of key importance, including:

- Pay awards
- Job descriptions
- Ensure job evaluations are carried out in partnership between staff side and Trust management representatives, by attending regular panels.
- Health and safety
- Redundancy and redeployment
- Recruitment
- Disciplinary, grievance, capability and procedures.
- Staff amenities
- Hours of work

Trade Union Facilities Time

Table 1 – Relevant Union Officials

Total number of employees who were relevant union officials during the relevant period

Number of employees who were relevant union officials during the relevant period	Full Time Equivalent Union Officials
64	60

Table 2 – Percentage of time spent on facility time

How many employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1-50%, c) 51 – 99% or d) 100% of their working hours on facility time

Percentage of Time	Number of Employees
0%	0
1-50%	58
51-99%	6
100%	0

Table 3 – Percentage of pay bill spent on facility time

Percentage of total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period

Provide the total cost of facility time	£184,681
Provide the total pay bill	£106,334,000
Provide the percentage of the pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.17%

Table 4 – Paid Trade Union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities.

Hours spent on paid facility time	10,666
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as (total hours spent on paid trade union activities by relevant trade union officials during the relevant period ÷ total paid facility time hours) x 100	0% NB: Trade Union Activities were included in the Paid Facility Time Figure for 2017/18

Off pay-roll engagements

Off pay-roll engagements are made following initial discussions between the Chief Executive and Chair, with Executive Directors consulted as appropriate.

Table 1: For all off-payroll engagements as of 31 March 2017, for more than £245 per day and that last longer than six months	**Number of engagements**
No. of existing engagements as of 31 March 2018	19
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	10
Number that have existed for between two and three years at the time of reporting	1
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

Staff Report

Table 2: For all new off-payroll engagements or those that reached six months in duration between 1 April 2017 and 31 March 2018, for more than £245 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 2017 and 31 March 2018	22
Of which:	
Number assessed as within the scope of IR35	11
Number assessed as not within the scope of IR35	11
Number engaged directly (via PSC contracted to trust) and are on the Trust's payroll	6
Number of engagements reassessed for consistency/ assurance purposes during the year	7
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018	Number of engagements
Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility during the financial year	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility'. This should include both off-payroll and on-payroll engagements	20

Expenditure on consultancy

The total expenditure for 2018/19 was £590,000 and we engaged 13 consultancy firms

Staff exit packages

There were sixteen exit packages paid in 2018/19 (2017/18: 14) at a total cost of £201k (2017/18: £640k).

2018/19:

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
Less than £10,000	9	0	9
£10,001-£25,000	5	0	5
£25,001-£50,000	1	0	1
£50,001-£100,000	1	0	1
£100,001-£150,000	0	0	0
£150,001-£200,000	0	0	0
Total number of exit packages by type	16	0	16
Total number of exit packages by type	16	0	16
Total resource cost (£000)	192	0	192
2017/18:			
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**
Less than £10,000	1	0	1
£10,001-£25,000	6	0	6
£25,001-£50,000	4	0	4
£50,001-£100,000	1	0	1
£100,001-£150,000	0	0	0
£150,001-£200,000	2	0	2
Total number of exit packages by type	14	0	14
Total resource cost (£000)	640	0	640
Other (non-compulsory) staff exit packages			
There were no other (non-compulsory) staff exit packages agreed in 2018/19 (2017/18 – 0)			

Disclosures

South East Coast Ambulance Service NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles 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 (B¬oD) should include a clear statement detailing the roles and responsibilities of the Council of Governors (CoG). This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The Annual Report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.	Directors' report
A.1.2	Identification of the Chair, Deputy Chair, CEO, SID, Chairperson and members of the Nominations, Audit and Remuneration Committees	Directors' report
A.5.3.	The Annual Report should identify the members of the CoG, constituency or organisation, date of election, duration of appointment and Lead Governor	Directors' report
FT ARM	The Annual Report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors	Directors' report
B.1.1	The BoD should identify in the Annual Report each NED it considers to be independent with reasons where necessary	Directors' report
B.1.4	The BoD should include in its Annual Report a description of each Directors skills etc. and make a clear statement about its own balance, completeness and appropriateness to the requirements of the FT.	Directors' report
FT ARM	The Annual Report should include a brief description of the length of appointments of the Non-Executive Directors, and how they may be terminated	Directors' report
B.2.10	A separate section of the Annual Report should describe the work of the Nominations Committee(s), including the process it has used in relation to Board appointments.	Directors' report
FT ARM	The disclosure in the Annual Report on the work of the Nominations Committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a Chair or Non-Executive Director	N/A
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	Where there has been external evaluation of the board and/or governance of the trust the external facilitator should be identified and a statement made as to whether they have any other connection with the Trust	Directors' report
C.1.1	Directors' responsibilities for preparing Annual Report and state that they consider them to be whole, fair and balanced etc. Directors should also explain their approach to quality governance in the annual governance statement.	Statement at end of the Accountability Report
C.2.1	The Annual Report should include a statement that the Board has conducted a review of the effectiveness of its system of internal controls	Annual Governance Statement
C.2.2 a) b)	A Trust should disclose in the annual report: if it has an internal audit function; how the function and what role it performs; or 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	Performance Report – financial performance section and Annual Governance Statement

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.3.5	If the Council of Governors' does not accept the Audit committee 's recommendation on the appointment, reappointment or removal of the external auditor, the Board of Directors should include in the annual report a statement from the Audit committee explaining the recommendation and should set out reasons why the Council of Governors had taken a different position	N/A
C.3.9	A separate section of the Annual Report should describe the work of the Audit Committee in discharging its responsibilities. The report should include:	Annual Governance Statement and Director's Report
D.1.3	the significant issues that the Committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;	N/A
E.1.4	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	Directors' report
E.1.5	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.	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		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.	All staff are bound by the NHS and SECAmb values and the Board is developing a Board code of conduct
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:	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 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	The board should establish an Audit Committee composed of at least three members who are all independent non-executive directors.	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

Dr Fionna Moore, Acting Chief Executive

Date: 23.05.19

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.

Segmentation

The Trust is in segment 4 - special measures, and it has taken a number of steps to ensure improvement, all of which is set out in the Delivery Plan (see Performance Report).

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	2018/19 Q4 score	2017/18 Q4 score
Financial sustainability	Capital service capacity	1	2
	Liquidity	1	1
Financial efficiency	I&E margin	1	2
Financial controls	Distance from financial plan	1	1
	Agency spend	2	1
Overall scoring		**1**	**1**

Statement of the Chief Executive's responsibilities as the Accounting Officer of South East Coast Ambulance Service NHS Foundation Trust

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South East Coast Ambulance Service NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South East Coast Ambulance Service NHS Foundation Trust and of its income and expenditure, 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 and Social Care 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 and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy

  and
- prepare the financial statements on a going concern basis.

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 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 the NHS Foundation Trust Accounting Officer Memorandum.

Dr Fionna Moore, Acting Chief Executive

Date: 23.05.19

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, balance and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust.

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of South East Coast Ambulance Service NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in South East Coast Ambulance Service NHS Foundation Trust for the year ended 31 March 2019 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 recognise 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 practiced 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 and during the year bespoke risk management training was provided to over 250 operational managers. This training formed part of the wider governance and risk improvement plan, which was overseen by the Trust Board, and designed to embed a culture of risk management and provide the tools to enable staff to identify, manage and control risk.

A substantial revision of the Trust's risk management policy was undertaken and introduced, aimed at providing a more robust 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 we support and train staff to enable them to identify, evaluate and manage risk. In addition, there has been significant effort to improve the management governance structure to ensure management at all levels have the right focus on risk management.

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;

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;

- Daily operational safety huddle conference calls including on call teams
- Weekly conference calls between the Improvement Hub and Operational Unit managers

Annual Governance Statement

- Dissemination of weekly Operating Unit Team Leader updates on key performance indicators
- Intensive support for live projects by the Improvement Hub
- Quality Assurance Visits
- A&E leadership visits
- Patient and Staff Safety Walk rounds
- Production of Quality posters for safeguarding, compliments and complaints and clinical
- Quality Noticeboards at stations
- Trust wide newsletter, supported by a Clinical Newsletter (Reflections) and a Quality Newsletter
- Learning and Development programmes tailored to meet identified need
- Mortality and Morbidity Group Deep Dives
- Clinical Risk Group reporting to the Clinical Governance Group, responsible for the identification and triangulation of learning
- Learning from Deaths programme, working in close partnership with NHSI to develop and test proposed draft new national arrangements for the ambulance sector, leading to the establishment of a formal Learning from Deaths Group reporting to the Clinical Governance Group
- Reported performance and learning through the Trust's integrated performance report and quality and patient safety report
- Patient / Staff stories shared at every meeting of the Trust Board
- Sharing lessons learned from Serious Incidents and Preventing Future Deaths recommendations with Medical and Nursing Directors from other ambulance trusts.

I chair the Executive Management Board (EMB), which is responsible for ensuring the appropriate resource is available to manage risk. In particular, EMB oversees the strategic risks, including the risks identified with the Board Assurance Framework, seeking assurance that they are being adequately managed, and to seek assurance that services are being provided safely.

The established Board committee structure takes a risk-based approach, scrutinising assurances that the system of internal control used to achieve objectives is well designed and operating effectively. An independent non-executive director chairs each committee, and when assurance is not received, the committee asks management to respond by setting out the corrective action being taken. This is then monitored.

While I am accountable for the leadership of risk within the Trust, I delegate responsibility to specific executive directors;

The Executive Director of Nursing & Quality is the executive lead responsible for ensuring that overall risk and assurance processes are established and implemented, reporting to EMB and Trust Board appropriately.

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

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

The risk and control framework

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

The risk management system of internal control aims to:

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

Risks are identified via a number of mechanisms and may be both proactive and reactive from 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 collectively by analysis of the cause(s) and source(s) of the risk, their positive and negative consequences and the likelihood that those consequences will occur. Ideally, risk evaluation should be an objective process and wherever possible should draw on independent evidence and valid 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 National Patient Safety Agency, which at the time was responsible for identifying and reducing risks to patients receiving NHS care and leading on national initiatives to improve patient safety.

Having identified and evaluated the risk, the controls and actions to be implemented are discussed, determined and recorded. Sometimes a decision will be taken to tolerate the risk, otherwise controls and actions are aimed at reducing the risk.

One of the ways we aim to improve our risk culture is to continue encouraging incident reporting. A training programme was developed in-year, as part of the governance and risk project, targeting key operational managers / leaders. It included risk management, health and safety and incident reporting / investigation. The number of risks identified on the risk register have significantly increased during 2018/19 as has our incident reporting; over 9,200 incidents were reported in the period which is a 20% increase on the previous year.

I take an appropriate level of comfort from the Head of Internal Audit Opinion confirming 'reasonable assurance' in the risk management processes and procedures currently in place. However, I recognise there is much more to do to improve and ensure consistency in approach to risk.

In light of the findings from the CQC inspection in 2018, a number of actions and programmes were implemented as part of a 'Delivery Plan' to ensure ongoing compliance with the CQC registration requirements. The Delivery Plan aligns to the Trust's 5-year strategy, with specific focus on years 1-2, and has a number of work-streams overseen by Steering Groups. The Steering Groups report progress and any risks to the Executive Management Board.

The Trust Board monitors progress and risks to the Delivery Plan at each of its meetings and tests the assurances relating to specific improvement plans through its committees. It also assesses the impact on quality and performance through the Integrated Performance Report.

Each committee is guided by an assurance purview map, which is based on the Trust's strategic goals; legal/regulatory requirements;

CQC key lines of enquiry; and the well-led framework. Committees tested throughout the year assurance against specific areas, including the areas identified by the CQC as 'must dos'.

As part of the governance arrangements related to being in special measures, the Trust has meetings with NHS Improvement each month, to track progress and consider key risks. A Single Oversight Group consisting of NHSI, NHSE, CCGs, Healthwatch and other stakeholders, seeks assurance from the Trust that it is delivering against the Delivery Plan and helps to support us in our improvement journey. We also meet regularly with CQC who undertake a schedule of deep dives.

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 2018/19 included;

- **Not consistently achieving ARP standards as a result of insufficient resources, which may lead to patient harm.**

  In conjunction with our commissioners, we concluded in Q3 a demand and capacity review, which helped identify a funding gap. To enable the Trust to achieve ARP standards, additional investment has been provided and aligned to this we have an agreed improvement trajectory to ensure compliance with the standards by the end of Q1 2019/20.

  There is some risk to achieving this, primarily due to the risk below relating to clinical capacity, and so during Q1 of 2019/20 a remedial action plan was agreed with commissioners.

- **Patients waiting for a response are not appropriately triaged, as a result of lack of clinical resource and an inability to respond to demand, which may lead to patient harm.**

  An upgrade was made to the computer aided dispatch system to provide better visibility of the types of calls requiring triage and a specific improvement plan developed to help ensure increased provision of clinicians in the EOC. Clinical capacity within the EOC continues to be the Trust's biggest risk and has a direct impact on our ability to respond to Category 3 and 4 patients, in particular.

- **Inability to answer 999 calls promptly due to non-delivery of the planned workforce and inadequate design of the processes and technology within EOC**

  The Trust has made significant progress in the management of this risk, primarily through recruitment of EMAs. An improving trajectory through the year has culminated in us now consistently achieving over 90% call answer within 5 seconds.

  On behalf of the Board, the Audit and Risk Committee has overseen the development of our governance and assurance framework. This sets out the totality of the arrangements which support compliance with the NHS foundation trust license condition 4 (FT governance);

- **Effectiveness of board and committee structures**

  The Board of Directors has a well-established committee structure. Informed by the assurance purview map, committees scrutinise the systems of internal control and through

the monitoring of information tests their impact and how management ensures standards are improved and maintained.

As part of its annual plan the Audit and Risk Committee will test the effectiveness of the framework, including the effectiveness of the other board committees.

- **Responsibilities of committees and staff reporting to committees**

  The terms of reference for each committee are reviewed at least annually and during the latter part of the year a joint review of each committee's annual plans was undertaken to ensure better alignment. For example, between the workforce and quality committees where risk relating to both workforce and patient safety are clearly defined.

  As part of the steps being taken to improve the quality of papers, the executive lead and committee chairs are working more closely together to ensure staff who prepare papers and reports are clearer on what is required.

- **Reporting lines and accountabilities**

  There is a clear distinction between the board (assurance) and executive (management), whereby the management reporting line is through the Executive Management Board and the Board reporting lines through the Board committees.

  Save for those matters reserved to the Board, the Board delegates operational decision-making responsibilities to the Chief Executive who in turn delegates to the executive directors. The Chief Executive is therefore ultimately accountable to the Board.

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 demand and capacity review I mentioned earlier helped to confirm the workforce numbers and skills mix required over the coming years, to deliver the modelled demand for the 999 service. To achieve the targeted dispatch model we are required to have 2,413 full time equivalent front line operational staff. The short term workforce plan achieves this with support of overtime and private ambulance providers. However, by Q4 2020/21 the aim is to achieve the following workforce numbers and skills mix;

- l19% (469 FTE) Emergency Care Support Workers
- 13% (286 FTE) Technicians/Associate Ambulance Practitioner; and
- 68% (1,648 FTE) qualified paramedics

The Board's workforce and wellbeing committee closely monitors this workforce plan and there is external scrutiny and support via a workforce group, which includes commissioners and Health Education England.

Ahead of concluding the demand and capacity review and, anticipating the outcome, the

Annual Governance Statement

Board took the decision in early 2018 to provide additional investment in new staff, with a plan to recruit by January 2019 200 new Emergency Care Support Workers (ECSWs) and 100 new Associate Ambulance Practitioners (AAPs). We achieved 227 and 44 with a further 24 and 94 internal starters, respectively.

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

The foundation trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

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

The Trust has a process for maintaining a register of interests from decision makers and this is published on our website.

The Trust is in the process of undertaking risk assessments in relation to sustainable development and the Board will receive a new Sustainable Development Management Plan for approval during 2019/20.

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 a plan, a quality impact assessment and appropriate metrics. Performance against the plans are monitored by the Executive and the Board of Directors.

The Trust's internal audit service provider is RSM. Annual audit plans are developed and approved by the Audit & Risk Committee at the start of each year taking into account the Trust's objectives and risks, and where management are concerned about the quality of controls.

In accordance with the approved audit plan, a number of reviews were carried out during the year. These helped to identify and/or confirm some weaknesses in the control framework. Management worked with internal audit to develop the plans to implement the agreed recommendations, within specified timescales. These were tracked and overseen by the Audit & Risk Committee.

There was a period during the year where RSM escalated to the committee concern about the timeliness of updating some of the actions. The committee held the executive to account for this, requiring immediate action which was taken.

RSM identified 'substantial assurance'

following its review of financial management, and this supports the financial performance through the year in which we have met all our targets, including the control total.

However, RSM did identify a number of weaknesses in internal control which are covered later in this statement. I am confident that the actions identified which have either been implemented or are in the process of implementing will help to address these gaps in control.

Information governance

The Trust continues to build a robust information governance framework to ensure compliance with the legal requirements. We successfully implemented the General Data Protection Regulation (GDPR) 2016 and Data Protection Act 2018.

Engagement within the Trust continues to be positive. The Information Governance Working Group meets monthly and has supported the introduction of a suite of Privacy Notices and Information leaflets, demonstrating transparency which is a key requirement under GDPR.

The Trust has also implemented Data Protection Impact Assessments (DPIA) which are completed in instances where there are changes to systems or processes involving personal data.

Information relating to the DPIAs is available on the Trust's website and intranet. In accordance with GDPR there is also an overarching register published which summarises DPIA completion.

During the year we reported once incident to the Information Commissioner's Office (ICO). This was in September 2018 and related to a breach of confidentiality. In accordance with process this was also formally recorded though the Data Security & Protection Toolkit. A thorough review has taken place and the ICO were provided a full report demonstrating that the Trust has thoroughly reviewed the breach and also undertaken shared learning. The ICO responded to confirm that our response and actions were acceptable and that no further action would be taken.

The plans for 2019/20 include continuing the promotion of IG awareness, and development of independent service visits, and bespoke training sessions. In addition, our mandatory IG training will be reviewed and updated taking into account any learning from incidents that might occur during the year.

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.

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.

Following discussion with the Board of Directors, the Council of Governors, patient representatives, our Inclusion Hub Advisory Group, local Clinical Commissioning Groups (CCGs) clinicians, our staff and our volunteers we have agreed the following priorities for 2019/20:

- Priority 1 - Clinical Effectiveness: improving survival from out of hospital cardiac arrest

- Priority 2 - Patient Experience: Improving the care of patients with mental illness / disorder
- Priority 3 – Patient Safety: Safety within our Emergency Operations Centre
- Priority 4 – Patient Safety:Care of patients who fall

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. The findings are included within the Quality Report.

There were three priority areas for 2018/19:

Priority	Fully Achieved	Partially Achieved	Not Achieved
1. Learning from incidents, complaints and safeguarding reviews		√	
2. Patient-facing staff adequately trained to manage safeguarding concerns and to report them appropriately.		√	
3. Improving Outcomes for Out of Hospital Cardiac Arrest.	√		

Full details can be found within the Quality Report 2018/19.

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 risk/ clinical governance/ quality committee, if appropriate] and a plan to address weaknesses and ensure continuous improvement of the system is on 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 progress against the Delivery Plan, and the indicators within the Integrated Performance Report, which covers clinical safety; quality; performance; workforce and finance.

The Board receives a written escalation report from each of its committees after every meeting, noting the extent to which it is assured against the areas under review.

During the year the Board has acknowledged the amount of work undertaken by management to ensure continual improvement, and provided appropriate challenge and support in areas where the Board has not been assured.

Audit & Risk Committee

The Audit & Risk Committee is a standing committee of the Board of Directors. Its membership comprises of independent non-executive directors. It is responsible for overseeing overall risk management, business continuity, information risks, financial risks, governance, internal audit, external audit, local counter fraud and anti-bribery.

The internal audit programme is risk based and generally focused on high-risk areas agreed between Internal Audit, Audit & Risk Committee and the Executive. The Committee has flexibility to ask internal audit to review any urgent issue as they arise.

The Committee reviews the risks identified in the Board Assurance Framework (BAF), which includes controls and assurances (and any gaps) plus the mitigating action being taken.

Quality & Patient Safety Committee

The Quality & Patient Safety Committee is also a standing committee of the Board of Directors. On behalf of the Board, it tests the design and effectiveness of the system of internal controls that relate to quality and patient safety. 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 the areas to scrutinise and where it has identified weaknesses, it has asked management to provide assurance that corrective action is being taken. The areas the committee has asked for further assurance has included:

- OU management capacity
- Quality Impact Assessments
- Medical Equipment
- Community First Responder (CFR) Governance
- Internal Safeguarding (DBS checks)
- Provision of services for patients detained under Section 136 of the Mental Health Act.
- EOC audit
- Infection Prevention & Control, incl. vehicle cleanliness.
- Private Ambulance Providers

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 2018/19 Clinical Audit plan was completed, and includes both national Ambulance Clinical Quality Indicators, which are reported to NHS England and our own internal clinical audit programme. It was developed following:

- Engagement with internal and external stakeholders, who were invited to suggest specific conditions or care pathways they would like the Trust to include in the programme.
- A review of all Serious Incidents (SIs) submitted to the Trust's Quality and Safety Committee in 2017/18 to identify any potential clinical care concerns or trends of specific incidents.
- A review of the National Institute for Health and Care Excellence (NICE) guidance database to identify new or amended guidelines, which the Trust should consider including in its programme.
- A review of historical audits that require re-audit subsequent to implementation of recommendations.
- A review of the National Clinical Audits that are mandated for English ambulance services.

Annual Governance Statement

Throughout the year progress in achieving the Clinical Audit Plan was monitored by the Clinical Audit and Quality Sub-Group. This Group meets monthly and also supports frequent review of risks, approval of and shared learning from clinical outcome indicators, as well as review of the recommendations arising from clinical audit activity. Where required, issues are escalated to the Clinical Governance Group which reports directly to the Executive Management Board. On behalf of the Board, the Quality & Patient Safety Committee tests the clinical audit plan and receives regular progress updates.

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 2017/18 the outcome of some audits identified issues as outlined earlier in this statement. As a consequence, the Head of internal audit opinion for 2017/18 is;

An outline of the action taken in response to the identified areas of weakness includes:

Risk Management & Governance
The organisation has an adequate and effective framework for risk management and governance. However, our work has identified further enhancements to the framework of risk management and governance to ensure that it remains adequate and effective.
Internal Controls
There are weaknesses in internal control, such that the framework for internal control could become, inadequate and ineffective.

Identified weaknesses	Summary of action taken / due
DBS checks and reporting	Review of policy & clarity of roles and responsibilities Inclusion of reminders and escalation Central checklist for staff
Fleet Management	Responsibility to be clarified relating to the management of driving licence checks. Urgent checks on licence validity will be undertaken both for new staff and staff currently in post.
Duty of Candour	Review of policy & clarity of roles and responsibilities Implement new action and recommendation system
EOC	Reinforced the requirement for EOC staff to be fully aware of the contents of the Resourcing, Deployment & Management SOP.
Payroll	Procedural guidance has been issued All supporting payroll processing documents to be added onto employee files. Monthly spot checks

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. During 2018/19 no significant issues were identified.

Conclusion

During the year, the Trust has made good progress in a range of areas to improve the quality of its services. However, there have been two significant internal control issues;

1. **DBS checks** - this was an additional audit undertaken at the request of the executive, to help confirm its concerns about the controls in place. This was a risk on our board assurance framework, linked to the wider employment check risk identified in March 2018. Assurance could not be taken around the accuracy of the reported data for the number of initial and renewal DBS checks outstanding. This was due to inconsistent definitions of what constituted an 'outstanding DBS check' and whether completed or outstanding numbers are being reported, as well as an inconsistent use of ESR to record DBS checks.

2. **Driving Licenses** – this issue related to a lack of driving licenses being subject to a systematic or routine check has just recently been identified by internal audit as part of the fleet management review. The remedial action is currently being agreed to ensure this control weakness is rectified.

Dr Fionna Moore, Acting Chief Executive

Date: 23.05.19

Aspiring to be ***better today*** and even ***better tomorrow*** for our people and our patients

NHS
South East Coast Ambulance Service
NHS Foundation Trust

4

Appendix A

Quality Account & Quality Report 2018/19

Part One

Statement of Quality from Our Chief Executive

Since April 2019, I have been very proud to take on the role of Acting Chief Executive, following the departure of Daren Mochrie at the end of March.

On 28 March, the Trust announced that Philip Astle had been appointed as the new substantive Chief Executive and will be joining SECAmb in September 2019. Philip is currently Chief Operating Officer at South Central Ambulance Service and I'm sure we will benefit from his experience and vision.

Looking back at the year, it has been an extremely busy year for the Trust as a whole. We have definitely been faced with some challenges but I have been extremely impressed with how the organisation has responded to these and remained focussed on providing the very best care possible for patients.

In May 2018, we welcomed HRH The Countess of Wessex to SECAmb, when she officially opened our new Emergency Operations Centre (EOC) at our HQ in Crawley. It was a fantastic day and one which followed many months of hard work to bring together two of our previous EOCs – in Banstead and Lewes – into one, purpose-built facility. This was a complex service change which included implementing the new CAD, along with all the associated training requirements. We have worked hard during the year to make the new centre as efficient and effective as possible and ensure that, together with our EOC in Coxheath, we are providing the most responsive service possible to ever-increasing numbers of 999 callers.

This has not been without its challenges and we have experienced some difficulties in recruiting and retaining sufficient numbers of staff to work in the EOCs, especially clinicians. This remains a key area of focus for us in 2019/20. However, we have also made real progress and this has been reflected in significantly improving 999 call answer times during the year.

In October 2018, after a considerable period of analysis, planning and negotiation, a major programme of work to improve care for patients across our region was announced jointly by SECAmb and the 22 Clinical Commissioning Groups (CCGs) that commission ambulance care in the area.

The decision followed an independent review, carried out by Deloitte, which looked to identify the resources required by SECAmb to meet rising emergency and urgent care demand and how best to deliver the Ambulance Response Programme standards, introduced in November 2017.

The review identified the need for a rolling programme of investment to help address a number of challenges and implement changes that will improve patient care and experience. This commitment from commissioners began with additional investment of £10m for 2018/19, with similar levels of investment over the next two years.

The additional investment has already enabled us to significantly increase the number of front-line ambulance staff on the road and call handlers and clinicians in the EOCs during the year, as well as investing in improving our fleet, to ensure that we have the right number and type of vehicles available to respond to all categories of call.

As we move into the new financial year, work is continuing with Phase Two of the programme, focused on improving patient experience and ensuring we continue to improve our efficiency and effectiveness.

In November 2018, the Care Quality Commission (CQC), published their report into the Trust, following their inspection of our services during July, August and September 2018.

The inspection resulted in a 'Requires Improvement' rating overall, which was an improvement from the previous 'Inadequate' rating. However, the CQC recommended to NHS Improvement that the Trust remain in special measures while the improvements made are further embedded throughout our organisation.

Whilst we were, of course, disappointed to be remaining in special measures, we welcomed the improved overall rating, which reflects the hard work put in by staff across the Trust in many areas.

I was particularly pleased at the improvements made in the safe and well-led sections of the inspection and delighted that staff, once again, were rated as good for the care they provide to patients.

Particular areas of good practice and improvements highlighted by the CQC included:

- Staff cared for patients with compassion. All staff inspectors spoke with were motivated to deliver the best care possible and feedback from patients and those close to them was positive
- The Trust promoted a positive culture that supported and valued staff. Inspectors found an improved culture across the service since the last inspection. Most staff felt the culture had improved and felt able to raise concerns to their managers
- Medicines management was robust and effective with a marked improvement since the previous inspection. Inspectors found elements of outstanding medicine management, for example the way the trust handled Controlled Drugs. An external review also recognised the impressive turnaround in performance
- A new well-being hub which enables staff to access support in a variety of areas. The service was widely commended by staff during the inspection

Despite the improvements recognised, we are aware that more remains to be done to ensure we continue to make progress and I know that the whole Trust are committed to making these improvements. We are expecting the next visit from the CQC during the Summer of 2019 and I look forward to being able to demonstrate to the CQC then, the continuing progress we are making.

One of the areas highlighted by the CQC for improvement was the need to improve our response times to less seriously ill and injured patients and this remains a key priority for us during 2019/20.

During 2018/19 we made good progress in improving our Category 1 and 2 response times but we recognise that we need to do more for our Category 3 and 4 patients. These are often elderly patients, with complex clinical and unmet social care needs, who may require a different type of response than a standard, emergency ambulance. We need to ensure that we can better meet their needs, in a timely and compassionate way.

You can read more about the areas I have highlighted here within this Quality Account. Where possible, we have included a description of our achievements against the identified performance metrics.

I hope that you find that this report highlights successes that the Trust has made but also recognises the areas where we need to improve. I also hope that it is clear from reading it, that we take improving the safety and quality of our services very seriously.

I would like to end by thanking all of our staff from all areas of the Service, for their continuing hard work, dedication and professionalism. I never fail to be moved by the compassion and empathy shown by our front-line staff and by the commitment shown by our support staff. On behalf of the Trust Board and our patients, I would like to thank our staff for everything that they do.

I can confirm that the Board of Directors has reviewed the Quality Account and can confirm that it is an accurate description of the Trust's quality and performance.

Dr Fionna Moore, Acting Chief Executive

Part One

Patients want to know they are receiving the very best quality of care. Providers of NHS healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended ('the quality accounts regulations'). Information on quality accounts can be found on the NHS Choices website.

Quality Accounts are annual reports to the public from us about the quality of the healthcare that we provide. They are both retrospective and forward looking as they look back on the previous year's data, explaining our outcomes and achievements, look forward to defining our priorities for the next year to indicate how we plan to achieve these, and quantify their outcomes.

Quality Reports are mandatory for NHS Trusts. This Quality Report seeks to improve our public accountability for the quality of care that we provide. The contents of this Quality Report incorporate all the requirements of the Quality Accounts regulations as well as the requirements from NHS Improvement.

Freedom to Speak Up

Our Executive Director for Freedom to Speak up is our Executive Director of Nursing and Quality. We also have a Non–Executive Director for Freedom to Speak up. In August 2018, South East Coast Ambulance Service employed a full time Freedom to Speak up Guardian. This has been quickly followed by an internal network of Local Freedom to Speak up Advocates who are available to offer signposting to staff who wish to raise concerns. The Advocates act as links from the Guardian to staff within our services.

There are several ways in which staff can raise concerns including: individual Line Manager; Senior Team Manager; Human Resources Advisor; Freedom to Speak up Guardian; Freedom to Speak up Advocates; Executive Director of Nursing & Quality; Lead Non-Executive Director; via our anonymous secure web portal 'Speak up in Confidence'; our Whistleblowing hotline or via our DATIX incident reporting system. Our internal intranet gives clear advice on raising concerns on a dedicated page.

Our Freedom to Speak up Guardian and Advocates hold events at local ambulance stations, universities and A&E's to answer any questions regarding Freedom to Speak up and raise awareness of the process.

Staff who choose to raise concerns via the Freedom to Speak up process receive regular updates on the actions taking place to address their concern and are provided with a further update and explanation when the concern is ready to be formally closed. Staff are assured that they can contact the Freedom To Speak Up Guardian or any of the Freedom To Speak Up team at any time in the future for advice or guidance.

The Freedom to Speak Up Guardian reports into the Board on a quarterly basis. This includes key themes for the concerns and learning. Members of the Executive team meet with the Freedom to Speak up Guardian on a monthly basis.

The Freedom to Speak Up Guardian works independently but closely alongside the Trust's Directorates, trade unions and other stakeholders to ensure a holistic approach to those raising concerns via the Freedom to Speak up process. The Freedom To Speak Up Guardian works closely with those raising concerns to promote a culture where staff do not suffer detriment from raising concerns.

Part Two: Priorities for Improvement and Statements of Assurance from the Board

Following discussion with the Board of Directors, the Council of Governors, patient representatives, our Inclusion Hub Advisory Group, local Clinical Commissioning Groups (CCGs) clinicians, our staff and our volunteers we have agreed the following priorities for 2019/20.

In agreeing the priorities, we have been mindful of feedback from the previous year when key stakeholders such as our patients, inclusion hub advisory group and our commissioners reported that they felt that they had not been adequately consulted. This was partly due to the fact that the organisation had been placed in special measures and therefore key priorities had been selected from the Care Quality Commission (CQC) 2017 list of 'must' and 'should do's'.

Learning from 2018/19 also identified the need for specific, measurable, attainable, relevant and timely (SMART) goals for our 2019/20 key priorities.

Considering improvements over the year and the launch of our Organisational Strategy and our Clinical and Quality Strategy 2018 – 21, we reviewed our previous engagement over the quality account. Initial meetings were held with Senior Managers / Executives and our Lead CCG Commissioner for 999 services to gain an understanding of the potential direction of travel. This was followed up by two stakeholder events which together included membership from our Senior Managers, our staff, staff side representatives, volunteers, our Chaplaincy, CCGs, patients and our Inclusion Hub Advisory Group. Health Watch and Health Overview and Scrutiny Committees were invited but either did not respond or declined to attend, noting they would prefer to receive the final draft of this report.

The November stakeholder event provided up to date progress reports on our key priorities for 2018/19; provided information on the overarching South East Coast Ambulance Service strategy; feedback from our CQC inspection which had been recently published and how we planned to take findings forwards; and to launch our Clinical and Quality Strategy which we anticipated would provide the basis for priorities for 2019-20. This event also provided an opportunity to understand which information would be relevant to stakeholders to support decision making in terms of priorities, and to have early discussions on how priorities may be monitored in coming years.

In January a second stakeholder event was held to consider the three priorities for the coming year. Several proposals were put forward based on the findings of the 2018 CQC inspection, encompassed within our Clinical and Quality Strategy, and findings from national audit / serious incidents and complaints. The priorities proposed at this event were agreed by Board.

Quality Priorities for Improvement for 2019/20

Clinical Effectiveness :

Priority 1 – Improving survival from out of hospital cardiac arrest

Why is this a priority?

Out of hospital cardiac arrest is a life-threatening condition which is a key responsibility for ambulance services. Cardiac arrest survival is a clinical priority in our Clinical and Quality Strategy. In the UK almost 30 000 people had active resuscitation from out-of-hospital cardiac arrest (OHCA) in 2015; only 25% achieved a return of spontaneous circulation and 8% were discharged alive from the hospital[1] . In Q3 of 2018/19 in SECAmb we had a mean return of spontaneous circulation (ROSC) rate of 22.87% and a survival to discharge rate of 6.52%, both below the national average. The Resuscitation Council of the United Kingdom (RCUK) outline 4 stages to the 'chain of survival'[2];

1. Early recognition and call for help
2. Early bystander Cardio pulmonary resuscitation (CPR)
3. Early defibrillation
4. Early advanced life support and standardised post resuscitation care.

In order to improve survival from OHCA we must influence all stages of this chain. This priority builds upon previous work in 2018/19 outlined later in this document in part 3.

Aims:

The aim of this Quality Measure ultimately is to increase survival with good neurological recovery following out of hospital cardiac arrest.

[1] Hawkes C, Booth S, Ji C, et al; OHCAO Collaborators. Epidemiology and outcomes from out-of-hospital cardiac arrests in England. Resuscitation. 2017; 110:133-140.

[2] Perkins G, et al. Resuscitation Guidelines: Adult Basic Life Support and Automated External Defibrillation. Resuscitation Council of the United Kingdom. 2015. London.

Initiatives:

The aim of this Quality Measure ultimately is to increase survival with good neurological recovery following out of hospital cardiac arrest.

- **A stand-alone Resuscitation strategy** will be developed in order to guide us through the first year to ensure a focus on priorities and evaluation of progress. This will be reviewed at 12 months and guide the longer-term strategy.
- **The new Resuscitation Policy will be embedded throughout 2019/20.** This will focus on: competence standards across the clinical workforce; standards of training; minimum standards of equipment required for effective OHCA management; monitoring practice; community support – delivering an effective Community First Responder (CFR) scheme.
- **We will improve early recognition and calls for help.** For those who are experiencing out of hospital cardiac arrest we will ensure that our Emergency Medical Advisors are efficient in the use of NHS Pathways in identifying cardiac arrest in a timely manner. We will monitor and audit practice to ensure best practice. Working with EOC we will ensure that patients with identified OHCA always receive the highest priority of dispatch and the nearest available resource is always sent. We will be introducing GoodSam, a national initiative, which is an App based technology that alerts users of nearby patients suffering a confirmed OHCA. We will be initially launching this for off duty staff and following evaluation will increase to members of the public. This is already being effectively and safely used in other parts of the UK.
- **We will support early bystander cardio pulmonary resuscitation.** To do this we will considering our community engagement strategy and how we can support community life support on a larger scale. We will provide training to all Emergency Medical Advisors in Basic Life Support and Automated External Defibrillation to ensure they are confident when providing telephone CPR advice. We will be developing a Telephone CPR Procedure to underpin effective delivery in this crucial stage of the chain of survival. With colleagues in Operations and Volunteer Services we will be reviewing the Community First Responder schemes and ensuring effective utilisation and competence.
- **We will improve times for early defibrillation.** We will review our Public Access defibrillator (PAD) directory and ensure it is up to date and correct. We will look at how we can work with communities, businesses and other stakeholders in increasing availability to public access defibrillators. We will be ensuring that there is a defibrillator, ideally accessible by the public at all Trust sites.
- **Early life support and standardised care.** We will inform our resuscitation practice in line with the anticipated Joint Royal Colleges Ambulance Liaison Committee (JRCALC) National Ambulance Clinical Practice Guidelines. We will develop a reference tool which is easily accessed to support emergency situations, including Cardio pulmonary resuscitation. We will work towards targeted response which ensures that the nearest resource is dispatched to a cardiac arrest and supported by advanced life support (ALS) capable clinicians and a Critical Care Paramedic (CCP). We will be introducing a cardiac arrest checklist to support clinical leadership and improve human factors during cardiac arrest management.

Quality Priorities for Improvement for 2019/20

- **We will provide training which establishes competence in practice.** This includes all of our registered and non-registered clinical workforce. We will review and update our training for community first responders. We will aim that all non-clinical staff will be confident to use basic life support and automated external defibrillators.
- **We will evaluate our practice** using our cardiac arrest registry which is due to go live in April 2019. We will continue to audit against the national Ambulance Quality Indicators related to OHCA to monitor practice and performance.

Board Sponsor

Medical Director

Implementation Lead

Consultant Paramedic Critical Care and Resuscitation

How will we know if we have achieved this priority?

- We will have agreed our resuscitation strategy.
- Return of Spontaneous Circulation following Out of Hospital Cardiac Arrest – National Ambulance Quality Indicator (AQI).
- Survival to discharge following OHCA – AQ.
- Number of clinical staff to receive focussed training on the management of OHCA.
- Time taken from call answer to identification of OHCA.
- Time taken from identification of OHCA to commencing telephone CPR instructions*.
- Time taken from call answer to a defibrillator reaching the patient's side.
- Number of accessible PADs accessible within SECAmb area.

*This indicator has been selected by our council of Governors for the external local audit as part of the quality assurance process of this report.

Patient Experience :

Priority 2: Improving the care of patients with mental illness / disorder

Why is this a priority?

The Five year forward view for mental health[3] recognised that "people of all ages have been stigmatised and marginalised, all too often experiencing an NHS that treats their minds and bodies separately". Mental Health Care features in our Clinical and Quality Strategy. Our strategy focusses on getting it right first time so that our patients receive care which is informed by current national and local legislation and guidelines. Our staff will be appropriately trained via programmes designed by our mental health professionals, to ensure that care is non–stigmatising, evidence based and up to date. Some of this work has already begun within the Trust but it is in the early stages. Never the less, we have evidence that people with mental illness/disorder do not always receive the most appropriate category of response time due to the way we work with partner agencies such as the Police. In addition, we have identified areas where we need to train our staff better to respond appropriately. Both of these impact negatively on the experience of patients with mental illness. The view of our stakeholders was overwhelmingly in favour of highlighting progress as a priority within our quality account.

Aims:

The aim of this priority is to ensure that patients who use our services and who have a mental illness/disorder receive the most up to date appropriate treatment that has parity of esteem with physical health care.

Initiatives:

- We will continually monitor and review our current policies and procedures to reflect up to date national guidance and legislation.

- We will benchmark our practice and audit our processes in line with national best practice guidelines.
- We will develop our clinical assessment tools e.g. mental health risk assessment so that it is compatible with our clinical recoding system and audit processes.
- The introduction of mental health practitioners into our Emergency Operations Centre (EOC) and who subsequently, during 2019/20, will form a key part of our Clinical Assessment Service (CAS) collocated with NHS 111, will enable us to provide patients with a more appropriate level of intervention based on individual need. To support this, we will roll out the scope of practice that we have developed.
- We will continue to work collaboratively with partner organisations including the Police and mental health providers, via the locality crisis care concordats and other forums to ensure that patients who come into contact with our services both directly or via the Mental Health Act, receive appropriate care and treatment.
- We will work closely with the police to monitor our responses to Section 135(1) and Section 136 of the Mental Health Act; in particular, to monitor our response times and conveyancing numbers.
- We will further explore the development potential across the organisation for "Mental Health Ambulance".
- We will ensure that appropriate safeguarding processes are followed for patients who have a mental illness and who may become a danger to themselves or others.
- Any clinical incidents which relate to patients with mental illness will be reviewed by our mental health consultant nurse and Senior Mental Health Practitioners in order that learning is embedded within the organisation.
- We will work with our partners to identify potential strategies to monitor and learn from patient experience of our service.

Board Sponsor

Executive Director of Nursing

Implementation Lead

Consultant Nurse for Mental Health.

How will we know if we have achieved this priority?

- Our policies and procedures will reflect up to date national guidance and legislation and we will be able to demonstrate where changes have been made if required.
- We will have developed a programme if audit for mental illness/disorder.
- We will implement and audit our clinical assessment tools.
- We will have continued to recruit and embed mental health professionals to the Emergency Operations Centre and Clinical Assessment Services.
- We will continually monitor and report data which reflects that patients who are known to be subject to Section 136 Mental Health Act receive a category 2 response time. In addition, we will continue to work with the Police to improve communication so that this information is better communicated between both agencies. We anticipate that this will be demonstrated by an increased in the number of category 2 responses for section 136.
- We will develop a process whereby we can monitor and report the number of safeguarding referrals for patients with a known mental illness /disorder.
- We will report on any emerging trends and learning arising from incidents / complaints

Quality Priorities for Improvement for 2019/20

/ serious incidents where management of mental illness is known to be a factor.

- We will have evidence of work with our partners to identify potential strategies to monitor and learn from patient experience of our service and will have started to collect feedback.

[3]The mental health taskforce: five year forward view for mental health. NHS England. 2016.

Patient Safety :

Priority 3: Safety within our Emergency Operations Centre

Why is this a priority?

Patients who use 999, access our services via the Emergency Operations Centre. This is our first opportunity to assess and appropriately respond to their condition. The Care Quality Commission (CQC) inspection published in November 2018 identified potential issues relating to how we identify and manage the stack of patients waiting for an ambulance. At times patients waited outside the times detailed in the policy for a welfare call. Insufficient staffing was also a key issue. Some of these concerns have been reflected by trends for serious incidents and complaints. Significant work has already been undertaken in respect of safety within our Emergency Operations Centre, but we recognise that this is an improvement journey.

Aims:

We will continue to ensure that the Emergency Operations Centre is appropriately staffed and monitor the time it takes to answer 999 calls when patients contact our service. We will monitor how well we have assessed patients when they first contact our service. We will continue to ensure that patients waiting for an ambulance receive appropriate welfare calls.

Initiatives:

- We will implement staffing optimisation, location utilisation and performance quality monitoring trajectories to ensure compliance with CQC Must do for clinical safety within the EOC.
- We will ensure that calls into the Emergency Operations Centre meet the standard we expect by auditing calls in line with our NHS Pathways licence.
- We will increase the establishment of Resource Dispatchers, increase the number of dispatch desks and implement new allocation procedures so that patients receive a response in line with the National Ambulance Response programme.
- We will continue to undertake 'clinical tail audits' on cases where patients have not received an ambulance within national timescales for their condition. We will embed learning from this.
- When the Trust experiences higher than expected volumes of calls we will continue to audit and embed learning about incidents on patients who are not sent an ambulance and given alternative advice such as make own way to hospital.

Board Sponsor
Executive Director of Operations

Implementation Lead
Senior Clinical Operations Manager

How will we know if we have achieved this priority?

- We will monitor and report on our internal action plan for EOC safety. This includes monitoring appropriate staffing levels.
- We will improve our audit of calls in line with our NHS Pathways licence.

- We will report on the findings of audits on the 'clinical tail'. We expect to see compliance with welfare calls to improve over the coming year.
- We will continue to report on compliance with our no send policy during times of higher than anticipated activity and will demonstrate how we have embedded learning. We expect compliance to improve.

Patient Safety

Priority 4: Care of patients who fall

Why is this a priority?

SECAmb receives a large number of calls from patients who have fallen. From 1st April 2018 – 31st March 2019 we attended 35,930 category 3 and 4 calls to patients who had fallen. 49% waited longer than 1 hour for an ambulance.

The National Ambulance Response Programme[1] identifies a category 3 response for patients who fall. The CQC inspection in 2018 noted that "Patients classed as category 3 (elderly fallers and long lie patients) were at high risk of deterioration as a result of experiencing long delays". This has also been evidenced internally by serious incidents and complaints have demonstrated the negative experience of these patients. Our stakeholders expressed concerns about the safety of patients who have fallen and have to wait for a response.

Aims:

The aims of this priority also relate to priority 3 which focusses on safety in our Emergency Operations Centre. In addition, we will continue to ensure that patients who fall are appropriately assessed. Over the forthcoming 12 months we will be exploring additional ways in which patients can be assessed quickly whilst waiting for an ambulance crew to arrive.

Initiatives:

We will continue to embed use of our flow chart which should be used to assess patients who have fallen.

- We will work with partner organisations and our volunteers to explore how patients who have fallen can be more quickly assessed whilst waiting for an ambulance.

Board Sponsor

Medical Director

Implementation Lead

Consultant Paramedic

How will we know if we have achieved this priority?

- Audit will demonstrate improved compliance with use of the fallers flow chart.
- We will continue to improve our performance against the National Ambulance Response Programme.
- We will review alternative ways of initially supporting patients who have fallen. This will include collaborative work with partner organisations and our volunteers.

2.2: Statements of Assurance from the Board

This section of the report is common to all healthcare providers and ensures that all Quality Accounts are comparable.

High level indicators of quality are routinely reported to the Board and our Council of Governors. The Board also receives an escalation report from our Quality and Patient Safety Committee which is chaired by a Non-Executive Director. Performance is compared to local and national standards where there are available.

During 2018/19 the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provided and/or subcontracted two relevant health services: Accident and Emergency (A and E) services; NHS 111.

The South East Coast Ambulance Service NHS Foundation Trust has reviewed all the data available to them on the quality of care in both of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 97% of the total income generated from the provision of relevant health services by the South East Coast Ambulance Service NHS Foundation Trust for 2018/19.

During 2018/19 eleven national clinical audits and no national confidential enquiries covered relevant health services that SECAmb provides.

During that period SECAmb participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries, which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SECAmb was eligible to participate in during 2018/19 are as follows:

Cardiac Arrest	Return of Spontaneous Circulation (All Cases)
Cardiac Arrest	Return of Spontaneous Circulation (Utstein Group)
Cardiac Arrest	Survival to Discharge (All Cases)
Cardiac Arrest	Survival to Discharge (Utstein Group)
Return of Spontaneous Circulation	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Call to Hospital in 150 minutes
Stroke	Delivery of Care Bundle
Stroke	Call to Hospital in 60 minutes
Stroke	Delivery of Care Bundle
Out of Hospital Cardiac Arrest Outcomes (OHCAO)	Warwick Clinical Trials Unit

The national clinical audits and national confidential enquiries that SECAmb participated in during 2018/19 are as follows:

Cardiac Arrest	Return of Spontaneous Circulation (All Cases)
Cardiac Arrest	Return of Spontaneous Circulation (Utstein Group)
Cardiac Arrest	Survival to Discharge (All Cases)
Cardiac Arrest	Survival to Discharge (Utstein Group)
Return of Spontaneous Circulation	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Call to Hospital in 150 minutes
Stroke	Delivery of Care Bundle
Stroke	Call to Hospital in 60 minutes
Sepsis	Delivery of Care Bundle
Out of Hospital Cardiac Arrest Outcomes (OHCAO)	Warwick Clinical Trials Unit

The national clinical audits and national confidential enquiries that SECAmb participated in, and for which data collection was completed during 2018/19, 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.

National Audit		Number of Cases	Percentage of the number of registered cases required
Cardiac Arrest	Return of Spontaneous Circulation at hospital (All Cases)*	2932	100%
Cardiac Arrest	Return of Spontaneous Circulation (Utstein Group)*	469	100%
Cardiac Arrest	Survival to Discharge (All Cases)*	2871	100%
Cardiac Arrest	Survival to Discharge (Utstein Group)*	364	100%
Return of Spontaneous Circulation	Delivery of Care Bundle	162	100%
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle*	454	100%
Stroke	Delivery of Care Bundle*	3502	100%
Sepsis	Delivery of Care Bundle*	940	100%

*Data collection for these indictors occurs three months in arrears, so the performance shown is for Q4 of 2017/18 ad Q1-3 2018/19.

The reports of eleven national clinical audits were reviewed by the provider in 2018/19 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

National Audit	Actions to improve the quality of healthcare provided
Cardiac Arrest	• The Trust continues to expand its volunteers, workforce and fleet in order to improve a timelier response to all categories of incident. • A full day of practical resuscitation training will be delivered during the Trust's 2019/20 Key Skills training Programme. • The Trust is introducing the 'GoodSam' system, which is used to dispatch trained members of the community to cardiac arrests through an app on their smartphone. • The Trust has reinvigorated the cardiac arrest download Programme, which gives clinician feedback on the effectiveness of resuscitation attempts.
ST Elevation Myocardial Infarction (STEMI)	• Additional Electrocardiogram (ECG) training will be provided in the Trust's 2019/20 annual mandatory training Programme for clinical staff to increase the accuracy and timeliness of STEMI diagnosis. • The Trust has purchased an electronic clinical audit system that will give individual clinicians the ability to view their own performance in managing these cases and reflect to improve future care. The system will also give leaders in the organisation better information to support their teams. • The Trust has purchased a new electronic patient clinical record system that will prompt users to address documentation omissions that may lead to quality standards not being met.
Stroke	• The Trust has purchased an electronic clinical audit system that will give individual clinicians the ability to view their own performance in managing these cases and reflect to improve future care. The system will also give leaders in the organisation better information to support their teams. • The Trust has purchased a new electronic patient clinical record system that will prompt users to address documentation omissions that may lead to quality standards not being met. • Training on stroke management will be included in the Trust's 19/20 Key Skills Programme and will stress the importance to timely and effective care for this patient group.
Sepsis	• The Trust has purchased an electronic clinical audit system that will give individual clinicians the ability to view their own performance in managing these cases and reflect to improve future care. The system will also give leaders in the organisation better information to support their teams. • The Trust has purchased a new electronic patient clinical record system that will prompt users to address documentation omissions that may lead to quality standards not being met. • The Trust has invested in systems that enable better documentation of where pre-alert calls were provided to emergency departments, which will drive better compliance in this element of care.

2.2: Statements of Assurance from the Board

The provider reviewed the reports of eighteen local clinical audits in 2018/19 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

National Audit	Actions to improve the quality of healthcare provided
Administration of Activated Charcoal	• Introduced mandate fields for the documentation of drug batch number and expiry date on both paper and electronic patient care records. • IProvided feedback to clinicians who administered the medicine outside of the scope of the Patient Group Direction (PGD). • IPlanned a re-audit to measure improvements in performance.
Airway Management	• Consolidated the indications for intubation by Critical Care Paramedics (CCPs). • Received assurance from our academic partners that all students are taught step-wise airway management. • ncluded a refresher on the step-wise approach to airway management in the Trust's 19/20 Key Skills Programme. • Improved the layout of the Trust's paper and electronic patient care records, such that a step-wise approach to airway management and documentation of capnography is more intuitive and more clearly documented. • Planned a re-audit to measure improvements in performance.

Administration of Patient Group Direction Medicines by Critical Care Paramedics	• Increased the number of payroll number fields that are available on the paper patient care record (PCR). • Added batch number, expiry date and consent fields to the paper and electronic patient care records. • Reviewed Critical Care Paramedic Patient Group Directions to ensure that dosage regimes are appropriate and realistic for the range of presentations experienced. • Provided feedback on incidents where medicine was administered outside of the scope of the Patient Group Direction. • Clarified the Trust's position on remote prescribing and scope of Patient Group Direction guidance.
Administration of Drugs by Community First Responders	• Planned for the introduction of a patient care record designed specifically for the use of Community First Responders (CFRs). • Carried out a data cleansing exercise to understand the reasons for low administration numbers. • Provided training to Community First Responders on the use of salbutamol. • Planned for a re-audit of administration of drugs by Community First Responders.
Assessment and Management of Croup	• Given consideration to removing 'Taussig Score' from the 'records to be kept' section of the Patient Group Direction. • Moved to electronic signing and competency testing for Patient Group Directions through the JRCALC Plus app. • Displayed an infographic poster that shows the results of this audit and encourages staff to consider this medicine more frequently. • Delivered a podcast answering 10 questions relating to croup and dexamethasone. • Added medicine batch number and expiry date to both paper and electronic patient care record.
Care of Patients Under the Mental Health Act	• Issued guidance on the observations that should be undertaken on a patient under section of the Mental Health Act, via a Clinical Bulletin. • Published articles in the monthly clinical bulletin to boost clinician's awareness of mental health conditions and how other conditions may present in a similar way. • Planned for re-audit to measure improvements in performance.

2.2: Statements of Assurance from the Board

Assessment and Management of Pain	• An assessment and management of acute pain best practice statement was released. • An option of medication for the management of moderate pain was investigated and due to be introduced. • An audit of pain assessment was introduced into the monthly documentation audit. • Pain management was included in the key skills plan for 2019/20. • An audit of paediatric pain management will be included in the 2019/20 Clinical Audit Plan. • A re-audit of the same standards will be included in the 2019/20 Clinical Audit Plan. • The SECAmb pain management ladder was disbanded until further medication has been introduced. • Pain score on the new electronic patient care record (ePCR) and the new paper patient care record has been made a mandatory field.
Administration of Tranexamic Acid	• Indications for the Patient Group Direction of Tranexamic Acid was reviewed at the Patient Group Directions working group. • Electronic signing of Patient Group Directions on JRCALC+ has been established, with a competency based assessment. • Feedback was provided to staff where the medication was administered outside the scope of the Patient Group Direction. • Fields for consent, batch number and expiry date of medication have been added to the new paper patient care record. • An audit examining the same standards has been added to the 2019/20 plan.
Supply of Antimicrobials by Paramedic Practitioners	• A clinical bulletin was issued that reminded staff of the importance of documenting dose and frequency of medication. • A worsening care advice and safety netting advice guidance document was produced. • An interview with professional practice leads, a legal representative and a skilled clinician will be published to highlight the importance of worsening care and safety netting advice. • Patient Group Directions will be re-audited in the 2019/20 Clinical Audit Plan.

Administration of Diazepam	• Fields for batch number and expiry date of medication have been added to the new paper patient care record. • A clinical bulletin was issued reminding staff of the importance of following Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance. • Feedback was provided to clinicians where the dose administered was incorrect.
Timeliness of Care for STEMI	• Training is planned on the Trust's 19/20 Key Skills Programme that will give clinicians strategies to minimize time spent on scene.
Supply of Analgesia by Paramedic Practitioners	• A bulletin was issued to Paramedic Practitioners reminding them of the importance of adequate documentation. • Fields for batch number, expiry date and consent were added to the main paper patient care record. • Guidance was issued on the importance of effective safety netting and worsening care advice.
Supply of Prednisolone Paramedic Practitioners	• A bulletin was issued to Paramedic Practitioners reminding them of the importance of adequate documentation. • Fields for batch number, expiry date and consent were added to the main paper patient care record patient care record. • Guidance was issued on the importance of effective safety netting and worsening care advice.
Assessment and Management of the Sick Child	• The Trust's Medicines Governance Groups is considering improved options for analgesia in paediatric patients. • The Trust has delivered teaching on Paediatric Early Warning Scores on its 19/20 Key Skills Programme.
Assessment under the Mental Capacity Act	• The Trust's safeguarding sub-group is considering ways in which documentation of capacity assessments and best interest decisions can be increased.
Electrocardiogram (ECG) Interpretation	• Staff are receiving training on 12-lead ECG interpretation through the Trust's 19/20 Key Skills Programme.
Record Keeping	• The Trust's paper patient care record has been redesigned and ePCR is planned for introduction with system features that will address the most common challenges seen.
Major Trauma Care Bundle	• Major trauma teaching is planned on the Trust's 19/20 Key Skills Programme.

2.2: Statements of Assurance from the Board

The number of patients receiving relevant health services provided or subcontracted by SECAmb in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was nil.

A proportion of SECAmb income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between SECAmb and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

In 2018/19, (CQUIN) SECAmb received £4,353k of income that was conditional on achieving quality improvement and innovation goals. For 2017/18, this value was £5,296k. At the time of writing this report this is currently awaiting verification from our commissioners.

Further details of the agreed goals for 2018/19 and for the following 12-month period are available electronically at - http://www.secamb.nhs.uk/about_us/our_budget_and_how_we_spend_it.aspx.

In summary SECAmb agreed 3 national CQUINs with our commissioners (each of which ran from 2017/19:

- Ambulance conveyance 1.25% of total
- Health and wellbeing 0.25% of total
- Sustainability and Transformation Partnerships (STP) engagement 0.5% of total

Our CQUINS successes included:

- An improvement in two of three NHS Annual staff survey questions on health and wellbeing, musculoskeletal and stress
- SECAmb exceeded the target of 75% uptake of the flu vaccinations by frontline healthcare workers, achieving 75.3 % uptake. This was a challenging target to achieve and was achieved due to significant team effort Trust wide.
- SECAmb achieved the expected level of engagement and participation in STPs. SECAmb work with four STPs but only 3 were included as these were fully inside our geography.

South East Coast Ambulance Service is required to register with the Care Quality Commission and its current registration status is to provide;

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

South East Coast Ambulance Service has no conditions on its registration

The Care Quality Commission has not taken enforcement action against South East Coast Ambulance Service during the reporting period 2018

South East Coast Ambulance Service has not participated in special reviews or investigations by the Care Quality Commission during the reporting period 2018/19.

South East Ambulance Service NHS Foundation Trust did not submit records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

South East Coast Ambulance Service NHS Foundation Trust Information Governance Assessment Report overall score for 2018/19 was 73% and was graded green.

South East Coast Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

South East Coast Ambulance Service NHS Foundation Trust will be taking the following actions to improve data quality:

- The Trust Data Validation Procedure and Data Quality Policy have both been reviewed and updated recently ensuring they are current.

- A new data warehouse is live and the legacy reporting system switched off 1st April 2019.
- The Trust has one version of reported information centralised to an industry standard reporting platform.
- Collaborative development of the reporting platform is ensuring that data quality checks form part of the dynamic reporting service.
- A continued adherence to a sign-off process for internal and external reporting when reports receive adjustment.
- External reports require executive sign-off when a new change is enacted.
- Internally, data receives author and senior analyst/performance manager sign-off.
- Implementation of a new CAD system has improved data quality during the capture at source process.
- The Trust has implemented links to the national patient demographic service, vastly improving NHS number compliance.
- An internal audit of the Category 1 performance indicator production provided board assurance of the accuracy of the reporting process.

Learning from Deaths

Acute Trusts have been mandated to report on patient deaths in some detail. This has not been extended to Ambulance Trusts in this reporting year. In late 2018, NHS Improvement announced that Learning from Deaths was likely to be mandated for Ambulance Trusts and has been working with the National Association of Ambulance Trusts Medical Directors to consider how learning from deaths can be effectively applied in ambulance services. Further guidance is awaited at the time of writing. Further to which the Trust policy will be revised as necessary. During 2018/19, SECAmb has been actively working towards this requirement.

Defining the number of deaths is difficult. Some of the Trust's patients may have died prior to arrival, such as road traffic collisions, or may have died on the way to hospital. Historically, the Trust has used the figures reported on the National Reporting and Learning System (NRLS) as the measure for this statement. A retrospective review has been undertaken which confirmed that 28 deaths were attributed to SECAmb, with a downgrading of 40 records. The data provided in this report is taken from the Trust's internal patient safety DATIX system as this information more accurately reflects this position. Moving forwards the Trust is considering more robust mechanisms to capture information from deaths to facilitate learning.

During 2018/19 68 of SECAmb patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 31 in the first quarter; 29 in the second quarter; 6 in the third quarter; 2 in the fourth quarter.

By 14th March 2019 nil case record reviews and 68 investigations have been carried out in relation to 68 of the deaths included. In nil cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 31 in the first quarter; 29 in the second quarter; 6 in the third quarter; 2 in the fourth quarter.

22 representing 32.3% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of: 12 representing 18% for the first quarter; 4 representing 6% for the second quarter; 4 representing 6% for the third quarter; 2 representing 2.9% for the fourth quarter.

These numbers have been estimated using the DATIX system as outlined above.

Key lessons include:

- Ensuring that staff who have been away from a clinical environment for a significant period of time update their key skills prior to first clinical shift
- The need to consider differential diagnosis for patients with shortness of breath and anxiety
- Reviewing the number of clinical navigators responsible for welfare calls.

In addition to incident specific learning, we have used trend analysis to inform the topics for our deep dives which will be discussed later.

Key actions in respect of the learning above included:

- A process to monitor that training status of staff and provide key sills and updates prior to returning to a clinical shift after a period of absence.
- A clinical bulletin was released in relation to the need for a differential diagnosis of pulmonary embolism
- Staffing levels for EOC have been reviewed and we are recruiting to additional clinicians
- EOC safety is a clinical priority for 2019/20

Retrospectively a small number of incidents from 2017/19 were identified after the deadline for the quality report. 0 case record reviews and 9 investigations completed after 19th March 2018 which related to deaths which took place before the start of the reporting period. 2 representing 3% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the findings of the root cause analysis investigations which were undertaken.

The Trust has been working throughout 2018/19 to put measures in place to review deaths and implement learning.

During 2018/19 the Trust established quarterly Mortality and Morbidity Deep Dives and a mortality review process, with a bi-annual update reporting to the Quality and Patient Safety Committee as a subcommittee of the Trust Board. These have focused on themes identified from clinical incidents, serious incidents, complaints, patient experience and clinical audit.

Topics during the year have focused on children under 2; call answer and delayed dispatch; Careline calls and re-contacts. A further deep dive on sepsis is scheduled prior to end Q4.

Additionally, the Trust is working closely with NHSI to develop new arrangements to implement Learning from Deaths methodology across the ambulance sector during 2019/20. As part of the preparedness, a new Learning from Deaths group is being formally established as part of the Trusts corporate governance arrangements, which will include Mortality and Morbidity reviews on a monthly basis.

A summary of the key areas of learning from the recent M&M meetings held is summarised below. It should be noted however that these reviews arose from complaints, incidents and serious incidents data only, and pre-dated the learning from deaths arrangements. Revised reporting for learning from deaths will be adopted during Q4 2018/19 and in accordance with the national guidance and local dashboard arrangements.

Gap Identified	Learning / Action
Operational Team Leaders (OTLs) to be trained and supported by buddy SI investigations to increase their knowledge and skills in this area.	This was addressed by the introduction of a two-day root cause analysis (RCA) training programme for SI investigators and the introduction of SI trained buddies. The quality and timeliness of investigations improved as a result.
Staff were keen to present local SI reviews at their team/station meetings for shared learning locally.	These were established by the local operational teams, who have since installed dedicated shared learning noticeboards, CPD sessions, newsletters, and case study bulletins to further facilitate this work. The communications team are also looking to create a shared learning zone on the intranet for this purpose.
Poor clinical data capture identified the need for a review minimum data set and patient care records that are fit for purpose.	This has progressed well with the forthcoming introduction of a new paper PCR supported by a new ePCR. Education on PCR completion has also driven up standards of documentation and reporting as evidence through clinical audit and AQI reporting.
Delivery of mandatory safeguarding training for front line staff, ensuring there is a process in place to escalate non-attendance with individual's line managers.	Safeguarding training was subsequently included in the annual key skills programme for all clinical staff with non-completion escalated and reported to line managers accordingly. This has resulted in an increase in quantity and quality of safeguarding referrals made to the central team.
Increase the EMA capacity by December 2018.	This formed part of the establishment planning for 2018/19 with a dedicated recruitment plan.
Review and refresh of the surge management plan required.	This was undertaken, and an updated plan developed.
A review of complaints investigation identified a concern with the quality of the investigations and learning.	A training programme was developed, and over 200 Operational Team Leaders and managers have since received training. The quality and timeliness of complaints investigations have both improved as a result.
To review the system of welfare calls to ensure there is a consistent documented response to patients waiting for ambulance attendance.	Review completed and revised arrangements for welfare calls adopted. Introduction of Clinical Safety Navigator role completed.

2.3: Reporting against Core Indicators

Since 2012/13 NHS foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

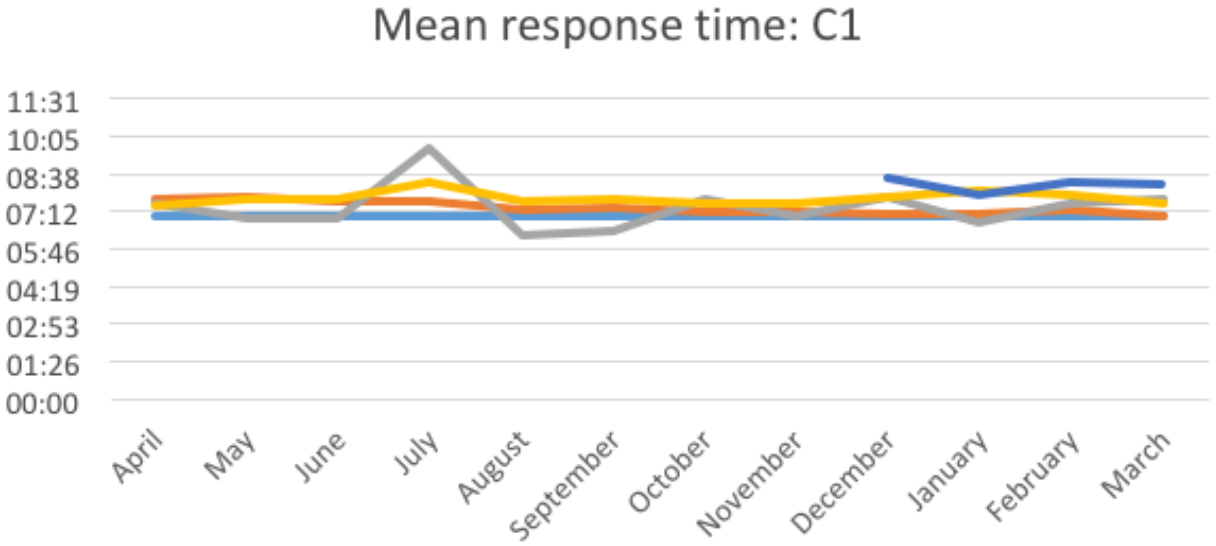
National Ambulance Response Programme

Performance Category 1

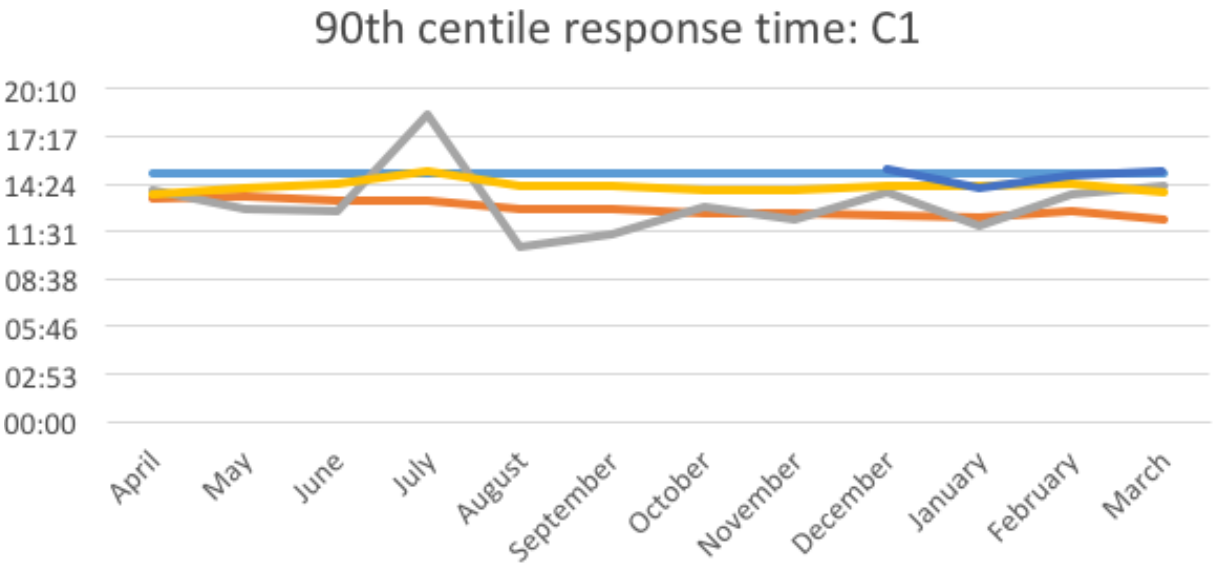
Category 1 is a mandated indicator. The Trust implemented the Ambulance Response Programme ARP performance measures.

Category 1 calls are calls from people with life-threatening illnesses or injuries. These patients require resuscitation or emergency intervention from the ambulance service. These should be responded to in a mean average time of seven minutes and at least 9 out of 10 times before 15 minutes.

This table demonstrates the mean response time for category 1 calls.



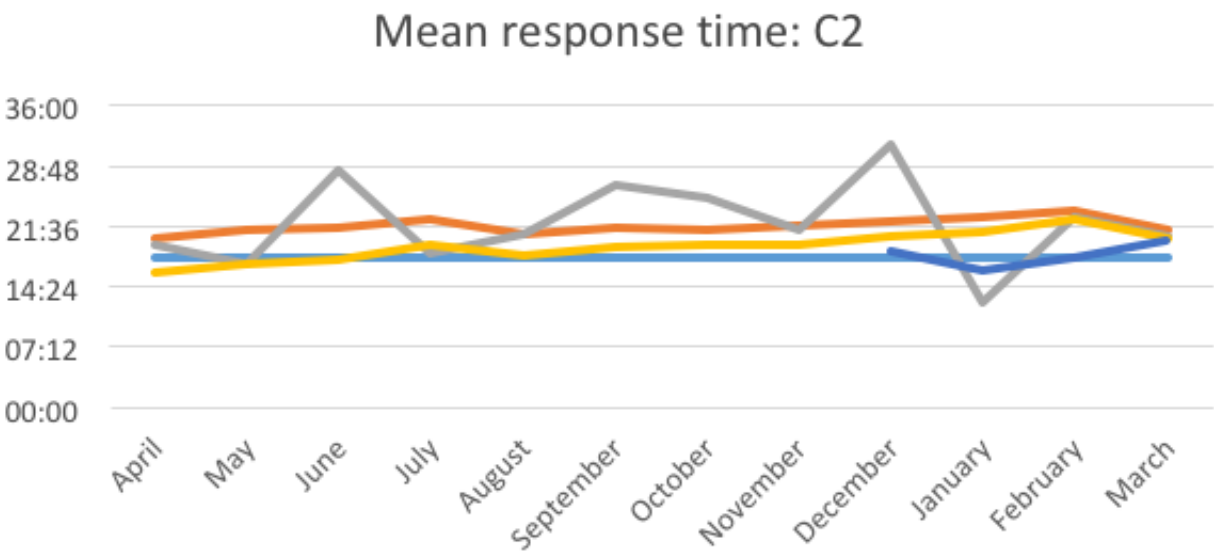
The table below demonstrates 90th centile of response for category 1 calls.



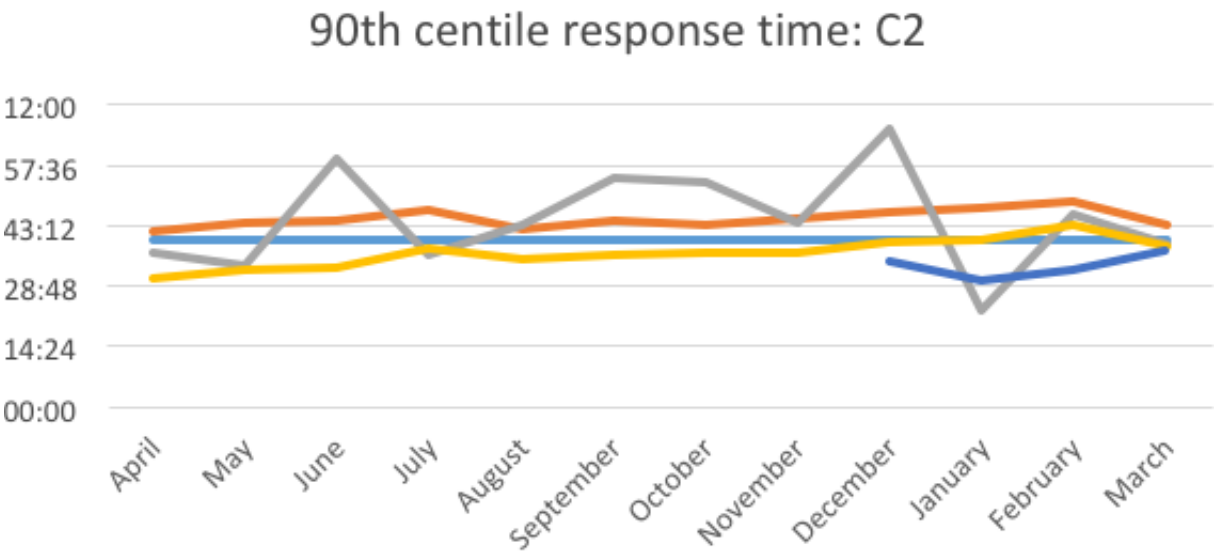
Performance Category 2

Category 2 calls are calls from emergency calls, for example stroke or chest pain that may require rapid assessment and/or urgent transport. These should be responded to in a mean average time of 18 minutes and at least 9 out of 10 times before 40 minutes.

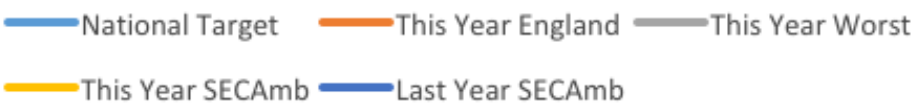
This table demonstrates the mean response time for category 2 calls.



This table demonstrates 90th centile of response for category 2 calls.



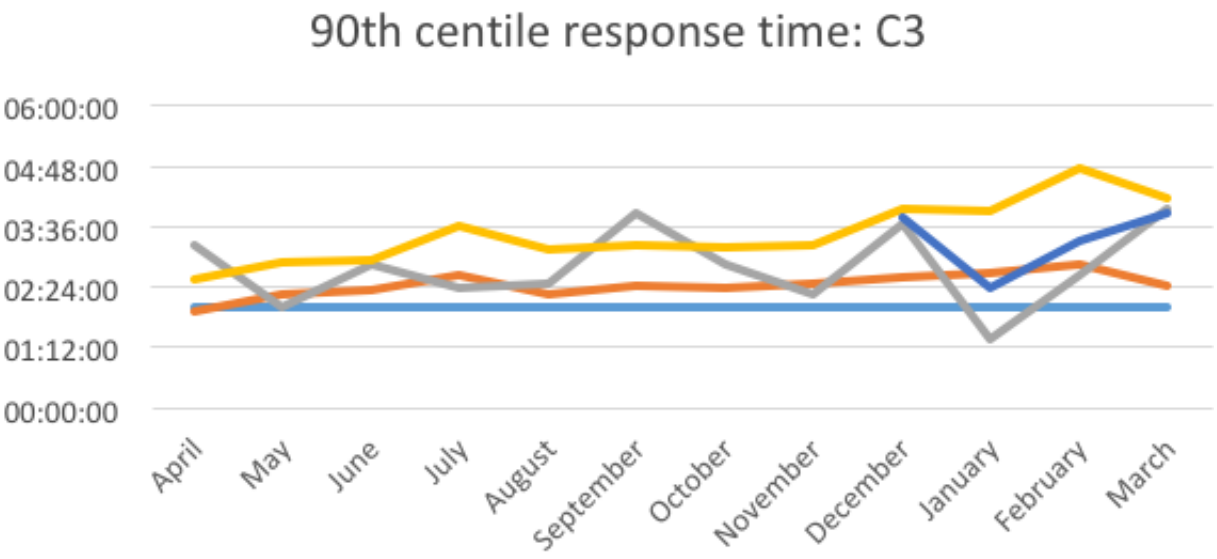
Whilst there remains room for improvement, SECAmb compares relatively well with national benchmarks.



Performance Category 3

Category 3 is for urgent calls. In some instances, you may be treated in your own home. These types of calls should be responded to at least 9 out of 10 times before 120 minutes.

This table demonstrates the 90th centile of response for category 3 calls.

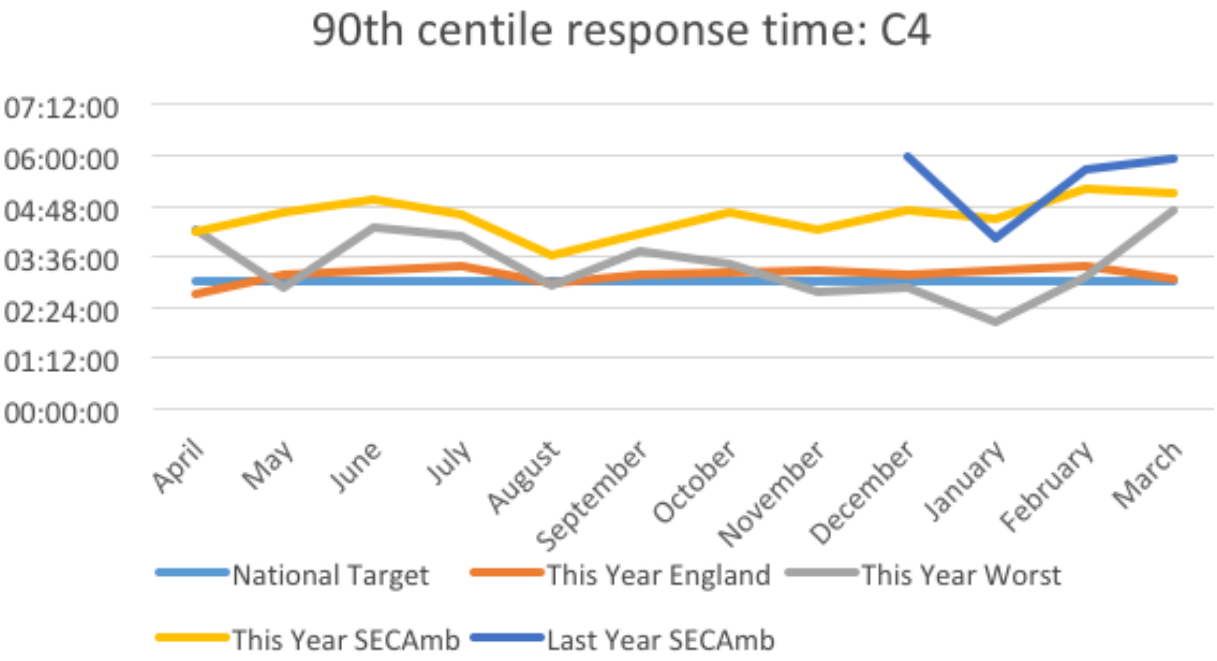


SECAmb does not compare favourably for category 3 calls. A considerable focus is being given to improving response timescales for this category as set out later in this section.

Performance Category 4

Category 4 is for less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes.

This table demonstrates the 90th centile of response for category 4 calls.



Category 4 response is also a key challenge for SECAmb and the actions set out later are designed to improve this performance.

Data Quality

South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:

- National guidance and definitions for Ambulance Quality Indicators (AQI) submissions to NHS digital when producing category performance information.
- This information is published every month by NHS England.
- Ambulance review the definitions, interpretations and calculations as part of the work by the National Ambulance Information Group (NAIG) for ambulance systems indicator data.
- This information is reported to the Board of Directors monthly in the integrated Quality and Performance report.

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services:

- The performance data is discussed daily by teleconference and weekly at our Executive Management Board. A number of immediate actions are taken forward from the discussions.
- Jointly commissioned a recent Demand and Capacity Review with our partner 22 Clinical Commissioning Groups (CCGs). This was carried out by Deloitte.
- Following this review our CCGs have agreed to a rolling programme of investment to meet rising emergency and urgent care demand and ensure patients get the right level of care, at the right time.
- Our service Transformation and Delivery Programme (STAD) will implement the targeted dispatch model to focus the most clinically appropriate response for the level of acuity.
- Implementation of new rotas for crews to provide more resource during peak periods.
- We have undertaken considerable work with partner Acute Trusts to address delays associated with handover when patients are taken to hospital. Handover delays impact on the number of ambulances available to respond to new calls. Over the past 12 months handover delays have decreased significantly and this work continues.

2.3: Reporting against Core Indicators

ST elevation myocardial infraction (STEMI)

A STEMI is the most serious type of heart attack, where there is a long interruption to the blood supply. This is caused by a total blockage of the coronary artery, which can cause extensive damage to a large area of the heart.

A STEMI is what most people think of when they hear the term "heart attack".

The following table demonstrates the percentage of patients with a pre-existing diagnosis of ST elevation myocardial infraction who received an appropriate care bundle from the Trust during the reporting period. This data is published quarterly by NHS England.

Month	SECAmb STEMI Care Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-18	70.21%	68.00%	79.10%	93.80%	69.10%
May-18	69.61%	68.00%			
Jun-18	75.00%	68.00%			
Jul-18	69.40%	68.00%	81.20%	94.20%	63.90%
Aug-18	75.00%	68.00%			
Sep-18	66.40%	68.00%			
Oct-18	62.73%	68.00%	79.3%	95.1%	58.1%
Nov-18	58.73%	68.00%			
Dec-18	64.96%	68.00%			
Jan-19			Data not available at time of report		
Feb-19					
Mar-19					

Data Quality

The South east Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:

- SECAmb believes that the data is as described in line with the standard national definitions as published by NHS England.
- Ambulance Trusts review the AQIs definitions, interpretations and calculations as part of the work by the NAIG.
- This information is published every month by NHS England.
- This information is reviewed on a monthly basis by the Board of Directors as part of the integrated performance and quality report.

Actions being taken

The South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by:

- Our service Transformation and Delivery Programme (STAD) will implement the targeted dispatch model to focus the most clinically appropriate response for the level of acuity arising from the outputs of our demand and capacity review.
- Additional Electrocardiogram (ECG) training will be provided in the Trust's 2019/20 annual mandatory training programme for clinical staff to increase the accuracy and timeliness of STEMI diagnosis.
- The Trust has purchased an electronic clinical audit system that will give individual clinicians the ability to view their own performance in managing these cases and reflect to improve future care. The system will also give leaders in the organisation better information to support their teams.
- The Trust has purchased a new electronic patient clinical record system that will prompt users to address documentation omissions that may lead to quality standards not being met.
- Training is planned on the Trust's 19/20 Key Skills Programme that will give clinicians strategies to minimize time spent on scene.

The following table demonstrates the percentage of patients with a pre-existing diagnosis of ST elevation myocardial infraction who received an appropriate care bundle from the Trust during the reporting period. This data is published quarterly by NHS England.

Stroke

This is the percentage of patients with suspected stroke assessed face to face.

This table demonstrates the percentage of stroke patients, assessed face to face, who have received an appropriate diagnosis bundle.

Month	SECAmb Stroke Diagnostic Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-18	97.37%	97.27%			
May-18	98.67%	97.27%	98.3%	100%	94.4
Jun-18	97.47%	97.27%			
Jul-18	97.79%	97.27%			
Aug-18	97.88%	97.27%	98.3%	100%	95%
Sep-18	95.77%	97.27%			
Oct-18	97.42%	97.27%			
Nov-18	97.12%	97.27%			
Dec-18	94.59%	97.27%			
Jan-19			Data not available at time of report		
Feb-19					
Mar-19					

2.3: Reporting against Core Indicators

Data Quality

- SECAmb believes that the data is as described in line with the standard national definitions as published by NHS England.
- Ambulance Trusts review the AQIs definitions, interpretations and calculations as part of the work by the NAIG.
- This information is published every month by NHS England.
- This information is reviewed on a monthly basis by the Board of Directors as part of the integrated performance and quality report.

Actions being taken

- Our service Transformation and Delivery Programme (STAD) will implement the targeted dispatch model to focus the most clinically appropriate response for the level of acuity arising from the outputs of our demand and capacity review.
- The Trust has purchased an electronic clinical audit system that will give individual clinicians the ability to view their own performance in managing these cases and reflect to improve future care. The system will also give leaders in the organisation better information to support their teams.
- The Trust has purchased a new electronic patient clinical record system that will prompt users to address documentation omissions that may lead to quality standards not being met.
- Training on stroke management will be included in the Trust's 19/20 Key Skills Programme and will stress the importance to timely and effective care for this patient group.

Patient Safety Data

South East Coast Ambulance Service NHS Foundation Trust has continued on its improvement journey to develop an open and honest culture where staff are encouraged and supported to report incidents, including near misses. This can be evidenced by an increased in reporting rate by 1699 incidents or 22.6% for 2018/19 from 2017/18.

During 2018/19 South East Coast Ambulance Service NHS Foundation Trust reported 9209 incidents of which 2055 are incidents where the patient was potentially affected. Of these, 80 (2.38%) patients experience severe harm and death. This is based on internal DATIX data. As stipulated previously within this report, the number of deaths reported onto NRLS is inaccurate and therefore the NRLS data is not reliable. During 2019/20 the Trust plans to review the processes for identifying and reporting patient safety incidents onto NRLS to assure ourselves of accuracy and the effectiveness of our reporting processes.

The increase in incident reporting is multifactorial. The organisation has worked hard to develop a culture of learning. Staff are encouraged and supported to report incidents in a timely way. Staff have easier access to our online reporting system 'DATIX' via iPads which facilitates reporting whilst on the road. The Trust has been monitoring data to ensure that staff do not experience a disciplinary for an 'honest mistake'. Improved medicines management arrangements have led to an increase in the detection of medication related incidents such as non-compliance with procedures, missing temperature checks, controlled drugs issues, and issues with medicines pouches. The increase can also be partly attributable to the number of incidents raised when a 'clinical tail audit' has failed.

In addition to an increase in incident reporting, SECAmb has reported a year on year increase for serious incidents reflects improved reporting mechanisms and decision making in terms of serious incidents. This will be covered in more detail in Part 3.

Part 3: Other Information Relevant to the quality of health services provided or subcontracted by South East Coast Ambulance Service NHS Foundation Trust

NHS Foundation Trusts are mandated to use Section 3 of the Quality Account to present an overview of quality across the Trust's services.

The information provided in Part 3 is a representation of the information that has been monitored throughout 2018/19 by the Trust Board, Quality Patient Safety Committee, the Quality and Compliance Group and Highlight reports shared with the Council of Governors.

The majority of this report represents information which has been monitored in a variety of forums. It includes information on the three priorities for 2018/19 which were selected by the Trust Board following a level of consultation with stakeholders. The priorities offered for consideration at that time focussed on the Care Quality Commission (CQC) 'must' and 'should dos'.

Care Quality Commission

South East Coast Ambulance Service NHS Foundation Trust was already in special measures at the outset of this reporting period. Considerable work has been undertaken throughout the year to improve our CQC rating. Key aspects of this work will be highlighted in this report. The organisation was re-inspected by the CQC in 2018/19, with inspection visits on 18 -20 July; 22-23 August; 7 September 2018. The report was published on 8th November 2018.

The inspection resulted in a 'Requires improvement' rating which was an overall improvement from 'inadequate' the previous year.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency & urgent care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Emergency Operations Centre (EOC)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Resilience	Good	Good	Good	Good	Requires Improvement	Good
NHS 111 service	Good	Good	Good	Good	Outstanding	Good
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

The CQC inspection found that South East Coast Ambulance Service NHS Foundation Trust demonstrated compassionate care and emotional support that took people's needs into account. The Trust had made significant progress in areas including medicines management, safeguarding training, staff understanding and management of incident reporting, the quality of the Trust's response to complaints, staff culture and had a number of outstanding areas.

The CQC noted some areas of outstanding practice:

Emergency Operations Centre: Support for maternity patients was excellent. A new pregnancy advice and triage line for pregnant women had been introduced within the Crawley EOC.

Emergency and Urgent Care: The Crawley triage scheme, which had led to a reduction in conveyancing to hospital for people with

Part 3: Other Information Relevant to the quality of health services provided or subcontracted by South East Coast Ambulance Service NHS Foundation Trust

mental health conditions from 53% to 11%.

The CQC found elements of outstanding medicine management, for example the way the Trust handled Controlled Drugs (CD's). The CQC found suitable audit and quality control processes to ensure the high standards achieved by the organisation were continuously monitored.

The Trust initiative to provide physical and mental health support for staff through the 'wellbeing hub' was widely commended by staff during the inspection.

There was a multidisciplinary multiagency approach to training in the Kent area. This meant staff were training to deal with unexpected situations should they occur.

Brighton station had a dedicated homeless lead who took responsibility for and oversight of this vulnerable group. This role included undertaking outreach work, as well as working with local services to meet the needs of these patients.

However, there were areas where the CQC has asked the Trust to make improvements. An overarching improvement plan has been developed which is regularly monitored by the CQC. There are also additional more detailed action plans for each requirement. In particular, SECAmb has an internal improvement plan for safety within our EOC.

"The Trust **must** ensure that their processes to assess, monitor and improve the quality and safety of services and also to assess, monitor and improve the assessment of risk relating to the provision of the service are operating effectively". This relates to concerns about monitoring safety within out Emergency Operations Centre. There is an overarching action plan and it is reflected in one of our priorities for the coming year noted earlier in this report.

"The Trust **should** ensure they take action to continue to have effective systems and processes to assess the risk to patients and people using the services and they do all that is reasonably practicable to mitigate those risks, specifically in relation to the risk assessment of patients awaiting the dispatch of an ambulance". We continue to recruit additional staff, including clinicians to our Emergency Operations Centre. We have agreed a welfare call policy whereby patients who are awaiting an ambulance receive a welfare call. Our revised surge management plan includes the use of welfare calls allowing clinicians to escalate the priority status of any patient where clinically indicated. Welfare calls are undertaken by clinical staff who have either been trained in NHS Pathways or Manchester Triage.

"The Trust **should** ensure they continue to monitor the effectiveness of the clinical safety navigator role to ensure continued oversight on the safety of patients waiting for an ambulance". We have agreed scope of practice and have a framework for key roles within our EOC. We will have a clinical safety navigator on duty in each of our EOCs but only one will have overall responsibility for the safety of any waiting patient. Every triple breach of ARP response time will have a tail audit completed and any that fail are reported via the DATIX system so that they can be investigated to ensure patients were kept safe and if not to identify any learning.

"The Trust **should** ensure there are a sufficient number of clinicians in each EOC to meet the needs of the service". We continue to recruit clinicians for our EOC, internally from our operational paramedics and externally including nurses, midwives and mental health professionals both from the United Kingdom and internationally.

"The Trust **should** ensure the processes for providing staff with feedback from safeguarding alerts is improved to strengthen and develop learning". Changes have been made to our DATIX system which ensures that our staff receive an acknowledgement when a safeguarding referral

has been made to a Local Authority. SECAmb do not always receive specific feedback form Local Authorities but when this happens, the information is forwarded to the member of staff who made the original referral. However, this is understandably limited due to patient confidentiality.

"The Trust **should** ensure that maps in all vehicles are current, up to date and replaced regularly". We have reviewed the best way we can support our crews to find their destination including benchmarking other ambulance Trusts. We have several electronic mapping solutions in every vehicle including the mobile data terminal and Garmin satellite navigation, which both automatically map destination location from the CAD. Every member of staff can also search any address on their personal issue iPad. We are engaging with our staff side representatives to decide whether to replace paper map books on every vehicle or to remove them altogether.

"The Trust **should** ensure that all staff adhere to the Trust policy on carrying personal equipment and the regular servicing of such equipment". Guidance has been communicated that personal equipment should not be used. The Trust will be issuing all staff with agreed observation equipment over and above that which is provided in every vehicle and is writing a policy and procedure to ensure that this is serviced and calibrated appropriately.

"The Trust **should** ensure that pain assessments are carried out and recorded in line with best practice guidance". This is now part of the minimum data set for every patient and is included in the statutory training for all clinical staff in 2019/20.

"The Trust **should** ensure response times for category three and four calls is improved". Ways in which we are addressing this are detailed earlier in this document.

"The Trust **should** consider producing training data split by staff group and core service area for better oversight of training compliance". The Trust is developing a tool using power BI to ensure greater visibility and to enable simpler audit of all statutory and mandatory training.

"The Trust **should** ensure they collect, analyse, manage and use data on meeting response times for Hazardous Area Response Team (HART) incidents". Currently this is monitored by the Computer Aided Dispatch System (CAD). The Trust BI team are developing an interactive process via the CAD to collect and analyse data.

Clinical and Quality Strategy

In order to support our improvement journey, we launched 'Basics, Time and Safety – our Clinical and Quality Strategy' at our stakeholder event in November 2018. The strategy sets out how quality and clinical care are interlinked, and the strategy will support the highest quality and very best clinical services we can provide. The strategy has 3 key quality themes and 11 priorities:

- Being excellent at the basics: Leadership; Guidelines; Records
- Thinking about time: Right first time; Giving patients time; Acting quickly; Planning ahead; Working in partnership
- Caring about Safety: Continuous improvement; Safeguarding; Reporting incident and risk;

In addition, our strategy sets out 8 clinical priorities, some of which are featured in our key priorities for our Quality Account for 2019/20.

- Cardiac Arrest Survival
- Accommodating Changing Clinical Priorities
- Paediatric Care
- Infection Prevention
- Sepsis Care
- Patients who Fall
- Stroke Care
- Mental Health Care

Part 3.1: Key Indicators

Our Clinical and Quality Strategy underpins much of our work on the three domains of patient safety, clinical effectiveness and patient experience. Although it was recognised that there is a separate need to drive forwards a Patient Experience Strategy. We have plans in 2019/20 to consult on and agree this strategy.

NHS Foundation Trusts are required to provide an overview of care based on performance in 2018/19 encompassing 3 indicators for each of the following: patient safety; clinical effectiveness; patient experience.

We have several plans and monitoring systems which report internally on the domains below and the key priorities are reported on monthly to Board in our Integrated Performance Report (IPR). The initial basis of the indicators which have been monitored throughout 2018/19 related to the 'must' and 'should dos' from the previous CQC inspection. The organisation had recognised the need to get the basics right. The indicators also include progress reports on our three priorities for 2018/19.

Patient Safety

Priority 3 2018/19	**Patient-facing staff adequately trained to manage safeguarding concerns and to report them appropriately**	**Partial achievement.**

REASON CHOSEN:

Safeguarding training is a statutory requirement. Appropriate training for all clinical frontline staff ensures that they are able to identify when safeguarding may be a concern and take appropriate actions to protect the patient or adult / child who is at risk of harm.

DATA SOURCE:

Training attendance data.

BOARD SPONSOR:

Executive Director of Nursing & Quality

Safeguarding training continued as a mandatory requirement throughout 2018/19.

During 2017/18 over 85% of the clinical staff had been trained to level 3. This measure aimed to develop a bespoke training package to further enhance competence and awareness in wider safeguarding issues.

During 2018/19 a session on harmful behaviours (coercive and controlling behaviours which may be linked to grooming or bullying and harassment) was delivered to all staff with direct patient contact. Current data indicates that 85.81% staff have completed this training. This exceeded the Trust target of 85%. The CQC inspection report noted the improvements.

A key measure for the success of safeguarding training is the rate of safeguarding referrals.

The table below sets out safeguarding referral rates compared with previous reporting periods.

Safeguarding referral	2016/17	2017/18	2018/19
Adult	8505	9520	1312
Child	1868	1817	260
Total	10373	11337	1572

There has been a consistent increase in referral rates seen during 2018/19 against the same period in 2017/18. This equates to an increase activity of around 12.4% (3,234 - 2017/18 to 3,699 - 2018/19). Given the Trust's significant commitment to delivering safeguarding training during 2017/18, it is likely that the increase in overall referral activity is a direct response to this improved safeguarding profile across the Trust.

The Trust also planned to develop a process that ensured that safeguarding expertise had oversight of complaints and all allegations / incidents that have a potential safeguarding theme. The Consultant Nurse for Safeguarding is a member of the Trusts Serious Incident Group and, as such oversight of all incidents and complaints with a level of harm of moderate or above. The Consultant Nurse has regular meetings with our Human Resources Department to monitor potential allegations against staff. When identified, safeguarding allegations against our staff have been reported and investigated as serious incidents.

Changes have been made to our DATIX system which ensures that our staff receive an acknowledgement when a safeguarding referral has been made to a Local Authority. SECAmb do not always receive specific feedback from Local Authorities but when this happens, the information is forwarded to the member of staff who made the original referral.

We had an ambition for 2018/19 that 90% of staff when asked will articulate they feel sufficiently trained, informed and supported to identify and report safeguarding concerns and know how to obtain assistance. This has been monitored as part of our Quality Assurance Visits. In hindsight this may have been a very ambitious target. Responding to a safeguarding incident can be a complex emotive subject which gives rise to differing emotions in individual practitioners. In addition, whilst many professionals know how to recognise a safeguarding issue and how to make a referral they may not report that they feel adequately prepared. Currently our quality assurance visits data indicates that 76% of staff, when asked, responded that they felt adequately prepared and trained to manage safeguarding situations.

Part 3.1: Key Indicators

1st April 2018 – 28th February 2019				
Question asked	**Yes**	**No**	**Question not asked**	**Total staff spoken to**
Do you feel adequately prepared and trained to manage safeguarding situations?	68	21	11	100
Have you received Safeguarding training in last 12 months	87	8	5	100
Do you know where to go for help if you are unable to resolve a safeguarding situation?	70	19	24	113

In November 2018, senior members of the nursing and medical directorates carried out visits to Accident and Emergency units across the three counties in November 2018 to see our staff as they conveyed patients to hospital.

Staff predominantly reported that they felt trained to recognise and report concerns. An example was also identified when a paramedic was found discussing a particularly complex safeguarding incident with a student.

Medicines Management

REASON CHOSEN:

Medicines management is a key element to keeping staff and patients safe. This was a key failing in the CQC inspection in 2017.

DATA SOURCE:

Manually audited.

BOARD SPONSOR:

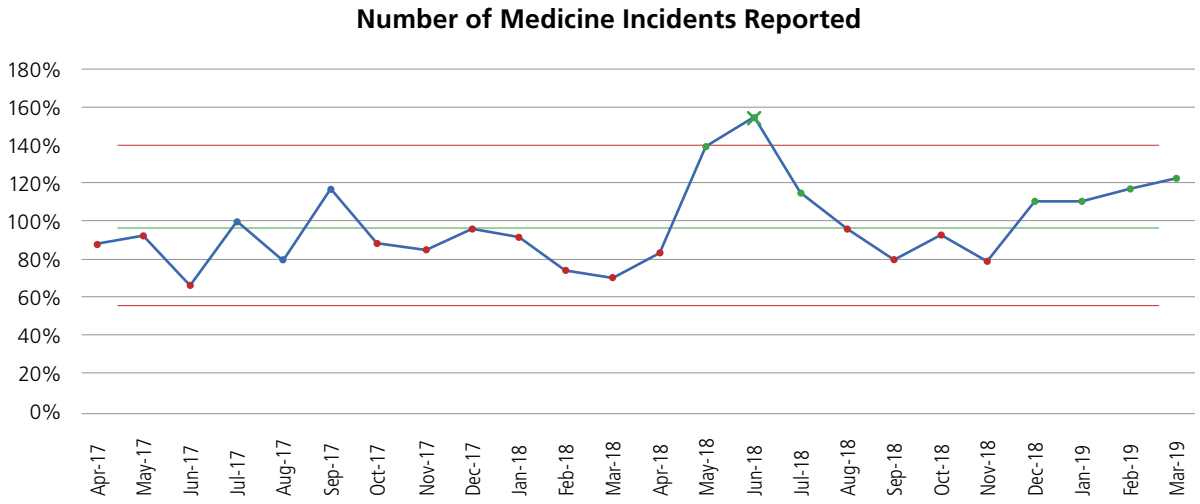
Medical Director

The Trust has made substantial improvements over the past 12 months in terms of medicines management. This was previously a significantly weak area in SECAmb and the audits were noted in the CQC inspection as outstanding practice.

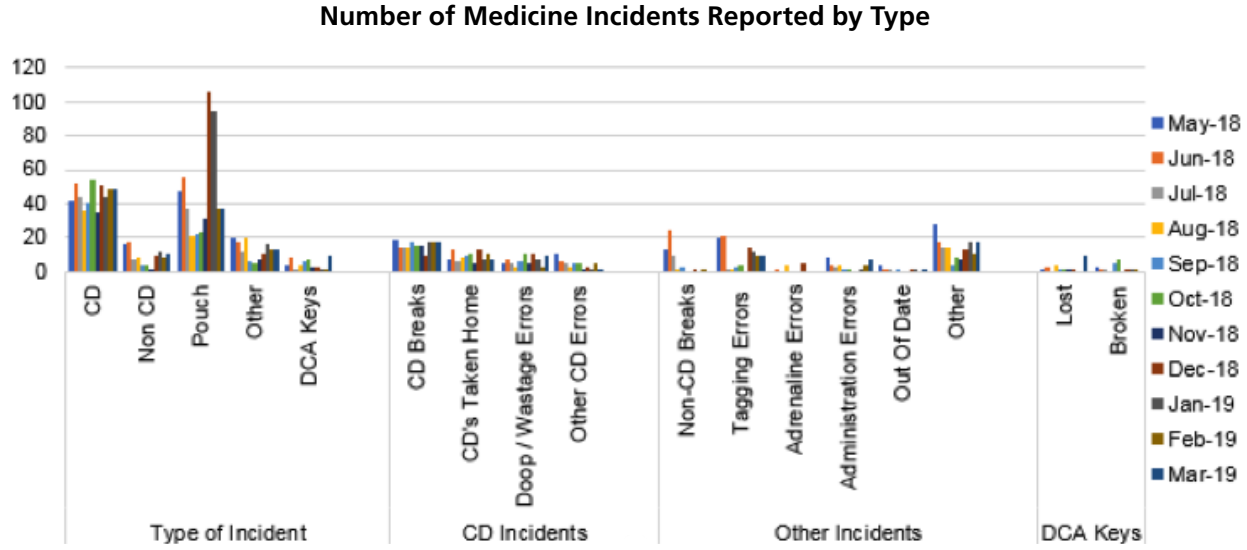
Improvement work throughout 2018/19 has included:

- The revised medicines policy has been rolled out into practice. New Controlled drugs (CDs) policy approved and many associated SOPs with both policies.
- A considerable number of Patient Group Directions (PGDs) which enable our qualified staff to give medication to patients have been reviewed and revised in line with national guidance. A PGD working group has been established chaired by Chief Pharmacist with PGDs been reviewed on time and in line with national guidance. Work is progressing with use of JRCALC Plus app for electronic signatures for PGDs.
- Our medicines governance dashboard is now available to all Operational Unit Managers (OUMs), Operational Managers (Oms) and Operational Team Leaders (OTLs). Reported every month it gives a clear view of unit and team performance against key performance indicators. This enables team to see what they are doing well and drives improvement.
- Regular audits are undertaken to ensure compliance with policy.
- Our medicines governance group meets bi-monthly. New medicines application process to review medicines requested to be added to SECAmb formulary.

The rate of medicines incidents, compliance with policy, mandatory medicines training compliance and audit compliance is reported to the Board on a monthly basis.



A rise in incident reporting is associated with better reporting. SECAmb has demonstrated continuous improvement in medicines incident reporting over a two-year period.



In October 2018, a new coding structure for reporting medicines was agreed. This significantly increased what staff could report and has allowed the Trust to track and trace items such as pouch breakages more precisely than before October 2018. This increase in the number of codes staff can choose from has helped inform a business case for a medicines pouch review. The specialist pouch and the respiratory pouch are the two most reported since October 2018.

Part 3.1: Key Indicators

Incidents

REASON CHOSEN:

Incident management is considered a key element of managing safety and a marker of a safety culture.

DATA SOURCE:

Electronic Database (DATIX).

BOARD SPONSOR:

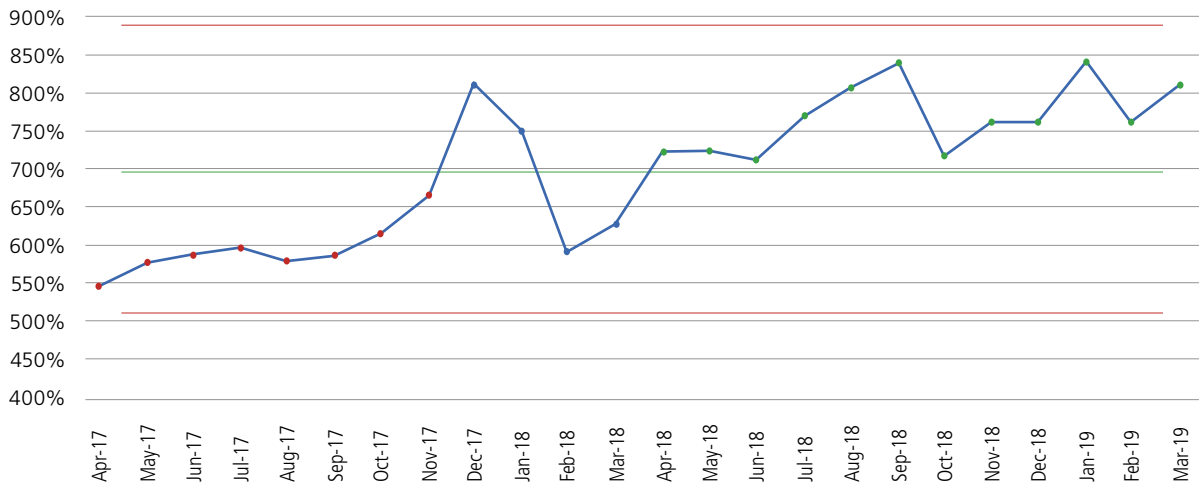
Executive Director of Nursing & Quality

The incident reporting rate within South East Coast Ambulance Service NHS Foundation Trust has increased by 15.7%. Some of this is attributable to the changing culture of the organisation to focus on learning rather than a punitive approach to incidents. It has also been supported by development in key areas such as medicines management, health and safety and EOC safety.

The Trust agreed an internal action plan to address challenges and failings which has been monitored by the Trust Quality and Compliance Steering Group. The group recently agreed to close this plan in light of the improvement journey.

The table below illustrates reporting from 1st April 2017.

Number of Incidents Reported



This rise clearly demonstrates the improvement journey for the organisation. The increase in reporting is associated with better reporting.

In some areas, including medicines management or EOC, theming trends in incidents have contributed to wider learning rather than focussing on individual incidents alone. In the EOC the findings of the failed clinical tail audits are being themed in order to identify where a focus on learning is required. Overall review of our EOC incidents has informed our EOC safety plan.

A theme emerged in relation to lost drugs locker keys. This was tracked over the course of several months. In the month of April, there were 10 records reported. Throughout the course of Q1 and Q2 2018-19 the number of lost DCA Drug keys were 41 keys lost. This was rectified in October by giving crews only one key. This led to a significant reduction in keys being lost, with only three being reported from November 2018 to present.

Our trend analysis has also identified where systems need improvement. During quarter 1 and 2 in the current financial year we reported the lowest amount of RIDDOR's nationally across all

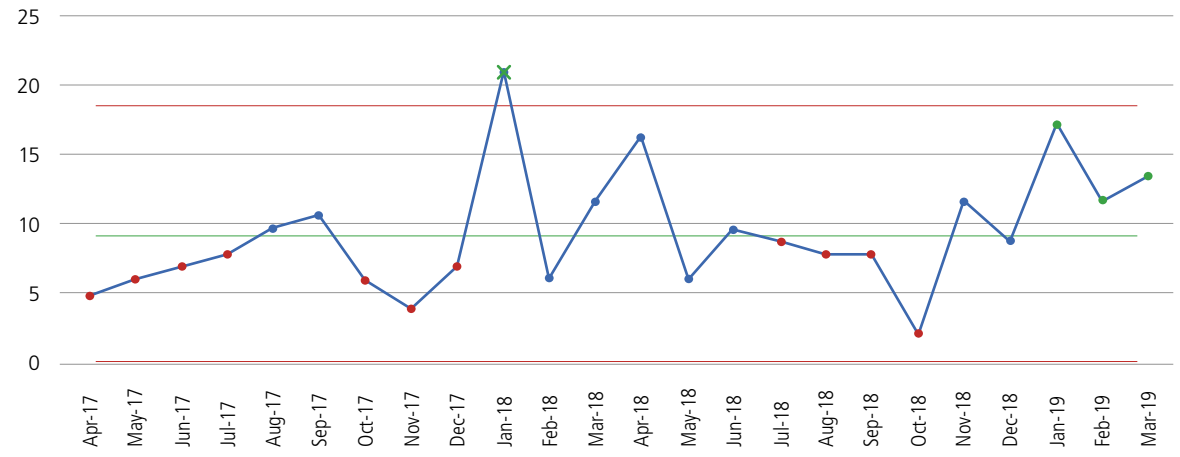
the Ambulance Trusts. This reflected gaps in our health and safety processes. We now have a full time Head of Health and Safety in place with a team supporting. As we embed our health and safety policies and procedures and training it is likely that our RIDDOR reporting will increase.

Learning has also been implemented in our NHS 111 Service. A new system was introduced and audits to ensure that unconfirmed numbers were not left on patients records. This was in relation to an incident which identified risks to patients who move out of their home due to domestic abuse.

Serious incident reporting has continued to increase year on year. This reflects better identification rather than worsening care.

Serious Incidents		
2016/17	**2017/18**	**2018/19**
54	99	112

Number of Incidents Reported that were SI's



Some of the increased reporting in winter months reflects pressures within the healthcare system.

Serious incidents are identified weekly review of key information including incidents, complaints, coronial inquiries and information from partner NHS providers. Decisions as to whether an incident meets the criteria for a serious incident[5] are taken by the Executive Director of Nursing and the Medical Director. The Trust Serious Incident Group (SIG) meets weekly and reviews all the above where harm is moderate or higher.

[5] Serious Incident Framework NHS England (2015).

Part 3.1: Key Indicators

The increase in reporting caused a significant backlog of serious incidents which had not been investigated within the national timescales of 60 working days. The Trust has implemented a number of changes to improve this which are only just starting to embed. These include: additional support to complete investigations and quality assure the backlog of overdue serious incident investigations; increasing the capacity within the serious incident team which oversees management of all serious incidents; and the review and amendment of the serious incident procedure to ensure that milestones are met which overall contribute to national timescales. Currently DATIX is being amended to ensure that progress against internal milestones is easily identified. Progress against national timelines is monitored via SIG on a weekly basis and escalation actions agreed when appropriate. We expect to see a significant improvement in terms of meeting national timescales and the quality of our investigations throughout 2019/20.

SECAmb reviews themes arising from serious incidents and this supports the basis of our deep dives on mortality and morbidity. This is outlined in part 2.

Hand Hygiene Audits

REASON CHOSEN:

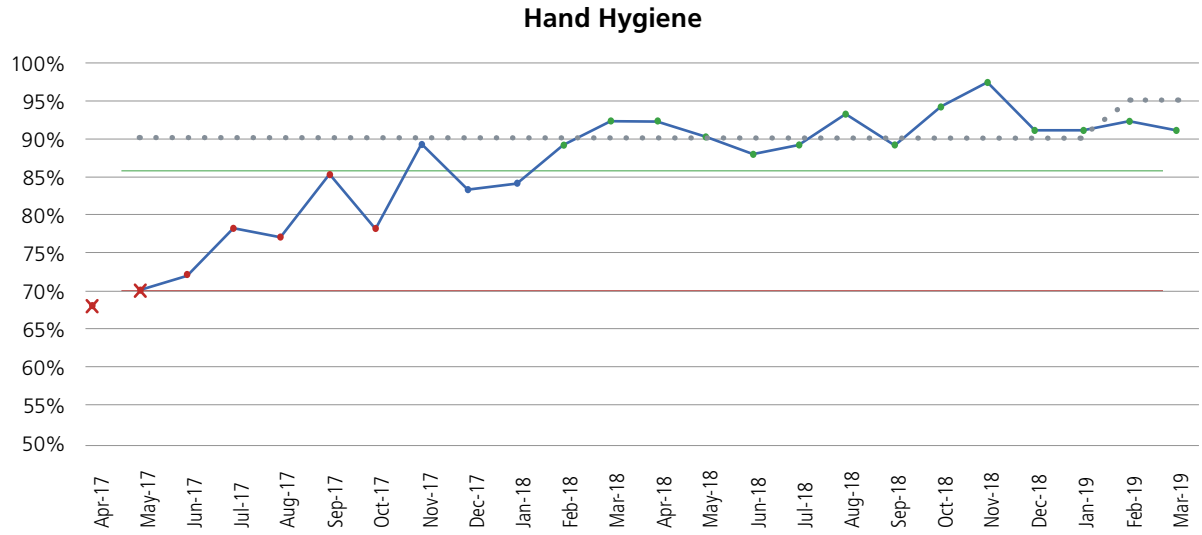
Correct hand hygiene is one of the easiest ways to protect patients and staff from infections.

DATA SOURCE:

Manually audited.

BOARD SPONSOR:

Executive Director of Nursing & Quality



Hand hygiene is an important component of our Infection Prevention Ready Procedure which was launched in July 2018. Since that date our compliance has remained around or above 90%. Compliance with hand hygiene audits is monitored and reported to Trust Board level on a monthly basis. Compliance has continued to increase with compliance above the 90% target. Quality Assurance visits and visits to meet our staff at Accident and Emergency Departments across the 3 counties as they conveyed patients also gave assurance in relation to hand hygiene. In March 2019, the national Hand Hygiene and personal equipment policy[6] was launched. SECAmb have been engaged with the lead Ambulance Trusts who contributed to development and are able to confirm this is consistent with SECAmb IP Ready procedure.

[6] Standard infection control precautions: national hand hygiene and personal protective equipment policy. NHS England and NHS Improvement March 2019.

Clinical Effectiveness

Priority 1 2018/19	Improving outcomes from out-of-hospital cardiac arrests	Achieved

REASON CHOSEN:

To continue to improve SECAmb response and care of patients with out of hospital cardiac arrests.

DATA SOURCE:

Clinical records.

BOARD SPONSOR:

Medical Director

In 2018/19 South East Coast Ambulance Service NHS Foundation Trust has agreed a Clinical and Quality Strategy which includes cardiac arrest survival as one of the clinical priorities. In addition, a resuscitation policy is in the final stages of ratification and will be launched early in the new financial year.

In order to develop our strategy SECAmb have benchmarked against best practice nationally. Currently SECAmb is below national performance but year on year it has been an improving picture.

SECAmb have given considerable focus on this priority throughout the year and progress reports have been provided to the Quality and Patient Safety Committee, headline reporting to the Board, and a progress report was given by the Medical Director to the Council of Governors.

SECAmb have now employed a cardiac arrest analysis and compliance with data downloaded from defibrillators for analysis has improved. A dedicated Consultant Paramedic resource with a key focus on cardiac arrest is now in post.

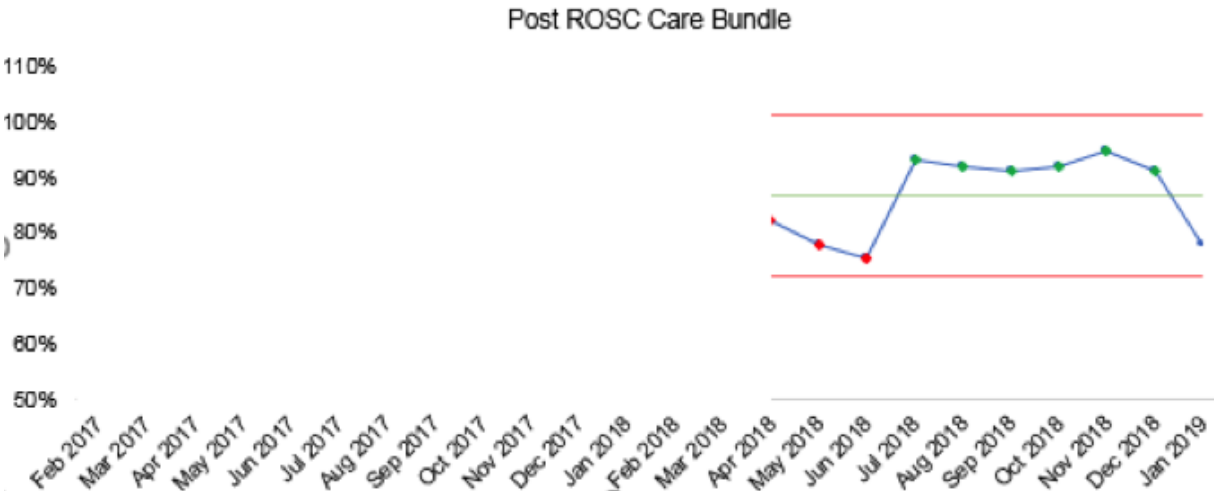
During 2018/19 there was focussed training on cardiac arrest during our key skills training. Our benchmarking has informed a review of our key skills training and an additional day for every frontline clinician has been agreed for key skills next year. This will be dedicated to a cardiac arrest programme.

During the year we have started to roll out mechanical compression devices. Currently, three are in use with a plan to roll out to every operating unit. It is too early to understand if this has improved outcomes.

SECAmb has also implemented a dispatch model of targeting critical care paramedics towards cardiac arrest calls to support clinical leadership.

The metrics for this priority throughout 2018/19 was return of spontaneous circulation and survival to discharge. Mid-year a new metric was introduced to measure compliance against the return of spontaneous circulation (ROSC) care bundle. The data continues to show normal levels of variation and SECAmb continues to perform above the national average. The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.

Part 3.1: Key Indicators



*Data for Jan to March not available at time of report

Sepsis Care Bundle

REASON CHOSEN:

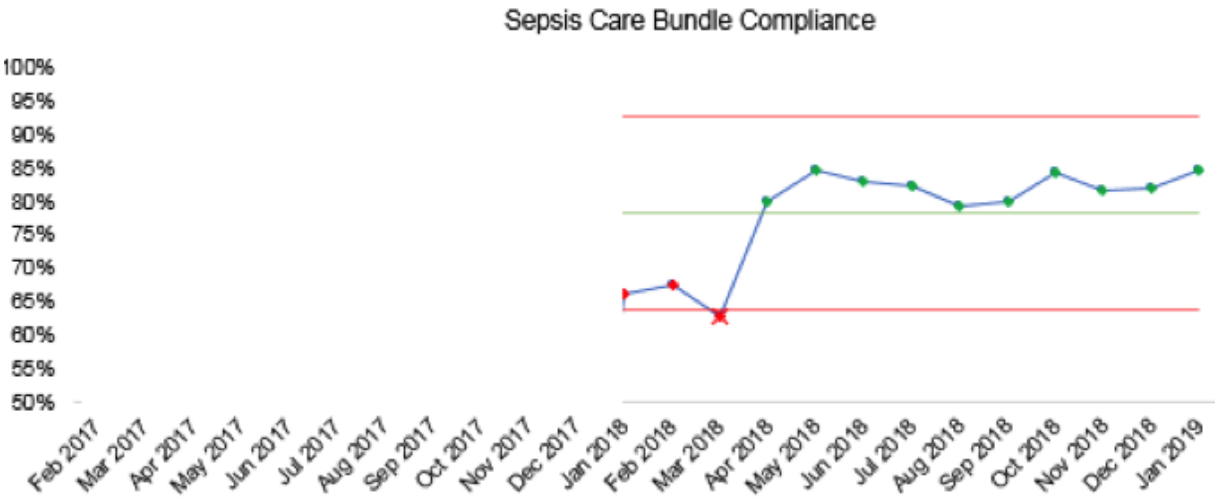
This is an important clinical outcome measure for patients. Without quick treatment, sepsis can lead to multiple organ failure and death.

DATA SOURCE:

Clinical records.

BOARD SPONSOR:

Medical Director



*Data for Jan to March not available at time of report

This is a new metric for 2018/19 and therefore comparison with previous data is not possible. Compliance with the sepsis care bundle is monitored monthly at Board level. The data continue to show normal levels of variation. SECAmb continues to perform above the national average. The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error. Part 2 has set out further learning from national audit.

Stroke – patient assessed face to face who receive a full care bundle

REASON CHOSEN:

This is an important clinical outcome measure for patients. This clinical outcome measure is one of the national Ambulance Quality Indicators.

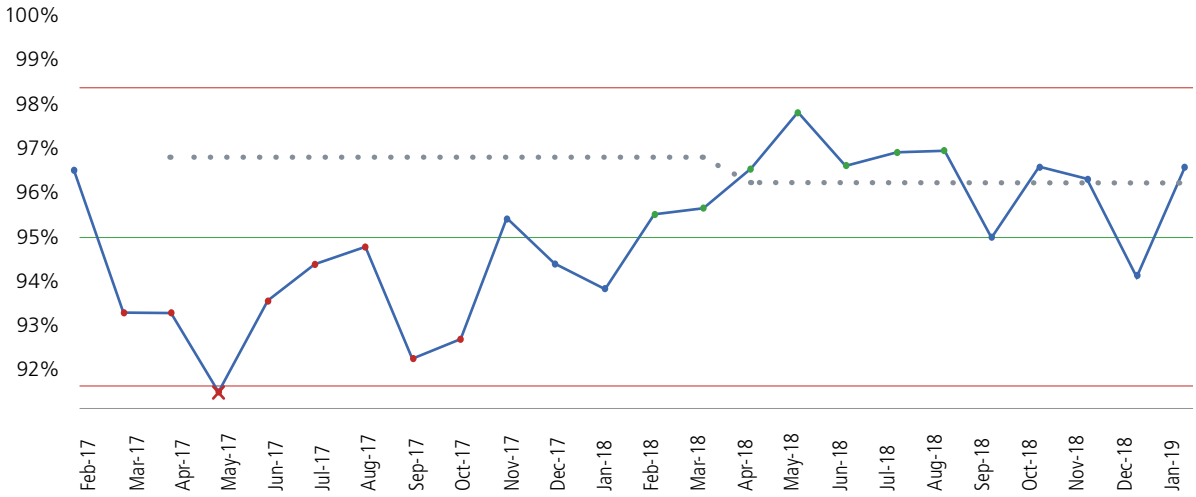
DATA SOURCE:

Clinical records.

BOARD SPONSOR:

Medical Director

Stroke - assessed F2F receiving care bundle



*Data for Jan to March not available at time of report

South East Coast Ambulance Service NHS Foundation Trust Board receives a monthly report on compliance with patients assessed face to face who receive the full care bundle. Our aim is to ensure that the organisation gets the basics right and builds on the effectiveness of our care. The organisation is able to demonstrate sustained improvement since March 2018. It is anticipated that this improvement will continue following the introduction of the electronic patient care record (ePCR) in the next few months. This will prompt our crews and ensure that all care is recorded. Part 2 of this document has set out further learning from national audit.

Part 3.1: Key Indicators

999 Referral rate NHS 111

REASON CHOSEN:

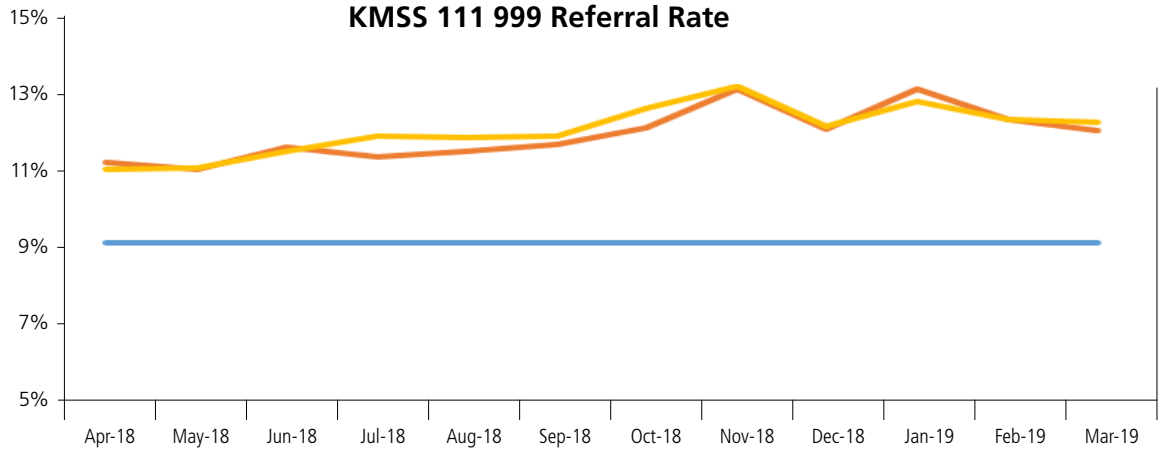
The 999 referral rate is a national quality indicator for NHS 111. It reflects the clinical decision making leading to a 999 disposition for a patient.

DATA SOURCE:

National reporting to NHS England on a monthly basis.

BOARD SPONSOR:

Director of Operations



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
999 Rate Contractual KPI	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 Rate Actual	10.9%	10.7%	11.2%	11.0%	11.1%	11.3%	11.7%	12.6%	11.6%	12.6%	11.8%	11.6%
999 Rate National	10.7%	10.7%	11.1%	11.5%	11.5%	11.5%	12.1%	12.7%	11.7%	12.3%	11.9%	11.8%

SECAmb performed better than the national average in the first three quarters. The decline in performance in the last quarter reflected challenges associated with the move towards new commissioning arrangements. The arrangement from 1st April 2018 to 28th March 2019 was in collaboration with Care UK. On 28th March SECAmb continued to provide a as a single provider.

The new interim 111 service provided by SECAmb for the 11 CCGs of Sussex, North Kent, West Kent and Medway was successfully launched on 28th March 2019 and was the culmination of six months of careful and detailed planning by the Trust, working in close collaboration with its Commissioners and NHS E. The Programme Board created for this service was fully adherent to the Trust's PMO governance framework and external stakeholders were fully involved throughout the pre-mobilisation period.

Despite the myriad of challenges i.e. introducing a new IT infrastructure with new telephony and a host CAD system, in addition to increasing call handling capacity by 50% and having to undertake major estates investment and development in our Ashford Contact Centre, the service has demonstrated consistent performance improvement since its inception and is on the right track to realise a Clinical Assessment Service for the patients across its footprint before the end of 2019. This will significantly help the Trust protect the wider healthcare economy as we experience the increased demands associated with winter pressures.

Accident and Emergency (A and E) Referral Rate NHS 111

REASON CHOSEN:

This metric reflects the effectiveness of clinical decision making in relation to patients who are directed to A and E at the end of a contact with NHS 111.

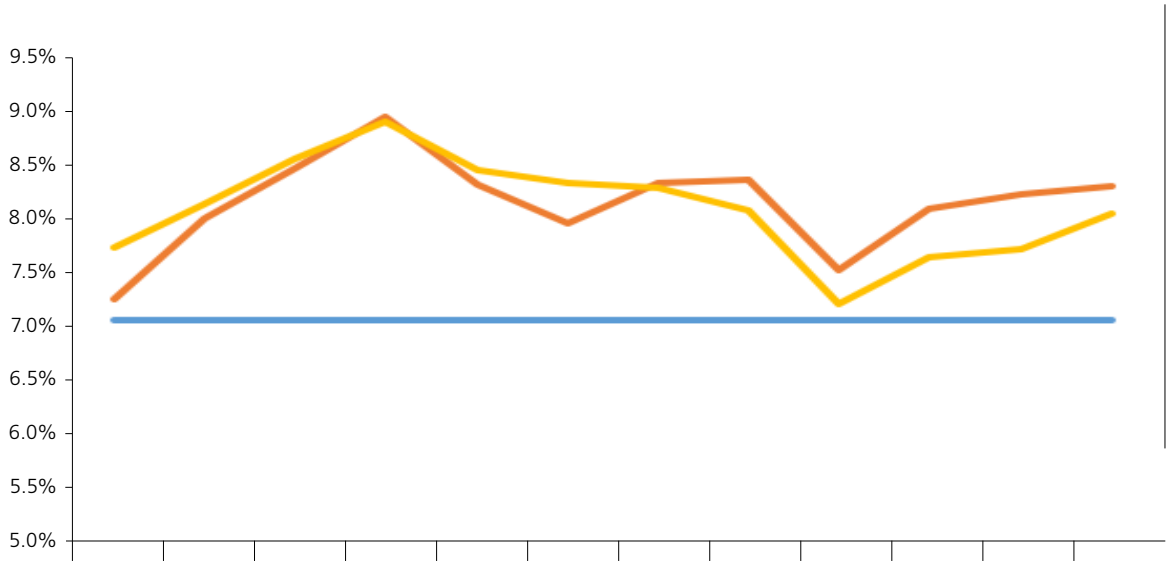
DATA SOURCE:

National reporting to NHS England.

BOARD SPONSOR:

Director of Operations

KMSS 111 A&E Referral Rate



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E Rate Contractual KPI	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 Rate Actual	7.2%	7.9%	8.4%	8.8%	8.2%	7.9%	8.2%	8.3%	7.4%	8.0%	8.1%	8.2%
A&E Rate National	7.7%	8.1%	8.5%	8.8%	8.4%	8.2%	8.2%	8.0%	7.1%	7.6%	7.6%	8.0%

During the first three quarters SECAmb has performed well against the national benchmark. The decrease in performance in quarter 4 reflected challenges associated with moving towards new commissioning arrangements from the end of March as noted above.

Part 3.1: Key Indicators

Patient Experience

Priority 2 2018/19	Learning from incidents, complaints and safeguarding reviews	Partial Achievement

REASON CHOSEN:

This measure was chosen as a priority for the quality account 2018/19 in order to develop systems whereby staff are able to access information about errors or omissions, can demonstrate understanding, and where appropriate have improved professional practice.

DATA SOURCE:

Electronic database (DATIX); patient stories presented to Board; Content of key skills training 2018/19; Clinical and operational bulletins; monthly case studies and posters displayed in operating units; shared learning posters in our EOC.

BOARD SPONSOR:

Executive Director of Nursing & Quality

This priority included the development of metrics which would allow the Trust to maintain an overview of improved learning. This has not been fully embedded. Never the less, the organisation is able to demonstrate how learning has been shared and embedded into practice guidance in a number of ways.

Patient stories are regularly presented to South East Coast Ambulance Service NHS Foundation Trust Board. Board Stories reflect the impact of incidents and learning which relate to both patients and our staff. These can be found at http://www.secamb.nhs.uk/about_us/board_meeting_dates_and_papers/board_stories.aspx

Learning from serious incidents and safeguarding was incorporated in the course programme for our key skills training in 2018/19. An example of this was paediatric care, the use of iGels in place of endotracheal tubes, and the safeguarding training which focused on grooming.

A number of clinical and operation bulletins have been disseminated across the organisation in response to learning from incidents. In addition, shared learning posters share key learning with our staff in our EOCs. Some of our Operating Units have identified ways of sharing localised learning, for example the shared learning notice board at Polegate; articles in Worthing's newsletter the 'Worthing Whisper' and Dartford and Medway's shared learning bulletin.

When appropriate, national learning is identified and escalated. This include learning about the recognition of stroke symptoms by NHS Pathways which is the system we used to triage our calls to NHS 111 and our EOC.

Further national learning has been escalated by our deep dive into Care Line calls.

SECAmb continues to review our process for identifying and sharing learning and a particular focus over the coming year needs to consider how to ensure local learning is disseminated widely across the organisation.

Call answer times within NHS 111

REASON CHOSEN:

Call answer times are an important national quality indicator for patient experience for NHS 111.

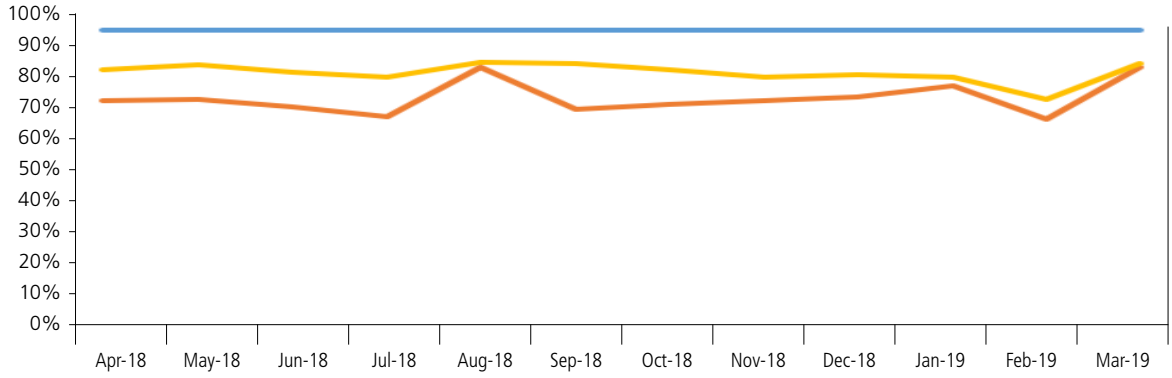
DATA SOURCE:

National reporting to NHS England.

BOARD SPONSOR:

Director of Operations

KMSS 111 "Answered in 60" KPI



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Answered in 60 Contractual KPI	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Answered in 60 Actual	73.6%	74.0%	71.7%	68.9%	83.7%	70.9%	72.5%	73.5%	74.6%	78.1%	68.0%	83.8%
Answered in 60 National	83.4%	84.7%	82.6%	80.9%	85.4%	85.0%	83.3%	80.9%	81.7%	80.8%	73.9%	85.1%

SECAmb NHS 111 performance has tracked behind the national benchmark. A focus on performance will be maintained throughout the coming year and there has recently been a key focus on recruitment and retention as this is an area with a high turnover of staff. This was a significant focus of the oversight of the mobilisation for the new contract discussed earlier in this document.

Part 3.1: Key Indicators

Complaints

REASON CHOSEN:

This is one of the most important measures for patient experience. This was identified as an area for improvement following the 2017 CQC inspection.

DATA SOURCE:

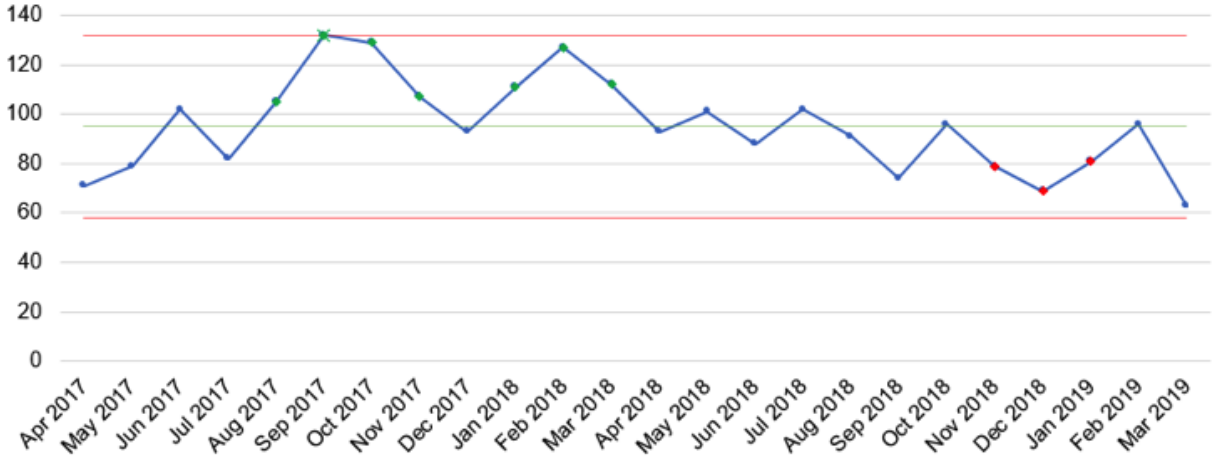
Complaints letters and electronic database (DATIX).

BOARD SPONSOR:

Executive Director of Nursing & Quality

Throughout 2018/19 we have received 1009 complaints. This is in the context of over 950,000 contacts to our EOC alone per year. During 2018 /19 the Trust received notification that 7 complaints were referred to the Parliamentary and Health Service Ombudsman.

Number of Complaints



Through 2018/19 SECAmb also received 1846 compliments.

Historically SECAmb struggled to respond to complaints within internal timescales and response to complaints is monitored at Board level against an internal Key Performance Indicator (KPI) that 95% complaints will be responded to within 25 working days. This target was generally achieved on a monthly basis. There was a slight variation in February and March, partly attributable to the increase in January.

The most notable trend arising from complaints is timeliness of response. This relates to SECAmb performance against the National Ambulance Response Programme (ARP). Our actions to improve this are set out in detail elsewhere in this document. Concerns about staff also feature. Staff are encouraged to use reflection to consider how they may have approached a patient differently.

SECAmb have started to triangulate information arising from complaints as part of our serious incident process. All complaints of moderate harm or above are considered in the context of national requirements for serious incidents at our weekly Serious Incident group meeting. When a complaint meets national criteria for a serious incident it is also reported as such.

In addition, SECAmb review complaints as part of the deep dives undertaken as part of our thematic work on mortality and morbidity. These out outlined in part 2.

Duty of Candour

REASON CHOSEN:

On 1st April 2017, a contractual Duty of Candour was introduced for all NHS Trusts to report to patients or their next of kin where it is identified that moderate or serious harm has resulted from care provided by the Trust. This duty became regulatory on 27th November 2014 and was included within the Health and Social Care Act 2008 (Regulated Activities) as Regulation 20.

DATA SOURCE:

Electronic database.

BOARD SPONSOR:

Executive Director of Nursing & Quality

The Trust has a system in place overseen by the Serious Incidents team to comply with the obligations required under Duty of Candour. Duty of Candour training is provided across the Trust as part of our monthly risk management multidisciplinary training. The target is 100% response within statutory timescales for all incidents / complaints where a patient has experienced moderate harm or above. Compliance was maintained at 100% for 9 out of the 12 months in 2018/19. This is a significant improvement on 2017/18 when 100% compliance was only achieved for 2 months. Reporting requirements are up to Board level.

Response times for mental health patients

REASON CHOSEN:

This is an important measure for parity of esteem for patients with a mental illness or disorder.

DATA SOURCE:

Electronic database.

BOARD SPONSOR:

Director of Operations

South East Coast Ambulance Service NHS Foundation Trust set an internal target of a category 2 response for any request from the Police to attend a patient with a mental health illness / disorder where Section 136 of the mental health Act has been applied. This decision was taken to offer parity of esteem for mental health patients. There was evidence emerging from the Police and Mental Health Providers that mental health patients were not receiving an appropriate response. Whilst our compliance with our internal category 2 target improved there is evidence that the Police are either not calling SECAmb for Section 136 conveyances or have not articulated Section 136 clearly during the phone call. Work has been undertaken with the Police to improve this response. We have provided a clear script which can be used when calling our EOC and guidelines produced for both Police Officers 'on the road' or the Police control room which support decision making in relation to calling the ambulance service. Our response to patients with mental illness/ disorder has been identified as a key priority for 2019/20 and we expect the number of conveyances for Section 136 to increase.

Part 3.2: Mandatory Reporting Indicators

Ambulance Response Programme Response Times

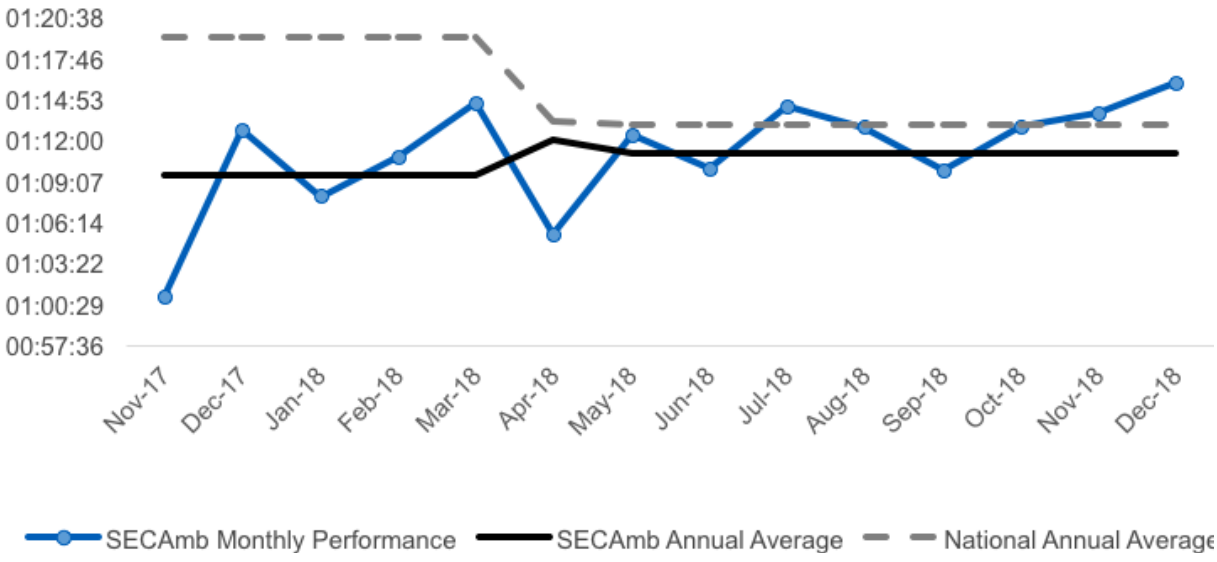
South East Coast Ambulance Service NHS Foundation Trust performance against the National Ambulance Response Programme (ARP) response times are reported in Part 2.

Stroke

Historically Ambulance Trusts have been required to report against the metric of stroke 60 minutes. From November 2017, this has been replaced by the following which focus on stroke outcomes:

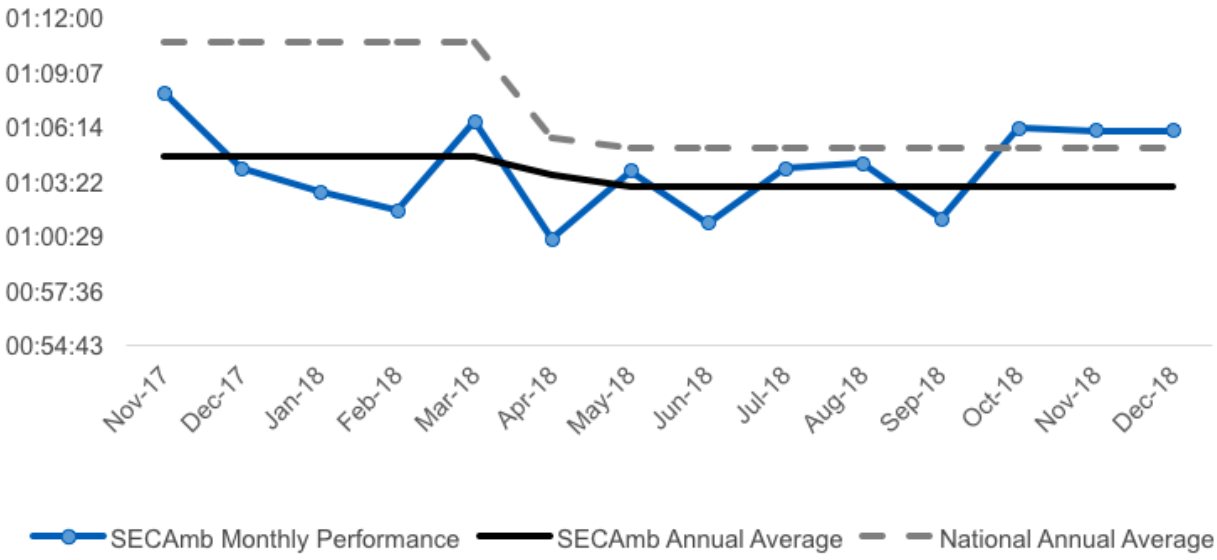
- Mean time from call to hospital door for patients with suspected stroke
- Median time from call to hospital door for patients with suspected stroke
- 90th centile time from call to hospital door for patients with suspected stroke
- The percentage of suspected stroke, or unresolved transient ischaemic attack, patients assessed face to face, who received an appropriate care bundle.

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



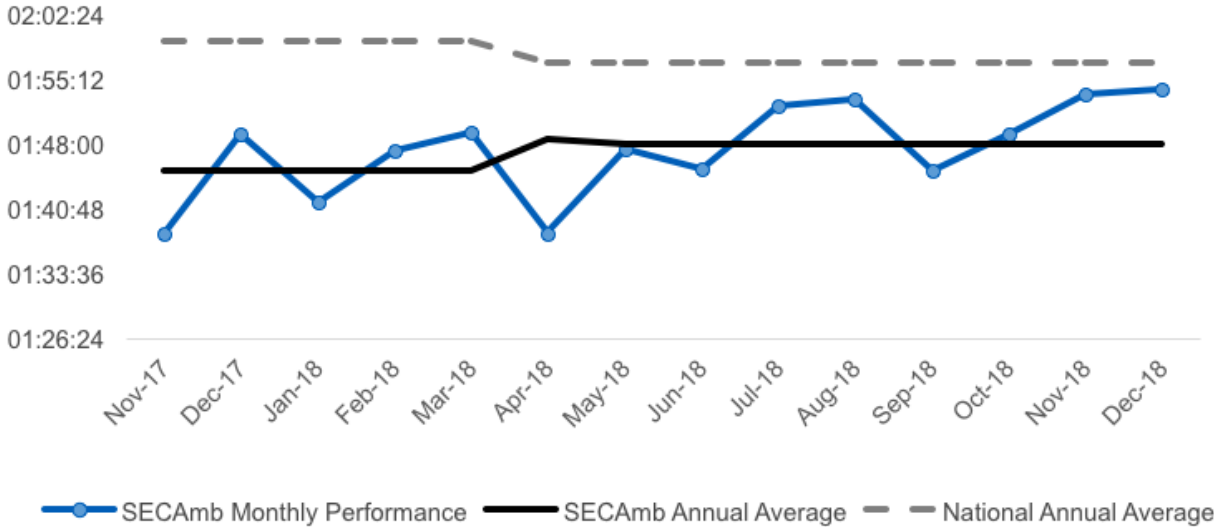
*January to March data unavailable at time of report as reported in arrears

Median time from call to hospital door for patients with suspected stroke



*January to March data unavailable at time of report as reported in arrears

90th centile time from call to hospital door for patients with suspected stroke



*January to March data unavailable at time of report as reported in arrears

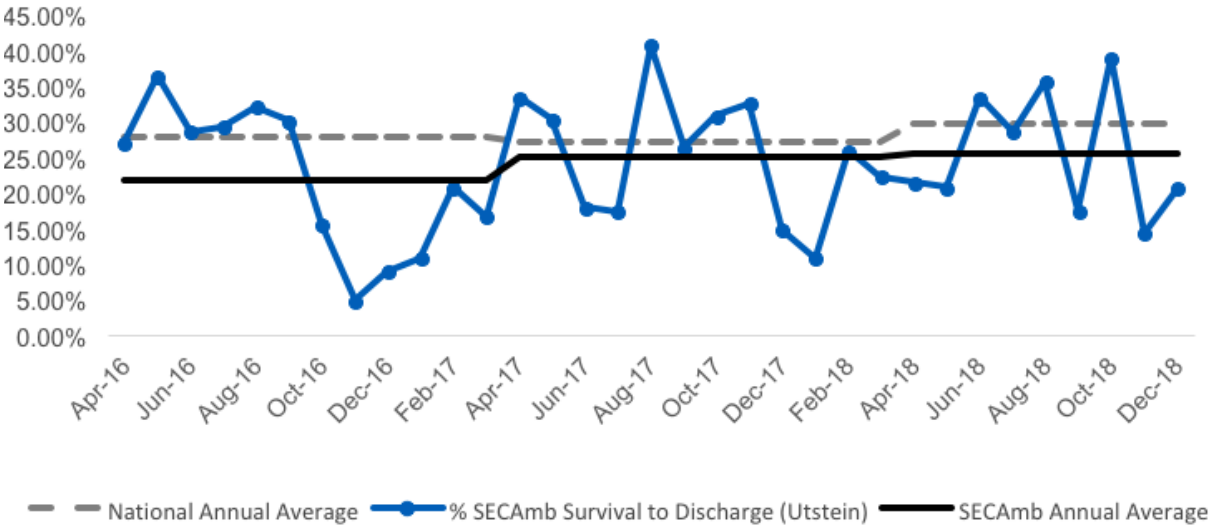
The percentage of patients assessed face to face who receive a full care bundle are reported in part 3.1.

As the metrics were only introduced in November 2017 it is not possible to report on year on year improvement. Part 2 of this document outlines the work we are doing to improve our care for patients who experience a stroke.

Part 3.2: Mandatory Reporting Indicators

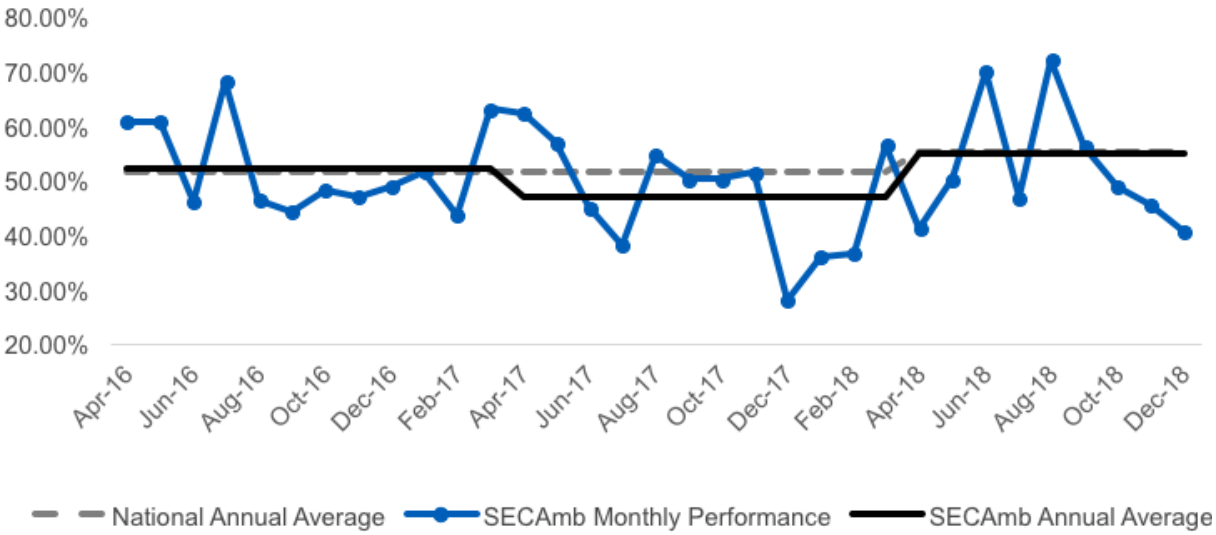
Return of spontaneous circulation ROSC where the arrest was bystander witnessed and the initial rhythm was ventricular fibrillation (VF) or ventricular tachycardia (VT)

Percentage of cardiac arrest patients who survive to discharge (Utstein) 2016-2018



*January to March data unavailable at time of report as reported in arrears

Percentage of cardiac arrest patients with ROSC at hospital (Utstein) 2016-2018



*January to March data unavailable at time of report as reported in arrears

The SECAmb average provides assurance that care is becoming more effective. Further information on how we are to plan to improve the care for patients who experience cardiac arrest is outlined in parts 1 and 2.

Annex 1: Statements from Commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

NHS North West Surrey (NWS) CCG

NHS North West Surrey (NWS) CCG, as part of Surrey Heartlands CCGs, is the lead commissioner for the South East Coast Ambulance 999 Service (SECAmb) covering the CCGs that make up the Kent, Medway, Surrey and Sussex regions. In doing this it ensures that robust Commissioning, Quality, Contract and Performance Management is in place to enable and support SECAmb to provide effective services to the circa 4.6 million residents of the South East of England.

NWS CCG, on behalf of the constituent South East CCGs, welcomes the opportunity to review and support the 2018/19 SECAmb Quality Report and Account and this statement is made on behalf of the South East Commissioners.

To the best of our knowledge the information presented in the Quality Report and Account is an accurate reflection of the work undertaken by SECAmb in 2018/19 to improve the quality of the services it provides. Additionally, the CCG confirms the Quality Account has been developed in line with the national requirements and it is encouraging to see that the Trust engaged on the quality account in a timely manner with a wide range of stakeholders to inform the final decision making on priorities for 2019/20.

SECAmb has delivered a significant number of improvements over the course of 2018/19 in terms of managing activity and demand and improving the experience of patients, alongside the delivery of CQUIN schemes. It was pleasing to see the improvements were reflected in the organisations CQC rating which saw the Trust move from inadequate to requires improvement. The CCG will continue to work with SECAmb and other key stakeholders to continue this improvement journey.

We note that SECAmb have acknowledged that not all priorities for 2018/19 were fully achieved. Of the three priorities set, one was achieved and two partially achieved. The priority that focuses on return of spontaneous circulation has been continued for 2019/20. This document clearly reflects the overall achievements against each priority and CCGs will continue to monitor performance against these metrics and through the quality assurance processes.

Having reviewed the draft Quality Account document for 2018/19, the CCG is satisfied that it gives an overall accurate account and analysis of the quality of services provided. The detail is in line with the data supplied by SECAmb during the year 1st April 2018–31st March 2019 and reviewed as part of performance under the contract with NWS CCG as the lead Commissioner. There is evidence of the Trust's quality improvement progress in some areas, although some areas of concern remain ongoing. Our aim is to support the Trust in their efforts to resolve certain issues highlighted within this document.

Commissioners support the Quality Report and Account priorities and are looking forward to working with SECAmb on the developments planned for 2019/20 to deliver transformational change as outlined in the quality account and new ways of working that will enhance the delivery of sustainable, responsive services.

Commissioners are otherwise satisfied with the accuracy of the data contained in the Quality Account pending completion of final validation by auditors. We will continue to work with the Trust to ensure that quality data is reported in a timely manner through clear information schedules.

In conclusion, NWS CCG would like to thank SECAmb for sharing the draft Quality Report and Account document and is satisfied it accurately reflects the quality priority work being undertaken by the Trust. The report reflects that providing a safe and effective service whilst maintaining patient's' quality of care and safety is a high

Annex 1: Statements from Commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

priority for the Trust. As Commissioner we have a positive relationship with the Trust and will continue to work together with SECAmb and other system stakeholders to ensure continuous improvement in the delivery of safe and effective services for Kent, Medway, Surrey and Sussex residents.

HealthWatch Kent

South East Coast Ambulance NHS Trust Quality Account Response

Healthwatch Kent is the independent champion for the views of patients and social care users in Kent. Our role is to help patients and the public get the best out of their local 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).

This takes up a large amount of time, so we have taken the decision to prioritise our resource on making a difference to services rather than reading Quality Accounts.

We aim to work collaboratively with other Healthwatches in the south east who also have services that SECAmb provide in their patch. This means that we have one point of contact that SECAmb can go to and one route to share what we are hearing from the public. By simplifying the number of Healthwatches SECAmb deals directly with it is hoped we can ensure the voice of patients does not get diluted.

However, from a Kent perspective we have had input into the following areas:

- Involvement in Community Guardian Pilot in Thanet and Ashford which is looking at how trained volunteers might be able to help support patients.
- We've raised questions about how Kent Clinical Commissioning Groups are monitoring ambulance handovers at the Kent Health Oversight and Scrutiny Committee.
- A Healthwatch Kent representative attends the SECAmb Inclusion Hub Advisory Group.
- We attended the SECAmb Equality Delivery System (EDS2) event and along with other stakeholders, helped grade the progress they were making.

We have recently held conversations with SECAmb as we would like to improve our relationship with the Trust. We are seeking a constructive two way dialogue about ambulance services across the South East. With this in mind, we are looking to establish a collective meeting which would involve all the South East Healthwatches. We look forward to making this a reality.

Healthwatch Kent April 2019

Statement from East Sussex Health Overview and Scrutiny Committee

Introduction

It is clear from HOSCs' own scrutiny and the recent Care Quality Commission (CQC) inspection that there have been significant improvements to the Trust's performance during 2018/19, however, improvement is still required.

The Committee believes that the failure of the trust to meet the four Ambulance Response Programme (ARP) category response times is disappointing, particularly for category 3 and 4 response times, which are amongst the worst in England. We were informed that the poor performance was due to historic lack of capacity and we welcome the news that the Demand and Capacity review has secured the trust additional funding. We have been advised that response time targets will be achieved by April

2021. HOSC recognises that to achieve this ambitious target the trust must implement an equally ambitious new model of care that includes a large recruitment drive for new paramedics and control centre staff, and the introduction of non-emergency transport for less urgent calls. We congratulate SECAmb for achieving this additional funding and welcome the new model of care that it will fund. We will monitor the implementation of the new model of care over the coming two years.

Leadership has long been an issue at the trust. The Committee recognises that the trust has now largely fully recruited to its executive board, including a new Chief Executive. With this new leadership in place, we would expect to see this new senior leadership team implement the must and should do actions identified by the CQC, and implement the trust's Service Transformation and Delivery programme designed to deliver its new model of care.

Whilst it is disappointing to see the trust rated as requires improvement by the CQC, it is undoubtedly an improvement over previous years. The Committee is glad to hear the CQC's feedback since the last inspection that there is an improved culture across the service and that there is evidence of outstanding medicines management practice. The HOSC would like to see further improvements at future CQC inspections now the trust has additional funding and a more stable senior leadership team.

The HOSC has a ongoing concern about the impact of delays in the handover of patients at hospital A&E departments. The considerable number of hours lost to handover delays inevitably impacts on SECAmb's performance and therefore on the trust's ability to provide a timely response to other calls. HOSC welcomes the news that the trust is leading on a system wide programme of work to improve hospital handover times, and that positive improvements have been made over the last year, however, it remains a significant concern that the Committee will continue to scrutinise.

2019/20 Quality Priorities

The HOSC supports the continued inclusion of improving survival from out of hospital cardiac arrest as a quality priority. We welcome the development of initiatives to help improve early recognition of symptoms; training Emergency Medical Advisors to be able to provide CPR advice over the telephone; and increasing the availability of public access defibrillators. We would like the trust to be closer to the national average in outcomes for out of hospital cardiac arrest survival over the coming year.

A priority around improving the care of patients with mental illness to ensure they have parity of esteem with physical health care is to be welcomed. We would like to see evidence that the training of staff and introduction of mental health practitioners into the Emergency Operations Centre (EOC) has had a visible impact on patients with mental illness. This includes seeing an increase in the number of patients who are known to be subject to a S136 order receiving a category 2 response time; and the number of safeguarding referrals for patients with a known mental illness or disorder.

The trust's recognition that elderly patients who fall are at high risk of deterioration as a result of experiencing long days is welcomed by the HOSC. We hope that the trust can demonstrate improvements to performance against the Category 3 ARP response times, both as a result of its plans to embed a flow chart for EOC staff to assess patients who have fallen; and plans to explore with partner organisations and volunteers ways of achieving quicker assessments of patients who have fallen and are waiting for an ambulance.

The East Sussex HOSC looks forward to working with the Trust to monitor progress on the priority areas, and overall performance, over the coming year.

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.

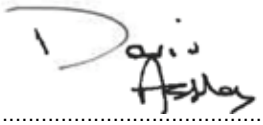
NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality 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 South East Coast Ambulance NHS Foundation Trust annual reporting manual 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19.
- 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 2018 to March 2019.
  - Papers relating to quality reported to the Board over the period April 2018 to March 2019.
  - Feedback from commissioners dated 18/04/19
  - Feedback from the governors was not received.
  - Feedback from local Healthwatch organisations dated 08/05/2019
  - Feedback from overview and scrutiny committee dated 10/05/2019
  - The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 02/05/2019
  - The latest national staff survey 15/03/2019
  - The Head of Internal Audit's annual opinion of the Trust's control environment.
  - CQC inspection report dated November 2018.
- 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.
- 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

23 May 2019 Date  .....Chairman

23 May 2019 Date  .....Chief Executive

Annex 3: Independent Auditors Report to the Council of Governors of South East Coast Ambulance Service NHS foundation Trust on the Quality Report

We have been engaged by the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust to perform an independent assurance engagement in respect of South East Coast Ambulance Service NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- category 1 (C1) – life-threatening calls – mean response time
- category 2 (C2) – life-threatening calls – mean response time

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by 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* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated 18 April 2019;
- feedback from local Healthwatch organisations, dated 8 May 2019;
- feedback from Overview and Scrutiny Committee, dated 10 May 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- Care Quality Commission Inspection, dated 08 November 2018;
- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 20 May 2019; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust as a body, to assist the Council of Governors in reporting the 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 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and South East Coast Ambulance Service NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by South East Coast Ambulance Service NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- 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 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
15 Canada Square
London E14 5GL

24 May 2019

Aspiring to be ***better today*** and even ***better tomorrow*** for our people and our patients

NHS
South East Coast Ambulance Service
NHS Foundation Trust

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Appendix B

Accounts 2018/19

Accounts 31 March 2019

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 (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 Directions which require South East Coast Ambulance 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, items of other comprehensive income 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 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 (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and 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. The accounting officer is also responsible for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Fionna Moore, Interim Chief Executive
23 May 2019

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.

Fionna Moore, Interim Chief Executive
23 May 2019

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Report on the Audit of the Financial Statements

Report on the Audit of the Financial Statements

1. Our opinion is unmodified

We have audited the financial statements of South East Coast Ambulance Service NHS Foundation Trust ("the Trust") for the year ended 31 March 2019, which comprise of Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows and the related notes, including the accounting policies in Note one.

In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2019 and the Department of Health and Social Care Group Accounting Manual 2019.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview

Materiality:	**£4.4m (2017/18: £4.5m)**	
financial statements as a whole	2% (2017/18: 2%) of revenue	
Risks of material mistatement		vs 2018
Recurring Risks	Recognition of NHS Income	◀▶
	New: Recognition of Expenditure	▲
	Valuation of Land and Buildings	◀▶

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team . We summarise below, the key audit matters in decreasing order of audit significance, in arriving at our audit opinion above together with our key audit procedures to address those matters and our findings from those procedures in order that the Trust's governors as a body may better understand the process by which we arrived at our audit opinion . These matters were addressed, and our findings are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon , and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters**.**

Recognition of NHS Income

(Patient Care Activities: £218.7 million; 2018: £206.9m

Provider Sustainability Funding: £5.3m ; 2018: £7.2m)

Refer to **page 11** (Audit Committee Report), **page 227** (accounting policy) and **page 237** (financial disclosures)

The Risk

Effects of Irregularities

We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the requirement to meet regulatory and financial covenants, rather than broader share based management concerns.

The estimation risk arises where the receipt of the full income amount is dependent on the achievement of KPIs at year end, and on potential additional funding through achieving forecast budgets.

Our response

Our procedures included:

Test of Detail:

- We confirmed the proportion of Revenue from Patient Care Activities which relates to the NHS (£218.7m) and Sustainability and Transformation Fund (£4.4m);
- We reviewed contracts with commissioners and confirmed that all contracts have been agreed and signed for 2018/19 and that income received during the year was in line with contracted values;
- We examined the terms of the additional funding agreed with commissioners as part of the Demand and Capacity Review and the impact this has on the value of income due to the Trust in 2018/19;
- We confirmed that income has been recorded in the correct financial year for transactions recorded around 31 March 2019;

- We inspected supporting documentation for variances over £300k arising from the Agreement of Balances exercise to critically assess the Trust's accounting for disputed income; and

- We reviewed the Trust's calculation of its achievement of Provider Sustainability Funding (PSF) to verify that it was entitled to receive any funding recorded.

Our findings

We found the estimates used in calculating the income balances to be balanced (2018: balanced)

Valuation of Land and Buildings

(£35.6million; 2017/18: £35.3m)

Refer to **page 9** (Audit Committee Report), **page 229** (accounting policy) and **page 249** (financial disclosures)

The Risk

Subjective valuation:
Land and buildings are required to be held at fair value. The Trust uses the Existing Use Valuation (i.e. the price achievable in an open market) method based on advice from its valuer, Montagu Evans, in 2016-17. There is a risk around the subjective nature of this valuation, considering the multiple operating locations used by SECAmb and the choice of indices used.

The Trust completes full valuations every five years, within interim desktop exercises in some intervening years. The Trust is planning a revaluation this year.

This is a significant risk due to the size of the balance, the judgement as to the level of specialism of the Trust's assets, market trends in the areas served by the Trust and how the Trust's assets are affected by these, and the level of expertise required to perform the valuation.

The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.

The Trust chose to perform a desktop valuation in-house, instead of outsourcing to an expert.

Our response

We performed the following procedures:

Test of Detail:

- We assessed the assumptions applied by management in developing the valuation for the Trust's land and buildings to assess their appropriateness;
- We assessed the adequacy of the valuation index used by the Trust via comparison to market trends;
- We assessed the process by which management selected its valuation index and appraised alternative options available to the Trust
- We considered the impairment assessment completed by management regarding the land and building assets; and

Our findings

The estimates used by the Trust in valuing the land and buildings are balanced (2018: balanced).

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Recognition of expenditure

(Excluding payroll expenses, depreciation, amortisation, and impairment; £72.8 million; 2018: £72.7m)

Refer to **page 13** (Audit Committee Report), **page 228** (accounting policy) and **page 238** (financial disclosures)

The Risk

Effects of Irregularities

The amount of expenditure to recognise at year end is subjective, particularly in relation to estimating accruals.

In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period).

This may arise due to the audited body manipulating expenditure to meet externally set targets. As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so the auditor has regard to this when planning and performing audit procedures.

Our response

Our procedures included:

- **Test of details:** We tested expenditure transactions that spanned the financial year end to assess whether the expenditure had been recognised in the correct financial period;
- **Test of details:** For a sample of accruals recognised at the financial year end we assessed the appropriateness of the existence of the accrual and the reasonableness of the accrual valuation;
- **Controls re-performance:** We tested the operation of budgetary controls throughout the year;
- **Controls evaluation:** We assessed the application of appropriate segregation of duties between those responsible for monitoring budgets (e.g. General Managers) and those preparing the financial statements (Finance Team);

Our findings

The estimates used in making the year end accruals are balanced.

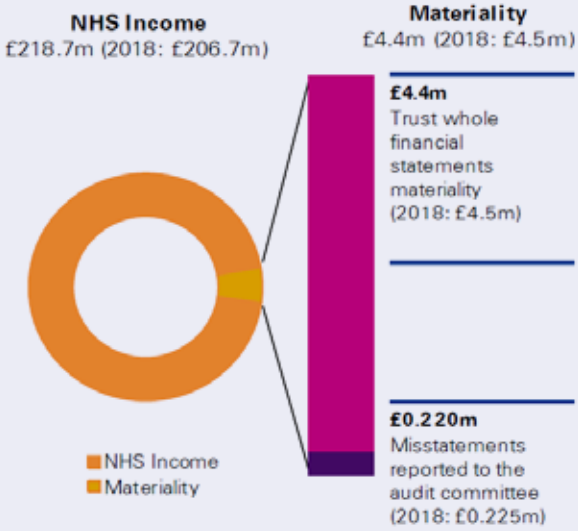
INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £4.4 million (2017/18: £4.5 million), determined with reference to a benchmark of revenue (of which it represents approximately 2%). We consider revenue to be more stable than a surplus-or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £220k (2017/18 £225k), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's headquarters in Gatwick



4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note [1] to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may

cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration report
In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate Governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements. We have nothing to report in these respects.

6. Respective Responsibilities

Accounting Officer's responsibilities
As explained more fully in the statement set out on page 154 of the annual report, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at **www.frc.org.uk/auditorsresponsibilities.**

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters.

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.;

We have nothing to report in these respects.

Our conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources is qualified.

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

Qualified adverse conclusion

Except for the matters outlined in the basis for qualified conclusion paragraph below we are satisfied that in all significant respects South East Coast Ambulance Service NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2019.

Basis for qualified conclusion

In November 2018 the CQC published its inspection report of the Trust. This noted some significant improvements in performance. However, the Trust is still in special measures and continues to be classed as 'Requires improvement' by the CQC.

As a result of this inspection, we consider there to be a significant risk related to the Trust having proper arrangements for informed decision making.

We note that there have been improvements in the Trust's performance, and the Trust has made significant efforts to address the results of the inspection, including creating a demand and capacity review and 999 action plan, and demonstrating improvements in their governance arrangements. There have also been improvements in the Trust's staff survey results.

However, despite this, there are a number of areas where the Trust is not meeting performance standards:

- The Trust is not meeting the national 999 response targets (now known as Category 1, 2, 3 and 4);
- The Trust is not effectively monitoring and assessing the quality and safety of services, and the risks to those services;
- The Trust does not yet have fully embedded systems for identifying and mitigating risks.

Because of the issues outlined above we consider there are weaknesses in the Trust's arrangements for informed decision making.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, 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. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out below together with the findings from the work we carried out on each area.

Significant Risk	Description	Work Carried out and judgements
Informed decision making	In 2017/18 we issued an adverse value for money conclusion. This centred on continued regulatory action, poor performance against performance indicators, breaches in medicines management, medical devices, and hospital handover. There was a need to further embed improvements in governance. In November 2018, the CQC published its latest inspection. Whilst the Trust's rating has improved, the Trust remains in special measures and there are still significant concerns surrounding performance against national performance indicators, the embedding of cultural change and improved governance, and a breach of a legal requirement. In particular, this relates to understanding and using appropriate and reliable financial and performance information to support informed decision making and performance management.	• **Action plans:** We inspected the Trust's action plans in response to the latest CQC inspection and assessed the evidence to support the progress made to date and the actions that the Trust still needs to embed; • **Correspondence with regulators:** We inspected correspondence between the Trust and both NHS Improvement and the CQC; and • **Response KPIs:** We inspected the Trust's action plan in relation to improving 999 response times and noted the progress made in the year to 31 March 2019 and the ongoing actions that the Trust is required to take. **Our findings** The Trust has made progress towards embedding governance arrangements and developing action plans to address underperformance. However there are still issues with the Trust failing to meet national performance standards.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of South East Coast Ambulance Service NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Fleur Nieboer
for and on behalf of KPMG LLP (Statutory Auditor)
Chartered Accountants
15 Canada Square, Canary Wharf, London E14 5GL
24 May 2019

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2019

	NOTE	Year ended 31 March 2019	Year ended 31 March 2018
		£000	£000
Operating income			
Operating income from patient care activities	5	**219,995**	208,069
Other operating income	5.1	**8,375**	6,059
Operating expenses	8	**(226,060)**	(211,197)
Operating surplus		**2,310**	2,931
Finance costs:			
Finance income	13	**154**	42
Finance costs	14	**(114)**	(223)
Public dividend capital dividends payable		**(997)**	(1,315)
Surplus for the financial period		**1,353**	1,435
Gains/(losses) of disposal of non-current assets		**1,035**	(137)
Retained surplus for the period		**2,388**	1,298
Other comprehensive income			
Impairments and reversals	15	**0**	0
Gains on revaluations	15	**0**	0
Total comprehensive income for the period		**2,388**	1,298

The notes on pages 226 to 262 form part of these accounts.

Reported NHS financial performance position		
Retained surplus for the year	**2,388**	1,298
Reported NHS financial performance position	**2,388**	1,298

STATEMENT OF FINANCIAL POSITION AS AT 31 March 2019

	NOTE	31 March 2019	31 March 2018
		£000	£000
Non-current assets			
Property, plant and equipment	15	**63,259**	59,920
Intangible assets	16	**2,200**	1,229
Total non-current assets		**65,459**	61,149
Current assets			
Inventories	19	**1,795**	1,776
Trade and other receivables	20	**11,332**	11,927
Non-current assets held for sale	22	**1,241**	2,296
Cash and cash equivalents	21	**24,154**	22,892
Total current assets		**38,522**	38,891
Total assets		**103,981**	100,040
Current liabilities			
Trade and other payables	23	**(27,573)**	(26,292)
Other liabilities	23	**(48)**	(22)
Borrowings	24	**(214)**	(204)
Provisions	26	**(6,456)**	(5,817)
Total current liabilities		**(34,291)**	(32,335)
Net current assets/(liabilities)		**4,231**	6,556
Total assets less current liabilities		**69,690**	67,705
Non-current liabilities			
Borrowings	24	**(1,513)**	(1,542)
Provisions	26	**(7,229)**	(7,603)
Total non-current liabilities		**(8,742)**	(9,145)
Total assets employed		**60,948**	58,560
Financed by taxpayers' equity:			
Public dividend capital		**80,249**	80,249
Retained earnings		**(22,268)**	(24,978)
Revaluation reserve		**2,967**	3,289
Total taxpayers' equity		**60,948**	58,560

The financial statements on pages 221 to 262 were approved by the Board on 23 May 2018 and signed on its behalf by:

Signed: .....(Chief Executive) Date: 23 May 2019

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

FOR THE YEAR ENDED	31 March 2019				31 March 2018			
	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	80,249	(24,978)	3,289	58,560	79,524	(26,396)	3,409	56,537
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	83	(83)	0	0	120	(120)	0
(Deficit)/surplus for the year	0	2,388	0	2,388	0	1,298	0	1,298
Impairments	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0
Receipt of donated assets	0	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets	0	239	(239)	0	0	0	0	0
Public Dividend Capital received	0	0	0	0	725	0	0	725
Balance at 31 March	80,249	(22,268)	2,967	60,948	80,249	(24,978)	3,289	58,560

INFORMATION ON RESERVES

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

STATEMENT OF FINANCIAL POSITION AS AT 31 March 2019

	NOTE	**Year ended 31 March 2019**	Year ended 31 March 2018
		£000	£000
Cash flows from operating activities			
Operating surplus		**2,310**	2,931
Depreciation and amortisation	8,15,16	**8,546**	10,825
Impairments and reversals	17	**39**	34
(Increase)/decrease in inventories	19.1	**(19)**	(335)
(Increase)/decrease in trade and other receivables	20.1	**693**	3,119
Increase/(decrease) in trade and other payables	23	**2,517**	781
Increase/(decrease) in other current liabilities	23.1	**26**	10
Increase/(decrease) in provisions	26	**260**	3,681
Other movements in operating cash flows		**0**	71
Net cash inflow/(outflow) from operating activities		**14,372**	21,117
Cash flows from investing activities			
Interest received	13	**154**	42
Purchase of property, plant and equipment		**(13,936)**	(5,084)
Sales of plant, property and equipment		**2,465**	1,348
Purchase of intangible assets		**(336)**	(814)
Net cash inflow/(outflow) from investing activities		**(11,653)**	(4,508)
Net cash inflow/(outflow) before financing		**2,719**	16,609
Cash flows from financing activities			
Public dividend capital received		**0**	725
PDC dividend paid	1.25	**(1,095)**	(855)
Loans (repaid)/received	24	**0**	(6,163)
Interest paid on finance lease liabilities	14	**(107)**	(99)
Interest paid	14	**(2)**	(110)
Movement on other loans		**(8)**	(8)
Capital element of finance lease rental payments		**(205)**	(187)
Cash flows from (used in) other financing activities		**(40)**	(56)
Net cash inflow/(outflow) from financing activities		**(1,457)**	(6,753)
Net increase/(decrease) in cash and cash equivalents		**1,262**	9,856
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		**22,892**	13,036
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	**24,154**	22,892

NOTES TO THE ACCOUNTS

1. Accounting policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

The following standards have been issued by the IASB but have not yet been adopted by the Foundation Trust Annual Reporting Manual:

- 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 16 "Leases": Application required for accounting periods beginning on or after the 1 January 2019 but not yet adopted by FReM: early adoption is not therefore permitted.
- IFRS 17 "Insurance Contracts": Application required for accounting periods beginning on or after the 1 January 2021 but not yet adopted by FReM: early adoption is not therefore permitted.
- IFRIC 23 "Uncertainty over Income Tax and Treatments": Application required for accounting periods beginning on or after the 1 January 2019.

The DH Group Accounting Manual does not require these standards to be applied in 2018-19.

Going Concern

These accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

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 updated 2019/20 Plan in April 2019 reflecting the agreed control total surplus and the Trust continues to retain a cash surplus to enable it to meet ongoing capital programme commitments. 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 Non-consolidation below
Consolidation below NHS 111 - see Note 1.27 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 fair 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. It is impractical to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period.

Provisions

Provisions are made for liabilities that are uncertain in amount. The costs and timings of cash flows relating to these liabilities are based on management estimates supported by external advisors. Details of this can be found in note 1.16; the carrying values of provisions are shown in note 26

1.4 Non-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 Revenue
Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor

other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability

This contract activity for the Trust is almost entirely attributable to covering specific events or training and are all subject to standard NHS payment terms of 15 days.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

To the extent that commissioners challenge the contract/invoice and the Trust considers that this is likely to be upheld the relevant portion of income will be derecognised.

Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.6 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from the employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

1.7 Pension costs

Past and present employees are covered by the provisions of the NHS 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. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. There, the schemes are accounted for as though they are defined contribution schemes.

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.

The scheme is subject to a full actuarial valuation every four years and accounting valuation every year.

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.

Measurement

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are subsequently measured at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the 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. Fair 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 its owned 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 owned by the Trust were therefore revalued on this basis. For the year ended 31 March 2019 a desktop review was carried out to review the valuation of these owned buildings and management deemed that no adjustment was required.

1.9 Property, plant and equipment (continued)

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the

asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition 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 Group Accounting Manual impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of other impairments are treated as revaluation gains.

1.13 De-recognition

Assets intended for disposal are classified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition, subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.

  a) management are committed to a plan to sell the asset;

  b) an active programme has begun to find a buyer and complete the sale;

  c) the asset is being actively marketed at a reasonable price;

  d) the sale is expected to be completed within 12 months of the date of the classification as 'Held for Sale';

  and

  e) the actions needed to complete the planned sale indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell", after which depreciation ceases to be charged. Assets are derecognised when all material sale contract conditions are met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale', and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.14 Leases

Finance leases

Where substantially all the risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded.

All other leases are classified as operating leases.

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, discounted using the interest rate implicit in the lease, with a matching liability for the lease obligation to the lessor. The assets and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.15 Inventory

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First in First Out (FIFO) method.

1.16 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part ofthe Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.17 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury for general provisions except for early retirement and injury benefit provisions which both use the HM Treasury's post employment benefit discount of 0.29% (2017-18: 0.1%) 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.

1.18 Clinical negligence costs

NHS Resolution (NHSR) 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.

1.19 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.

1.20 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.

1.21 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.

1.22 Corporation tax

The Trust has determined that it has no Corporation Tax liability as its commercial activities are not significant and any profits derived from such activity are utilised for patient care.

1.23 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.

1.24 Financial instruments 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.

1.25 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

1.26 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.

1.27 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.

From the 26 March 2019 the Trust ceased this partnership with Care UK and also ceased to provide 111 services in Surrey.

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	
	2018-19	2017-18	**2018-19**	2017-18	**2018-19**	2017-18
Income	**228,181**	213,850	**189**	278	**228,370**	214,128
Surplus/(deficit) before interest	**2,253**	2,939	**57**	(8)	**2,310**	2,931

4. Income generation activities

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. The following provides details of income generation activities where the full cost did not exceed £1m or was otherwise material.

	2018-19 £000	2017-18 £000
Income	**189**	278
Full cost	**132**	286
Surplus/(deficit)	**57**	(8)

5. Revenue from patient care activities

	2018-19	2017-18
	£000	£000
NHS Trusts	**(1)**	0
NHS England	**808**	940
Clinical Commissioning Groups	**214,064***	204,881
Foundation Trusts	**(17)**	19
Local Authorities	**-**	53
Department of Health	**3,639**	0
NHS other	**248**	690
Income generation	**189**	278
Non-NHS:		
Injury costs recovery	**638**	627
Other	**427**	581
	219,995	208,069

* Included in the Revenue from Clinical Commissioning Groups of £214,064k (2017-18: £204,881k) is £13,064k (2017-18: £13,548k) relating to the NHS 111 service, the contract for which is in the Trust's name. The reimbursement of the income attributable to the Trust's joint venture partner, Care UK Group, of £6,487k (2017-18: £6,774k) is shown under "Purchase of Healthcare from non NHS bodies" see note 8.

5.1 Other operating revenue

	2018-19	2017-18
	£000	£000
Education, training and research	**2,762**	2,647
Charitable and other contributions to expenditure	**-**	-
Sustainability and transformation fund (STF)	**4,432**	2,695
Non-patient care services to other bodies	**1**	67
Other revenue	**1,100**	492
Secondment income	**80**	158
	8,375	6,059

6. Revenue by classification

	2018-19	2017-18
	£000	£000
A & E income	**200,636**	192,630
Other NHS clinical income	**(50)**	147
AfC pay award central funding	**3,533**	0
Other non-protected clinical income	**15,876**	15,292
Other operating income	**8,375**	6,059
	228,370	214,128

Of total revenue from patient care activities, £214,961k (2017-18: £204,020k) is from Commissioner Requested Services and £13,409k (2017-18: £10,108k) is from non-Commissioner Requested Services which includes the AfC pay award income for the current year.

7. Revenue

Revenue is almost totally from the supply of services. Revenue from the sale of goods is immaterial.

8. Operating expenses

	2017-18 £000	2017-18 £000
Purchase of healthcare from non NHS bodies	**16,898**	18,384
Employee Expenses - Non-executive Directors	**162**	142
Employee Expenses - Staff	**146,508**	130,130
Drug costs	**1,456**	1,397
Supplies and services - clinical (excluding drug costs)	**5,516**	4,411
Supplies and services - general	**3,812**	1,785
Establishment	**5,290**	5,359
Research and development	**2**	0
Transport	**15,899**	14,108
Premises	**13,837**	13,240
Increase/(decrease) in bad debt provision	**197**	126
Increase in other provisions	**820**	3,792
Depreciation on property, plant and equipment	**8,223**	8,571
Amortisation on intangible assets	**323**	2,254
Impairments/(reversals) of property, plant and equipment	**39**	34
Audit fees :		
Audit services - statutory audit*	**62**	60
Other Services audit assurance related services	**8**	8
Other auditors remuneration	**0**	38
Internal audit services	**149**	103
Other services	**230**	365
Clinical negligence	**1,824**	1,576
Legal fees	**580**	430
Consultancy costs	**810**	830
Training, courses and conferences	**2,726**	2,880
Insurance	**94**	101
Redundancy	**192**	348
Losses, ex gratia & special payments	**635**	639
Car parking and security	**88**	0
Other	**(320)**	86
TOTAL	**226,060**	211,197

* In 2018/19 audit fees for statutory audit and audit related assurance services (Quality Accounts), excluding VAT, were £52k and £6k respectively (2017-18 £50k and £7k).

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

	2018-19 £000	2017-18 £000
Minimum lease payments	**3,188**	1,785
	3,188	1,785

Total future minimum lease payments

	2018-19 £000	2017-18 £000
Payable:		
Not later than one year	**3,233**	2,453
Between one and five years	**10,629**	6,276
After five years	**15,495**	15,518
Total	**29,357**	24,247

Total future sublease payments expected to be received: £nil (2017-18: £nil)

10. Employee costs and numbers

10.1 Employee costs

	2018-19			2017-18		
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	**119,231**	**118,737**	**494**	106,334	105,617	717
Social security costs	**11,880**	**11,880**	**0**	10,562	10,562	0
Employer contributions to NHS pension scheme.	**14,102**	**14,102**	**0**	12,975	12,975	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	**(349)**	**(349)**	**0**	(317)	(317)	0
Costs capitalised as part of assets	**431**	**119**	**312**	969	543	426
Agency staff	**3,882**	**0**	**3,882**	2,718	0	2,718
Employee benefits expense	**149,177**	**144,489**	**4,688**	133,241	129,380	3,861

10.2 Average number of people employed

	2018-19			2017-18		
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	Number	Number	Number	Number	Number	Number
Ambulance staff	**2,552**	**2,503**	**49**	2,442	2,410	32
Administration and estates	**1,019**	**957**	**62**	1,061	1,008	53
Healthcare assistants and other support staff	**10**	**10**	**0**	9	9	0
Total	**3,581**	**3,470**	**111**	3,512	3,427	85

Of the above		
Number of whole time equivalent staff engaged on capital projects	1	8

10.3 Staff sickness absence

	2018-19 Number	2017-18 Number
Total days lost	**35,462**	36,057
Total staff years	**3,176**	3,105
Average working days lost	**11.2**	11.6

Data provided by Department of Health for 12 months period January to December 2018.

10.4 Retirements due to ill-health

During 2018-19 there were nil (2017-18: 4) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £nil (2017-18: £177,000) to the NHS Pension Scheme.

10.5 Staff exit packages

There were 16 exit packages paid in 2018-19 (2017-18: 14) at a total cost of £192k (2017-18: £640k)

	2018-2019			2017-2018		
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	**9**	**0**	**9**	1	0	1
£10,001-£25,000	**5**	**0**	**5**	6	0	6
£25,001-£50,000	**1**	**0**	**1**	4	0	4
£50,001-£100,000	**1**	**0**	**1**	1	0	1
£100,001 - £150,000	**0**	**0**	**0**	0	0	0
£150,001 - £200,000	**0**		**0**	2	0	2
Total number of exit packages by type	**16**	**0**	**16**	14	0	14
Total resource cost (£000)	**192**	**0**	**192**	640	0	640

10.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2018-19 (2017-18: nil) at a cost of £nil (2017-18: £nil) as shown below:

	2018-19		2017-18	
Exit packages: other (non-compulsory) departure payments	**Payments Agreed Number**	**Total value of agreements £'000**	Payments Agreed Number	Total value of agreements £'000
	0	0	**0**	**0**
Voluntary redundancies including early retirement contractual costs	**0**	**0**	0	0
Mutually agreed resignations (MARS) contractual costs	**0**	**0**	0	0
Early retirements in the efficiency of the service contractual costs	**0**	**0**	0	0
Contractual payments in lieu of notice	**0**	**0**	0	0
Exit payments following Employment Tribunals or court orders	**0**	**0**	0	0
Non-contractual payments requiring HMT approval *	**0**	**0**	0	0
Total	**0**	**0**	0	0
of which: non-contractual payments 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 is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme 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 recent demographic experience), and to recommend contribution rates payable by employees and employer

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

11. Directors' Remuneration

The aggregate amounts payable to directors were:

	2018-19 £000	2017-18 £000
Salary	**921**	1,439
Taxable benefits	**46**	12
Employer's pension contributions	**101**	79
Total	**1,068**	1,530

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

	2018-19		2017-18	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	**20,503**	**82,580**	19,675	70,411
Total Non-NHS trade invoices paid within target	**19,060**	**77,121**	15,693	54,260
Percentage of Non-NHS trade invoices paid within target	**93%**	**93%**	80%	77%
Total NHS trade invoices paid in the period	**333**	**1,639**	300	2,019
Total NHS trade invoices paid within target	**261**	**1,364**	209	1,250
Percentage of NHS trade invoices paid within target	**78%**	**83%**	70%	62%

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 2018-19 Better Payment Practice Code percentages are below the target (95%) for the full year but has been actively seeking to improvethe promptness of creditor payments. To this end the total figures for March 2019 exceeded the 95% target and this improvement will be the basis for improvement into the new year.

12.2 Late Payment of Commercial Debts (Interest) Act 1998

There were no material payments made as a result of late payment of Commercial Debts (2017-18: £nil)

13. Finance income

	2018-19 £000	2017-18 £000
Interest revenue:		
Bank accounts	**154**	42
Total	**154**	42

14. Finance costs

	2018-19 £000	2017-18 £000
Interest on loans and overdrafts	**0**	110
Interest on obligations under finance leases	**107**	99
Unwinding of discount	**5**	12
Other	**2**	2
Total interest expense	**114**	223

15. Property, plant and equipment

2018-19	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 2018	5,999	31,174	5,025	12,682	50,767	11,456	338	117,441
Transfers by absorption	0	0	0	0	0	0	0	0
Additions purchased	0	0	12,700	0	0	0	0	12,700
Additions leased	0	194	2	0	0	0	0	196
Additions donated	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	1,301	(8,325)	79	4,646	1,341	0	(958)
Revaluations	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	(71)	(178)	(1)	(2,108)	(4,521)	(370)	0	(7,249)
At 31 March 2019	**5,928**	**32,491**	**9,401**	**10,653**	**50,892**	**12,427**	**338**	**122,130**
Depreciation at 1 April 2018	0	1,843	0	10,334	36,697	8,309	338	57,521
Provided during the year	0	995	0	1,009	5,187	1,032	0	8,223
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	(9)	0	(2,108)	(4,386)	(370)	0	(6,873)
Depreciation at 31 March 2019	**0**	**2,829**	**0**	**9,235**	**37,498**	**8,971**	**338**	**58,871**
Net book value								
Purchased	5,788	27,997	9,401	1,418	12,775	3,456	0	60,835
Donated	140	252	0	0	93	0	0	485
Finance leased	0	1,413	0	0	526	0	0	1,939
Total at 31 March 2019	**5,928**	**29,662**	**9,401**	**1,418**	**13,394**	**3,456**	**0**	**63,259**
Asset financing								
Owned	5,928	28,249	9,401	1,418	12,868	3,456	0	61,320
Finance leased	0	1,413	0	0	526	0	0	1,939
Total 31 March 2019	**5,928**	**29,662**	**9,401**	**1,418**	**13,394**	**3,456**	**0**	**63,259**

15. Property, plant and equipment (cont.)

2017-18	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 2017	6,149	25,755	9,851	12,598	57,199	9,730	338	121,620
Transfers by absorption	0	0	0	0	0	0	0	0
Additions purchased	0	0	7,034	0	0	0	0	7,034
Additions leased	0	0	0	0	0	0	0	0
Assets purchased from cash donations	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	5,918	(11,791)	84	1,077	2,443	0	(2,269)
Revaluations	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	615	0	0	615
Disposals	(150)	(499)	(69)	0	(8,124)	(717)	0	(9,559)
At 31 March 2018	5,999	31,174	5,025	12,682	50,767	11,456	338	117,441
Depreciation at 1 April 2017	0	1,348	0	9,269	39,401	7,685	338	58,041
Provided during the year	0	925	0	1,065	5,240	1,341	0	8,571
Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	(430)	0	0	(7,944)	(717)	0	(9,091)
Depreciation at 31 March 2018	0	1,843	0	10,334	36,697	8,309	338	57,521
Net book value								
Purchased	5,859	27,859	5,025	2,348	13,176	3,147	0	57,414
Donated	140	199	0	0	117	0	0	456
Finance leased	0	1,273	0	0	777	0	0	2,050
Total at 31 March 2018	**5,999**	**29,331**	**5,025**	**2,348**	**14,070**	**3,147**	**0**	**59,920**
Asset financing								
Owned	5,999	28,058	5,025	2,348	13,293	3,147	0	57,870
Finance leased	0	1,273	0	0	777	0	0	2,050
Total 31 March 2018	**5,999**	**29,331**	**5,025**	**2,348**	**14,070**	**3,147**	**0**	**59,920**

15. Property, plant and equipment (cont.)

There were no assets donated in the year.

All land and buildings were valued by Montagu Evans as at 31 March 2017 to reflect their Existing Use Value (EUV) method of valuation. The Trust has reviewed an indexation factor in 2019 to assess the impact of estimated current market value by using the Investment Property Databank (IPD) sector All Property Industrial Index for all buildings. The Trust has deemed that no adjustment is required.

Further to the valuation exercise in 2017 Montagu Evans have undertaken a review of existing freehold buildings and their estimated remaining useful lives. The impact of which has been to extend the lives of certain assets to beyond the previously stated maximum life of 50 years to some buildings being depreciated by up to 75 years.

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	3	75
Plant & Machinery	5	7
Transport & Equipment	3	7
Information Technology	1	5
Furniture & Fittings	10	10

16. Intangible assets

2018-19	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 2018	**3,573**	**0**	**0**	**0**	**0**	**3,573**
Additions purchased	**336**	**0**	**0**	**0**	**0**	**336**
Additions donated	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications	**958**	**0**	**0**	**0**	**0**	**958**
Revaluation / indexation	**0**	**0**	**0**	**0**	**0**	**0**
Transferred to disposal group as asset held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Impairments charged to operating expenses	**0**	**0**	**0**	**0**	**0**	**0**
Reversals of impairments	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**
Gross cost at 31 March 2019	**4,867**	**0**	**0**	**0**	**0**	**4,867**
Amortisation at 1 April 2018	**2,344**	**0**	**0**	**0**	**0**	**2,344**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications as held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**
Revaluation	**0**	**0**	**0**	**0**	**0**	**0**
Impairments charged to operating expenses	**0**	**0**	**0**	**0**	**0**	**0**
Reversal of impairments	**0**	**0**	**0**	**0**	**0**	**0**
Charged during the year	**323**	**0**	**0**	**0**	**0**	**323**
Amortisation at 31 March 2019	**2,667**	**0**	**0**	**0**	**0**	**2,667**
Net book value						
Purchased	**2,200**	**0**	**0**	**0**	**0**	**2,200**
Donated	**0**	**0**	**0**	**0**	**0**	**0**
Government granted	**0**	**0**	**0**	**0**	**0**	**0**
Total at 31 March 2019	**2,200**	**0**	**0**	**0**	**0**	**2,200**

16. Intangible assets (cont.)

2017-18	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 2017	**2,097**	**0**	**0**	**0**	**0**	**2,097**
Additions - purchased	**814**	**0**	**0**	**0**	**0**	**814**
Additions - donated	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications	**2,269**	**0**	**0**	**0**	**0**	**2,269**
Reclassified as held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Revaluation / Indexation	**0**	**0**	**0**	**0**	**0**	**0**
Transferred to disposal group as asset held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Impairments	**0**	**0**	**0**	**0**	**0**	**0**
Impairments charged to operating expenses	**0**	**0**	**0**	**0**	**0**	**0**
Reversals of impairments	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**(1,607)**	**0**	**0**	**0**	**0**	**(1,607)**
Gross cost at 31 March 2018	**3,573**	**0**	**0**	**0**	**0**	**3,573**
Amortisation at 1st April 2017	**1,463**	**0**	**0**	**0**	**0**	**1,463**
Impairments	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**(1,373)**	**0**	**0**	**0**	**0**	**(1,373)**
Revaluation	**0**	**0**	**0**	**0**	**0**	**0**
Impairments charged to operating expenses	**0**	**0**	**0**	**0**	**0**	**0**
Reversal of impairments	**0**	**0**	**0**	**0**	**0**	**0**
Transferred to disposal group as asset held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Charged during the year	**2,254**	**0**	**0**	**0**	**0**	**2,254**
Amortisation at 31 March 2018	**2,344**	**0**	**0**	**0**	**0**	**2,344**
Net book value						
Purchased	**1,229**	**0**	**0**	**0**	**0**	**1,229**
Leased	**0**	**0**	**0**	**0**	**0**	**0**
Donated	**0**	**0**	**0**	**0**	**0**	**0**
Total at 31 March 2018	**1,229**	**0**	**0**	**0**	**0**	**1,229**

16.1 Amortisation rate of intangible assets

Software - 5 years

17 Impairments and reversals

17.1 Analysis of impairments and reversals recognised in 2018-19

	31 March 2019 Total £000	31 March 2018 Total £000
Property, Plant and Equipment impairments and reversals taken to Statement of Comprehensive Income (SoCI)		
Loss or damage resulting from normal operations	**0**	**0**
Over-specification of assets	**0**	**0**
Abandonment of assets in the course of construction	**0**	**0**
Total charged to Departmental Expenditure Limit	**0**	**0**
Unforeseen obsolescence	**0**	**0**
Loss as a result of catastrophe	**0**	**0**
Other	**0**	**0**
Changes in market price	**0**	**0**
Total charged to Annually Managed Expenditure	**0**	**0**
Total Impairments of Property, Plant and Equipment charged to SoCI	**0**	**0**
Impairments (and reversals) of property, plant and equipment charged to the revaluation reserve	**0**	**0**
Intangible assets impairments and reversals charged to SoCI		
Loss or damage resulting from normal operations	**0**	**0**
Over-specification of assets	**0**	**0**
Abandonment of assets in the course of construction	**0**	**0**
Total charged to Departmental Expenditure Limit	**0**	**0**
Total Impairments of Intangibles	**0**	**0**
Non-current assets held for sale charged to SoCI	**0**	**0**
Loss or damage resulting from normal operations	**0**	**0**
Total charged to Departmental Expenditure Limit	**0**	**0**
Changes in market price	**39**	**34**
Other	**0**	**0**
Total charged to Annually Managed Expenditure	**39**	**34**
Financial Assets impairments and reversals charged to the Revaluation Reserve		
Loss or damage resulting from normal operations	**0**	**0**
Loss as a result of catastrophe	**0**	**0**
Other	**0**	**0**
TOTAL impairments for Financial Assets charged to reserves	**0**	**0**
Total Impairments of Financial Assets	**39**	**34**

17.1 Analysis of impairments and reversals recognised in 2018-19 (cont.)

	31 March 2019 £000	31 March 2018 £000
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	**0**	0
Total Impairments charged to SoCI - Departmental Expenditure Limits	**0**	0
Total Impairments charged/(credited) to SoCI - Annually Managed Expenditure	**39**	34
Overall Total Impairments	**39**	34
Of which: Impairment on revaluation to "modern equivalent asset" basis	**0**	0
TOTAL DONATED/GOVERNMENT GRANTED ASSET IMPAIRMENTS	**0**	0

17.2 Impairment of assets

	31 March 2019 Total £000	31 March 2018 Total £000
Impairments charged to operating deficit	**39**	**34**
Impairments charged to the revaluation reserve	**0**	0
Total impairments	**39**	34

Following the revaluation exercise carried out at 31 March 2017 no formal revaluation exercise has been undertaken at this financial year end. The above impairment relates to a property held for disposal impaired to its anticipated disposal value.

17.3 Property, plant and equipment

The charge of £36k (2017-18: £34k) results from the revaluation of an asset held for sale based upon latest anticipated valuation

17.4 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 2019	31 March 2018
	£000	£000
Property, plant and equipment	**4,031**	1,191
Intangible assets	**241**	0
Total	**4,272**	1,191

The principle commitment relates to the Trust's Make Ready Centre capital developments.

19. Inventories

19.1 Inventories by category

	31 March 2019	31 March 2018
	£000	£000
Drugs	**1**	2
Consumables	**1,374**	1,461
Fuel	**420**	313
Total	**1,795**	1,776

19.2 Inventories recognised in expenses

	31 March 2019	31 March 2018
	£000	£000
Inventories recognised as an expense in the period	**19**	335
Write-down of inventories	**0**	0
Reversal of write-downs that reduced the expense	**0**	0
Total inventories recognised in the period	**19**	335

20. Trade and other receivables

20.1 Trade and other receivables by category

	Current	Non-current	Current	Non-current
	31 March 2019	**31 March 2019**	31 March 2018	31 March 2018
	£000	**£000**	£000	£000
Contract Receivables	**4,243**	**0**	0	0
Contract Assets	**0**	**0**	0	0
Trade receivables NHS*	**0**	**0**	3,755	0
Trade receivables Other*	**0**	**0**	243	0
Provision for impaired receivables	**(574)**	**0**	(613)	0
Prepayments	**5,054**	**0**	2,771	0
Accrued income *	**0**	**0**	3,365	0
PDC Receivable	**353**	**0**	255	0
Other receivables	**2,256**	**0**	2,151	0
Total	**11,332**	**0**	11,927	0

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

20.2 Allowances for credit losses 2018-19

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 Apr 2018 - brought forward		
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	**-**	613
Allowances at start of period for new FTs	**-**	-
Transfers by absorption	**-**	-
New allowances arising	**-**	197
Changes in existing allowances	**-**	-
Reversals of allowances	**-**	-
Utilisation of allowances (write offs)	**-**	(236)
Changes arising following modification of cotractual cash flows	**-**	-
Foreign exchange and other changes	**-**	-
Transfer to FT upon authorisation	**-**	-
Allowances as at 31 Mar 2019	**-**	574

20.3 Allowances for credit losses 2017-18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables
	£000
Allowances as at 1 Apr 2017 - as previously stated	**487**
Prior period adjustments	**-**
Allowances as at 1 Apr 2017 - restated	**487**
At start of period for new FTs	
Transfers by absorption	-
Increase in provision	126
Amounts utilised	-
Unused amounts reversed	-
Transfer to FT upon authorisation	**-**
Allowances as at 31 Mar 2018	**613**

21 Cash and cash equivalents

	31 March 2019	31 March 2018
	£000	£000
Opening Balance	**22,892**	13,036
Net change in year	**1,262**	9,856
Closing Balance	**24,154**	22,892
Made up of:		
Cash with Government banking services	**24,132**	22,870
Commercial banks and cash in hand	**22**	22
Cash and cash equivalents as in statement of financial position	**24,154**	22,892
Cash and cash equivalents as in statement of cash flows	**24,154**	22,892

22. Non-current assets held for sale

22.1 Non-current assets held for sale

	Land	Buildings, excl dwelling	Dwellings	Other property, plant and equipment	Intangible assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 1 April 2018	**1,262**	**1,004**	**0**	**30**	**0**	**2,296**
Plus assets classified as held for sale in the year	**0**	**0**	**0**	**0**	**0**	**0**
Less assets sold in the year	**(560)**	**(456)**	**0**	**0**	**0**	**(1,016)**
Less impairments of assets held for sale	**0**	**(39)**	**0**	**0**	**0**	**(39)**
Plus reversal of impairment of assets held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	**0**	**0**	**0**	**0**	**0**	**0**
Balance at 31 March 2019	**702**	**509**	**0**	**30**	**0**	**1,241**
Balance at 1 April 2017	1,262	1,038	0	1,445	0	3,745
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Less assets sold in the year	0	0	0	(800)	0	(800)
Less impairments of assets held for sale	0	(34)	0	0	0	(34)
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	(615)	0	(615)
Balance at 31 March 2018	1,262	1,004	0	30	0	2,296

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 3 ambulance stations in Assets Held for Sale; these are Eastbourne, Dover and Knaphill with a combined asset value of £1,211,000 (2017-18: £2,266,000). There are a further 3 properties awaiting agreement to market; these are properties at Crawley, Littlehampton 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 2020

As of 31 March 2019 the Trust had 2 vehicles with a combined value of £30,000 that were held for sale as a result of its exit from the Patient Transport Service in 2017. These vehicles are expected to be sold by 31 March 2020.

23. Trade and other payables

	Current 31 March 2019 £000	Non-current 31 March 2019 £000	Current 31 March 2018 £000	Non-current 31 March 2018 £000
Trade payables - capital	**1,592**	**0**	2,828	0
NHS trade payables	**855**	**0**	762	0
Other trade payables	**5,425**	**0**	6,143	0
Taxes payable	**5,086**	**0**	4,447	0
Other payables	**12**	**0**	207	0
Accruals	**14,603**	**0**	11,905	0
PDC payable	**0**	**0**	0	0
Total	**27,573**	**0**	26,292	0

23.1. Other liabilities

	Current 31 March 2019	Non-current 31 March 2019	Current 31 March 2018	Non-current 31 March 2018
Deferred grants income	**0**	**0**	0	0
Deferred income: contract liabilities	**48**	**0**	22	0
Deferred PFI credits	**0**	**0**	0	0
Lease incentives	**0**	**0**	0	0
Net pension scheme liability	**0**	**0**	0	0
	48	**0**	22	0

24. Borrowings

	31 March 2019 £000	31 March 2019 £000	31 March 2018 £000	31 March 2018 £000
Other Loans	**8**	**3**	**8**	**11**
Obligations under finance leases	**206**	**1,510**	196	1,531
Working capital loans from Department of Health	**0**	**0**	0	0
Total	**204**	**1,542**	197	7,907

24.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2018	-	**19**	1,727	-	1,746
At start of period for new FTs	-	**-**	-	-	-
Cash movements:					
Financing cash flows - payments and receipts of principal	-	**(8)**	(205)	-	(213)
Financing cash flows - payments of interest	-	**-**	(107)	-	(107)
Non-cash movements:					
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-
Transfers by absorption	-	-	-	-	-
Additions	-	-	194	-	194
Application of effective interest rate	-	-	107	-	107
Change in effective interest rate	-	-	-	-	-
Changes in fair value	-	-	-	-	-
Other changes	-	-	-	-	-
Transfer to FT upon authorisation	**-**	**-**	-	**-**	-
Carrying value at 31 March 2019	**-**	**11**	1,716	**-**	1,727

25. Finance lease obligations

The Trust leases 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 2019 £000	Present value of minimum lease payments 31 March 2019 £000	Minimum lease payments 31 March 2018 £000	Present value of minimum lease payments 31 March 2018 £000
Within one year	**277**	**206**	263	196
Between one and five years	**461**	**222**	576	358
After five years	**1,749**	**1,288**	1,613	1,173
Less future finance charges	**(771)**	**0**	(725)	0
Value of minimum lease payments	**1,716**	**1,716**	1,727	1,727

Included in:		
Current borrowings	**206**	196
Non-current borrowings	**1,510**	1,531
	1,716	1,727

Future sublease payments expected to be received total £nil (2017-18: £nil).
Contingent rents recognised as an expense £nil (2016-17: £nil).

26. Provisions

	Current 31 March 2019 £000	Non-current 31 March 2019 £000	Current 31 March 2018 £000	Non-current 31 March 2018 £000
Pensions relating to staff	**331**	**4,159**	376	4,497
Legal claims	**1,121**	**0**	1,401	0
Other	**5,004**	**3,070**	4,040	3,106
Total	**6,456**	**7,229**	5,817	7,603

	Pensions relating to other staff £000	Legal claims £000	Other £000	Total £000
At 1 April 2017	5,136	926	3,665	9,727
Change in the discount rate	64	0	0	64
Arising during the year	63	475	4077	4,615
Utilised during the year	(402)	0	(182)	(584)
Reversed unused	0	0	(414)	(414)
Unwinding of discount	12	0	0	12
At 31 March 2018	4,873	1,401	7,146	13,420
At 1 April 2018	**4,873**	**1,401**	**7,146**	**13,420**
Change in the discount rate	**(80)**	**0**	**0**	**(80)**
Arising during the year	**22**	**(280)**	**1,595**	**1,337**
Utilised during the year	**(330)**	**0**	**0**	**(330)**
Reclassified to liabilities held in disposal groups in year	**0**	**0**	**0**	**0**
Reversed unused	**0**	**0**	**(667)**	**(667)**
Unwinding of discount	**5**	**0**	**0**	**5**
At 31 March 2019	**4,490**	**1,121**	**8,074**	**13,685**
Expected timing of cash flows:				
Within one year	**331**	**1,121**	**5,004**	**6,456**
Between one and five years	**1,313**	**0**	**1,838**	**3,151**
After five years	**2,846**	**0**	**1,232**	**4,078**

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £4,490k represents the Trust's pension liability for pre-1995 reorganisations (31 March 2018: £4,873k).

Legal claims are the member provision for personal injury claims being handled by the NHS Resolution

A further £6,105k is included in the provisions of the NHS Resolution at 31 March 2019 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2017-18: £4,605k).

27. Contingencies

27.1 Contingent liabilities

	2018-19	2017-18
	£000	£000
Legal claims	**312**	404
Total	**312**	404

The contingent liability for legal claims is based on information from NHS Resolution and relates to other legal claims shown in Note 26. NHS Resolution provides a probability for the success of each claim which is included in Provisions. The difference between this probability and 100% of each claim is included in contingent liabilities.

27.2 Contingent assets

The Trust has no contingent assets.

28. Related party transactions

During the year 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.

Of these the major transactions are with NHS Coastal West Sussex CCG, NHS West Kent CCG, NHS North West Surrey CCG, Health Education England, NHS Resolution and NHS England.

The Trust has received revenue payments of £154k (2017-18: £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 (2017-18: £11k) for administration and associated costs and £nil (2017-18: £nil) representing other charges for the financial year 2018-19.

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.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditor.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has minimal exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows for capital expenditure, subject to affordability. The borrowings are in line with the life of the associated assets, and interest is charged at a commercial rate. The Trust aims to ensure that it has low exposure to interest rate fluctuations by fixing rates for the life of the borrowing where possible. The Trust has low exposure to interest rate risk and currently has 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 2019 are in receivables from customers, as disclosed in the trade and other receivables note 20.1.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCG's, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves, borrowings and Public Dividend Capital. The Trust is not exposed to significant liquidity risks.

29.1 Financial assets

	Loans and receivables	
	31 March 2019	31 March 2018
	£000	£000
Receivables	**5,216**	8,693
Cash at bank and in hand	**24,154**	22,892
Total	**29,370**	31,585

29.2 Financial liabilities

	31 March 2019	31 March 2018
	£000	£000
Payables	**22,487**	21,845
Finance lease obligations	**1,716**	1,727
Other borrowings	**11**	19
Provisions under contract	**8,074**	7,146
Total	**32,288**	30,737

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 2018-19	Total Number of Cases 2018-19	Total Value of Cases 2017-18	Total Number of Cases 2017-18
	£000		£000	
Losses				
Cash losses	**172**	133	86	96
Fruitless payments	**0**	0	0	0
Bad debts	**0**	0	0	0
Stores losses	**13**	41	5	18
Damage to buildings and property	**333**	1,241	721	1,730
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	**64**	22	84	14
Total losses and special payments	**582**	1,437	896	1,858

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 £500k.

32. Events after the reporting period

There are no post balance sheet events.

33.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. However, as the Trust had no such borrowings on 1 April 2018 neither borrowings or trade payables have been changed as a result of this implementation.

Reassessment of credit allowances has also resulted in no change as the provision held is against staff overpayments not recovered so is not covered by the standard.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £nil.

33.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018.

The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The Trust is already complying with this standard by adjusting for any over/under activity to the planned activity in its accounts. Thus, it has only recognised revenue on actual activity for services provided.

For more information

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