

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

## **Annual Report and Accounts**

### **2021/22**



South East Coast Ambulance Service NHS Foundation Trust Annual Report and  
Accounts 2021/22

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Health Service Act 2006



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## Chair's Introduction

Looking back at 2021/22, I see an incredible transition from the midst of COVID-19 to an atmosphere where we began to learn to live with the virus.

This has certainly been a year that SECAmb staff and volunteers should continue to be extremely proud of... making me reflect on SECAmb's enduring purpose '*to respond to the immediate needs of our patients and to improve the health of the communities we serve*'. In the most difficult of circumstances, no matter how weary, we were always able to remain strong in our aim to achieve this purpose.

This past year we have experienced real challenges in being able to consistently respond in a timely way to the needs of our patients and this has been a concern for the Board. We acknowledge that we do not operate in isolation, we are part of a much wider healthcare system and the issues we are facing are replicated throughout the country.

Despite the challenges however, I would like to take this opportunity on behalf of the Board to thank all of our staff for the care shown throughout the whole Trust by everyone, regardless of role. We have faced some significant external pressures at times – none more so than during the COVID-19 pandemic – but the professionalism of staff, often working under significant pressure, has been noteworthy.

I would also like to extend my heartfelt thanks to the team of volunteers who support the Trust, whether as Community First Responders, Chaplains, Governors, part of the Welfare Van/Trollies Team or members of our Inclusion Hub Advisory Group. Their willingness to help, however they can, has been more obvious than ever during this year and I hope we can continue to build stronger partnerships with them in the future.

At Board level we saw a number of changes during the year, and we have had a number of strong additions to our Board:

- Paul Brocklehurst, appointed by the Council of Governors as an Independent Non-Executive Director, started with the Trust in May 2021
- Emma Williams, our Executive Director of Operations, was appointed in May 2021
- Liz Sharp, appointed by the Council of Governors as an Independent Non-Executive Director in August 2021

And I was sincerely grateful to the Council of Governors for agreeing to re-appoint me as Chair for a second three-year term until September 2024.

We also said farewell during the year to three, long-serving Non-Executive Directors who have provided amazing service to SECAmb and have been valued members of the Board during their tenure:

- Lucy Bloem
- Terry Parkin
- Laurie McMahon

Their input to the board will be greatly missed.

At Executive level, Bethan Eaton-Haskins, Director of Quality and Nursing left the Trust in December 2021. I thank her for her time at the Trust and wish her well in her future career. To this end, I would also like to congratulate Robert Nichols on his appointment as her replacement.

Following the year end, Chief Executive, Philip Astle, announced his resignation on 17<sup>th</sup> May 2022, following a period of ill-health; I wish him well for the future. Dr Fionna Moore has taken on the role of Interim Chief Executive, whilst the appointment process continues, and I would like to extend my gratitude to her.

I would also like to congratulate Fionna, who was presented with her Queens Ambulance Medal by HRH the Princess Royal at an investiture at Windsor Castle in February 2022, having been named as a recipient in last summer's Queen's Birthday Honours. This was true recognition of Fionna's outstanding contribution to the ambulance sector over many years.

During the year, the COVID pandemic continued to have a significant impact on the Trust and on all of our people, both inside and outside of work. However, I remain extremely proud of both the approach individuals have taken to cope with the very real challenges we have faced and the steps we have taken as a Trust to keep our staff and patients as safe as possible, especially the establishment of our own, in-house COVID vaccination programme.

During February and March 2022, the Care Quality Commission (CQC) undertook inspections of our NHS 111 service, of our Emergency Operations Centres (EOCs) and of the 'Well Led' domain. The CQC's report was published on 22<sup>nd</sup> June 2022 and although the excellent work of our NHS 111 service was recognised, the report highlighted a number of areas of concern and Well Led was rated as Inadequate.

We take the CQC's findings, as well as feedback from other sources like the NHS Staff Survey, extremely seriously. Work is already underway to address the issues identified and the Board and I are committed to driving this forward so we can make tangible improvements that benefit our staff and our patients.

Our aim is always to provide the best possible care to each patient, which means having the right number of staff, with the right infrastructure and equipment to deliver our patients' needs and having the right policies in place to support all staff. Work to develop a new Care Delivery Model got underway during the year, recognising that, with growing and changing demand from our patients, we cannot continue to deliver our services in the same way moving forwards.

The development of a new Care Delivery Model will, in turn, impact on a number of key programmes and I am very much looking forward to seeing how we can challenge ourselves on the way we deliver our services.

I was pleased during the year to see us continue to improve our estate so that it is fit for purpose. Significant progress was made in building our new Make Ready Centre at Banstead, on the site of our old Trust HQ. The fantastic new facility, which

became operational during May 2022, supports staff in the Redhill and Banstead areas and is our tenth Make Ready Centre across SECAmb.

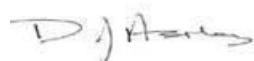
Construction work also got underway on a new, multi-million project to co-locate 999, 111 and Make Ready teams in Medway. The co-location of all three teams will improve efficiency and cohesion across the whole service and provide state of the art facilities for the staff who are based there; I look forward to seeing the project progress during the year, ahead of its planned opening in Spring 2023.

I was pleased to see that, overall, our financial performance was good despite the challenges and uncertainties of the pandemic and the financial pressures facing the wider system; our financial accounts can be seen later in the report. The financial picture looking ahead however appears increasingly challenged.

We know we have much we need to improve - we need to focus on supporting our staff and volunteers, to learn from what's worked well for our patients and our colleagues and regain our focus on constantly improving our services for our patients.

However, in a year overshadowed by COVID-19, and in an NHS organisation quite literally on the frontline of the response, I couldn't be prouder to be Chair of this amazing organisation.

Thank you again to everyone who has contributed to the efforts of Team SECAmb this year.



**David Astley**, Chair

Date: 22<sup>nd</sup> June 2022

# Performance Report

## **Chief Executive's Statement**

2021/22 was a year of continuing challenge for the NHS and was, undoubtedly, another difficult year for SECAmb. However, as always, the commitment shown by our staff and volunteers was second to none.

The start of this financial year saw us in the grip of a second wave of COVID with the effects of the Delta and then subsequently the Omicron variants impacting heavily on our services and on those of our system partners.

Overall, we saw a stark increase in the number of 999 and 111 calls that we received compared to the previous year, leading to delays in our response to some of our patients. Our NHS 111 service in particular, came under significant pressure at times during the year, receiving a far higher number of calls than expected.

However, it is testament to the outstanding efforts of our staff and volunteers that, whilst our operational performance has not always been where we would like it to be, we have performed either better or in line with other ambulance services for both our 999 and 111 services.

While leading the way at the beginning of 2021 with our in-house COVID-19 vaccination programme, we were again called upon to undertake a booster programme in October 2021 for our staff and volunteers as we began to see the number of COVID cases in the community start to creep up.

I'm delighted to report that we were able to deliver a very effective programme which saw more than 85% of staff fully vaccinated - an outstanding achievement.

While Government restrictions have remained in place for the majority of the year, we have continued to have social distancing measures in place in our 111 call centres and in our 999 Emergency Operations Centres; until recently we have heavily restricted visitors and staff from attending our sites.

This has meant that the majority of our support staff have continued to work from home and meetings, including our Trust Board meetings, have been held virtually.

Recognising the impact of the pandemic has had on our staff, our team of volunteers have risen to the challenge and have continued to provide welfare support by travelling to sites across our region offering refreshments and a friendly face. The overwhelming positive response to this initiative, led to the development of wellbeing volunteer programme in October 2021. We had a wonderful response from across the region and I would like to thank all those who volunteer for their support.

Personal Protective Equipment (PPE) and other medical consumables were heavily in demand during the pandemic, and we continued to feel the impact of global supply issues during the year. However, we have had the fantastic support of our blue-light colleagues and in particular Kent Fire and Rescue Service who supported us in our logistics hub at Paddock Wood, to manage this.

Finding new approaches and ways of working also meant that the way we honour and recognise our staff's achievements had to change. For the first time, we hosted a virtual awards ceremony and then later in the year, a blended ceremony with some

colleagues attending in person, while others joined us virtually. While there were a few technical glitches, overall, it was a great success and something that will be incorporated in future award ceremonies.

This year also saw some changes in our Executive Leadership team as Director of Nursing and Quality, Bethan Easton-Haskins, left the Trust and Rob Nicholls took up the reins. We also welcomed a new member of the team – David Ruiz-Celada – into the new role of Executive Director for Planning and Business Development in September 2021.

On a personal note, I was hugely honoured to receive the Queen's Ambulance Service Medal in February 2022, after it was announced as part of the Queen's Birthday Honours in June 2021.

Continuing with the royal theme, it was fantastic on Emergency Services Day in September 2021 to see Medway Ambulance Technician, Charlotte Speers, meet HRH The Duke of Cambridge at a special reception in London. Together with colleagues from Kent Fire & Rescue, they were recognised for their efforts in saving the life of a young girl whilst off duty.

Alongside the fantastic achievements of many of our staff, we were incredibly sad to report the tragic death in January 2022 of Newly Qualified Paramedic Alice Clark in a Road Traffic Collision whilst en-route to an emergency call. I was very honoured and humbled to be asked to speak at Alice's funeral, which was a true celebration of a life that was cut so short.

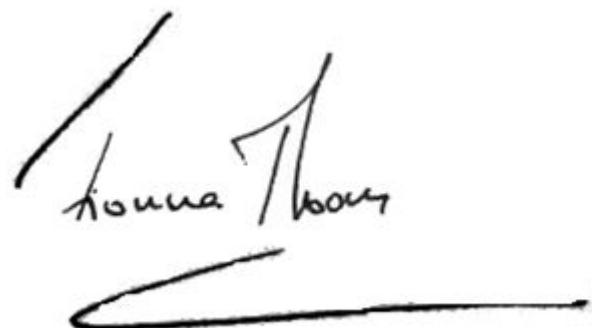
Despite the impact of the pandemic, we have continued to make great strides in delivering on our Estates Strategy with work commencing on both our Banstead Make Ready Centre and on the new Medway Make Ready, EOC and 111 centre. Banstead was completed in May 2022 and, whilst slightly delayed, we hope to see staff move in our Medway centre later in the year. Both new sites will provide fantastic facilities for the staff based there.

During February and March 2022, the Care Quality Commission (CQC) undertook inspections of our NHS 111 service, of our Emergency Operations Centres (EOCs) and of the 'Well Led' domain. The CQC's report was published on 22<sup>nd</sup> June 2022 and although the excellent work of our NHS 111 service and our frontline staff overall was recognised, the report highlighted a number of areas of concern and Well Led was rated as Inadequate.

Moving forward, I recognise that we need to fundamentally change our leadership style and approach and ensure we listen to and engage with our staff far more effectively. Work is already underway to address the issues identified by the CQC and I am confident that, as I write this, we have already started on our improvement journey.

Looking ahead, we recognise that there is a great deal more we need to be doing to ensure that we deliver a service that our public and communities deserve, that we are fully supporting and listening to our staff and building a service that is sustainable into the future. However, I am confident that as we move to a 'post pandemic normal'

we can establish new and innovative approaches to ensure that we deliver the best care possible to our patients, as well as making SECAmb the best possible place to work.

A handwritten signature in black ink. The name 'Fionna' is written in a cursive script, followed by 'Moore' in a similar style. A horizontal line is drawn underneath the signature.

**Dr Fionna Moore**, Interim Chief Executive Officer

Date: 22<sup>nd</sup> June 2022

## 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.

### We are SECAmb

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) is part of the National Health Service (NHS).

As a regional provider of urgent and emergency care, our prime purpose is to respond to the immediate needs of our patients and to improve the health of the communities we serve - using all the intellectual and physical resources at our disposal.

SECAmb 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 13 publicly-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).

This year, the Trust's focus has been on maintaining the quality of our services while responding to the COVID-19 global pandemic. This report will cover various aspects of our COVID-19 response threaded throughout, and all our performance reporting should be seen through the lens of the challenges of the year.

Our Trust values set out the expected standards and behaviours for everyone at SECAmb. These values inform everything we do: our interactions with patients and their loved ones, colleagues, partner organisations, volunteers and all our stakeholders across the communities we serve.

### Demonstrating Compassion and Respect

Supporting our colleagues, and those we serve, with kindness and understanding.

### Acting with Integrity

Being honest and motivated by the best interests of those we serve.

## **Striving for Continuous Improvement**

Seeking and acting upon opportunities to do things better.

## **Taking Pride**

Being advocates of our organisation and recognising the important contribution we make to its success.

## **Assuming Responsibility**

Having ownership of our actions and a willingness to confront difficult situations.

We work closely with our main partners in the region – four Integrated Care Systems (ICSs), 12 acute hospital trusts and four mental health and specialist 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.

## **Our Strategy**

In 2019/20, the Trust Board approved a new strategy.

The current strategy is built on our commitment to delivering the best possible care for our patients by getting the basics right and focusing on delivering our Ambulance Response Programme (ARP) nationally-required timely responses.

However, it also sets out our strategic intent to play a more proactive role in leadership within the health system regionally around emergency and urgent care, reflecting the direction of the NHS Ten Year Plan and the NHS White Paper around collaboration and integration of services.

The strategy covers four priority areas, with objectives and a strategic delivery plan sitting beneath these high-level aspirations:

- **Delivering Modern Healthcare for our patients** – A continued focus on our core services of 999 & 111 Clinical Assessment Service
- **A Focus on People** – Everyone is listened to, respected and well supported
- **Delivering Quality** – We listen, learn and improve
- **System Partnership** – We contribute to sustainable and collective solutions and provide leadership in developing integrated solutions in Urgent and Emergency Care

During the latter part of 2021/22 and taking on board feedback from our staff and from other key stakeholders, we undertook a review of the coming year's priorities, and the following areas were identified for primary focus during 2022/23:

**People and Culture** – Develop a culture that reflects our values, supports our vision and ensures the satisfaction and wellbeing of our people

**Quality** – Embed quality improvement across everything we do

**Leadership and Engagement** – ensure informed commitment to our objectives through consistent and compassionate leadership and constructive engagement

**Responsive Care** – achieve a balance scorecard in delivery of our response targets, centred on the patient and ensuring long-term success.

### **Care Quality Commission (CQC) rating**

As part of their new inspection regime, in February 2022 SECAmb were part of an inspection by the CQC of the Kent & Medway Emergency & Urgent care system covering a number of NHS providers.

Following on from this, the CQC undertook a Core Service inspection of our Emergency Operations Centres on 22<sup>nd</sup> February 2022 and of our NHS 111 service on 28<sup>th</sup> February /1<sup>st</sup> March. Our Emergency & Urgent Care service and our Resilience function retained the ratings from the previous inspections in 2019 and 2018 respectively.

In addition, the CQC conducted a focussed 'Well Led' inspection of the Trust on 15<sup>th</sup> and 16<sup>th</sup> March 2022.

The CQC published their final report on 22<sup>nd</sup> June 2022. The 'Well Led' domain was rated as Inadequate but we were pleased however to see our NHS 111 service retain its rating of 'Good', despite the significant pressures on the service during the COVID pandemic.

The CQC report highlighted a number of areas of concern including a disconnect between the Executive Team, senior leadership and the wider organisation, concerns around some of our governance and risk processes and a perceived lack of appropriate and visible focus on quality. It also highlighted a number of concerns around aspects of the Trust's culture, including bullying.

Ahead of the CQC inspection, work had already begun to address a number of the areas highlighted in the report, however this now forms the basis for a broader and more comprehensive action plan. This will deliver our priorities for the coming year, and also addresses the specific findings from the CQC inspection, as well as feedback from other sources, including the NHS Staff Survey results.

### **Key issues, risks and opportunities to the Trust**

Responding to the challenges arising from the pandemic continued to dominate much of the operational focus in the past year. The COVID Management Group helped to ensure decisions were well informed, given the changing national guidance and regulations. An internal COVID vaccination programme was successfully implemented, ensuring the workforce received rapid access to vaccinations.

One of main impacts of COVID-19 has been on staff abstraction due to sickness, shielding and self-isolation, which significantly affected the ability to provide timely urgent and emergency care services. This started to improve during the latter part of the year.

The Ambulance Response Programme (ARP) provides time-based targets that supports and delivers quality and safety. Achieving ARP is currently the key priority for the Trust and in order to ensure the Trust can do so sustainably a number of programmes were developed under the banner of 'Better by Design'. The aim of this

has been to ensure delivery of ARP whilst ensuring our staff have the healthy working patterns and tools to enable them to support high quality patient care.

In Q4 of 2021/22, reflecting on feedback from the staff survey and CQC inspection, which highlighted a number of concerns about culture and leadership, the Trust priorities were revised to ensure greater focus on a culture of improvement and quality. Details of this can be found later in the Performance Overview and in the Annual Governance Statement.

The principal risks to achieving the Trust's strategic objectives form the BAF risk report, which is reported to each meeting of the Board and informs the focus of the Board committees. These are listed in the Annual Governance Statement and includes risks to patient quality and safety and to the sustainability of our workforce and finances. The positive work on the Performance Cell has helped us to establish a robust integrated plan for 2022/23. This modelled a number of scenarios and resulted in the Trust's most reasonably achievable plan to improve quality and safety, primarily through an increase in workforce and better process. We are engaging with system partners on this plan in the context of the current financial constraints faced by the NHS.

One of the main risks will be in ensuring significant improvement in the areas identified in the staff survey and by the CQC, particularly in relation to 'well led'. A comprehensive improvement plan is being developed, and due to be considered by the Trust Board at its meeting on 30 June 2022. This will be the main focus of the Board for the coming year.

## **Going concern statement**

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future.

For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

## Performance Analysis

This section will set out annual performance against national targets and other key measures of success – this includes Trust 999, 111, clinical and financial performance, and analysis during the 2021-22 financial year.

At the time of writing (April 2022), the Trust continues to respond to the COVID-19 pandemic which has now been ongoing for more than 12 months, and whilst nationally we are coming out of lockdown, the management and mitigation of the impact of COVID-19 remains a priority.

Delivering our 999 and 111 services to our patients has always been a remains a team effort. This section this year includes some detail about the challenges faced and contribution from areas of the Trust rarely reported fully here, reflecting the contribution some of our teams that are usually working away in the background have made that have been highly visible during this extraordinary year.

### **999 call answer times 1 April 2021 - 31 March 2022**

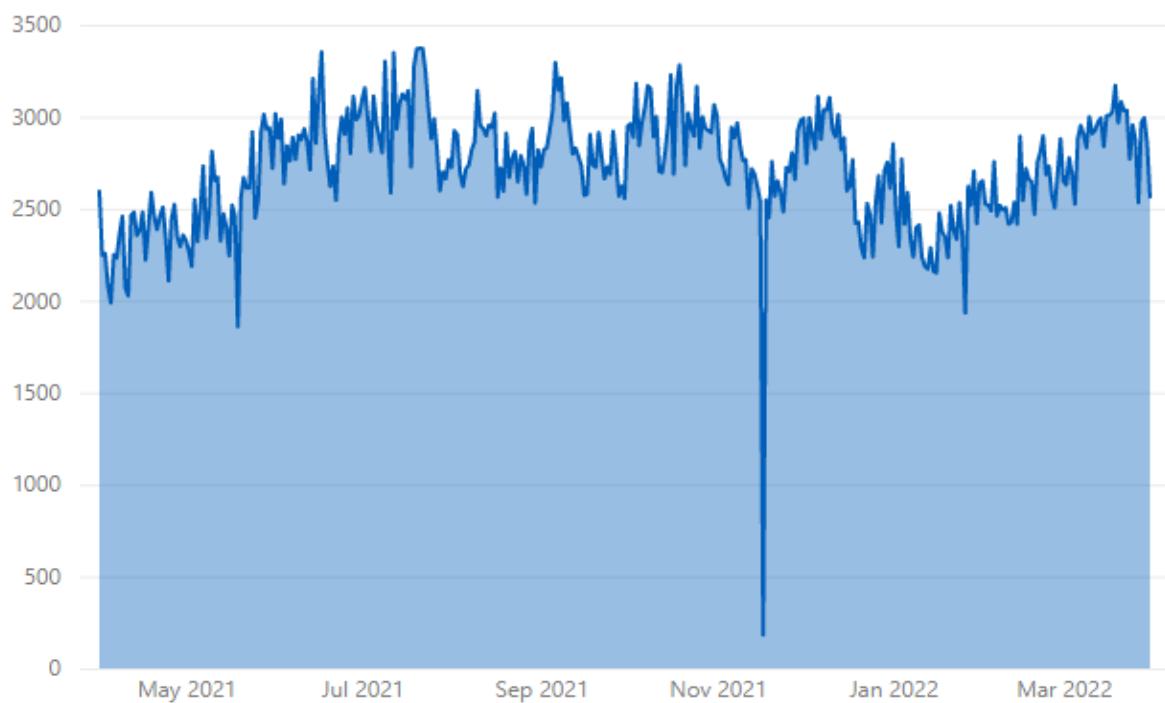
The Trust's 999 activity call volume rose by 18.6%, or 163,726 calls, throughout the financial year compared to the previous year (1,044,787 calls offered in 21/22, compared to 881,061 calls offered in 20/21). This rise is underpinned by changes to patient behaviours and their healthcare requirements, as the regional urgent and emergency care service demand and capacity responds to the COVID-19 pandemic.

Despite the challenges presented, the Trust's 999 performance has been an improvement against the national average mean call answer time since October 2021, despite being called upon to provide Mutual Aid for other providers including the Scottish Ambulance Service, Yorkshire Ambulance Service and London Ambulance Service.

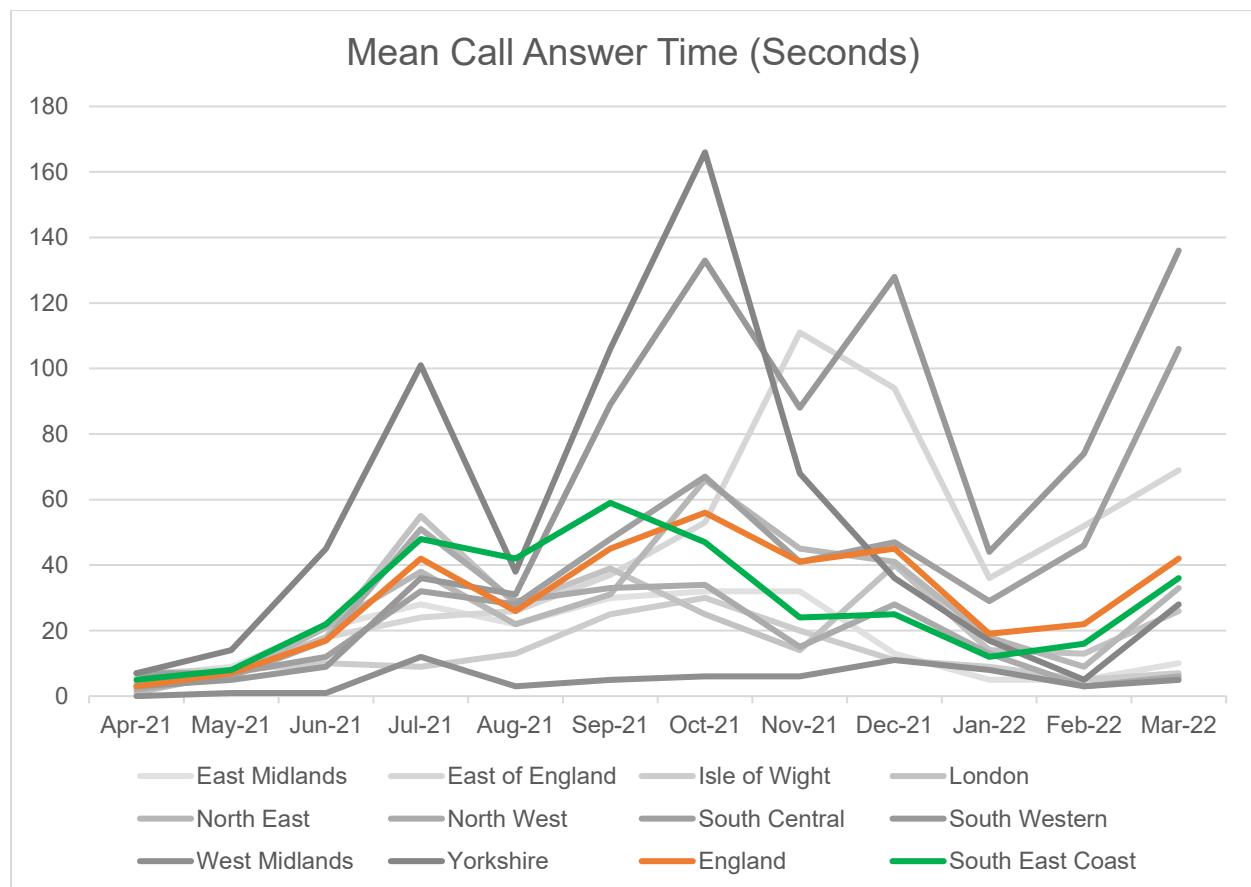
SECAmb's Emergency Operations Centre (EOC) operational and clinical staffing levels have met, or exceeded establishment targets, with Emergency Medical Advisor (EMA) and key core clinical staffing for EOC functions at full substantive, budgeted levels. This has been the case throughout the financial year. However, it has remained challenging to meet rota demand due to increased abstraction, including elevated sickness levels and abstractions linked to COVID-19, including self-isolation.

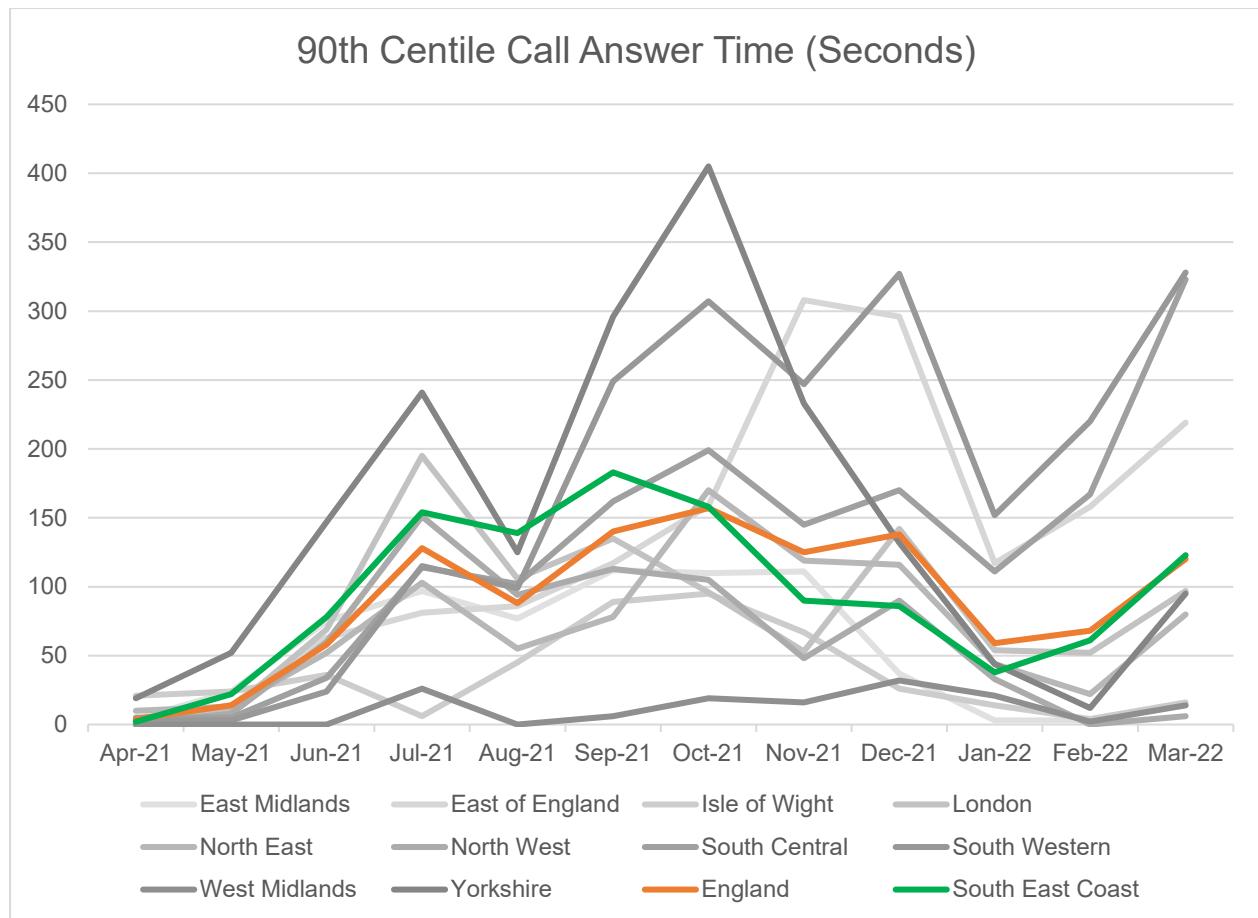
The graph below demonstrates calls answered by day for April 2021 to March 2022 inclusive:

### Calls Answered by Day

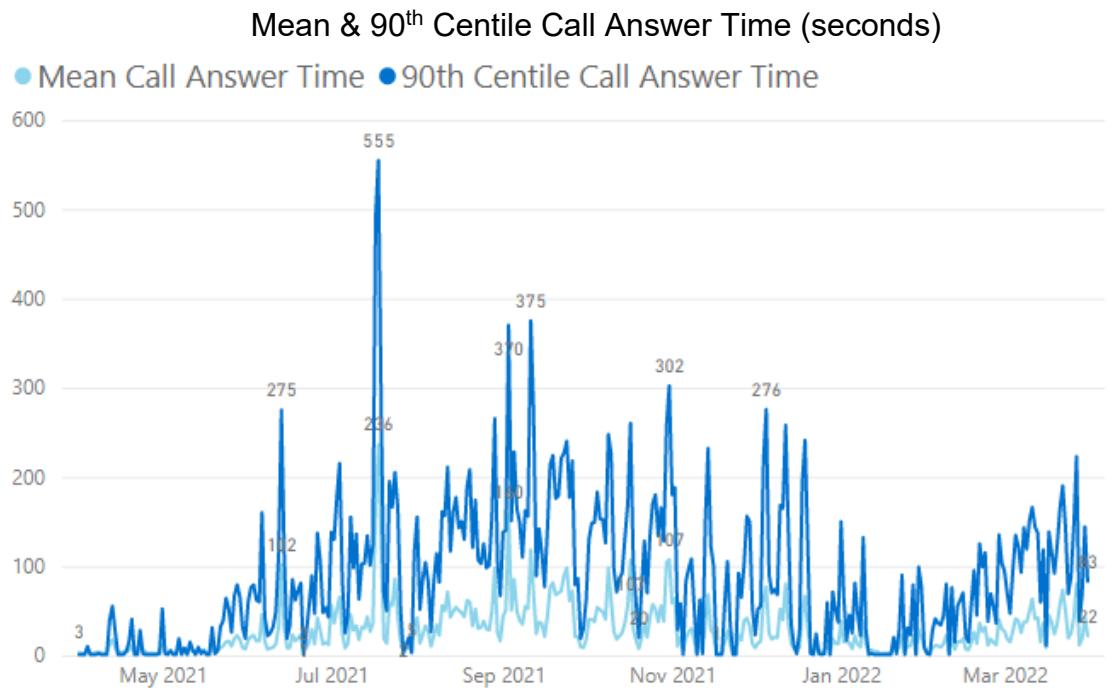


Below are graphs showing monthly data for the Mean and 90<sup>th</sup> Centile Call Answer time for all England Ambulance Trusts, for April 2021 to March 2022 inclusive:



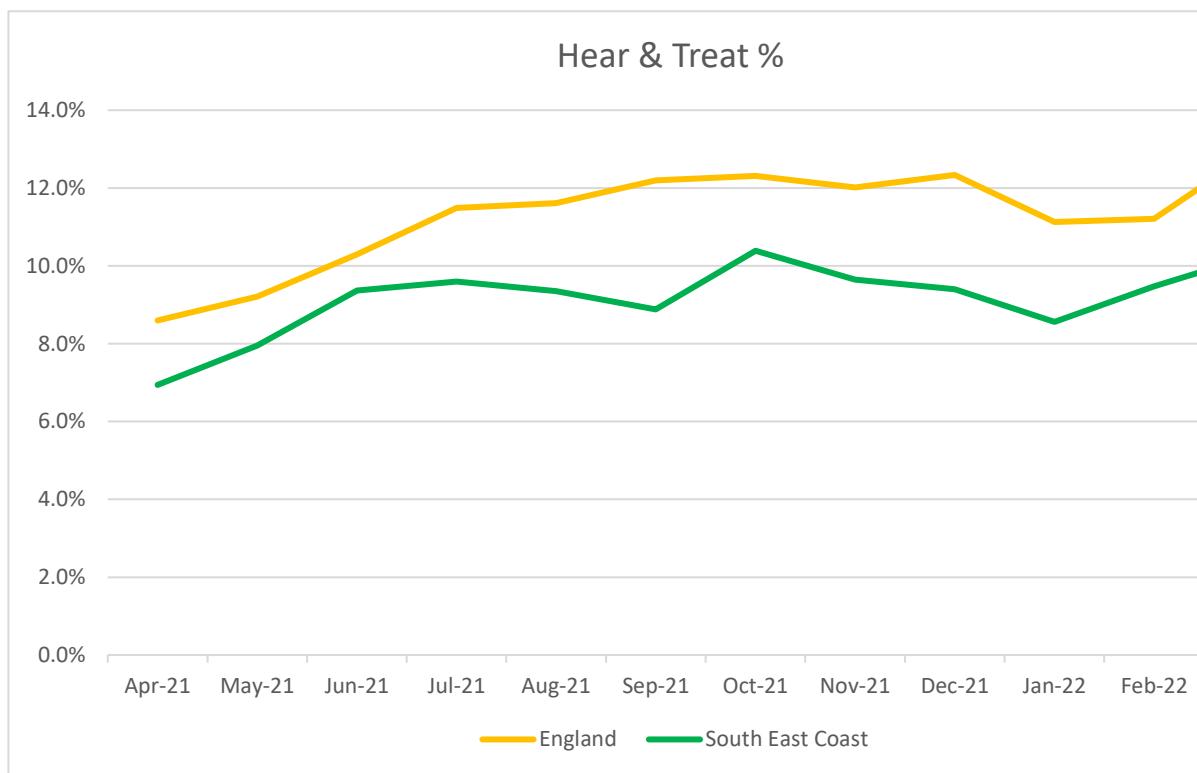


Below is a graph showing Mean and 90<sup>th</sup> Centile Call Answer Times by day for April 2021 to March 2022 inclusive:



## Hear and Treat

Below is a graph of Hear and Treat % compared with national results:



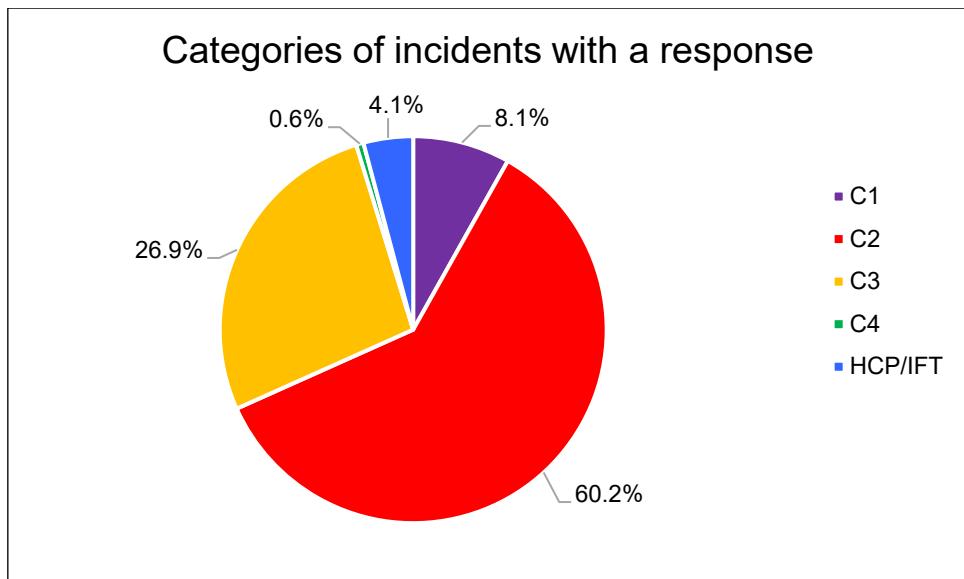
In May 2021, SECAmb embarked on Phase 2 of the national NHS E 999 Cat 3 and 4 validation pilot, in collaboration to three other Trusts. This pilot was coordinated and overseen by the NHS E central ambulance team, within a rigorous clinical governance framework. The results and data from this pilot have now been used as part of an academic review, undertaken by Sheffield University. This focussed work enabled the Trust to facilitate a step-change in its Hear and Treat rates, which it has maintained throughout the rest of the financial year.

## 999 Performance

The number of incidents that the Trust has responded to by month has varied across the year due to both patient demand and our ability to physically respond to them, i.e resource availability. The breakdown of calls within each category has also fluctuated, however the C2 component has consistently remained the greatest proportion at a little over 60% of all incidents attended during the financial year.

The table and chart below show the total numbers and breakdown of categories of all incidents attended between April 2021 and March 2022. Note that HCP/IFT stands for Healthcare Professional admissions and IFT is an Inter-Facility Transfer.

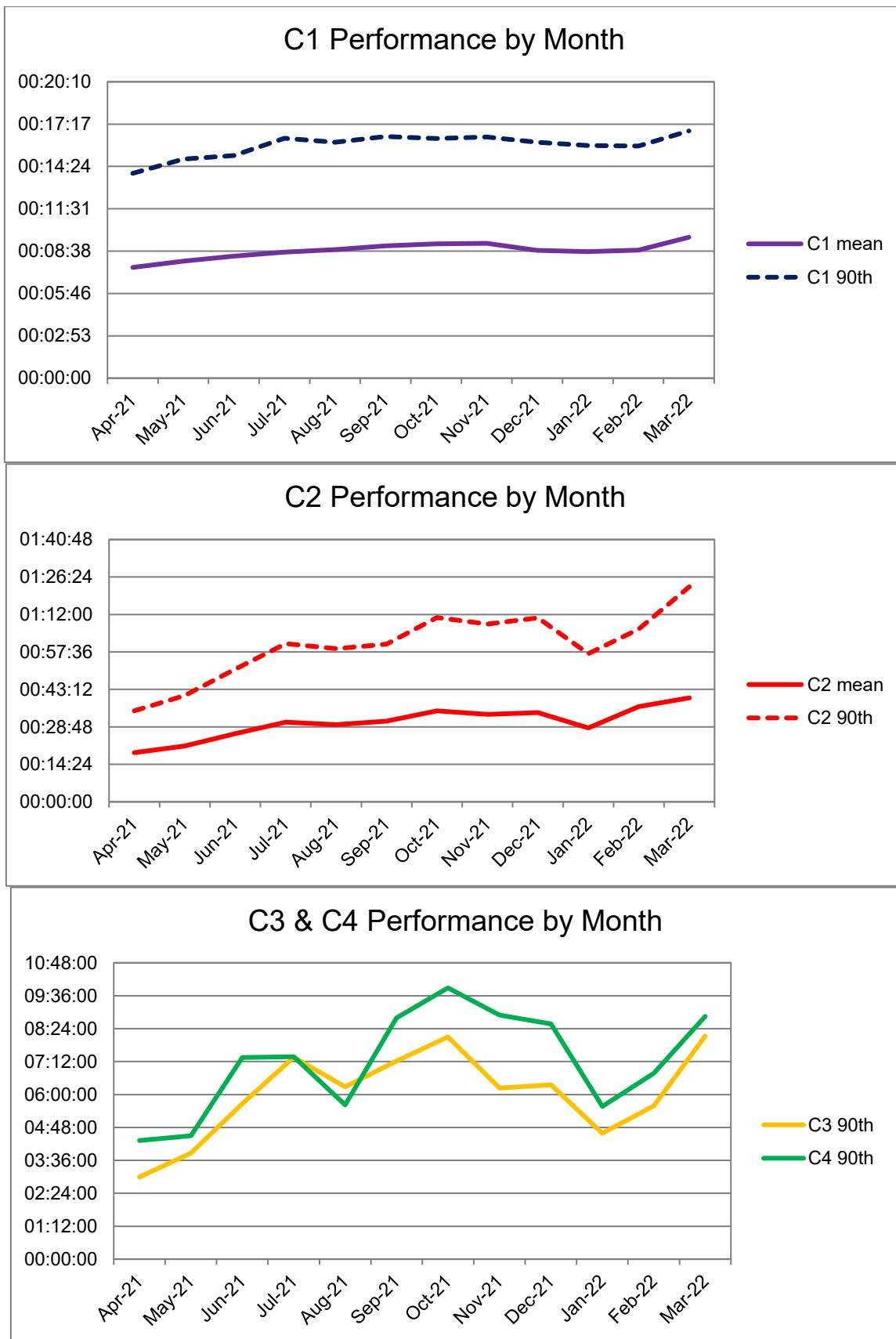
In total, SECAmb responded to 688,282 which equated to 1886 incidents per day.



Overall performance against each ARP category across each month showed significant variation with an overall deteriorating trend across the year. This was strongly influenced by challenges in maintaining strong resourcing with high and fluctuating levels of sickness (both Covid-19 related and non-Covid related) and other abstraction seen from month to month.

The table below shows the overall performance against the nationally commissioned targets across the whole 2021-22 financial year, with the graphs showing the trends of change for each of the ARP performance categories.

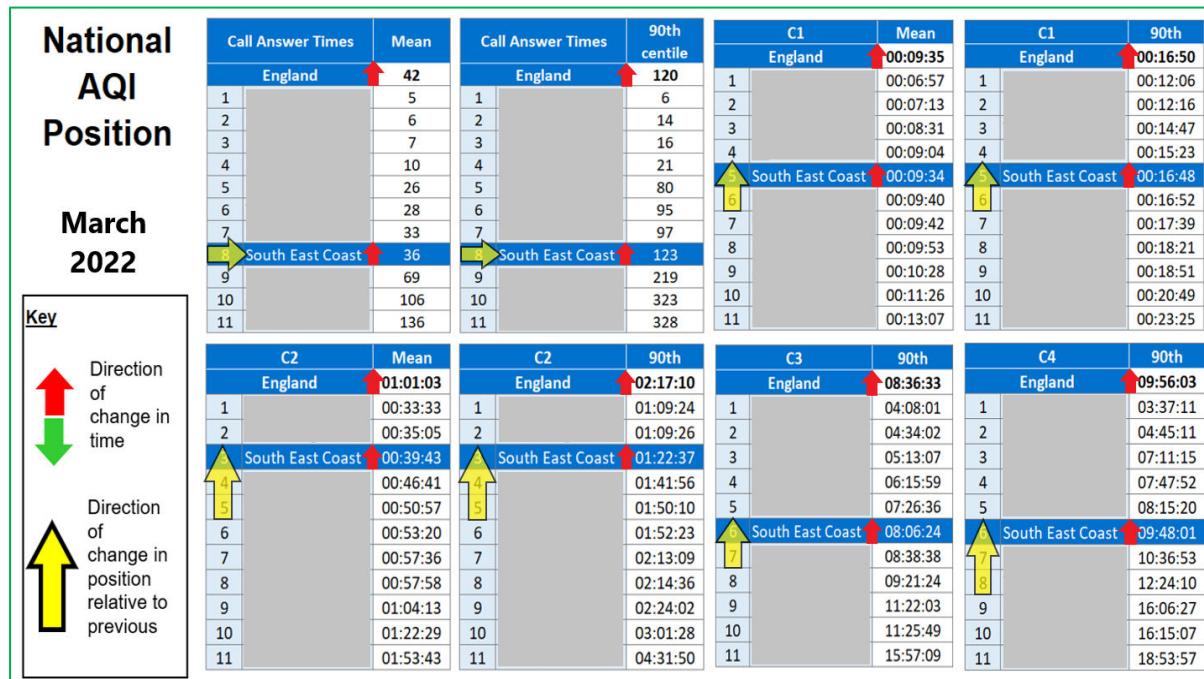
Category	Target		AQI		
	Mean	90th Centile	Incidents	Mean	90th Centile
<b>C1</b>	00:07:00	00:15:00	<b>56050</b>	<b>00:08:43</b>	<b>00:15:56</b>
<b>C1T</b>	00:19:00	00:30:00	<b>35796</b>	<b>00:10:42</b>	<b>00:19:43</b>
<b>C2</b>	00:18:00	00:40:00	<b>414536</b>	<b>00:30:27</b>	<b>01:00:59</b>
<b>C3</b>		02:00:00	<b>185579</b>	<b>02:33:38</b>	<b>05:50:37</b>
<b>C4</b>		03:00:00	<b>4232</b>	<b>02:57:55</b>	<b>07:05:59</b>
<b>HCP 3</b>			<b>12086</b>	<b>03:12:51</b>	<b>07:11:53</b>
<b>HCP 4</b>			<b>9429</b>	<b>04:06:32</b>	<b>08:47:05</b>
<b>IFT 3</b>			<b>5855</b>	<b>03:24:29</b>	<b>08:04:59</b>
<b>IFT 4</b>			<b>1200</b>	<b>04:05:52</b>	<b>09:20:12</b>



In addition to monitoring SECAmb performance against the national ARP standards, a monthly national set of data is published by NHS England that provides a league table for all English ambulance services demonstrating where their performance sits

relative to each other. The graphic below is for the Trust performance for March 2022, showing not only the positions for that month but also indicating the change from the previous month.

Please note that whilst the published data does identify the names of all the services within the tables, the graphic does not show these as the focus within the Trust has been to 'compete' only with ourselves to drive improvements.



## Outcomes

SECAmb is fully committed to delivering optimal care for all our patients, which includes undertaking excellent clinical care whilst on scene with the patient as well as using the findings to make good, evidence-based decisions regarding outcome.

Fundamentally there are three options for frontline crews:

1. Conveying a patient to a healthcare setting such as an Emergency Department or specialist unit (such as a Major Trauma Centre or a Same Day Emergency Care (SDEC) team),
2. Treating the patient where they are found and referring them on for further support, usually in a longer timescale, e.g. a non-injured elderly faller being referred to a falls and frailty team,
3. Or treating the patient at home for their presenting complaint and completing the episode of care, leaving the patient to manage their condition/situation from then on.

In order to make the best decisions for patients, often crews on scene with a patient will reach out for assistance from other healthcare professionals (HCPs) who may have either greater knowledge of the patient themselves or may have an enhanced understanding of a range of conditions. Examples of this decision support are listed below:

- A crew calling a GP to discuss options for onward referral for a patient as part of a programme of management for a long-term condition where hospital admission avoidance is preferred by all parties,
- With a patient presenting with a mental health condition, in several areas' pathways have been set up by local care providers where a crew can call to discuss a case and where appropriate refer the patient to a crisis team who will arrange to attend within a short timescale,
- Within SECAmb there are additional HCPs who are available for clinical discussions with crew staff to explore options relating to the assessment, treatment, and referrals of patients – examples being Paramedic Practitioners based in local hubs located on most operating units, or mental health practitioners within the Emergency Operations Centres, or GPs within the 111/CAS.

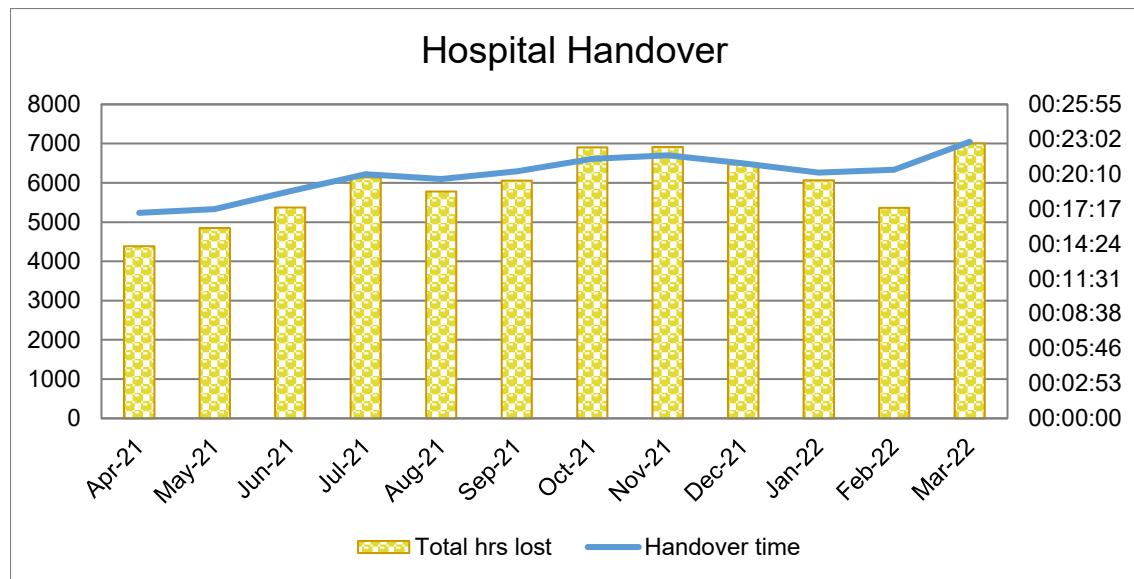
Reaching the best outcome for the patient is not only best for them, but also contributes to supporting the wider system. This is particularly evident with regards to Emergency Departments, where the clear message across the year was that it was essential to look to use all possible access points for care (e.g., urgent treatment centres, GPs etc) to support general flow of patients into (and out of) hospitals.

Towards the end of the 2021-22 financial year, additional planning for out-of-hospital pathways such as virtual wards have been seen across all areas – we continue to engage with these developments to ensure that they are accessible to SECAmb clinical staff.

Across the year the overall outcome proportion of all incidents remained reasonably consistent, with an average of 31.6% of incidents resulting in a 'See & treat' type incident, with 59.3% of patients being conveyed to a healthcare setting for further care.

### **Hospital Handover**

It has been clear that on a national level, hospital handover times have been very challenged, across a range of hospitals and across a range of days/weeks/months. The graph below shows the hours lost in handovers greater than 15 minutes and total hours lost by month.



It can be seen from the above graph that overall, there has been a trend of increasing handover times and hours lost for the first 8 months of the financial year with some improvements in December to February, however March 2022 had the worst position across all months.

The report below is used to monitor a range of aspects of handover time, including identifying hospitals which may be having a more challenging time in terms of patient handover. We continue to work closely with all partner organisations at an operational (local) level up to and including through strategic discussions to mitigate risk caused by handover delays/difficulties. To provide some context, on average the Trust looks to produce on average 67,635hrs of operational resource per week, so the lost hours below (71,303hrs) equate to approximately one week and eight hours of lost time in total during this period.

### **Kent, Medway and Sussex 111 Integrated Urgent Care (KMS 111 IUC)**

From 1 October 2020, SECAmb as the lead organisation, working together with Integrated Care 24 (IC24), has been delivering the KMS 111 IUC service throughout all of Kent, Medway, and Sussex. The KMS 111 service has a fully staffed Clinical Assessment Service (CAS) with a multidisciplinary team of CAS clinicians including Paramedics, Nurses, Midwives, Dental Nurses, Pharmacists, Mental Health Practitioners and Urgent Care Practitioners from SECAmb, in addition to General Practitioners and Advanced Nurse Practitioners, provided jointly by SECAmb and IC24.

This service has inbound calls received by Service Advisors and Health Advisors on an approximate SECAmb 80% / IC24 20% split.

Calls are received through the freephone 111 number by members of the public, as well as healthcare professionals and service users through the "Starline" healthcare professional routing system. Assessment and/or triage is undertaken by a Service Advisor or a Health Advisor, and either emergency ambulance arranged at the point of call, symptom management advice given, or referral to the CAS or other services

profiled in the Directory of Services (DoS), including but not limited to direct booking into GP services and Urgent Treatment Centres (UTC), and referral to other primary care services in the region, dependent on the service user's need.

Enquiries can also reach the CAS from members of the public dependent on requirements following completion of an assessment via the NHS 111 Online service, available online and via the NHS app.

The pandemic has continued to impact on 111's activity (number of calls received) throughout the financial year, as external factors have led to unusual variations in call demand. The service has increased operational capacity and continues to work extensively with NHS England, NHS Pathways (who provide the triage computer system) and Public Health England, to ensure changes are embedded to support 111 call handlers to undertake triage assessments involving COVID-19 concerns. Despite a period of unprecedented challenge, the service has maintained its focus on a safe and high-quality patient experience.

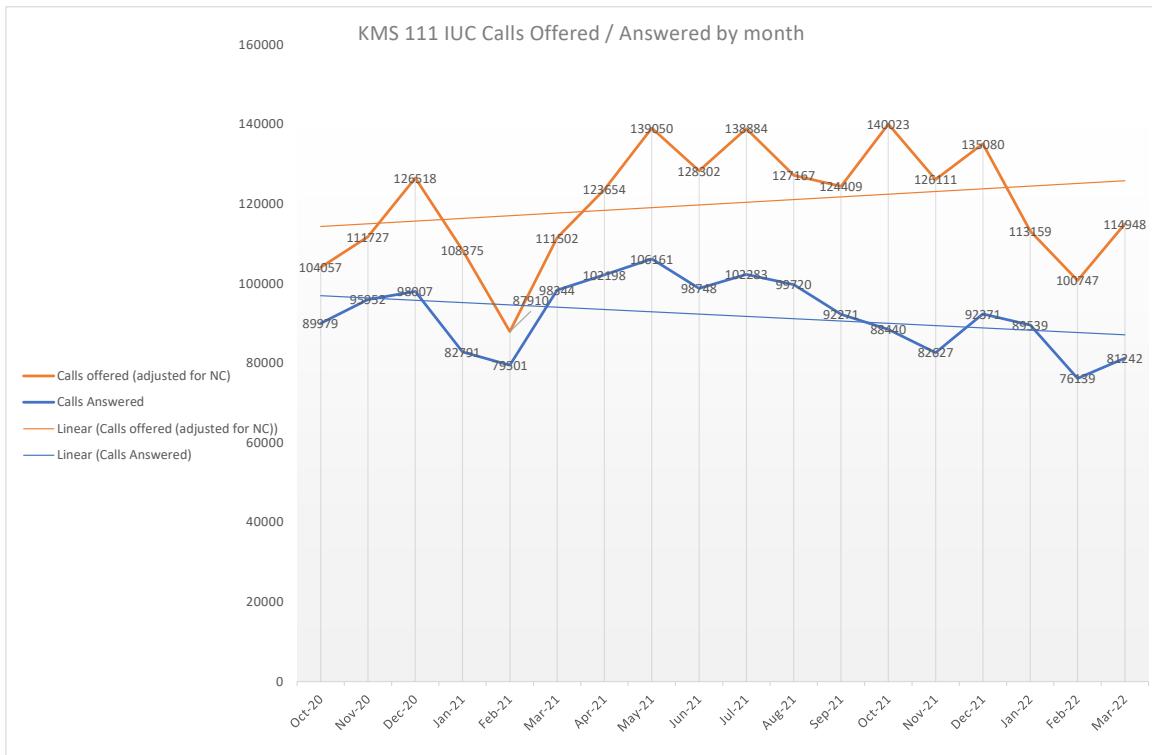
NHS 111 First was officially launched nationwide along with a media campaign on the 1st of December 2020. NHS 111 First takes the principle of 111 as the first point of access for urgent healthcare one step further, ensuring that patients have access to either a telephone or online consultation, prior to an appointment slot or Direct Appointment Booking (DAB) being given at an Emergency Department or Urgent Treatment Centre.

The provision of 111 First, in addition to the continued clinical validation of calls reached in the 111 service receiving a Category 3 or Category 4 non-emergency ambulance outcome, has consolidated the service's focus on mitigating pressure on the wider healthcare system. Referrals to A&E services are further mitigated by the expansion of DAB to Urgent Treatment Centres and GP Access Hubs. In addition, the expansion of the Trust's clinical multi-disciplinary team within the CAS has maximised the Consult and Complete rate.

The work undertaken by the Trust in collaboration with other stakeholders across Kent and Medway to introduce Direct Appointment Booking from 111 into Urgent and Emergency Care was recognised at the Health Service Journal Partnership Awards 2021, winning the Best Acute Sector Partnership with the NHS.

SECAmb and IC24 have also been recognised at a prestigious award ceremony for its work to involve patients and the public in the design, procurement, and implementation of KMS 111, recognised in the 'Involving People in the Commissioning & Delivery of Services' category in the Healthwatch Recognition Awards 2022, organised by both Healthwatch Kent and Healthwatch Medway.

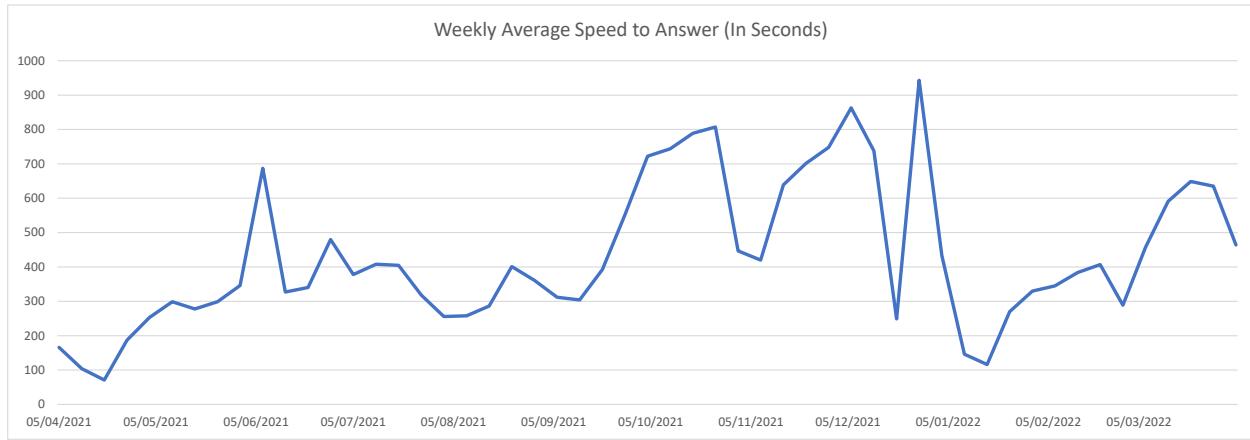
Below is a graph showing the number of calls offered compared to answered by month, from October 2020 (when KMS 111 commenced) to March 2022 inclusive:



Below is a table of calls offered and calls answered for the period October 2020 to March 2021 and October 2021 to March 2022:

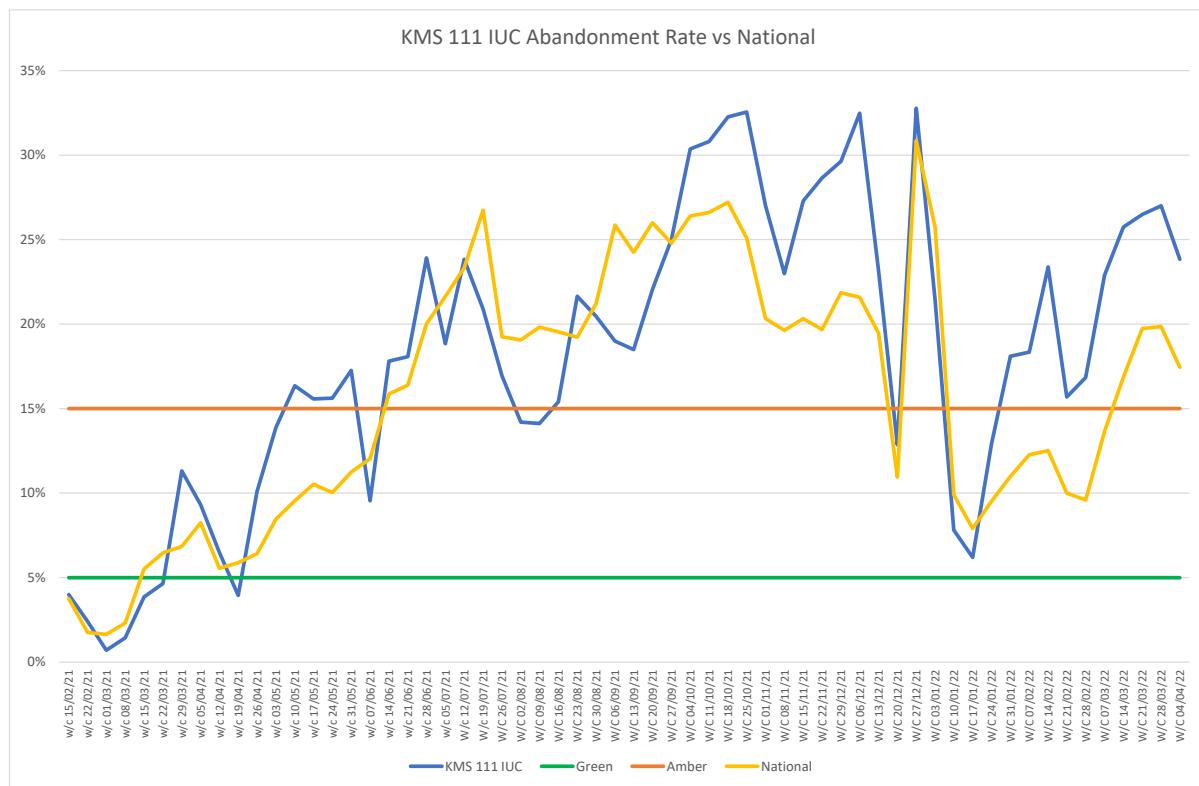
	OCT 20 - MAR 21	OCT 21 - MAR 22	INCREASE
Calls Offered (including adjustments) AVERAGE	108348	121678	12%
Calls Answered AVERAGE	90762	85060	-6%

Below is a graph showing the average speed to answer calls in seconds, each week, from week commencing 5<sup>th</sup> April 2021 to week commencing 4<sup>th</sup> April 2022 inclusive:



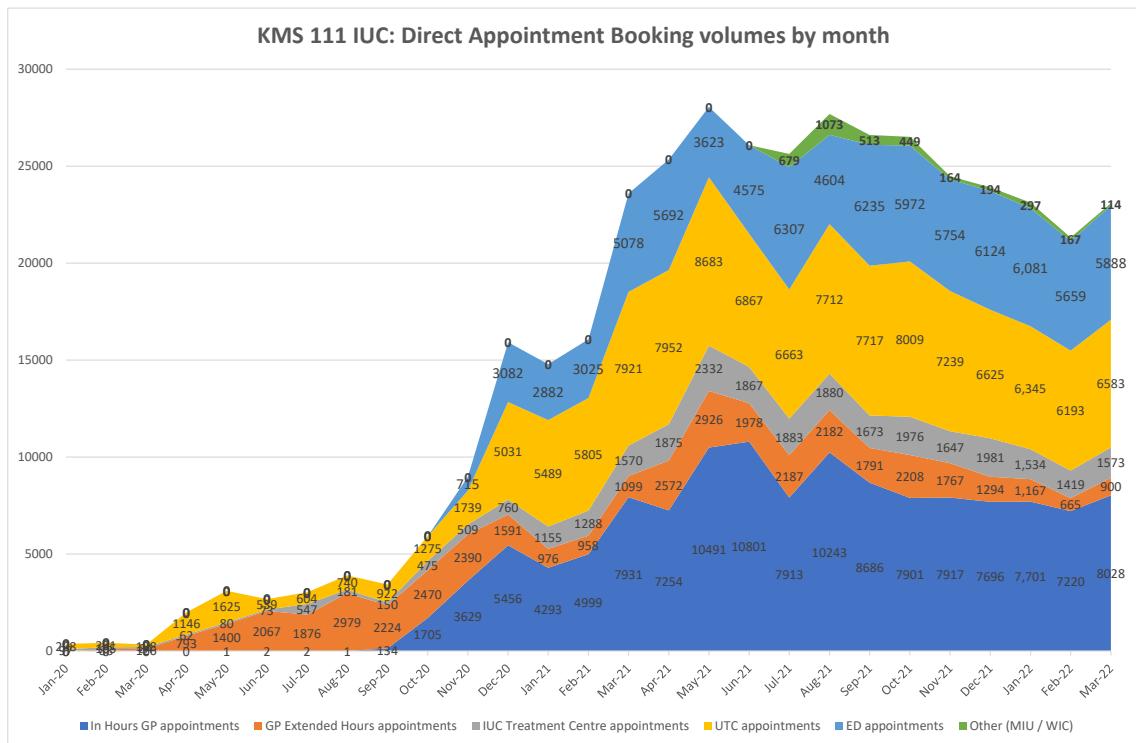
The service's average speed to answer has improved since January 2022, attributable to reduced call volumes offered.

Below is a graph showing the percentage of calls abandoned by the caller after 30 seconds, each week, from week commencing 15<sup>th</sup> February 2021 to week commencing 4<sup>th</sup> April 2022 inclusive, compared with the national abandonment rate for all 111 services:



Direct appointment booking has been at the cornerstone of KMS 111's goal of mitigating risk across the urgent and emergency care system.

Below is a graph showing the total DAB volumes each month, from January 2020 to March 2022:



## Clinical Performance

All eleven ambulance services in England are required to report their clinical performance through a set of Ambulance Quality Indicators (AQIs) for ambulance patients (NHS England, 2021). The AQIs comprise of System Indicators (which includes the number of ambulance 999 call and response times in all categories, as reported above) and Clinical Outcome Indicators (COIs). At the time of production of this report the published figures by NHS England are for data up to and including November 2021.

The COIs are:

### **Return of Spontaneous Circulation (ROSC) after cardiac arrest**

- Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care.
- Patients with resuscitation commenced / continued by the ambulance service, who had ROSC on arrival at hospital (all patients).
- Patients with resuscitation commenced / continued by the ambulance service, who had ROSC on arrival at hospital (Utstein comparator group<sup>1</sup>).

### **Survival to 30 days after cardiac arrest**

- Patients with resuscitation commenced / continued by the ambulance service, who were still alive 30 days after the arrest took place (all patients).
- Patients with resuscitation commenced / continued by the ambulance service, who were still alive 30 days after the arrest took place (Utstein comparator group).

### **Outcome from acute ST-elevation myocardial infarction (STEMI)**

- The percentage of patients experiencing a suspected STEMI who received a full bundle of care.
- Mean time from call to catheter insertion for angiography for patients with confirmed STEMI<sup>2</sup>.
- 90<sup>th</sup> centile time from call to catheter insertion for angiography for patients with confirmed STEMI<sup>3</sup>.

### **Outcomes from stroke**

- The percentage of patients with a suspected stroke or unresolved transient ischaemic attack, assessed face to face, who received the stroke diagnostic bundle.
- Mean time from call to hospital door for patients with confirmed stroke<sup>4</sup>.
- Median time from call to hospital door for patients with confirmed stroke<sup>5</sup>.

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<sup>1</sup> The Utstein comparator group are “patients with cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed, and the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia” (NHS England, 2021).

<sup>2-6</sup> Introduced in November 2017, data available in arrears from NHS England.

- 90th centile time from call to hospital door for patients with confirmed stroke<sup>6</sup>.

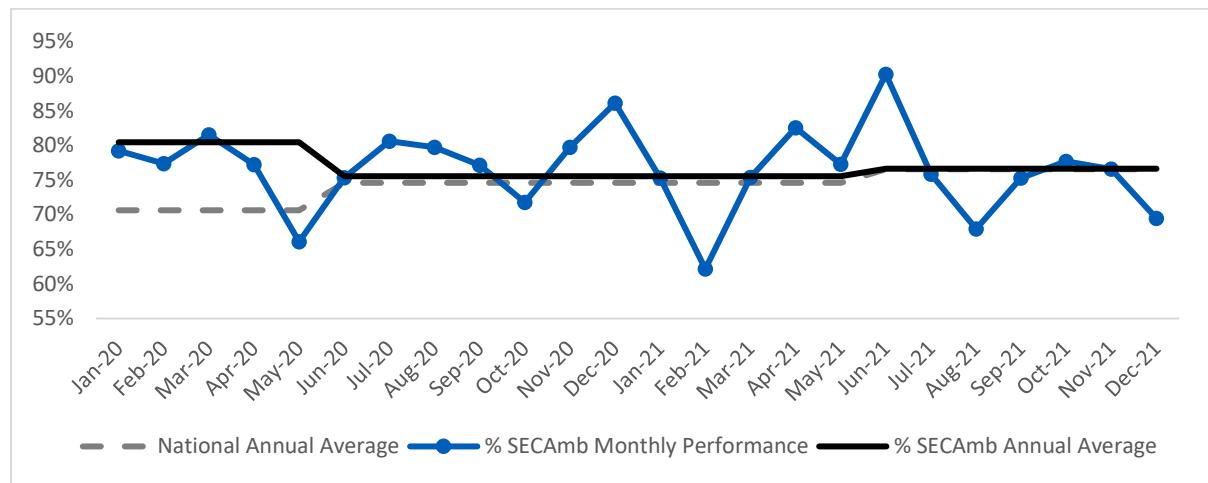
### Sepsis care bundle

- The number of patients with suspected sepsis (who have a National Early Warning Score (NEWS2) of 7 or above), who received the sepsis care bundle.

The graphs below show Trust performance for these areas, as well as comparison against the national mean of the other ambulance trusts. These figures are submitted in retrospect and at the time of production of this report the published figures are up to and including November 2021 data. Any figures shown after this date have not yet been submitted to NHS England.

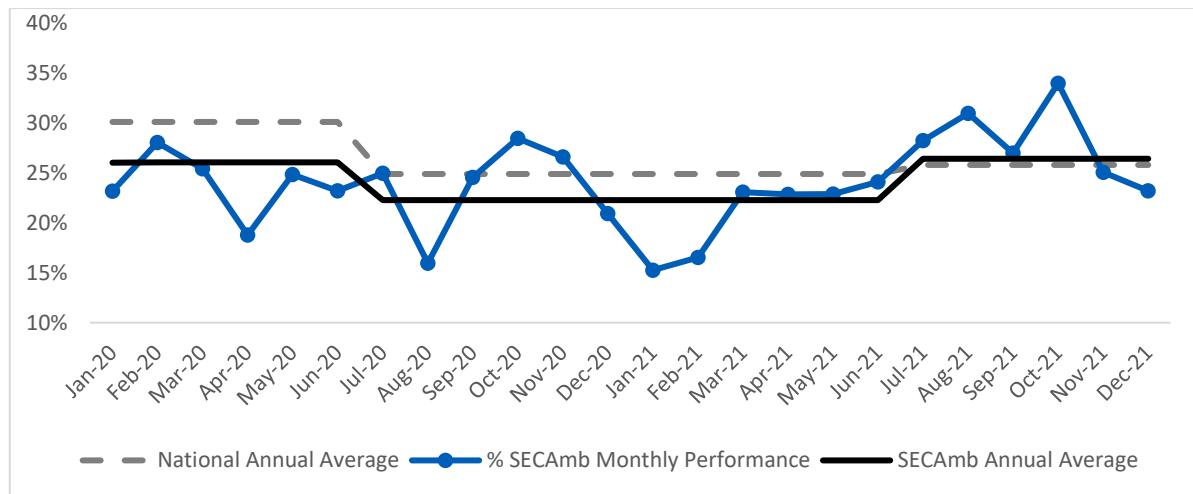
### Return of Spontaneous Circulation (ROSC) after Cardiac Arrest

Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care.



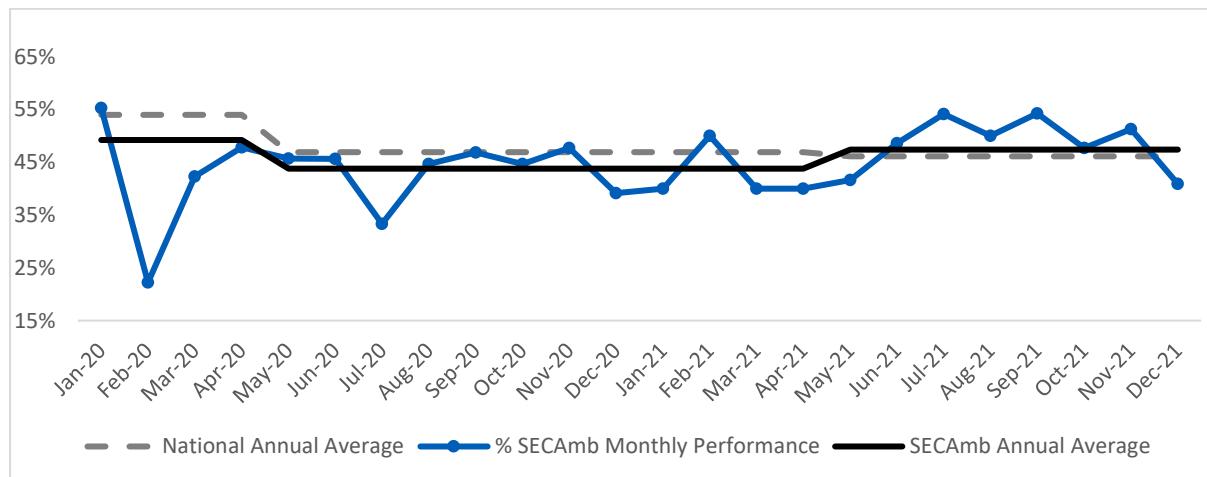
- There is little difference between year start and year to date, with wandering performance throughout the year. The reporting of the bundle is based on documented care, and it is unclear at this time if the performance is lack of bundle delivery or lack of documentation. Work is ongoing to improve the quality and standard of documentation.

ROSC at time of arrival at hospital (all patients):



- The number of patients with ROSC at hospital was reduced during the height of the COVID-19 pandemic but has now returned to normal levels. This has been observed nationally and internationally.

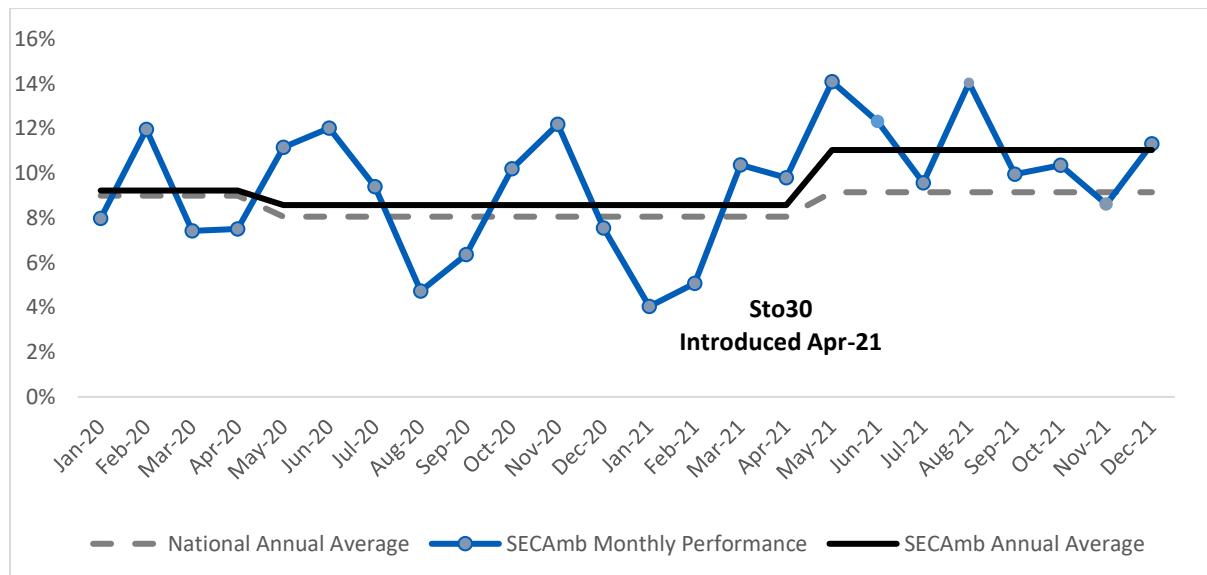
ROSC at time of arrival at hospital (Utstein Comparator Group):



- The 'Utstein comparator group' refers to patients who had a cardiac arrest witnessed in the presence of a health care professional, therefore a higher rate of ROSC would be expected.
- There has been a subtle increase in ROSC rate in the group, which is known to fluctuate due to the small sample sizes

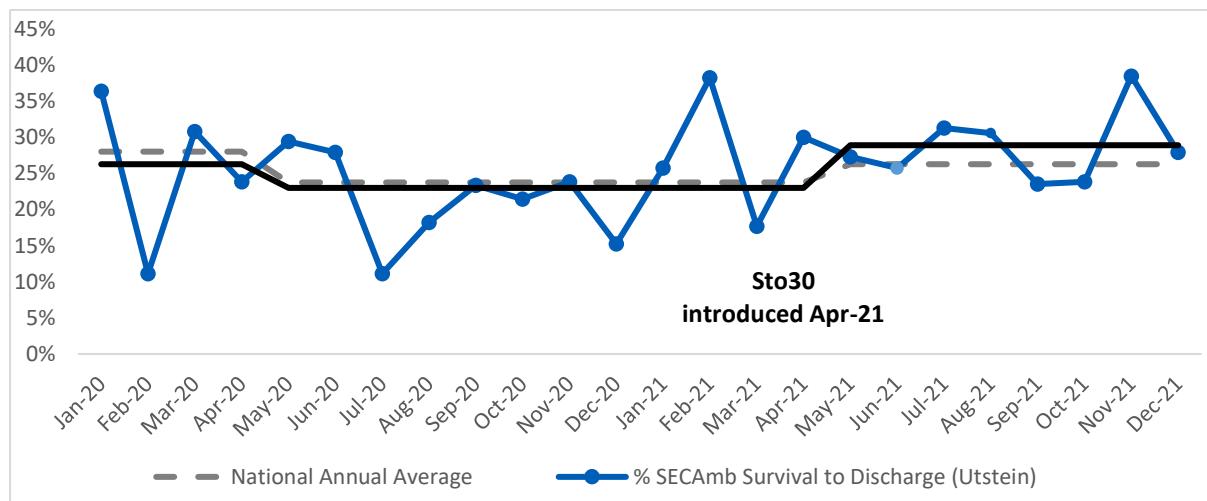
## Survival to 30 days after Cardiac Arrest

Survival to 30 days (all patients survival rate):



- Survival to discharge was replaced by Survival to 30 days after the cardiac arrest in April 2021. The out of hospital phase of the patient journey is just one component and there are numerous confounders.
- For the majority of 2020/21 SECAmb has remained above the national average for this group.
- Performance can fluctuate due to the sample sizes

Survival to 30 days from Cardiac Arrest (Utstein Comparator Group survival rate):



- There are normal rates of fluctuation for this group remaining around the national average.

Actions underway to improve cardiac arrest performance include:

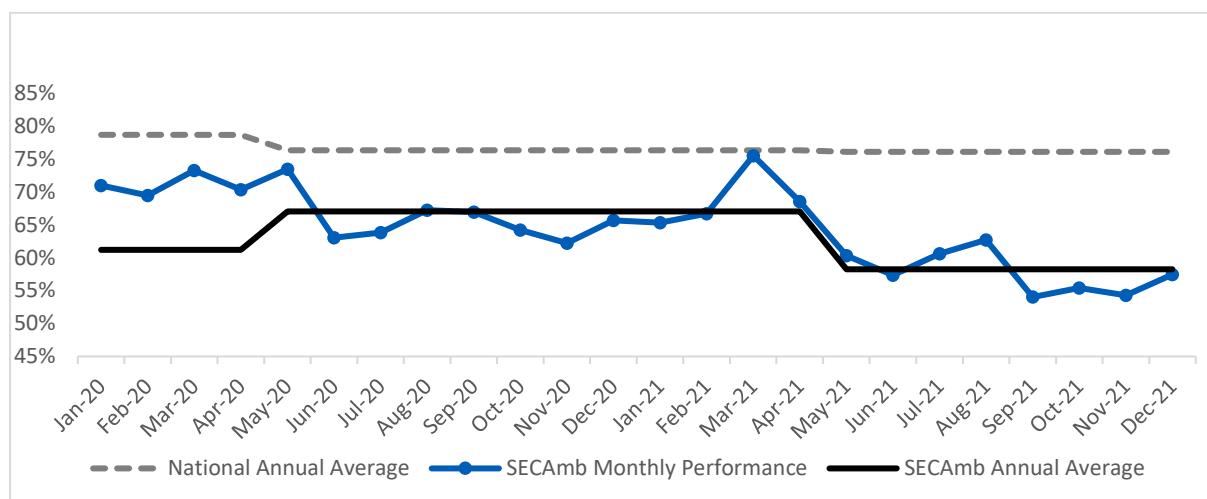
- A detailed Annual Cardiac Arrest Report is under development and will be published during Q3 2021-22.
- A dedicated Resuscitation Task and Finish Group is in place meeting regularly to review cardiac arrest performance.
- The annual data set, at the time of writing this report, is incomplete. Therefore, full analysis and interpretation cannot be completed until all data is validated. It is

expected that the full data set will be available by the end of June, which will then need analysis and reporting.

## Outcome from acute ST-elevation Myocardial Infarction (STEMI)

The Trust aims to identify and measure its performance in 100% of the ST-elevation myocardial infarctions (STEMI) cases that it attends. The Trust measures the quality of care provided to patients who are suffering a suspected STEMI by the proportion of patients who receive a bundle of care that is shown to improve outcomes for patients for this patient group. The care bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and recording two pain scores. The most common areas of non-compliance are the administration of analgesia and the documentation of two pain scores. The Trust also records the call to angiography time for patients presenting with a STEMI, this is compared as the mean and the 90<sup>th</sup> centile against other Trusts. National and timeliness figures are produced in retrospect by NHS England.

The percentage of patients experiencing a STEMI who received a full bundle of care:



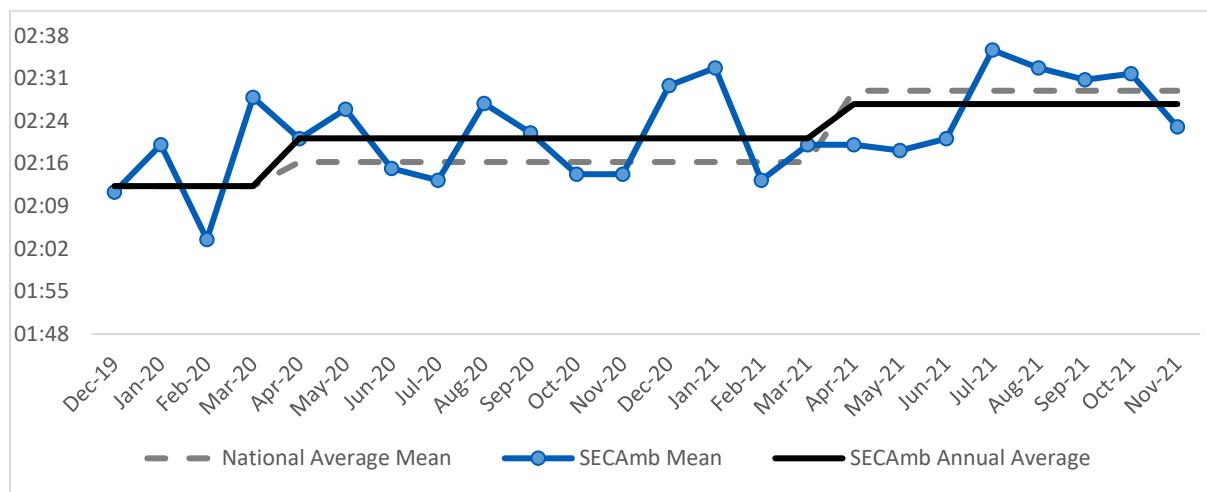
- The proportion of patients who received the STEMI Care Bundle continues to be below the national average and shows normal patterns of variation encountered with smaller sample sizes. ePCR forcing functions for the adequate documentation of STEMI clinical care has not led to the expected improvement in performance predicted in the 2020/21 Clinical Audit Annual Report.
- STEMI audit identifies the administration of Paracetamol without documenting that Morphine Sulphate or Entonox continues to contribute to a significant lowering of audit compliance. This is a result of complex technical guidance from the NASCQG.

The Trust undertook various actions in 2021/22 to improve outcomes for patients suffering a STEMI, these included:

- Communications such as a STEMI 'Time-bomb' poster is being planned to encourage reduced time on scene.

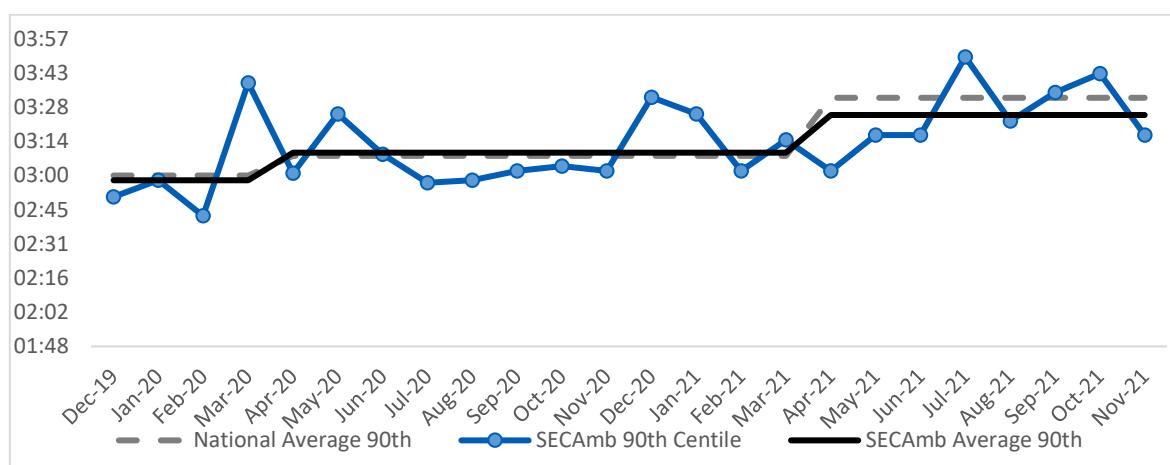
- JRCALC to review ACS guidelines to simplify analgesia guidance.
- Ongoing CPD events to emphasise optimal STEMI care.
- OU level data on STEMI is being circulated to certain OUs and feedback to OUs is being planned.
- Liaising with Clinical Education to display STEMI slides to raise awareness of the care bundle and need for a timely response.
- Deep dive carried out to identify the reasons behind STEMI care bundles non-compliance.

Mean time from call to angiography for patients with confirmed STEMI:



- Trust performance is broadly in line with national averages. This is rising nationally due to increased delays to arrival at scene (increases in 'no crews to send' incidents have been observed), as well as increased time on scene. Some increased on-scene time can be accounted for by non-registered clinicians waiting on scene for back-up without a clinical reason, and the increased time to don PPE. However, some require further work to understand reasons why (such as how long it takes pPCI to come back with a decision which may be beneficial to be documented on the patient record).

90th centile time from call to angiography for patients with confirmed STEMI:

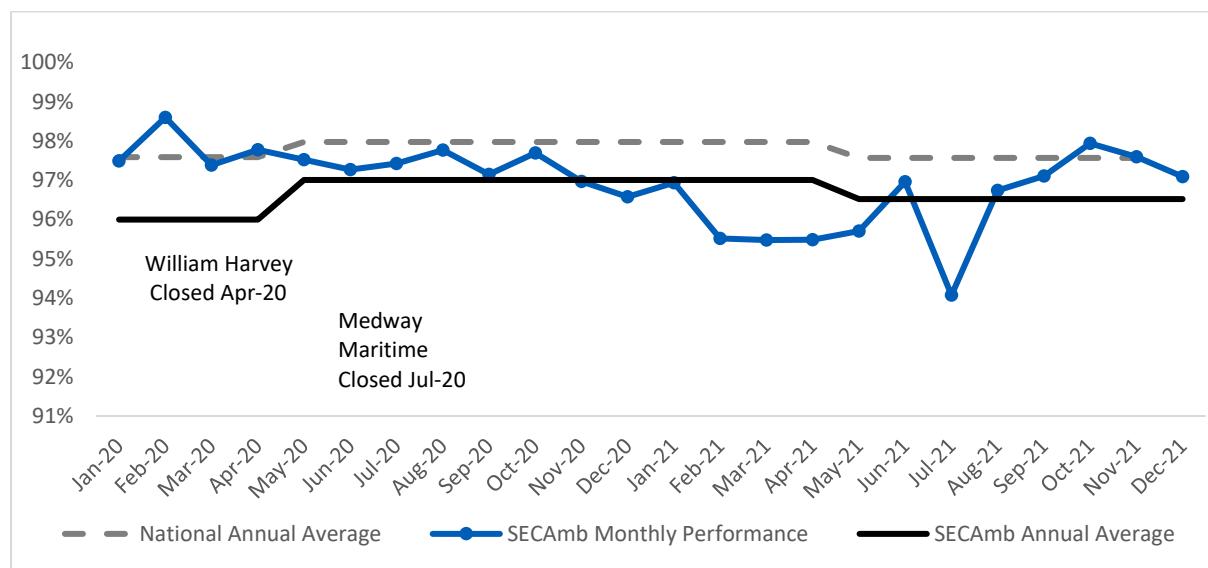


- Trust performance is broadly in line with national averages.

## Outcomes from Stroke

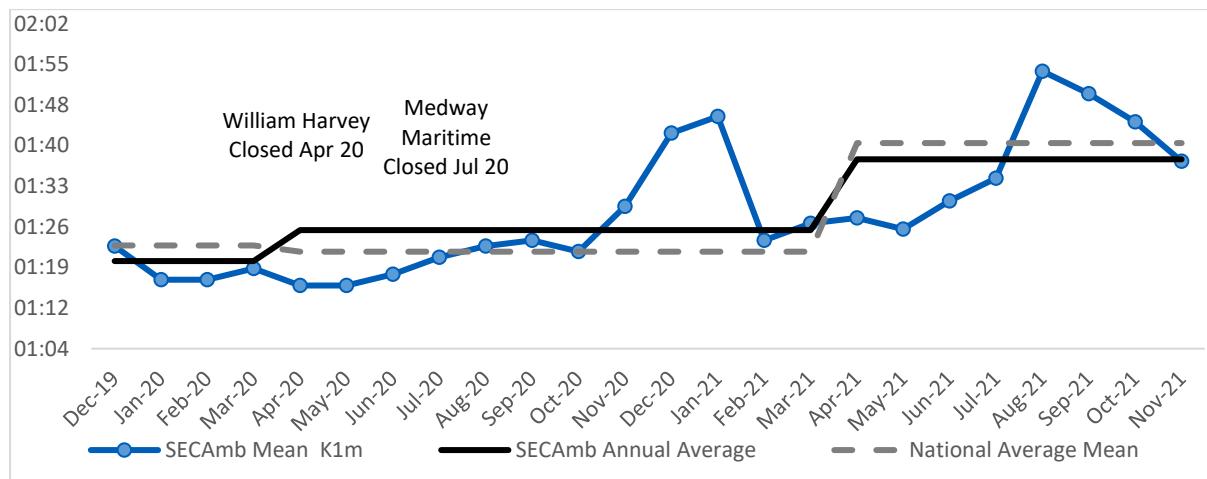
The Trust aims to identify and measure its performance in 100% of the stroke cases that it attends. The Trust measures the quality of care provided to patients who are suffering a suspected Stroke by the proportion of patients who receive a diagnostic bundle that is shown to improve outcomes for patients who are suffering from a suspected stroke. The diagnostic bundle includes completing a face, arm and speech test, testing the patient's blood pressure and testing the patient's blood glucose level. The most common area of non-compliance is the recording of a blood glucose level. The Trust also records the call to door time for patients suffering from a confirmed stroke as identified by the receiving hospital. This is compared as the mean, median and the 90<sup>th</sup> centile against other Trusts. National and timeliness figures are produced in retrospect by NHS England.

The percentage of suspected stroke or unresolved transient ischaemic attack patients, who received the stroke diagnostic bundle:

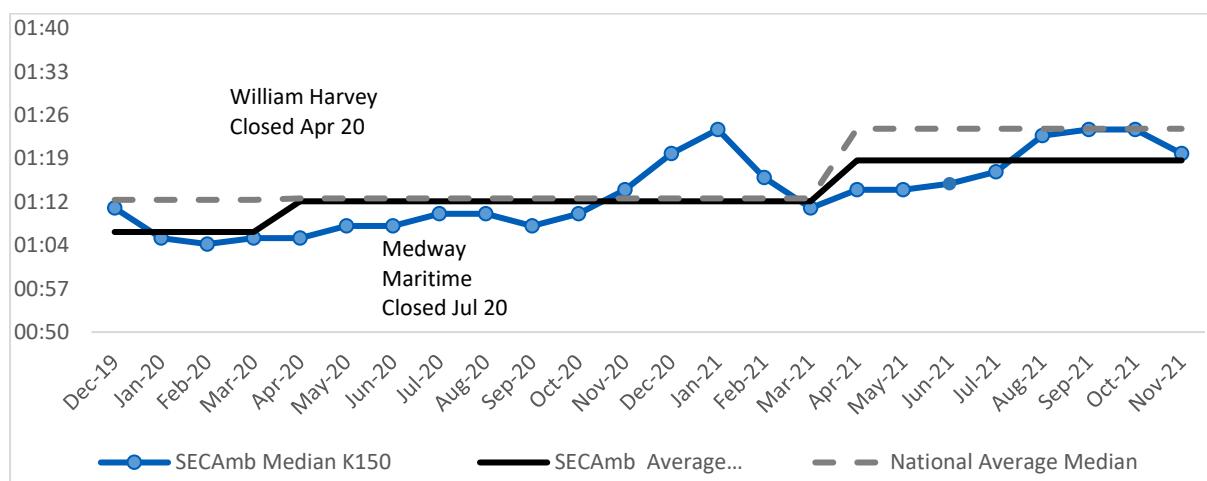


- In the first half of 2021/22 the Trust saw a continued dip in performance against the stroke diagnostic bundle, however, over quarter 3 of the financial year an improvement has been maintained when measured against quarters 1 and 2.
- The diagnostic bundle includes recording of a Fast (Face, Arms, Speech) test, assessment of blood glucose and blood pressure levels. The proportion of patients who received the Stroke Diagnostic Bundle continues to be below the national average and shows normal patterns of variation that can be encountered with smaller sample sizes.
- ePCR forcing functions for the adequate documentation of stroke clinical care has not led to the expected improvement in performance predicted in the 2020/21 Clinical Audit Annual Report. Stroke audit identifies the documentation of blood glucose levels as contributing to a lowering of audit compliance.

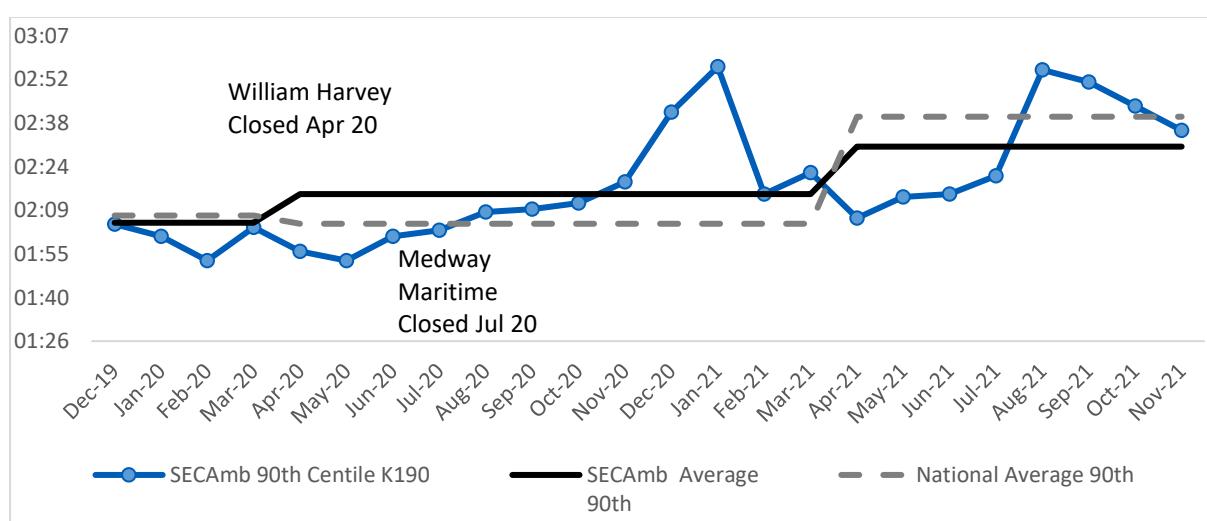
### Mean time from call to hospital door for patients with confirmed stroke:



### Median time from call to hospital door for patients with confirmed stroke:



### 90th centile time from call to hospital door for patients with confirmed stroke:



The method for measuring the timeliness of care delivered to stroke patients nationally now measures the mean, median and 90<sup>th</sup> centile from call to arrival at hospital. In order to improve performance measures should be split into the time to respond to

suspected stroke and the time on scene with suspected stroke patients to identify the appropriate improvement opportunities.

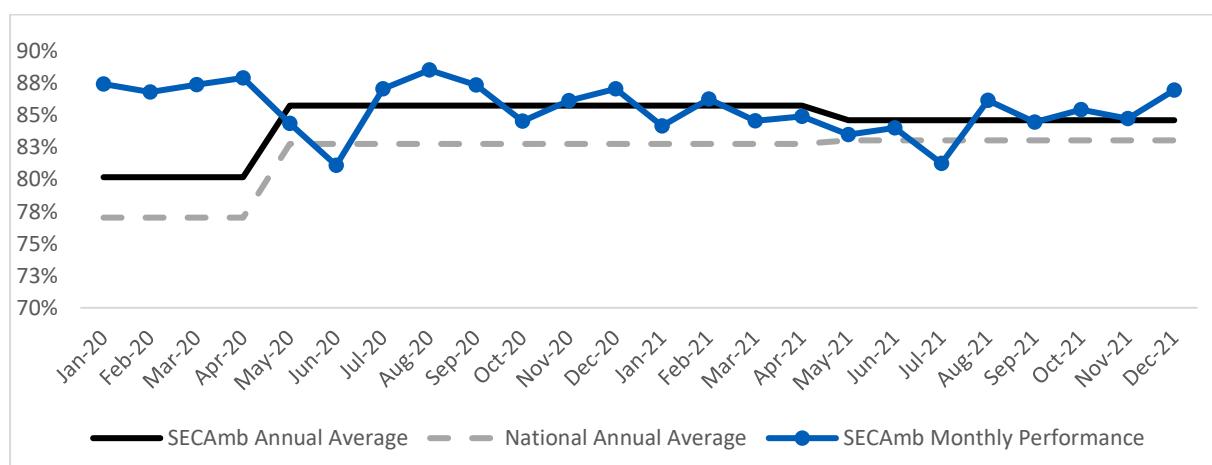
The Trust undertook various actions in 2021/22 to improve outcomes for patients suffering a stroke, these included:

- Telemedicine for stroke where a stroke doctor triages the patient in the patient's home or in the ambulance and decides if the patient should be conveyed to a stroke unit. This has already significantly improved stroke patient flow in Kent, but benefits to stroke patient as an individual group are difficult to quantify given the overall subsuming of this group into category 2 calls.
- OU level audit data will identify individual OUs and clinicians to feedback compliant and non-compliant incidents

### **Sepsis Care Bundle:**

The Trust aims to identify and measure its performance in 100% of the sepsis cases that it attends. The Trust measures the quality of care provided to patients who are suffering from sepsis by the proportion of patients who receive a Sepsis Care Bundle that is shown to improve outcomes for this patient group. This measure only includes patients with an infection NEWS2 (National Early Warning Score) of 7 or above. The patient must have a respiratory rate, level of consciousness, blood pressure and oxygen saturations documented. High flow oxygen and fluids must be administered where appropriate, and crew to place hospital pre alert call. The most common area of non-compliance is failure to record that a pre-alert call was made. This may be due to a perception of these pre-alerts being disregarded once the patient arrives, but the reasons are not fully known.

The number of patients with suspected sepsis, who received the sepsis care bundle:



- The proportion of patients who received the Sepsis Care Bundle remained above the national annual average for the majority of 2021/22. Trust performance for

this period, apart from one outlier has consistently remained above the national average.

There are plans at a national level to review whether to continue monitoring of Sepsis, although at this time this is still to be confirmed.

The Trust undertook various actions in 2021/22 to improve outcomes for patients presenting with Sepsis, these included:

- Improved design of electronic records to improve documentation of essential care elements, these will be in line with any changes made at national level.
- Communications to clinical staff to stress the importance of and the evidence base for completion of the sepsis care bundle.

### **Finding out more**

NHS England publish AQI statistics monthly and they can be found here: [Statistics » Ambulance Quality Indicators \(england.nhs.uk\)](#)<sup>7</sup>

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<sup>7</sup> [https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/uk\)](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/uk))

## Equality of Service

At SECAmb we use an Equality Impact Analysis (EIA) process to improve the quality of our services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups.

The process explicitly asks users to confirm that all reasonable steps have been taken to ensure that the requirements of the Public Sector Equality Duty have been properly considered when making any changes, namely to:

- Eliminate discrimination, harassment and victimisation,
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

An EIA involves anticipating the consequences of the Trust's policies, functions and services on different communities and making sure that any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised. They must be evidence based, inclusive and consultative.

The **protected characteristics** and areas those undertaking an EIA are asked to consider in relation to them are outlined in the table below:

<b>Disability</b> Deaf, or hearing impaired, blind, or visually impaired, speech impaired, physical disability (including mobility issues), memory loss, dementia, learning disability, mental ill health etc.	<b>Gender reassignment</b> Related to a person who intends to, or who is undergoing or has undergone a process to change social gender role. How do we care for transgender / transsexual individuals?	<b>Pregnancy and maternity (breastfeeding)</b> Do we make sure the treatment of women positively takes pregnancy, maternity and breastfeeding into account, if at all possible?
<b>Age</b> Could age be a barrier to accessing/receiving services? This can be for older persons or younger persons/children	<b>Sexual Orientation</b> Do our services take a person's sexual orientation into account in what we do, say, and the information we give?	<b>Marriage and Civil Partnership*</b> Do our services take into account the need to involve civil partners?
<b>Race</b> Related to a person's genetics and place of birth, language, culture, etc.	<b>Religion and Belief</b> Related to a person's customs and beliefs – including non-belief	<b>Sex</b> Assuring all genders have equal opportunity and pay equality
* * = For marriage and civil partnership (including same sex marriage), only the first aim of the duty applies in relation to employment.		

The Trust can access a number of groups and individuals for EIA consultation, including the Inclusion Hub Advisory Group (IHAG), as well as a subgroup of the IHAG which was established to provide electronic or 'virtual' consultation as part of the equality analysis process.

This group, the Equality Impact Analysis Reference Group, are volunteers who represent a diverse range of stakeholders. Their work improves the quality of our services, by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups.

The EIA process has been further strengthened with the following changes:

- Development of best practice EIA documentation across Surrey Heartlands Integrated Care System which goes beyond the impact on protected characteristics and seeks consideration of other vulnerable and seldom heard groups.
- Re-establishing the Inclusion Working Group members as EA checkpoints for each directorate, to provide quality assurance that any equality impacts have been considered and appropriate consultation has taken place.

## Financial Performance

This section of the annual report reflects the financial performance of the Trust in relation to the activities for the year ended 31 March 2022. The audited annual accounts for the year are attached as an appendix and they are also available to download from the Trust's website.

For financial year 2021/22 the Trust incurred a deficit of £4.9m, against a planned deficit of £9.6m. The improvement compared to plan was due to non-recurrent funding received from the ICS and NHS England (NHSE) explained below.

Excluding a favourable effect of the reversal of price change impairment of £1.2m following an independent property revaluation exercise this and £1.5 gain on asset disposals, the Trust reported a deficit of £7.6m compared to the planned 'control total' of £9.6m, which was agreed with Surrey Heartlands Integrated Care System (ICS).

The Trust continued its progress towards financial sustainability by further strengthening financial controls and governance. The following table summarises the income and expenditure for the year against plan and the prior year.

### Income and Expenditure Summary

	Year ending 31 March			
	2022		2021	
	Plan	Actual	Variance	Actual
	£m	£m	£m	£m
Income	290.6	306.1	15.5	298.8
Operating Expenses	287.0	294.0	(7.0)	286.0
Operating Surplus	3.6	12.1	8.5	12.8
Interest, depreciation, and dividend	13.3	14.9	(1.6)	12.1
(Loss)/gain on sale of assets	0.0	1.4	1.4	0.4
Surplus / (deficit) before impairment	(9.7)	(1.4)	8.3	1.1
Impairment / (reversal)	0.0	3.5	(3.5)	7.8
<b>Retained surplus / (deficit) - reported</b>	<b>(9.7)</b>	<b>(4.9)</b>	<b>4.8</b>	<b>(6.7)</b>

### Financial Performance Analysis

In 2021/22 the Trust operated under a changed financial regime for the second year, as the national pandemic continued. The Trust has been in 'business continuity' and Resource Escalation Action Plan (REAP) 4 for most part of the financial year, indicating unprecedented pressure to deliver operational and financial performance, whilst seeking to maintain service quality.

The Trust continues to ensure there is a focus on financial sustainability and our financial performance demonstrates sound financial management. The Trust

continued to focus on developing a sustainable efficiency programme to make best use of available resources and secure value for money.

## **Income**

Total income was up 2.5 percent (£7.3m) compared to the prior year. As a result of the COVID-19 pandemic all NHS providers were moved to block contracts in 2020/21 and this continued throughout 2021/22. A total of £17.6m was provided to the Trust in support of additional costs incurred in response to the COVID-19 pandemic.

Due to the employer contribution rate for NHS pensions increase from 14.3 percent to 20.6 percent on 1 April 2019, central funding of £8.7m was allocated by NHS England to support the further pension contribution of 6.3 percent (£8.1m in 2020/21). This was notional income to offset the corresponding costs.

The effects of demand on both 999 and 111 services were recognised by NHS England and additional, non-recurrent funding of £5.0m and £6.9m respectively was received. This provided additional 999 resources (call handlers and clinicians) across winter and additional resources for 111 to meet demand across the whole of 2021/22.

The Trust completed 18 months of the five-year contract to deliver an enhanced 111 Integrated Urgent Care (IUC) service that includes a Clinical Assessment Service (CAS) and GP out-of-hours in conjunction with our partner, IC24 (a not-for-profit Social Enterprise providing a range of health and social care services).

## **Expenditure**

Operating expenditure in 2021/22 was 4.1 percent (£11.6m) higher than the previous year, which exceeded the growth in income. In line with the Trust's objective of investing in people, the largest area of spend is employee expenses which accounted for 72.1 percent (69.6 percent in 2020/21) of operating expenditure.

Overall, our 999 activity in 2021/22 was marginally below plan but above prior year, whilst the demand on our 111 service was well in excess of contractual levels and 20.7 per cent higher than the previous year. The main drivers for the increase in expenditure from last year includes:

- The mobilisation of additional frontline and call centre capacity to maintain service delivery during the pandemic.
- Other increases included £4.2m for the national settlement of payments for annual leave relating to regular voluntary overtime ('Flowers' case), which was funded in the year by the release of a provision set aside for this purpose.
- The Trust further invested in resources, including £2.6m on new leased vehicles as part of the modernisation of the fleet, and £3.6m relating to estates developments and digital transformation.

- The NHS Agenda for Change increase in employer pension contribution of 6.3 percent generated extra spend of £8.7m (£8.1m in 2020/21), offsetting the notional income.

Total COVID expenditure incurred across the financial year (excluding centrally provided consumables) was £13.2m, (2020/21: £19.5m). This was largely in relation to additional resourcing to meet COVID-19 requirements in our operational support and IUC service. Centrally provided consumables (mainly Personal Protective Equipment) donated from Department of Health and Social Care (DHSC) group bodies for the protection of staff was valued at £0.6m (2020/21: £3.6m).

The above pressures were partly offset by reduction in provisions, notably the release of £6.0m of Flowers provision and the reversal of an impairment from the 2021/22 valuation, largely due to market price changes in the value of our Brighton Make Ready Centre (MRC). Planned Public Dividend Capital payments fell by 46 percent due to the improved cash position.

### **Capital Expenditure**

The Trust invested £25.5m in capital developments during 2021-21, in line with plan. This was 31 percent greater than the previous year. A significant proportion of the capital spend, (circa 70 per cent) related to estates modernisation and expansion of Make Ready Centres in Banstead and Medway. Other investment included new vehicle kits and clinical equipment to enhance our fleet and the resilience of our digital infrastructures and IT systems.

£9.4m of the capital spend was funded by the Department of Health (DH) as the final tranche of the 'Wave 4' capital funding initiative for Medway MRC. The Trust also received DH capital funding for digital investment totalling £4.7m.

As part of our multi-year capital plan, the Trust will continue to make significant capital investments to improve patient services and working conditions for our staff. This includes new ambulances, further investment in the quality of the estate and improvements in the functionality and resilience of our operations centres.

### **Cash**

The Trust's cash balance as at 31 March 2022 was £62.6m, which was significantly higher than planned and 55.8 percent above prior year. The improvement is mainly due to timing, notably the receipt of block contract income of £15.5m, the increased level of trade creditors of £9.0m and lower than planned capital spend of £8.7m.

### **Efficiency Programme/Cost Improvement Programme**

The Trust delivered savings of £4.7m in 2021/22. £1.3m (27.6 per cent) of the savings were achieved recurrently and £3.4m (72.4 per cent) on a non-recurrent basis. The Trust remains committed to improving efficiency and demonstrating value for money through sustainable efficiency improvements.

## **Looking forward to 2022/23**

The coming financial year is one of recovery for the NHS and significant elements of the interim finance regime will continue, such as a block contract for our 999 service. Constraints on funding combined with the Trust's plans to improve response times and patient safety have resulted in an initial increase in the financial deficit. This is being discussed with our system partners ahead of the final planning submission on 20 June 2022. Our focus internally is to secure additional resources, continue with productivity and efficiency initiatives, improve our financial performance, and address the underlying deficit to ensure the Trust returns to long term financial sustainability.

As part of our multi-year capital plan, the Trust will continue to make significant capital investment to improve patient services and better working conditions for our staff. This includes new ambulances, further investment in the quality and functionality of the estate and rationalisation of our operations centres.

## **Financial risk**

The Trust monitors financial risk through the assurance framework and risk management processes, as detailed in the statement of internal control included in the financial statements. Summaries of the financial risks are outlined within the Annual Governance Statement.

## **Counter Fraud and Corruption**

The Trust 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.

The counter fraud team maintains appropriate relationships with the auditors, both internal and external, as well as the counter fraud specialist and security management. Arrangements are in place to undertake proactive reviews to detect potential areas for fraud and to undertake independent investigation of such matters and for appropriate follow-up action through internal audit or the counter fraud service.

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. Processes are in place to reduce potential risk through 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 Activity**

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, while some flexibility is retained to respond to any concerns that might arise during the year.

The programme is set out in more detail in the Annual Governance Statement Areas audited included: financial systems, workforce planning, financial governance and sustainability, fleet and equipment maintenance, resilience, and data quality.

Internal Audit has concluded that there is a generally sound system of internal control, designed to meet the Trust's objectives, and controls are generally being applied consistently.

### **Accounting Policies**

The accounting policies adopted for the Trust follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS. This is determined by HM Treasury, which is advised by the Financial Reporting Advisory Board, and the policies 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 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 the cost of capital) is payable on the Public Dividend Capital at a rate of 3.5 percent of average relevant net assets. The Trust has accumulated reserves relating to income and expenditure surpluses and revaluations of non-current assets.

## **The ongoing COVID-19 response and the Resilience Department**

Inevitably, as the recovery from COVID – 19 has progressed, the pressure has continued to build within the NHS. This pressure has resulted in long delays at Hospitals and delays getting to patients. System working has become essential, not only to overcome these challenges, but also to address the other issues that arise impacting on our ability to provide an effective response to patients.

SECAmb has experienced Business Continuity issues, a Critical Incident with IT failure and several incidents that have stretched the organisations response to Major Incident standby on occasion. The response to these incidents has tested SECAmb's PRR plans and procedures, identifying a number of lessons that have contributed to organisational learning.

## **Emergency Preparedness, Resilience and Response (EPRR)**

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services and the Health and Social Care Act of 2012 requires all NHS providers to be properly prepared to deal with a relevant emergency.

The whole of this programme of work is referred to in the health community as emergency preparedness, resilience, and response and we as a Trust have worked hard through the last twelve months to ensure that our patients receive the care that they need, despite the ongoing challenges of COVID-19, severe weather, EU Transition and other resilience issues.

The EPRR team has worked on such key elements as:

- Partnership working across our NHS and Local Resilience Forums,
- Blue-Light Collaboration with our Police and Fire & Rescue Service colleagues, and
- Interoperable capabilities and Business Continuity Incident management.

The Trust's preparedness for such eventualities is assured and measured against a series of core standards every year, set by NHS England/Improvement, and known as the EPRR Core standards.

## **Assurance 2021/22:**

The annual resilience assurance process took place in late 2021, with SECAmb being assured against a series of core standards by Surrey Heartlands CCG, as our Lead Commissioner. This process followed the standard national model, with the ten core standards being rated, along with the eleventh for ambulance trusts.

This year's assurance standing was rated at Partially Compliant against those core standards, with the impact of COVID-19 having a detrimental effect on the ability to provide evidence for some key areas of the process.

The EPRR workplan that will address those issues has been key to demonstrating an improvement against the standards set by NSE/I. The EPRR Leadership team are working closely with SHCCG to show an improving trajectory against that plan.

Allied with the standard core assurance, the National Ambulance Resilience Unit undertook a review of the Interoperable Capabilities, commissioned by the CQC and NHS England.

This review further identified the challenges that the initial Assurance piece had bought out, with several key areas being shown to need urgent attention. This piece of work has allowed SECAmb to work closely with NARU and the commissioners to demonstrate an ever-improving picture against the required trajectory.

## **Partnership engagement through the Local Resilience Forum and Local Health Resilience Partnerships**

Clearly, the Trust cannot act nor be effective in isolation, and the EPRR Team are the conduit for resiliency information with our partners across national, regional, and local levels.

Engagement with external partners throughout the past year has been an essential element of the EPRR team's contribution to the resilience of the Trust. SECAmb are a key partner at the Local Resilience Forums (LRFs), structures that are established to plan and prepare for emergencies across our region.

This well-established routine was tested to the extreme by the combined effort of planning for the response to the convergent risks of COVID-19, EU Transition and ongoing system pressures. As the plans became a reality, EPRR worked alongside operational colleagues to ensure a co-ordinated and cohesive approach to attendance at the Kent, Surrey, and Sussex LRFs.

The changing landscape of health increased the impact on our organisational response, driving us to work closely with evolving Integrated Care Systems as the responsibility for EPRR became one of the key workstreams for local health systems in response to the pandemic. This meant that the team was called upon to coordinate attendance at a wide variety of meetings further signalling our part as a key stakeholder in the resilience of the health system.

The theme of EPRR flows through all areas of the Trust, whether it be the business continuity plan for a power loss or an operational response to a transport incident. The 'lessons identified' process is key to ensuring that we develop and provide appropriate care to our patients when they need it most. The pandemic has demonstrated the need to integrate these lessons, as we move towards what is almost certainly a third wave (at the time of writing, April 2021).

Moving forwards from the contingency planning activities, it is worth exploring the capability and roles of our HART colleagues in responding by delivering a clinical response in the most challenging of circumstances.

## **HART**

The Trust currently has two Hazardous Area Response Teams (HART), one at Ashford in Kent and the other in Crawley, West Sussex. Each location has a total of 42 Paramedics, excluding managers, giving a total of 84 operational HART Paramedics / HART operational team leaders within SECAmb. These locations were determined by NHS England as it gives access to our high-risk model response sites. These sites are Dover Docks / Channel Tunnel and Gatwick Airport. HART is commissioned to provide Paramedic level care in following environments / disciplines:

- Chemical Biological Radiological and Nuclear (CBRN) / HazMat
- Urban Search and Rescue
- Safe Working at Height
- High Risk Confined Space
- Inland Water Operations
- Tactical Medicine Operations

HART personnel are required to deliver the same level of clinical response as our other Paramedics, but in an environment or position that presents practical, conceptual, and moral challenges. Our HART paramedics must balance the competing needs of remaining current and competent in the patient facing aspects of the job and also in a myriad of other enabling activities to enable them to access and then as required extract the patient safely.

Our HART Paramedics are subject to rigorous annual oversight to provide assurance to the Board, our Commissioners, NHS England and NARU that SECAmb HART are able to respond in the most challenging circumstances.

## **Community Resilience**

Community First Responders (CFRs) and Chaplains continue to be an integral part of the Trust with our CFRs providing resilience and a first response to some of our most critically ill patients. As the pandemic restrictions have been eased the Community Resilience Team (CRT) have been able to build CFR establishment to pre pandemic numbers, including welcoming those that were unable to respond in the pandemic back to full duties. As of April 2022, there are 310 CFRs serving their local communities giving over 50,000 hours of their time to be available for the Trust. Our volunteers continue to be a valued and integral part of our organisation and again, we would like to thank our volunteers for all their support and the continued dedication they demonstrate. Through adversity they continue to provide resilience and support to our staff and patients.

The past year has seen several developments in the volunteer arena with the implementation of a falls proof of concept in the Gatwick and Polegate & Hastings operating units. Falls in older patients make up a large proportion of 999 calls. Fallers commonly triage as C3 or C4 responses due to a lack of acute pathology arising from the fall. Delayed response to these patients can however lead to the acquisition of serious new/acute disease processes resulting from experiencing a "long lie". With the appropriate training, education and clinical oversight CFRs are

now attending these patients to offer comfort measures and where appropriate and safe move the patient from the floor to a chair or bed. All patients receive a clinician visit post the fall.

Training and Education of new CFRs continues to be a priority with 100 trained during 2020/21. For 2022/23 another 8 CFR courses are planned to deliver 96 new responders. Now, with the introduction of CFR tutors on bank contracts this offers resilience for the delivery of training and education programmes for the future. This will offer capacity to increase the number of training courses delivered in the future, providing an increase in patient facing CFRs in areas where they are most needed.

### **CFR Responses**

CFRs made a positive impact on C1 performance of 15 seconds during 2021/22 being on scene first at cardiac arrests over 1,300 times. This is a positive impact in that every second counts with a cardiac arrest and getting good, effective “hands on” CPR and early defibrillation is key to a positive outcome. CFRs also supported attendance at C2 and C3 calls and last year attended over 10,000 of these, providing support and care to our patients.

### **Chaplains**

Our volunteer Chaplains continue to support our staff and CFRs irrespective of a person's religious beliefs and those with none. Over the past 12 months our Chaplains governance requirements have been brought into line with our CFRs to ensure they receive the most appropriate training and support to carry out their role. The Chaplaincy service continues to complement other wellbeing support measures. Currently there are 17 Chaplains covering all areas of the Trust attending meeting and supporting where appropriate. Chaplaincy remains non-denominational, and there is a firm commitment to support staff.

### **Public Access Defibrillators**

Public Access Defibrillators (PADs) continue to play a critical part in the early treatment of sudden cardiac arrest in local communities and remains a critical aspect of the Trusts Out of Hospital Cardiac Arrest strategy. Sudden cardiac arrest continues to be one of the leading causes of death outside of hospital in Europe and the UK. To continue addressing this we have many PAD sites available within local communities. These have been installed by either members of the public, Community First Responder (CFR) schemes or the Trust. Over the past year all Trust owned, and Public owned PAD sites are being moved across to the British Heart Foundation (BHF) “The Circuit” The Circuit is a national database of PAD sites that link into each ambulance service Computer Aided Dispatch systems. It is the duty of the guardian that owns the PAD to ensure it is registered, maintained, and rescue ready. This process offers improved oversight and maintenance of all PAD sites.

The Trust continue to support the national Restart a Heart programme run by the BHF, whereby our CFR volunteers and partner agencies teach members of the public, both within local communities and schools CPR and defibrillation.

## **COVID-19 Response**

### **COVID-19 Management Group (CMG)**

Through the year ending March 2022, the Trust continued to dynamically and robustly manage all aspects of its response to the COVID-19 pandemic through the COVID Management Group (CMG), a multi-disciplinary team of senior decision-makers, led by an Executive Director and able to convene 24/7. This group provided and continues to ensure a clear governance trail for all COVID-19-relevant decisions made, guaranteeing scrutiny, implementation, and appraisal of key actions and workstreams as delegated by the Trust's Executive Management Board.

As with Winter 2020/21, the remit of this group expanded once again to ensure departmental and cross-directorate contributions which aimed to lead to the effective coordination and management of the Trust's winter 2021/22 response. This management group continues to meet fortnightly as the Trust develops its COVID-19 recovery plan.

- Total number of decisions made through the COVID Management Group: 1,058 (23/03/2020-31/03/2022)
- Total number of actions undertaken by the COVID Management Group: 2,022 (23/03/2020-31/03/2022)

### **COVID Management Team (CMT) and Test & Trace Cell (TTC)**

The COVID Management Team was the operational arm of the COVID Management Group, with this incident response team introduced in 2020/21 continuing throughout 2021/22, providing a central function that delivered overarching management, subject matter expertise, support, and guidance to all areas of the Trust to effectively manage the COVID-19 response. Directly overseen by the Trust's Lead Director for COVID-19, this team operationalised key response components as determined through the COVID Management Group.

The COVID Management Team also administered the Trust's Test & Trace Cell, which continued to offer an in-house multi-functional support hub for staff 16-hours per day, providing advice and guidance around self-isolation, testing, contact tracing and outbreak management through 2021/22. The Trust's test & trace and outbreak control management processes were shared regionally and nationally as examples of best practice, promoting an effective and coordinated approach to COVID-19 contact tracing and outbreak management.

To support the work of the CMT and TTC, the in-house COVID-19 Test & Trace Manager (TTM) database was further developed during 2021/22 and continued to ensure the accurate management and recording of COVID-19 staff absences, associated test & trace activities and outbreak monitoring, used in conjunction with the Trust's DATIX incident investigation platform. This database exported absence data from the Trust's existing absence management platform, Global Rostering System (GRS), and allowed case notes to be made against each absence, including test bookings, types, dates, and results, enabling the Test and Trace Cell to identify, monitor and control clusters and developing outbreaks at an early stage.

As the NHS works to transition to the recovery phase of the COVID-19 pandemic, these two response functions were stood down on 31 March 2022. Trust personnel continue to be supported by the Infection Prevention & Control team and through an internally developed COVID-19 absence workplace advice tool which provides general guidance for staff members who have symptoms of a respiratory infection (including COVID-19), have a positive test result for COVID-19 or are a close contact of a confirmed case of COVID-19.

- Total number of confirmed COVID-19 cases: 3,055 (01/03/2020-31/03/2022)
- Total number of Test & Trace Cell DATIX investigations: 2,648 (05/06/2020-31/03/2022)
- Total number of outbreaks managed: 20 (01/11/2020-31/03/2022)

## **COVID Communications**

The utilisation of a range of specific communication channels to provide clear and easy access to information for staff has remained vital during a rapidly changing and often confusing circumstance.

A single point of access for all COVID-19 information through the Trust's intranet has remained available to all personnel throughout 2021/22, including a range of topic-based, easy-to-read action cards to inform staff and managers of changes to government COVID-19 guidance and legislation that applied to the healthcare sector and bespoke resources which provided support to staff during different stages of the pandemic, i.e., Wellbeing Hub augmentation, specific pregnancy advice provided by the Trust's Consultant Midwife and additional guidance provided by the Trust's BAME and disability staff networks. All guidance produced for staff was reviewed regularly to ensure accuracy in information and was subject to approval by the Trust's COVID Management Group before publication.

To supplement printed guidance, regular webinars on key issues such as personal protective equipment (PPE), COVID-19 vaccination and testing programmes, have continued to be facilitated throughout the last 12-months, offering staff the opportunity to ask questions of the Trust's Executive Management Team, senior leaders and subject matter experts.

To ensure staff receive the latest information and guidance, the Organisational Response Briefing (ORB) calls continue to take place twice weekly ensuring consistent messaging, advice, and opportunities for questioning across the organisation.

## **COVID-19 testing**

Throughout the COVID-19 response, the Trust successfully facilitated several COVID-19 testing programmes for Trust staff, partners and associates within its operational footprint.

Building on the efficacious COVID-19 Coordination Service and COVID-19 community testing programmes introduced in 2020/21, two models delivered by the Trust to support Public Health England, commissioners, and primary care providers

with the provision of COVID-19 testing for vulnerable individuals within the Southeast, the Trust continued to ensure that testing provision remained available for all Trust personnel through 2021/22.

Throughout 2021/22 the Trust's COVID Management Team continued to source and distribute lateral flow device (LFD) antigen tests, which remained available for use by any member of the Trust, including volunteers, students, and essential contractors. To aid the recording and reporting of LFD test results before the introduction of the Government portal, the Trust worked with the East Kent Hospitals University NHS Foundation Trust to provide Trust personnel with a secure, confidential data collection platform to collate their test results. This platform also ensured that test results were reported to NHS Digital to support national datasets and situation reports.

In addition to LFD test access, the Trust maintained its COVID-19 staff testing in extremis process, an escalatory arrangement supported by system partners, which ensured polymerase chain reaction (PCR) test access for staff and household members where capacity was unavailable through the local and regional Department of Health and Social Care COVID-19 testing sites. This arrangement was further supplemented during winter 2021/22 by the national loop-mediated isothermal amplification (LAMP) testing pilot for NHS ambulance services, offering additional PCR-equivalent testing capacity through UK Health Security Agency (UKHSA) mobile testing and processing units which were located at the Trust's headquarters.

### **COVID-19 vaccination programme**

Following the successful delivery of the first dose of COVID-19 vaccinations through phase one of the Trust's internally delivered COVID-19 vaccination programme during 2020/21, the Trust prepared to administer second doses of the COVID-19 vaccine from two designated vaccination sites to those staff, other NHS workers within the Southeast, emergency service partners and eligible family members who had received their first vaccination dose with the Trust. Phases one and two of this programme provided two COVID-19 vaccination doses to 93% of Trust staff involved with direct patient care and to 75% of Trust staff not involved in direct patient care.

With the Delta-variant becoming exceptionally prevalent and an increased number of associated COVID-19 cases across the UK in autumn 2021/22, the Trust worked at pace to recommence its COVID-19 vaccination programme, this time delivering the COVID-19 booster together with the Flu vaccine through a 'hub and spoke' model to all Trust staff. At the time of producing this report, 62% of Trust staff involved with direct patient care have received the COVID-19 booster vaccination. Whilst the Trust's autumn vaccination programme concluded in December 2021, Trust staff continue to obtain their booster vaccination doses from locally facilitated vaccination sites.

- Total number of Trust staff, students, volunteers, partners and household members supported through phases 1 and 2 of the Trust's COVID-19 vaccination programme: 6,119 (18/12/2020-31/07/2021)

- Total number of Trust staff supported with a COVID-19 booster vaccine: 2,452 (01/09/2021-31/03/2022)

## **Sustaining SEC Amb**

### **Logistics**

The past year has continued to be challenging for the Trust's Logistics department; the team were able to deliver vital equipment and Personal Protective Equipment (PPE) throughout the pandemic ensuring that the clinicians and support services have been supplied with everything needed to deliver patient care. This has often been responsive and required a great deal of flexibility from staff at all levels.

Work has continued on the development of a locally produced digital platform to facilitate an understanding of burn rates. This has allowed the team to more accurately forecast usage, provide better stock control and facilitate a beneficial relationship with suppliers. This interim workstream is almost completed is already showing benefits whilst working with the NHS supply chain and operational leads. More strategically, there is still a desire to implement software and processes that will provide a robust system for Track and Trace of all items (particularly medical devices initially), stock management and asset management.

Due to the increase in the need for PPE, and overall higher stock levels, the Trust realised that the existing estate was not sufficient to house the increased stock levels. Over the past year the team have started transitioning to East and West hubs and leased a new site. This has provided the footprint to hold correct levels of stock which at times is as much as 6000m<sup>2</sup> at each site. The department has reviewed its delivery programme and now deploys three vans from each site daily. It has also provided an opportunity to review the vehicle fleet and a move to 50% greener hybrid vehicles has reduced the carbon footprint.

The pandemic has given the department the opportunity to look at the way it does things and there is a realisation that there are many areas where efficiencies can be made. This is going to need a full review of the whole system and the Trust has agreed that it would be useful to have an external logistician benchmark the team against best industry standards. Meetings are planned with Cranfield University to explore the possibility of using students undergoing post-graduate education to work with the Trust in a mutually beneficial way and potentially propose new ways of working that the Trust could deploy. Alternatively, the Trust may commission an independent commercial firm to complete the work review over the next few months which will allow for a fully costed proposal later this year and implementation late 2022/early 2023.

### **Fleet**

Work has continued over the past year to modernise the fleet with a definitive plan now supported to purchase ambulances for the next five years. This will result in the transport fleet of 398 vehicles being made up of ambulances no older than five years old and fully compliant with Lord Carters recommendations.

The response car fleet has been reduced and standardised as much as possible with Single Response Vehicles (SRVs), Paramedic Practitioner (PP) vehicles and Special Operations Response Team (SORT) cars all on a standard platform. Critical Care Paramedics and Operational Team Leaders have, similarly, been provided with a standard 4x4 which will improve interoperability and enhance the inclement weather capability across the Trust and reducing short-notice lease costs.

In support areas the team are utilising hybrid vehicles as much as possible to reduce carbon emissions and a trial, supported by NHSE, deploying fully electric response cars is scheduled to commence later this year.

### **Driving Standards**

A new incumbent has been recruited to the post of Fleet Risk Reduction and Driving Standards Manager and the Trust has benefited in key areas already.

The introduction of a commercial driving licence checking process is almost complete which will provide a robust quarterly review of all members of staff's qualifications and definitive assurance to the Trust.

Work is progressing well with the analysis of driver behaviour in partnership with SECAmb's telematics provider that will be developed. Monthly reports will highlight excessive idling, excessive speeding and will form the basis for a change in driving culture and contribute to the reduction of carbon emissions and drive down accidents across the Trust. Regular reports will provide data at all levels to facilitate the greater understanding of what causes accidents and how changes on induction courses and for the experienced staff can mitigate driving risk.

## Progress against key projects

Like the previous year, 2021/22 was another unusual year for change and transformation within SECAmb. The continuing COVID pandemic and our response continued the approach of pausing certain several initiatives as we enhanced our front-line response to the situation, however we also continued with a number of our key projects. These included the key workstreams, as described below:

### **Medway Make Ready, EOC & 111 Centre**

In September 2021, work got underway on our new multi-purpose ambulance, 999 and NHS 111 centre in Gillingham, Kent. The development will include 999 and 111 call centre operations as well as a Make Ready Centre – the only one of its kind to bring all three functions together under one roof.

Ambulance crews currently starting and ending their shifts at Medway Ambulance Station in Chatham will, instead, start and finish at the new centre. They will then respond from ambulance community response posts across the region with suitable rest facilities for crews between calls and when on a break.

The new centre will also allow closer integration of both 999 and 111 services and bring the east of SECAmb's region in line with its West Emergency Operations Centre (including NHS 111), based in Crawley, which opened in 2017 and replacing our current outdated 999 control room at Coxheath.

Good progress on the build has been made during the year and the new Centre is expected to become fully operational in Quarter 4 of 2022/23.

### **Banstead Make Ready Centre**

A significant amount of work was also undertaken during the year to develop the Trust's tenth Make Ready Centre at Banstead in Surrey on the site of our former headquarters.

The new development, which opened in May 2022, provides a fleet workshop and our Make Ready vehicle preparation system along with modern office space and rest and wellbeing facilities for staff.

Ambulance crews who previously started and ended their shifts at Epsom, Leatherhead, Redhill, Dorking and Godstone ambulance stations now start and finish at the new centre. Service to the surrounding area is protected with the new centre supported by a network of Ambulance Community Response Posts (ACRP) at both existing ambulance stations and additional sites.

### **Agile Working Programme**

Work has been underway during the past two years to make SECAmb a more agile workplace. During the peaks of the COVID-19 pandemic, this work was initially focussed on providing support for those working from home or an alternate site including equipment, wellbeing support and providing desk space for those unable to work from home.

However, building on this initial work, a scoping exercise was undertaken to determine the feasibility of staff continuing to be able to work from home post-COVID and staff preferences in where they work from. This indicated that a significant majority of roles would be able to accommodate more permanent home working and that the majority of staff would prefer to be able to work from home or work from the office on a more flexible basis.

This work is continuing as the transition to a more agile working organisation continues.

To support the new ways of working, work is currently underway to re-design the first floor of our HQ in Crawley to allow better use of the existing space and facilities and provide staff with a more attractive place to work.

### **Roll out of iPads**

Despite the logistical challenges caused by the pandemic, we continued the roll out during the year of 3,300 of the latest generation, personal issue iPads to our frontline staff.

The new iPads, the 8<sup>th</sup> Gen model with bigger display screen, increased storage capacity and a new protective case, replace the original iPads issued to operational staff in 2016.

Use of iPads supports our staff in using electronic Patient Care Records (ePCR) rather than paper versions and also provides easy access to a range of on-line tools and resources to support staff in their day-to-day duties.

### **Better by Design**

Significant work was undertaken during the year to develop a number of key workstreams as part of the overarching Better by Design programme, including the development of a new Care Delivery Model.

Our aim is always to provide the best possible care to each patient, which means having the right number of staff, with the right infrastructure and equipment to deliver our patients' needs and having the right policies in place to support all staff throughout their shift. Work to develop a new Care Delivery Model recognised that, with growing and changing demand from our patients, we could not continue to deliver our services in the same way moving forwards.

It was recognised that the new Care Delivery Model would impact on many areas of the Trust, leading to a review of all planned key critical programmes in SECAmb and the development of an overarching framework, which covered a number of different but linked workstreams.

Good progress was made during the year, however, having developed and refined the framework in 2021/22, the development of the Trust's refreshed priorities made it clear that we needed to adapt the delivery of the broader Better by Design Programme to ensure alignment and consistency. Looking ahead the work begun is continuing as part of the delivery of the priorities for 2022/23.

## **Key projects for 2022/23**

With a challenging financial position at year end and awaiting the publication of the CQC's recent report into the Trust, a flexible approach is being maintained to which projects we will take forwards over coming months.

However, preparatory work is already underway to review how we provide our medicines packing facility, based at Paddock Wood Make Ready Centre.

Growing demand in this area is placing the current service provision under considerable strain. Scoping work will determine how best to deliver the service in the future which in turn will influence on the resources and facilities required.

## **Clinical Education and Training**

The Trust delivers a wide range of clinical education and training activity for clinicians across the Trust and is a contracted placement provider with Health Education England (Kent, Surrey and Sussex) under the national Education Contract for a number of Higher Education Institutions (HEIs) delivering undergraduate Paramedic Science programmes.

The Clinical Education Department delivers programmes of study that include:

- Transition to Practice programme
- Clinical Conversion Course
- Key Skills (annual update for all patient facing staff)
- Practice Education (PEd) courses
- Level 3 Certificate in Emergency Response Ambulance Driving (L3CERAD) accredited driving courses.

In delivering our educational programmes, we have utilised our fantastic, purpose-built facilities at Haywards Heath College that is located centrally to the Trust and are in the process of looking to extend the lease through a business case to maximise the benefits that this facility brings. These facilities are widely utilised by the Trust and has acted as a base for core governance activities within our specialist paramedic cohorts – especially our Critical Care Paramedics.

Working alongside our HEI partners and with Crawley College, part of the Chichester College Group who are the education provider for the Trust's apprentice Emergency Care Support Worker (ECSW) and Associate Ambulance Practitioner (AAP) programmes, the department works in partnership to ensure that learner needs are met and where necessary take steps and work collaboratively to improve learner experience and progression when things don't go quite right.

In addition to formal programmes of study, the department leads on the support and progression of our new registrants (Newly Qualified Paramedics) through their preceptorship programme and coordinates and or delivers a suite of Continued Professional Development (CPD) courses alongside our much-valued internal subject matter experts or external partners.

We continue to foster good relationships with Health Education England and are active contributors to the National Education Network for Ambulance Services (NENAS), a sub-group of the Association of Ambulance Chief Executives (AACE).

In last year's annual report, attention was drawn to the progress made following a poor Ofsted outcome in a monitoring visit in 2019, where we demonstrated progress in the development and delivery of Clinical Education receiving an improved outcome in 2020 whereby the Trust was identified as 'making reasonable progress'. The Trust continues to support a small number of apprentices from when we delivered these programmes internally, and whilst we are subject to Ofsted requirements, we are not at this time anticipating a further monitoring visit. We have worked hard this year to continue our programme of improvement. Last year we highlighted that 2021-22 was set to be an exciting year for the department – and it certainly has been.

This year saw the launch of our internal Student Paramedic progression programme in collaboration with the University of Cumbria. Our colleagues are able to enrol upon a Level 6 Degree Apprenticeship with the University of Cumbria and throughout the two-year-programme develop towards gaining registration with the Health and Care Professions Council (HCPC) as a Paramedic. To date, three cohorts have commenced on the programme – seeing a net increase upon previous years of in-service progression. The Trust is looking to continue to deliver three cohorts of up to 30 learners per year enrolling, at any one point in time having up to 180 learners on internal progression.

Through targeted activity in supporting placement provision to our partner HEIs, this year, we were able to increase by just over 10% the number of undergraduate learners on placement with the Trust. To achieve this, we have brought our PEd training programme in-house and focussed upon ensuring regular programmes are delivered and support provided to our PEds. Through providing a positive placement experience we are able to shape the future of our Paramedic workforce. This year, we have noted a significant increase of undergraduates converting to SECAmb employees upon graduation (from 56% to 72%).

A significant focus has been placed on improving the governance and quality assurance of the activity undertaken within the department. This year we have responded to feedback from our NQP and Union colleagues, improving upon our preceptorship offer whilst maintaining integrity to the national framework. We have undertaken a full review of internally delivered programmes, surveying those who have received education and training as we continue our drive for improvements.

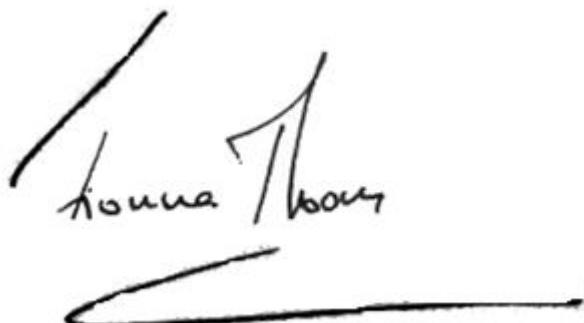
The department has responded to the areas of focus identified by RSM (the Trusts internal auditors) completing the management actions set as a result of the audit.

One of the biggest achievements this year has been the development, approval and release of the Clinical Education and Training Strategy 2022-25. After a lot of engagement and collaboration, Trust Board approved the strategy in February 2022, as a result the department has a clear roadmap that will see continued improvement

and changes to enable the Trust to deliver its strategic aims as outlined in our corporate strategy.

The hard work has now commenced, with the development of a delivery plan and using the Trust's Better By Design programme as a vehicle to support sustainable change and delivery of the strategy.

Next year, the department will continue to grow and develop. Plans are in place that will see a departmental restructure ensuring that Clinical Education is available to all with support provided at a very local level for our colleagues, learners and undergraduate students. We are exploring our Clinical Education and Training offering seeing new career development pathways and opportunities to our colleagues, and a new internal Student Paramedic programme for prospective new colleagues as we look to expand our registrant workforce to meet the needs of our healthcare systems.

A handwritten signature in black ink, appearing to read "fionna moore", is written over a horizontal line.

**Dr Fionna Moore**, Interim Chief Executive Officer

Date: 22<sup>nd</sup> June 2022

# **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 (NEDs) provide scrutiny and challenge based on wide-ranging experience gained in other public and private sector bodies and advice, particularly regarding setting the strategic direction for the organisation.

NEDs are required to hold a majority of the Board posts to ensure independence and to properly hold the Executive to account. However, the Board is also expected to act as one unitary board, reflecting the agreed strategic priorities of the Trust.

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 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.

At year end 2021-22, the Trust Board as formally constituted included the Chair, seven Independent Non-Executive Directors (NEDs), the Chief Executive and six Executive Directors.

During the year, there were several 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.

Mamta Gupta and Christopher Gonde joined the Trust on 1 April 2021 for 12 months under the NeXT Director scheme for aspirant Non-Executives from BAME backgrounds. While not Board members, Mamta and Chris joined the Board and its committees to share their insights and experience the work of a NED first-hand.

Mamta Gupta left in July 2021 due to work commitments impacting adversely her ability to provide the time at the Trust. Chris Gonde's appointment was extended for a further 12 months, ending in March 2023.

On 17<sup>th</sup> May 2022, Chief Executive, Philip Astle, announced his resignation following a period of ill-health. Dr Fionna Moore has taken on the role of Interim Chief Executive, whilst the appointment process for a new Chief Executive is underway.

The list of individuals who during the last year were directors of the Trust are included in the section below: Register of Directors' Interests

The Trust Board is supported by eight standing Committees:

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

Due to the pandemic all Board meetings held in public were online, where members of the public could join via MS Teams.

The Board has a well-established structure, based on the model and roles of a unitary Board, and the principles of good governance. Its 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.

Board committees are regularly observed by Governors both to understand better the working of the Board but also to assure the governing body that the systems and structures in place to assure accountability are working effectively.

In addition, the Board held several development sessions in the months between formal meetings. Areas of focus included its specific duties around ongoing development of the Trust's Strategy.

The Board usually meets twice a year with the Council of Governors to undertake strategic activities and facilitate an effective relationship between Board and Council. Due to COVID and other operational pressures these workshops had been paused but restarted in May 2022.

## NHS Improvement Well-Led Framework

The Trust Board regularly assesses leadership capacity and capability. During the year, an appointment to the new role of Executive Director of Planning & Business Development was made, following the review of the executive team in 2020-21. Following the departure of Bethan Eaton-Haskins, a new Executive Director of Quality & Nursing was appointed, with a greater focus on quality.

The Board also saw some changes in its independent Non-Executive Directors (NEDs). As part of the Board succession plan, the Council of Governors appointed one new NEDs, who has a clinical/patient experience background.

In addition to these changes, the Board also extended the appointment of its NExT Director. This is from the scheme led by NHSE/I to support senior people from groups who are currently under-represented on Trust boards with the skills and expertise necessary to take that final step into the NHS board room. The placements are for 12 months. Supporting this scheme is one of the ways to help meet our strategic objective to develop, inspire and support an increasingly diverse workforce.

The Trust strategy recognises the need to shift from competitive to collaborative behaviour across the system and to fulfil the Trust's enduring purpose within this new operating environment; the strategy has been expressed as follows:

*SECAmb will provide high quality, safe services that are right for patients, improve population health and provide excellent long-term value for money by working with Integrated Care Systems and Partnerships and Primary Care Networks to deliver extended urgent and emergency care pathways.*

During the year there has been revisions to the management governance framework. The aim is to use a newly structured senior management group to provide the day-to-day management of the organisation and to establish clearer lines of accountability. While work had progressed, it was clear from the findings of the CQC well led inspection in March 2022 that more work was needed. Details about this can be found in the Annual Governance Statement.

As set out in the Annual Governance Statement, the Board has a well-established Board assurance framework. Its committees are guided by an assurance purview map informed by the well-led key lines of enquiry and seek assurance that the Executive continues to maintain a sound and effective system of internal control. During the year committees have also recognised the need to balance the scrutiny of management controls with seeking assurance the Executive is taking a longer-term view.

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

## **Quality: improvements in patient care**

### **Progress against our quality objectives 2021-22**

The Trust publishes an annual Quality Account in June each year and over the twelve months of every financial year works towards achieving key areas for development, referred to as priorities.

These priorities contain a set of objectives which are agreed by internal and external stakeholders with a focus on progressing them throughout the reporting period.

Although progress has been made against each of the current set of priorities, (which were agreed in the 2019-20 period, with an aim to implement the objectives through 2020-21 and 2021-22) the impact of the Covid-19 pandemic and the need to divert or focus many of the Trust's resources, meant it was not possible to fully achieve the objectives by the end of 2021-22. They have therefore been reshaped to set out the areas we have achieved and where we require an altered timeline to allow our priority leads the means to implement the aims in full. A proposal was made to the Executive Management Board (EMB), to carry-over our priorities for a second year to 2022-23 and this was approved by the Quality and Patient Safety Committee in March 2022.

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, and they define our priorities for the next year, detailing how we plan to achieve these, and measure their outcomes.

The most recent annual Quality Account produced by SECAmb was published on 30<sup>th</sup> June 2021. The deadline for publication of the 2021-22 Quality Account will remain 30<sup>th</sup> June 2022.

The current priorities are:

#### **Priority 1 (clinical effectiveness)**

#### **Clinical Supervision of Frontline Operational Force – Partially achieved in 2020-21 and 2021-22**

#### **Aims and objectives for 2022-23**

- Quarter 1: Convene a multidisciplinary planning team involving representatives from all key professionals to work through national ambulance strategy and develop a supervision strategy for SECAmb which meets the requirements of all professionals. This will include scoping out all professional requirements and what is already in place for some professionals.
- Quarter 2: The strategy will be complete and ready for approval by the Trusts Senior Management Group and Executive Management Board.
- Quarters 2 and 3: Phased implementation for selected groups of staff across the Trust.
- Quarter 4: Review of phased implementation and development of plan to progress the full roll out of supervision to all staff in the next year.

- Utilise QI methodology to define and refine the quality of the supervision model
- After initial roll out, the following will be reported on:
  - Reporting the percentage (%) of staff with a named supervisor
  - Reporting the number of encounters with a supervisor
  - Implementing supervision training for the post graduate workforce
  - Scoping and implementing training for all clinical supervisors

## **Priority 2 (patient safety)**

### **Introduction of Mental Health First Aid (MHFA) Training for Front-Line Staff - Partially achieved in 2020-21 and 2021-22**

#### **Aims and Objectives for 2022-23**

- 3 additional instructors to be in place by end 2022
- A minimum of 1 course with up to 16 places to be facilitated per month throughout 2022. This can be flexed subject to additional instructors being available
- Quarterly monitoring of effectiveness with Clinical Education Team monthly
- An improved booking system to be in place by end April 2022 to maximize course take up and reduce drop-out rate

## **Priority 3 (patient experience)**

### **Falls: Accessing Urgent and Emergency Care for Care Homes – Partially achieved in 2020-21 and 2021-22**

#### **Aims and Objectives for 2022-23**

- Review the proof-of-concept period for the Community Falls Team model of care deployment
- Develop a business plan/case to support wider roll out of the falls model of care
- Establish local clinical leads from our paramedic practitioner teams to support care homes liaison, working alongside our Strategic Partnerships Managers at a system level
- Continue to engage with partners across health, social care, third sector, and blue light agencies to explore joint working to support rapid response to falls

## **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** (full term(s) of office shown in brackets for non-Executives)

### **David Astley OBE – Chair**

(25 September 2018 – 24 September 2024)

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 almshouses and a care home. His daughter Emma Booth is Director with PWC Consulting which sometimes works with the public sector.

### **Philip Astle – Chief Executive Officer**

Philip joined SECAmb from South Central Ambulance Service where he was Chief Operating Officer. Prior to joining South Central Ambulance Service in 2016, Philip enjoyed a successful career in the British Army including a lead role as a strategist and planner for operations in Afghanistan. His final role was as Chief Operating Officer of the Army Training and Recruiting Agency.

After retiring from the Army, Philip held a number of senior operational and leadership roles in both the public and private sectors. These have included director roles in Border Force, on the London 2012 Olympics, as Chief Operating Officer of Her Majesty's Passport Office and Vice President of Menzies Aviation plc.

**Declared interests** – None

## **David Hammond – Chief Operating Officer and Executive Director of Finance**

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

## **Emma Williams – Executive Director of Operations**

Emma's career in the health service spans 25 years during which she has gained experience in frontline roles, service improvement, governance, commissioning, and senior leadership. She is committed to improving both patient outcomes and staff experience as the public health remit evolves.

Emma is the Trust's Accountable Emergency Officer.

**Declared interests** – My husband, David Williams, is currently on a fixed term as Head of Emergency Planning, Response & Resilience. I do not line manage David – he is part of one of my wider teams, recruited through the formal standard Trust processes.

## **Dr Fionna Moore MBE – Executive Medical Director**

Fionna has been an A&E Consultant for over 35 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). She was awarded an MBE in 2013 for services to the NHS and the Emergency Services.

**Declared interests** – Medical Director, Location Medical Services, Medical Director Medicare EMS

## **Bethan Eaton-Haskins MBE – Executive Director of Nursing & Quality**

Bethan joined the Trust in 2018 following a range of senior nursing roles in a career spanning more than 20 years, including most recently Chief Nurse for a number of Kent clinical commissioning groups. As well as working on a number of key quality and patient experience improvements, Bethan led the Trust's COVID-19 response and was formally appointed as SECAmb's COVID-19 Director alongside her Director of Quality and Nursing role. In the 2021 New Year's Honours List she was awarded an MBE for her service to the NHS and strong leadership throughout the pandemic.

**Declared interests** – None

## **Robert Nicholls – Executive Director of Quality and Nursing**

Robert joined the Trust in February 2022. A nurse since 1993, Robert has held a number of senior roles in the NHS, most recently in his previous position as Director of Nursing Division of Medicine and Integrated Care at Imperial College Healthcare NHS Trust.

Prior to this he was seconded to the role of Programme Director of Clinical Workforce at Kent and Medway Sustainability and Transformation Partnership (STP)

and he has held a variety of deputy director of nursing and deputy chief nurse roles at NHS organisations including North Somerset Community Partnership and Medway NHS Foundation Trust.

He is a member of the Chief Nursing Officer for England male BAME advisory group, supporting the Chief Nursing Officer on the national equality, diversity and inclusion agenda.

**Declared Interests** - None

**Ali Mohammed – Executive Director of Human Resources and Organisational Development**

Ali is already established as a successful NHS HR leader, including winning the HSJ HR Director of the Year award in 2006. Having begun his NHS career in a junior HR position at Medway NHS Trust, Ali went on to hold various senior HR positions at a number of large trusts including Medway, Brighton and Sussex University Hospital Trust, Barts Health NHS Trust and Great Ormond Street Hospital NHS Foundation Trust. Since 2018, Ali has led on the transformation and delivery of the national NHS Graduate Management Programme, securing significant additional investment and increasing the number of internal candidates being invited onto the scheme.

**Declared interests** – Trustee at LHA London – a housing charity in central London from October 2019 to September 2022. It's a non-financial professional interest, unpaid but reimbursement of receipted travel expenditure.

**David Ruiz-Celada – Executive Director of Planning and Business Development**

Originally from Barcelona and an aeronautical engineer by training, David now lives in Kent and joins SECAmb after a decade of working in the aviation industry. With a focus on operations planning and management, logistics and improvement, David has worked across airlines and air handling operators in Spain and most recently at London City Airport since 2014 where he was previously Director of Operations Strategy and Planning. This role saw him work in a number of key areas including developing forecasting and modelling capability within the airport and delivering a number of improvement initiatives using technology and process changes to increase capacity.

Declared interests – Minor shareholding (<1%) of RUTI Immune, a trained immunity vaccine for COVID-19 which is under development and currently at stage 2 trial.

Father (Luis Ruiz-Avila) is involved in the biomedical sector, focussed in entrepreneurial, executive and investor activities, in early-stage drug discovery and development, helping companies transition from clinical proof into global pharmaceutical development and eventual commercialisation.

Companies with influential role:

Kintsugi Therapeutics (Minor shareholder & board member)

Biointaxis (Minor shareholder, non-executive director business advisory role)

Leukos Biotech (Minor shareholder, CEO)

Ruti Immuni (Minor shareholder, CEO)  
Affirma Bio (Minor shareholder & board member)  
ONSTX Olavide Neuron (Minor shareholder & board member)  
Janus Project (owner)  
Other Companies with minor shareholding (<25k€ investment or <5% capital):  
Oxolife, Methinks, Devicare, Zecardio, Nuubo, BHV Partners)  
Investor in healthcare specialized VC funds Asabys Partners, Inveready, Alta Life Sciences.

### **Laurie McMahon – Independent Non-Executive Director**

(February 2018 to March 2022)

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 was also a Visiting Professor in Strategy and Organisational Design at Cass Business School in London.

**Declared interests** – Director of the Realisation Collaborative, specialising in strategy development and organisational design. Member of the board of trustees of The Horsebridge Arts Centre, Whitstable. Member of the board of the Faversham Community Land Trust CIC. Member of the board of the Faversham Society.

### **Michael Whitehouse OBE – Senior Independent Non-Executive Director**

(24 October 2018 to 23 October 2024)

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** – Board member and chair of Audit Committee of Medicines and Health Care Products Regulatory Agency, Trustee and Chair of Audit and Risk Committee Cruse National Bereavement Charity, Member of Audit Committee of Republic of Ireland Audit Committee.

### **Howard Goodbourn – Independent Non-Executive Director**

(9 March 2020 to 8 March 2023)

Howard has been a member of SECAmb since 2014. Formerly working as Chief Financial Officer for Southern Water with frontline staff and some emergency response, he has also worked in senior Finance positions for various large utility organisations including the energy business, Eon UK and also a UK transport business, part of RATP, which included running bus services in London with c.3,000 employees. Howard was instrumental in leading the transformation of Southern

Water to become more commercial and efficient without compromising quality of service.

Howard brings strong financial and commercial experience including input into bids, contract negotiations, competitor analysis and industry benchmarking and believes that his experience can help the Trust on its journey to become 'outstanding'.

**Declared interests** – None

**Prof. Tom Quinn – Independent Non-Executive Director**

(1 October 2020 – 30 September 2023)

Tom works at St George's, University of London and Kingston University. As a nurse, he has spent four decades in healthcare and has experience in both hospital and pre-hospital care. Now a senior academic, the majority of his research has focused on improving outcomes for patients under ambulance care.

He is a Fellow of the Royal College of Nursing, European Society of Cardiology, American Heart Association and American College of Cardiology. His contribution to patient care was recognised in 2019 by election as an honorary Fellow of the College of Paramedics. He also holds a number of volunteer roles locally including being Clinical Director of HeartStart Farnham Lions and nationally as a Trustee of British Association for Immediate Care.

**Declared interests** – Undertaking research funded by National Institute for Health Research, British Heart Foundation, and Gas Safety Trust. External examiner for Paramedic Studies degree at University of Limerick, Ireland. Member of Domain Expert Group, Myocardial Ischaemia National Audit Project. Volunteer roles with European Society of Cardiology (Board member Acute Cardiovascular Care Association, and member of Task Force on Allied Professions). Volunteer role: Trustee/Director of British Association for Immediate Care. Volunteer role: Trustee of Aston Defibrillator Funds, Farnham. Volunteer role: Clinical Director, HeartStart Farnham Lions. Trustee of Hale Community Centre in Farnham

**Dr Subo Shanmuganathan - Independent Non-Executive Director**

(1 March 2021 - 28 February 2024)

Subo has a varied career in complex education, clinical and regulatory executive roles and has held several non-executive roles.

She brings extensive knowledge and experience of strategic business change, organisational development, education and training and transformation programmes to deliver commercial revenue, gained in both the charitable and public sectors. Her PhD is in Clinical Immunovirology from Imperial College London.

**Declared Interests** – Board Trustee for Amnesty International, Non-Executive Director Bromley Community Interest Company.

### **Paul Brocklehurst - Independent Non-Executive Director**

Paul, from Bexhill, East Sussex, has more than 25 years' board-level experience, most recently as the Chief Information Officer (CIO) for the Financial Services Compensation Scheme. He has spent more than a decade as a CIO in local authorities and has also worked with numerous 'blue chip' companies in the private sector.

Paul joins SECAmb to provide scrutiny and support in the important and growing area of strategic digital and IT development.

**Declared Interests** – None

### **Liz Sharp - Independent Non-Executive Director**

A registered nurse by background, Liz Sharp has more than 30-years' background in both the public and private health sectors. She brings with her a wealth of knowledge in delivering and improving patient outcomes and experience.

Until 2018, Liz was the National Director of Clinical Services for BMI Healthcare, an independent provider running 54 hospitals. Her executive career includes her working in partnership with the clinical education team to develop an in-house associate practitioner programme, enhancing governance through introducing an electronic risk-based reporting system for staff, and leading large-scale change programmes including building a care and rehabilitation centre and developing clinical strategy.

An experienced non-executive, she remains a Trustee of the Queen Elizabeth's Foundation for Disabled People and is both Chair of its Care, Quality and Safety Committee and the Board's Safeguarding Lead.

**Declared Interests** – Board Trustee, Queen Elizabeth's Foundation for Disabled People (Care and Rehabilitation Services, Mobility and Residential Services Charity), Board Director - The Grange 2016 (Supported living in Kent), Member of the Royal College of Nursing, Professional registration with the Nursing and Midwifery Council

## Board attendance (meetings held in public)

Board Meeting		Thursday 27 May 2021	Thursday 29 July 2021	Thursday 30 September 2021	Thursday 25 November 2021	Thursday 27 January 2022	Thursday 31 March 2022
David Astley	Chairman	✓	✓	✓	✓	✓	✓
Philip Astle	CEO	✓	✓	✓	✓	✓	✓
Fionna Moore	Medical Director	✓	✓	✓	✓	✓	-
Emma Williams	Director of Operations	✓	✓	✓	✓	✓	✓
David Hammond	Deputy CEO and Chief Operating Officer	✓	-	✓	✓	-	✓
Bethan Eaton-Haskins	Director of Nursing & Quality	✓	✓	✓	✓		
Ali Mohammed	Director of HR & OD	✓	✓	✓	✓	✓	-
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	✓	✓
Laurie McMahon	Non-Executive Director	✓	-	✓	✓	-	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	✓	✓
Tom Quinn	Non-Executive Director	✓	✓	✓	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	-	✓	✓	✓
Lucy Bloem	Non-Executive Director	✓	✓				
David Ruiz-Celada	Director of Planning and Business Development			✓	✓	✓	✓
Robert Nicolls	Executive Director of Quality and Nursing						✓
Elizabeth Sharp	Non-Executive Director			✓	✓	✓	✓

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.

**Board attendance (meetings held in private)**

		Thursday 27 May 2021	Thursday 29 July 2021	Thursday 30 September 2021	Thursday 25 November 2021	Thursday 27 January 2022	Thursday 31 March 2022
<b>Part 2 Board Meeting</b>							
David Astley	Chairman	✓	✓	✓	✓	✓	✓
Philip Astle	CEO	✓	✓	✓	✓	✓	✓
Fionna Moore	Medical Director	✓	✓	✓	✓	✓	-
Emma Williams	Director of Operations	✓	✓	✓	✓	✓	✓
David Hammond	Deputy CEO and Chief Operating Officer	✓	-	✓	✓	-	✓
Bethan Eaton-Haskins	Director of Nursing & Quality	✓	✓	✓	✓	✓	✓
Ali Mohammed	Director of HR & OD	✓	✓	✓	✓	✓	-
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	✓	✓
Laurie McMahon	Non-Executive Director	✓	-	✓	✓	-	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	✓	✓
Tom Quinn	Non-Executive Director	✓	✓	✓	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	-	✓	-	✓	✓	✓
Lucy Bloem	Non-Executive Director	✓	✓	✓	✓	✓	✓
David Ruiz-Celada	Director of Planning and Business Development	✓	✓	✓	✓	✓	✓
Robert Nicolls	Executive Director of Quality and Nursing	✓	✓	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓

Key	
✓	In attendance
-	Not in attendance
	Not in post

## 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.

		Thursday 29 April 2021	Friday 24 September 2021	Thursday 28 October 2021
<b>Appointments and Remuneration Committee (ARC)</b>				
Terry Parkin	Non-Executive Director	✓		
David Astley	Chairman	✓	✓	✓
Philip Astle	CEO	✓	✓	✓
Howard Goodbourn	Non-Executive Director	✓	✓	✓
Lucy Bloem	Non-Executive Director	✓		
Laurie McMahon	Non-Executive Director	✓	✓	✓
Michael Whitehouse	Non-Executive Director	-	✓	✓
Paul Brocklehurst	Non-Executive Director		-	✓
Elizabeth Sharp	Non-Executive Director		✓	✓
Tom Quinn	Non-Executive Director	✓	✓	✓
<b>Key</b>				
✓	In attendance			
-	Not in attendance			

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.

### **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, and while all NEDs may attend if they wish, only Board Committee Chairs are expected to attend.

	Thursday 20 May 2021	Thursday 15 July 2021	Thursday 23 September 2021	Thursday 2 December 2021	Thursday 10 March 2022
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#### Audit and Risk Committee (AuC)

Philip Astle	CEO (Invitation only)	✓	✓	-	✓	✓
Fionna Moore	Medical Director (Invitation only)	✓	-	-	-	-
David Astley	Chairman (Invitation only)	-	-	-	✓	✓
David Hammond	Deputy CEO and Chief Operating Officer (Invitation only)	✓	✓	✓	✓	✓
Bethan Eaton-Haskins	Director of Nursing & Quality (Invitation only)	✓	✓	-	✓	
Michael Whitehouse (Chair of AuC)	Non-Executive Director	✓	✓	✓	✓	✓
Terry Parkin	Non-Executive Director	✓	✓			
Laurie McMahon (Chair of WWC)	Non-Executive Director	✓	✓	✓	✓	✓
Tom Quinn	Non-Executive Director	✓	✓	✓	✓	✓
Howard Goodbourn (Chair of FIC)	Non-Executive Director	✓	✓	-	✓	✓
Robert Nicholls	Executive Director of Quality and Nursing					✓
Elizabeth Sharp	Non-Executive Director				✓	✓

Key	
✓	In attendance
-	Not in attendance
	Not in post

#### Charitable Funds Committee (CFC)

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

		Thursday 15 July 2021	Thursday 2 December 2021
Charitable Funds Committee (CFC)			
David Astley	Chairman (Invitation only)	✓	-
Philip Astle	Chief Executive Office (Invitation only)	✓	✓
Michael Whitehouse	Non-Executive Director	✓	✓
David Hammond	Deputy CEO and Chief Operating Officer	✓	✓
Emma Williams	Executive Director of Operations (Invitation only)	✓	-
Howard Goodbourn	Non-Executive Director	✓	-
Ali Mohammed	Director of HR & OD	-	✓
Laurie McMahon	Non-Executive Director	-	✓

Key	
✓	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.

	Friday 21 May 2021 (Extra)	Thursday 10 June 2021	Thursday 21 July 2021 (Extra)	Thursday 9 September 2021	Thursday 11 November 2021	Thursday 20 January 2022	Tuesday 22 March 2022
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#### Finance and Investment Committee (FIC)

Philip Astle	CEO (Invitation only)	-	✓	✓	✓	✓	✓
David Astley	Chairman (Invitation only)	✓	✓	✓	-	-	✓
Michael Whitehouse	Non-Executive Director (Chair)	✓	-	✓	✓	✓	✓
David Hammond	Deputy CEO and Chief Operating Officer	✓	✓	✓	✓	✓	✓
Emma Williams	Director of Operations (Invitation only)	✓	✓	-	-	-	-
Ali Mohammed	Head of HR & OD (Invitation only)	✓	-	-	-	-	-
Paul Brocklehurst	Non-Executive Director	-	✓	✓	✓	✓	✓
David Ruiz-Celada	Director of Planning and Business Development					-	✓
Elizabeth Sharp	Non-Executive Director				-	-	✓
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	✓	✓
Robert Nicolls	Executive Director of Quality and Nursing						✓

Key	
✓	In attendance
-	Not in attendance
	Not in post

#### 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.

Quality and Patient Safety Committee (QPS)		Thursday 19 August 2021	Monday 16 September 2021	Thursday 18 November 2021	Monday 22 November 2021	Thursday 13 January 2022	Thursday 17 March 2022
Philip Astle	CEO (Invitation only)	✓	-	✓	✓	-	✓
David Astley	Chairman	✓	✓	✓	✓	✓	✓
Fionna Moore	Medical Director	✓	✓	-	✓	✓	✓
Richard Quirk	Deputy Medical Director (Invitation only)	-	-	✓	-	-	-
Bethan Eaton-Haskins	Director of Nursing & Quality	-	✓	✓	✓		
Judith Ward	Deputy Director of Nursing & Quality (Invitation only)	✓	-	-	-	✓	-
Emma Williams	Executive Director of Operations	-	✓	✓	✓	-	✓
Michael Whitehouse	Non-Executive Director	-	✓	-	-	-	-
Howard Goodbourn	Non-Executive Director	-	✓	-	-	-	-
Laurie McMahon	Non-Executive Director	-	✓	-	-	-	-
Robert Nichols	Executive Director of Quality & Nursing						✓
Elizabeth Sharp	Non-Executive Director			-	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	✓	✓	✓
Terry Parkin	Non-Executive Director	✓					
Tom Quinn	Non-Executive Director (Chair)	✓	✓	-	✓	✓	✓

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

Key	
✓	In attendance
-	Not in attendance
	Not in post

### Workforce and Wellbeing Committee (WWC)

Workforce and Wellbeing Committee (WWC)		Thursday 28 May 2021	Thursday 14 October 2021	Thursday 9 December 2021	Thursday 17 February 2022
Laurie McMahon	Non-Executive Director (Chair)	✓	✓	✓	✓
David Astley	Chairman (Invitation only)	-	✓	✓	✓
Philip Astle	CEO (Invitation only)	✓	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	-	✓	✓	✓
Elizabeth Sharp	Non-Executive Director		✓	✓	✓
Fionna Moore	Medical Director	-	✓	✓	✓
Emma Williams	Director of Operations	-	✓	✓	✓
David Ruiz-Celada	Director of Planning and Business Development	-	-	✓	-
Robert Nicholls	Executive Director of Quality and Nursing (Invitation only)				✓
Bethan Eaton-Haskins	Director of Nursing & Quality	✓	-	✓	
Ali Mohammed	Director of HR & OD	✓	✓	✓	✓
Tom Quinn	Non-Executive Director	✓	✓	✓	✓

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.

Key	
✓	In attendance
-	Not in attendance
	Not in post

## Performance Committee

The purpose of the committee is to acquire and scrutinise assurances that the Trust's system of internal controls relating to the delivery of operational performance are designed appropriately and operating effectively. Appointed by the Board, the membership of the committee shall constitute independent Non-Executive Directors and Executive Directors. Executive Directors shall number no more than the Non-Executive Directors. The quorum necessary for formal transaction of business by the committee shall be two Independent Non-Executive Director members and one Executive Director.

Performance Committee		01 March 2021	19 Augu st 2021	16 Nove mber 2021	06 Janua ry 2022
<b>Michael Whitehouse</b> Non-Executive Director	Member	✓	✓	-	✓
<b>Subo Shanmuganathan</b> Non-Executive Director	Member	-	-	✓	✓
<b>Howard Goodbourn</b> Non-Executive Director	Chair	✓	✓	✓	✓
<b>Paul Brocklehurst</b> Non-Executive Director	Member	✓	✓	✓	✓
<b>Emma Williams</b> <b>Executive Director of</b> <b>Operations</b>	Member - Committee Executive-Lead	✓	✓	✓	✓
<b>David Hammond</b>	Member	✓	✓	✓	✓

<b>COO /Finance Director</b>					
<b>Ali Mohammed Executive Director of HR</b>	Attends	-	-	-	-
<b>David Ruiz-Celada Executive Director of Planning &amp; BD</b>	Member	-	-	✓	✓

<b>Key</b>	
✓	In attendance
-	Not in attendance
	Not in post

## **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. During the Covid pandemic the Government Procurement Policy Note updated this to state that suppliers should be paid within 7 days to ensure they could keep operating.

The Trust continued to accelerate payments during 2021/22 in order to meet this continuing requirement. By the end of the financial year the Trust's improved liquidity enabled it to proactively work on meeting the required targets and will continue to clear invoices for payment on a timely basis.

Total Invoices paid	Invoices paid on time	% Invoices paid within target	Total Value paid £'000	Value paid on time £'000	% Invoices by value paid within target
18,564	17,209	92.7%	88,814	84,333	95.0%

The 2021/22 Better Payment Practice Code percentages are line the target (95%) for the full year related to third party creditors whilst NHS creditors were marginally above this.

To this end the total figures for March 2022 were fractionally under the 95% target and a return to exceeding the target payment level will remain a focus during the new financial year.

### **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 four 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.

### **Lead Governor's Report – on behalf of the Council of Governors 2020-21**

I represent the interests of the people of East Sussex and Brighton and Hove (SECAmb's 'Lower East' constituency) on the Council of Governors. This report will focus on how the Council – a group of 24 volunteers including members of the public, staff, and people from key partner organisations – has fulfilled its statutory duties in the past year.

Our collective duties as a Council are two-fold:

- To represent the interests of our Foundation Trust members and the wider public; and
- To hold the Non-Executive Directors to account for the performance of the Board.

We also have some very specific powers and I'll outline where we have used those during the year.

But first I should start by reflecting on this year: COVID-19 has impacted so heavily on most people in some way and of course the ambulance service has been quite literally on the frontline providing care throughout the year. As Governors, we have tried to support the service as it acted to flex as needed to keep providing the best possible service to patients while balancing the safety of SECAmb's staff and volunteers. I'd like to thank everyone working at SECAmb for their incredible efforts to date.

The Council has been focused throughout the year on helping ensure that the Trust was doing its best to protect its staff and volunteers, while recognising that at times demand for its services was incredibly high. Council adds it thanks to all the incredible volunteers who have and continue to support the Trust.

The way the Council has worked alongside the Board during the pandemic has of necessity moved online, with Council meetings and committees continuing virtually. This has had some benefits, enabling more members of the public and staff to join the meetings, but I think it's fair to say that Governors have missed the contact with the Board, and particularly the informal catchups that are possible when meeting face to face. Governors have continued to observe Board meetings and Board committees, which have also moved online, and have provided Council with assurance that Board scrutiny and oversight has continued despite the many challenges.

At the time of writing, discussions are ongoing about how we maximise the benefits of enabling online access to future meetings while planning for meeting face to face meetings to resume safely.

Naturally, Foundation Trust membership engagement and recruitment external events have had to be stopped during the year, though we have held several sessions online to try and reach out to members, with limited success.

Communication via our membership newsletter, Your Call, has continued and our membership numbers remain strong despite Governors' lack of physical presence out and about around the South East. Our Annual Members Meeting, held online for the second year running went well, with good feedback from the attendees who joined us in September to hear about the Trust's pandemic response and other areas of work. We look forward to hopefully holding our Annual Members Meeting in person next year.

It is fair to say that for Council as well as for the Board and Trust more widely, the focus has, of necessity, been squarely on responding effectively to the unprecedented challenges posed by the virus. However, Council have continued to seek improvements in other areas of the Trust where reasonable during the year. We do this through questions submitted between formal meetings as well as by holding the Non-Executive Directors to account at our Council meetings.

Areas of focus for Council have included:

- Operational performance in 999 and 111: how well are we serving our patients.
- Assurance around items highlighted in NED committee reports.
- The work of the Councils committees.
- The plans for the Trusts transformation programme - Better by Design.
- The launch of the Community Falls Team initiative.
- Reviewing the annual audit report via presentation form KPMG.

Council has a rolling agenda of scrutiny items covering the remits of each of the Board committees, and these have continued through the year.

Governor questions to the non-Executives between meetings have included the following topics, some COVID-19-related but not all:

- Safety of colleagues on the frontline and trials of body worn cameras.
- Seeking assurance on the provision of mental health support for colleagues.
- Process for recording Public Access Defibrillators locations and maintaining them.
- Timely public communication on the pressure the service is facing.
- Supporting the effective use of our Community First Responders to respond to calls.
- Recruitment and retention of colleagues.
- That pulse and staff survey outcomes will be acted on.
- Safety provisions for staff in relation to the estates programme and vehicles.
- Assurance on staff engagement with the agile working programme.
- Hospital handover delays and the Trust's work with partners on this.

- Support from the Trust for the Ukraine via decommissioned vehicles and medical supplies.

In terms of our statutory powers, the Council has made several Non-Executive Director appointments and reappointments this year. NED remuneration has remained static.

Council appointed two new NEDs during the year: Elizabeth Sharp and Paul Brocklehurst both recruited by the Nominations Committee of the Council (working in tandem with BAME Recruitment agency). The Council approved a second term of office for Michael Whitehouse.

This year, the Council said a fond farewell to Terry Parkin, Lucy Bloom and Laurie McMahon who concluded their terms as NEDs at SECAmb. On behalf of the Council, I would like to thank them for their diligent service.

Council elections were held this year with a good turnout in nominations and votes. Thanks to all members who took part in this. You can read more on the outcomes of the election in the 'Meet the Council' section of the report.

Finally, I must express again on behalf of my Governor colleagues our admiration and respect for everyone working for or with SECAmb and across the wider health and social care system during the past year. Governors must continue to hold the Non-Executive Directors to account for the performance of the Board, in the interests of our members and the wider public, particularly during times of additional pressure and stress. We do this with the utmost respect for the pressures everyone has been under and look forward to working together and meeting in person again in the coming year.

**Nicki Pointer – Public Governor, Lower East SECAmb**

## Meet the Governors

### Staff governors

#### Non-operational

##### **Marcia Moutinho** (First term of office 01 March 2020 - 28 February 2022)

Marcia is a Patient Experience Officer in the Patient Experience Team at Crawley HQ. An advocate of staff wellbeing, she is keen for the Trust to support colleagues effectively.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

##### **Kirsty Booth** (First term of office: 01 March.2022 – 28 February 2025)

Kirsty is the Business Support Manager for the Medical Directorate and has worked for the Trust in a variety of roles for 18 years. Kirsty notes that non-Operational staff provide a vital service to the Trust and are often the forgotten workforce as without these staff, our operational workforce would not be able to deliver the care they do for our patients.

Kirsty is particularly interested in improving systems and processes and supporting the wellbeing of all our staff.

- Membership Development Committee member
- Governor Development Committee member
- Nominations Committee member

**Declared interests:** None

#### Operational

##### **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
- Nominations Committee member

**Declared interests:** None

##### **Christopher Burton** (First term of office 1 March 2020 - 28 February 2023)

Christopher is a Paramedic Practitioner working out of Ashford in Kent, he has been with the Trust for 30 years.

His experience in the Trust extends to employment as a Team Leader across many regions, an operative with HEMS, our Hazardous Area Response Team service and as a Paramedic Practitioner for 9 years.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** Locum Instructor at IQARUS Healthcare Ltd, Herefordshire.

**Stuart Dane** (Term of office: 1<sup>st</sup> March 2022 – 29 February 2024)

Stuart is an Emergency Care Support Worker in the Medway area and previously worked for The British Red Cross as frontline ambulance crew on contract for SECAmb.

Stuart is keen to see the Trust continue to deliver a better working environment via its estates programme and is particularly interested in safety at work.

Prior to working for the Trust Stuart previously served as a Public Governor for the Medway area.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Nicholas Harrison** (Term of office: 01 March 2022 – 28 February 2025)

Nick has worked in varying roles within the ambulance service for nearly 17 years. He is a Critical Care Paramedic Team Leader and also works within our Kent Emergency Operations Centre on the Critical Care Desk. This is his second term of office as a Staff Governor.

Nick is keen to see wider staff voices included in decision making and is particularly interested in the improvement of staff welfare.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Nigel Willmont – Coles** (Term of office: 08 December 2020 – 28 February 2022)

Nigel is a operational team leader working out of Tongham Ambulance Station in Surrey. He completed a remaining term of office which was available after a Governor stood down.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Public Governors**

**Lower East: East Sussex & Brighton**

**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 and 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.

- 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.

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

Nicki is the Trust's Deputy Lead Governor. She works as a Senior Sister/Ward Manager at Pembury Hospital. She has been a Registered General Nurse for seven 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.

- Membership Development Committee member
- Governor Development Committee member
- Nominations Committee member

**Declared interests:** None

**Leigh Westwood** (First term of office 01 March 2020 - 28 February 2023)

Leigh has served as a volunteer Community First Responder (CFR) for over seven years and is a senior CFR Team Leader. His professional background is aviation as the Director of Operations for a large airline.

- Membership Development Committee member
- Governor Development Committee member
- 

**Declared interests:** Community First Responder and CFRTL at Paddock Wood.

**David Romaine** (Term of office: 01 March 2022 – 29 February 2024)

David lives in Brighton and has been an active member of our Trust for the past twelve years. During that time, he has attended numerous board and governor meetings, raised various questions, and made suggestions. He was previously a governor for Sussex Community NHS Foundation Trust.

He is also a longstanding trustee/volunteer of SERV Sussex, the Sussex Blood Bike Charity that provides urgent overnight transport of blood products free of charge to Sussex Hospitals.

- Membership Development Committee member
- Governor Development Committee member
- Nominations Committee member

**Declared interests:** None

**Patricia Delaney** (Term of office: 1<sup>st</sup> March 2022 – 28 February 2025)

Patricia's background is in nursing (health visitor) and although retired from NHS she still feels connected to all aspects of the service. She has direct experience as a user of the ambulance service as her husband needed urgent care at times during his last illness.

She has previously worked as a volunteer to deliver health care in a Township in South Africa and her last volunteer role was as a Parish Councillor in Willingdon, Ninfield.

Patricia notes that liaising with, and listening to stakeholders, is vital to efficient and effective service delivery.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Upper East: Medway, Kent & East London**

**David Escudier** (Second term of office 1 March 2020 - 28 February 2023)

David was re-elected for a second term of office in the 2020 elections. He stood down from the role in September 2021.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Sian Deller** (First term of office 01 March 2020 – 28 February 2023)

Siân stood down from the role in October 2021.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** Works with SECAmb as part of the Kent resilience forum. Previously worked on 'The Circuit' as project educator.

**Cara Woods** (First term of office 01 March 2020 – 28 February 2023)

Cara stepped down from the role in August 2021.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** Husband is an Emergency Care Support Worker at SECAmb.

**Colin Hall** (Second term of office: 08 December 2020 – 28 February 2023)

Colin was the first Governor to represent Medway when SECAmb became a Foundation Trust. He has since worked for SECAmb in our 111 service and re-joins the Council to bring an independent voice. He is keen to see our response times improve.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Alison Fisher** (First term of office 22 November 2021 – 28 February 2023)

Alison stepped down from the role in March 2022 to pursue a longer-term Governor position at another NHS Trust.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Michael Tebbutt** (First term of office: 22 November 2021 – 28 February 2023)

Michael lives in Hoo, Kent and has over 20 years of experience either in or working with the Emergency Services. He has been an active volunteer in the Trust for some time, as he is a member of our Inclusion Hub Advisory Group which is made up of a diverse selection of our Foundation Trust members. Michael is keen to support the Trust further in his new role as a Governor.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Linda Caine** (First term of office: 01 March 2022 – 28 February 2025)

Linda lives in Gillingham Kent and has worked in a variety of NHS roles and organisations across Kent and Medway over a period of 26 years. Linda's main areas of work are in managing and developing services and quality improvement with a particular interest in involving stakeholders in project development.

She currently works for an NHS Integrated Care System where the main emphasis is still to continue to achieve the best of services for the population of Kent and

Medway. With more system working she is keen to bring her experience to SECAmb via the Governor role.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

### **Upper West: Surrey, North East Hampshire & West London**

**Brian Chester** (Second term of office 1 March 2022 – 29 February 2024)

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. Brian is Chair of the Membership Development Committee.

- Membership Development Committee member
- Governor Development Committee member
- Nominations 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 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. Chris is Deputy Chair of the Membership Development Committee.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

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

Geoffrey stood down from the role in November 2021.

- Membership Development Committee member
- Governor Development Committee member
- Nominations Committee member

**Declared interests:** None

**Amanda Cool** (First term of office 01 March 2020 - 28 February 2023)

Amanda works as a senior manager in the NHS for a large London Trust. She is chair of the PPG at her local GP practice in Guildford and was a lay member and Chair of the Patient Liaison Committee at the British Medical Association for six years.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Martin Brand** (First term of office: 01 March 2022 – 29 February 2024)

Martin has been a resident of Surrey for 26 years. From 2004 to 2019 he worked for the London Ambulance Service as a Service Development Manager then as a programme/project manager. Prior to this he had a career in the Post Office then Royal Mail.

He has user experience of ambulance services, and believes this two-sided perspective, as an NHS worker and as a patient/relative, gives him a broad perspective on the challenges to the ambulance service.

He is particularly interested in the Trust's recruitment and retention work and is keen for the council to embrace the 'critical friend' role while acting as the voice of the public in a constructive way.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Ann Osler** (First term of office: 01.03.2022 - 28.02.2025)

Ann lives in Guildford and has been a member of our Trust for 10 years and a member of the Trusts Inclusion Hub Advisory Group for a similar period. She notes that being involved with the ambulance service as a volunteer has been a steep learning curve, but one she has enjoyed, and she is now keen to take that knowledge with her into the Governor role. Her background is as a programme and systems IT analyst for 20 years and then the education sector for a further 25 years as a lecturer in Computer Science.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Lower West: West Sussex**

**Nigel Robinson** (First term of office 01 March 2020 - 28 February 2023)

Nigel was an operational Fire Officer for a total of 32 years in both Oxfordshire and Buckinghamshire Fire and Rescue Services in many roles. Since retiring he is now a visiting lecturer at the National Ambulance Resilience Unit Command Faculty and a qualified Event Safety Officer.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** Visiting lecturer at National Ambulance Resilience Unit at Waterbourne.

**Harvey Nash** (Second term of office 22 June 2020 – 28 February 2022)

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.

- Membership Development Committee member
- Governor Development Committee member

**Declared interests:** None

**Matt Alsbury-Morris** (Second term of office: 01 March 2022 – 29 February 2024)

Matt lives in Billingshurst and has worked with many NHS trusts and local authorities over the past 15 years. He is a community first responder for the Trust, and this is his second term as a public governor. Matt is passionate about ensuring that the public receive the best service possible from the NHS. He is looking forward to representing the public of West Sussex in this role and helping SECAmb deliver on its values.

- Membership Development Committee member
- Governor Development Committee member
- Nominations Committee member

**Declared interests:** I work with NHS trusts across the south east area on workforce planning but not with SECAmb. I am a community first responder for the Trust.

**Andrew Latham** (First term of office: 01 March 2022 – 28 February 2025)

Andrew lives in Crawley and leads the Crawley Community First responder scheme which he set up in that area. Previously he had a successful business career as Chief Executive of three companies.

His involvement with the Trust goes back for over thirty years as he has been a St John Ambulance volunteer for decades. In that role, he assisted the Trust by providing emergency ambulance support in peak times. Throughout the pandemic he has continued to support the Trust on a St John Ambulance weekly attending mainly C3 calls.

Andrew is keen to work constructively and support, question, challenge and help the Trust to move ahead and improve where needed.

- Membership Development Committee member
- Governor Development Committee member
- Nominations Committee member

**Declared interests:** None

**Appointed Governors**

**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.

**Declared interests:** None

**Sarah Swindell** (First term of office 18 April 2019 - 17 April 2022)

Sarah has worked in the NHS for 23 years and currently works as the Business Manager for the Chief Operating Officer at East Kent Hospitals University NHS Foundation Trust.

**Declared interests:** None

**Vanessa Wood** (First term of office 8 July 2019 - 7 July 2022)

Vanessa is the Chief Executive of Age UK Thanet. This branch of Age UK supports those aged over 50 living in Thanet to remain independent. They also work to reduce loneliness and isolation. Vanessa has worked in the Health and Social Care Sector for over 30 years.

**Declared interests:** None

**Howard Pescott** (First term of office 6 September 2019 - 05 September 2022)

Howard has worked in the NHS for 27 years as a Nurse and Health Visitor before going into Public Health and then into operational management. He is the Deputy Area Director Central Area at Sussex Community NHS Foundation Trust.

**Declared interests:** None

**County Councillor Sinead Mooney** (First term of office 06 December 2021 – 05 December 2024)

Sinead is the Staines Conservative Cabinet Member for Adults and Health at Surrey County Council.

**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 a variety of personal reasons including the complications of the pandemic. In the 2022 elections, the promotional material focussed on being clear about the role, responsibilities, and anticipated time commitment to effectively undertake the role.

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

The Council held four formal meetings in public this year and two private joint workshops with the Board. The first joint workshop focussed on developing a shared understanding of the evolving Integrated Care Systems in our patch and the second provided opportunity for NEDs and Governors to get out and about to various locations in the Trust in order to speak to colleagues there to get a sense of how things feel on the ground after a hiatus of visits for 18months. Experiences from this were shared at a joint meeting.

The Council's formal meetings and committee meetings were held online this last year, as was our September Annual Members Meeting. 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 and NEDs also agreed a 'deep dive' approach to focus on the remit of Board committees at each Council meeting for Governors to gain assurance and a deeper understanding of the scrutiny and also support for colleagues that takes place.

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 2020/21 the MDC was chaired by Brian Chester (Upper West Public Governor). The MDC is open to all Governors to attend and is supported by 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 100 stakeholders, provided an opportunity for members, the public and our volunteers to meet Governors and Board members virtually 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 – this has been somewhat hampered by the reduction of in person engagement events in the healthcare sector over the last few years. Creative approaches to membership engagement were discussed and adapted to enable member engagement to continue. 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 Michael Whitehouse, Non-Executive Director is also in regular attendance. During the year, membership included 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 three 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.

<b>Constituency/Role</b>		<b>13.05.21</b>	<b>08.07.21</b>	<b>20.07.21</b>
David Astley	Chair	✓	✓	✓

Lucy Bloem	Senior Independent Director & Non-Executive Director	✓		
Michael Whitehouse	Senior Independent Director & Non-Executive Director	✓	✓	-
Nicki Pointer	Lower East Public	✓	-	✓
Waseem Shakir	Staff - Operational	✓	✓	✓
Geoff Kempster	Upper West Public	✓	✓	✓
Brian Chester	Upper West Public	✓	✓	-

Key	
✓	In attendance
-	Not in attendance
	Not in post

### **Governor Development Committee (GDC)**

The GDC has met six times during the year and is open to all Governors to attend and is supported by the Trust's Assistant Company Secretary. The GDC is currently Chaired by the Lead / Deputy 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 Non-Executive Directors**

The Nominations Committee led a process to appoint two new Non-Executive Directors to the Trust, one with a IT development background and one with a patient experience background. An extensive search and selection process, aided by BAME recruitment agency, culminated in the appointment of Paul Brocklehurst by the Council for a three-year term of office, which commenced on 1 May 2021 and Liz Sharp for a three-year term of office, which commenced on 19 September 2021.

Recruitment for a NED with a organisational development background also took place just prior to this last financial year and an appointment was made just before year end with Subo Shanmuganathan joining on 1<sup>st</sup> March 2021.

## **Reappointment of a Non-Executive Director**

Laurie McMahon, NED and Chair of the Workforce and Wellbeing Committee, completed his first full term of office as a NED on 6 February 2021. Following due consideration of his performance and the skills mix and experience on the Board, the Nominations Committee recommended that Laurie be offered a second term of office and he was reappointed until 6 February 2024. Laurie stepped down from the NED role in March 2022 taking early retirement.

## **Other Governor Engagement Activities**

In addition, Governors have been involved in a number of online Trust events over the year. These included opportunities to represent members' views and listen to the views of our members.

Governors have been unable to observe our frontline crews in action by spending time on our ambulances or in our Emergency Control Centres, however face to face site visits of some of our stations took place in November 2021 with Governors and NEDs - enabling them to understand more about the Trust's operation and meet and talk to our staff. The outcomes from these visits were reviewed at a joint Council and Board meeting.

Staff-Elected Governors have also undertaken specific work to understand their constituents' views using a number of methods, including attending member drop in sessions and attending Town Hall sessions for operational staff.

## **Appointments and Elections**

Governor Elections were held during the year. Election results were announced on 22<sup>nd</sup> November 2021 and the results were as follows:

### **Staff Governors Operational (2 to elect)**

Nicholas Harrison (second term)

Stuart Dane (second term)

Number of eligible voters: 4,209

Total number of votes cast: 596

Turnout: 14.2%

**Staff Governor Non-operational (1 to elect)**

Kirsty Booth (first term)

Number of eligible voters: 496

Total number of votes cast: 189

Turnout: 38.1%

**Public Governor Lower West (2 to elect)**

Andrew Latham (first term)

Matt Morris (second term)

Number of eligible voters: 1,491

Total number of votes cast: 133

Turnout: 8.9%

**Public Governor Lower East (2 to elect)**

Patricia Delaney (first term)

David Romaine (first term)

Number of eligible voters: 1,958

Total number of votes cast: 124

Turnout: 6.3%

**Public Governor Upper East (3 to elect)**

Linda Caine (first term)

Alison Fisher (first term)

Bernie Mayall (withdrew)

Michael Tebbutt (first term)

Number of eligible voters: 3,470

Total number of votes cast: 167

Turnout: 4.8%

**Public Governor for Upper West (3 to elect)**

Ann Osler (first term)

Martin Brand (first term)

Brian Chester (second term)

Number of eligible voters: 2,354

Total number of votes cast: 148

Turnout: 6.3%

The Council has two Appointed Governor vacancies at year end: representing Acute NHS Trust and a Blue Light partner. 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 formal Council meetings by Board members

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.

Name	Role	3 <sup>rd</sup> June 2021	3 <sup>rd</sup> Sept 2021 and AMM	7 <sup>th</sup> Dec 2021	3 <sup>rd</sup> March 2021
Philip Astle	Chief Executive	✓	✓	✓	✓
David Astley	Chair	✓	✓	✓	✓
Terry Parkin	Non-Executive Director	✓			
Laurie McMahon	Non-Executive Director	✓	✓	✓	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	✓
Chris Gonde	NExT Director	✓	✓	-	✓
David Hammond	Chief Operating Officer & Executive Director of Finance	-	✓	-	-
Emma Williams	Director of Operations	-	✓	-	-
Fionna Moore	Medical Director	-	✓	-	-
Bethan Eaton-Haskins	Director of Nursing & Quality	-	-	-	-
David Ruiz-Celada	Executive Director of Planning and Business Development			-	-
Rob Nicholls	Executive Director of Quality & Nursing				-
Ali Mohammed	Director of HR & OD	-	✓	-	-

### Key

✓	In attendance
-	Not in attendance
	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.

Name	Term of office	Committee membership	3 <sup>rd</sup> June 2021	3 <sup>rd</sup> Sept 2021 and AMM	7 <sup>th</sup> Dec 2021	3 <sup>rd</sup> March 2021
David Escudier	First Term 01/03/17- 29/02/20	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓	✓		
Cara Woods	First term 01/01/20- 31/02/23	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓			
Sian Deller	First term 01/01/20- 31/02/23	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓	✓		
Nigel Robinson	First term 01/01/20- 31/02/23	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	-	✓	-	-
Leigh Westwood	First term 01/01/20- 31/02/23	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓	✓	✓	✓
Amanda Cool	First term 01/01/20- 31/02/23	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓	-	-	-

	First Term 01/03/19- 28/02/22	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> <li>• Nominations Committee member</li> </ul>	✓	-	-	
	First Term 01/03/20 – 28/02/22	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓	✓	✓	
Marianne Phillips	First Term 21/06/18- 20/06/21	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓			
Nev Kemp	First Term 20/02/19- 19/02/22		-	-	✓	
Nicki Pointer	First Term 01/03/19- 28/02/22	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> <li>• Nominations Committee member</li> <li>• Lead Governor</li> </ul>	✓	✓	-	
Brian Chester	Second term 01.03.22- 29.02.24	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Comm</li> <li>• Nominations Committee member</li> </ul>	✓	✓	✓	✓
Chris Devereux	Second Term 01/03/19- 28/02/22	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	-	-	-	
Geoffrey Kempster	First Term 01/03/19- 28/02/22	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> </ul>	✓	✓		

		<ul style="list-style-type: none"> <li>• Governor Development Committee member</li> <li>• Nominations Committee member</li> <li>• Inclusion Hub Advisory Group Member</li> </ul>				
Harvey Nash	Second term 22.06.20 – 28.02.22	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓	✓	✓	
Sarah Swindell	First Term 18/04/19- 17/04/22		✓	✓	-	✓
Vanessa Wood	First Term 08/07/19- 07/07/22		✓	✓	✓	✓
Howard Pescott	First Term 06/09/19- 05/09/22		✓	✓	-	✓
Christopher Burton	First Term 01/01/20- 31/02/23	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓	✓	✓	✓
Kirsty Booth	First Term 01/03/22 – 28/02/25	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓
Stuart Dane	Second term 01.03.22 – 29.02.25	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓
Nicholas Harrison	Second term 01.03.22 – 29.02.25	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓

Nigel Willmont-Coles	Second term 08.12.20- 28.02.22	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓	-	✓	
David Romaine	First term 01.03.22 – 29.02.24	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓
Patricia Delaney	First term 01.03.22 – 28.02.25	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓
Colin Hall	Second term 08.12.20 – 28.02.23	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	✓	✓	✓	-
Alison Fisher	First term 22.11.21 – 28.02.23	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>	-		✓	✓
Michael Tebbutt	First term 22.11.21 – 28.02.23	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>			✓	✓
Linda Caine	First term 01.03.22 – 28.02.25	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓
Martin Brand	First term 01.03.22 – 29.02.24	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓

Ann Osler	First term 01.03.22 – 28.02.25	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓
Matt Alsbury-Morris	Second term 01.03.22 – 29.02.25	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓
Andrew Latham	First term 01.03.22 – 28.02.25	<ul style="list-style-type: none"> <li>• Membership Development Committee member</li> <li>• Governor Development Committee member</li> </ul>				✓
Cllr Sinead Mooney	First term 06.12.21 – 05.12.24				✓	✓

Key	
✓	In attendance
-	Not in attendance
	Not in post

## Patient safety and quality improvement

This section sets out a summary of our approach to quality improvements and our achievements and areas of focus in the past year. This incorporates:

- Our approach to learning and serious incidents in particular
- Compliments and complaints
- Safeguarding

### Incidents

Incident reporting is central to improving patient safety within an NHS Trust. During the financial year of 2021/22 the Trust have another increase of incidents reported through the Datix system. This shows the Trusts commitment to patient safety and gaining from lessons learned from these incidents.

#### Total incidents reported

Fiscal Year	Number of Incidents Reported	% Increase on Previous Year	Number of 'Jobs' into the Trust	% of 'Jobs' resulting in Accident
2018/2019	9,216	23%	717,665	1.3%
2019/2020	11,503	25%	760,565	1.5%
2020/2021	13,983	25%	741,767	1.8%
2021/2022	17,254	12.3%	757,989	1.2%

Over the past 12 months the Trust have built on the work from 2020/21 financial year. There is a culture in the Trust in taking the lessons learned from incidents rather than of a blame culture. There will be wider Trust work carried in 2022/23 to broaden the reach of learnings coming out of incidents. It can also be seen that a culture of reporting incidents is still evident from the year-on- year increase.

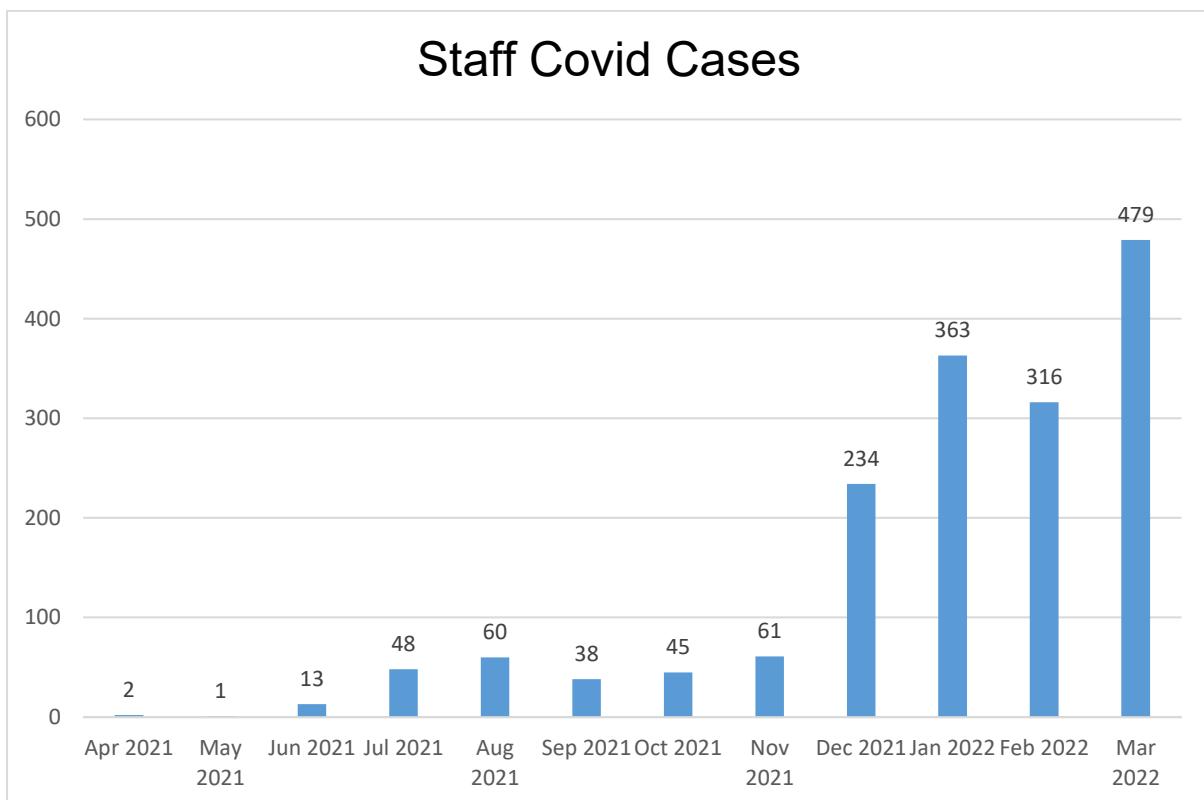
The below demonstrates an increase year-on-year in relation to specific types of incidents reported in the Trust (discrepancies with data above attributable to incidents awaiting investigation and validation of categorisation).

	Financial Year 2020/2021	Financial Year 2021/2022	Increase Year on Year
Patient/Service User	5,548	7,302	7.5%
Affecting Staff	4,999	5,696	1.1%
Incident Affecting the trust	3,186	3,756	1.0%

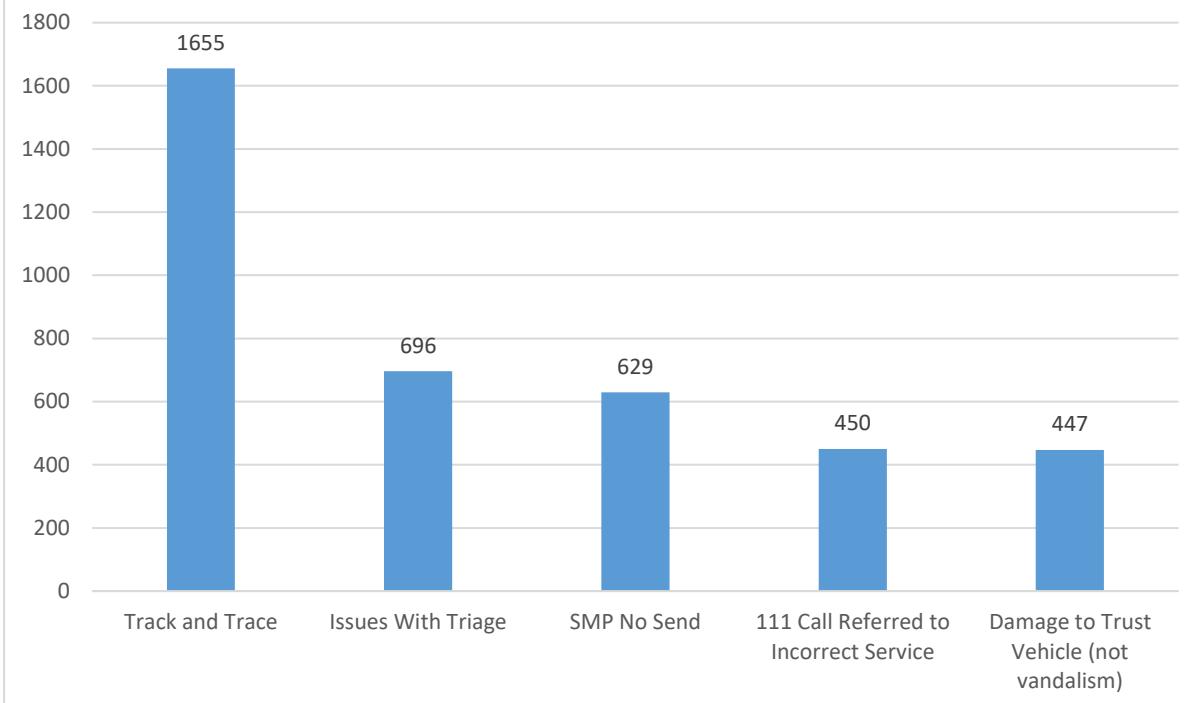
Incident Affecting Visitors	179	359	4.9%
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One of the contributors to the increase in the figures is a result of **Track and Trace**, this subcategory is used for staff that are isolating or have COVID-19. The Trust saw an increase on the impact of Omicron variant in December 2021 and these cases have increased over the three-month period from January through to March 2022. Please see the below breakdown by month.

The top five categories of incidents reported during 2021/22, which can be seen below have not changed dramatically from that of 2020/21 financial year. This shows the on-going pressures and demand on the service. The Trust have been in REAP4 status for the majority of 2021/22, and this looks set to continue in 2022/23.



## 2021/22 Top 5 Subcategories



## Patient experience

As with the wider NHS the Trust continues to see an increase in demand for our services which has been reflected in the number of complaints that we have received which is up by 51% over the same period last year. It should however be noted that the Trust had a reduction in the number of complaints received in the 2020/21 period of 22.5%. If compared with the average number of complaints that were received in pre-pandemic years 2019/20 - 939, 2018/19 – 1,003 and 2017/18 – 1195, with an average of 1045, there is a slight increase during the last year of less than 3.5% to 1079.

During the first and second lockdown in 2020 the Trust increased the number of days to respond to complaints from 25 to 50 working days. The decision was taken this year after consulting with other ambulance and acute trusts to reduce this to 35 working days although many other Trusts have kept a 60 working day timescale.

The Trust closed 1016 complaints during the reported period, with 82.5% closed within 25 working days and 11% closed within 25 - 35 working days and 6.5% closed over 36 working days. The average response time was 18 working days. During the investigation period all complainants were kept informed and advised if there was a delay.

## Compliments

The Trust received 2011 compliments during the reported period which showed a 9% decrease on the same period last year. Compliments are recorded on the Trust's Datix system (electronic patient safety and risk management software system), alongside complaints, so that both the positive and negative feedback is captured and reported back to operational staff.

The staff member(s) concerned receives a letter from the Chief Executive in recognition of the dedication and care they provide to our patients. During 2021/2022 the Trust received 2011 compliments, the number of compliments received in 2020/21 was 2190.

## Compliments by service/operating area and month

Service / Operating Unit by month	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Ashford OU	15	6	13	15	11	4	10	18	13	10	13	16	144
Brighton and Mid Sussex OU	28	16	16	16	15	15	14	17	12	23	9	11	192
Chertsey OU	18	6	5	12	22	7	12	4	8	13	13	12	132
Gatwick and Redhill OU	38	29	34	17	23	17	25	27	21	29	31	26	317
Guildford OU	9	10	16	14	9	6	13	11	5	23	12	14	142
Medway and Dartford OU	16	23	19	23	18	8	16	16	14	18	20	16	207
Paddock Wood OU	23	7	6	15	11	11	16	12	18	17	11	15	162
Polegate and Hastings OU	18	18	12	12	19	7	20	13	17	17	16	11	180
Tangmere and Worthing OU	15	17	22	25	23	14	21	12	15	20	29	14	227
Thanet OU	20	14	11	11	6	15	17	10	11	24	8	10	157

HART	2	2	0	1	2	1	0	1	1	0	1	0	11
KMS 111 IUC	0	1	0	3	6	2	2	1	7	6	5	2	35
East EOC	0	1	0	1	0	1	1	0	3	2	1	2	12
West EOC	1	1	0	1	5	2	1	1	1	3	3	3	22
Community First Responder	1	0	0	0	0	0	1	3	0	1	1	0	7
Private Ambulance Provider	4	8	8	5	7	0	6	4	4	7	6	5	64
Total	208	159	162	171	177	110	175	150	150	213	179	157	2011

These compliments provide a welcome boost for our staff especially during the difficulties they have endured throughout the ongoing pandemic.

Our operational staff received 1871 compliments from the 688,408 attendances they made, this is equivalent to one compliment for every 368 attendances.

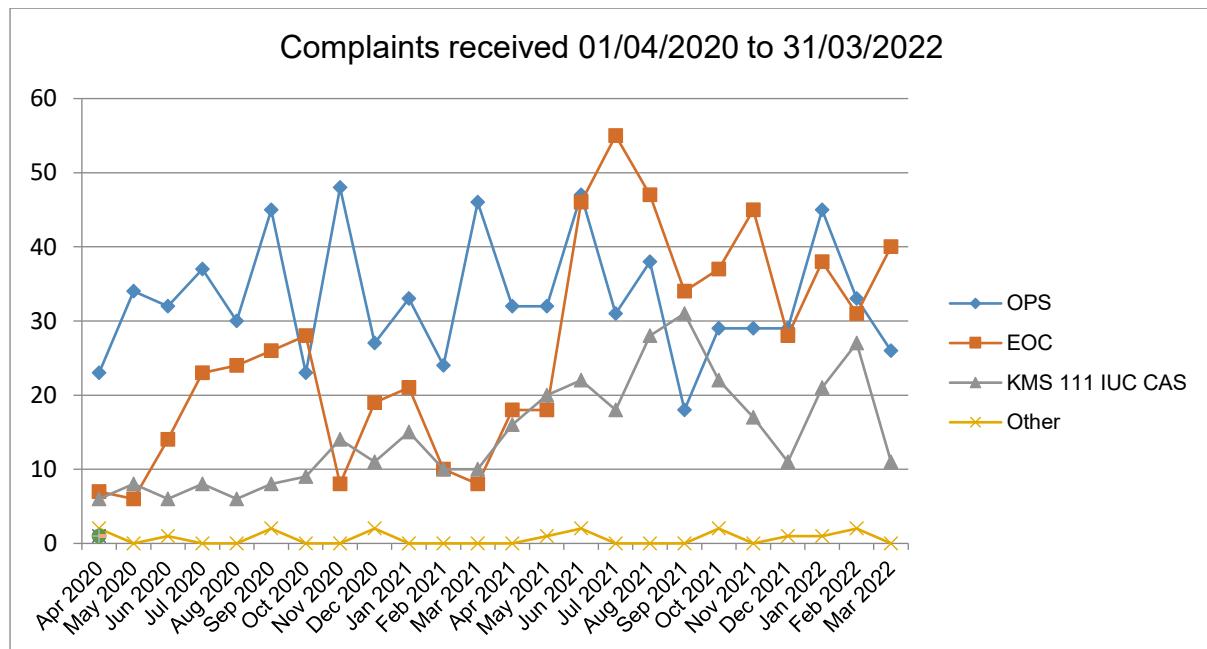
## Complaints

The number of complaints received by the Trust for the reported period was 1079, this shows an increase of 51%. However, it should be noted that the Trust experienced a reduction of just over 24% during last year when the Trust received 714 complaints.

During 2021/2022

- Our Emergency Operations Centre staff answered 923,808 calls.
- Our A&E road staff attended 688,408 responses to patients.
- Our NHS 111 staff took 1,108,963 calls.

## SECAmb complaints over the past two years:



## Feedback from Care Opinion website:

We value, and act on all, the feedback from patients, their families, and carers however these are received. We monitor and respond to feedback that we receive from Care Opinion.

During 2021/22, the feedback from them was:

	Compliments	Complaints
Care Opinion	8	2

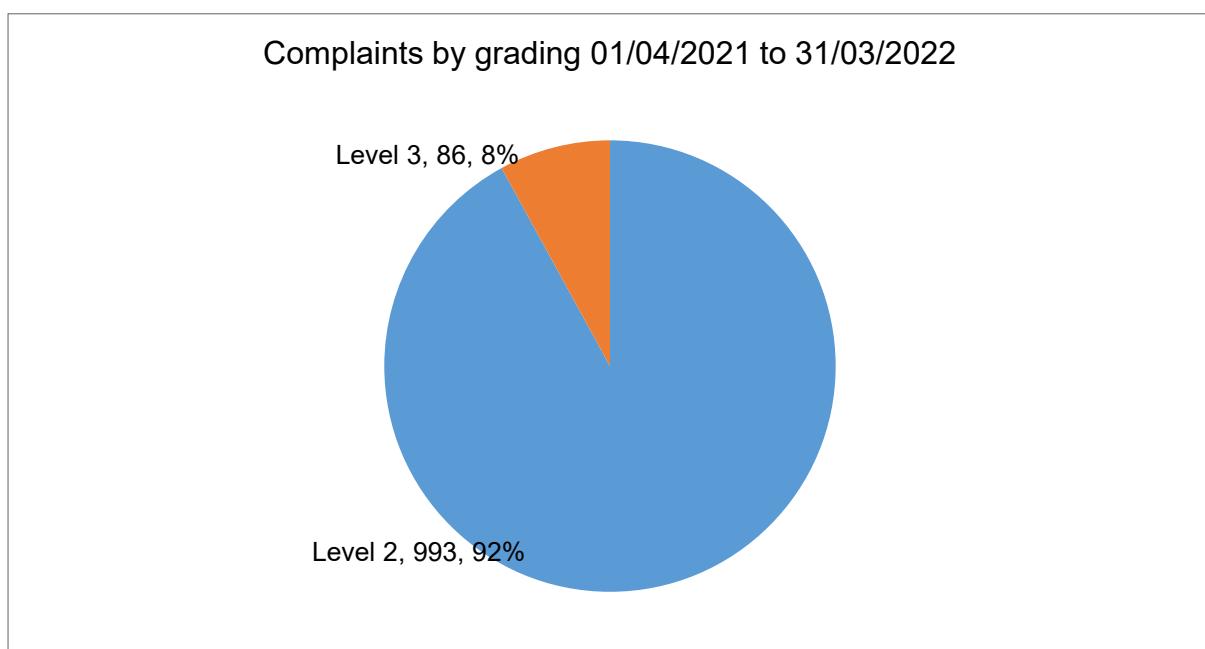
This is compared to the previous year, 2020/21, when feedback was:

	Compliments	Complaints
Care Opinion	6	2

When complaints are received, they are reviewed and graded according to their apparent seriousness; this ensures that they are investigated proportionately. The two levels used for investigations are:

- Level 2 – a complaint that appears to be straightforward, with no serious consequences for the patient / complainant, but needs to be sent to a manager for the service area concerned to investigate.
- Level 3 – a complaint which is serious, having had clinical implications or a physical or distressing impact on the patient / complainant, or to be of a very complex nature.

Most complaints received during 2021/22 were graded as level 2 (92%), with the remaining 8% as level 3. The level of grading given to a complaint when received is reviewed once the investigation has been completed and may be increased or downgraded dependent on the outcome.



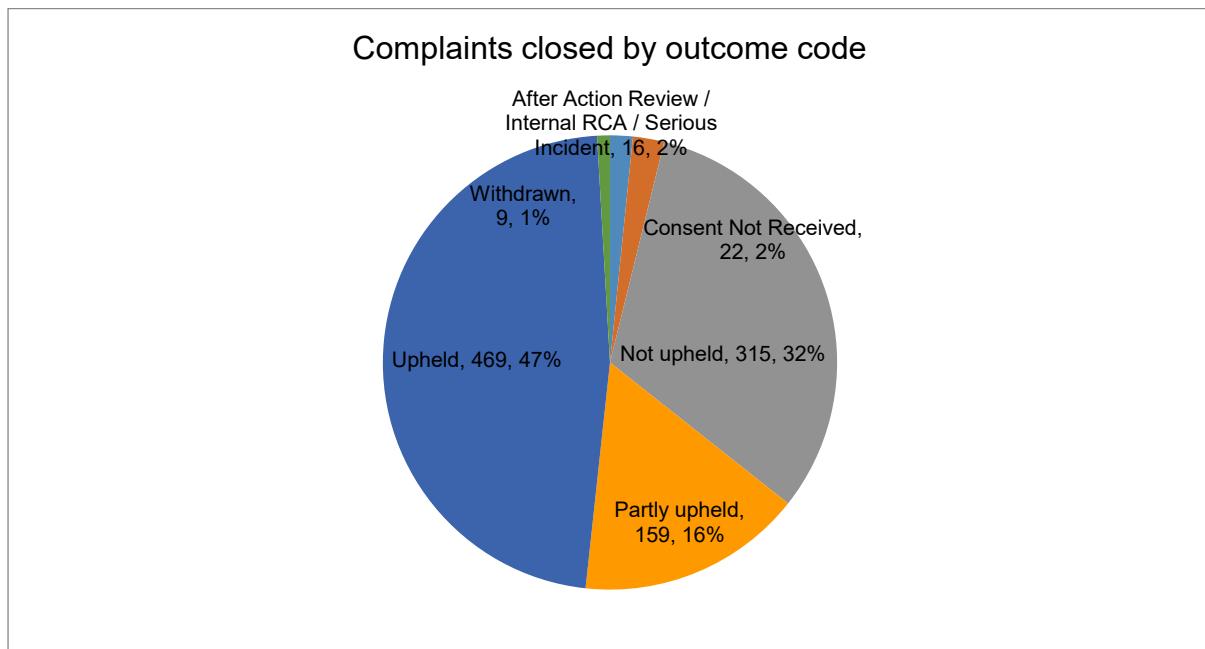
Complaints are categorised into subjects and can be further distinguished by sub-subject to help with identifying trends.

Complaints received during 2021/22 by subject and service area:

	OPS	EOC	KMS 111 IUC CAS	Other	Total
Administration	1	1	1	1	4
Communication issues	2	6	4	0	12
Concern about staff	250	22	24	4	300
Information request	0	0	0	1	1
Miscellaneous	5	2	1	0	8
Patient care	122	166	73	3	364
Timeliness	3	238	148	0	389
Transport	1	0	0	0	1
Total	384	435	251	9	1079

When a complaint is concluded, a decision is made by the Investigating Manager to either uphold, partly uphold, or not uphold the complaint, based on the findings of their investigation. During 2021/2 1016 complaints were responded to; of these 63% were found to be upheld or partly upheld. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'. If a complaint is made regarding more than one issue, and one or more of these issues are upheld, the complaint is recorded as 'partially upheld'. The outcome from complaints is shown in the figure below:

### Complaints by outcome, 2021/22



There are a small number of complaints that are closed due to consent not being received from the patient to disclose information from their medical records. However, these complaints are still investigated and any learning that is identified by the investigating manager implemented. There are also a small number which are withdrawn by complainants who specifically request an investigation does not take place and asks us to withdraw their complaint. There were 31 such complaints in the reported period. There are also some complaints that are reviewed by the Serious Incident Group, and if they result in a Serious Incident / Internal Root Cause Analysis / After Action Review the complaints are closed and the complainant informed of the new timescales for the investigation to be completed.

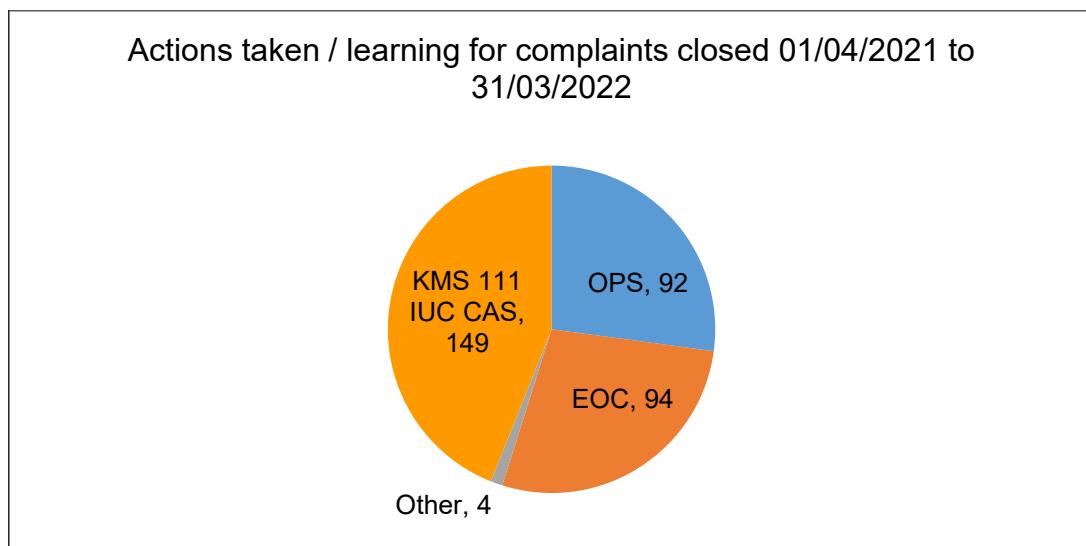
Previously, the Trust's agreed timescale within the complaint's procedure was for 90% of complaints to be responded to within 25 working days. This timescale was extended during the pandemic to 35 working days. Complainants have been very understanding of this increased timescale and appreciate the pressure the NHS as a whole are under.

Directorate	Number of complaints closed within 25 working days	Number of complaints closed within 35 working days	Number of complaints closed over 35 working days	Overall number of complaints closed
OPS	246	63	58	367
EOC	370	23	9	402
KMS 111 IUC CAS	214	21	3	238
Other	9	0	0	9
Overall	839	107	70	1016

Despite the pressures of the ongoing pandemic the Trust managed to close 82.5% of complaints within 25 working days and 93% within the extended 35 working days.

## Learning from complaints

Lessons from complaints throughout 2021/22 have again been wide ranging.



339 actions were identified from complaints and, examples of specific learning and changes made because of complaints include:

- Issue raised with NHS Pathways triage system at a national level include:
  - Patients who have suffered head injuries whilst taking anti-coagulants
- Shared learning documents sent to staff in a specific role to disseminate learning, these include:
  - Guidance for NHS111 staff on palliative care patients.
  - Medication provided outside of the UK.
  - Callers with communication problems.
- Introduction of systems to support the use of 'What3Words' to make it easier for our crews to find people in rural locations.
- One-to-one feedback/coaching for individuals, such as meeting with the End-of-Life Care Lead to enhance understanding.
- New Operational Instructions being issued to all frontline staff.
- Organisational focus on performance to avoid delayed responses to patients.

### **Parliamentary and Health Service Ombudsman**

Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for review. When the Ombudsman's office receives a complaint, they contact the Patient Experience Team to establish whether there is anything further the Trust feels it could do to resolve the issues. If we believe there is, the PHSO will pass the complaint back to the Trust for further work. If the Trust believes that local resolution has been exhausted, the PHSO will ask for copies of the complaint file correspondence to review and investigate.

In the year 2021/22 the PHSO only contacted the Trust to ask for copies of one complaint file. There was one case from 2020/21 that following the Ombudsman review resulted in the Trust being asked to pay £500.00 to the complainant.

### **Patient Advice and Liaison Service (PALS)**

PALS is a confidential service to offer information or support and to answer questions or concerns about the services provided by SECAmb which do not require a formal investigation.

The table below details the number of PALS enquires received by the Trust during 2020/21 and 2021/22:

Type	2020/21	2021/22	Percentage difference
Concern	96	83	-13%
Enquiry	27	18	-33%
Information Request	356	452	+27%
Overall	424	553	+30.5%

Most requests for information are Subject Access Requests, where patients or their relatives require copies of the Electronic Patient Clinical Record (ePCR) completed by our crews when they attended them, or recordings of 999 or NHS111 calls, for a range of reasons. These requests are dealt with in accordance with the General Data Protection Regulations. The implementation of the new ePCR has streamlined the process.

Other contacts are requests for advice and information regarding what to expect from the ambulance service, people wanting to know how they can provide us with information about their specific conditions to keep on file should they need an ambulance, calls about lost property, and on occasion, families wanting to know about their late relatives' last moments.

## **Central Alerting System**

The Trust uses Datix to store and hold all its safety alerts received through the CAS. This allows the alerts to be disseminated to multi-skilled staff in relevant departments for review. There are several email groups set up within the Datix system which include contacts from estates and facilities, pharmacy colleagues, medical equipment groups and medical directorate staff. Depending on the nature of the alert received it will be cascaded from Datix via email to one or more of these groups to provide assurance as to whether any actions are required from the Trust to ensure the safety of our patients and crews.

SECAmb is committed to cascading information from the Central Alerting System (CAS) to ensure safety critical information and guidance is disseminated and any subsequent actions are implemented to inspire learning, knowledge, and best practice throughout the Trust.

Since 2018 CAS was managed by the Trust's Datix Team but noting how key the alerts are to patient safety as well as wider safety management, the function was transferred to the Quality and Safety Lead in the last quarter of 2020. This work stream continues to undergo development and improvements within the safety alerts module on Datix, to ensure the existence of an agreed Trust procedure for handling all alerts and the evidence of implemented actions.

Alerts are developed and issued by NHS Improvement, NHS England, Medicines and Healthcare Regulatory Agency, Chief Medical Officer (CMO) or NHS Estates and Facilities. Upon receipt of an alert via CAS, and after an initial assessment, it is cascaded to the most appropriate leads in SECAmb for ongoing review, dissemination to relevant staff for information purposes and implementation of actions. Alerts will relate to medical devices, patient safety, field safety notices, drug alerts or CMO alerts. Many alerts are more acute hospital specific and not relevant to ambulance trusts and can be closed immediately after initial review, however there are still many that are more generic and relate to medications or equipment that are relevant.

The clinical workforce within the 111 Clinical Assessment Service has expanded to include various registrant skill sets to support joint working and enhance clinical

decision making and learning across the Trust. This has led to the need to disseminate some of the safety alerts that come through to the 111 clinicians, providing them with information relevant to their roles and enhancing the assessments they undertake on patients by providing them with relevant knowledge.

During 2021/2022 170 alerts were received by SECAmb, the breakdown of their source is shown below.

<b>Alert Generated by</b>	<b>Number received during 2020/2021</b>
CMO Messaging	21
MHRA Medical Devices	4
Department of Health Supply Disruption	13
National Patient Safety Agency	11
Central Alerting System Helpdesk	7
MHRA Drug Alert	58
Department of Health	1
MHRA Field Safety Alerts	54
NHS Blood and Transplant	1
<b>Total</b>	<b>170</b>

Upon receipt, all alerts are disseminated to the most appropriate senior team for assessment and where appropriate, a response. The breakdown below shows the action type status for all alerts logged within the reporting period.

<b>Action type</b>	<b>Number received during 2020/2021</b>
Information only	45
Action required ongoing	2
Action not required	74
Action completed	7
Disseminated to 111 clinicians	6
Acknowledged	36
<b>Total</b>	<b>170</b>

Nine of the alerts required action by the Trust and six additional alerts required dissemination to 111 clinicians. The above highlights that the majority of the alerts did not require any actions or were distributed in the Trust for information purposes.

## Safeguarding

Throughout 2021/22 South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has striven to meet its statutory responsibilities in the care and protection of patients of all ages.

In 2021/22, a total of 23,751 referrals were received: 19,154 for adults and 4,597 for children. This equates to an increase of 12.85 per cent compared to the previous year. All referrals continue to be reviewed by members of the Safeguarding team before forwarding to the relevant local authority. Over the past four years the Trust has seen a 75% rise in safeguarding referral numbers.

The year-on-year increases in safeguarding referrals demonstrates a continued awareness amongst all staff of harm, abuse and neglect and shows that they can respond by escalating through appropriate channels. Additionally, there will be other extrinsic factors, for example high profile media cases will often highlight and draw attention to forms of abuse, and cuts in social care budgets and other supportive organisations may mean ambulance practitioners are seeing a greater degree of neglect. However, this figure is a positive indicator that staff, and volunteers continue to recognise and act on concerns.

2021/22 the safeguarding team began to use social issues as a primary concern option. This has enabled the team to triage to better understand the needs of the patients that are referred in and ensure they are shared with the most appropriate team including adult and children social care. Social issues (excluding overt abuse or neglect) counted for nearly 40% of the total referrals received. Further referral activity during the year has seen a 46% per cent rise in concerns for patients' mental health. There are no obvious themes that provide a cause, however, the wider impact of the increased cost of living, the grief of losing a family member during the pandemic and general reduction in the stigma of mental health may well have played a contributory factor.

During 2021/2022, Safeguarding training continued to take place via Microsoft Teams. The training was constantly updated following relevant changes in legislation and outcomes from multi-agency reviews where SECAmb have participated.

The trends of note seen in Safeguarding Adult Reviews and S42s concerns included self-neglect and those who may refuse onward referral where their self-neglect is affecting their mental or physical health or having an impact on others around them. Extra guidance with a focus on self-neglect and professional curiosity was added to ensure that staff with patient interface had an enhanced knowledge of these areas.

Several areas of good safeguarding practice have been highlighted during 2021/22. For example, SECAmb have been involved with working closely with a number of key partners in supporting care homes across Surrey Heartlands footprint. This work was supporting them to recognise a deteriorating clinical picture of a number of residents within the care home. Following early intervention and escalation to the Operational Team Leaders by crews on scene, the safeguarding team were able to initiate early conversations with system partners, commissioners and local authority to implement

contingency planning. SECAmb were commended by the CQC in the work that was carried out in minimising risk to vulnerable members of society.

SECAmb remain the only UK ambulance service to provide a 24/7 on call safeguarding function, ensuring a specialist practitioner is available to provide subject matter expertise and clinical leadership to frontline practitioners. This service has received exemplary feedback.

The safeguarding team have also work closely with Kent Children's social care and the Kent Health Visiting Service to develop new referral pathways to benefit patients by ensuring their referrals are getting to the right place in a more timely way. It also ensures that the referral is not needing to be passed through many teams making the safeguarding pathway more personal for that patient.

**Board Sponsor**

A handwritten signature in black ink, appearing to read 'Robert Nicholls'.

**Robert Nicholls, Executive Director of Nursing & Quality**

## Information Governance (IG)

The Trust's information governance framework continues to evolve and develop to support internal and external partnership requirements. Compliance is integral to the ongoing clinical integrations of shared patient care records relating to our ICS', the Trusts BAU activities, and continued data processing under COVID 19.

This framework is fully embedded within the organisation and ensures that the Trust meets its statutory legal requirements in line with data protection legislation, namely the UK General Data Protection Regulation (GDPR) 2016 and Data Protection Act 2018. These two key pieces of legislation provide individuals with stronger rights over how their personal information is used and processed, and places greater accountability on organisations. The fines and reputational damage incurred by organisations for information governance breaches under this legislation remain significant.

The Trusts IG framework was extended further in relation to the COVID 19 pandemic which has seen an increase in external and internal data processing. At an internal level this additional data processing related to internal vaccination programmes, test and trace and the monitoring of cases. All processing of data has remained in line with legislation with internal assurance met through the completion of specific COVID -19 assurance documentation: short form Data Protection Impact Assessments, Records of Processing Activities, transparency materials and documented data flows.

Whilst new temporary legislation was issued at the start of the pandemic in the form of a COPI Notice (Control of Patient Information Notice) this legislation is due to cease on the 30 June 2022. This legislation provided organisations with a legal basis to share patient information in relation to the pandemic. At the time of writing the Trust is awaiting national instruction / guidance in relation to next steps.

Engagement and awareness within the Trust remain positive, despite the challenges due to the ongoing travel restrictions in place following the start of the pandemic and many corporate functions continuing to work within an agile environment. However, the Head of Information Governance / Data Protection Officer has continued to take a proactive approach and utilise Trust technologies to ensure engagement continues. The Information Governance Working Group remains operational and includes widespread membership, comprising of Senior Managers, the EOC 999 and NHS111 service portfolios. However, due to demand and capacity pressures during 2021 / 2022 meetings have on occasion been deferred and alternative methods of communication have been used to provide assurance.

The Trust has continued to develop and implement its clinical integration programmes and work remains ongoing with its partner organisations and ICS groups within the Kent, Surrey, Thames Valley, and Sussex localities. Access to read only shared patient care records for Kent, Surrey and Thames Valley is now in place for the 999 and 111 services with the Trust looking to provide / upload data into these shared patient care records during Quarter 3 2022 .

This integration of these shared patient care records is a significant milestone and will support the ongoing delivery of patient care leading to better outcomes. These workstreams have involved the review and completion of complex IG and IT assurance with robust checks and balances taking place prior to implementation. Ongoing collaboration with the Trusts IT department provides technical expertise, ensures adherence to national mandated standards. Our partnership working alongside our partner ICS organisations has also been paramount.

Openness, transparency and compliance with the UK GDPR and data protection legislation continues to be evidenced. The Trust utilises its external and internal intranets to provide advice and guidance relating to information governance. This holds a suite of Privacy Notices relating to services within the Trust, accompanying information leaflets with information on the public facing website continuing to be reviewed and updated. This includes information relating to data sharing, COVID 19, Data Subject Access requests, and the National Data Opt Out scheme.

Confidentiality and compliance with data protection legislation is and remains at the forefront of our organisation. As an Ambulance Trust, we process a significant volume and variety of personal data: this information relates to our employees, contractors and the patients who enter our service. To ensure compliance, conformance, and ongoing awareness the completion of mandatory Trust wide IG training continues on an annual basis. This modulised training is reviewed and updated annually by the Head of Information Governance / Data Protection Officer and republished on the 1 April each year. Completion provides assurance that all staff are aware of their individual roles and responsibilities around maintaining confidentiality, appropriate sharing, and processing of personal data with a legal basis.

IG Training completion remains a mandatory requirement under the Data Security & Protection Toolkit. The toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All NHS organisations and those providers of services which process NHS patient data and utilise systems must complete this assessment on an annual basis. It is also an NHS contractual requirement.

Despite the ongoing COVID - 19 restrictions the toolkit was remotely audited by our internal auditors in April 2021, with a satisfactory level of assurance attained.

The completion of Data Protection Impact Assessments (DPIA) is a mandatory requirement under the UK GDPR. These are completed in instances where there are changes to systems or processes involving personal data. Completion identifies any data protection risks, ensures compliance with data protection legislation, and provides documented internal assurance. This process is fully embedded within the Trust with a dedicated information page available within the Trust's website and intranet.

## **Collaborative Working**

Fundamental to the success of the Trusts information governance agenda is the continued ongoing strategic development of an IG-aware culture. This is essential as

the Trust continues its integration of shared patient care records within the health and social care setting and ongoing collaborative working with its ICS' and partner organisations.

During 2021 / 2022 external IG support was sourced to support the ongoing demand and activity within the IG portfolio, as a result of this the Head of Information Governance will be looking to increase the portfolio further during 2022/2023.

The ongoing pandemic and continued travelling restrictions have meant that independent face to face IG service visits with operational teams have not taken place. However, the Trust continues to utilise its existing software solutions to ensure that it can provide accessible remote based advice and guidance.

The Head of Information Governance / Data Protection Officer continues to work proactively and collaboratively at a national and local level with regular attendance at the national NHSx DPO forum and with the National Ambulance Information Governance Group. At a local level membership with the Sussex and Surrey Information Governance Groups and locality ICS groups ensures best practice. This collaborative working provides a professional forum for shared learning and remains a vital component as we continue our critical clinical integration work with partner organisations across Kent, Sussex, and Surrey localities.

### **Forward Plan 2022 / 2023**

The Trust needs to continue to strategically develop its existing framework with the promotion and implementation of IG awareness and compliance. With increased, complex data sharing and the integration of clinical systems within the health and social care setting, compliance with Information Governance remains a vital element. It is anticipated that COVID-19 restrictions will relax during 2022 / 2023 which will enable the IG portfolio to become more visible. There is a need to recommence with face to face, on site meetings, and conduct service visits all of which will provide assurance and evidence compliance. In instances where this is not possible, the Trust will continue to utilise its internal IT systems which have served the organisation so well since 2020.

Spot checking and Data Protection by Design audits are fundamental, and a requirement of the Data Security and Protection Toolkit. These audits will continue with findings formally recorded and presented to the IG Working Group for review and assurance.

### **Reportable IG Breaches 2021 / 2022**

The Trust is an open and transparent organisation, and reports all significant IG breaches to its regulator, the Information Commissioners Office (ICO).

During this reporting period (April 2021 – March 2022) the Trust reported 2 breaches to the ICO, both related to a breach of confidentiality.

In accordance with established Trust process these breaches were formally graded by the Head of Information Governance/Data Protection Officer and forwarded for scrutiny by the Trust Caldicott Guardian and Senior Information Risk Owner (SIRO).

Following review, these were then formally recorded through the Data Security & Protection Toolkit and reported to the ICO.

In each instance, the breach was internally reported, and shared learning completed within the relevant portfolios. The Trust IG Working Group, whose membership includes the Caldicott Guardian, SIRO, and Heads of Department were also presented with a formal anonymised report summarising the breaches which have taken place. Open, transparent information has also been imparted in each instance to the ICO and a full succinct response provided.

## **Key Indicators 2021/22: Patient Safety**

### **Indicator 1: Infection Prevention Control**

The aim for 2021/22 was to maintain compliance with the national guidance relating to the COVID-19 pandemic, whilst still ensuring that all over infection prevention and control (IPC) procedures were being followed by staff to help minimise the risks of healthcare associated infection; staff have a duty to safeguard the wellbeing of patients and members of the public.

The Trust did not achieve compliance in all areas of IPC practice shown via the IPC audit results, with a decline in both hand hygiene and vehicle cleanliness standards for the whole year. The reasons for a drop in compliance have been reviewed by the IPC Team with actions in place to improve compliance. The team has also supported the staff carrying out the audits as some of the decline was due to incorrect completion of the audit tool.

One area of good compliance was seen in the use of the correct Personal Protective Equipment (PPE) due to constant communications to all staff throughout the year which helps to decrease transmission rates of healthcare associated infections. It also benefits in reducing the loss in hours due to IPC related sickness which again impacts on patient safety due to the number of resources being available to take and attend calls.

The final figure for level 2 IPC training completion was at 92.03%. Considering the pandemic, regular key messages on IPC pertaining to the pandemic, including hand hygiene and correct use of personal protective equipment, were reinforced continually throughout the year using a variety of communication methods including pictorial and regular webinars.

Throughout the year the Trust's focus has been controlling the COVID-19 pandemic and ensuring that both patients and staff are safe, and that guidance is up to date with all the latest evidence-based practice.

The continuation weekly calls for the Covid Management Group (CMG) along with a dedicated COVID Management Team has enabled the IPC Team to focus on providing the Trust with all the specialised advice and guidance required during the pandemic: partnership working with all departments has never been better throughout the whole Trust.

Some of the key areas of focus during the year were:

- Partnership working with Kent, Sussex, and Surrey IPC Forums
- Attendance on the South East Regional IPC calls
- Track and Trace Team for staff related COVID-19 incidents
- Outbreak Management Framework developed and implemented to trace contacts prevent spread of outbreaks for all infections
- Working groups to address emerging issues associated with the pandemic
- The Trust pro-actively collaborated with all ambulance trusts nationally to agree robust processes related to the pandemic.
- IPC trained support available on call 24/7 to all managers and our crews.
- Planning and delivery of the COVID-19 / Seasonal Flu vaccination programme

In addition to all the above the Trust continued to support / meet other statutory responsibilities relating to IPC including auditing, training.

This year the flu vaccination was delayed for two reasons. The supply issues from the manufacturer and a decision made to do a joint vaccination with the COVID-19 Booster vaccine. The uptake for the flu vaccination was lower than in previous years with only 63% of patient facing staff and 63% non-patient facing staff receiving the vaccine.

Lessons learnt have been added to next year's programme and the first meeting of the flu vaccination programme team has been scheduled for April 2022.

**Board Sponsor**



**Robert Nicholls, Executive Director of Nursing & Quality**

## Strategic Partnerships & System Engagement

### Overview

The Trust continues to work with system partners across its four integrated care systems (ICSs), Frimley, Surrey Heartlands, Sussex, and Kent & Medway.

These partnerships are viewed as the platform for the successful delivery of transformation, which have already been demonstrated through a whole-system response to the COVID-19 pandemic, where newly developed interdependencies between system partners and NHS England/Improvement were evident.

Whole-system working is reinforced by the NHS Long Term Plan and all partner providers are expected to work within these structures for planning, commissioning, and the delivery of services. The Trust's updated strategy, published in October 2020, reflects this focus specifically through two of its four key priority areas, *Delivering Modern Healthcare for our patients and System Partnership*.

Whilst there are common features across the region, each ICS is at different stages of development, has differing and emerging structures, and has some key and unique workstreams responding to local challenges and population needs.

All four ICSs have now established their integrated care boards (ICBs) and are progressing their system development plan (SDPs) which will operate as the mechanism for establishing each ICS Partnership and statutory ICS NHS Body. Place-based plans have also been developed and these will mature over time as further guidance and legislation are progressed.

Each ICS and 'place' have numerous workstreams and sub-workstreams with a variety of agendas. Priority enablers for system transformation across the region include leadership and culture, workforce transformation, research and innovation, finance and estates, digital and data analytics (e.g., population health), and public involvement.

Key system workstreams that the Trust currently supports centre around Urgent & Emergency Care (UEC) and include 999 & 111 services, primary care and community health services, urgent treatment centres (UTCs), hospital flow and discharge, mental health, stroke & vascular care, and frailty.

Moving forward the Trust will have the potential to influence and shape the future of health and social care within the region, however, will also likely be expected to participate at several ICSs and 'places', and will therefore need to consider differing needs, governance and levels of transformation as it operates as a regional provider of integrated urgent and emergency care services.

### Ongoing initiatives

The Trust is currently focused on several strategic partnership initiatives including:

- **UEC recovery** – the Trust continues to support all four systems and regional partners by working together to ensure UEC services have resilience. Key areas of focus include working across the 999, 111, primary care and community health services to help jointly manage the demand for UEC services, promoting greater use of urgent treatment centres (UTCs), Same Day Emergency Care (SDEC) pathways

and improving hospital flow and discharge (i.e., hospital handover delays). The Trust has worked with system partners to jointly develop hospital handover principles in support of this workstream.

- **Same Day Emergency Care (SDEC)** – the Trust is working with regional NHSE and ICS partners to progress access to Same Day Emergency Care (SDEC) pathways for emergency patients who would otherwise be admitted to hospital. Under this care model, patients referred to a hospital with relevant conditions can be rapidly assessed, diagnosed, and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.
- **Urgent Community Response (UCR)** – the Trust is working with regional NHSE and ICS partners to progress access to Urgent Community Response (UCR) services that improve the quality and capacity of care for people through the delivery of urgent, crisis response care within two hours and/or reablement care responses within two days.
- **Clinical Assessment Service (CAS)** – a broadening of the multi-professional workforce within the Trust's contact centres, which sees services hosted physically or virtually, enhances the clinical expertise available to provide input and resolution to calls received via 999 and 111.
- **NHS 111 First / Direct Access Booking (DAB)** – Direct Access Booking (DAB) functionality now enables the Trust's NHS 111 service to directly book appointments within emergency departments, urgent treatment centres and primary care services.
- **Falls and frailty** – the Trust is continuing to focus on developing consistency in system-led approaches to falls, frailty and end-of-life care pathways, ensuring enhanced access to specialist advice and services when needed (e.g., virtual wards).
- **Enhanced Health in Care Homes** - the Trust has led a regional campaign to provide frequent caller data, trends, incident outcomes, guidance, and care plan visibility, identifying key care home support requirements within each system. Care home-specific 111/999 UEC guidance places a focus on community pathways and non-injury falls.
- **Mental health** – the Trust remains actively engaged with the three mental health trusts operating across its four ICSs, improving existing and developing new pathways in addition to increasing the mental health offer within the 999 and 111 contact centres. Additionally, an evaluation of the ambulance street triage pilot is currently underway, which aims to inform future system approaches to mental health models of care.
- **Stroke care** - extensive involvement with system-led stroke reconfiguration work continues to support the revised pathways across Kent & Medway, Surrey, and Frimley, and developing pathways across Sussex, ensuring any resource impacts are modelled and highlighted where needed. New technology developments in Kent & Medway have been shared wider to enable best practice region-wide and engagement with the newly formed Integrated Stroke Development Networks (ISDNs) will ensure that future learning is shared.

- **Digital** - the Trust continues to deliver on its digital programme to support integration, automation, and innovation, including further development and implementation of the 111 Clinical Assessment Service (CAS), 111 Direct Access Bookings (DAB), NHS Service Finder and Business Information (BI) dashboards. Additionally, the Trust continues to work with the four ICSs to enable access to shared care records (e.g., Graphnet), which through working alongside primary care, community and acute trust partners will enable improved patient oversight, support, experiences, and outcomes.

### **Working with our local stakeholders**

As the pandemic continued during the year, the Trust continue to share daily updates with local stakeholders using the Common Operating Picture report. This provided an over-arching summary of enabled focus on responding to the pandemic while keeping system partners in the loop and continued to be a useful addition to the numerous system-wide operational meetings held on a frequent basis.

During the year, partnership working continued to be vitally important as the impact of the pandemic was felt by all partners.

In addition to the emerging Integrated Care Systems (ICSs) within our region (about which you can read more elsewhere in the report), there are a number of other key stakeholders for the Trust.

We are served by 44 MPs within our region, with representation from the four main political parties. Amongst local MPs are members of the Cabinet and Shadow Cabinet. Our in-person briefing programme for was paused during this year due to restrictions caused by the pandemic, however our Chief Executive and Chairman held regular virtual sessions with local MPs on how the Trust was responding to the pandemic as well as engaging with them individually around particular strategic or operational issues as needed.

Within our area, the Trust is accountable to the following six Scrutiny Committees, covering the local government areas within our region, who are also partners in local Health and Wellbeing Boards:

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

During the year, the Trust provides written up-dates to local authority Health and Social Care Oversight Committees as requested and presents in person to provide up-dates on key issues. The Trust operates as provider members of the system Integrated Care Boards, and in doing so supports system development and

oversight, as well as the Urgent and Emergency Care Boards and relevant workstreams at system level and at place.

In addition, during the year there was significant NHS regional system level interface to coordinate the COVID-19 response regionally, as well as by system with mutual support provision in relevant support areas such as vaccination and testing programs.

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). As well as various meeting at an operational level, the Chief Executive engages directly with the Chief Officers and Chief Constables.

### **Inclusion - Valuing difference**

2021/22 has seen sustained progress in embedding equality, diversity and inclusion into core SECAmb business activity. We are proud to have been awarded the Gold Standard for Talent Inclusion & Diversity Evaluation Awards for the second consecutive year by the Employers Network for Equality and Inclusion.

In 2021/22 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) and the Workforce Disability Equality Standard (WDES) mandatory for NHS organisations. Progress against the metrics is delivered via a comprehensive action plan, refreshed annually to ensure we deliver meaningful improvements.

The pandemic continues to impact the way in which we live and work. Our staff equality networks have played a vital role in how we support our staff throughout this period. The networks meet with an increased frequency than prior to the pandemic, facilitated by the improved digital access that is now available. The support provided by the networks has included welfare calls to staff, drops in to combat social isolation, specialist sessions with psychotherapists and continued professional development sessions for staff. In addition, the Trust has continued to work in partnership with our other ambulance service partners in the UK to progress the anti-racism commitment made in 2020.

The Trust recognises the key role that the networks have played this last year and the importance of ensuring that we have diversity of thought and are representative of the communities we serve across all levels in the organisation. With this in mind, we are rolled out our first pilot cohort of the Springboard Women's Leadership programme in April 2021 and also working with the NHS Leadership to deliver a local cohort of the Stepping Up leadership programme for Black Asian and Minority Ethnic Staff.

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 patient public 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
- ++ Publish the annual Gender Pay Gap Audit

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](http://www.secamb.nhs.uk/about_us/equality_and_human_rights.aspx)

Alternatively, please contact Asmina Islam Chowdhury, Programme Lead, Equality Diversity and Inclusion by email: [asmina.ichowdhury@secamb.nhs.uk](mailto:asmina.ichowdhury@secamb.nhs.uk)

## Patient and Public Engagement

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.

Our Inclusion Strategy embeds accountability for effective and timely involvement and engagement in the Trust's planning, service development and patient experience work. The strategy provides an effective approach, enabling our stakeholders to participate in ways that are right for them. It has enabled us to act on what we hear and feedback on what has changed as a result. If we are unable to act on what we hear we tell people, why. Our 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 was the establishment of a virtual Equality Impact Analysis (EIA) 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 EIA reference group enables us to engage groups that we may otherwise struggle to involve, such as those who are housebound, carers etc.

The pandemic has meant that our traditional way of engaging with our IHAG members has had to change. However, we recognised the importance of continuing to ensure we had patient / public feedback in our work and throughout 2021/22 members met virtually on a quarterly basis.

<b>Key achievements of the IHAG during 2020/21 include:</b>	
Participated in focus groups during the process to recruit the Non-Executive Director (NED) with a focus on patient experience.	Contributed to the development of the patient version of the Patient and Carer Experience strategy.
Took part in action planning to develop the Trust Integrated Equality Action Plan.	Represented the Trust at ICS level Service User and Carer Experience Group ensuring the views of our service users are considered.
Contributed their feedback and views on the development of an involvement toolkit to better support colleagues	Participated in a number of SECAmb working groups and sub- groups and reported back on the outcomes. E.g. History Marking

involve patients and the public in Trust workstreams.	subgroup, Falls Working Group, Patient Experience Group and Inclusion Working Group
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## Membership report

In addition to the above, SECAmb continues to be committed to working collaboratively wherever possible. Both the Trust's Patient Experience Group and its Inclusion Hub Advisory Group include Healthwatch representatives in their membership, who have responsibility to actively engage with the community and encourage local people to share their opinions on the health and social care services that are available in their areas. Jointly we work together to ensure that mechanisms are in place to share information and respond to enquiries in an effective and timely way for the benefit of our population.

### Our Members

SECAmb has a total membership of 9,458 people as of 31<sup>st</sup> March 2022. We have 9,458 public members and 4,367 staff members. Our public membership decreased by 124 people over the year. Year on year we have a volume of members who have moved out of the area or passed away.

Although the Council's Membership Development Committee maintained oversight of membership numbers, representation and aspirations to broaden our membership

to make it more representative of the communities we serve, activity to recruit new members was restricted to online/social media activity during the year.

### 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 four 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: <https://www.secamb.nhs.uk/join-us/become-a-member/>

	Public	% of Membership	Base	% of Area	Index
<b>Age</b>	<b>9,458</b>	<b>100.00</b>	<b>14,088,959</b>	<b>100.00</b>	
0-16	6	0.06	2,956,355	20.98	0
17-21	63	0.67	773,690	5.49	12
22+	5,325	56.30	10,358,914	73.53	77
22-29	412	4.36	1,535,602	10.90	40
30-39	780	8.25	2,198,514	15.60	53
40-49	1,017	10.75	1,940,932	13.78	78
50-59	1,086	11.48	1,803,068	12.80	90
60-74	1,257	13.29	1,862,857	13.22	101
75+	773	8.17	1,017,941	7.23	113
<b>Gender</b>	<b>9,458</b>	<b>100.00</b>	<b>14,088,957</b>	<b>100.00</b>	
-	688	7.27	0	0.00	0
Male	3,676	38.87	7,007,249	49.74	78
Female	5,076	53.67	7,081,708	50.26	107
Neither of these options	15	0.16	0	0.00	0

Prefer not to say	3	0.03	0	0.00	0
<b>Ethnicity</b>	<b>9,458</b>	<b>100.00</b>	<b>12,825,768</b>	<b>100.00</b>	
White - English, Welsh, Scottish, Northern Irish, British	7,463	78.91	7,722,552	60.21	131
White - Irish	83	0.88	216,248	1.69	52
White - Gypsy/Romany	7	0.07	18,166	0.14	52
White - Other	197	2.08	1,233,140	9.61	22
Mixed - White and Black Caribbean	16	0.17	140,291	1.09	15
Mixed - White and Black African	9	0.10	77,544	0.60	16
Mixed - White and Asian	26	0.27	131,756	1.03	27
Mixed - Other Mixed	31	0.33	140,075	1.09	30
Asian or Asian British - Indian	95	1.00	605,455	4.72	21
Asian or Asian British - Pakistani	42	0.44	245,515	1.91	23
Asian or Asian British - Bangladeshi	11	0.12	235,309	1.83	6
Asian or Asian British - Chinese	16	0.17	149,576	1.17	15
Asian or Asian British - Other Asian	58	0.61	461,376	3.60	17
Black or Black British - African	47	0.50	608,667	4.75	10
Black or Black British - Caribbean	35	0.37	356,326	2.78	13
Black or Black British - Other Black	16	0.17	175,576	1.37	12
Other Ethnic Group - Arab	0	0.00	116,310	0.91	0
Other Ethnic Group - Any Other Ethnic Group	14	0.15	191,886	1.50	10
White - Roma	0	0.00	0	0.00	0
White - Traveller of Irish origin	0	0.00	0	0.00	0
Not stated	1,292	13.66	0	0.00	0
<b>ONS/Monitor Classifications</b>	<b>9,377</b>	<b>99.14</b>	<b>5,661,399</b>	<b>100.00</b>	
AB	2,635	27.86	1,676,648	29.62	94
C1	2,774	29.33	1,868,989	33.01	89
C2	1,967	20.80	917,053	16.20	128
DE	2,001	21.16	1,198,709	21.17	100

\* 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:

- 4,064 public members with no dates of birth
- 1292 members with no stated ethnicity
- 703 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, 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 Advisory Group of staff members when they wish to discuss issues or hear views.

Staff Governors are permanent members of the Staff Engagement Advisory Group 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 0.07% of the population. Although this percentage is low, our members provide a rich source of information and support to the Trust.

<b>Constituency</b>	<b>Members</b>	<b>Population</b>	<b>Percentage of</b>
<b>eligible</b>			
Lower East (East Sussex & Brighton)	<b>1900</b>	857,162	0.24
Upper East (Kent, Medway & East London)	<b>3410</b>	6,316,553	0.05
Upper West (Surrey, NE Hants & West London)	<b>2289</b>	6,033,444	0.04
Lower West (West Sussex)	<b>1454</b>	872,314	0.16
Out of Trust area	405	-	-
<b>Total</b>	<b>9,458</b>	<b>14,079,473</b>	<b>0.07%</b>

The Trust has continued to focus on both staff and public FT member engagement and communications over the year.

The Staff Engagement Advisory Group 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. This group was put on hiatus due to operational pressures and staff governors used alternative methods to engage with members.

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

### **Annual Members Meeting**

The Trust held its Annual Members Meeting (AMM) online on the 3 September 2021. The AMM incorporated a showcase of SECAmb's services and service developments, updates on the Trust's pandemic response, and a Q&A session with SECAmb staff, Board members and Governors. The AMM was held on the same day as our public Council meeting and good numbers of staff and public members observed the Council meeting as well as the AMM.

The Trust's usual schedule of public engagement events was unable to take place this year. However, Governors have joined online meetings in their regions to ensure they maintained connections with, for example, Clinical Commissioning Groups and GP Patient Participation Groups. Several online 'constituency meeting' surgeries were set up for Governors and publicised on social media and through staff communications: the staff event was well-attended however the public events were not successful. Members have been invited to all public Council meetings during the year, through social media, our membership newsletter and dates are advertised on our website.

Two 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 to communicate with staff members about their work.

### **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/>

## **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.

## **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.

Each year the relevant pay review bodies make recommendations to Government on the pay of health service-related public sector staff, including increases to reflect the cost of living. Currently, Very Senior Managers (VSMs) do not fall within the remit of any particular pay review body, and annual uplift recommendations have generally followed the Government's response to the Senior Salaries Review Body (SSRB) recommendation for executive and senior managers (ESMs) working in Department of Health and Social Care arm's length bodies.

In September 2021 the Chief People Officer for the NHS wrote to the Chairs of Foundation Trusts informing them of the Ministers' recommendation on 2021/22 annual pay increases for Very Senior Managers (VSMs). Ministers had confirmed that there will be no increase in salaries for VSMs for 2021/22. However, NHS England acknowledged that each Trust may from time to time use its discretion to make exceptional pay awards, providing that any money spent on non-consolidated awards must come from existing budgets and should not exceed 2% of the VSM pay bill. The Appointments and Remuneration Committee followed this guidance in October 2021 and awarded some directors a non-consolidated award.

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

The Council of Governors is responsible for setting the remuneration and other terms and conditions of the Independent Non-Executive Directors. This is done after receiving a recommendation from the Nominations Committee. When considering remuneration, the Nominations Committee considers the Trust's ability to attract and retain Independent Non-Executive Directors of sufficient quality.

The Nominations Committee conduct a formal external review of the Chair's and other Independent Non-Executive Director's remuneration every three years and a desktop review annually.

In November 2019, NHS Improvement published its *Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts*. The document and its requirements were reviewed by the Nominations Committee. The framework sets the following remuneration for NEDs excluding the Chair. Where there is a disparity between the framework and existing remuneration, the Nominations Committee is expected to address this through new and/or re-appointments. Current terms of office of NEDs are not affected.

Role	Framework	SECAmb
NED (excluding those roles specified below)	£13k	£14k
SID	£2k supplement	£2.5k
Audit Committee Chair	£2k supplement	£2.5k

The framework states that FTs can award such supplements for up to two NED roles.

For the Chair, the framework sets out a range, based on Trusts' annual turnover. We are considered 'Group 2 / Medium' and variation between lower and upper will be determined by the complexity of the role and the experience of the Chair.

Lower Quartile	Median	Upper Quartile
44,100	47,100	50,000

The current Chair's remuneration is £49k per annum which is between the Median and Upper Quartile, and this remains the remuneration received by the Chair as at 2021-22.

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.

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

## **Directors and Governors' Expenses**

<b>Directors</b>	<b>2022-21</b>	<b>2020-21</b>	<b>2019-20</b>	<b>2018-19</b>
Number of Directors	18	17	20	19
Number of Directors claiming expenses	15	13	17	17
Total claimed (£00)	40	80	200	260

<b>Governors</b>	<b>2022-21</b>	<b>2020-21</b>	<b>2019-20</b>	<b>2018-19</b>
Number of Governors	34	24	30	32
Number of Governors claiming expenses	7	3	8	8
Total claimed (£00)	4	4	53	56

## **Salary and Pension Entitlements of Senior Managers**

The narrative explaining the changes in the leadership team during the year can be found in the introduction to the Directors' report.

### **Notes on the Salary and Pension Entitlements 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.

Pension Related Benefit: The pension related benefit represents the increase in pension entitlement multiplied by 20 plus any increase in lump sum less any contributions made.

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.

Remuneration Report		Year ended 31 March 2022				Year ended 31 March 2021			
Name and title	Term of office	Salary (bands of £5,000)	Benefits in Kind (rounded to the nearest 100)	Pensions related benefit (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Benefits in Kind (rounded to the nearest 100)	Pensions related benefit (bands of £2,500)	Total (bands of £5,000)
<b>Chair</b>		£'000		£'000	£'000	£'000		£'000	£'000
David Astley	Appointed 24.09.18	45-50	-	-	45-50	45-50	-	-	45-50
<b>Non-Executive Directors</b>									
Lucy Crothers (Bloem) <i>Deputy Chair and Senior Independent Director</i>	Left 31.08.21	5-10	-	-	5-10	15-20	-	-	15-20
Patricia (Tricia) McGregor	Deceased 08.06.20	n/a	n/a	n/a	n/a	0-5	-	-	10-15
Terry Parkin	Left 31.08.21	5-10	-	-	5-10	10-15	-	-	10-15
Alan (Al) Rymer	Left 31.01.21	n/a	n/a	n/a	n/a	10-15	-	-	10-15
Laurie McMahon		10-15	-	-	10-15	10-15	-	-	10-15
Michael Whitehouse <i>Deputy Chair and Senior Independent Director from 01.09.21</i>		20-25	-	-	20-25	10-15	-	-	10-15
Howard Goodbourn		10-15	-	-	10-15	10-15	-	-	10-15

Thomas Quinn	Appointed 01.10.20	10-15	-	-	10-15	5-10	-	-	5-10
Subathra devi (Subo) Shanmuganathan	Appointed 01.03.21	10-15	-	-	10-15	0-5	-	-	0-5
Paul Brocklehurst	Appointed 01.05.21	10-15	-	-	10-15	n/a	n/a	n/a	n/a
Elizabeth Sharp	Appointed 19.09.21	5-10	-	-	5-10	n/a	n/a	n/a	n/a
<b>Chief Executive</b>									
Philip Astle *		170-175	-	40-42.5	210-215	165-170	2.100	40-42.5	205-210
<b>Executive Directors</b>									
David Hammond <i>Director of Finance and Corporate Services</i>		135-140	-	32.5-35	170-175	140-145	-	47.5-50	185-190
Fionna Moore** <i>Medical Director</i>		200-205	9,700	-	210-215	205-210	9,700	-	215-220
Joe Garcia <i>Director of Operations</i>	Left 31.03.21	n/a	n/a	n/a	n/a	130-135	4,500	7.5-10	140-145
Steven Emerton <i>Director of Strategy &amp; Business Development</i>	Left 31.12.20	n/a	n/a	n/a	n/a	105-110	3,500	-	110-115
Bethan Eaton-Haskins <i>Director of Quality/Chief Nurse</i>	Left 31.12.21	105-110	7,000	-	110-115	125-130	9,400	-	135-140
Ali Mohammed <i>Director of Human Resources and Organisational Development</i>		140-145	-	-	140-145	140-145	-	-	140-145

Emma Williams <i>Director of Operations</i>	Appointed 01.04.21	125-130	-	155-157.5	280-285	n/a	n/a	n/a	n/a
Judith Ward <i>Interim Director of Quality/Chief Nurse</i>	Appointed 01.01.22 Left 13.02.22	10-15	-	-	10-15	n/a	n/a	n/a	n/a
Robert Nicholls <i>Director of Quality and Nursing</i>	Appointed 14.02.22	15-20	1,700	90-92.5	105-110	n/a	n/a	n/a	n/a
David Ruiz-Celada <i>Director of Planning and Business Development</i>	Appointed 15.09.21	60-65	-	12.5-15	75-80	n/a	n/a	n/a	n/a

\* Philip Astle resigned as Chief Executive on 17 May 2022 and Dr Fionna Moore became the Interim Chief Executive. This has no impact on the figures disclosed in the above table for the 2021-22 financial year.

\*\* Dr Fionna Moore receives the NHS consultants' merit award included in the remuneration figure above which is centrally funded.

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.
Pension Related Benefit	The pension related benefit represents the increase in pension entitlement multiplied by 20 plus any increase in lump sum less any contributions made.
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 2021-22 was £280,000-£285,000 (2020-21, £215,000-£220,000). This was 7.8 times (2020-21, 8.2) the median remuneration of the workforce, which was £36,311 (2020-21, £34,557). The increase in the ratio relates to the mix of salaries paid where changes in pay/positions has resulted in more employees in the £50-£100k compared to below £50k.

In 2021-22, 20 (2020-21, nil) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £1,000 to £192,000 (2020-21 £1,000-£209,000).

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.

## Percentage Change in remuneration of highest paid director

As the highest paid director was not a director in 2020-21 the comparatives are to her pay for last year not included in the remuneration table.

Salary and Allowances	25%
Performance pay and bonuses	100%
Taxable benefits	n/a

## Pay ratio information

Year	25th percentile remuneration ratio	25th percentile pay ratio	Median pay ratio	Median pay ratio	75th percentile pay ratio	75th percentile pay ratio
2021-22	9.9	4.5	7.8	3.5	5.9	2.7
2020-21	10.5	4.8	8.2	3.7	6.3	2.8

Pension entitlement								
Name and title	Year ended 31 March 2022							
	Real increase in Pension at retirement age (bands of £2,500)	Real increase in Pension lump sum at retirement age (bands of £2,500)	Total Accrued pension at retirement age (bands of £5,000)	Lump sum at retirement age (bands of £5,000)	Cash equivalent Transfer 31 March 2020	Real increase in Cash Equivalent Transfer Value	Cash equivalent Transfer 31 March 2021	Employer's Contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Chief Executive</b>								
Philip Astle <i>Chief Executive</i>	2.5-5	-	15-20	-	203	31	258	24
<b>Executive Directors</b>								
David Hammond <i>Executive Director of Finance and Corporate Services</i>	2.5-5	-	30-35	-	314	19	353	19
Robert Nicholls <i>Executive Director of Quality and Nursing</i>	2.5-5	10-12.5	35-40	105-110	758	114	878	1
David Ruiz-Celada <i>Executive Director of Planning and Business Development</i>	0-2.5	-	0-5	-	-	-	9	9
Emma Williams <i>Executive Director of Operations</i>	7.5-10	15-17.5	35-40	80-85	721	-	669	17
Dr Fionna Moore‡ <i>Executive Medical Director</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Bethan Eaton-Haskins‡	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<i>Executive Director of Quality/Chief Nurse</i>								
<i>Ali Mohammed‡ Director of Human Resources and Organisational Development</i>	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).								
‡ Dr Fionna Moore, Bethan Eaton-Haskin and Ali Mohammed are not in the NHS Pension Scheme.								
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.								
The CETVs at 31/03/2019 and 31/03/2020 may have been recalculated using different methodologies due to GMP equalisation which could impact the real increase in the CETV figures.								

## Senior Managers' Remuneration Policy

Elements of Pay	Purpose and link to strategy	Operation	Maximum Opportunity	Performance framework
<b>Salary and Fees</b>	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
<b>Benefits</b>	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
<b>Retirement benefits</b>	To provide post-retirement benefits	Pensions are compliant with the rules of the NHS Pension Scheme	N/A	N/A
<b>Long-term incentives</b>	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.

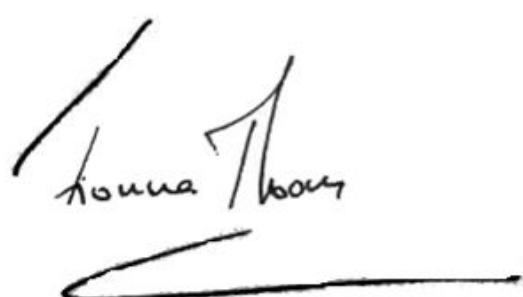
Further information is set out in the Annual Statement on Remuneration (above).

### 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
<b>Basic remuneration</b>	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, with reference to the <i>Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts</i>	The fees are consistent with those of other NHS Trusts	N/A
<b>Additional remuneration for specific NED roles</b>	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, with reference to the <i>Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts</i>	N/A	N/A



**Dr Fionna Moore**, Interim Chief Executive Officer

Date: 22<sup>nd</sup> June 2022



## Staff Report

During 2021/22, the extraordinary demands placed on our workforce continued throughout the COVID pandemic and the strain on SECAmb staff can be seen in the number and duration of employment relations (ER) cases.

HR and OD remain committed to implementing a restorative and just culture, the work towards which had to be delayed as activity and demand remained high throughout the year. We also remain committed to working with our recognised unions to identify and resolve collective issues as soon as possible, with some issues requiring cross-directorate working and consultation that necessarily require delicate handling and management.

As of 31 March 2022, the breakdown of our staff between clinical and support roles was as follows:

Staff Group	Permanent	Other	Headcount
A&E	2723	3	2726
111	455	2	457
EOC	588	6	594
Support	537	20	557
<b>TOTAL</b>	<b>4303</b>	<b>31</b>	<b>4334</b>

87% 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.

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.

	2021-22			2020-21		
	Total £000	Permanently employed £000	Other £000	Total £000	Permanently employed £000	Other £000
	<b>Employee costs</b>					
Salaries and wages	169,727	169,588	139	158,142	157,715	427
Social security costs	17,543	17,543	0	16,188	16,188	0
Employer contributions to NHS pension scheme	19,787	19,787	0	18,680	18,680	0
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	8,662	8,662	0	8,131	8,131	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(663)	(663)	0	(607)	(607)	0
Costs capitalised as part of assets	465	339	126	592	261	331
Agency staff	2,881	0	2,881	1,784	0	1,784
<b>Employee benefits expense</b>	<b>218,402</b>	<b>215,256</b>	<b>3,146</b>	<b>202,910</b>	<b>200,368</b>	<b>2,542</b>

During 2021-22 there were 6 (2020-21: 4) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £292k (2020-21: £136k) to the NHS Pension Scheme.

## A&E Workforce

In line with reporting requirements, we have aligned the national definitions with job roles utilised within the Trust.

NHS Information Centre Occupational role	NHS Information Centre Occupational code	SECAmb equivalent roles	FTE workforce (rounded to nearest whole no.)
Doctor	030 921	Medical Director/Deputy Lead General Practitioner	21
Manager	A0A	Operating Unit Manager Operational Team Leader Operations Manager	213
Manager	A0B	HART Operations Manager HART Team Leader	18
Consultant Paramedic	A4A & A4D	Consultant Paramedic	4
Specialist Practitioner	A6A	Critical Care Paramedic Paramedic Practitioner	132
Assistant Practitioner	A7A	Trainee Associate Ambulance Practitioner	264
Emergency / Urgent Care Support Worker	A8A	Emergency Care Support Worker	410
Emergency / Urgent Care Support Worker in Call Handling	A8E	Dispatch Team Leader Emergency Medical Advisor Emergency Medical Advisor Team Leader Resource Dispatcher Response Desk Dispatcher Senior Emergency Medical Advisor	397
Paramedic in Emergency Care	ABA	Ambulance Paramedic Newly Qualified Paramedic (NQP)	1032
Paramedic in Hazardous Area Response Team	ABB	HART Team Operative	62

Ambulance Technician / Associate Practitioner in Emergency Care	AEA	Ambulance Technician Associate Ambulance Practitioner	391
Administration & Estates staff	G0-G3 (A-E)	Support Staff	968
Midwife	N2C	Consultant Midwife	1
Mental Health Nurse	N6H	Mental Health Clinical Supervisor Senior Mental Health Practitioner	7
Manager in Pharmacy	S0P	Chief Pharmacist	2
Therapist in Physiotherapy	S1E	Physiotherapy Team Leader	1
Scientist in Pharmacy	S2P	Pharmacist	8
Technician in Pharmacy	S4P	Pharmacy Health Care Professional	1
Technician in Dental	S4R	Dental Nurse	7
General payments	Z2E	Non Executive Director	8
<b>TOTAL</b>			<b>3928</b>

**There are many different emergency and urgent care roles in the ambulance service**

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.

**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.

**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.

**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.

**Specialist Practitioner – 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.

**Specialist Practitioner – 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.

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

**Emergency Operating Centre Staff** – Staff work in the Trust’s Emergency Operations Centres in a variety of roles, including Emergency Medical Advisers, Dispatchers, 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** – 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 non-clinical staff who work in areas including finance, human resources, service development and corporate affairs, information management and technology, education and training, estates, fleet and logistics services, contingency planning and resilience, clinical governance and communications.

## **Workforce Profile**

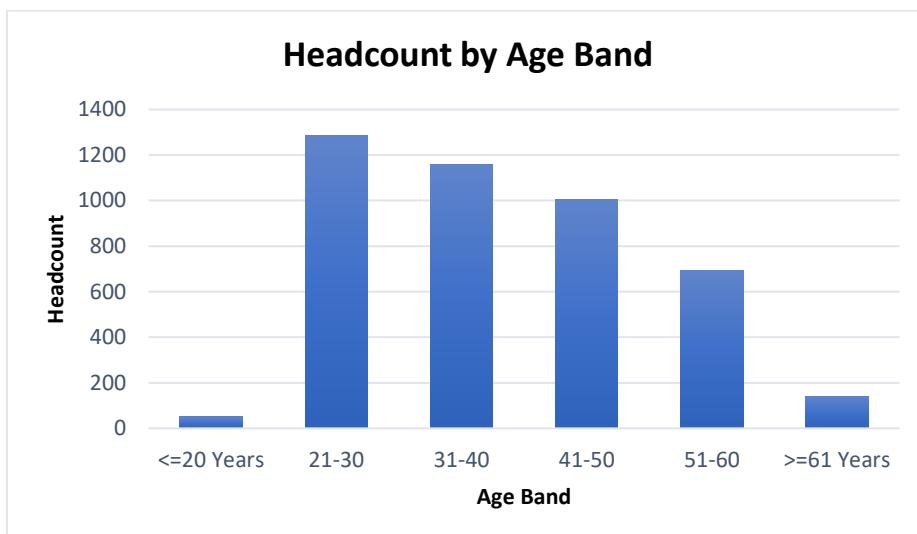
(Figures given are headcount)

SECAmb values diversity, equal access for patients and equality of opportunity for staff. As an employer we will ensure 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

Age band	Headcount
<=20 Years	50
21-30	1286
31-40	1157
41-50	1005
51-60	694
>=61 Years	142
<b>TOTAL</b>	<b>4334</b>



## Gender

In the workforce, the gender split continues to improve from 2017-18 when males made up the majority of the workforce and now 55% of our staff are female.

However, the gender ratios change higher up the organisation, with only 31% of Directors being female, and just 36% of senior managers (Band 8+).

Gender	Headcount	Percent %
Female	2437	56%
Male	1897	44%
<b>TOTAL</b>	<b>4334</b>	<b>100%</b>

Gender - Directors	Headcount	Percentage %
Female	2	13%

Male	13	87%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

Gender (Band 8A+)	Headcount	Percentage %
Female	58	33%
Male	117	67%
<b>TOTAL</b>	<b>175</b>	<b>100%</b>

Gender (Band 8A+)	Headcount		
	Female	Male	Total
Band 8 - Range A	33	56	89
Band 8 - Range B	11	23	34
Band 8 - Range C	8	12	20
Band 8 - Range D	2	9	11
Band 9	0	2	2
Non AfC	4	15	19
<b>TOTAL</b>	<b>58</b>	<b>117</b>	<b>175</b>

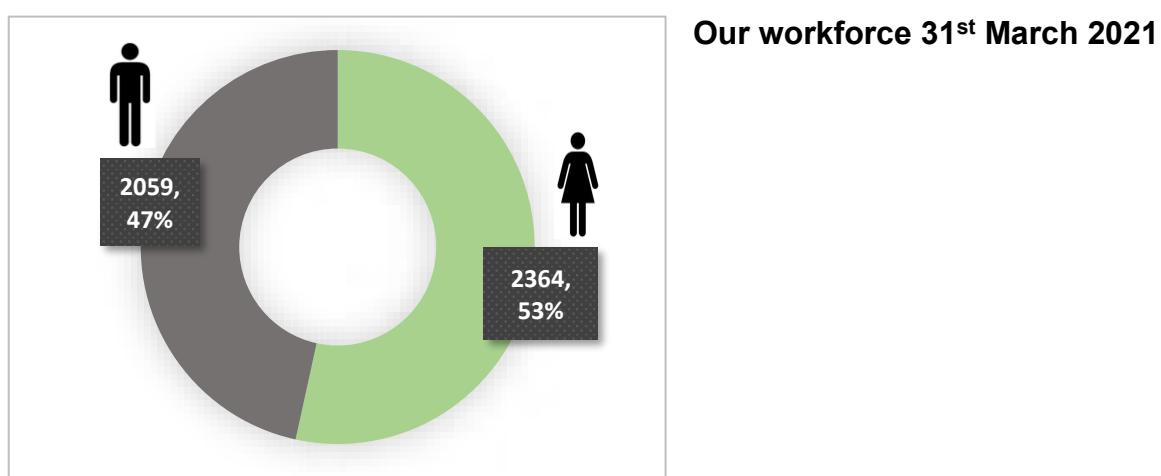
## Gender Pay Gap

As a public sector organisation, we are required by law to publish the difference between the average (mean) and median earnings of our male and female staff. It also looks at the distribution of men and women across four equal quartiles within the organisation. The pay gap information is published a year in arrears and so the data available at present is based on the data as at 31 March 2021.

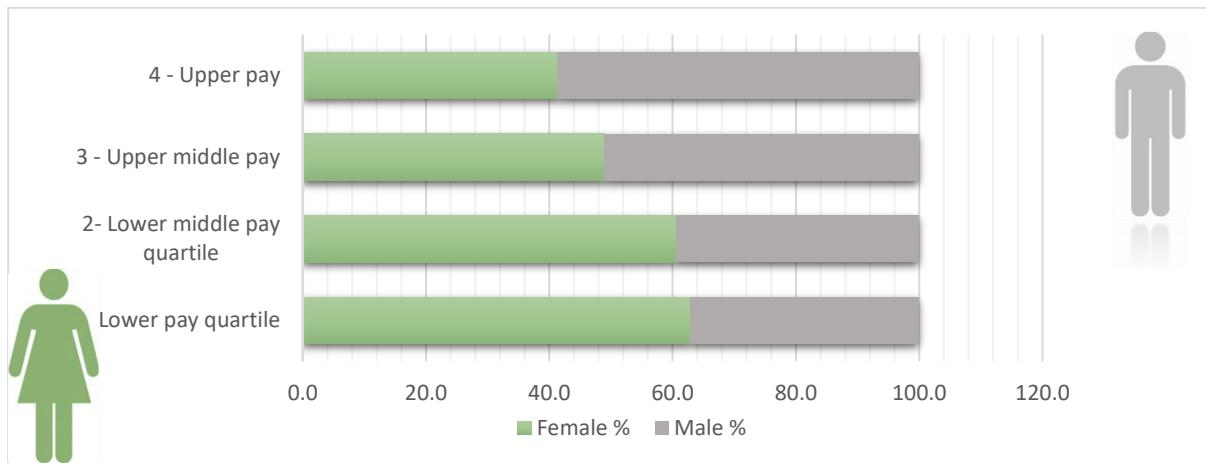
The gender pay gap is different to equal pay. Equal pay looks at the pay differences between men and women carrying out the same jobs, similar jobs or work of equal value. Any equal pay issues are addressed by our adherence to Agenda for Change terms and conditions and pay framework, and our robust and objective job evaluation process. The gender pay gap figures are affected by differences in the gender composition across our job grades and roles.

In March 2022, we published a second consecutive albeit small increase in our mean hourly pay gap for but a further decrease in the median pay gap. The improvement in the median indicates that women are progressing within the organisation though not yet at the rate we aspire too. The worsening of the mean pay gap is driven by the overrepresentation of women in the lowest paid roles.

Within this period 1<sup>st</sup> April 2020 - 31st March 2021, there was a 10% increase in our workforce. In the same period, the Trust had 12% increase in the number of women in the organisation overall compared to 7% increase for men. An increase in the female workforce in the lower two quartiles, which also provide the most opportunities for flexible working is likely to have contributed to the increasing pay gap. We recognise that action to reduce our pay gap and to increase the representation of women at the higher pay bands must be taken. Workstreams to support this are in progress.



**All Trust Staff - Proportion of males and females in each pay quartile - 31/03/2021**



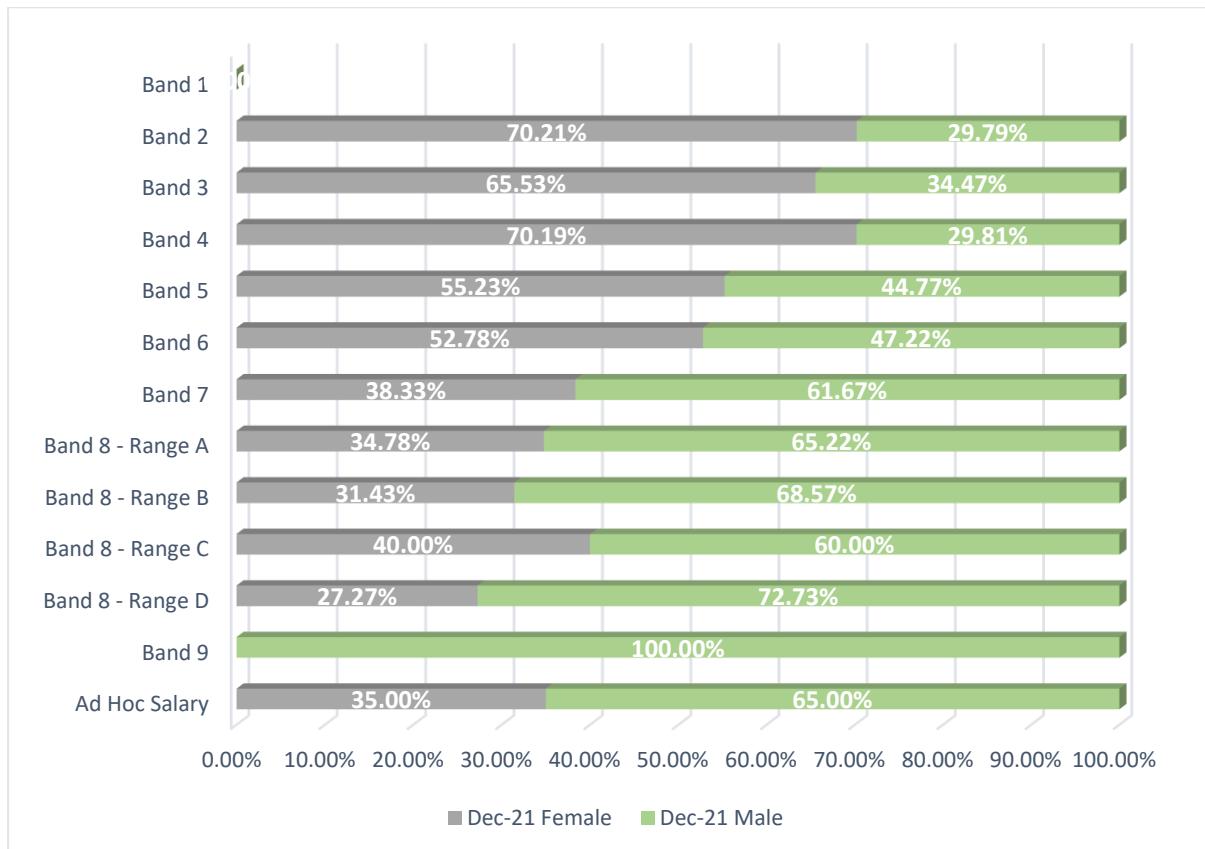
**All Trust Staff - Overall Mean vs. Median average hourly rate - 31/03/2021**



This means **women earned 90p for every £1 that men earnt** when comparing mean hourly wages.

This means **women earned 89p for every £1 that men earnt when comparing median hourly wages.**

## Workforce by Pay band and Gender, December 2021



### Steps to be taken to improve the gender pay gap

- Improve promotion of vacancies for senior positions to women;
- Board commitment to having gender diverse interview panels to all roles since April 2021.
- Adoption of our Women's leadership programme as part of the Trust business as usual offering subject to evaluation.

Full details of our gender pay gap report for the workforce as at 31<sup>st</sup> March 2021 can be found on our Trust website via <https://www.secamb.nhs.uk/what-we-do/inclusion-equality-and-diversity/ethnicity-and-gender-pay-gap/>

The Cabinet Office submission can be accessed via <https://gender-pay-gap.service.gov.uk/employer/Q07QK2sO>

## Race

The percentage of staff classified other than 'White British' has remained at 12% for a third year, down from 13% in 2018-19. The percentage of staff who do not wish to state their race remains at 2%.

Race	Headcount	Percentage %
A White - British	3821	88%
B White - Irish	31	1%
C White - Any other White background	118	3%
C3 White Unspecified	6	0%
CA White English	6	0%
CC White Welsh	1	0%
CN White Gypsy/Romany	1	0%
CP White Polish	9	0%
CX White Mixed	1	0%
CY White Other European	8	0%
D Mixed - White & Black Caribbean	22	1%
E Mixed - White & Black African	5	0%
F Mixed - White & Asian	28	1%
G Mixed - Any other mixed background	22	1%
GC Mixed - Black & White	2	0%
H Asian or Asian British - Indian	49	1%
J Asian or Asian British - Pakistani	12	0%
K Asian or Asian British - Bangladeshi	6	0%
L Asian or Asian British - Any other Asian background	17	0%
LH Asian British	1	0%
LJ Asian Caribbean	2	0%

LK Asian Unspecified	1	0%
M Black or Black British - Caribbean	18	0%
N Black or Black British - African	37	1%
P Black or Black British - Any other Black background	4	0%
PC Black Nigerian	1	0%
PD Black British	1	0%
PE Black Unspecified	1	0%
R Chinese	10	0%
S Any Other Ethnic Group	10	0%
SB Japanese	1	0%
SC Filipino	2	0%
SD Malaysian	1	0%
Z Not Stated	79	2%
<b>TOTAL</b>	<b>4334</b>	<b>100%</b>

## Disability

The percentage of staff who declare themselves as having a disability has risen to 6%, which is a rise of 2% against last year.

Disability	Headcount	Percentage %
Yes	251	6%
No	3797	88%
Prefer Not To Answer	286	7%
<b>TOTAL</b>	<b>4334</b>	<b>100%</b>

This is an area which is under-reported, with 7% of staff preferring not to confirm whether they have a disability. This has reduced from 8% seen in 2020-21.

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.

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**

Disclosure of this information continues to improve, with 11% choosing not to provide a response compared to 13% in 2020-21, 14% in 2019-20, and 18% in 2018-19.

<b>Sexual orientation</b>	<b>Headcount</b>	<b>Percentage %</b>
Bisexual	98	2%
Gay or Lesbian	215	5%
Heterosexual or Straight	3533	82%
Other sexual orientation not listed	6	0%
Undecided	7	0%
Not stated (person asked but declined to provide a response)	475	11%
<b>TOTAL</b>	<b>4334</b>	<b>100%</b>

The Trust has a well-established and nationally recognised LGBTQ network, Pride in SECAmb, which works hard for inclusivity across the Trust.

### **Religion and Belief**

This area continues to be under-reported, with 20% of staff having not stated their religion or belief, continuing the improving trend down from 21% last year, 23% in 2019-20, and 27% in 2018-19.

Religious belief	Headcount	Percentage %
Atheism	1156	27%
Buddhism	20	0%
Christianity	1663	38%
Hinduism	27	1%
Islam	27	1%
Jainism	2	0%
Judaism	4	0%
Other	573	13%
Sikhism	8	0%
I do not wish to disclose my religion/belief	854	20%
<b>TOTAL</b>	<b>4334</b>	<b>100%</b>

## Modern Slavery Act

In 2020-21 the Trust reviewed its declaration (published on our website here: <https://www.secamb.nhs.uk/how-we-do-it/modern-slavery-act-statement/>) in respect of the Modern Slavery Act 2015, which introduced changes in UK law focused on increasing transparency in supply chains to ensure our supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking).

SECAmb is committed to working with local partners to improve our practice in combatting slavery and human trafficking and to raise awareness, disrupt and respond to Modern Slavery.

## Communicating 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.

This is an area where we recognise that we need to do more, moving forwards, recognising the changing demographic profile of our staff and the need to ensure that all staff can readily access the information they require in a way which is accessible for them.

During the pandemic the existing Trust-wide mechanisms for communicating with staff continued to be utilised including:

- A weekly up-date from the Chief Executive to all staff, focussing on the key issues affecting the Trust that week.
- A Team Briefing process covering key operational and clinical updates and enabling the rapid communication of urgent information if needed.
- The Trust Intranet – The Zone – used as a repository for key Trust information including policies & procedures and news updates.

Recognising the particular communication requirements during the pandemic, we also introduced:

- Weekly Webinars accessible to all staff and which allowed questions to be asked and answered live during the session. Topics covered during the year included infection prevention & control, mandatory vaccinations and agile working. They proved to be very popular, with staff joining the sessions 'live' as well as watching the recordings at a later date
- A single point of access for all COVID-19 documentation on The Zone, allowing us to ensure that staff could easily access what they needed and that only the most up-to-date information was being shared. This was absolutely vital during a period when, both national and locally, important information was changing frequently.
- Easy to use Action Cards, covering a range of scenarios that our staff were experiencing and with clear actions for staff and managers to take. These proved especially useful for helping staff to easily understand what to do without having to access a range of different policies.

During the year we have also continued to extend our use of social media as a mechanism for communicating with staff and this has proved invaluable during this difficult time.

The SECAmb Facebook Community group is a lively and interactive group with more than 3,500 members – all of whom are members of staff or Trust volunteers. It is moderated by a team of staff volunteers and has proved to be a particularly valuable communication tool during the pandemic as a forum for staff to highlight issues and ask questions.

Moving forwards, internal use of different forms of social media is one of the areas we are looking to expand, as well as extending are use of different media formats, including videos and blogs.

Undertaking regular, face to face communication with front-line staff has been especially challenging during the pandemic. Although our leaders have utilised technology as much as possible to engage with staff first-hand, hear about their local challenges and successes, and provide support, we are rapidly stepping up 'in person' visits as we move out of the pandemic.

## Recruiting and retaining staff

Over the past year SECAmb has continued to use the 'Trac' online applicant tracking system to help us manage the process effectively. We run monthly audits on all recruited vacancies to ensure all recruitment requisitions are raised and approved. We also ensure all posts have the required approvals in place and that all interview paperwork is attached to candidate records.

The recruitment process has been scrutinised and re-configured ensuring that all interview panel members are interview skills trained and that there is gender diversity on all panels.

We are currently working on replacing the existing knowledge and skills framework with a values-based recruitment model, based on Trust values and the wider NHS values and behaviours.

A Trust retention strategy has been developed, to enable us to retain staff within our key areas, such as EOC and our front-line workforce.

During this year, recruitment has been impacted by the pandemic. We recruited staff initially via the Trust Bank to support front line roles, as well as additional staff in call handling across 111 and EOC. During the year, we have converted a number of these staff onto a permanent employment basis. Many new colleagues have come from sectors impacted by the pandemic such as travel, and they have brought some excellent customer services skills with them. This has had a positive impact on staff retention within our EOC and 111 services. We also have operational staff still supporting us via Bank.

We received 8329 applications to our vacancies during the year. We recorded 607 'new to Trust' employees during the year with 546 reported as actual starters to the Board (representing a difference in attrition of new-starters pre-joining and reporting cut off). We received 477 applications from applicants who declared a disability, of which 29 were hired. There were 6 candidates recruited who preferred not to disclose if they had disabilities. We received 1490 applications from BAME candidates and hired 72 BAME staff (9 hired staff preferred not to state their ethnicity).

At the end of the year, the Trust wide vacancy rate is at -0.70%.

Month 2021/22	Rolling Annual Turnover %	Month 2020/21	Rolling Annual Turnover %
Apr-21	10.77%	Apr-20	15.60%
May-21	11.49%	May-20	14.75%
Jun-21	12.11%	Jun-20	13.94%
Jul-21	12.90%	Jul-20	13.39%
Aug-21	13.58%	Aug-20	12.64%
Sep-21	13.99%	Sep-20	11.86%
Oct-21	14.53%	Oct-20	11.72%

Nov-21	15.18%	Nov-20	11.07%
Dec-21	15.43%	Dec-20	11.16%
Jan-22	15.64%	Jan-21	10.93%
Feb-22	16.13%	Feb-21	10.48%
Mar-22	16.91%	Mar-21	10.26%

## Sickness absence

Sickness absence and in particular sickness from COVID has dominated abstraction over the last year. The Trust has a target of all sickness at or below 5%, but for the year it averaged over 9%

2021-22

Absence % (FTE)	Days Lost (FTE)
9.08%	131,017

The monthly breakdown for the period is:

Month 2020/21	Rolling Annual Sickness %
Apr-21	7.10%
May-21	7.55%
Jun-21	7.41%
Jul-21	8.14%
Aug-21	8.96%
Sep-21	9.04%
Oct-21	9.78%
Nov-21	9.47%
Dec-21	10.94%
Jan-22	11.44%
Feb-22	10.65%
Mar-22	8.49%

In Q3 of 2021/22 an action plan was developed to address operational sickness absence. This action plan identified 23 improvements across three themes of data, support, and process that were co-owned by the Operations and Human Resources & OD directorates. At the time of writing, the 15 quick wins and short-term actions have been completed, with eight longer term actions in progress.

Since 2019-20 staff sickness absence data is not required in this report however we have published it here. Sickness absence data information is also published by NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/nhssickness-absence-rates>

## **Counter-fraud and corruption**

The Trust has a current Anti-Fraud and Bribery Policy which was reviewed in December 2021. 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.

During the current year, The Counter Fraud team undertook a Trust wide fraud risk assessment to determine and understand the fraud risk areas within the Trust. A detailed fraud risk register was completed identifying the Trust's highest risk areas and any potential gaps in controls, this has been used to form the workplan for 2022/23 and going forward.

The Local Counter Fraud Specialist has provided a number of general fraud awareness sessions as well as bespoke finance, recruitment and cyber sessions for all staff to increase awareness and help mitigate the risks to the Trust wherever possible.

The Counter Fraud team continues to receive and investigate all allegations of fraud, in the past year there has been no significant financial losses due to fraud.

## **Health, Safety and Security**

### **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, there is a potential for our staff to sustain injuries whilst treating or moving patients in various external environments. It is possible that staff may be the subject of directed aggressive behaviour, verbal abuse or even violence from patients and members of the public.

The Trust is committed to developing new and reviewing existing working practices to provide a safe and secure working environment so far as is reasonably practicable.

### **Networking at National Level**

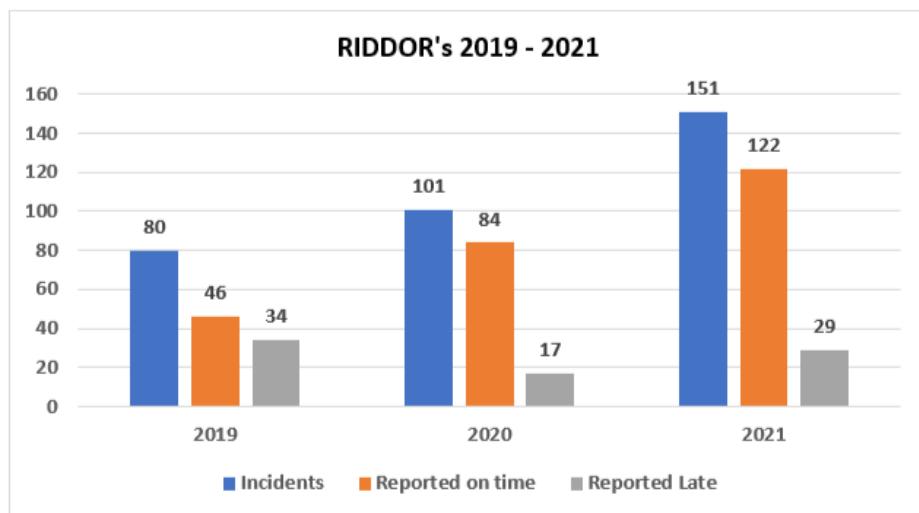
The Trust is committed to networking with the national ambulance group for Health & Safety. This provides a forum to share good practice and ideas of innovation that will further improve the safety of our staff.

### **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**

In order to protect our workforce, the RIDDOR regulation requires employers to report certain workplace accidents, occupational diseases and specified dangerous occurrences. Formal reporting is undertaken by the employer to the Health & Safety Executive: serious accidents resulting in over-seven-day incapacitation of an employee require notification to the regulating authority within 15 days of the incident.

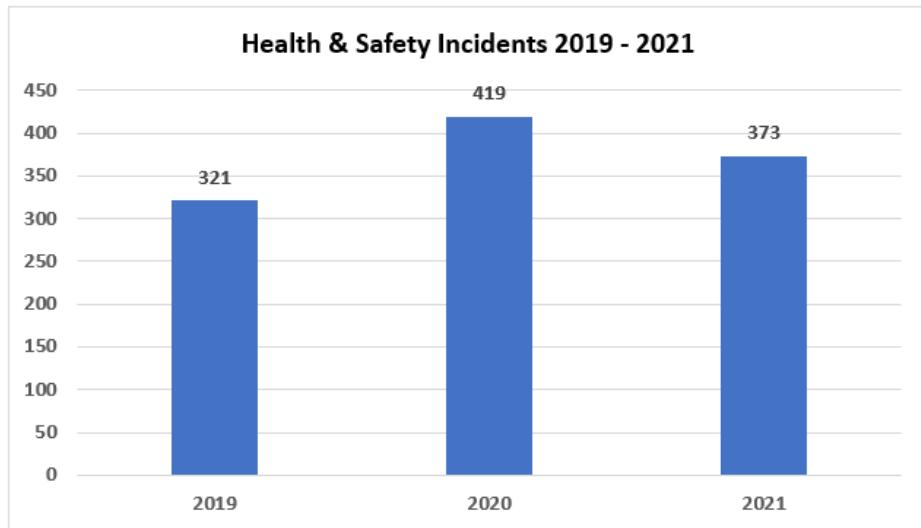
Between April 2021 to March 2022 the Trust reported 151 RIDDOR incidents and 122 of these incidents were reported on-time to the Health & Safety Executive.

The data chart below highlights on-time RIDDOR reporting vs late reporting from 2019 – 2021.



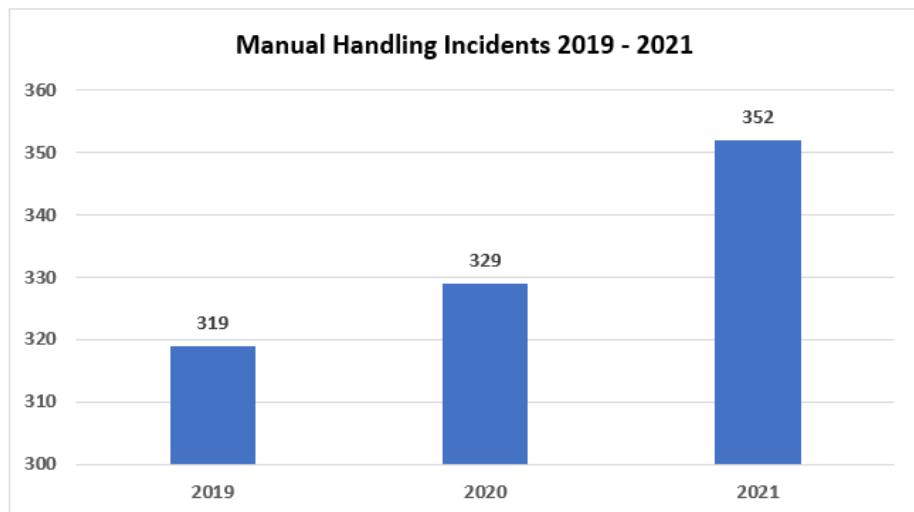
## **Health and Safety Incidents**

During April 2021 to March 2022 staff reported 373 Health & Safety Incidents. This is a decrease of 46 incidents when comparing to the previous year.



### Manual Handling Incidents

Staff reported 352 manual handling incidents during the year. This is an increase of 23 incidents when comparing to the previous year.



### Security

The Trust security function covers the following areas:

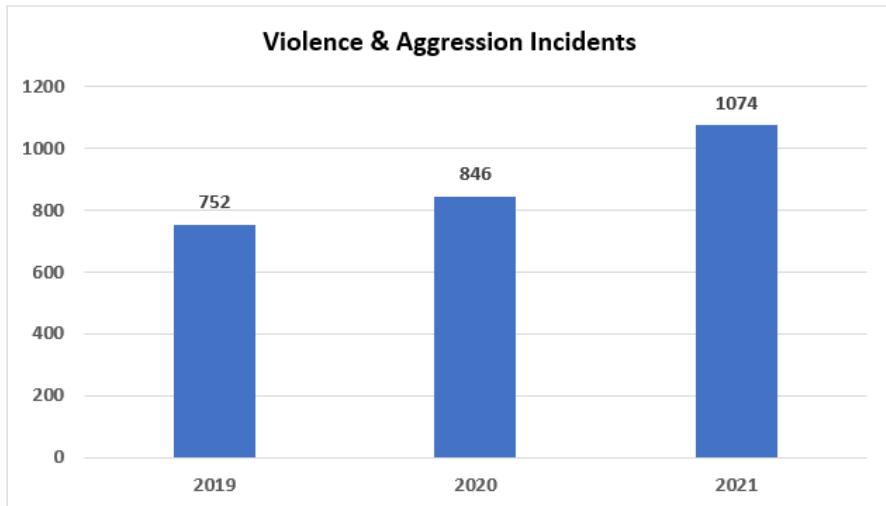
- Incidents of violence and aggression on staff
- Security of Controlled Drugs (CD)s, medicines, and medical gases
- Security of critical infrastructure
- Provision of the Trust Access Control System (entry and exit systems)
- Protection of Trust assets including vehicles and equipment
- Provision of Trust CCTV

- Prevention of loss, theft and matters interlinked with counter-fraud
- Prevention of criminal damage to Trust assets

## **Violence and Aggression Incidents against Staff 2021-2022**

Staff reported 1074 Violence and Aggression incidents, an increase of 228 incidents when comparing to the previous year. Unfortunately, nationally the Ambulance sector continues to see annual increases with violence and aggression incidents.

### **Violence & Aggression Incidents from 2019-2021:**



## **Body Camera trials**

The use of Body cameras is intended to deter abuse and obtain evidence of offences committed against staff.

The Trust received funding in 2021 from NHSE/I to trial body cameras. The trial began in June 2021 for a period of 12 months. The Trust will review the effectiveness of the trials and next steps following the completion of trials.

The selection of the trial sites was determined by the geographical locations which had the highest reported incidents for violence and aggression. The trial sites are listed below.

- Brighton
- Gatwick
- Medway
- Sheppey
- Thanet
- Tongham

## **Living our Values**

Our values are the standards which everyone working at our Trust is expected to live up to. They help us to make the right decisions and guide how we treat our colleagues, our patients and their family and friends. The values were developed in discussion with staff across the Trust. They are:

### **Demonstrating Compassion and Respect**

Supporting our colleagues, and those we serve, with kindness and understanding.

### **Acting with Integrity**

Being honest and motivated by the best interests of those we serve

### **Striving for Continuous Improvement**

Seeking and acting upon opportunities to do things better.

### **Taking Pride**

Being advocates of our organisation and recognising the important contribution we make to its success.

### **Assuming Responsibility**

Having ownership of our actions and a willingness to confront difficult situations.

## Promoting Employee Wellbeing

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<sup>1 2</sup>. It is vital that the Trust invests in the wellbeing of its workforce and in turn creates an environment where everybody feels, respected, valued, and supported <sup>3</sup>.

The Trust has made significant investment, providing an in-house Wellbeing Hub that provides quick and easy access to all wellbeing services. This has been invaluable, enabling us to consider and respond to the quickly changing wellbeing needs of our people because of the pandemic. Recognising the importance of this, the Trust set up a new Health and Wellbeing Programme Board (HaWPB) in October 2021, to consider the current and future wellbeing requirements of the organisation, including occupational health (OH) services. The Board have overseen the development of a new OH specification and will manage the procurement of provision from April 2023. They also commissioned an independent value for money evaluation of the Wellbeing Hub; this will be vital as the process to review the Health and Wellbeing Strategy 17/22 will commence in spring 2022. An economic consultant in partnership with the University of East Anglia spent four months reviewing the Wellbeing Hub and its services. Following their economic evaluation, the report concluded the Hub operates in the boundaries of its allocated budget, significantly reducing cost of external assignment with a strong indication that it generates significant savings for the Trust compared to alternative solutions. Savings of between £129,677 - £666,000 attributable to wellbeing and psychological services and £27,468 to physiotherapy services per annum. Furthermore, on average, efficient management of OH contract saves £100,791 per annum. The Wellbeing Hub is a cost-efficient provider of mandated (OH) and non-mandated services (physio, psychological support).

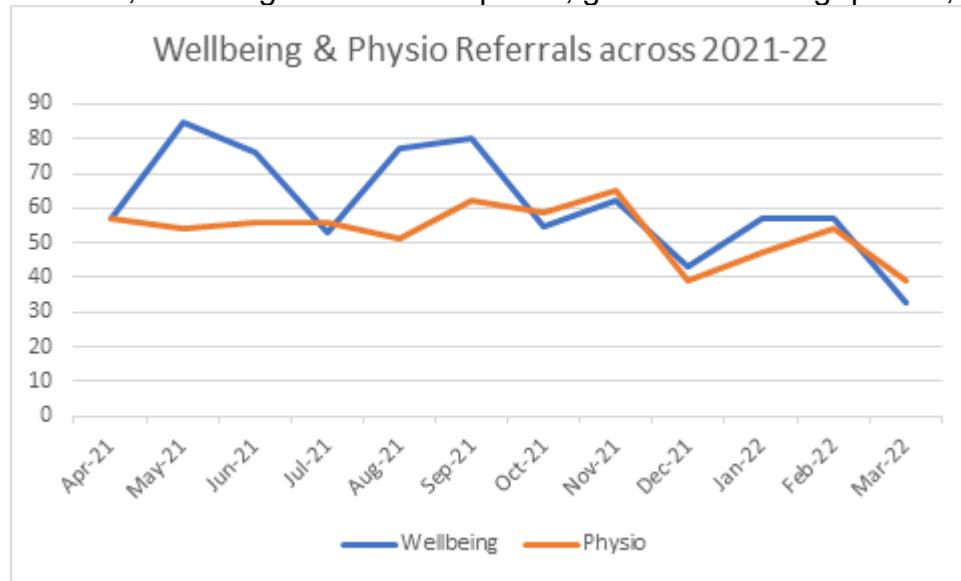
The Wellbeing Strategy revision will take account of the Association of Ambulance Chief Executives (ACCE) who launched their own 10-point action plan and the Mind Blue Light, Mental Health at Work Commitment that the Trust signed up to in 2021. This commitment emphasised that mental health at work is a priority for our employees and consequently agreed to five mental health standards, including:

- Prioritising mental health in the workplace by developing systematic programme activity.
- Proactively ensure work design and organisational culture drive positive mental health outcomes
- Increase organisational confidence and capability
- Provide mental health tools and support to colleagues
- Promote an open culture around mental health

The Wellbeing Hub continues to develop and integrate the strategy's aims and objectives whilst adapting to incorporate recently developed national guidelines. Having a dedicated Wellbeing Hub, providing a wide range of wellbeing initiatives has enabled us to provide individually tailored support to our people, based on their needs. Some of the key offerings include:

- Wellbeing assessments with a wellbeing practitioner
- Fast track support for work related trauma
- BeMindful – mindfulness- based cognitive therapy
- Physiotherapy
- Sports massage
- Slimming world subscriptions
- Weekly Coffee mornings
- Development of wellbeing website, back up buddy app.
- Extensive directory of services database
- Development of wellbeing conversation templates
- Policy and procedure development
- The development of a suicide postvention group to ensure that those effected by a suicide receive support quickly and that sensitive and honest communications are disseminated throughout the Trust.

During 2021-22, the Wellbeing Hub recorded 8654 interactions, an average of 721 per month. Approximately 40% of these were new enquiries. 736 required a referral to the wellbeing practitioner and 640 to physiotherapy. The remainder were for matters such as trauma risk management, alternative duties, signposting to external services, Slimming World subscriptions, general wellbeing queries, and follow ups.



The Trust has been successful in securing approximately £250,000 funding in the last financial year to support employee wellbeing. This has enabled us to provide the following:

- Increased spend on psychological services
- Suicide awareness and prevention training for employees, including train the trainer training for Mental Health Trainers
- Establishment of network of wellbeing volunteers who have been utilised to provide a welfare van service, providing refreshments to our employees after handing over at hospitals. They also provided a welfare trolley service, to employees working in our call centres, 111 and 999.
- Increase the number of physio sessions where required
- Purchase and conversion of our own staff wellbeing vehicles

- Funding for fixed term administrative support to deliver the above and support and develop our new volunteer cohort.

We are in the process of evaluating the impact of the above but qualitative feedback received so far has suggested that the interventions have had a positive impact on our colleagues.

### **Listening to and valuing our staff**

For a number of years, the Trust has worked to support managers to adopt a listening, inclusive and responsive style with their teams. This work has been guided by the Trust's values, and staff have told us they want to feel more valued and respected: empowering management is a key part of creating a workplace where everyone feels valued, listened to and well-supported.

Alongside training for managers as outlined below, the Trust has several other ways in which it measures the temperature of the organisation regularly and facilitates effective engagement between colleagues.

### **NHS Staff Survey**

The annual NHS Staff Survey is the principal way that our people provide feedback on their working experience which enables us to measure progress and take action to make improvements where required.

In 2021, the NHS Staff Survey underwent the most significant change for at least a decade, aligning it with the People Promise following a commitment in the NHS People Plan 2020/21.

The People Promise sets out, in the words of our NHS people, the things that would most improve our working experience – like health and wellbeing support, the opportunity to work flexibly, and to feel we all belong, whatever our background or our job. The Promise acts as a unifying framework, supporting organisations across the NHS to improve and discuss employee experience and engagement.

This year 2594 members of staff completed the NHS Staff Survey. SECAmb recorded a response rate of 61%, meaning we exceeded our 60% target for the second year in a row.

The survey provides a valuable opportunity for staff to provide feedback, anonymously, on key areas of employee experience, such as how compassionate and inclusive we are and how recognised and rewarded employees feel, and also measures employee engagement and morale.

The 2021 NHS Staff Survey was undertaken from September to end of November 2021 by Quality Health, an independent organisation, on behalf of SECAmb. The results were published nationally in March 2022.

Due to the re-design of the survey, our theme scores can be compared to previous years in only the Staff Engagement and Morale themes, and as such, 2021 will be considered our baseline for the new theme scores moving forward.

## 2021 NHS Staff Survey Results

The results from the survey questions are grouped into themes to give scores against set indicators. Themes are scored on a 0–10-point scale and a higher theme score always indicates a more favourable result. Each theme score for SECAmb and our benchmarking group (ambulance trusts) average are presented below. Where scores are **green** there has been an improvement on the previous year's score, **red** is a deterioration, and black remains the same (or cannot be compared).

Theme	2021		2020		2019	
	SECAmb	Benchmarking Group	SECAmb	Benchmarking Group	SECAmb	Benchmarking Group
We are compassionate & inclusive	6.5	6.6	N/A	N/A	N/A	N/A
We are recognised & rewarded	4.8	5.1	N/A	N/A	N/A	N/A
We each have a voice that counts	5.6	5.9	N/A	N/A	N/A	N/A
We are safe & healthy	5.0	5.3	N/A	N/A	N/A	N/A
We are always learning	4.0	4.4	N/A	N/A	N/A	N/A
We work flexibly	4.8	4.9	N/A	N/A	N/A	N/A
We are a team	5.9	5.9	N/A	N/A	N/A	N/A
Staff Engagement	5.5	5.9	6.1	6.3	6.2	6.3
Morale	4.9	5.3	5.7	6.0	5.6	5.7

Our 2021 NHS Staff Survey results highlight that in all but one of the nine themes SECAmb is performing below Ambulance trust average, with the theme score for 'We Are a Team' being equal to the average.

Due to the re-design of the survey, we can compare only our Morale and Staff Engagement theme scores to previous years. The scores in both themes have shown a statistically significant decline compared with 2020.

At a question level we can compare 56 of the 92 questions to our 2020 results, of these 48 have worsened, 1 has remained the same, and 7 have improved. Our greatest improvement was in the percentage of staff feeling secure to raise clinical concerns, which improved from 68% in 2020, to 71% in 2021.

An "Improving Employee Experience" action plan has been developed and continues to be implemented. As part of this plan, all managers will review local staff survey data and develop, in conjunction with staff, appropriate action plans to improve staff experience and meet the People Promise. To support managers, a toolkit has been

rolled out, which includes tools and guidance around effectively utilising NHS Staff Survey results.

## **Employee Engagement**

Employee Engagement is key to help the Trust meet the range of challenges that it faces. Research shows that organisations with high levels of Employee Engagement produce better patient experience and outcomes.

In the NHS Employee Engagement is measured through the levels of motivation and advocacy our employees feel, and how they feel about their involvement in decisions and changes that affect them. Improving Employee Engagement requires a multi-dimensional approach, focusing on our culture, leadership philosophy and style, improved Employee Experience, and effective channels for employee voice.

Line managers have the most frequent opportunities to impact Employee Engagement and Experience, and for this reason, research shows that they are the single most important factor in an organisation's success.

To that end, the Inclusion, Learning and Organisational Development team are developing a new Employee Engagement Strategy for SECAmb, focusing on all aspects of Employee Engagement and the factors that impact on it. This may include, but would not be limited to, management and leadership development, the implementation of a Restorative Just Culture (including a focus on civility and respect), the roll-out of a new appraisal process, and a rejuvenated Employee Involvement Plan.

Through our work that has taken place so far around Employee Engagement, it has been identified that the Staff Engagement Advisory Group (SEAG) is not meeting the needs of the Trust or its employees when it comes to improving Employee Engagement. Whilst SEAG aims to provide an avenue for employee voice, it provides only a limited number of employees that opportunity, and this does not translate into improved Employee Engagement levels across the Trust. For this reason, SEAG was paused during 2021, to allow us the opportunity to reassess and design an Employee Involvement Plan that is fit for purpose in the ever-changing landscape in which SECAmb operates.

Although SEAG itself has been paused, over the last year the Inclusion, Learning & OD team have supported senior operations managers to implement the "Ops, EOC and 111 Town Hall", which is a more responsive and effective forum for operational staff to raise concerns and suggestions directly to the managers that can utilise employee feedback in decision making. As we move forward with finalising our Employee Involvement Plan, we will seek to ensure all SECAmb employees have access to a forum similar to the Town Hall, whilst also utilising digital innovations in engagement and involvement, ensuring managers have the skills to involve employees and improve engagement levels, and that employees have the skills and license to provide feedback and take part in improvements too.

To support this work, a suite of toolkits has been rolled out to all managers, which includes tools and guidance around improving Employee Experience and Employee Engagement, Involvement, and Civility and Respect. This suite will be expanded to include toolkits aiming to improve other aspects of Employee Experience, which will all contribute to improved Employee Engagement moving forward.

## **Induction**

Between 1st April 2021 and 31st March 2022 SECAmb welcomed 532 new colleagues of those, 269 (50.56%) attended the Trust's main induction event which focuses on our Trust values, quality, and the patient experience. In line with infection prevention control protocols the event was delivered via Microsoft Teams.

Centralised reports indicate that not all new colleagues receive a local induction. Between 1st April 2021 and 31st March 2022, there were 532 new starters to the Trust. Of these 27 were recorded to have completed a local induction – this equates to just 5% of all new starters. The L&OD team is working with local administrators to check the accuracy of these figures against locally held records.

This year we will focus on reviewing and redesigning the full onboarding and induction process to ensure that all new colleagues receive a positive induction experience; colleagues are supported, skilled and ready to carry out their roles at the start of their employment and with us. The induction improvement project aims to invest in developing a strong employee value proposition to attract talent from all communities within our area and enhance employee engagement. The three overarching objectives are ...

1. All colleagues attend Trust induction and receive a local induction within one month of joining the Trust to create a sense of belonging and to improve retention
2. All new colleagues complete their core skills statutory and mandatory training to ensure we deliver quality and safe services
3. Improve recording of local induction completion utilising ESR learning management (OLM)

## Appraisals

The annual appraisal review is an important part of employee engagement providing opportunities for regular and meaningful conversations between staff and their line managers. During the appraisal year 2020-21, 52.24% or 2173 of our people had an appraisal.

Managing appraisals during a pandemic has been exceptionally challenging, ensuring that colleagues are available and can respond to surges in activity has been a Trust-wide priority. It is recognised that the Trust's extant appraisal process and form is not fit for purpose, so a new version has been designed to coincide with the national change to pay progression. The new appraisal process is based on every colleague having the opportunity for an anniversary-based review – meaning that the appraisal date will be set around the anniversary of the date on which individuals joined SECAmb. This approach will help to alleviate peaks and troughs which can be associated with appraisals all being due at the same time of year.

To allow us to focus on a quality appraisal, the decision was made to plan for termination of our contract with Actus. A bespoke appraisal questionnaire has been created within ESR, producing a paperless process which is trackable for both the appraisee and appraiser. Use of ESR will allow for improved data quality and efficiency by not having to maintain a separate database with employee details.

Prior to this implementation, all managers will be trained and a thorough communication plan setting out the reason for the change, the implications and benefits for employees will be delivered.

In order to assist colleagues, an Appraisal Hub has been created on The Zone featuring a number of helpful resources. Resources include newly produced e-learning for appraisees and appraisers, detailed 'interactive' guides (using Page Tiger) and a new Appraisal Policy which was written in partnership with a wide variety of key stakeholders from across the Trust.

To maximise outcomes, the L&OD team is using a phased approach to appraisal implementation; allowing us to roll out the new process and system in stages rather than all at once. A Plan, Do, Study, Act (PDSA) cycle has been adopted to phase in the change on a manageable scale, building on the learning from each cycle in a structured way before wholesale implementation. This provides a powerful tool for learning from ideas that do and don't work, making the change safer and less disruptive for staff. Significant planning was undertaken to establish where we should go live, and the timescales involved. L&OD will continue to report into the monthly Appraisal Implementation T&F group to ensure Trust wide consultation moving forwards.

## Joint Partnership Forum (JPF)

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

Within SECAmb, five trade unions are formally recognised:

- GMB
- RCN
- UNISON
- Unite the Union
- BMA

The refreshed JPF terms of reference were agreed and implemented in the Summer of 2021. As part of the partnership working at JPF, it was recognised that the 2014 recognition agreement needed review and renegotiation. This is an ongoing piece of work, and with the recognition of the BMA in early 2022, more pressing.

In 2022/23 the Trust will begin formalising the journey towards a Restorative and Just Culture, starting with training that includes our union partners.

The Trust and its unions are beginning to establish a more firm basis for partnership working, with the unions valuable partners in raising issues that can be resolved together. We were busy throughout the year in working on areas jointly:

- 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, and capability procedures,
- Staff amenities,
- Health and safety concerns, and
- Hours of work.

## Trade Union Facilities Time

The Trust is required to include this section in our report to demonstrate our commitment to facilitating Union time to undertake this important role.

**Table 1 – Relevant Union Officials**

Number of employees who were relevant union officials during the relevant period	Full Time Equivalent Union Officials
71	61

**Table 2 - Percentage of time spent on facility time**

The number of 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

<b>% of Time</b>	<b>Number of Employees</b>
0%	27
1-50%	36
51-99%	7
100%	0

**Table 3 - Percentage of pay bill spent on facilitation time**

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

<b>Total cost of facility time</b>	£145,500 (£14.55 average hourly rate)
<b>Total pay bill</b>	£204,169,000
<b>% of the pay bill spent on facility time, calculated as (total cost of facility time/ total pay bill) x 100</b>	0.071%

**Table 4 - Paid Trade Union Activities**

As a % of total paid facility time hours, the number of hours spent by employees who

were relevant union officials during the relevant period on paid trade union activities.

<b>Hours spent on paid facility time</b>	10,000
<b>Time spent on paid trade union activities as a % of total paid facility time hours calculated as (total hours spent on paid trade union activities by relevant trade union officials/ total paid facility time hours) x 100</b>	0%
	NB: Trade Union Activities were included in the Paid Facility Time Figure for 2020-21

## 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.

All appointments at this level are formally approved by the Appointments and Remuneration Committee.

<b>Highly-paid off-payroll worker engagements as at 31 March 2022 earning £245 per day or greater</b>	<b>Number of engagements</b>
Number of existing engagements as of 31 March 2022	64
Of which ...	
Number that have existed for less than one year at time of reporting.	42
Number that have existed for between one and two years at time of reporting.	9
Number that have existed for between two and three years at time of reporting.	10
Number that have existed for between three and four years at time of reporting.	2
Number that have existed for between three and four years at time of reporting.	1

<b>All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2022 earning £245 per day or greater</b>	<b>Number of engagements</b>
Number of off-payroll workers engaged during the year ended 31 March 2022	85
Of which ...	
Not subject to off-payroll legislation*	0
Subject to off-payroll legislation and determined as in-scope of IR35*	0
Subject to off-payroll legislation and determined as out-of-scope of IR35*	85
Number of engagements reassessed for compliance or assurance purposes during the year.	0
Of which: number of engagements that saw a change to IR35 status following review	0

\* A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes

<b>For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022</b>	<b>Number of engagements</b>
Number of off-payroll engagements of board members, and/or senior officers 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' during the financial year. This figure must include both off-payroll and on-payroll engagements.	21

### **Expenditure on consultancy**

The total expenditure for 2020-21 was £0 and we engaged no consultancy firms.

### **Staff exit packages**

There were 4 exit packages paid in 2021-22 (2020-21: 9) at a total cost of £177k (2020-21: £177k)

<b>Exit package cost band (including any special payment element)</b>	<b>2021-22</b>			<b>2020-21</b>		
	<b>Number of compulsory redundancies</b>	<b>Number of other departures agreed</b>	<b>Total number of exit packages by cost band</b>	<b>Number of compulsory redundancies</b>	<b>Number of other departures agreed</b>	<b>Total number of exit packages by cost band</b>
Less than £10,000	1	0	1	3	0	3
£10,001-£25,000	2	0	2	4	0	4
£25,001-£50,000	0	0	0	2	0	2
£50,001-£100,000	0	0	0	0	0	0
£100,001 - £150,000	1	0	1	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0

<b>Total number of exit packages by type</b>	4	0	4	9	0	9
<b>Total resource cost (£000)</b>	177	0	177	177	0	177

### **Other (non-compulsory) staff exit packages**

There were no other (non-compulsory) staff exit packages agreed in 2021-22 (2020-21: nil) at a cost of £nil (2020-21: £nil) as shown below:

<b>Exit packages: other (non-compulsory) departure payments</b>	<b>Agreements Number</b>	<b>2021-22</b>		<b>2020-21</b>	
		<b>Total value of agreements £000</b>	<b>Agreements Number</b>	<b>Total value of agreements £000</b>	<b>Agreements Number</b>
Voluntary redundancies including early retirement contractual costs	0	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0	0
Non-contractual payments requiring HMT approval *	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	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.

## Disclosures set out in the NHS Foundation Trust Code of Governance

South East Coast Ambulance Service NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Code of Governance reference	Summary of requirement	Where this disclosure is in the Annual Report 2021-22
A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved and include 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	The annual report should identify the chairperson, the deputy chairperson, the chief executive, the senior independent director and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	Directors' Report
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Directors' Report
FT Annual Reporting Manual (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 board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	Directors' Report
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	Directors' Report
FT ARM	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	Directors' Report
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	Directors' Report
FT ARM	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	Directors' Report

B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise and included in the next annual report.	Directors' Report
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Directors' Report
FT ARM	If, during the financial year, the Governors have exercised their 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) under of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.	Not applicable
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	Annual Governance Statement
B.6.2	Where there has been external evaluation of the board and/or governance of the trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	Annual Governance Statement
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).  See also ARM paragraph 2.95.	Statement at end of the Accountability Report  Annual Governance Statement
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	Annual Governance Statement
C.2.2	A trust should disclose in the annual report:  (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Annual Governance Statement
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an 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 has taken a different position.	Not applicable

C.3.9	<p>A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> <li>the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;</li> <li>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</li> <li>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.</li> </ul>	Annual Governance Statement
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	Not applicable
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	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 member engagement and report on this in the annual report.	Directors' Report
E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	Directors' Report
FT ARM	<p>The annual report should include:</p> <ul style="list-style-type: none"> <li>a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership;</li> <li>information on the number of members and the number of members in each constituency; and</li> <li>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, including progress towards any recruitment targets for members.</li> </ul>	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 some cases the provision is not applicable or the circumstances described have not arisen.

<b>Code of Governance reference</b>	<b>Summary of requirement</b>	<b>Where this disclosure is in the Annual Report 2020-21</b>
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 healthcare delivery	Comply
A.1.5	The board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed 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 NHS Improvement (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 Nolan Principles
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. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	Comply
A.4.1	In consultation with the council, the board should appoint one of the independent non-executive directors to be the senior independent director.	Comply
A.4.2	The chairperson should hold meetings with the non-executive directors without the executives present.	Comply
A.4.3	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes.	Comply
A.5.1	The council of governors should meet sufficiently regularly to discharge its duties.	Comply
A.5.2	The council of governors should not be so large as to be unwieldy.	Comply
A.5.4	The roles and responsibilities of the council of governors should be set out in a written document.	Comply

A.5.5	The chairperson is responsible for leadership of both the board and the council but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate.	Comply
A.5.6	The council should establish a policy for engagement with the board of directors for those circumstances when they have concerns.	Comply
A.5.7	The council should ensure its interaction and relationship with the board of directors is appropriate and effective.	Comply
A.5.8	The council should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board.	Comply
A.5.9	The council should receive and consider other appropriate information required to enable it to discharge its duties.	Comply
B.1.2	At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	Comply
B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	Comply
B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	Comply
B.2.2	Directors on the board of directors and governors on the council should meet the "fit and proper" persons test described in the provider licence.	Comply
B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the board and make recommendations for changes where appropriate.	Comply
B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s).	Comply
B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors.	Comply
B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.	Comply
B.2.7	When considering the appointment of non-executive directors, the council should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	Comply
B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non-executive directors.	Comply
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	Comply
B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.	Comply

B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	Comply
B.5.2	The board, and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	Comply
B.5.3	The board should ensure that directors, especially non- executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.	Comply
B.5.4	Committees should be provided with sufficient resources to undertake their duties.	Comply
B.6.3	The senior independent director should lead the performance evaluation of the chairperson.	Comply
B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	Comply
B.6.5	Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	Comply
B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	Comply
B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without	Comply
C.1.2	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	Comply
C.1.3	At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to	Comply
C.1.4	a) The board of directors must notify NHS Improvement and the council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may	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 NHS Improvement informing it of the reasons behind the decision.	Comply
C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	Comply
D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	Comply
D.1.2	Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	Comply
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	Comply
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	Comply
D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	Comply
E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.	Comply
E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole.	Comply
E.2.1	The board should be clear as to the specific third-party bodies in relation to which the NHS foundation trust has a duty to co-operate.	Comply
E.2.2	The board should ensure that effective mechanisms are in place to co-operate with relevant third-party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.	Comply

## NHS System Oversight Framework

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

1. quality of care, access and outcomes
2. preventing ill health and reducing inequalities
3. finance and use of resources
4. people
5. leadership and capability

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*

In response to the draft CQC findings from the well led inspection, it was confirmed on 27 May that the Trust will move from Segment 2 to Segment 4 and will be included in the national Recovery Support Programme (RSP). It will remain in Segment 4 for the duration the RSP is in place with achievable exit criteria to be agreed linked to the CQC findings and recommendations.

This segmentation information is the trust's position as at 4 June 2022. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website:

<https://www.england.nhs.uk/publication/nhs-system-oversight-frameworksegmentation/>

## **Statement of the Chief Executive's responsibilities as the accounting officer of South East Coast Ambulance 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, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, 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:

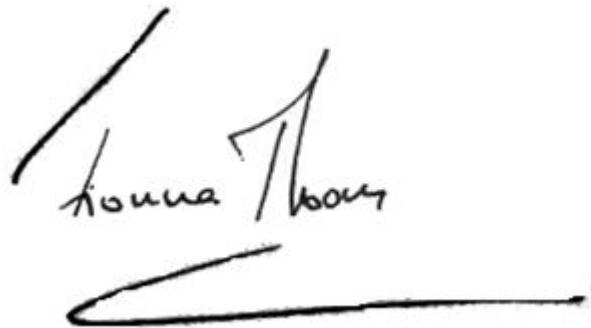
- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the 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 and disclose any material uncertainties over going concern.

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 safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

A handwritten signature in black ink. The name 'Fionna' is written in a cursive script, with a small 'J' preceding it. To the right of 'Fionna', the name 'Moore' is written in a similar cursive script. Below the name is a long, horizontal, sweeping underline.

**Dr Fionna Moore, Interim Chief Executive Officer**

Date: 22<sup>nd</sup> June 2022

# Annual Governance Statement (AGS)

## 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 NHS Foundation Trust for the year ended 31 March 2022 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 recognises that a key factor in driving its priorities is to ensure that effective arrangements are embedded in the organisation's practices and processes, so that they become part of the culture.

The Audit & Risk Committee is the committee of the Board that seeks assurance that the processes to manage risk are effective. During the past year the committee supported changes to the process aimed at ensuring clearer ownership and more consistent assessment of risk. These changes started toward the end of year and the expectation is that they will start to embed during 2022-23.

There was a delay with the introduction of Datix Cloud, the risk management system that has improved functionality to administration of the risk management process; this was introduced in Q1 of 2022/23.

In addition to a risk management monthly report to the Senior Management Group, the Executive are notified each week of all new risks with an initial score of 12 or more for their scrutiny and review.

Internal Audit undertakes a review of risk management each year and this year it provided the Board with *reasonable assurance*. The review confirmed that overall, the trust has a strong design of risk management, however, some weaknesses remain in the risk assurances for the divisional risks, the risk training and risk scoring. While I had been aware of this and had confidence that the new risk management process being implemented would address these issues, I was not

aware of the extent to which some of these weaknesses were having an impact. The CQC inspection in March 2022 helped to highlight a greater degree of concern, in particular with the timeliness of actions being taken when risks are identified. I refer to the CQC inspection in greater detail in the next section (risk and control framework) of this statement.

I chair the Executive Management Board, which is responsible for ensuring the appropriate resource is available to manage risk. It 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 escalates the same to the Trust Board, and 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 Quality & Nursing** is the executive lead responsible for ensuring that overall risk and assurance processes are established and implemented, reporting to the Executive Management Board 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 Executive Management Board and Trust Board, as required.

The **Chief Operating Officer / Executive Director of Finance** 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 **Executive Director of Operations** is the Accountable Emergency Officer and is responsible for ensuring the Trust complies with Emergency Planning, Preparedness and response (EPRR) statutory obligations and policy guidance.

## **The risk and control framework**

The Risk Management 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. The policy sets out the governance arrangements for management and how these are designed to ensure that risks are being effectively identified, assessed, and mitigated. 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 several 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 qualitative 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 by continuing to encourage identification and reporting. I am clear that work is needed to further improve our risk management processes, principally through training, to ensure a more consistent application of the process, including how risks are scored and continually reviewed, and how risks are then escalated through the governance framework, when the controls are not effective.

In the past couple of years, the pandemic has restricted our ability to ensure risk management training and so we have provided ad hoc training which has been broadly limited to middle managers. This was one of the areas of weakness identified by the Internal Audit and has been one of the contributing factors to some risks being poorly described and scored. A new training programme is scheduled to be rolled out from Q1 of the coming year 2022-23, which includes roles from risk management system users to Board members. This training aligns to the new risk processes set out in the related policy.

While I have taken an appropriate level of assurance from the risk management Internal Audit reviews, which for the last three years has confirmed 'reasonable assurance', I do acknowledge there is more to do to improve and ensure consistency in our approach to risk. In March 2022 the CQC undertook a Well Led Inspection and rated this domain Inadequate. It also inspected EOC (rated Requires Improvement) and 111 (rated Good). The other two services were not inspected; Emergency and Urgent Care, and Resilience and these remain rated Outstanding and Good, respectively. Overall therefore the Trust has maintained its overall 'Good' rating. The findings from the Well Led inspection included concerns about the way corporate and clinical governance worked together to provide effective oversight of risks, and how harm was being assessed when undertaking harm reviews. There was also concern about how information was being used to ensure challenge and holding to account so that action is taken when risks are identified, and a culture of bullying where concerns were not always resolved in a timely way. Building on the work already in place to improve our approach to governance and risk management, we are in the process of developing a comprehensive improvement plan. This will help us focus on delivering our key priorities for the coming year, details of which are outlined within the Performance Overview section of the Annual Report, and also

addresses the specific findings from the CQC inspection that helped to highlight a greater degree of concern to what we had previously understood to be the case.

The Trust Board monitors at each of its meetings the principal risks through the BAF risk report and uses the same to plan agendas for both Board and its committees. The Board also assesses the impact on quality and performance through the Integrated Performance Report. At its development meeting in April 2022, the Board received training from NHS England on 'Making Data Count'. This provided information on what is considered the gold standard for IPRs through the use of Statistical Process Control (SPC) charts. As a result of this, the Board agreed to move to this new way of presenting and using data to inform decisions, and it plans to receive the first version in July 2022. This will go alongside a review of the core quality metrics, providing a more succinct assurance process, and helps to address the findings of the CQC related to how the golden thread of quality runs through our governance processes. It will also support the implementation of a trust-wide quality improvement process methodology

In Q1 of 2022/23 we will be developing a scope for an external well led governance review, part of which will be to test the amendments we are making to our framework.

The Trust's major risks during 2021-22 included:

Patient Safety & Quality - Risk that our operating model is not suitably designed to consistently ensure efficient and effective management of demand and patient need.

In response we:

- Developed an operational performance improvement plan focusing on key actions to both improve process and use of available resources
- Introduced a new Performance Cell to better predict where to allocate resources so that we can match these with demand
- Started work on a transformation programme (Better by Design) to develop the right care delivery model for the future

Going forward we plan to:

- Using the feedback from our key internal and external stakeholders, refine the transformation programme as part of the development of our improvement journey and the priorities for the coming year that responds to the challenges identified by the staff survey and CQC.
- Increase our clinical workforce, through the integrated planning work.

Workforce Sustainability - Risk that we will lose a significant number of senior paramedics to primary care and other parts of health system, which will lead to the deskilling of the workforce and an inability to upskill the remaining workforce.

In response we:

- Worked in partnership with six higher education institutions for pre-registration paramedic education programmes
- Established a new clinical education strategy

- Recruited over 280 ECSWs and NQPs, and increased provision of private ambulance providers
- Worked with the regional leads and PCN's to limit the recruitment from the ambulance service whilst the issue is collectively addressed.

Going forward we plan to:

- Significantly increase our clinical workforce
- Continue to work with the system on the development of a sustainable regional workforce plan

Education Training & Development - Risk that we cannot consistently abstract staff for education training and development, due to a disparity in commissioning, resource, and operational pressures, which will lead to continued gaps in clinical and leadership development

In response we have:

- Agreed a more sustainable key skills delivery programme. This started in April 2022.
- Developed a management development programme, which is due to start in July 2022.

Going forward we plan to:

- Develop a broader education training and development strategy
- Establish a training and development plan for each group of staff
- Investing in leadership
- As part of the integrated plan improve the way we manage abstractions

Financial Sustainability - Risk that we are unable to develop a robust long term financial plan to deliver safe quality and effective services, due to uncertainty over the future with national/regional plans.

In response we have:

- Established a project to ensure every personnel file is complete with key right to work documents – this is now almost complete with very few still outstanding.

Going forward we plan to:

- Undertake an Internal Audit to provide independent assurance, once the project is complete during Q1 of 2021-22.

The Trust has an annual programme that includes completion of the Data Security and Protection Toolkit, annual information governance training for all staff on the risks around data security, and compliance with data protection legislation which includes the appropriate handling of patient and employee identifiable data. In addition to this, the Trust adheres to NHS Digital and UK Government Communications-Electronics Security Group (CESG) best practice guidelines on IT Security for 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 has made significant investment in security hardware and software as well as procuring a new data backup and recovery solution.

### **Effectiveness of board and committee structures**

The Board of Directors has a well-established committee structure. Each committee has a cycle of business to help guide the focus of its assurance and through the monitoring of information tests the impact of the design and implementation of controls and how management ensures standards are maintained and improved.

In Q2 the Board established a new Performance Committee, in response to the ongoing challenges to meet the ambulance response programme standards. This also allowed the Finance & Investment Committee (where performance had previously been considered) to give greater focus to finance in light of the issues and risks to long term planning and sustainability.

As part of its annual plan, the Audit and Risk Committee tests the effectiveness of the framework, including the effectiveness of the other Board committees.

The Trust Board receives at every meeting a comprehensive Integrated Performance Report detailing the key performance metrics. The Board committees also receive dashboards taken from the IPR which they use to help steer their focus. This is demonstrated, for example, when in Q3 the Board expressed concern about the metrics in the IPR related to aspects of infection prevention and control. It asked its Quality & Patient Safety Committee to explore the root causes which it did throughout the early part of 2022, reporting back to the Board accordingly.

### **Responsibilities of directors and committees**

The terms of reference for each committee are reviewed at least annually. Each committee has a non-executive chair and executive lead, working together with the company secretary to plan for meetings, ensuring dynamic assessment of the key issues requiring scrutiny. In response to feedback from the CQC we will be using this mechanism to ensure the golden thread of quality is more overt in each committee.

### **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 line is 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 Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) 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 Foundation Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The 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 is 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, several 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 actions needed to implement the agreed recommendations, within specified timescales. These were tracked and overseen by the Audit & Risk Committee.

I report to the Audit and Risk Committee at each meeting and during the year have confirmed the steps being taken to improve the timeliness of completing some of the management actions. This has improved during the course of the year.

RSM identified *reasonable assurance* following each of its reviews, save for Freedom to Speak Up and Fleet Management where the conclusion was *partial assurance*. Action is being taken in response.

The *reasonable assurance* review of financial forecasting and management supports the assurance in financial performance I have received through this year, in which we have once again met our plan. Although it is a deficit plan, I am confident in our financial controls; the way we consider cost pressures and business cases is robust, and there are constructive discussions with system partners about the financial gap we have identified as part of our integrated planning for 2022-23. As I refer to earlier in this statement, this includes an ambitious plan to increase our clinical workforce, which is the main driver for the gap, in turn reducing the risk to patients in the communities where we operate.

## Information governance

The Trusts information governance framework continues to evolve and develop to support internal and external partnership requirements. Compliance is integral to the ongoing clinical integrations of shared patient care records relating to our ICS', the Trusts business as usual activities, and continued data processing under COVID 19.

This framework is fully embedded within the organisation and ensures that the Trust meets its statutory legal requirements in line with data protection legislation, namely the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018.

The Trusts IG framework was extended further in relation to the COVID 19 pandemic which has seen an increase in external and internal data processing. This additional data processing related to internal vaccination programmes, test and trace and the monitoring of cases. All processing of data has remained in line with legislation with internal assurance met through the completion of specific COVID -19 assurance documentation: short form Data Protection Impact Assessments, Records of Processing Activities, transparency materials and documented data flows.

Engagement and awareness within the Trust remain positive. The Information Governance Working Group remains operational and includes widespread membership including, Senior Information Risk Owner (SIRO), Deputy SIRO, Caldicott Guardian, Corporate directorates, EOC 999 and NHS111 service portfolios. However, due to demand and capacity pressures during 2021 / 2022 meetings have on occasion been deferred and alternative methods of communication have been used to provide assurance.

During 2021 / 2022 external IG support was sourced to support the ongoing demand and activity within the IG portfolio. As a result of this the Head of Information Governance will be looking to increase the portfolio further during 2022 / 2023.

The Trust is an open and transparent organisation, and reports all significant IG breaches to its regulator, the Information Commissioners Office (ICO). During this

reporting period (April 2021 – March 2022) the Trust reported two breaches to the ICO, both related to a breach of confidentiality. In accordance with process, these were appropriately reviewed and graded using the national incident reporting tool and formally recorded through the Data Security & Protection Toolkit. In each instance the Trust issued a formal response to the ICO detailing background, findings, and evidence of shared learning. This was formally accepted and no regulatory actions have been taken.

For internal assurance an independent and thorough internal review was undertaken for each breach. An anonymised breach report was also presented to the Information Governance Working Group for transparency and shared learning.

## **Data quality and governance**

Data Quality refers to the building blocks of data items and the Trust adopts the Audit Commission's description of the six characteristics;

1. **Accuracy** Data should be sufficiently accurate for its intended purpose.
2. **Validity** Data should be used in compliance with relevant requirements including the correct application of rules or definitions.
3. **Reliability** Data should reflect stable and consistent data collection processes over time.
4. **Timeliness** Data should be captured as quickly as possible after the event and should be made available to support information needs and to influence service or management decisions.
5. **Relevance** Data captures should be relevant to the purposes for which they are used.
6. **Completeness** Data should be clearly specified based on the information needs of the users.

I take assurance from the positive finding of the Internal Audit of data quality, this year in relation to 111. This concluded 'reasonable assurance' that the controls in place for collecting and monitoring data in the 111 service have generally been found to be adequately designed.

The Trust has continued its investment in a Business Intelligence function to ensure provision of accurate and timely data to internal and external stakeholders via the Microsoft Power BI platform. The data is used by all users to support both day-to-day decisions and strategic planning. We have this year expanded this function further as part of the introduction of the Performance Cell, which helps forecast activity so we can better align our resources.

## **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 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 and risk committee and quality committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its committees have a significant role in reviewing the effectiveness of the system of internal control, as I have referred to in earlier sections of this statement. 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 highlighting the key escalations from 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 following every meeting, and these reports describe the levels of assurance as well as any related actions taken.

During the year, the Board has acknowledged the efforts of management, operational and support services staff in their continued response to the unique challenges of the pandemic. It has also provided support and challenge in areas where the Board has not been assured. The principal concerns from the Board have related to the ability to meet the needs of patients, and to ensure the safety of staff during the pandemic.

There have been areas the Board has challenged but not always held to account for delivery against. This has been an area of development identified by the Board as part of recent development sessions and highlighted too by the findings of the CQC.

#### 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, the committee, and the executive. For example, the executive was concerned about Fleet management and so asked Internal Audit to undertake a review; the *partial assurance* findings related in the main to the way data is used. The lead director used this to inform a review of governance framework related to Fleet, and also in the development of the IPR where Fleet data is now included.

The committee has flexibility to ask internal audit to review any urgent issue as they arise. This happened for example in relation to governance of Better by Design. A Management Letter was provided confirming that the governance appeared to be sound.

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. As was mentioned in last year's statement, the committee challenged the executive to ensure the BAF risks were more strategic in nature and so the BAF risks in the last 12 months have been framed in response to this.

#### 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.

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 have included:

- Infection Prevention and Control
- NHS Pathways
- Serious Incidents
- EOC Safety – Mental Health
- Impact of Clinical Audit Actions

#### 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 2021-22 Clinical Audit plan includes both national Ambulance Clinical Quality Indicators, which are reported to NHS England and our own internal clinical audit programme.

The Clinical Audit and Quality Sub-Group reviews risks, ensures shared learning from clinical outcome indicators, and reviews 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. As I mention above, clinical audit was one of the areas where the Quality and Patient Safety Committee needed to seek additional assurance; this was specifically related to the impact of actions on patient outcomes that were taken in response to a clinical audit. The committee did through the year receive assurance with the effectiveness of clinical audit. It was also assured by the delivery of the audit plan.

#### Internal Audit

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

Based on the work undertaken in 2021/22 the Head of Internal Audit Opinion is positive and confirms that *the organisation has an adequate and effective framework for risk management, governance, and internal control. However, our work has identified further enhancements to the framework of risk management, governance, and internal control to ensure that it remains adequate and effective.*

The outcome of each review is listed below.

## **Reasonable Assurance**

Station Visits  
111 Performance and Data Quality  
Incident Management  
Recruitment and Visas  
Financial Forecasting and Management.  
Risk Management  
Community Resilience  
Payroll

## **Partial Assurance**

Freedom to Speak Up  
Fleet Management

Clear management actions have been identified to address the issues relating to the two partial assurance reviews.

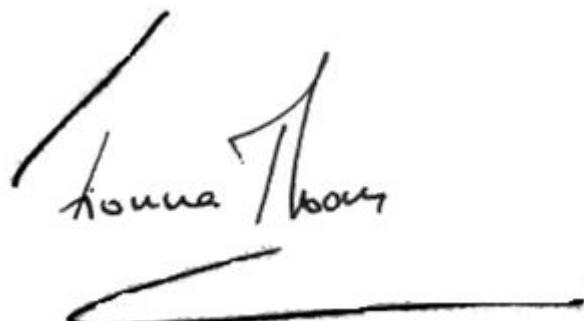
### **External Audit**

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 2021/22 there was an unqualified audit opinion on the financial statements, but a significant weakness (and opinion modification) relating to value for money, which was driven by the CQC's well-led inspection findings

### **Conclusion**

The following have been identified as significant internal control issues:

- Corporate and clinical governance not always working effectively together to ensure robust oversight of risks and issues.
- Lack of timely action in response to when some risks were identified and when incidents of bullying were reported.

A handwritten signature in black ink. The name 'Fionna' is written in a cursive script, with 'Moore' written below it in a slightly more formal, printed-style font. A large, sweeping underline is drawn across the signature.

**Dr Fionna Moore, Interim Chief Executive Officer**

**Date: 22<sup>nd</sup> June 2022**



## **Statement of Directors' responsibility for the report and accounts**

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

## Glossary

Acronym	Term	Acronym	Term
A&E	Accident and Emergency	EA	Equality Analysis
AACE	Association of Ambulance Chief Executives	ECPAG	Emergency Call Prioritisation Advisory Group
AAP	Associate Ambulance Practitioner	ECSW	Emergency Care Support Worker
AMPDS	Advanced Medical Priority Dispatch System	EIA	Equality Impact Analysis
AMM	Annual Members Meeting	EMA	Emergency Medical Advisor
AQI	Ambulance Quality Indicator	EMB	Executive Management Board
ARC	Appointments and Remuneration Committee	EOC	Emergency Operations Centre
ARP	Ambulance Response Programme	EPA	End Point Assessment
AuC	Audit and Risk Committee	EPCR	Electronic Patient Clinical Record
BAME	Black, Asian and Minority Ethnic	EPRR	Emergency Preparedness, Resilience and Response
BAU	Business as Usual	ESC	Emergency Services Collaboration
BI	Business Information	ESM	Executive and Senior Managers
CAD	Computer Aided Dispatch System	EU	European Union
CAS	Clinical Assessment Service	EUC	Emergency and Urgent Care
CCD	Critical Care Desk	EV	Electric Vehicle
CCG	Clinical Commissioning Groups	FFP	Filtering facepiece
CD	Controlled Drugs	FIC	Finance and investment Committee
CDSS	Clinical Decision Support System (i.e. NHS Pathways)	FROS	First Responder on Scene
CFC	Charitable Funds Committee	FT	Foundation Trust
CFR	Community First Responder	GDC	Governor Development Committee
CHIP	Call Handling Integration Plan	GDPR	General Data Protection Regulation
CMG	COVID Management Group	GEN	Gender Equality Network
COI	Clinical Outcome Indicator	GIRFT	Getting it Right First Time
COPI	Control of Patient Information	GP	General Practitioners
CPD	Continuing Professional Development	HART	Hazardous Area Response Team
CPR	Cardiopulmonary Resuscitation	HEE	Health Education England
CQC	Care Quality Commission	HEI	Higher Education Institution
CRLIG	COVID 19 Recovery and Learning & Improvement Group	HQ	Headquarters
DA	Domestic Abuse	HR	Human Resources
DAB	DAB – Direct Appointment Booking	HSJ	Health Service Journal
DCA	Double Crewed Ambulance	HTD	HART Tasking Desk
DHSC	Department of Health and Social Care	IC24	Integrated Care 24 - Partner in NHS 111
DOS	Directory of Services	ICO	Information Commissioners Office
DPIA	Data Protection Impact Assessment	ICP	Integrated Care Partnerships

Acronym	Term	Acronym	Term
ICS	Integrated Care Systems	NomCom	Nominations Committee
IG	Information Governance	Ofsted	Office for Standards in Education
IHAG	Inclusion Hub Advisory Group	OH	Occupational Health
IOSH	Institution of Occupational Safety & Health	OU	Operating Unit
IPC	Infection Prevention and Control	PAD	Public Access Defibrillators
ISDN	Integrated Stroke Development Networks	PALS	Patient Advice and Liaison Service
IUC	Integrated Urgent Care	PEd	Practice Education
IVR	Interactive Voice Recognition	PEG	Patient Experience Group
IWG	Inclusion Working Group	PCN	Primary Care Networks
JRCALC	Joint Royal Colleges Ambulance Liaison Committee	PCR	Patient Clinical Record
JRU	Joint Response Unit	PHE	Public Health England
KMS	Kent, Medway and Sussex	PHSO	Parliamentary and Health Service Ombudsman
KMCR	Kent and Medway Care Record	PPE	Personal Protective Equipment
KPI	Key Performance Indicators	pPCI	primary Percutaneous Coronary Intervention
KSSAHSN	Kent Surrey Sussex Academic Health Science Network	PMO	Programme Management Office
LAS	London Ambulance Service	QIA	Quality Impact Assessment
LOWVe	Longest One Waiting Vehicle	RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
LRFs	Local Resilience Forums	ROSC	Return of Spontaneous Circulation
MACA	Military Aid to Civil Authorities	SCR	Surrey Care Record
MBE	Member of The Most Excellent Order of the British Empire	SEAG	Staff Engagement Advisory Group
MDC	Membership Development Committee	SI	Serious Incident
MHFA	Mental Health First Aid	SIRO	Senior Information Risk Owner
MP	Member of Parliament	STEMI	ST-Elevation myocardial infarction
MRC	Make Ready Centre	STP	Sustainability and Transformation Partnerships
NARU	National Ambulance Resilience Unit	TDM	Targeted Dispatch Model
NASMed	National Ambulance Service Medical Directors Group	TriM	Trauma Risk Management
NDOG	National Directors of Operations Group	UTC	Urgent Treatment Centre
NED	Non-Executive Director	VC	Video Consultation
NEWS	National Early Warning Score	VSM	Very Senior Managers
NHS	National Health Service	WRES	Workforce Race Equality Standard
NHSE/I	National Health Service England/Improvement	WTE	Whole Time Equivalent

For more information:

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

## **2021/22 Annual Accounts**

## Accounts 31 March 2022

### 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.

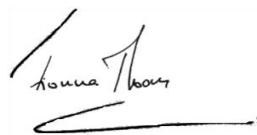
NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South East Coast Ambulance NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts 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.

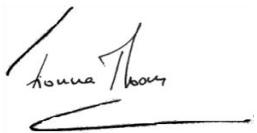
To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



16 June 2022  
Fionna Moore, Interim Chief Executive

### FOREWORD TO THE ACCOUNTS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

The accounts have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.



16 June 2022  
Fionna Moore, Interim Chief Executive

**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**

**Opinion**

We have audited the financial statements of South East Coast Ambulance Service NHS Foundation Trust ("the Trust") for the year ended 31 March 2022 which comprise the Trust Statement of Comprehensive Income, Trust Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2022 and of its income and expenditure for the year then ended: and
- 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 and the Department of Health and Social Care Group Accounting Manual

**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.

**Going concern**

The Directors have 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 its 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").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.
- we have not identified, and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

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 above conclusions are not a guarantee that the Trust will continue in operation

**Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust**

**Fraud and breaches of laws and regulations – ability to detect**

***Identifying and responding to risks of material misstatement due to fraud***

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk that income outside of the Trust's block contract funding is accounted for in the incorrect financial period and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year end accruals.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals with unusual account combinations and material period 13 journals.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Agreeing a sample of year end accruals to relevant supporting documents, including actual invoices after year end, where applicable.
- Performing cut-off testing of income and expenditure in the period from 1 March 2022 to 31 May 2022 to determine whether amounts have been recorded in the correct period
- Assessing the outcome of the NHS agreement of balances exercise with CCGs and other NHS providers and investigated the cause of the variances identified.

***Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations***

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and from inspection of the Trust's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

**Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust**

***Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations continued***

The Trust is subject to laws and regulations that directly affect the financial statements, including the National Health Service Act 2006 and financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

***Context of the ability of the audit to detect fraud or breaches of law or regulation***

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non compliance with all laws and regulations.

**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.
- in our opinion report has been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22.

**Annual Governance Statement**

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22. We have nothing to report in this respect.

**Remuneration and Staff Reports**

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

**Accounting Officer's responsibilities**

As explained more fully in the statement set out on page 197, 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.

**Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust**

**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](http://www.frc.org.uk/auditorsresponsibilities).

**REPORT ON OTHER LEGAL AND REGULATORY MATTERS**

**Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

In March 2022 the CQC undertook a Well-led inspection of the Trust and rated this domain as "inadequate", with a series of contributing findings clearly related to the 2021-22 financial year. These findings included:

1. Concerns around the way corporate and clinical governance worked together to provide effective oversight of risks, and how harm was being assessed when undertaking harm reviews.
2. A concern around a disconnect between Executive leadership and the rest of the organisation.
3. A concern around how information was being used at Executive level to challenge and hold the Trust to account around key risks and action plans being developed.
4. Concerns around a culture of bullying in some areas of the Trust and complaints/allegations not always being investigated thoroughly or in a timely manner.

In relation to the Well-led domain therefore, the findings will lead to a section 29A warning notice being issued.

We have raised a recommendation within our Auditor's Annual Report for the Trust to ensure that the development and implementation of action plan to respond to the recommendations of the independent review is appropriately monitored, reported against and owned by the Trust Board.

**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 paragraph 1(d) of Schedule 10 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 and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

**Independent auditor's report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust**

**Statutory reporting matters**

We are required by Schedule 2 to the Code of Audit Practice to report to you if :

- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 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.

**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 for the year ended 31 March 2022 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.



**Ben Lazarus**  
for and on behalf of KPMG LLP (Statutory Auditor)  
Chartered Accountants  
15 Canada Square  
London  
E14 5GL

22 June 2022

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED  
31 March 2022**

	NOTE	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
<b>Operating income</b>			
Operating income from patient care activities	5	300,470	276,196
Other operating income	5.1	5,625	22,570
Operating expenses	8	(311,564)	(305,284)
<b>Operating (deficit)/surplus</b>		<b>(5,469)</b>	<b>(6,518)</b>
<b>Finance costs:</b>			
Finance income	13	26	6
Finance costs	14	(22)	(44)
Public dividend capital dividends payable		(860)	(555)
<b>(Deficit)/surplus for the financial period</b>		<b>(6,325)</b>	<b>(7,111)</b>
Gains/(losses) on disposal of non-current assets		1,390	390
<b>Retained (deficit)/surplus for the period</b>		<b>(4,935)</b>	<b>(6,721)</b>
<b>Other comprehensive income</b>			
Impairments and reversals	15	0	0
Gains on revaluations	15	2,701	1,147
<b>Total comprehensive income for the period</b>		<b>(2,234)</b>	<b>(5,574)</b>

The accompanying notes on pages 13 to 50 form part of these financial statements.

**Reported NHS financial performance position**

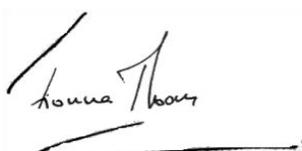
<b>Retained (deficit)/surplus for the year</b>	<b>(4,935)</b>	<b>(6,721)</b>
<b>Reported NHS financial performance position</b>	<b>(4,935)</b>	<b>(6,721)</b>

**STATEMENT OF FINANCIAL POSITION AS AT  
31 March 2022**

		<b>31 March 2022</b>	31 March 2021
	NOTE	£000	£000
<b>Non-current assets</b>			
Property, plant and equipment	15	<b>75,795</b>	65,612
Intangible assets	16	<b>2,026</b>	3,185
<b>Total non-current assets</b>		<b>77,821</b>	68,797
<b>Current assets</b>			
Inventories	19	<b>2,598</b>	1,954
Trade and other receivables	20	<b>11,430</b>	16,443
Non-current assets held for sale	22	<b>1,474</b>	584
Cash and cash equivalents	21	<b>62,555</b>	40,152
<b>Total current assets</b>		<b>78,057</b>	59,133
<b>Total assets</b>		<b>155,878</b>	127,930
<b>Current liabilities</b>			
Trade and other payables	23	<b>(55,943)</b>	(35,853)
Other liabilities	23	<b>(825)</b>	(80)
Borrowings	24	<b>(46)</b>	(43)
Provisions	26	<b>(3,194)</b>	(8,944)
<b>Total current liabilities</b>		<b>(60,008)</b>	(44,920)
<b>Net current assets/(liabilities)</b>		<b>18,049</b>	14,213
<b>Total assets less current liabilities</b>		<b>95,870</b>	83,010
<b>Non-current liabilities</b>			
Borrowings	24	<b>(1,337)</b>	(1,383)
Provisions	26	<b>(12,460)</b>	(11,412)
<b>Total non-current liabilities</b>		<b>(13,797)</b>	(12,795)
<b>Total assets employed</b>		<b>82,073</b>	70,215
<b>Financed by taxpayers' equity:</b>			
Public dividend capital		<b>108,908</b>	94,816
Income and expenditure reserve		<b>(32,645)</b>	(27,912)
Revaluation reserve		<b>5,810</b>	3,311
<b>Total taxpayers' equity</b>		<b>82,073</b>	70,215

The accompanying notes on pages 13 to 50 form part of these financial statements.

The financial statements were approved by the Board on 16 June 2022 and signed on its behalf by:



Signed: .....  
Fionna Moore, Interim Chief Executive

Date: 16 June 2022

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY  
FOR THE YEAR ENDED**

	31 March 2022				31 March 2021			
	Public dividend capital (PDC)	Income and Expenditure Reserve	Revaluation reserve	Total	Public dividend capital (PDC)	Income and Expenditure Reserve	Revaluation reserve	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Balance at 1 April</b>	94,816	(27,912)	3,311	70,215	85,040	(21,578)	2,551	66,013
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	84	(84)	0	0	67	(67)	0
(Deficit)/surplus for the year	0	(4,935)	0	(4,935)	0	(6,721)	0	(6,721)
Revaluations	0	0	2,701	2,701	0	0	1,147	1,147
Transfer to retained earnings on disposal of assets	0	118	(118)	0	0	320	(320)	0
Public Dividend Capital received	14,092	0	0	14,092	9,776	0	0	9,776
<b>Balance at 31 March</b>	<b>108,908</b>	<b>(32,645)</b>	<b>5,810</b>	<b>82,073</b>	<b>94,816</b>	<b>(27,912)</b>	<b>3,311</b>	<b>70,215</b>

**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.

The accompanying notes on pages 13 to 50 form part of these financial statements.

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED  
31 March 2022**

		Year ended 31 March 2022	Year ended 31 March 2021
	NOTE	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus		(5,469)	(6,518)
Depreciation and amortisation	8,15,16	13,951	11,498
Impairments and reversals	17	3,452	7,833
Income recognised in respect of capital donations (cash and non-cash)		0	(36)
(Increase)/decrease in inventories	19.1	(644)	(265)
(Increase)/decrease in trade and other receivables	20.1	4,708	(6,496)
Increase/(decrease) in trade and other payables	23	12,735	6,826
Increase/(decrease) in other current liabilities	23.1	745	(84)
Increase/(decrease) in provisions	26	(4,659)	6,399
Other movements in operating cash flows		0	0
<b>Net cash inflow/(outflow) from operating activities</b>		<b>24,819</b>	<b>19,157</b>
<b>Cash flows from investing activities</b>			
Interest received	13	26	6
Purchase of property, plant and equipment		(17,251)	(15,869)
Sales of plant, property and equipment		2,307	1,085
Purchase of intangible assets		(934)	(725)
<b>Net cash inflow/(outflow) from investing activities</b>		<b>(15,852)</b>	<b>(15,503)</b>
<b>Net cash inflow/(outflow) before financing</b>		<b>8,967</b>	<b>3,654</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		14,092	9,776
PDC dividend paid	1.25	(555)	(1,411)
Interest paid on finance lease liabilities	14	(62)	(65)
Interest paid	14	(2)	(1)
Movement on other loans		0	(2)
Capital element of finance lease rental payments		(43)	(84)
Cash flows from (used in) other financing activities		6	(41)
<b>Net cash inflow/(outflow) from financing activities</b>		<b>13,436</b>	<b>8,172</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>22,403</b>	<b>11,826</b>
<b>Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period</b>		<b>40,152</b>	<b>28,326</b>
<b>Cash and cash equivalents (and bank overdrafts) at the end of the financial period</b>	21	<b>62,555</b>	<b>40,152</b>

The accompanying notes on pages 13 to 50 form part of these financial statements.

## 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 2021/22 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 UK endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DH group bodies.
- IFRS 16 "Leases": Standard, as interpreted and adapted by the FReM, is to be effective from 1 April 2022.
- IFRS 17 "Insurance Contracts": Application required for accounting periods beginning on or after the 1 January 2021. Standard is not yet adopted by FReM which is expected to be from April 2023: early adoption is not permitted.

The DH Group Accounting Manual does not require these standards to be applied in 2021-22.

#### Going Concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year as a result of the Covid-19 epidemic. This has resulted in the switch to block contract income for the whole of the previous year and the whole of the 2021/22 year continued being funded on this basis. This block funding has continued for April 2022 but will be updated once the Trust submits its 22/23 financial plan. However, the Trust would have a reasonable expectation that adequate resources will be available to continue in operational existence for the foreseeable future.

### 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

### 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.

**Notes to the Accounts - 1. Accounting policies (continued)**

**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).

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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

## Notes to the Accounts - 1. Accounting policies (continued)

### 1.5 Revenue (continued)

#### **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. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

#### **Apprenticeship service income**

The value of the benefit received when accessing funds from 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 from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care 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. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

### 1.8 Expenditure on other goods and services

Expenditure on goods and services is recognised when and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses, except where it results in the creation of a non-current asset such as property, plant and equipment.

## Notes to the Accounts - 1. Accounting policies (continued)

### 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 assets are measured initially at cost, representing the costs 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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use 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 re-valued by Montagu Evans as at 31 March 2022. Montagu Evans advised that the Existing Use Value (EUV) method of valuation continues to 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. The effect of the valuation of these owned land and buildings has been reflected in the carrying value of the assets in the balance sheet.

## Notes to the Accounts - 1. Accounting policies (continued)

### 1.9 Property, plant and equipment (continued)

#### Measurement continued

In making these judgements, the trust is aware that the Royal Institute of Chartered Surveyors (RICS) had issued a valuation practice notice which gives guidance to valuers where a valuer declares a materiality uncertainty attached to a valuation in light of the impact of COVID-19 on markets. Whilst the pandemic continues to affect the real estate markets globally as at the valuation date property markets are mostly functioning again, with transaction volumes and other relevant evidence at levels where an adequate quantum of market evidence exists upon which to base opinions of value. Thus, Montagu Evans deem their valuation is not reported as being subject to this material valuation uncertainty.

#### 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.

## Notes to the Accounts - 1. Accounting Policies (Continued)

### 1.11 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

### 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.

## **Notes to the Accounts - 1. Accounting Policies (Continued)**

### **1.13 De-recognition**

Assets intended for disposal are classified as 'Held for Sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged and the assets are not revalued, except where the "fair Value less costs to sell" fall below the carrying amount. 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 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. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property and equipment

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the statement of comprehensive income.

#### **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.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

### **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 of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

### **Notes to the Accounts - 1. Accounting Policies (Continued)**

#### **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 minus 1.30% (2020-21: minus 0.95%) 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.

## **Notes to the Accounts - 1. Accounting Policies (Continued)**

### **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.

## Notes to the Accounts - 1. Accounting policies (Continued)

### 1.24 Financial assets and financial liabilities (Continued)

#### **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.

**Notes to the Accounts - 1. Accounting Policies (Continued)**

**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.

**Notes to the Accounts - 1. Accounting Policies (Continued)**

**1.27 Standards, amendments and interpretations in issue but not yet effective or adopted**

**IFRS 16 Leases**

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.95% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has commissioned to use a module of its Fixed asset Register system to maintain a database of right of use assets to ensure the appropriate accounting entries are booked in line with IFRS 16.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	29,344
Additional lease obligations recognised for existing operating leases	(29,344)
Changes to other statement of financial position line items	810
Net impact on net assets on 1 April 2022	<u><u>810</u></u>
Estimated in-year impact in 2022/23	£000
Additional depreciation on right of use assets	(9,053)
Additional finance costs on lease liabilities	(326)
Lease rentals no longer charged to operating expenditure	9,008
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2022/23	<u><u>(371)</u></u>
Estimated increase in capital additions for new leases commencing in 2022/23	<u><u>13,540</u></u>

## **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	
	2021-22 £000	2020-21 £000	2021-22 £000	2020-21 £000	2021-22 £000	2020-21 £000
Income	<b>305,949</b>	<b>298,565</b>	<b>146</b>	<b>201</b>	<b>306,095</b>	<b>298,766</b>
Surplus/(deficit) before interest	<b>(5,545)</b>	<b>(6,605)</b>	<b>76</b>	<b>87</b>	<b>(5,469)</b>	<b>(6,518)</b>

#### 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.

	2021-22 £000	2020-21 £000
Income	146	201
Full cost	(70)	(114)
Surplus/(deficit)	<u>76</u>	<u>87</u>

#### 5. Income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5.

5.1 Income from patient care activities (by nature)	2021-22 £000	2020-21 £000
Ambulance services		
A & E income*	233,608	226,080
Other income	58,200	41,985
All services		
Additional pension contribution central funding**	8,662	8,131
Total income from activities	<u>300,470</u>	<u>276,196</u>

\*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020-21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. This system partnership continued in 2021-22. Included in the total income from activities for the current year of £300,470k was £13,218k (2020-21: £19,467k) of Covid-19 reimbursement income from NHSE. This is further analysed in the notes below.

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019-20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

5.2 Income from patient care activities (by source)	2021-22 £000	2020-21 £000
NHS England	10,206	16,268
Clinical Commissioning Groups	289,584 *	259,322
Department of Health and Social Care	-	0
Other NHS providers	(18)	40
NHS other	-	0
Local Authorities	-	0
Non-NHS:		
Injury costs recovery	470	566
Other	228	0
	<u>300,470</u>	<u>276,196</u>

\* Included in the Revenue from Clinical Commissioning Groups of £289,584k (2020-21: £259,322k) is £25,557k (2020-21: £17,714k) relating to the NHS 111 service, the contract for which is in the Trust's name. Also included in the current year balance is £17,564k (2020-21: £10,743k) of one-off Covid-19 income being reimbursement of expenses.

5.3 Other operating income	2021-22 £000	2020-21 £000
Research and development	120	121
Education, training and research	3,769	2,705
Donated equipment from DHSC for Covid response	-	36
Non-patient care services to other bodies	1	2
Reimbursement and top up funding*	-	* 15,778
Income in respect of employee benefits accounted on a gross basis	-	0
Contributions to expenditure - consumables donated from DHSC for COVID response	578	3,572
Other revenue	1,157	356
	<u>5,625</u>	<u>22,570</u>

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021-22 the Trust received £578k (2020-21: £3,572k) of items purchased by DHSC for which full funding has been recognised in the above total.

\* Included in the Reimbursement and top up funding of £15,778k for the prior year was £8,790k of one-off Covid-19 income being reimbursement of expenses for the first 6 months of that year.

6 Income from patient care activities (by nature)	2021-22 £000	2020-21 £000
A & E income	233,608	226,080
Other non-protected clinical income	58,200	41,985
Additional pension contribution central funding	8,662	8,131
Other operating income	5,625	22,570
	<u>306,095</u>	<u>298,766</u>

Of total revenue from patient care activities, £274,110k (2020-21: £281,430k) is from Commissioner Requested Services and £31,985k (2020-21: £17,336k) is from non-Commissioner Requested Services which includes the additional NHS pension contribution funding 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	2021-22 £000	2020-21 £000
Purchase of healthcare from non NHS bodies	19,013	14,020
Employee Expenses - Non-executive Directors	173	155
Employee Expenses - Staff	215,318	199,876
Drug costs	1,334	1,151
Supplies and services - clinical (excluding drug costs)	4,653	4,581
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	578	3,572
Supplies and services - general	2,755	4,866
Establishment	4,655	4,047
Research and development	125	0
Transport	20,500	17,920
Premises	20,662	16,983
Increase in bad debt provision	117	138
(Decrease)/increase in other provisions	(4,448)	9,858
Rentals under operating leases - minimum lease payments		
Depreciation on property, plant and equipment	11,651	10,205
Amortisation on intangible assets	2,300	1,293
Impairments/(reversals) of property, plant and equipment	3,452 **	7,833
impairments/(reversals) of intangible assets		
Audit fees :		
Audit services - statutory audit	106 *	82
Internal audit services	113	143
Other services	350	353
Clinical negligence	1,663	1,655
Legal fees	588	468
Consultancy costs	0	126
Training, courses and conferences	4,075	4,176
Insurance	435	518
Redundancy	177	177
Losses, ex gratia & special payments	1,027	872
Car parking and security	168	133
Other	24	83
Total	<u>311,564</u>	<u>305,284</u>

\* In 2021-22 audit fees for statutory audit and audit related assurance services (Value For Money work), excluding VAT, were £70k and £18k respectively (2020-21 £55k and £14k).

\*\* during the year the Trust undertook a revaluation exercise of its land and buildings which resulted in a net impairment booking to operating expenses of £3,452k (2020-21: £7,833k). Whilst the reporting of these impairments is an operating expense for statutory accounts purposes under IFRS standards it is not part of the management operating expenses reported to NHSI on the performance of the Trust.

## 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	2021-22 £000	2020-21 £000
Minimum lease payments	<u>7,800</u>	<u>6,110</u>
	<u>7,800</u>	<u>6,110</u>
<b>Total future minimum lease payments</b>	<b>2021-22 Total £000</b>	<b>2020-21 Total £000</b>
Payable:		
Not later than one year	<b>6,816</b>	6,073
Between one and five years	<b>12,062</b>	14,090
After five years	<b>11,125</b>	10,838
Total	<b><u>30,003</u></b>	<b><u>31,001</u></b>

Total future sublease payments expected to be received: £nil (2020-21: £nil)

**10. Employee costs and numbers**

**10.1 Employee costs**

	Total	2021-22	Other	Total	2020-21	Other
	£000	Permanently employed		£000	Permanently employed	
Salaries and wages	169,727	169,588	139	158,142	157,715	427
Social security costs	17,543	17,543	0	16,188	16,188	0
Employer contributions to NHS pension scheme	19,787	19,787	0	18,680	18,680	0
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	8,662	8,662	0	8,131	8,131	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(663)	(663)	0	(607)	(607)	0
Costs capitalised as part of assets	465	339	126	592	261	331
Agency staff	2,881	0	2,881	1,784	0	1,784
<b>Employee benefits expense</b>	<b>218,402</b>	<b>215,256</b>	<b>3,146</b>	<b>202,910</b>	<b>200,368</b>	<b>2,542</b>

**10.2 Average number of people employed**

	Total	2021-22	Other	Total	2020-21	Other
	Number	Permanently employed		Number	Permanently employed	
Ambulance staff	1,991	1,952	39	2,014	1,964	50
Administration and estates	997	955	42	1,004	940	64
Healthcare assistants and other support staff	1,236	1,215	21	1,215	1,182	33
<b>Total</b>	<b>4,224</b>	<b>4,122</b>	<b>102</b>	<b>4,233</b>	<b>4,086</b>	<b>147</b>

**Of the above:**

Number of whole time equivalent staff engaged on capital projects

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7

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**10.3 Staff sickness absence**

	2021-22	2020-21
	Number	Number
Total days lost	78,015	n/a
Total staff years	3,960	n/a
Average working days lost	19.7	n/a

The staff sickness absence disclosure is required in annual reports for 2021/22. No comparative is required by the DHSC GAM.

During 2021-22 there were 6 (2020-21: 4) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £292k (2020-21: £136k) to the NHS Pension Scheme.

#### 10.5 Staff exit packages

There were 13 exit packages paid in 2021-22 (2020-21: 9) at a total cost of £265k (2020-21: £177k)

Exit package cost band (including any special payment element)	2021-22		Total number of exit packages by cost band	2020-21		Total number of exit packages by cost band
	Number of compulsory redundancies	Number of other departures agreed		Number	Number of other departures agreed	
Less than £10,000	6	0	6	3	0	3
£10,001-£25,000	4	0	4	4	0	4
£25,001-£50,000	2	0	2	2	0	2
£50,001-£100,000	0	0	0	0	0	0
£100,001 - £150,000	1	0	1	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
<b>Total number of exit packages by type</b>	<b>13</b>	<b>0</b>	<b>13</b>	<b>9</b>	<b>0</b>	<b>9</b>
<b>Total resource cost (£000)</b>	<b>265</b>	<b>0</b>	<b>265</b>	<b>177</b>	<b>0</b>	<b>177</b>

#### 10.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2021-22 (2020-21: nil) at a cost of £nil (2020-21: £nil).

## **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](http://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 for Health and Social Care 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:

### **(a) 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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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.

### **(b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

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 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see [Amending Directions 2021](#)) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

**11 Directors' remuneration**

The aggregate amounts payable to directors were:

	2021-22 £000	2020-21 £000
Salary	<b>985</b>	1,020
Taxable benefits	<b>18</b>	29
Employer's pension contributions	<b>71</b>	58
<b>Total</b>	<b>1,074</b>	<b>1,107</b>

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	2021-22 Number	2021-22 £000	2020-21 Number	2020-21 £000
Total Non-NHS trade invoices paid in the period	18,351	86,503	22,554	78,870
Total Non-NHS trade invoices paid within target	17,021	82,113	21,526	75,806
Percentage of Non-NHS trade invoices paid within target	93%	95%	95%	96%
Total NHS trade invoices paid in the period	213	2,311	399	2,533
Total NHS trade invoices paid within target	188	2,220	346	1,979
Percentage of NHS trade invoices paid within target	88%	96%	87%	78%

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 2021-22 Better Payment Practice Code percentages are line the target (95%) for the full year related to third party creditors whilst NHS creditors were marginally above this. To this end the total figures for March 2022 were fractionally under the 95% target and a return to exceeding the target payment level will remain a focus during the new financial 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 (2020-21: £nil)

13. Finance income	2021-22 £000	2020-21 £000
Interest revenue:		
Bank accounts	26	6
<b>Total</b>	<b>26</b>	<b>6</b>
14. Finance costs	2021-22 £000	2020-21 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	62	65
Unwinding of discount	(43)	(23)
Other	3	2
<b>Total interest expense</b>	<b>22</b>	<b>44</b>

**15. Property, plant and equipment**

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
<b>2021-22</b>								
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2021	7,234	34,658	10,838	12,850	48,310	11,132	338	125,360
Additions purchased	0	0	24,606	0	0	0	0	24,606
Additions donated	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	98	(6,988)	0	(226)	0	0	0	(7,116)
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of Impairments	469	612	0	0	0	0	0	1,081
Reclassifications **	3,420	1,028	(10,444)	59	1,212	4,518	0	(207)
Revaluations	657	1,838	0	0	0	0	0	2,495
Transferred to disposal group as asset held for sale	(372)	(856)	0	0	0	0	0	(1,228)
Disposals	(97)	(587)	(22)	(35)	(6,078)	0	0	(6,819)
<b>At 31 March 2022</b>	<b>11,409</b>	<b>29,705</b>	<b>24,978</b>	<b>12,648</b>	<b>43,444</b>	<b>15,650</b>	<b>338</b>	<b>138,172</b>
Depreciation at 1 April 2021	0	3,630	0	10,194	38,443	7,143	338	59,748
Provided during the year	0	2,211	0	1,371	3,639	4,430	0	11,651
Impairments charged to operating expenses	0	(2,243)	0	(45)	0	0	0	(2,288)
Reversal of Impairments	0	(306)	0	0	0	0	0	(306)
Reclassifications **	0	0	0	0	0	0	0	0
Revaluation surpluses	0	(206)	0	0	0	0	0	(206)
Transferred to disposal group as asset held for sale	0	(43)	0	0	0	0	0	(43)
Disposals	0	(110)	0	(6)	(6,063)	0	0	(6,179)
<b>Depreciation at 31 March 2022</b>	<b>0</b>	<b>2,933</b>	<b>0</b>	<b>11,514</b>	<b>36,019</b>	<b>11,573</b>	<b>338</b>	<b>62,377</b>
<b>Net book value</b>								
Purchased	11,346	25,334	24,978	1,133	7,420	4,077	0	74,288
Donated *	63	94	0	1	0	0	0	158
Finance leased	0	1,344	0	0	5	0	0	1,349
<b>Total at 31 March 2022</b>	<b>11,409</b>	<b>26,772</b>	<b>24,978</b>	<b>1,134</b>	<b>7,425</b>	<b>4,077</b>	<b>0</b>	<b>75,795</b>
<b>Asset financing</b>								
Owned	11,409	25,428	24,978	1,134	7,420	4,077	0	74,446
Finance leased	0	1,344	0	0	5	0	0	1,349
<b>Total 31 March 2022</b>	<b>11,409</b>	<b>26,772</b>	<b>24,978</b>	<b>1,134</b>	<b>7,425</b>	<b>4,077</b>	<b>0</b>	<b>75,795</b>

\* Includes equipment donated from DHSC and NHSE for COVID response remaining after return made during 21-22 included in disposals.

\*\* Reclassifications represent the Asset Under Construction addition to Property, Plant and Equipment which is moved to a classification when the specific capital item commences its economic life. The balance of this line will contra with a corresponding entry of Note 16 Intangible property where the nature of the capital project accumulated under the AUC classification is identified as an intangible classification which for the Trust will be software.

**15. Property, plant and equipment (cont.)**

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
<b>2020-21</b>		£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020	5,928	33,946	8,427	11,552	53,170	9,859	338	123,220
Transfers by absorption	0	0	0	0	0	0	0	0
Additions purchased	0	0	18,774	0	0	0	0	18,774
Additions leased	0	0	0	0	0	0	0	0
Assets purchased from cash donations	0	0	0	36	0	0	0	36
Impairments charged to operating expenses	(453)	(9,852)	0	0	0	0	0	(10,305)
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of Impairments	415	475	0	0	0	0	0	890
Reclassifications	555	10,400	(16,359)	2,044	934	1,521	0	(905)
Revaluations	789	(297)	0	0	0	0	0	492
Transferred to disposal group as asset held for sale	0	(14)	0	0	737	0	0	723
Disposals	0	0	(4)	(782)	(6,531)	(248)	0	(7,565)
<b>At 31 March 2021</b>	<b>7,234</b>	<b>34,658</b>	<b>10,838</b>	<b>12,850</b>	<b>48,310</b>	<b>11,132</b>	<b>338</b>	<b>125,360</b>
Depreciation at 1 April 2020	0	4,738	0	10,123	38,243	5,057	338	58,499
Provided during the year	0	1,143	0	715	6,013	2,334	0	10,205
Impairments	0	(770)	0	0	0	0	0	(770)
Reversal of impairments	0	(826)	0	0	0	0	0	(826)
Reclassifications	0	0	0	138	0	0	0	138
Revaluation surpluses	0	(655)	0	0	0	0	0	(655)
Transferred to disposal group as asset held for sale	0	0	0	0	717	0	0	717
Disposals	0	0	0	(782)	(6,530)	(248)	0	(7,560)
<b>Depreciation at 31 March 2021</b>	<b>0</b>	<b>3,630</b>	<b>0</b>	<b>10,194</b>	<b>38,443</b>	<b>7,143</b>	<b>338</b>	<b>59,748</b>
<b>Net book value</b>								
Purchased	7,073	29,367	10,838	2,622	9,836	3,989	0	63,725
Donated	161	248	0	34	19	0	0	462
Finance leased	0	1,413	0	0	12	0	0	1,425
<b>Total at 31 March 2021</b>	<b>7,234</b>	<b>31,028</b>	<b>10,838</b>	<b>2,656</b>	<b>9,867</b>	<b>3,989</b>	<b>0</b>	<b>65,612</b>
<b>Asset financing</b>								
Owned	7,234	29,615	10,838	2,656	9,855	3,989	0	64,187
Finance leased	0	1,413	0	0	12	0	0	1,425
<b>Total 31 March 2021</b>	<b>7,234</b>	<b>31,028</b>	<b>10,838</b>	<b>2,656</b>	<b>9,867</b>	<b>3,989</b>	<b>0</b>	<b>65,612</b>

## **15. Property, plant and equipment (cont.)**

A total cost of £35k of equipment that was donated by DHSC and NHSE as part of the Covid pandemic was returned during the year.

All freehold land and buildings were valued by Montagu Evans as at 31 March 2022 to reflect their Existing Use Value (EUV) method of valuation. The Trust has reviewed and updated the values declared for owned land buildings valued by their inspection exercise.

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**

2021-22	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 2021	5,513	0	0	0	0	5,513
Additions purchased	934	0	0	0	0	934
Additions donated	0	0	0	0	0	0
Reclassifications*	207	0	0	0	0	207
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
<b>Gross cost at 31 March 2022</b>	<b>6,654</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,654</b>
Amortisation at 1 April 2021	2,328	0	0	0	0	2,328
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	2,300	0	0	0	0	2,300
<b>Amortisation at 31 March 2022</b>	<b>4,628</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,628</b>
<b>Net book value</b>						
Purchased	2,026	0	0	0	0	2,026
Donated	0	0	0	0	0	0
Government granted	0	0	0	0	0	0
<b>Total at 31 March 2022</b>	<b>2,026</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,026</b>

\*\* Reclassifications represent a contra with a corresponding entry of Note 15 Property Plant and Equipment where the nature of the capital project accumulated under the AUC classification is identified as an intangible classification which for the Trust will be software.

**16. Intangible assets (cont.)**

2020-21	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 2020	3,898	0	0	0	0	3,898
Additions - purchased	725	0	0	0	0	725
Additions - donated	0	0	0	0	0	0
Reclassifications	905	0	0	0	0	905
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	(15)	0	0	0	0	(15)
<b>Gross cost at 31 March 2021</b>	<b>5,513</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,513</b>
Amortisation at 1st April 2020	1,188	0	0	0	0	1,188
Impairments	0	0	0	0	0	0
Reclassifications	(138)	0	0	0	0	(138)
Disposals	(15)	0	0	0	0	(15)
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	1,293	0	0	0	0	1,293
<b>Amortisation at 31 March 2021</b>	<b>2,328</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,328</b>
<b>Net book value</b>						
Purchased	3,185	0	0	0	0	3,185
Leased	0	0	0	0	0	0
Donated	0	0	0	0	0	0
<b>Total at 31 March 2021</b>	<b>3,185</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,185</b>

**16.1 Amortisation rate of intangible assets**

Software 3-5 years

**17 Impairments and reversals**

**17.1 Impairment of assets**

	<b>31 March 2022</b>	31 March 2021
	Total	Total
	£000	£000
Impairments charged to operating deficit	3,452	9,549
Impairments charged to the revaluation reserve	0	0
<b>Total impairments</b>	<b>3,452</b>	<b>9,549</b>

Following the revaluation exercise carried out at 31 March 2022 there was an impairment reversal booked of £1,161k with an offsetting £4,421k impairment of the Nexus House leasehold improvements as a result of the new ways of working and the upcoming reconfiguration for the EOC. The above impairment for the financial year also includes a £11k impairment for the Trusts Dover property held for disposal impaired to its anticipated value upon sale.

**17.2 Analysis of impairments and reversals recognised in 2021-22**

**31 March 2022** **31 March 2021**

Total

£000

**Property, Plant and Equipment impairments and reversals taken to Statement of Comprehensive Income (SoCI)**

Loss or damage resulting from normal operations	181	0
Over-specification of assets	4,421	0
Abandonment of assets in the course of construction	0	1,206
<b>Total charged to Departmental Expenditure Limit</b>	<b>4,602</b>	<b>1,206</b>

Unforeseen obsolescence

0

Loss as a result of catastrophe

0

Other

0

Changes in market price

(1,161)

**Total charged to Annually Managed Expenditure**

**(1,161)**

**Total Impairments of Property, Plant and Equipment charged to SoCI**

**3,441**

**7,819**

**Non-current assets held for sale charged to SoCI**

Loss or damage resulting from normal operations	0	0
<b>Total charged to Departmental Expenditure Limit</b>	<b>0</b>	<b>0</b>

Changes in market price

11

Other

0

**Total charged to Annually Managed Expenditure**

**11**

**14**

**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
<b>TOTAL impairments for Financial Assets charged to reserves</b>	<b>0</b>	<b>0</b>

**Total Impairments of Financial Assets**

**11**

**14**

17.2 Analysis of impairments and reversals recognised in 2021-22 (cont.)	31 March 2022 Total £000	31 March 2021 Total £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	3,452	7,833
Overall Total Impairments	3,452	7,833
<b>Of which:</b>		
Impairment on revaluation to "modern equivalent asset" basis	0	0
<b>TOTAL DONATED/GOVERNMENT GRANTED ASSET IMPAIRMENTS</b>	<b>0</b>	<b>0</b>

**17.3 Property, plant and equipment**

The charge of £3,452k (2020-21: £7,833k) results from the revaluation of the Trust land and building portfolio and also 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 2022 £000	31 March 2021 £000
Property, plant and equipment	10,185	19,010
Intangible assets	0	0
<b>Total</b>	<b>10,185</b>	<b>19,010</b>

The principal commitment relates to the Trust's Make Ready Centre capital developments.

## 19. Inventories

### 19.1 Inventory by category

	31 March 2022 £000	31 March 2021 £000
Drugs	1	1
Consumables	2,037	1,543
Fuel	560	410
<b>Total</b>	<b>2,598</b>	<b>1,954</b>

### 19.2 Inventories recognised in expenses

	31 March 2022 £000	31 March 2021 £000
Inventories recognised as an expense in the period	1,222	3,837
Inventories Consumed	(578)	(3,572)
Reversal of write-downs that reduced the expense	0	0
<b>Total inventories recognised in the period</b>	<b>644</b>	<b>265</b>

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £578k (2020/21: £3,572k) of items purchased by DHSC which has been included in the inventories recognised in expenses above.

## 20. Trade and other receivables

### 20.1 Trade and other receivables by category

	Current 31 March 2022 £000	Non-current 31 March 2022 £000	Current 31 March 2021 £000	Non-current 31 March 2021 £000
Contract Receivables	1,574	0	6,334	0
Contract Assets	0	0	0	0
Provision for impaired receivables	(728)	0	(719)	0
Prepayments	8,068	0	7,657	0
PDC Receivable	725	0	1,030	0
Other receivables	1,791	0	2,141	0
<b>Total</b>	<b>11,430</b>	<b>0</b>	<b>16,443</b>	<b>0</b>

**20.2 Allowances for credit losses 2021-22**

	<b>Contract receivables and contract assets £000</b>	<b>All other receivables £000</b>
<b>Allowances as at 1 Apr 2021 - brought forward</b>	-	<b>719</b>
<b>Allowances at start of period for new FTs</b>		
Transfers by absorption	-	-
New allowances arising	-	174
Changes in existing allowances	-	-
Reversals of allowances	-	(57)
Utilisation of allowances (write offs)	-	(108)
Changes arising following modification of contractual cash flows	-	-
Foreign exchange and other changes	-	-
Transfer to FT upon authorisation	-	-
<b>Allowances as at 31 March 2022</b>	<b>-</b>	<b>728</b>

**20.3 Allowances for credit losses 2020-21**

	<b>Contract receivables and contract assets £000</b>	<b>All other receivables £000</b>
<b>Allowances as at 1 Apr 2020 - brought forward</b>	-	<b>646</b>
Prior period adjustments	-	-
<b>Allowances as at 2020-21</b>	<b>-</b>	<b>646</b>
<b>At start of period for new FTs</b>		
Transfers by absorption	-	-
Increase in provision	-	184
Amounts utilised	-	(46)
Unused amounts reversed	-	(65)
Transfer to FT upon authorisation	-	-
<b>Allowances as at 31 March 2021</b>	<b>-</b>	<b>719</b>

**21. Cash and cash equivalents**

Opening Balance  
Net change in year  
Closing Balance

**31 March 2022**    **31 March 2021**

**£000**    **£000**

**40,152**    **28,326**  
**22,403**    **11,826**  
**62,555**    **40,152**

**Made up of:**

Cash with Government banking services  
Commercial banks and cash in hand  
Cash and cash equivalents as in statement of financial position  
Cash and cash equivalents as in statement of cash flows

**62,533**    **40,130**  
**22**    **22**  
**62,555**    **40,152**  
**62,555**    **40,152**

**22. Non-current assets held for sale**

22.1 Non-current assets held for sale by category	Land	Buildings excl dwelling	Dwellings	Other property, plant and equipment	Intangible assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 1 April 2021	230	354	0	0	0	584
Plus assets classified as held for sale in the year	372	813	0	0	0	1,185
Less assets sold in the year	(89)	(195)	0	0	0	(284)
Less impairments of assets held for sale	0	(11)	0	0	0	(11)
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 2022	<u>513</u>	<u>961</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,474</u>
Balance at 1 April 2020	702	509	0	43	0	1,254
Plus assets classified as held for sale in the year	0	14	0	0	0	14
Less assets sold in the year	(472)	(155)	0	(23)	0	(650)
Less impairments of assets held for sale	0	(14)	0	0	0	(14)
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	(20)	0	(20)
Balance at 31 March 2021	<u>230</u>	<u>354</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>584</u>

**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 after the disposal of Eastbourne, Hove and Bexhill during the year; these are Dover, Crawley and Sittingbourne with a combined asset value of £1,474,000 (2020-21: £584,000). There are a further 10 properties at currently being reviewed, including Coxheath and Littlehampton, 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 2023

23. Trade and other payables	Current	Non-current	Current	Non-current	
	31 March 2022 £000	31 March 2022 £000	31 March 2021 £000	31 March 2021 £000	
Trade payables - capital	12,035	0	4,680	0	
NHS trade payables	451	0	338	0	
Other trade payables	13,778	0	4,091	0	
Taxes payable	6,736	0	6,706	0	
Other payables	220	0	(53)	0	
Accruals	17,982	0	15,479	0	
Annual leave accrual	4,741	0	4,612	0	
PDC payable	0	0	0	0	
Reclassified to liabilities held in disposal groups in year	0	0	0	0	
<b>Total</b>	<b>55,943</b>	<b>0</b>	<b>35,853</b>	<b>0</b>	
<b>23.1. Other liabilities</b>	<b>Current</b>	<b>Non-current</b>	<b>Current</b>	<b>Non-current</b>	
	31 March 2022 £000	31 March 2022 £000	31 March 2021 £000	31 March 2021 £000	
Deferred income: contract liabilities	825	0	80	0	
	<b>825</b>	<b>0</b>	<b>80</b>	<b>0</b>	
<b>24. Borrowings</b>	<b>Current</b>	<b>Non-current</b>	<b>Current</b>	<b>Non-current</b>	
	31 March 2022 £000	31 March 2022 £000	31 March 2021 £000	31 March 2021 £000	
Other Loans	0	0	0	0	
Obligations under finance leases	46	1,337	43	1,383	
<b>Total</b>	<b>46</b>	<b>1,337</b>	<b>43</b>	<b>1,383</b>	
<b>24.1 Reconciliation of liabilities arising from financing activities</b>					
	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
<b>Carrying value at 1 April 2021</b>	-	-	1,426	-	1,426
<b>Cash movements:</b>					
Financing cash flows - payments and receipts of principal	-	-	(43)	-	(43)
Financing cash flows - payments of interest	-	-	(62)	-	(62)
<b>Non-cash movements:</b>					
At start of period for new FTs	-	-	-	-	-
Transfers by absorption	-	-	-	-	-
Additions	-	-	-	-	-
Application of effective interest rate	-	-	62	-	62
Change in effective interest rate	-	-	-	-	-
Changes in fair value	-	-	-	-	-
Other changes	-	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-	-
<b>Carrying value at 31 March 2022</b>	<b>-</b>	<b>-</b>	<b>1,383</b>	<b>-</b>	<b>1,383</b>
	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
<b>Carrying value at 1 April 2020</b>	-	2	1,510	-	1,512
Impact of applying IFRS 9 as at 1 April 2020	-	-	-	-	-
<b>Cash movements:</b>					
Financing cash flows - payments and receipts of principal	-	(2)	(84)	-	(86)
Financing cash flows - payments of interest	-	-	(65)	-	(65)
<b>Non-cash movements:</b>					
At start of period for new FTs	-	-	-	-	-
Transfers by absorption	-	-	-	-	-
Additions	-	-	-	-	-
Application of effective interest rate	-	-	65	-	65
Change in effective interest rate	-	-	-	-	-
Changes in fair value	-	-	-	-	-
Other changes	-	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-	-
<b>Carrying value at 31 March 2021</b>	<b>-</b>	<b>-</b>	<b>1,426</b>	<b>-</b>	<b>1,426</b>

**25. Finance lease obligations**

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 2022 £000	Present value of minimum lease payments 31 March 2022 £000	Minimum lease payments 31 March 2021 £000	Present value of minimum lease payments 31 March 2021 £000
Within one year	104	46	104	43
Between one and five years	417	216	417	203
After five years	1,436	1,121	1,540	1,180
Less future finance charges	(574)	0	(635)	0
Value of minimum lease payments	<u>1,383</u>	<u>1,383</u>	<u>1,426</u>	<u>1,426</u>
Included in:				
Current borrowings		46		43
Non-current borrowings		<u>1,337</u>		<u>1,383</u>
		<u>1,383</u>		<u>1,426</u>

Future sublease payments expected to be received total £nil (2020-21: £nil).

Contingent rents recognised as an expense £nil (2020-21: £nil).

<b>26. Provisions</b>	<b>Current</b>	<b>Non-current</b>	<b>Current</b>	<b>Non-current</b>
	<b>31 March 2022</b>	<b>31 March 2022</b>	<b>31 March 2021</b>	<b>31 March 2021</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Pensions relating to staff	325	4,098	317	4,258
Legal claims	169	0	188	0
Other	2,700	8,362	8,439	7,154
<b>Total</b>	<b>3,194</b>	<b>12,460</b>	<b>8,944</b>	<b>11,412</b>
	<b>Pensions relating to staff</b>	<b>Legal claims</b>	<b>Other</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
At 1 April 2020	4,605	312	9,063	13,980
Change in the discount rate	185	0	0	185
Arising during the year	131	(124)	6,719	6,726
Utilised during the year	(323)	0	0	(323)
Reversed unused	0	0	(189)	(189)
Unwinding of discount	(23)	0	0	(23)
<b>At 31 March 2021</b>	<b>4,575</b>	<b>188</b>	<b>15,593</b>	<b>20,356</b>
<b>At 1 April 2021</b>	<b>4,575</b>	<b>188</b>	<b>15,593</b>	<b>20,356</b>
Change in the discount rate	141	0	0	141
Arising during the year	71	0	1,643	1,714
Utilised during the year	(321)	0	(4,370)	(4,691)
Reversed unused	0	(19)	(1,804)	(1,823)
Unwinding of discount	(43)	0	0	(43)
<b>At 31 March 2022</b>	<b>4,423</b>	<b>169</b>	<b>11,062</b>	<b>15,654</b>

**Expected timing of cash flows:**

Within one year	325	169	2,700	3,194
Between one and five years	1,345	0	6,171	7,516
After five years	2,753	0	2,191	4,944

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £4,423k represents the Trust's pension liability for pre-1995 reorganisations (31 March 2021: £4,575k).

Legal claims are the member provision for personal injury claims being handled by the NHS Resolution.

A further £5,171k is included in the provisions of the NHS Resolution at 31 March 2021 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2020-21: £4,746k).

**27. Contingencies**

<b>27.1 Contingent liabilities</b>	<b>2021-22</b>	<b>2020-21</b>
	<b>£000</b>	<b>£000</b>
Legal Claims	107	88
<b>Total</b>	<b>107</b>	<b>88</b>

The contingent liability for legal claims is based on information from NHS Resolution and relates to other legal claims shown in Note 27. 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 Kent and Medway CCG, NHS Surrey Heartlands, NHS West Sussex CCG, NHS East Sussex CCG, Health Education England, NHS Resolution and NHS England.

The Trust has received revenue payments of £235k (2020-21: £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 (2020-21: £11k) for administration and associated costs and £nil (2020-21: £nil) representing other charges for the financial year 2020-21.

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 it 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 2022 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**

	<b>Loans and receivables</b>	
	<b>31 March</b>	<b>31 March</b>
	<b>2022</b>	<b>2021</b>
	<b>£000</b>	<b>£000</b>
Receivables	1,771	6,456
Cash at bank and in hand	62,555	40,152
Other financial assets	-	-
<b>Total at 31 March 2022</b>	<b>64,326</b>	<b>46,608</b>

**29.2 Financial liabilities**

	<b>31 March</b>	<b>31 March</b>
	<b>2022</b>	<b>2021</b>
	<b>£000</b>	<b>£000</b>
Payables	45,112	25,253
Finance lease obligations	1,383	1,426
Other borrowings	-	-
Provisions under contract	11,062	15,593
<b>Total at 31 March 2022</b>	<b>57,557</b>	<b>42,272</b>

**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 2021-22 £000	Total Number of Cases 2021-22	Total Value of Cases 2020-21 £000	Total Number of Cases 2020-21
<b>Losses</b>				
Cash losses	92	90	43	52
Fruitless payments	0	0	0 *	0
Bad debts	0	0	0	0
Stores losses	0	0	0	0
Damage to buildings and property	309	1,241	1,172	1,833
<b>Special payments</b>				
Compensation under court order or legally binding arbitration award	58	7	38	6
Extra-statutory payments	0	0	0	0
Compensation payments	0	0	0	0
Special severance payments	0	0	0	0
Ex-gratia payments*	4,180	4	57	13
<b>Total losses and special payments</b>	<b>4,639</b>	<b>1,342</b>	<b>1,310</b>	<b>1,904</b>

The amounts are reported on an accruals basis but exclude provisions for future losses.

\* The ex-gratia payments include overtime corrective payments in relation to the Flowers case of £4,162k which was nationally funded

### 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.