

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

**Annual Report and Accounts
2023/24**

South East Coast Ambulance Service NHS Foundation Trust Annual Report and
Accounts 2023/2024

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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 respond to NHS 111 calls from members of the public

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

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.

Look Back at 2023/24

Key highlights of the last year at SECamb



Performance Report

Introduction to Performance Report - Our Priorities during the year

During the year, the Board approved four strategic objectives and linked goals, which built on the Improvement Journey we began the previous year.

Progress against delivery of these objectives is monitored by the Trust Board throughout the year as part of its normal cycle of assurance both at the public and private Board sessions, as well as through its committees.

The Board also monitors progress against these objectives, as well as patient quality of care outcomes and overall performance through its Integrated Quality Report which is presented alongside the Board assurance Framework at every public Board.

To make it easier to interpret, we have structured the Performance Report into these four areas:

- Quality and Safety
- People & Culture
- Responsive Care
- Sustainability & Partnerships

Chief Executive's Statement - Overview of Performance

"2023/24 was undeniably a year of continuing challenge for the NHS and was, undoubtedly, another difficult year for SECamb, although as part of our overall improvement programme and despite the challenges, we have continued to make real progress during this period in a broad range of areas. We have developed new ways of partnership working across our local NHS system and improved the responsiveness of the service we provide to our patients, reflecting hard work by colleagues right across the Trust.

During 2023/24 we remained in the national Recovery Support Programme (RSP) – a programme run by NHS England to support challenged Trusts. SECamb was placed in RSP in 2022 as a result of concerns raised around leadership and governance the CQC's Well Led Inspection and our on-going Improvement Journey is focussed on addressing these concerns. Working together with NHS England and our local partners, our aim is to exit RSP during 2024/25.

In terms of our operational performance, we continued to focus hard during the year on improving our response time performance to our 999 patients as much as we are able to, in light of increasing demand and growing pressure across all parts of the NHS system.

I am proud that, at year end, we were one of only two ambulance trusts nationally to meet the 2023/24 Category 2 response time target & performed better than most of our ambulance colleagues in the other call categories, providing a responsive service to our patients.

As well as improving the timeliness of our response to our patients, we also worked hard during the year to develop new ways of working that provide the most appropriate response to patients who call us, including avoiding unnecessary admissions to Emergency Departments.

Through close working with our partners in acute and community services, we successfully trialled two Clinical Hubs during the year – in Ashford and Paddock Wood – which see multi-disciplinary teams of clinicians reviewing incoming 999 calls in their areas and agreeing on the most appropriate pathway for that patient.

The results from these trials have proved encouraging, resulting in improved ambulance response times in those areas, a reduction in the number of patients transported to hospital unnecessarily and increased use of community pathways.

Building on the work of the Hubs will be a key strand of our emerging strategy, about which you can read more below and elsewhere within this report.

During the year, there were a number of changes in our leadership team. Two of our Executive Directors – Ali Mohammed, Executive Director of Human Resources and Organisational Development and Rob Nicholls, Executive Director of Quality & Nursing – left their roles during the year to take up new opportunities elsewhere.

I would like to thank them both for their contributions during their time with SECAMB and extend my thanks to their deputies - Tim Widdowson and Margaret Dalziel - for their support in taking on Interim Director roles.

We also saw changes to the Chief Finance Officer and I would like to extend my thanks to both Charles Porter and Saba Sadiq who held the role ahead of Simon Bell joining us in later in the year.

During the year, we also celebrated the career of our Chair, David Astley, who retired from the Trust in May 2024, after an impressive 50-year NHS career.

I would like to extend my personal thanks to David for his support and guidance during my time with SECAMB and for steering the Trust through a number of challenges.

I am pleased to welcome our incoming Chair, Usman Khan who joined us in May and look forward to working with him closely.

A key programme of work during the year was the development of our new Trust Strategy. We engaged widely, both internally with our people and externally with a wide range of our partners and with the public, to develop a new way of working for the future that will help us to provide the right response for our patients moving forwards, make SECAMB a better place to work for our people and is sustainable in a number of ways.

Central to our approach during the development phase has been clinical leadership and a patient-centred approach. We have worked hard to ensure that our emerging strategy is firmly anchored in evidence, data, and the real-world practicality of implementation.

After extensive engagement, in February 2024, our Trust Board undertook a comprehensive appraisal of the potential options for our new strategy, considering the feedback from internal and external stakeholders.

We have recently selected our preferred strategic direction, ensuring that it will:

- Comprehensively address the diverse needs of our patients today, offering an end-to-end service that tailors care to individuals.
- Promote closer and more effective collaboration with our partners across the health and care systems, positioning us as a system leader in bridging the gap between UEC and other health services.
- Empower our staff by equipping them with the necessary skills, support, and tools to provide targeted care, enhancing their career opportunities.

We are aiming to launch our new strategy in Summer 2024, signalling a new era of service excellence and sustainability for our Trust.

We have continued our focus during the year on doing everything we can to make SECAMB a better place to work for our people and to create an environment where all of our colleagues feel safe, supported and able to speak up where necessary.

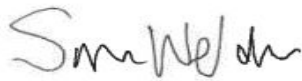
We know that we have more to do, including tackling poor behaviours and responding promptly and consistently when concerns are raised but I was pleased that we saw significant improvements in all areas of the national Staff Survey during the year, as well as in the quarterly Pulse Surveys. Through working closely with our

people, I look forward to building on the improvements we have seen during the coming year.

Alongside driving improvements in our culture, we have also worked hard during the year to deliver some practical improvements in our estate, including the opening of our multi-million pound new Hub at Gillingham in Kent. This brings operational, 999 Emergency Operations Centre and NHS 111 colleagues together under one roof for the first time and is truly a facility to be proud of.

We recognise that we have much work to do to build on the improvements we have seen and ensure that we are delivering the service our patients expect and are providing the best possible working environment for our people; I and the whole leadership team are fully committed to this challenge.

Thank you to all of our people for their ongoing hard work, compassion and commitment and I look forward to a challenging and exciting year to come.”

A handwritten signature in black ink, appearing to read 'Simon Weldon', with a stylized, cursive script.

Simon Weldon, Chief Executive Officer

Date: 19th July 2024

Going concern statement

After making enquiries, the Directors confirm they have not been informed by the relevant national body of the intention to either cease the Trust's services or 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 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.

Quality and Safety

Clinical Performance
Improvements in patient care (Quality Account)
Patient safety and Quality Improvements
Patient and public engagement
Health & Safety
Health Inequalities

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. The AQIs comprise of System Indicators (which includes the number of ambulance 999 calls and response times in all categories, as reported in the Responsive Care section) and Clinical Outcome Indicators (COIs).

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 group¹).

Survival to 30 days after cardiac arrest

- Patients with resuscitation commenced / continued by the ambulance service, who survived to 30 days after the arrest (all patients).
- Patients with resuscitation commenced / continued by the ambulance service, who survived to 30 days after the arrest. (Utstein comparator group¹).

Outcome from acute ST-elevation myocardial infarction (STEMI)

- The percentage of patients experiencing a STEMI who received a full bundle of care.
- Mean time from call to catheter insertion for angiography for patients with confirmed STEMI².
- 90th centile time from call to catheter insertion for angiography for patients with confirmed STEMI³.

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 suspected stroke⁴.
- Median time from call to hospital door for patients with suspected stroke⁵.

¹ 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).

²⁻⁶ Introduced in November 2017, data available in arrears from NHS England.

- 90th centile time from call to hospital door for patients with suspected stroke⁶.

Falls care bundle (Pilot Only) / Sepsis care bundle

In the 2023/24 year, the Falls care bundle replaced the sepsis care bundle although this is still being piloted and no figures are yet available. We have continued to report the sepsis bundle figures below, but they are no longer submitted nationally.

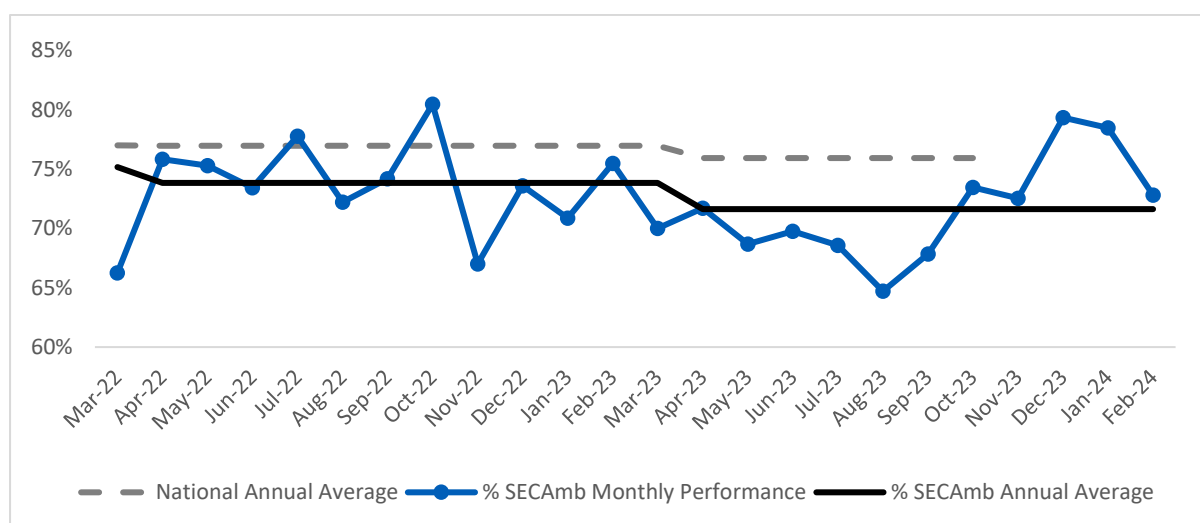
The annual data set, at the time of writing this report, is incomplete as NHS England submissions are three months in arrears, this occurs every year.

Therefore, full analysis and interpretation cannot be completed until this data is validated. It is expected that the full data set will be available by the end of June 2024, which will then require verification, analysis and reporting.

Cardiac Arrest

Return of Spontaneous Circulation (ROSC) after Cardiac Arrest

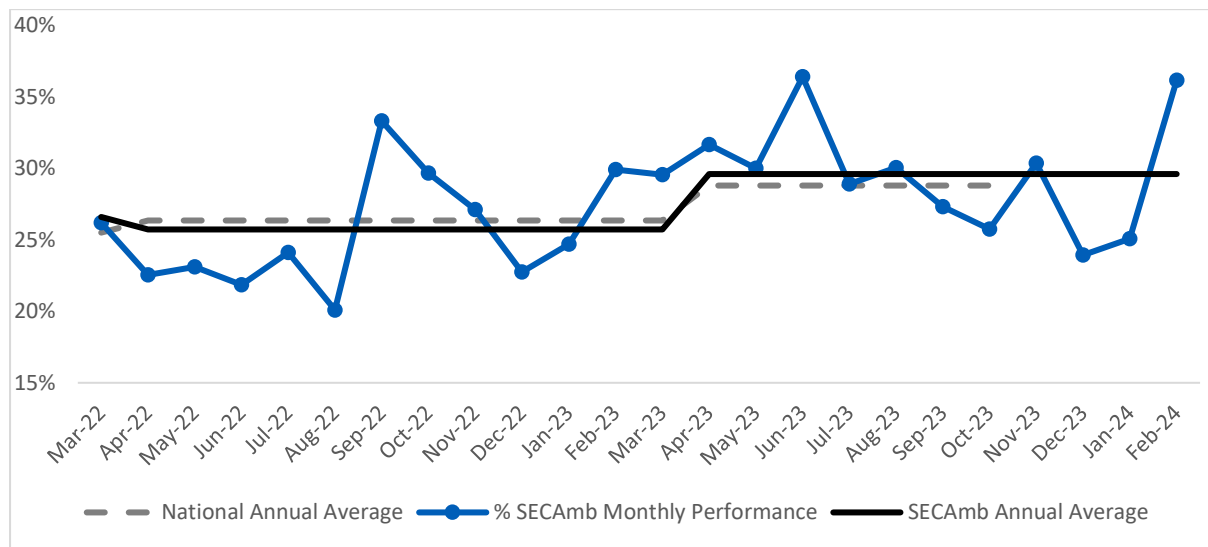
Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care:



There annual average performance has been a slight decline between year start and year to date, with variable 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 care bundle delivery or lack of clinical documentation.

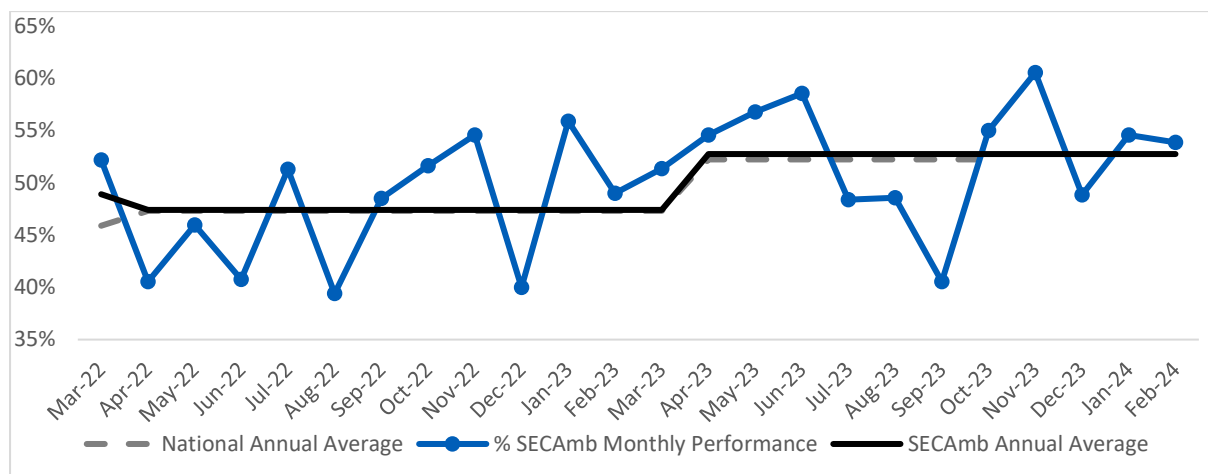
SECamb are contributing to improvement work at national level, looking at the efficacy and limitation of the care bundle. We have worked closely with the Cardiac Arrest Outcome Improvement Board and Operating Units to understand the barriers facing clinicians and will await national changes before implementing local improvement work.

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



ROSC at hospital continues to improve and is now higher than the national average. This provides reassurance that the ROSC care bundle compliance is likely to be a documentation issue and clinical care is improving.

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

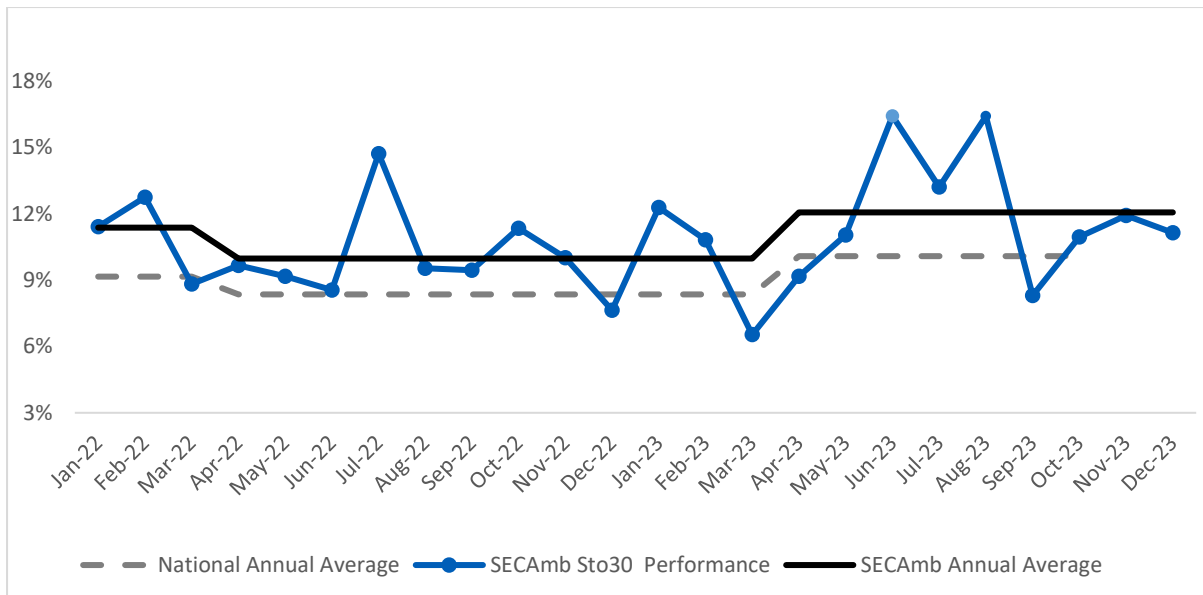


The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected.

This is a small subset and so variation between months is anticipated, however performance for the year remains within the normal variables and shows improvement aligned to the national picture.

Survival to 30 days (Sto30) after Cardiac Arrest

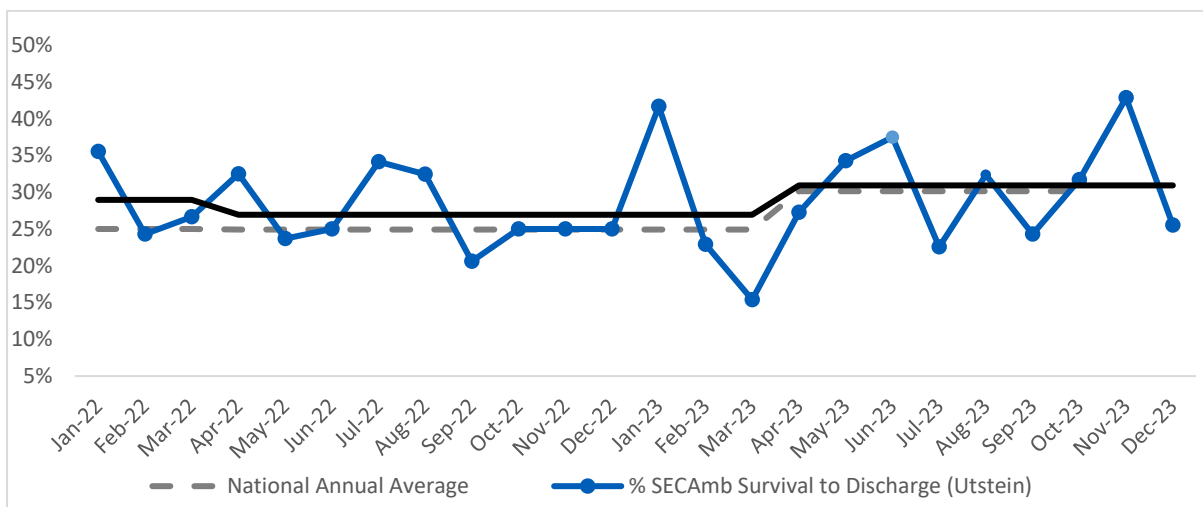
Survival to 30 days after cardiac arrest (all patients):



Performance in respect of this element has remained above the national average from year start to year to date, and the SECamb year to date average is higher than recorded in 2022/23.

Improvement work continues to be co-ordinated by the Cardiac Arrest Outcome Improvement Programme Board.

Survival to 30 days after the arrest (Utstein Comparator Group):

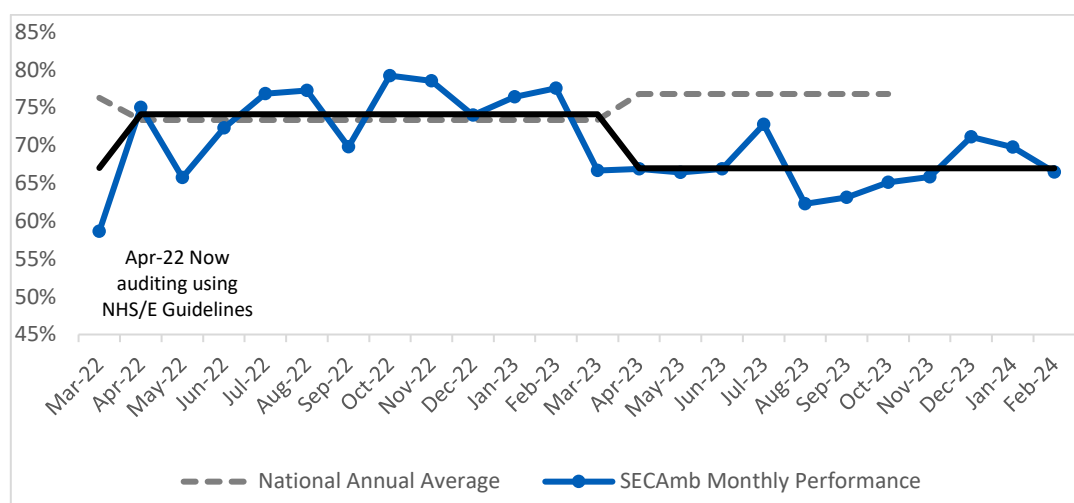


The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected.

Due to the nature of the group being reported there is a higher probability of survival.

Performance for the year has improved and remains within the normal national variables for this indicator. There is liable to be a degree of fluctuation due to the small number of incidents eligible for inclusion in this element.

Outcome from acute ST-elevation Myocardial Infarction (STEMI)



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

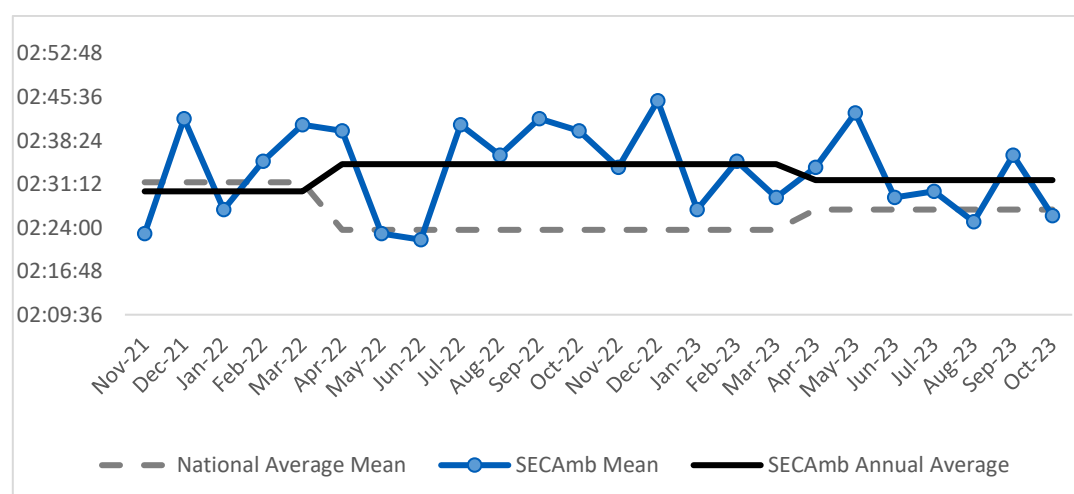
The diagnostic bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and the recording of two pain scores.

We saw improvement in this care bundle in 2022/23, however this has not been sustained with a performance decline and SECamb now running below national annual averages.

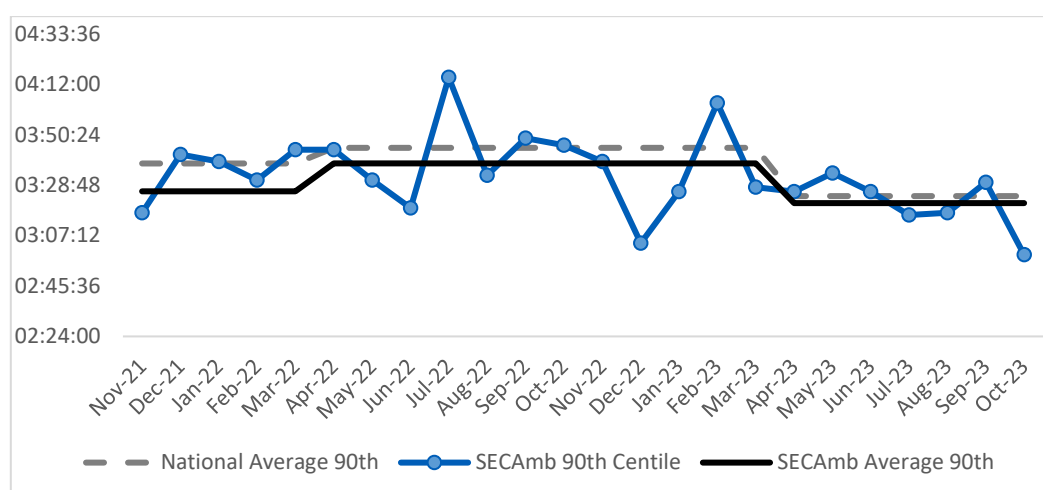
The most common areas of non-compliance continue to be the administration of analgesia and the documentation of two pain scores.

Improvement work will focus on joint working partnerships with the Operating Units to drive improved compliance on analgesia and two pain scores.

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



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



The above graphs for STEMI timeliness indicators show expected levels of variance from year start to year to date.

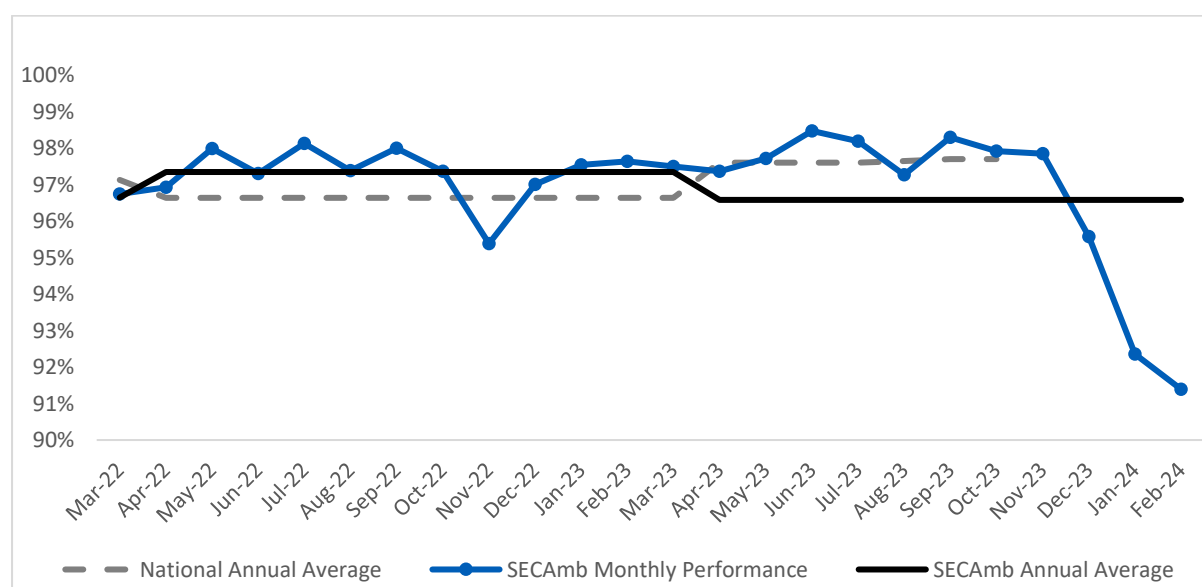
Our STEMI mean performance has improved but is currently longer than national averages, which have also improved.

Our STEMI 90th centile performance has also improved and is broadly in line with national averages.

A communication campaign previously took place to focus attention on reducing time on scene for STEMI. Focussed service improvement measures arose out of a detailed audit and service evaluation on STEMI care.

Outcomes from Stroke

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

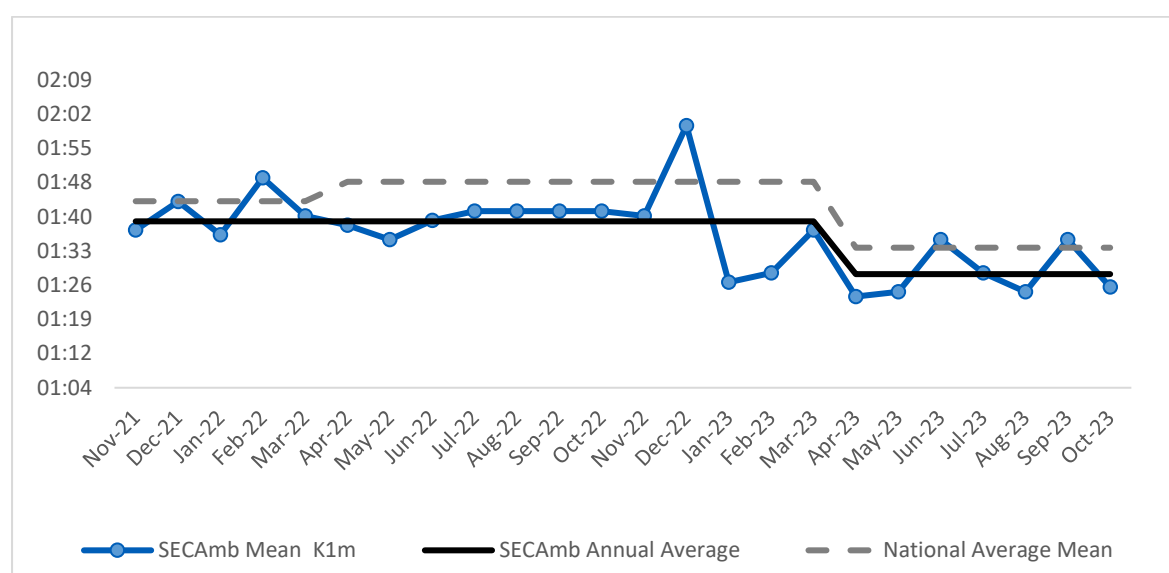


This measure has shown a steep performance drop since November 2023. This is because we have been using auto-compliance figures due to staff shortages. Auto-compliance figures are only used for months where data is required for Trust-level reporting.

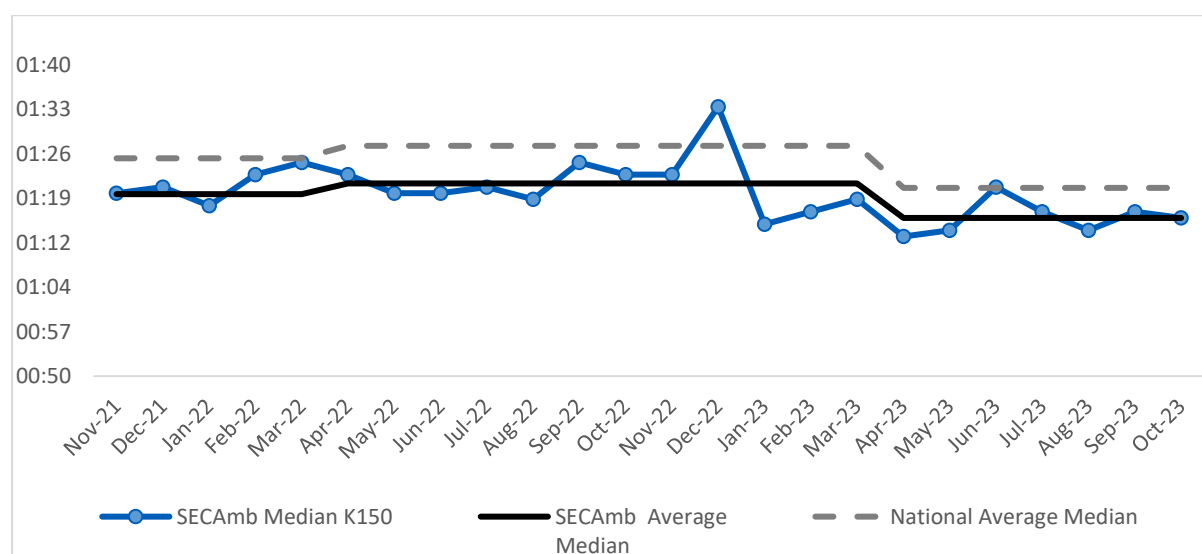
We are in the process of recruiting an analyst and will ensure that the next NHS England submission has audited figures, therefore this will not affect our national audit performance.

Recording of blood glucose (ePCRs & paper PCRs) still has room for improvement, but the recording of a FAST test and a blood pressure has improved.

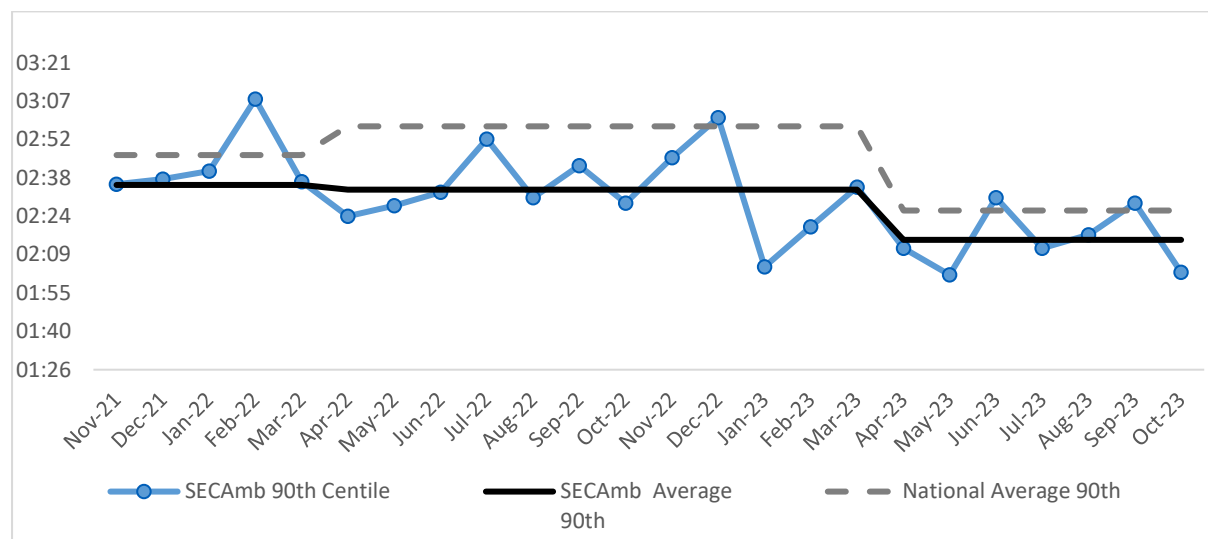
Mean time from call to hospital door for patients with suspected stroke:



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



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



The above graphs, for Stroke timeliness indicators, show performance has improved from year start to year to date.

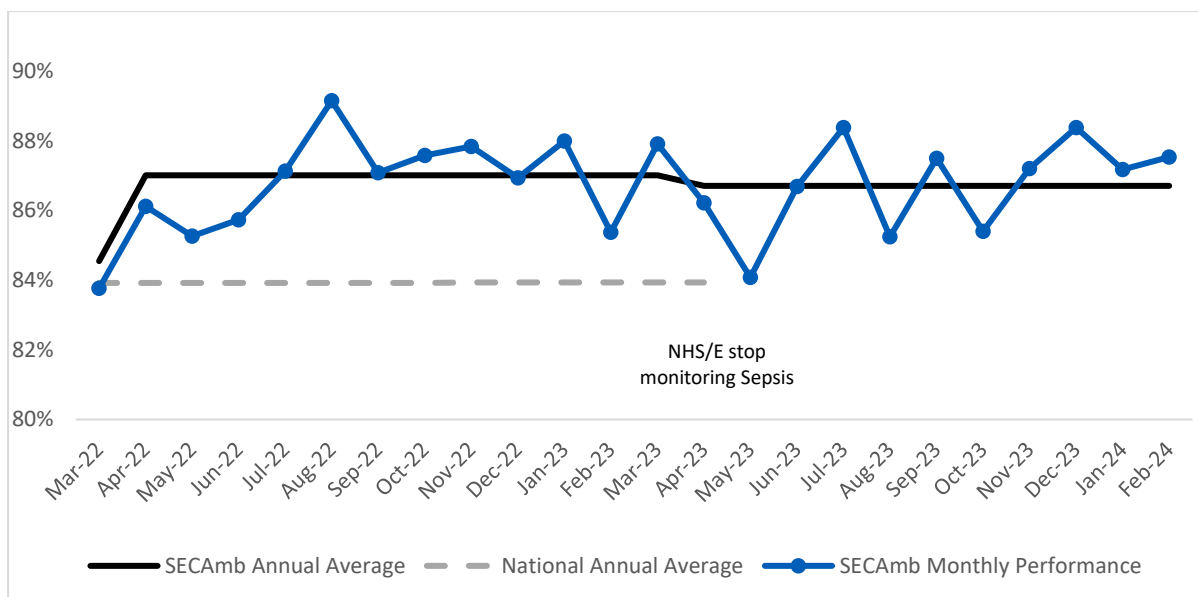
The introduction of telemedicine for FAST+ (suspected stroke) patients added around six to seven minutes onto every on-scene time, but correspondingly shortened hospital treatment times by a greater degree after hospital arrival. The timeliness figures remain faster than the national average.

A service evaluation has been undertaken by University College London which will help inform some of these information gaps.

Actions that are underway to improve stroke performance include a detailed audit to identify Operational Unit level performance and data, which will then inform further service improvement initiatives and sharing of best practice.

Sepsis Care Bundle (Internal reporting only):

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



The number of patients with suspected or confirmed sepsis (National Early Warning Score (NEWS2) of 7 or above), who received the sepsis care bundle remained broadly the same compared to 2022/23.

In November 2022, NHS England advised no further submission was required as Sepsis was to be replaced as a Clinical Outcome Indicator by a Falls indicator in 2023/24.

We will continue to locally monitor Sepsis Care Bundle compliance, although not report the data nationally following its withdrawal.

Additional broader workstreams are currently underway which aim to positively impact on our clinical performance and the quality of service that patients receive.

These include:

- COI improvement workstreams – this includes Cardiac Arrest Survival Letters and an OU Dashboard.
- Documentation audit (record keeping) work programme aligned to the Patient Related Data Solution (PDRS).
- Work programme to improve the paper patient clinical records (PCR) returns process.
- 2023/24 period will also see the restart of Codestat (key CPR performance metrics data)

Improvements in patient care

In June each year, we publish an annual Quality Account and throughout the year, work towards achieving the key areas for development identified within the Quality Account, referred to as priorities.

Below you will see the progress made against the priorities set for 2023/24, that were agreed and set out in the 2022/23 Quality Account.

Identification of the 2024/25 priorities was undertaken following a new agreed process to enhance our stakeholder engagement with multi-professional groups at different levels of the organisation and also the wider public.

You can read more about these in our [Quality Accounts](#).

Progress against 2023/24 Priorities

There were three priorities identified to be delivered during this period:

- Priority 1 (Domain: Clinical Effectiveness) – Learning From Reviews to Improve Safety in Maternity Obstetric and Neonatal Care
- Priority 2 (Domain: Patient Safety) – Introduction of Mental Health First Aid (MHFA) Training for Front-Line Staff
- Priority 3 (Domain: Patient Engagement) - Falls: Accessing Urgent and Emergency Care for Care Homes

Priority 1 – Learning from Reviews to Improve Safety in Maternity, Obstetric and Neonatal Care

Background

Historically ambulance crews have received little or no training in maternity/obstetric emergencies and we know this causes anxiety. Maternity calls often involve caring for two patients (Parent and Child) who can become very unwell very quickly. SECamb has been proactive in addressing this by employing a consultant midwife who can train colleagues and influence maternity care in the prehospital setting. Whilst this is extremely positive, we are keen to continually improve and wanted to focus on this area to ensure that we are maximising our opportunity to get it right for all patients and their babies.

Two important reports - 'Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury & Telford Hospital NHS Trust' by Donna Ockenden, published in December 2020 and the independent investigation examining maternity and neonatal services across two hospitals in East Kent between 2009 and 2020, published in October 2022 – both highlighted the need for action, for maternity staff and organisations, to ensure that women and families receive high standard, safe and compassionate maternity care.

We took a proactive approach to reviewing both of the reports and used them to help develop our aims for the year.

Our aims for 2023/24	What we delivered
Joint training session with ambulance crews and midwives relating to the management of maternal emergencies in the community using immersive	Ongoing, with sessions running every month with different Trusts across Kent, Surrey and Sussex.

mannequins and simulation to replicate real life scenarios.	
Work with Joint Royal College Ambulance Liaison Committee (JRCALC) to amend and update national ambulance guidance.	Ongoing through the national AACE maternity leads group. By the end of 2024 it is hoped that all maternity guidance will be based on best practice and recent evidence base
Develop 'quick view' videos on how to respond to medical emergencies to support the new JRCALC guidance.	Outstanding
Work with Resuscitation Council UK (RCUK) to develop a specific pre-hospital newborn resuscitation course.	This has been developed & is now a recognised course with RCUK; six courses have already been delivered across the UK.
Work with acute trusts to deliver joint training on prehospital maternity emergencies	Ongoing, with sessions running every month with different Trusts across Kent, Surrey and Sussex.
Meet with NHS Pathways to review and collaboratively amend guidance based on data relating to harm/incidents/near misses.	Ongoing; work underway locally with Clinical Advisory Group regarding potential interruptions by senior clinicians to advise on time critical care/interventions.

Priority 2 – Utilising Urgent Community Response Services to Improve Safety for Patients in the Clinical Stack

Background:

When an individual calls 999 or 111 their call is triaged by An Emergency Medical Advisor (EMA) or a Health Advisor (HA) who will run through an assessment and either reach an outcome or pass the caller over to a Clinical Supervisor / Clinical Advisor (CA) for further assessment. In some cases, the EMA / HA may be able to transfer the caller straight through to a clinician, however many calls will be transferred into the clinical stack, where they await a call back from a CA.

For calls that result in a Category 33 (C3) / Category 44 (C4) ambulance disposition (outcome) this will generally be the case and under periods of service pressure the clinical stack will become very large despite internal processes to mitigate this. This means patient call backs will be delayed and thus result in delays to their care, which poses a risk to patient safety.

Calls resulting in a C3 or C4 disposition account for a large proportion of cases in the clinical stack, as this type of ambulance requires validation from a clinician before dispatch, to reduce the likelihood of sending an unwarranted ambulance to calls which may be more suitable for an Urgent Community Response (UCR).

Urgent Community Response teams aim to respond in a timely manner to people with an urgent health or social care need, their role supports admission avoidance as well as early supported discharge. Typically, being able to assess need and provide an appropriate short-term intervention within two hours, this is termed a 'crisis'

response. The aim of UCR teams is to provide short-term support to diagnose and treat conditions as well as to provide appropriate equipment and care to the patient, to prevent a hospital admission.

Our aims for 2023/24	What we delivered:
Reduce the number of calls in the clinical stack to provide capacity for more timely call backs	In May 2023, we commenced daily calls with the Urgent Community Response services in our area. This grew to involve teams from across the region, where incidents awaiting an ambulance response were reviewed and appropriate incidents being sent directly to them for their attendance.
Consider referring patients to services more appropriate for their needs	
Upskill SECamb clinicians through training and education to support appropriate referrals to UCR services	
Work on falls referrals pathways and introduce referral guidance to SECamb clinicians to support referrals for patients to Urgent Community Response (UCR) services, which may include “Remote callers”.	
Partnership working to introduce daily contact with Key UCR providers to support patient referrals from the 999 C3/C4 validation Clinical Support Desk (CSD) queue and introduction of the CAD ‘Portal’ functionality to facilitate UCR direct support to 999.	In February 2024 we went live with the first UCR team having access to a whereby appropriate incidents are sent directly to them. We now have seven teams using the portals within the Sussex boundary, where calls are able to be sent directly to the UCR teams. Since the go live of the portals, 364 cases have been passed to the UCR teams.

Priority 3 – Listening and Engaging with our Patients, their Families and Carers

Background:

Good patient experience is associated with better clinical safety and effectiveness, and we know that a successful organisation must listen to their patients’ needs and design products and services accordingly. We also know that whilst we think we know what patients want, we often fail to ask or engage them directly.

There are pockets of excellence at SECamb in delivering the Patient and Family/Carer Experience strategy and we are currently seeking to ensure that this is widespread and a whole organisational approach; moving from a position of asking patients ‘What’s the matter?’ to ‘What matters to you?’. This aligns with our Quality Improvement (QI) approach which is customer (patient / staff / commissioner and other stakeholders) led.

The Trust’s Patient and Family/Carer Experience Strategy (2020-2025) is focused on leadership and patient experience. Over the next year, we will articulate how we will meaningfully enact this through specific plans to capture patient experience data and support meaningful community and patient engagement and partnerships at all levels across the organisation. Additionally, we will ensure that we include identified opportunities for improvement from CQC, align to our Quality Improvement (QI)

strategy and to the statutory guidance published in July 2022 on working in partnership with people and communities.

Over the next year, we will undertake a review of the Trust's Patient and Family/Carer Experience Strategy (2020-2025) and develop robust plans to move forward in our journey to improve patient engagement and partnership.

Our aims for 2023/24	What we delivered
Development of a Patient Experience Questionnaire (PEQ) for our 999 service in which service users will have the opportunity to submit anonymous feedback on the service they received.	We launched a 999 Patient Experience Questionnaire in October 2023.
We will work with the communications team to 'spread the word' about the work we are undertaking and how the public can get involved. This will include updating our website, advertising the information on social media platforms and putting QR codes in the back of ambulances which link to a digital survey.	<p>We have been working with our communications team and external partners to spread the word of all patient involvement opportunities.</p> <p>We have developed a leaflet and a business style card with a link to our PEQ to hand out to patients and at events.</p> <p>We also added this information to the care advice leaflets which are given to patients we do not transport to another care facility which states the treatment carried out.</p> <p>We have also had some A5 stickers produced to go in the back of ambulances with this link.</p>
A Community Forum will be launched for service users or representatives to attend to share experiences following contact with our 111 and 999 services. We will use this opportunity to share with patient, family or community representatives an overview of current projects we are working on with the aim of seeking feedback and partnership to get this right.	We launched a Community Forum which is held virtually on a bi-monthly basis. The insights gained from these groups is fed into various projects and workstreams to help inform them with the patient voice.
A patient volunteer programme will be available to invite the public to work with us on Quality Improvement projects, identified through the above two points to support co-production and meaningful partnerships with patients, their families and carers or those that represent them.	<p>We developed a volunteer agreement in order to begin recruiting patient representatives to work on QI projects with us.</p> <p>We have developed a QI project with the support of patient representatives. This is a digital booklet which advises</p>

	what happens when you use our services and when to use them.
Engaging with external stakeholders and Trusts to share the programme of work as it develops with sufficient oversight and seek ongoing feedback and opportunity for collaboration and improvement.	We are regularly collaborating with other NHS Trusts and seeking feedback and assurance from our external stakeholders such as Healthwatch and National Ambulance Service Patient Experience Group (NASPEG).

Patient safety and quality improvement

This section sets out a summary of our approach to patient safety, incorporating:

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

Patient Safety Response Framework

During the year, work began to implement the new Patient Safety Response Framework (PSIRF) throughout the Trust.

This new focus will see a move away from investigating individual incidents currently identified as 'Serious Incidents' based upon the level of harm caused, to a more systemic approach irrelevant of the level of harm caused. Investigations will be initiated based on identified trend and theme analysis collated from all areas within the Trust covering a three-year period, and where, within the Trust, it is felt the highest level of learning can be maximised, and / or the greatest level of risk can be mitigated.

As part of this process, we are required to publish a Patient Safety Investigation Response Plan (PSIRP), which will identify the key areas identified through the analysis process, and where we feel the greatest levels of risk reduction and incident mitigation can be achieved.

Incidents

During 2023/24, we have seen an increase in incidents reported through the Datix systems. It could be a natural assumption that an increase in the number of incidents reported reflects an increase in incident occurrences.

However, whilst there are no absolutes, an increase in reported numbers should be taken as a positive improvement of the safety culture, as the recognition of incidents occurring and the willingness to report is maturing; the caveat would be that the increase reflects those with no or low harm outcomes. It is widely known through international research that adverse events in healthcare commonly occur however, they often do not get reported. So increased reporting numbers is positive.

Total incidents reported

Year	Number of Incidents Reported	% Increase on Previous Year	% moderate and above harm incidents
2018/19	9,216	23%	2.1%
2019/20	11,503	25%	1.3%
2020/21	13,983	25%	1.1%
2021/22	17,254	12.3%	0.8%
2022/23	16,429	(7.5%)	0.6%
2023/24	17,988	9.4%	0.5%

During the final quarter of 2023/24 we completed the development of the new DatixCloud IQ incident module which included the function of the new Learning from Patient Safety Events (LFPSE). Additionally, the national Patient Safety Incident Response Framework (PSIRF) was developed to replace the Serious Incident Framework.

All three of these patient safety elements went live on 29 January 2024 and have continued to embed. The PSIRF allows us to consider the most appropriate way to respond to patient safety incidents to engender maximum learning.

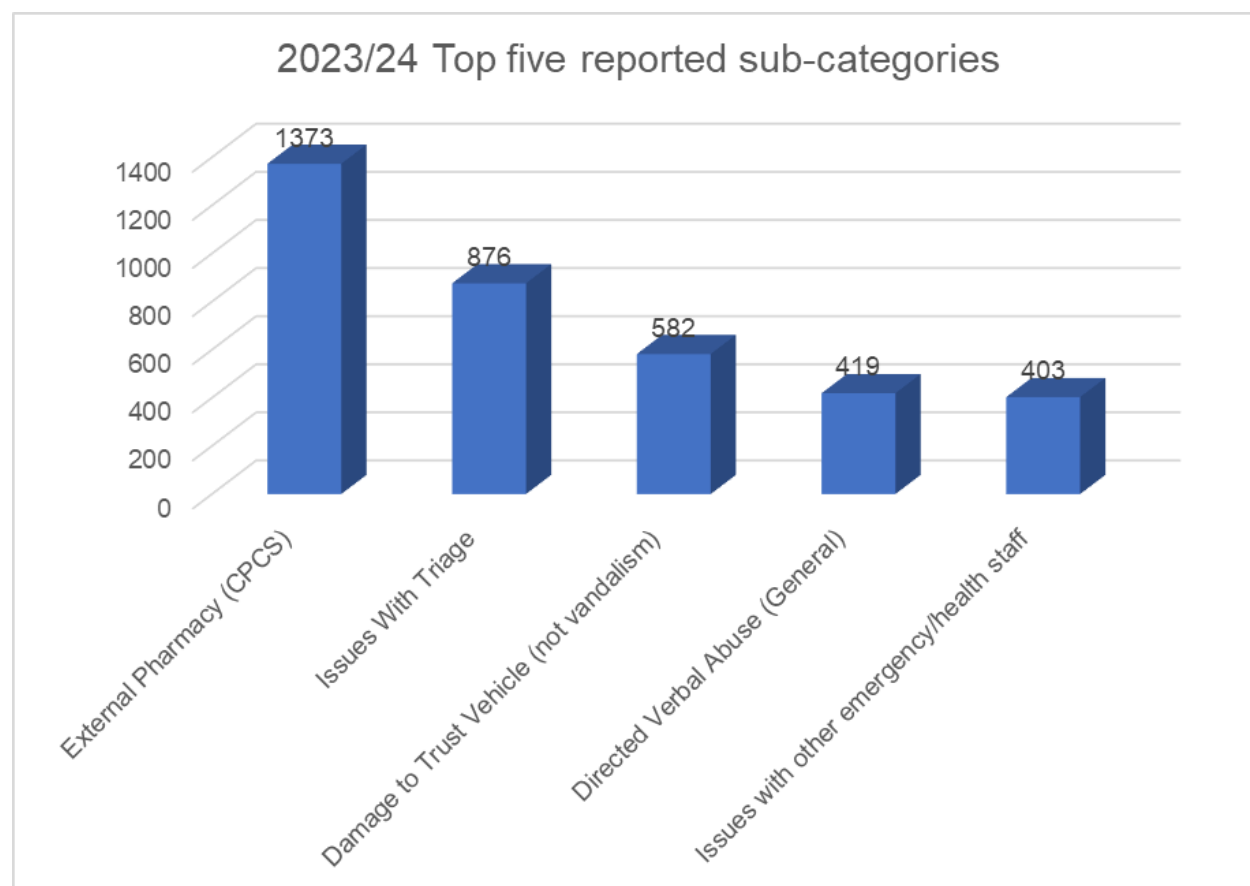
The below table demonstrates increase/decrease year-on-year in relation to specific types of incidents reported in the Trust.

	2022/23	2023/24	Increase/decrease year on year
Patient/Service User	8,857	9,192	3.7%
Affecting Staff	3,663	3,571	(2.5%)
Incident Affecting the trust	3,594	4,839	34.6%
Incident Affecting Visitors	315	386	22.5%

The top five categories of incidents reported during 2023/24 can be seen in the chart below. We continue to see a high number of external pharmacy issues (incidents being reported relate to concerns with pharmacies not following the contractual agreement if they are unable to assist the patient).

These are reported on Datix as they increase the calls coming into the service that require an assessment. During 2023/24, 1,373 incidents of this nature were received. The data collected through these incidents is escalated to commissioners and NHS England.

The overall top five reported sub-categories have remained static from those identified during the previous year.



Patient Advice and Liaison Services

During 2023/2024

- Our Emergency Operations Centre staff answered 984,681 calls.
- Our NHS 111 staff took 889,848 calls.
- Our A&E road staff attended 669,261 responses to patients.

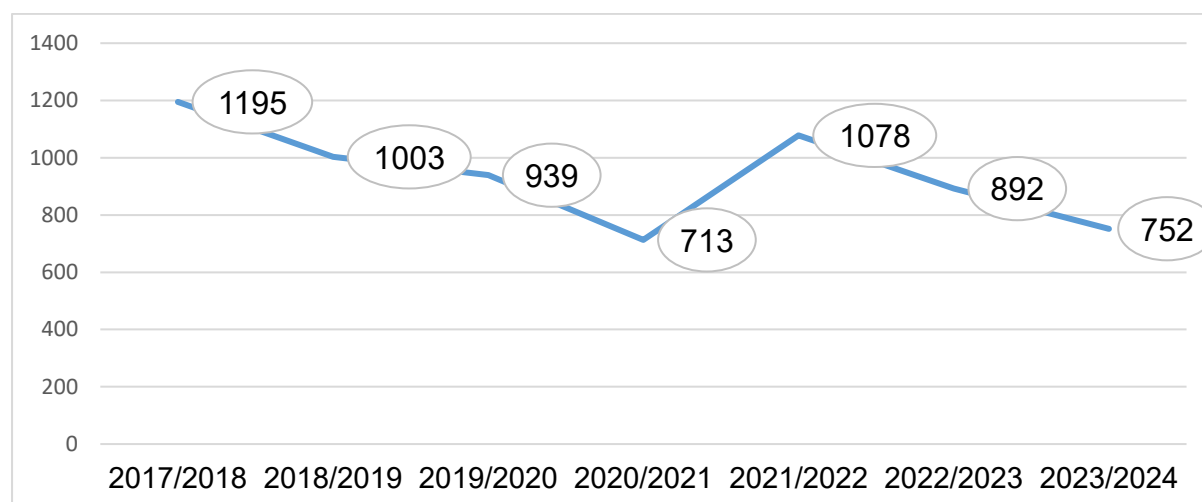
This represents 2,543,790 interactions with our service users, which equates to one complaint for every 3,383 patient interactions.

As with many NHS Trusts, we saw a reduction in the number of complaints received during the pandemic in 2020 and, aside from 2021/2022 which saw a slight increase in the average number of complaints received, there has been a reduction year on year over the last six years. The average number of complaints received per year during this period is 939.

During 2023/24 we closed 735 complaints - 90% of these were responded to within the Trust's timescale, of 35 working days for level 2 complaints and 45 working days

for level 3 complaints. This fell slightly short of the 95% target for response but was a significant improvement on the 68% in 2022/23.

The number of complaints received for 2023/24 was 752 which is a reduction of just over 16% on 2022/23 when the number received was 892. Aside from 2021/2022 we have seen a reduction year on year in the number of complaints that it receives.



Review and grading of complaints.

Complaints are reviewed by the PALS team and graded according to their apparent seriousness; this ensures they are investigated proportionately. These 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 of 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.

95% of complaints received during 2023/24 were graded as level 2, with the remaining 5% as level 3. The grades allocated are constantly reviewed during the investigation and can be changed either during or on completion, this may result in the grade being increased from a level 2 to a level 3 and even referral to the Integrated Care Boards (ICB) for Surrey, Sussex or Kent for consideration for review under the Patient Safety Incident Response Framework (PSIRF). Complaints can also be downgraded from a level 3 to a level 2, if during or on completion of the investigation the seriousness is not as great as originally thought.

Complaints are categorised into subjects and can be further distinguished by sub-subject if required.

Complaints received during 2023/24 by subject and service area:

Theme / Directorate	Operations	EOC	KMS 111	Other	Total
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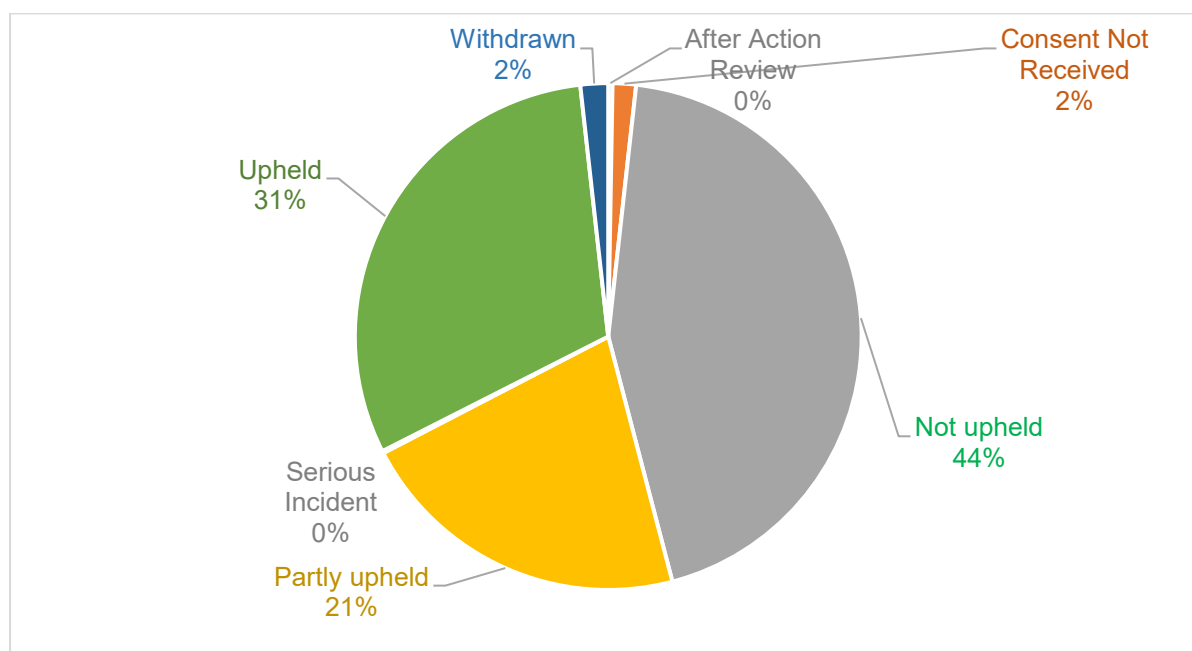
Administration error	0	0	4	0	4
Breach of confidentiality	3	0	0	0	3
Communication issues	3	2	4	0	9
Crew diagnosis	21	0	0	0	21
DOS issues	0	0	12	0	12
Equipment issues	2	0	0	0	2
GP callback delay	0	0	3	0	3
Inappropriate treatment	63	2	1	2	68
Information Governance issue	1	0	0	0	1
Made to walk	6	0	0	0	6
Miscellaneous	0	2	1	0	3
Not transported to hospital	32	3	0	0	35
Pathways	5	109	49	0	163
Patient injury	6	0	0	0	6
Privacy and dignity	5	0	0	0	5
SECamb policy / procedure issue	1	1	1	0	3
Skill mix of crews	2	0	0	0	2
Staff conduct / attitude	190	13	24	0	227
Standard of driving	18	0	0	2	20
Timeliness - 111 Response	1	1	69	0	71
Timeliness - A&E	3	82	2	0	87
Transport arrangements	1	0	0	0	1
Total	363	215	170	4	752

When a complaint is concluded, a decision is made by the Investigating Manager to either uphold, partially uphold, or not uphold the complaint, based on the findings of their investigation. The PALS Team review the decision on receiving the investigation report and will challenge the Investigating Manager should they feel their decision to be incorrect.

During 2023/24, 735 complaints were responded to; of these 559 (52.5%) 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 - 2023/24

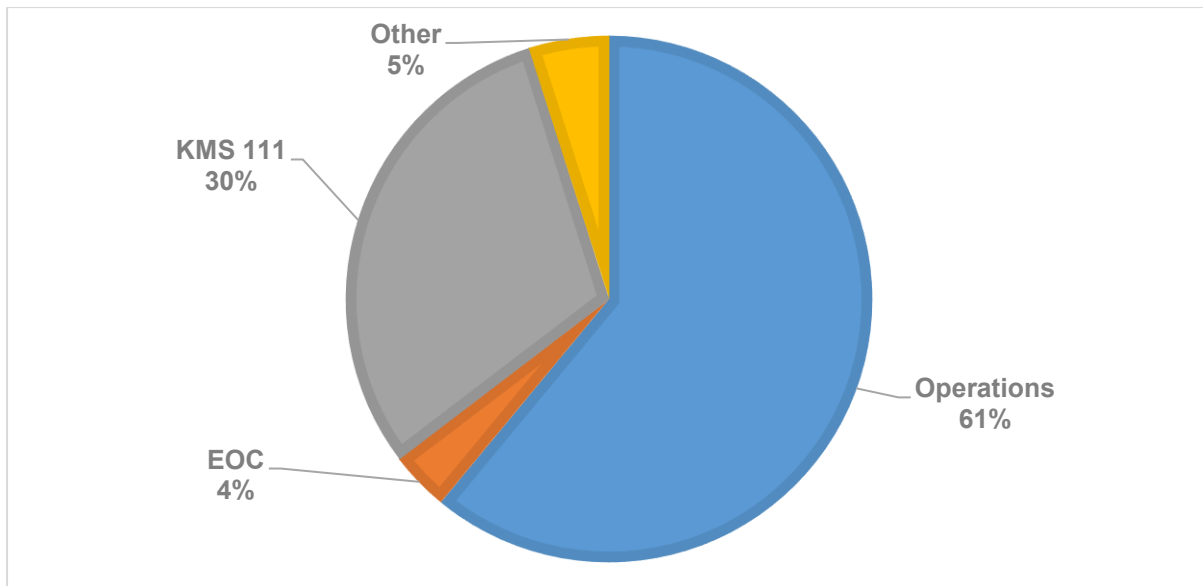


There are a small number of complaints that are closed due to consent not being received from the patient to disclose information from their medical records, 11 (2%) in 2023/24. These complaints are still investigated and any learning that is identified by the investigating manager implemented.

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, 13 (2%). 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. There were three such cases last year.

Learning from complaints

Lessons from complaints throughout 2023/24 have again been wide ranging. Actions taken / learning from closed complaints:



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

- Since this call, a poster has been produced and shared with staff via multiple platforms emphasising the importance of following Op508 when the service is in Clinical Escalation Level 4. It is hoped that this will motivate colleagues to provide this important information to caller's to better manage their expectation of wait times. This is also displayed on the electronic wallboards, visible within the call centres.
- Reflective Practice on Mental Health (MH) conditions and how to communicate with patients in a mental health crisis additional 1-2-1 training with a Mental Health Practitioner to gain better communication skills with mental health patients.
- Call taker will receive feedback and will complete a reflective session, listening to the call with the support of their line manager to identify areas within the call that could have been managed differently. Feedback will specifically include the need for more tolerance when patient's voice frustration, understanding that this is not necessarily abusive language as well as how to better manage call control if a patient expresses that they feel they are not being listened too or allowed to speak.

Parliamentary and Health Service Ombudsman

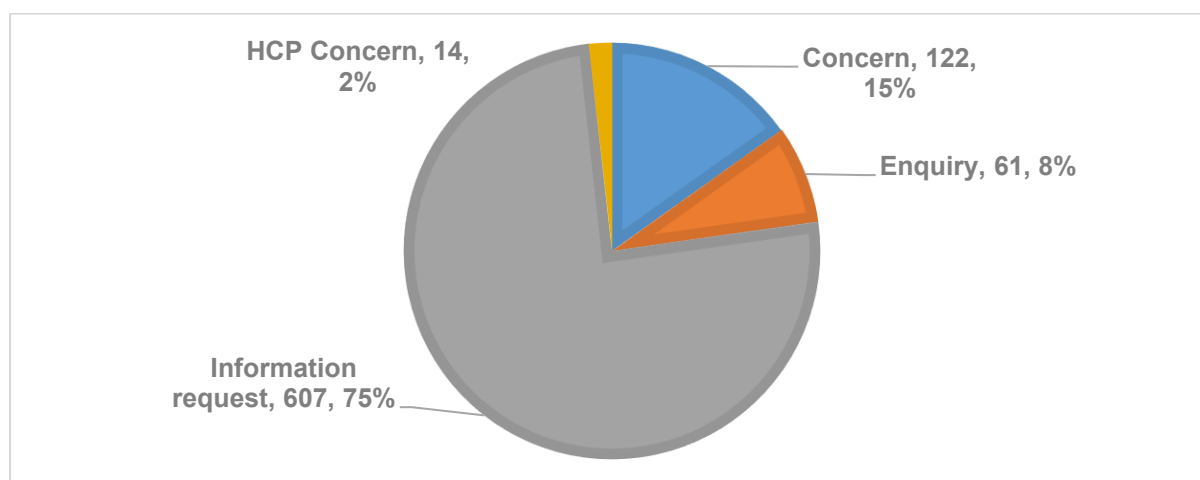
Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for review. When the Ombudsman's office receives a complaint, they contact the Patient Experience Team to establish whether 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 2023/24 the PHSO contacted us and asked for copies of four complaint files. We have been advised that they do not intend investigating either of these.

Patient Advice and Liaison Service (PALS) issues:

PALS is a confidential service that offers information or support, and to answer questions or concerns about the services provided by SECamb which do not require a formal investigation. These are entered on our electronic patient safety and risk management software system, Datix, as a Level 1 case.

PALS issues received and actioned:



The table below details the number of PALS enquires received during 2021/22, 2022/23 and 2023/24:

PALS issue	2021/2022	2022/2023	2023/2024	% Increase
Concern	83	116	122	6%
Information Request	452	466	607	30%
Enquiry	18	39	61	55%
HCP Concern	0	0	14	*

*These were previously dealt with by the Datix team as incidents.

The Trust has seen an increase in the number of concerns, information requests and enquiries registered examples of these are:

Concerns:

- Member of the public raises concerns regarding poor driving close to horses.
- Member of public requesting vehicle is deep cleaned after seeing photos of staff climbing around the ambulance and with their feet on the seats.
- Member of the public concerned that someone is giving her address when they call 999.

Information Requests:

- GP Surgery needing ePCR for on-going care of patient.
- Patient wants all their records from 1/9/19 to present day.
- Bereavement Midwife requested 999 call and ePCR to check information as patient has mentioned signs of life in baby she miscarried at 14 weeks.

Enquiry:

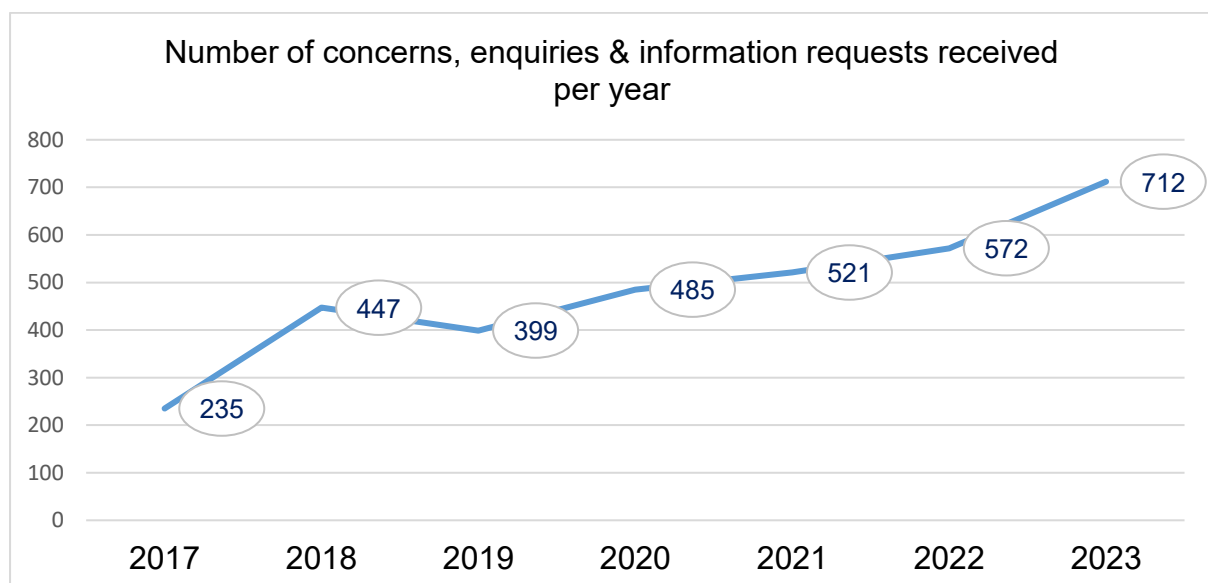
- Patient needs reference for housing association.
- Member of the public would like to know if an abandoned vehicle belongs to our service.
- Patient's daughter asking whether we were given her father's key safe information.

We also receive a number of emails / letters each year about the siren noise from our ambulances which are answered through concerns.

Most requests for information are Subject Access Requests under the Data Protection Act, where patients or their relatives require copies of the electronic patient care 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.

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.

During the last seven years we have seen an increase year on year with the number of Concerns, Enquiries, and Information Requests that it receives. These have increased by over 200% during this period.



Compliments

Each year the compliments we receive, thanking our staff for the work they do, far outnumber complaints. Compliments are recorded on our Datix system (electronic patient safety and risk management software system), alongside complaints, so both the positive and negative feedback is captured and reported back to operational staff. The staff concerned receive a letter from the Chief Executive in recognition of the dedication and care they provide to our patients.

During 2023/24 our staff received 2,054 compliments, which represents one compliment for every 326 interactions with our patients.

Compliments are shared with crews and their leadership team; staff appreciate being recognised and feel valued when they receive compliments, this validates the good work they are delivering and makes them feel part of a successful team.

Table 1 Compliments by service/operating (OU) area and month:

OU by month	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	Total
KMS 111 IUC	0	3	1	2	3	2	1	1	0	1	0	0	0	14
Ashford OU	13	9	14	8	18	9	17	12	15	14	0	0	0	129
Brighton OU	14	15	12	6	21	11	30	26	10	26	16	13	17	217
Chertsey OU	13	4	11	8	17	11	12	7	7	12	8	6	9	125
Gatwick OU	20	21	16	13	26	24	38	26	24	30	21	8	11	278
Guildford OU	8	10	11	9	23	6	16	11	11	14	8	9	11	147
HART	0	0	0	0	1	0	0	0	0	0	0	0	1	2
Medway and Dartford OU	15	26	16	15	16	32	29	31	17	25	16	14	18	270
Paddock Wood OU	18	13	14	11	17	15	27	13	15	19	26	13	18	219
Polegate and Hastings OU	8	14	12	12	21	10	23	16	11	30	20	16	14	207
Tangmere and	12	27	23	22	20	17	21	28	10	35	17	18	15	265

Worthing OU														
Thanet OU	9	14	13	10	16	10	18	12	8	24	10	7	8	159
EOC	1	1	1	1	1	2	3	2	1	1	2	1	1	18
PALS	0	0	0	0	0	0	0	0	0	1	0	1	0	2
Private Ambulance Providers	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Total	131	157	144	117	200	149	235	185	129	232	144	106	125	2054

Direct feedback and compliments resulting from 111 and 999 calls to our call centres are more difficult to obtain as calls tend to be very concise and focused. However, it has been noticed in recent months that these are on the increase.

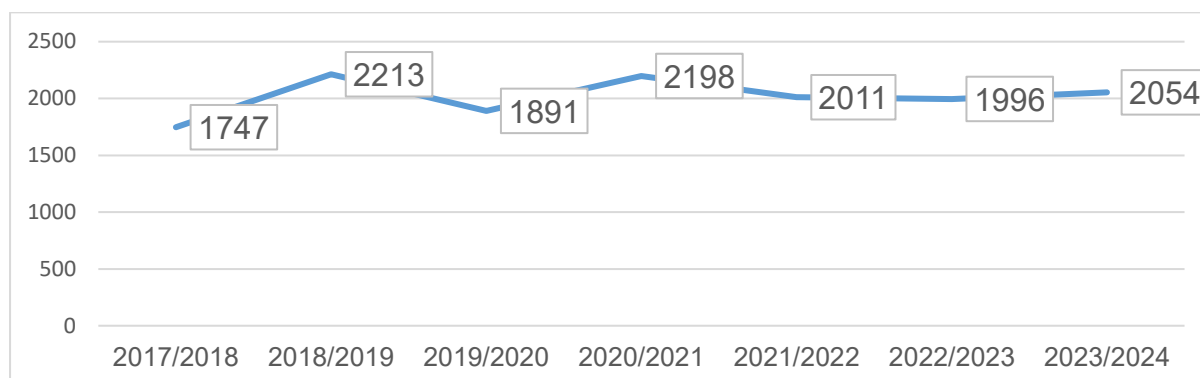
A small number of examples of the compliments the Trust received during 2023/24 are below:

"I'm getting in touch because I had a horrible experience on Wednesday evening, 17 January. My nine-month old baby had a fit at home. It was scary and upsetting and I felt very overwhelmed and frightened. I called 999 and the operator was professional yet caring and kind; exactly what I needed. The ambulance arrived within 3 minutes!! I couldn't believe my luck. The paramedics were all professional, clearly experienced, kind, understanding and practical. I could not have asked for better care for my child."

"I would just like to show my appreciation to the EMA in taking my call and arranging an emergency ambulance. As given, the patient had confirmed Sepsis and was treated successfully with IV antibiotics and fluids for two days before being discharged back home with two different oral antibiotics. I have also reviewed him this week and he is doing very well indeed. He also asked me to pass on his gratitude to the ambulance service. Good all round joined up working, whilst you don't clinically treat the patient, your skills initiate the single most important part of the chain - arranging the help! There is no chain if there are no EMAs trained and skilled like you."

"I wanted to contact you to thank the people I spoke to when calling 111 on 27 July, I called about some frightening symptoms that I wasn't sure related to an existing condition. After asking questions, the lady assured me that the symptoms were likely to be related but that she would ask someone to call me back. When I was called back the lady was very kind and gave me some good advice, she made arrangements for a doctor to call me the next morning but advised me what to do if my symptoms got worse in the meantime. Both ladies introduced themselves but I'm sorry I can't remember their names. They both made me feel safe and I had full confidence in their advice."

The number of compliments that we have received in the last six years has averaged 2016 per year and remained relatively consistent.



We have continued to ensure that staff receive compliments in a timely manner, the average number of days to process a compliment is five working days.

Serious Incidents (SIs)

Serious Incidents (SI) are managed in accordance with NHS England's Serious Incident Framework. The Serious Incident Group (SIG) was created so that all potential Serious Incidents are reviewed and discussed. Every week the panel review IWR1s and complaints that have been reported/logged in the previous week where the grade of harm has been recorded as moderate or above. They also review any other cases that have been sent to them separately and are not already recorded.

All the cases are reviewed, and a decision is made on whether any of them need to be reported as Serious Incidents requiring investigation. When declared as a Serious Incident these are reported on the Strategic Executive Information System (StEIS) from which the Lead CCG (Clinical Commissioning Group) will receive an email notification. An Investigation Manager will be allocated, and a Serious Incident Manager is assigned to support the investigation process. Investigating Managers are trained in Root Cause Analysis (RCA) methodology and as part of the process they will complete Duty of Candour requirements and involve the patient or relatives in the investigation.

All information/conversations and documentation are logged on Datix, our reporting system. Once the RCA report is completed and signed off internally, the report is taken to the closure panel of the lead ICB where they agree closure of the investigation, or they may require additional assurance. Once closure is agreed, all actions identified in the report are entered on Datix and allocated to the action owners; actions will be closed once evidence has been attached.

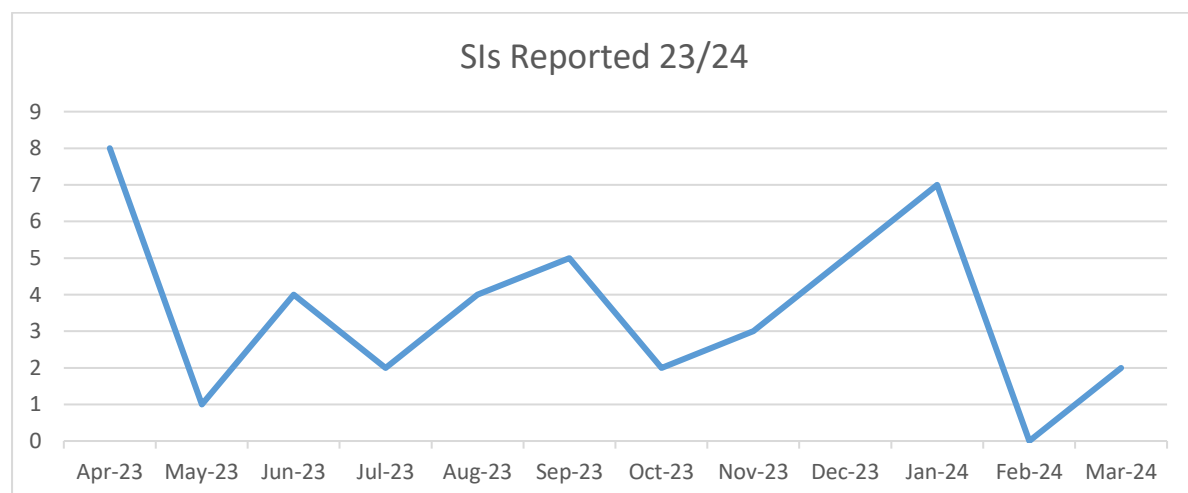
We have recently started the implementation of the NHS Patient Safety Investigation Response Framework (PSIRF). An Incident Reporting Group (IRG) has transitioned from the Serious Incident Group, and where they review escalated patient safety incident that have been reported on DCIQ.

We have identified five priorities:

1. ST Segment Elevation Myocardial Infarction
2. Harm Identified Following Discharge on Scene
3. Inter-Facility Transfer (IFT)
4. Incorrect administration of 1:1000 adrenaline
5. Delays to 'hands on chest'

The year ahead will see us consider how best the new soon to be required annual plan for investigations will be shaped and how these are taken forwards in accordance with the PSIRF and how we can adapt ways of working to implement the Strategy. The SI policy and procedure will also be reviewed and revised to reflect the new Strategy.

During 2023/24 we reported 41 serious incidents and 0 never events. Once investigated, it was agreed with the Lead Commissioners that six of the declared SIs did not meet the national serious incident criteria and they were de-escalated from SI status, resulting in the net figure of 35 SIs. With the implementation of PSIRP, two PSIs have been reported. This is a reduction from last year's figure of 65.



Level 3 Reporting 2022/23

Over the past year, we have identified that for some incidents, there was a greater need for a more focused approach to ensure staff receive timely, quality led feedback to support their learning, as opposed to the investigation requiring a deeper, potentially more system-wide approach. As a result, methodologies such as End to End (E2E), or After-Action Reviews (AAR) have been utilised over the past year.

Level 3 Reporting Type	Number of Incidents Reported
After Action Review	21
End to End Review	8
Internal RCA	7

Total	36
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Central Alerting System (CAS)

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.

How quickly we require a response back from the above groups depends on the type of alert received. Datix has a function which allows us to select a deadline for reviewing the alert and for responding. If for example, a Class 1 MHRA Drug Alert were to be received the Trust must respond within 24 hours of the alert being disseminated, as this is a significant hazard to patient safety, whereas other alerts are purely sent out for information purposes only and do not pose a threat to patient harm.

The alerts received through the CAS system often require a response through the CAS website to provide assurance that the alert has been safely dealt with, even when no actions were required. Usually, when no actions are required, this will be due to the alert being aimed at acute settings like hospitals, however there are still many that are more generic and relate to medications or equipment that are relevant to SECamb.

Alerts which require actions to be undertaken will be identified by an individual in the email group it was sent to and information regarding the appropriate course of action will be advised. This is then updated on Datix and when necessary, through the CAS website also (depending on where the alert has come from).

We receive safety alerts using several different processes, this includes monitoring the SECamb CAS inbox and CAS website and undertaking searches for Field Safety Notices on GOV.UK.

During 2023/24 153 alerts were received by SECamb, the breakdown of their source is shown below:

Alert Generated by	Number received during 2023/24
CMO Messaging	4
MHRA Medical Devices	43
National Patient Safety Agency	12
MHRA Drug Alert	28
MHRA Field Safety Alerts	66

Upon receipt, all alerts are disseminated to the most appropriate senior team for assessment and where appropriate, a response.

Safeguarding

Safeguarding is a vital process that protects children and adults from harm, abuse and neglect. The safety and wellbeing of adults and children is important as they encounter the services that our 999 and 111 provide. SECAMB reinforces the principle that safeguarding is everybody's responsibility and develops a culture of continuous learning and improvement to promote the safety and welfare of adults at risk, children and young people and looked after children.

In 2023/24, a total of approximately 35,000 referrals were received across the NHS111 and 999 services: 28,000 for adults and 7,000 for children. This equates to an increase of 17 per cent compared to the previous year.

Key reasons for referral trends include and highlight:

- Possible lowering of referral thresholds for children
- Significant increase in mental health concerns for adults and children
- Increased recognition of self-neglect; these have a lower reporting threshold than other areas of safeguarding
- The wider impact of the cost-of-living challenges that have an impact on wellbeing
- Increasingly frailty within an ageing population

All referrals continue to be reviewed by members of the Safeguarding team before forwarding to the relevant local authority. Over the past four years we have seen a 75% rise in safeguarding referral numbers.

Although it's difficult to pinpoint the exact reasons that explain such a considerable rise, contributing factors would include:

- The increased profile of Safeguarding across the organisation.
- Impact of rolling out comprehensive Safeguarding training and education programmes across the trust.
- The Ashford OU Perfect Month – the recent APP-led Integrated Care Model trial in Ashford evidenced a noticeable rise in safeguarding referrals
- The results of the trial suggest that given optimal conditions staff have a greater opportunity to recognise and escalate appropriate safeguarding concerns
- Greater multi-agency focus on new and developing areas of preventative areas of safeguarding, for example, referrals requesting early help assessments for children, young people and their families.
- Safeguarding Adult Reviews focusing on escalating risks developing from unaddressed low level care needs.

- Lack of alternative referral pathways (especially out of hours) for low acuity social concerns, especially those that will become high acuity without an opportunity for early intervention.
- Pressures across society because of the increased cost of living, particularly in areas of higher socioeconomic need.

Scrutiny of safeguarding practice demonstrates a very strong safeguarding reporting culture throughout the organisation. The recognition by our workforce of the increasing care needs across a frail and vulnerable population are highlighted clearly in the safeguarding referrals received by the Safeguarding team. Although a portion of initial concerns may not be overtly safeguarding, a review of a patient's care needs by social care can often identify other concerns such as inadequate care provision or identifying other unmet needs. Continued inadequate care provision can often lead to poor health outcomes leading to the possibility of more emergency and, urgent care being required.

The visibility of safeguarding training has remained high across the organisation during the year. There has been a focus on embedding the concept of executive function within the principles underpinning the Mental Capacity Act.

Commissioning requirements for Safeguarding expect a minimum 85% compliance across provider services. As of 1 March 2024, a total of 2,039 clinicians out of a total of approximately 2,442 (84%) are in date with their L3 Safeguarding training.

Throughout 2024/25 plans are in place to ensure that L3 safeguarding training compliance remains high across the trust's services in NHS111, EOC and field operations. All staff will be expected to complete L1&2 safeguarding training alongside a continued focus on mental capacity training.

Information Governance (IG)

Our information governance framework ensures that information is processed in a secure and confidential manner, enabling the best possible delivery of healthcare and services. Compliance with information governance is integral to the management and processing of employee, patient, personal and sensitive information ensuring that this is processed legally, securely, and efficiently.

This framework is firmly embedded within the organisation and ensures that we meet our statutory legal requirements in line with data protection legislation. Internal assurance is met through robust Policies, Data Protection Impact Assessments, Records of Processing Activities, Information Sharing Agreements, and transparency materials.

As part of our contractual and national obligations we complete an annual Data Security & Protection Toolkit. This is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security, and that personal information is handled correctly.

We have a robust IG Working Group which meets monthly. This has widespread membership comprising of Caldicott Guardian, SIRO, Deputy SIRO and senior managers including representatives from front line operations.

Engagement within the Trust remains positive. The past year has provided the opportunity for the Head of Information Governance to engage with services in a face-to-face environment through formal service visits. These have been very well received and have provided opportunity for engagement and useful discussion.

Trust technologies continue to be utilised to support widespread engagement both within the Trust and externally with partner organisations.

Ongoing collaboration with our IT department provides technical expertise and ensures adherence to national mandated standards. Our partnership working alongside our partner ICS organisations and acute providers has also been paramount.

Transparency and compliance with data protection legislation continues to be evidenced. We utilise our external website and internal intranet to provide advice and guidance relating to information governance. Information contained within our public facing website continues to be reviewed and updated and holds a suite of Privacy Notices relating to services within the Trust, accompanying information leaflets, information on partnership working, data sharing, data subject access requests, and National Data Opt Out.

Confidentiality and compliance with data protection legislation remains at the forefront of our organisation. As an Ambulance service, we process a significant volume and variety of personal and sensitive data: this information relates to our employees, contractors and the patients who enter our service.

To ensure compliance the completion of mandatory Trust wide IG training completion continues on an annual basis. The training is reviewed and updated annually and republished on 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. It also ensures that we meet our mandatory obligations in relation to the Data Security & Protection Toolkit. The toolkit was remotely audited by our internal auditors in April 2023, with a satisfactory level of assurance attained.

Under UK GDPR the completion of Data Protection Impact Assessments (DPIA) is a mandatory requirement for high-risk processing activities. These are completed in instances where there are changes to systems or processes involving personal data. Completion identifies any associated data protection risks, ensures compliance with legislation, and provides documented internal assurance. This process is fully embedded with a dedicated information page available on our website and intranet.

Reportable IG Breaches 2023/24

We are an open and transparent organisation, and report all significant IG breaches to our regulator, the Information Commissioners Office (ICO).

During this reporting period (April 2023 – March 2024) we reported five breaches to the ICO - these related to a breach of confidentiality / data breach.

In accordance with our 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.

These breaches were internally reported with shared learning completed within the relevant portfolios. The Trust IG Working Group, whose membership includes the Caldicott Guardian, SIRO, Deputy SIRO, and Heads of Department were presented with a formal anonymised report summarising the breaches and the actions taken. In each instance, open, transparent information has been imparted to the ICO and a succinct response provided. No further action has been taken.

Infection Prevention Control (IPC)

The key aim for 2023/24 was to implement an Improvement Plan including all of the lessons learnt from the COVID-19 pandemic.

The main elements of the plan that have been completed are as follows:

- Introduction of the new NHS IPC Manual to replace the old Trust format in line with national guidance
- Development of Standard Operating Procedures specific to ambulance services
- Review and change to the old IPC audit tools, which are now IPC Practice Reviews
- Refresh all of our IPC Champions in field operations with the first training day planned for April 2024
- Platform for a new IPC App in development to assist staff access relevant IPC tools
- Development of a Dispatch Desk Dashboard to help the leadership teams with compliance issues for IPC practices
- IPC Team attending all ICB forums for IPC as well as Post Infection Review meetings

The IPC Team have also been involved in two Quality Improvement Projects. The first one was identified due to concerns with Personal Protective Equipment availability and has since escalated to a whole systems process change.

The second project is being undertaken by our IPC Lead and focuses on the trust waste streams and a possible change from Infectious Waste to the more environmentally friendly Tiger Waste stream. This will also mean a cost saving for the Trust in the future.

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

- Improvement Plan workstreams
- Attendance at Quality Assurance Visits across the Trust
- Introduction of new IPC Practice reviews (1 April 2024)
- Involvement with Quality Improvement projects for IPC elements, including logistics and waste streams
- Partnership working with Kent, Sussex, and Surrey IPC Forums and ICB's
- Attendance on the South East Regional IPC calls
- Attendance on the National Ambulance Services IPC Group
- Planning and delivery of the Seasonal Flu vaccination programme

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

This year our flu vaccination programme was managed by the IPC Team with support from relevant teams. A full Programme Plan was implemented, with the first planning meeting taking place in May 2023.

After the low uptake last year likely due to nationally acknowledged vaccination fatigue, the good news is that uptake by our frontline staff improved by 16% to 72.9%, with the figures for all staff up slightly by 1.7% to 59.5%.

Lessons learnt have been added to next year's programme and the first meeting of the flu vaccination programme team has been scheduled for July 2024.

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.

The Trust went live with the 999 Patient Experience Questionnaire on 9 October 2023. There were 66 completions between October and December 2023. A Community Forum was established on 27 September 2023, which replaced the Inclusion Hub Advisory Group (IHAG), and two meetings have been held.

Health & Safety

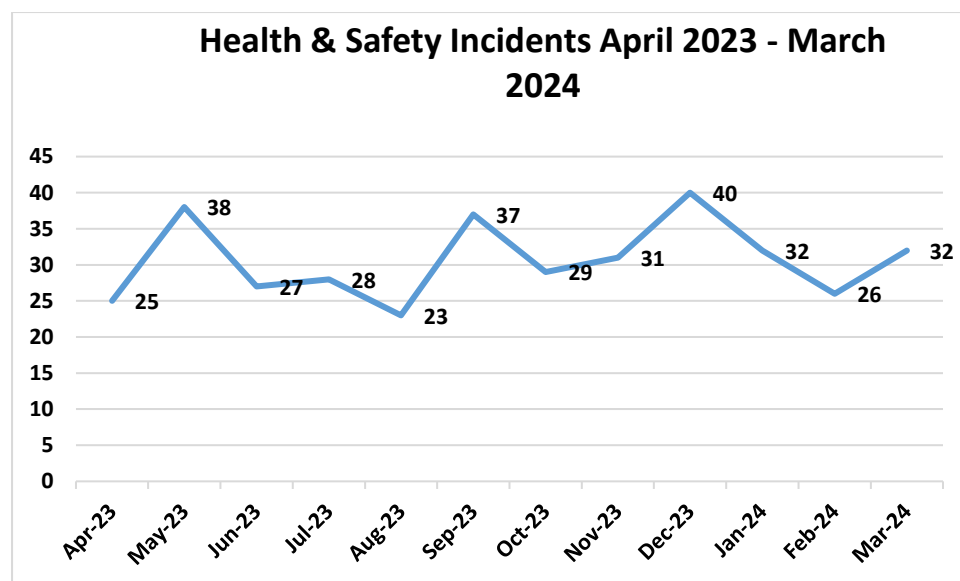
The Health and Safety Executive (HSE) visited two SECamb sites (Medway and Haywards Heath) on 25 and 26 October 2023 to assess our management of health and safety in respect to MSK (Musculo-skeletal) issues and Violence and Aggression.

The HSE identified contraventions of health and safety law that SECamb has been required to act upon. One of the contraventions resulted in an Improvement Notice. SECamb responded to the HSE on 5 January 2024 confirming that action had been

taken on all matters identified. Subsequently, SECamb were advised on the 18 January 2024 that the HSE were satisfied with the action taken and closing the Improvement Notice and any further intervention from their perspective.

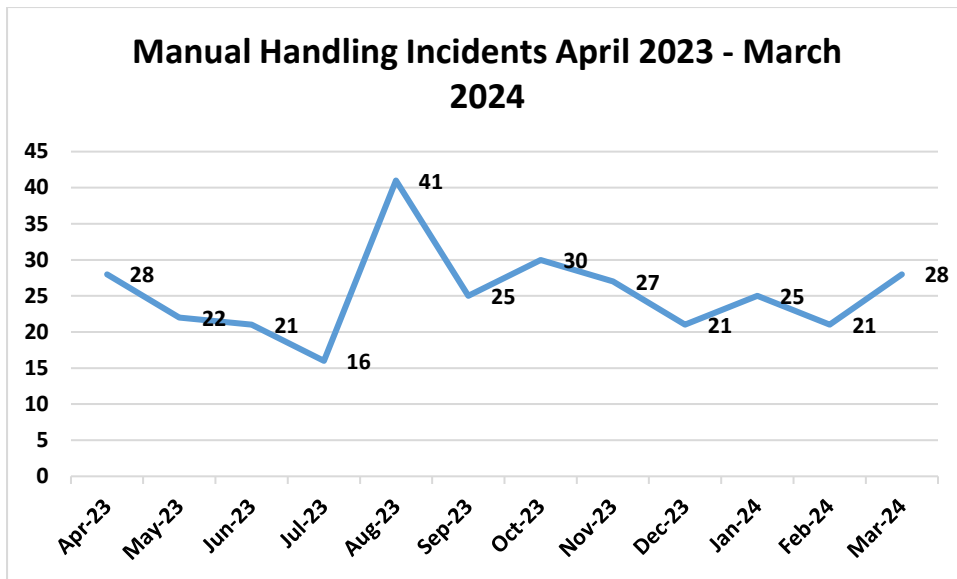
A Health & Safety Task and Finish Group (H&S T&F) was established in November 2024 by the Executive Director of Quality and Nursing to oversee actions in relation to the material breaches identified. In total, 35 actions were identified as requiring completion. All actions except for three have been fully completed. The remaining actions are underway and being regularly reviewed for oversight and assurance as per standard governance processes.

During April 2023 to March 2024 staff reported 368 Health & Safety Incidents. This is an increase of 18 incidents when comparing to the previous year.



Manual Handling Incidents April 2023 – March 2024

Staff reported 305 manual handling incidents during the year. This is a decrease of 41 incidents when comparing to the previous year.



RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

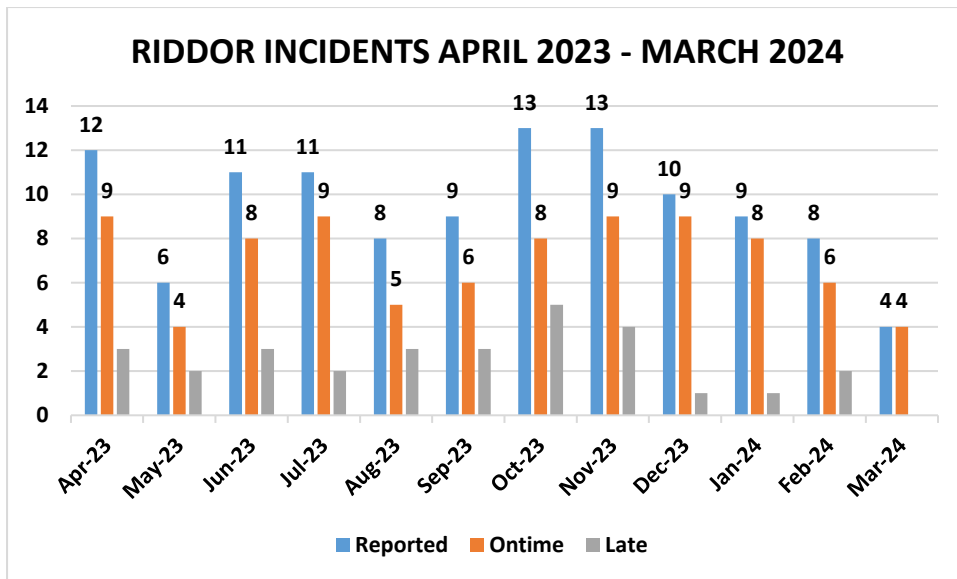
In order to protect our workforce, the RIDDOR regulation requires employers to report certain workplace accidents, occupational diseases and specified dangerous occurrences. Formal reporting is undertaken by the employer to the Health and Safety Executive: accidents resulting in over-seven-day incapacitation of an employee require notification to the regulating authority within 15 days of the incident.

The Care Quality Commission (CQC) and the Health and Safety Executive (HSE) have a Memorandum of Understanding (MoU). The purpose of this MoU is to help ensure that there is effective, co-ordinated, and comprehensive regulation of health and safety for patients, employees, and members of the public. The (MoU) outlines the respective responsibilities of CQC, HSE and local authorities (LAs) when dealing with health and safety incidents in the health and adult social care sectors.

RIDDOR Incidents April 2023 – March 2024

During April 2023 to March 2024 the Trust reported 114 RIDDOR incidents to the Health and Safety Executive. Overall, 85 incidents were reported on time to the Health and Safety Executive.

When comparing to the previous year the Trust reported 131 RIDDOR incidents with 94 incidents reported within the statutory time frame.



Security

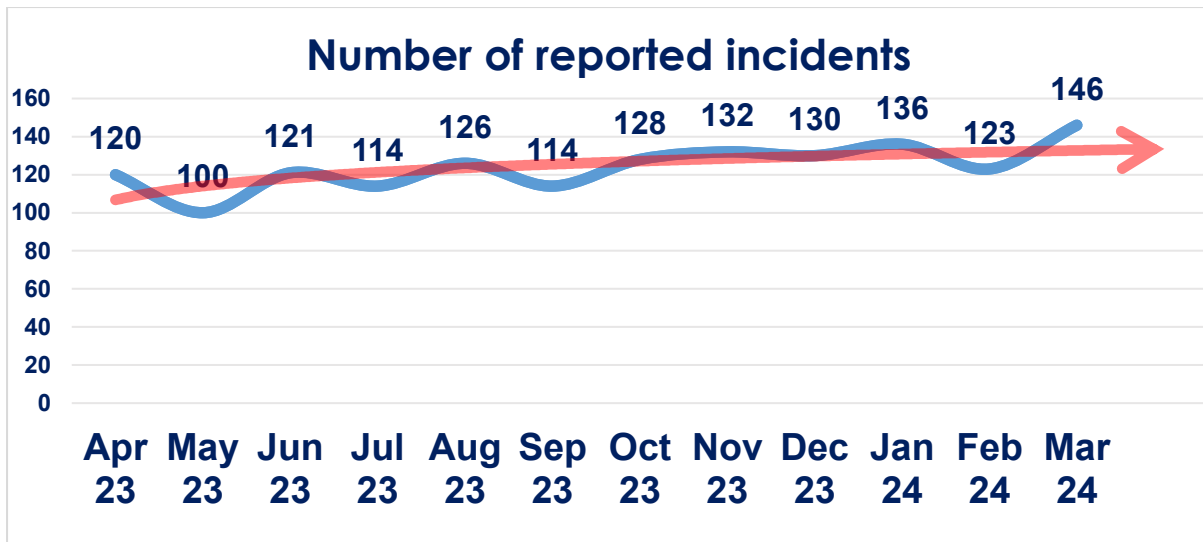
The Trust security function covers the following areas:

- Incidents of violence and aggression on staff
- Security of Controlled Drugs (CDs), 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

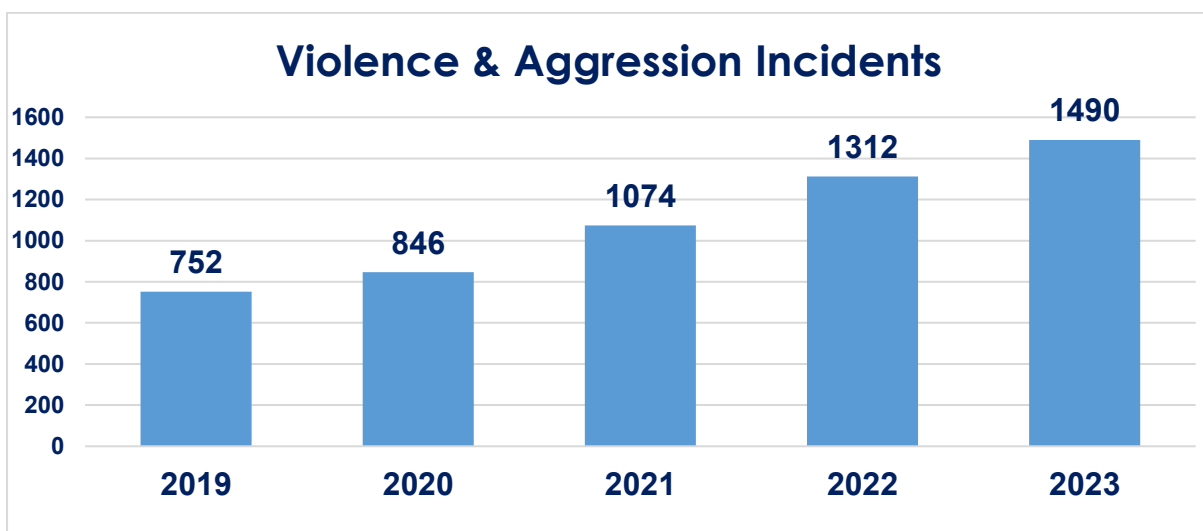
Violence and Aggression Incidents against Staff 2023/24

Our colleagues reported 1,490 Violence and Aggression incidents during the year, an increase of 178 incidents when compared to the previous year. Unfortunately, nationally the ambulance sector continues to see annual increases with violence and aggression incidents.

We have become fully compliant with the NHS Violence Reduction Standards.



Violence & Aggression Incidents from 2019 to 2023:



Body Camera trials

The use of body cameras is intended to deter abuse and obtain evidence of offences committed against staff.

We received funding in 2021 from NHS England to trial body cameras and the trial began in June 2021 and will continue until 2024. We renewed the licences and expanded the number of body worn cameras available to staff in 2022.

The original sites have been expanded to cover all reporting sites, providing availability for all frontline staff and Community First Responders. A standalone camera has been located at Haywards Heath College to allow new members of staff to be trained before commencing work within their Operating Unit.

Health Inequalities

In recent years, NHS England has published several national documents which outline our responsibility in reducing health inequalities, as an NHS organisation.

In addition, there are specific ambulance sector health inequalities documents which highlight the value of the ambulance sector in reducing these inequalities.

These documents identify five priority areas to tackle for adults and five for children. Governance for these focus areas sits with national programmes; national and regional teams coordinate activity across local systems to achieve national aims.

The adult priorities are:

1. Maternity
2. Mental illness
3. Chronic respiratory disease
4. Early cancer diagnosis
5. Hypertension case-finding and optimal management and lipid optimal management

And the five priorities for children are:

1. Asthma
2. Diabetes
3. Epilepsy
4. Oral health
5. Mental health

Collectively they are known as Core20PLUS5, which relates to the most deprived 20% of the population and the five clinical areas of focus, which hold the most value. To understand and measure our progress against these recommendations we have completed the national Ambulance health inequalities maturity matrix.

As an example of the work undertaken and in line with the children's asthma priority, we have worked with partner organisations and the regional young people and children with asthma groups, to improve asthma care for both our population, and other areas within the UK who utilise NHS pathways, as their ambulance triage tool.

We have successfully supported the implementation of an asthma specific pathway, in NHS pathways which means that at the point of clinical triage and call categorisation there is a specific pathway which accounts for clinical presentations of individuals with this asthma. This means that our patients with asthma are given specific worsening care advice and appropriate ambulance response. This work has included specialist asthma health care professionals providing training and education to our some of our clinical workforce.

For this coming year, health inequalities have been selected as one of our quality account priorities. This will involve a two-year programme, structured in two phases,

focusing on patients with maternity and/or severe mental illness presentations, with the intention to improve clinical care and outcomes through the reduction in health inequalities. This is in line with two of the five adult priorities.

People and Culture

Our Volunteers
Clinical Education & Training
Inclusion
Communicating with our colleagues
Recruiting and retaining staff
Employee wellbeing
Staff experience & engagement
Appraisals
Joint Partnership Forum (JPF)
Living our values

Our Volunteers

The past year has been a busy year for both the Community Resilience Team and our volunteers. Community Resilience have now delivered their four-year strategy. This has been largely due to the NHS Charities Together monies allowing for a time limited increase in team capacity to support and engage with our volunteers, and the trial of the Emergency Responder teams. The team also engaged and contributed to the new Trust Strategy that will go live during 2024/25 where the role of the volunteer will grow in scope and scale.

As of March 2024, there are 435 volunteers serving our patients and staff with plans to expand this number by another 150 this coming financial year. Our Community First Responders and Emergency Responders have delivered over 60,000 hours of their time to respond to our patients, attending over 16,000 calls. For life threatening calls (C1 calls) our volunteer responders made an impact of 15 seconds to the positive in response times that equated to faster treatment for 1,400 patients. Our volunteer responders on average were on scene at cardiac arrest calls four minutes and 53 seconds before the first ambulance resource.

The Community Resilience team have this year become an accredited centre for the delivery of volunteer training. Registered with the national awarding body, Future Qual, they can deliver the Level 3 accredited First Responder on Scene qualification using their own tutors.

In November 2023 the first volunteer conference was held within SECamb to recognise our volunteers and say, "thank you". The conference was attended by over 200 volunteers with both national and local speakers. The event was opened by David Astley (Chair) with Simon Weldon (CEO) attending to thank all our volunteers personally. Building on this success, a further conference is being planned for the 2024/25 financial year.

All our clinical volunteers have received training to enable them to use a new suite of skills to give them more flexibility to manage patients on scene. This allows our patients to receive an improved level of care from our volunteers.

There has been a commitment by the trust to improve the dispatch and safety of our volunteers with the introduction of the National Mobilisation Application (NMA). A smartphone application that allows the responder to receive an emergency call on the app, it will track the responder, offer directions (mapping) and give the responder a button to push should they need urgent assistance. This now allows the Emergency Operations Centre to be able track and have clearer oversight of where a responder is and if they require assistance. It also supports the dispatcher to directly pass an incident without phoning a volunteer reducing the time it takes a volunteer to mobilise to a call.

Chaplains

Our volunteer Chaplains continue to support our staff and volunteers irrespective of a person's religious beliefs and those with none. They provide a 24-hour volunteer on-call function so are available at any time of need. The chaplaincy service covers the whole Trust remaining non-denominational, with a firm commitment to support staff and volunteers alike. You will often find a Chaplain either in a Make Ready Centre or out with a crew on the road so staff have a listening ear should they require it.

Volunteer Emergency Responders

Our volunteer emergency responder (ER) scheme has gone from strength to strength. ERs are trained to the same level as a Community First Responder, however, have completed a level 3 accredited blue light driving course and respond in a marked car to our patients. Currently they cover two areas of the Trust where it can be challenging for the trust to make a timely response thus improving health inequalities. Over the past year they have attended over 1600 emergency calls and given 9000 hours of their time to be available to respond. In New Romney alone ERs have attended over 100 C1 life threatening calls and improved response times by two minutes.

Support Volunteers and welfare vehicles

Community Resilience took delivery of four new welfare vehicles at the end of 2023. These vehicles are to support our staff during times of increased demand and at significant or major incidents. The vehicles have been specifically designed to cater for staffs needs such as teas, coffees, snacks, and a seated area to rest. The vehicles will attend hospitals and other sites as required to offer ambulance staff refreshments. The vehicles are crewed by volunteers as an when required. They are based at Tangmere, Brighton, Medway and Banstead.

A new role of support volunteer has been created and will expand over the coming year. This role will be a support role to crew the welfare vehicles, and also undertake other functions such as logistics and supporting EOC in times of demand by making teas and coffees for our dedicated EOC and NHS 111 teams.

Public Engagement

Public engagement, training and education is an important aspect of making communities resilience and safer. The Community Resilience Team continue to deliver where possible training and education.

In October 2023 the team supported the annual Restart a Heart national campaign, which supported over 15,000 members of the public and local schools to be trained in CPR and defibrillation. Our volunteers also continue to provide many hundreds of hours delivering public CPR events across the SECamb patch in their local communities.

Public Assess Defibrillators

All live public access defibrillators (PAD sites) should now be registered on the British Heart Foundation “The Circuit” database. They are registered by the owner of the defibrillator, who are reminded to check them regularly by an automated system.

The Circuit database is linked to our dispatch system and an Emergency Medical Advisor can point a member of the public towards the nearest available defibrillator, if required, during a 999 call. It is usually only shown if it is within 500 metres of the patient. This system is a much safer and robust system and offers an improved opportunity to improve cardiac arrest survival rates.

Volunteer Recognition

We value our volunteers and as such will continue to recognise and support them for the selfless dedicated people they are. We recognise and support all our volunteers through a range of Trust-level activities, as well as several that are exclusive to the volunteer teams.

Clinical Education and Training

During the year, we have maintained our focus on ensuring that our colleagues have the appropriate knowledge, skills and training to fulfil their roles meeting the needs of our patients, offers career progression and development, and contributes to the effective care delivered across the wider system.

We continue to plan, coordinate, and deliver a diverse range of clinical education and training activity that includes:

- Transition to Practice, a programme for Newly Qualified Paramedics
- International Transition to Practice, supporting our international recruitment programme
- Combined Clinical Conversion Course, designed for all new operational clinicians joining our organisation or returning to practice
- Key Skills, the Trusts annual update programme
- Practice Educator and Associate Practice Educator programmes
- L3 Certificate in Emergency Response Ambulance Driving (L3CERAD)
- S.19 High Speed Driving Assessments, in response to legislative changes surrounding emergency response driving.
- Teaching and Assessor qualifications

In addition to these programmes delivered by the Clinical Education and Training Department, we coordinate and manage flow of learners in partnership with our Further Education (FE) provider – Crawley College on Apprenticeship Emergency Care Support Worker and Apprenticeship Associate Ambulance Practitioner programmes.

Similarly, we coordinate and manage flow of our in-service paramedic progression route in partnership with the University of Cumbria in the delivery of the Level 6 Degree Apprenticeship. This programme affords non-registrants to professionally develop gaining professional registration as a Paramedic.

Akin to previous years, we have continued to be a commissioned placement provider with NHS England (formally Health Education England) and offer undergraduate placement provision to c.600-650 undergraduate learners studying Paramedic Science degrees with our regional Higher Education Institution partners. It was previously reported that there were challenges in ensuring a quality placement provision as a direct result of challenged Practice Educator numbers. Throughout the year, Health Education England (HEE) funded three additional posts to focus upon placement expansion and provision.

This project has enabled efficiencies to be materialised, we have successfully introduced a Clinical Education scheduling function, that has now rolled out to all undergraduate learners through a phased implementation and worked to 'activate' in-active Practice Educators, in close partnership with operational leadership colleagues to ease our placement capacity challenges.

A key focus this year of the education team has been to continue to improve and develop the quality and safety of education activity (on programmes or placement), taking significant steps to support the cultural transition of the Trust. We have been recognised as a national exemplar in some of our activity to promote and ensure safe placement experience to learners and are the only Trust across the United Kingdom to offer induction programmes for every year of study prior to commencing placement with us. With such a focus on sexual safety and culture, members of the Senior Education Management team have led a national programme of work reporting into the National Education Network for Ambulance Services (NENAS).

With support of key individuals and teams across the Trust, and building upon years of development, we have moved to deliver Advanced Practice within SECAMB. This has followed a designed maturity process and supported by successfully bidding for central funding for Advanced Clinical Practitioner Master's Degree programmes.

As reported in last year's Annual Report, progress continues to be made with the Clinical Education and Training Strategy 2022-2025. The department has successfully concluded 'phase 1' of our restructure, an ambition articulated in last year's report, and we are in the process of planning and delivering phase two throughout 2024/25 financial year with funding identified for a Head of Education. Assurance of progress (and challenges) against our strategy delivery plan has been provided to the Trusts People Committee. A Risk Management approach has been embedded in our change management processes.

Despite another challenging year, sustained progress continues to be made with Clinical Education and Training in the Trust. Thanks to progress to date of the Clinical Education and Training Strategy 2022-2025, strong foundations have been built that will allow for the function of Clinical Education to flex, meeting the needs of the organisation. With our new Board approved strategy entering implementation phase, it is key that Clinical Education uses its flex ability to meet the changing needs of the Trust.

Inclusion – Valuing difference

We meet our legal duties in relation to the Public Sector Equality Duty and Gender Pay Gap Audit and our mandated requirements for the Equality Delivery System 2022, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) (separate reports are published for each yearly).

The Trust continued to work on the Integrated Equality Action Plan (IEAP), which is linked to workstreams supporting the EDS2, WRES, WDES and Gender Pay Gap.

We are members of the Employers Network for Equality and Inclusion (ENEI), are recognised as a Disability confident employer and hold the silver award for the Armed forces covenant.

The Equality Act 2010 means that SECAMB, like other NHS trusts, is required to meet the enhanced duty to deliver reasonable adjustments.

Reasonable adjustments are the changes that can be made to remove 'substantial disadvantage' that could be faced by people with disabilities in accessing services, information or facilities, or a colleague just being able to do their job to the best of their ability. Reasonable adjustments are changes that may need to be made to the way we work and provide our services, so that people with disabilities are not disadvantaged.

The Inclusion team has continued to provide support and guidance to managers and colleagues who required reasonable adjustments during recruitment and through their employee life cycle.

Between January 2023 and December 2023, the Inclusion team supported 99 Reasonable adjustments requests. These included arranging assessments for a number of neurodiverse conditions, installation of software, ordering digital stethoscopes, monitor overlays, supportive furniture, etc.

The Reasonable passport continues to be used by colleagues and managers and feedback on these have been positive. Colleagues continue to self-refer to Access to Work for assessments to support with reasonable adjustments.

In 2023, we digitized the application process for reasonable adjustments. Requests are now submitted via an online form. This has streamlined the process for both the inclusion team and staff.

The Trust has four active staff equality networks, covering LGBT+, cultural diversity and faith, disability and carers, Gender equality. In addition, we have also set up as a proactive measure an Armed forces and reservist's network.

The networks have continued supporting our colleagues as we navigated new ways of working. There have been a number of notable changes in the networks in 2023. The Chair of Enable – Amy Hoey – stepped down from her role as she moved to a different role in another Trust. Sharna Watts and Sadie Ghinn-Morris were appointed as co-chairs of the Enable network. The decision was made to appoint two co-chairs who focus on the two strands of the network, i.e. disability and carers.

It was the end of term for Tony Faraway and Tom Pullen from the Pride network, and we opened the applications process for potential chairs. We appointed one chair and two deputy chairs. Garrie Richardson was appointed as Chair and Benjamin Marlow and Declan-Lee Spracklen were appointed as deputy co-chairs.

The Gender Equality Network also opened expressions of interest for a new chair as Karen Ramnauth had reached the end of her tenure. The network did not receive any expressions of interest and the Trust asked Karen if she would be willing to remain in the position of Chair for another two years, which she accepted.

Communicating with and recognising our colleagues

We utilise a range of different mechanisms to try to communicate effectively with our colleagues, recognising the challenges of communicating across a large and widely distributed workforce, many of whom work diverse shift patterns and may have very few opportunities to meet face to face with their line manager or their fellow team members.

During the year we have continued to work hard to improve our internal communication mechanisms and ensure we are finding positive and inspirational stories to regularly share with our people.

The mechanisms we utilise include:

- A weekly e-bulletin shared with all colleagues
- Using film as a medium, including a regular Chief Executive's video message and a range of '2-minute films' on key topics
- Ensuring our Intranet is kept up to date and refreshed with news stories

We will continue to seek feedback on the mechanisms we use to communicate with our colleagues moving forward and make improvements where necessary, in line with our Communications and Engagement Strategy.

We also worked hard during the year to improve how we recognise the achievements of our people with the introduction of a new Recognition Framework, which was approved by the Trust Board in December 2023.

This over-arching framework provides a range of different recognition mechanisms including our popular annual Staff Awards but also saw the introduction of our new digital Reward & Recognition Platform, The Star Zone. This gives colleagues the opportunity to easily recognise each other's achievements by sending a range of different e-cards, as well as the option to nominate a colleague for a monthly Star of the Month award.

The Star Zone is already proving incredibly popular with colleagues, and we are receiving a range of strong nominations for the monthly Star of the Month Award. We look forward to both continuing to flourish during the coming year.

Recruiting and retaining staff

Over the past year we have 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 our 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.

We received 13,378 applications to our vacancies during the year and recorded 1,172 'new to Trust' employees during the year. We received 1150 applications from applicants who declared a disability, of which 130 were hired. There were 19 candidates recruited who preferred not to disclose if they had disabilities. We received 5,710 applications from BME candidates (3,056 applications did not have right to work in the UK status and not eligible for sponsorship) and hired 207 BME staff (9 hired staff preferred not to state their ethnicity).

Turnover rate

Month 2023/24	Rolling Annual Turnover %	Month 2022/23	Rolling Annual Turnover %
Apr-23	18.23%	Apr-22	18.09%
May-23	17.86%	May-22	18.17%
Jun-23	18.79%	Jun-22	18.32%
Jul-23	19.03%	Jul-22	18.45%
Aug-23	18.94%	Aug-22	18.22%
Sep-23	18.76%	Sep-22	18.29%
Oct-23	18.35%	Oct-22	18.07%
Nov-23	18.58%	Nov-22	17.34%
Dec-23	18.44%	Dec-22	17.82%
Jan-24	17.64%	Jan-23	17.95%
Feb-24	17.92%	Feb-23	18.06%
Mar-24	17.52%	Mar-23	17.60%

Living our Values

Our Trust values define how we do our business and provide a guide to our people on how we expect to behave towards each other and importantly our patients.

Our Values support us in making every day operational and strategic decisions. In March 2023, we began the process of reviewing our Values as we looked to

transform the culture of our Trust and co-develop new values in line with our new Trust Strategy.

A number of workshops have been undertaken with our people to review our current Values. This feedback along with feedback from our engagement work undertaken for our strategy will be used to hone and define our Values to ensure they not only support the delivery of our strategy but ultimately deliver on improving culture across our Trust.

In the meantime, our current Values remain in place at this time:

- 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 our colleagues is not only important for individuals' personal wellness, but also has a direct impact on our ability to care for our patients. It is vital that we invest in the wellbeing of our workforce and in turn create an environment where everybody feels, respected, valued, and supported.

We have made significant investment into 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.

The Hub continues to use the Wellness Plan as a guide for decision making. The plan was developed following completion of the NHS Framework Diagnostic tool which highlighted potential gaps in wellness provision throughout the Trust. The framework was completed again in March 2024 and the plan will be adjusted accordingly. Frequently monitoring and updating the wellness plan allows priorities and goals to adapt to the ever-changing needs of the Trust.

The Hub was granted funds from NHS Charities Together and following discussions with key stakeholders it was decided that the funding would be used to support the wellbeing needs of our call centre colleagues, as these are consistently high demand areas for wellbeing support. The Hub therefore launched two Senior Wellbeing Practitioner trial positions within EOC/111 and the trial will run for 12 months, ending around November 2024. The aim is to evaluate whether there are any benefits to dedicated local support providing quick mental health support, focusing on

prevention, and supporting managers to handle mental health within their teams. A review of the trial will be available as the posts draw to a close.

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
- Trauma Risk Management (TRiM)
- Physiotherapy
- Sports massage
- Slimming World subscriptions
- Backup Buddy app
- Extensive directory of wellbeing services database
- Mental and physical health support videos
- Development of wellbeing conversation templates
- Policy and procedure development
- A suicide postvention group to ensure that those affected by a suicide receive support quickly and that sensitive and honest communications are disseminated throughout the Trust
- Alternative duties for those who are temporarily unable to fulfil their substantive posts for medical reasons or for pregnancy
- Regular wellbeing newsletters/promotions

During 2023/24 the wellbeing hub recorded 21,407 interactions, an average of 1,783 per month. Approximately 38% of these were new enquiries. 751 required a referral to wellbeing practitioners and 699 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.

Staff Experience & Engagement

Research shows that organisations with high levels of employee engagement produce better patient experience and outcomes. Employee engagement describes how we feel about our organisation, and how invested we are in its success. It's our psychological and emotional connection to our work and workplace.

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. We regularly measure employee engagement through both the NHS Staff Survey and the National Quarterly Pulse Survey. The NHS Staff Survey also measures key elements of staff experience through NHS People Promise theme scores.

Improving employee engagement requires a multi-dimensional approach, focusing on our culture, leadership philosophy and style, improved overall employee experience, effective channels for employee voice, and the ability of employees to be involved in quality improvement.

Over the last year we have been working to deliver on our People & Culture Strategy. The delivery plan aims to improve our culture, deliver effective management and leadership development and much more. As this work continues, the outcomes should include improved employee experience and engagement.

Another way to contribute to improved employee experience and engagement is through ensuring we have in place effective channels for employee voice. At SECamb, these include the NHS Staff Survey and the National Quarterly Pulse Survey and several additional feedback mechanisms. These comprise of:

- ‘The Big Conversation’ – All staff are invited to these virtual meetings, chaired by our Chief Executive Officer, during which important topics and workstreams are discussed. They offer staff the opportunity to hear updates and provide direct feedback and ideas on things that matter to them.
- Town Hall meetings - A responsive and effective fortnightly forum for operational staff to raise concerns and suggestions directly to their senior managers.
- Leadership visits - Members of our Executive Management Board and our Senior Management Group attend Trust sites throughout all months of the year, to observe and ask the employees they meet for feedback directly.
- Local engagement mechanisms and workstream specific engagement – We are a dispersed workforce working across three counties, so managers and leaders play a large part in delivering engagement mechanisms for our employees. Local teams employ mechanisms that work for them, such as suggestion boxes, forums, staff engagement meetings, and anonymous online forms, whilst workstreams such as Trust Strategy development seek out the views of staff through online discussion forums, meetings and feedback forms.

Furthermore, managers are also supported to improve employee experience and engagement through a suite of toolkits designed to provide information on the key drivers of employee engagement, useful hints and tips, ideas for improvement based on best-practice, and much, much more.

NHS Staff Survey

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS ‘People Promise’. The survey also retains the two previous themes of engagement and morale. These replaced the ten indicator themes used in 2020/21 and earlier years. All indicators are based on a score out of 10.

The response rate to the 2023/24 survey among trust staff was 60% (2022/23: 62%). Scores for each indicator together with that of the survey benchmarking group (Ambulance Trusts) are presented below.

Theme	2023/24		Trust Score	2023/23		Trust Score
	Trust Score	Benchmarking Group Avg.		Benchmarking Group Avg.	Trust Score	Benchmarking Group Avg.
We are compassionate & inclusive	6.71	6.90	6.37	6.73	6.47	6.64
We are recognised & rewarded	5.27	5.39	4.78	5.07	4.85	5.09
We each have a voice that counts	5.79	5.99	5.43	5.86	5.60	5.86
We are safe & healthy	Not available		5.03	5.39	5.04	5.30
We are always learning	4.67	4.87	4.22	4.58	3.98	4.34
We work flexibly	5.23	5.32	4.71	5.04	4.82	4.89
We are a team	6.22	6.22	5.93	6.05	5.88	5.88
Staff Engagement	5.90	6.03	5.41	5.91	5.54	5.90
Morale	5.57	5.57	4.94	5.25	4.91	5.24

Our 2023/24 NHS Staff Survey results are still below the Ambulance Trust average in the majority of themes, and in line with the average in 'Morale' and 'We are a team'. However, none of our scores are the worst in our benchmarking group, which is an improvement on our 2022/23 results.

Furthermore, our scores have increased more on average year on year than those of our benchmarking group, and our improvements across all themes are statistically significant.

While there is still lots of work to do, the 2023/24 results are an encouraging sign that things are beginning to move in the right direction and the working experience of employees at SECamb is improving.

Since publication of the results, the CEO has chaired a 'Big Conversation' which focused on the survey results and provided an opportunity for all staff to contribute their ideas on the action we should take moving forward.

In addition, HR & OD colleagues are supporting managers to review their local results through a dedicated Power BI app, and work with their teams to make improvements that are meaningful to their team members.

To support this work, a framework and tool has been shared, which can help managers to understand the areas of employee experience and engagement that they can influence personally. This will enable them to identify actions that will have a positive impact on employee experience and engagement overall.

Teams across the Trust continue to work on their actions as part of our People & Culture Strategy delivery plan, which also aims to have a positive impact on employee experience and engagement, and our NHS Staff Survey results.

Appraisals

During 2023/24, we have continued to support colleagues to have a successful and productive appraisal, promoting development and working to contribute towards the overall success of the organisation.

From 1 April 2023 until the end of March 2024, 2,512 colleagues have completed their annual appraisal. This equates to 65.55% of staff within SECamb.

During 2023/24, we have taken time to evaluate the appraisal process, allowing us to understand its overall effectiveness, alignment with organisational goals and its ability to support colleague development and engagement.

Feedback from colleagues was sought using the Viva Engage platform and was invaluable in understanding what aspects of the process are working well and what areas require improvement. A number of colleagues cite NHS ESR as a barrier towards completion.

Whilst exploring and comparing a number of long-term solutions, the Learning and Development team continue to promote in-house resources that could temporarily alleviate the difficulties colleagues are facing. The Appraisal Hub is a dedicated area on the staff intranet, featuring content such as short instructional video guides, detailed interactive handbooks and e-learning for appraisees and appraisers. Colleagues are reminded of this support on a regular basis using the available communication channels – weekly bulletin, Viva Engage and targeted emails.

The Inclusion, Learning and Organisation Development team have developed a process to track issues as they are highlighted, and are providing tailored support to managers and their teams to help remove barriers - moving appraisals to their ultimate completion.

We continue to work towards meeting a rolling appraisal target of 85%.

Working with our trade unions

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 (Royal College of Nursing)
- UNISON
- Unite the Union
- BMA (British Medical Association)

Despite the challenges of the previous year with the industrial relations climate, we have remained focused on working in partnership to address matters important to our colleagues.

As a Joint Partnership Forum, Management and Unions work together on:

- 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.

2023/24 has seen a specific focus on pay challenges pertaining to the implementation of Section 2 Agenda for Change. Section 2 deals with unsocial hours. This is a complex piece of work that will continue into 2024/25 and the Trust remains committed to resolving this and addressing any past errors.

Trade Union Facilities Time

This demonstrates 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
62	56.7

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

% of Time	Number of Employees
0%	4
1-50%	52
51-99%	5
100%	1

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

Total cost of facility time	£304,449.20 (£18.49 average hourly rate)
Total pay bill	£244,193,000
% of the pay bill spent on facility time, calculated as (total cost of facility time/ total pay bill) x 100	12.5%

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.

Hours spent on paid facility time	10,000
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	0% NB: Trade Union Activities were included in the Paid Facility Time figure for 2023/2024

Responsive care

999 Performance
111 Performance
Emergency Preparedness, Resilience & Response (EPRR)

999 Performance

Since 2012/13 NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

The Ambulance Response Programme (ARP) set a suite of performance targets for call answering and operational response to a range of categories of call. These metrics are collated from all ambulance services and are proxy measures for patient care where the speed of response required is assigned according to clinical need according to triage through an appropriate system – NHS Pathways in SECamb.

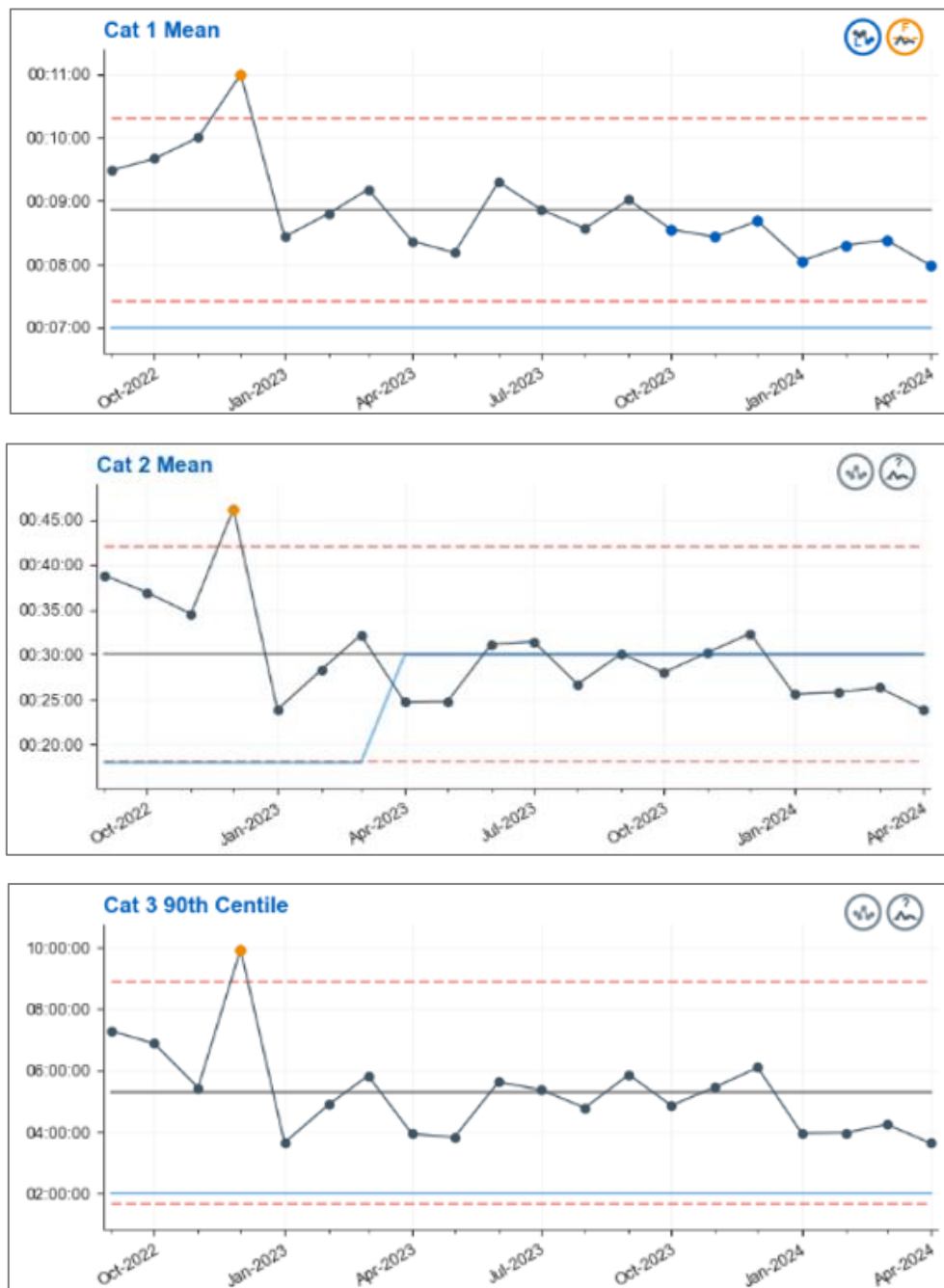
The table below shows the overall performance against all ARP targets as well as call outcomes between 1 April 2023 and 31 March 2024.

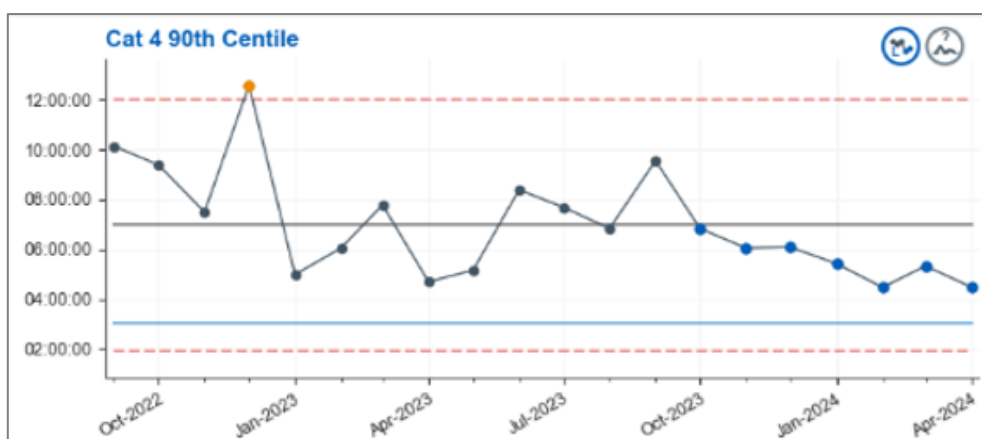
	Target		AQI		
Category	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	57099	00:08:33	00:15:39
C1T	00:19:00	00:30:00	35832	00:09:59	00:18:28
C2	00:18:00	00:40:00	406542	00:28:02	00:57:07
C3		02:00:00	170492	02:09:11	04:46:31
C4		03:00:00	5574	02:32:10	05:52:34
HCP 3			12457	02:07:48	04:35:55
HCP 4			10117	02:45:07	06:21:22
IFT 3			6151	02:19:20	05:17:25
IFT 4			1408	02:46:18	06:44:39
ST	All Incidents		236193	30.99%	
SC	All Incidents		433065	56.83%	
HT	All Incidents		92833	12.18%	
Count of Incidents			762091		
Count of Incidents with a Response			669258		
999 Mean	Call Answer Target 00:05		871230	00:20	
999 90th	Call Answer Target 00:10			01:15	
Trust EOC 999 Abandoned Calls			21172	2.4%	
UHU	Calls Answered		984681		

As can be seen from the above, all ARP performance in the main categories did not meet the contracted ARP standards. The graphs below show how the performance across the financial year fluctuated, but consistently remained outside the target levels. On a national level in comparison with other English ambulance services, we performed well in the C2 category, consistently being in the top quartile.

Across the 2023/24 financial year NHS England had set a clear target that C2 mean performance must be no greater than 30mins max, and as can be seen from above, this requirement was met across the 2023/24 year.

Overall, the performance against these metrics have been strongly influenced by resource (staffing) levels and the level of activity seen across each day, week, and month. The charts below the trends for 4 of the main ARP performance metrics across the year, particularly demonstrating continued improvement over the second half of the year.



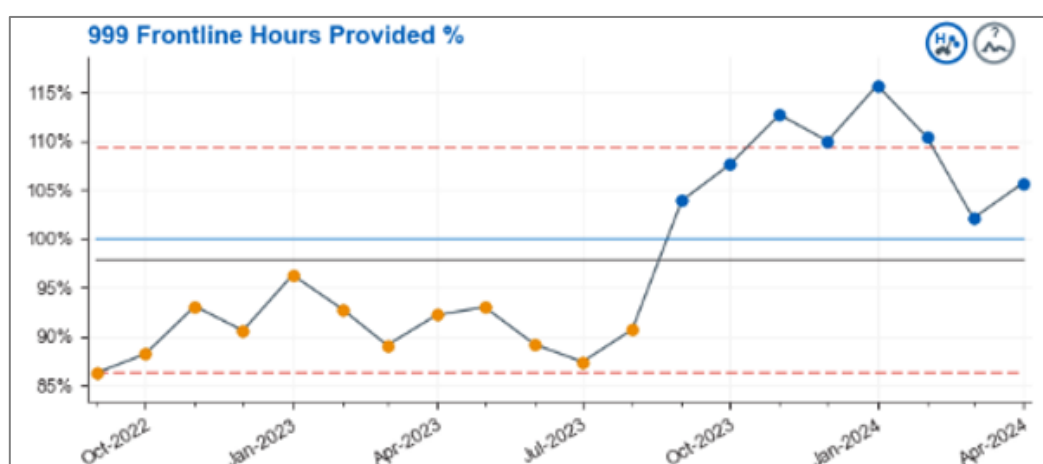


Front-line resourcing

Overall, the 2023/24 financial year was very challenging, primarily in relation to the ability to produce sufficient staff hours to meet the demand. Factors influencing this included high levels of staff absence through sickness seen across the year, plus additional annual leave that was carried over as part of the national agreement from 2021/22.

A decision was taken by the Trust Board to ensure that essential clinical and non-clinical training programmes continued across the year which provided benefits for staff and patients, which required careful planning to mitigate resource impact as much as possible. Turnover was also a contributory factor, recognising that this has been higher than ideal, and consisting of individuals both leaving the Trust and reducing their hours employed for a range of reasons, however this noticeably improved towards the end of the year.

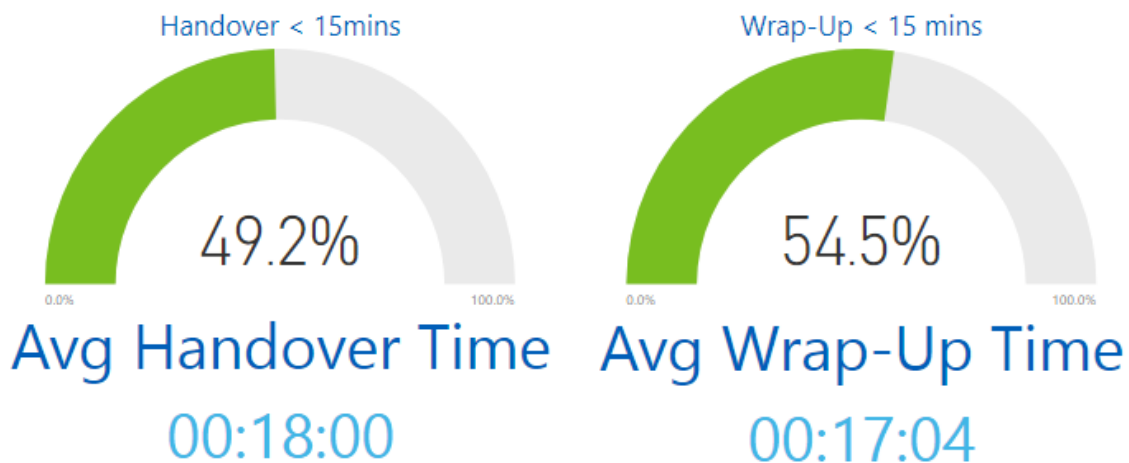
Throughout the year, focus has been on providing safe levels of staffing – particularly during periods of the highest levels of abstractions and at time of predicted high demand (e.g. immediately after a bank holiday). Private ambulance provision has supplemented our resource levels in geographical areas where consistent provision has been most challenging.



Hospital handover times

The strong local and regional relationships between SECamb teams, local hospitals and ICB commissioners has been essential to manage hospital hand over times during 2023/24, with some noted significant successes.

Whilst overall, compliance against the 15-minute handover national target and 15-minute wrap-up time has been below the target, there has been some noted improvements from last year.



Handover time	Proportion of handovers within the category
15mins or less	49.2%
15 to 30mins	40.7%
30 to 60 mins	8.7%
60mins or greater	1.4%

Key actions taken across the year to improve operational performance:

- In line with national ambulance guidelines, we assess our level of escalation according to the Resource Escalation Action Plan (REAP). This is a document that provides a structure under which to assess current pressures, linked to a suit of recommendations of appropriate actions to manage associated risk against quality and performance issues. REAP is reviewed on a weekly basis at the Senior Management Group with final agreement of the REAP level reached by the Executive Management Board.
- In addition to the use of REAP, the Trust uses a Surge Management plan (SMP) to manage much more dynamic fluctuations in service challenge – often across hours rather than days. This plan has a structured stepped process with clearly defined actions to be taken to dynamically manage and/or mitigate risks/issues. Throughout the past two years, due to the extraordinary circumstances experienced across the health and social care system it was necessary to develop an additional suit of actions to complement and extend those with the

SMP document. All these actions were fully described, quantified, and taken through an appropriate governance process for approval.

- Paramedic Practitioners continue to work within local 'hubs' on each operating unit – from here they not only provide peer support and clinical decision-making assistance but have continued to extend this to include undertaking clinical call-backs to patients presenting with lower acuity conditions. This creates greater capacity within the overall SECamb system to provide hear and treat care, and also support greater local management of those awaiting a response. Building on the work from last year, in the autumn/winter of 2023, further enhancements of these service have occurred, particularly in Kent, where additional clinicians have joined the local hubs to support improved use of out of hospital pathways and referrals to other services, also improving the conveyance rate to local Emergency Departments.

Data Quality

SECamb considers that this data is as described for the following reasons:

- National guidance and definitions for Ambulance Quality Indicators (AQI) submissions to NHS digital when producing category performance information
- This information is published every month by NHS England
- This information is reported to the Board of Directors monthly in the integrated Quality and Performance report

999 Emergency Operations Centre Performance

Our 999 service experienced sustained pressure and capacity issues during 2023/24 and this subsequently adversely impacted operational performance with respect to 999 call answering.

However, this was more linked to capacity issues within the EOC and less attributable to a lack of ambulance operational responsiveness, as experienced in 2022/23.

The pandemic and the effect on the public has changed the healthcare system forever, and this applies to when patients chose to access emergency care provision. All ambulance services have been in sustained periods of elevated REAP (Resource Escalatory Action Plan) status during the past year and for SECamb, there have been elongated periods when we had to operate at our highest level of SMP (Surge Management Plan).

The 999 call volume and associated activity remained high during the year but was marginally lower by 2.3%, or 20,685 calls, throughout the financial year compared to the previous financial year (871,230 calls offered in 2023/24, compared to 891,915 calls offered in 2022/23).

The reduction in calls is linked to better operational performance, thereby reducing the number of "duplicate" calls, when patients contact 999 regarding a previous

request. In addition, we did not experience the spike in calls that occurred in Q3 of 2022/23, linked to Strep A and children.

We experienced a deterioration in our 999 call answer performance which started in Q1 and continued until the actions we took in our recovery plans started taking effect in Q3 of 2023/24. The reasons for this trend are linked to the number of EMAs (Emergency Medical Advisors) available to answer calls.

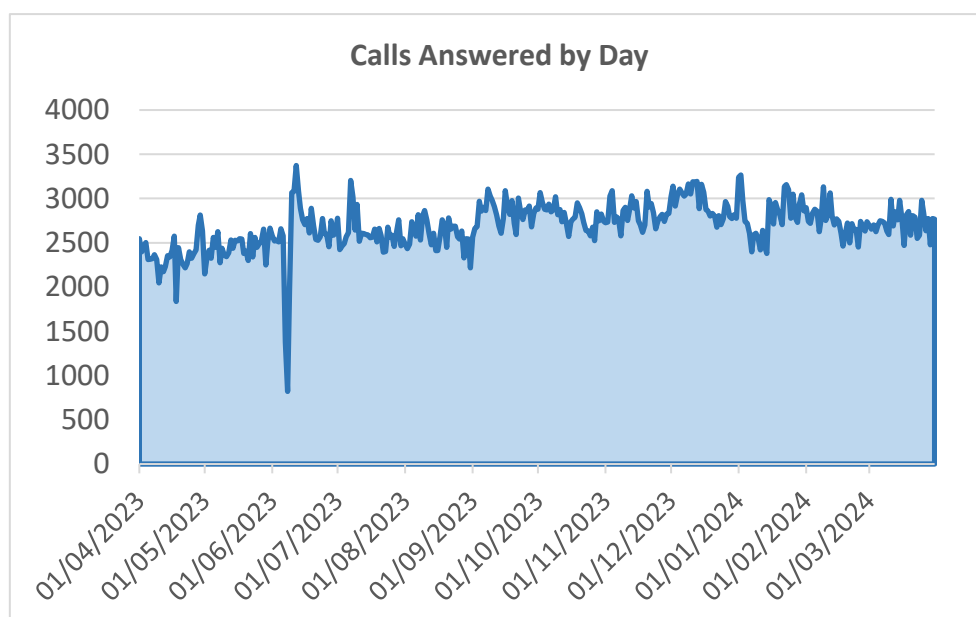
Our contact centres experienced huge change during 2023, with the closure of the Coxheath EOC (Emergency Operations Centre) and the Ashford 111 Contact Centre. Although part of a robust implementation plan, the transition to Medway created a twofold problem for 999 that started in 2022 and was not resolved until 2024. The closure of both Coxheath 999 and Ashford 111 Contact Centres meant recruitment became challenging and staff turnover rose, as colleagues sought alternative employment elsewhere, or chose not to move to Medway. As a result, when benchmarked against the other English ambulance trusts, performance dropped into the bottom quartile of national performance.

We created several project plans to improve 999 performance, in terms of 999 call answering, dispatch function and its Hear and Treat.

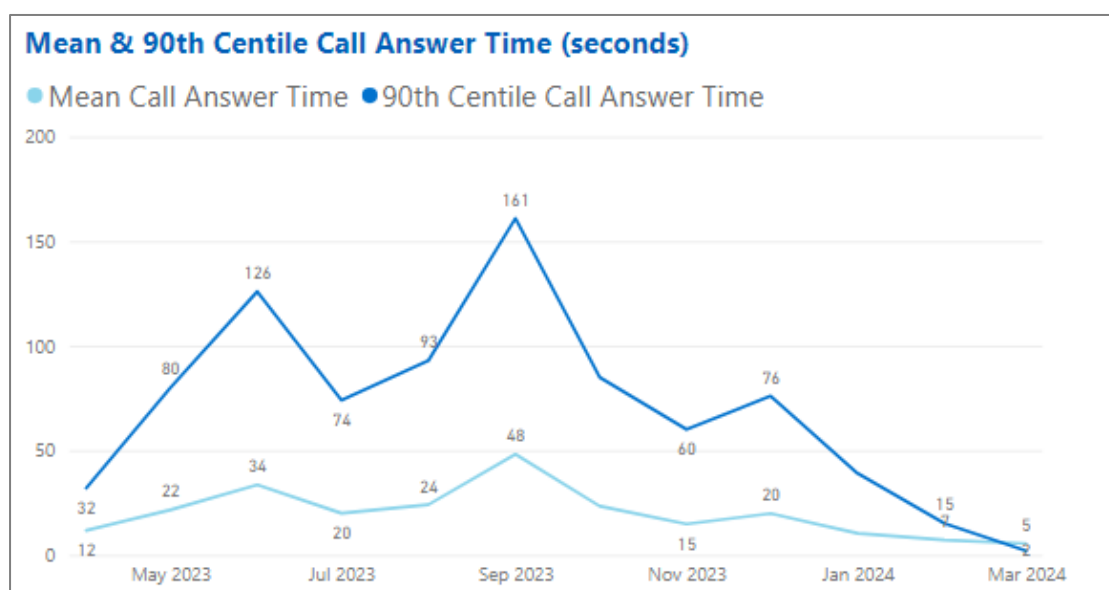
As a result of the 999 call answering plan, we delivered against the plan's milestones and by the end of Q4 2023/24, we had achieved and maintained the contractual target of a 999 call answering mean of five seconds and a 90th centile of 10 seconds.

We significantly improved our 999 call answering in Quarter 4 of 2023/24, and a new 999 call answering project phase 2 has commenced for 2024/25. This will focus on maintaining the correct staffing levels, reducing staff turnover and critically, further develop EMAs and improve the quality of call handling, to ensure patients get access to the right pathway in an appropriate time frame.

The graph below shows calls answered by day for April 2023 to March 2024 inclusive:



Below is a graph showing Mean and 90th Centile Call Answer Times by day for April 2023 to March 2024 inclusive:

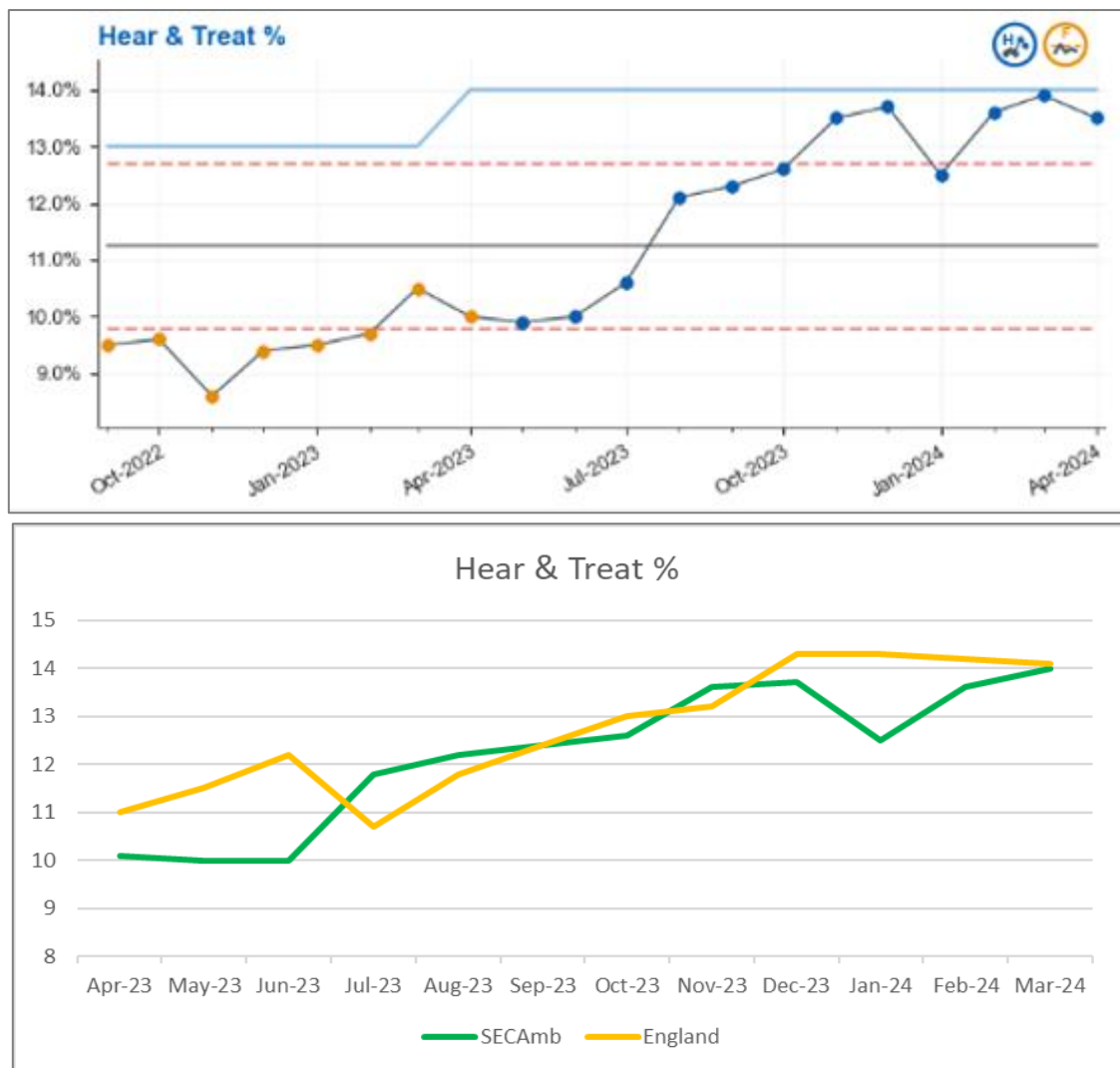


During Q3 of 2023/24, NHS England made a decision to further develop the IRP (Intelligent Routing Platform) model that they introduced in 2022. We worked with NHS England, AACE (the Association of Ambulance Chief Executives) and all other 999 providers to complete a testing programme and emulation modelling, to enable the requisite digital interoperability to facilitate the safe and effective flow of calls nationally between 999 service providers. IRP is a form of “national contingency” for 999 services, enabling calls to overflow to another 999 service when the host service is unable to answer its 999 calls in a timely manner.

The IRP work has now evolved and is able to facilitate the safe overflow of calls between 999 providers, according to a “predictive” 999 call answering time. Ultimately, this change will ensure a “levelling” of performance between all 999 services nationally, avoiding the extremes in call answering seen previously across different parts of the country.

Hear & Treat

Below is a graph of Hear & Treat (when 999 calls are successfully completed without despatching an ambulance vehicle response; this may include advice, self-care, or a referral to other urgent care services) performance for SECamb compared to the performance across England:



Hear and Treat remains a key focus for us, and there was a high focus on this during 2023/24. Having improved during the previous year, the Integrated Care Senior Leadership Team initiated a Hear and Treat project, which ensured that following clinical intervention, improving clinical effectiveness, and finding safe and appropriate outcomes for 999 patients was central to the Trust's achievements for the year.

The AQI (Ambulance Quality Indicator) for Hear and Treat is linked to the number of clinicians who actively work on the cases in the 999 clinical queue and pending dispatch stack. The Trust delivered an improved Hear and Treat rate and reached its goal of delivering a monthly Hear and Treat of 14% by the end of the financial year.

The various workstreams that enabled this target to be met included:

- Extending the 999 C3/C4 clinical validation pilot, endeavouring to have a clinical review of all C3 and C4 non-emergency ambulance dispositions.
- Introduction of C2 Segmentation, and NHS E work stream whereby a clinical intervention is allowed for specific C2 cases, subject to their symptom coding.
- Improved recruitment, with a cohort of overseas nurses recruited and commencing onboarding in Q4 of 2023/24.

- Development and implementation of a UCR (Urgent Care Response) service portal, enabling the Trust to collaborate with downstream providers to identify safe and appropriate alternative services for patients, thereby avoiding unnecessary ambulance dispatch.
- Extension of training and the use of NHS PaCCS (Pathways Clinical Consultation System) by UEC Paramedics and Advanced Paramedic Practitioners working in Field Operations.
- Greater collaboration between the Trust's 999 and 111 services, enabling the sharing of insights, learns and best practice, especially with regards to specific clinical expertise e.g. paediatrics, and navigation.

We will continue to develop and improve its 999 clinical operating model and Hear and Treat performance in 2024/25, building on the successes of 2023/24, ensuring that it is aligned to the Trust's strategic goals and overall evolving operating model.

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

From 1 October 2020 we, as the lead organisation, working with Integrated Care 24 (IC24), as a sub-contractor, has been delivering the KMS 111 IUC service across 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 (including specialists), 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 non-clinical Service Advisors and Health Advisors on an approximate activity ratio of SECamb 80% / IC24 20%.

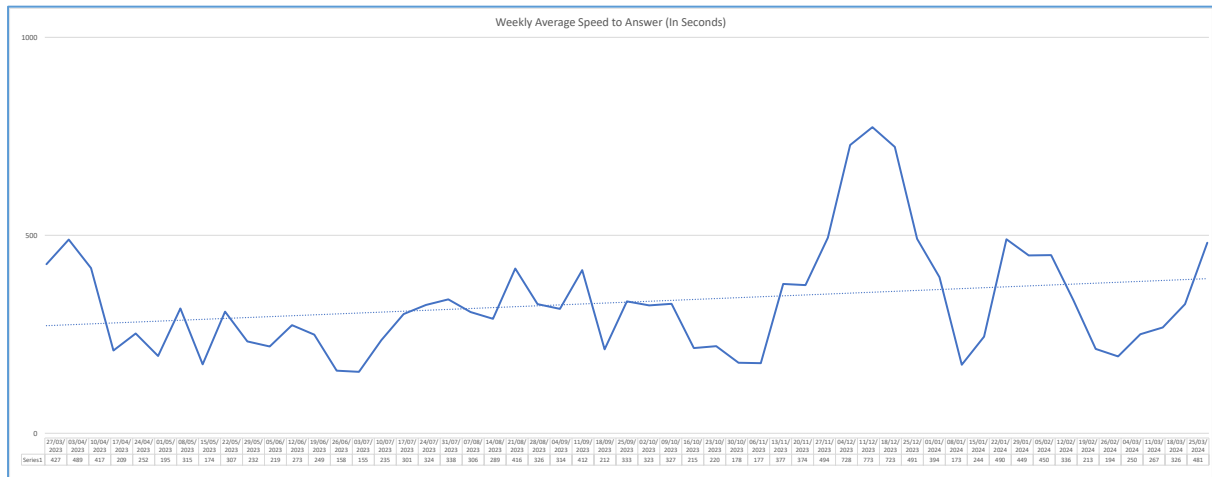
Calls are received through the freephone 111 number by members of the public, as well as healthcare professionals and service users through the "Starline" healthcare professional routing system. Assessment and/or triage is undertaken by a Service Advisor or a Health Advisor and can result in an emergency ambulance being arranged at the point of call, symptom management advice given, or referral to the CAS or other services profiled in the DoS (Directory of Services), including but not limited to Direct Access Booking (DAB) into GP services and UTCs (Urgent Treatment Centres), 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.

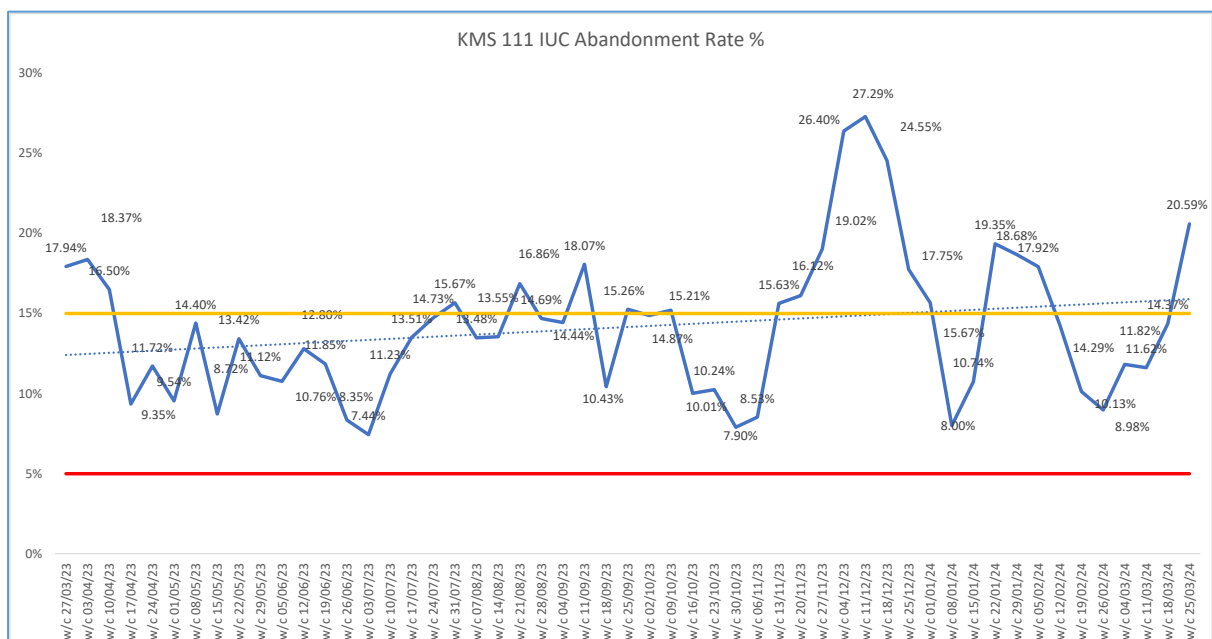
The repercussions of the COVID-19 pandemic and a health and social care system defined as "gridlocked" in the CQC State of Care report published on 21 October 2022 has continued to impact on 111's activity (number of calls received) throughout the financial year. These external factors have led to increases and volatile variations in call demand and profile.

Despite a period of unprecedented challenge, the service has maintained its focus on delivering safe and high-quality patient care.

Below is a graph showing the average speed to answer calls in seconds, each week, from week commencing 27/03/23 to week commencing 25/03/24 inclusive:



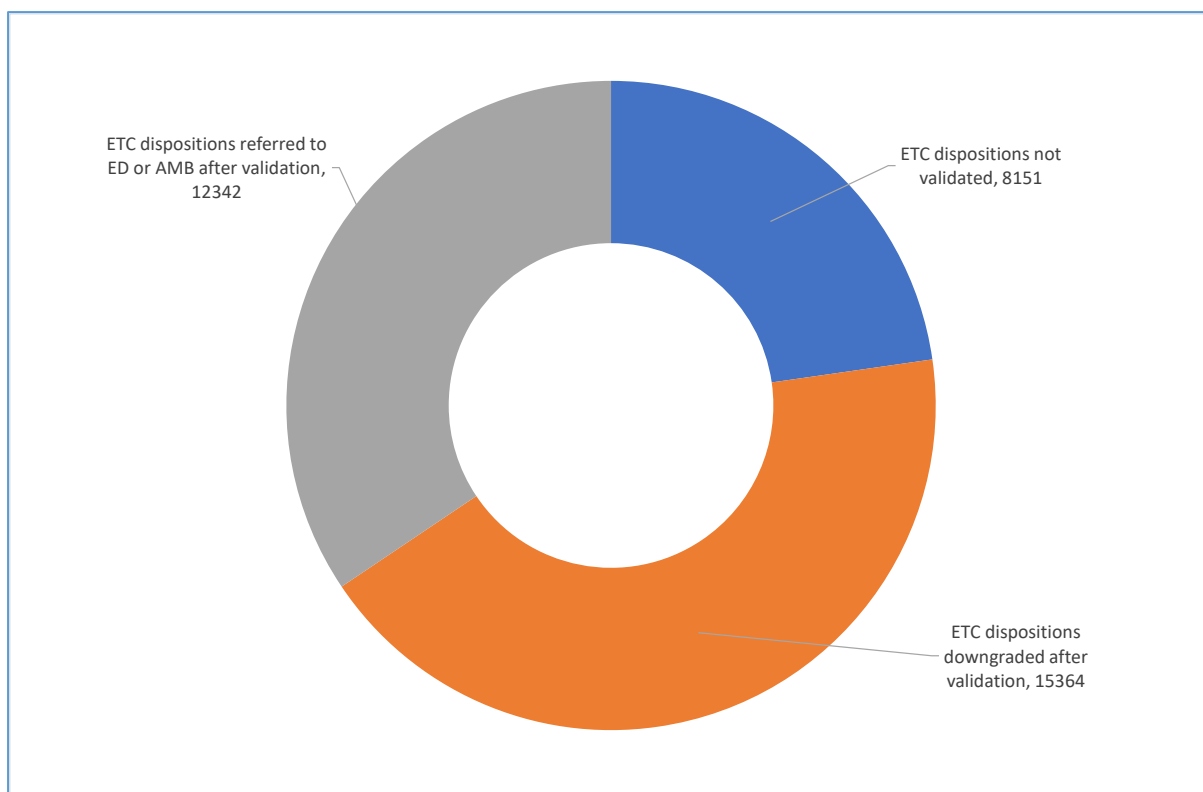
Below is a graph showing the percentage of calls abandoned by the caller after 30 seconds, each week, from week commencing 27/03/23 to week commencing 25/03/24 inclusive:



Emergency Treatment Centre and Ambulance Validation

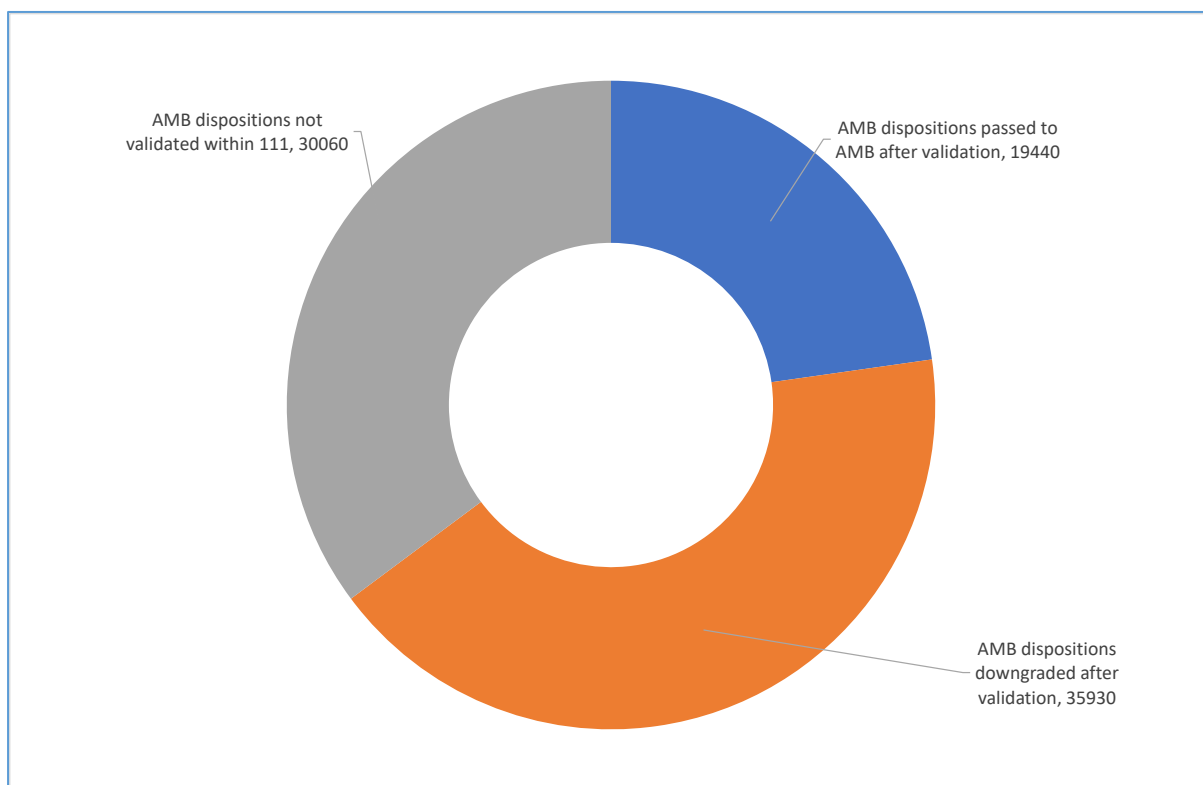
One of the key objectives for 111 is to protect the wider IUEC (Integrated Urgent and Emergency Care) system. Key to this is the clinical validation of Emergency Treatment Centre and non-emergency C3/C4 ambulance dispositions.

Below is a chart showing the proportion of Emergency Treatment Centre Validations for 01/04/2023 to 31/03/2024 inclusive:



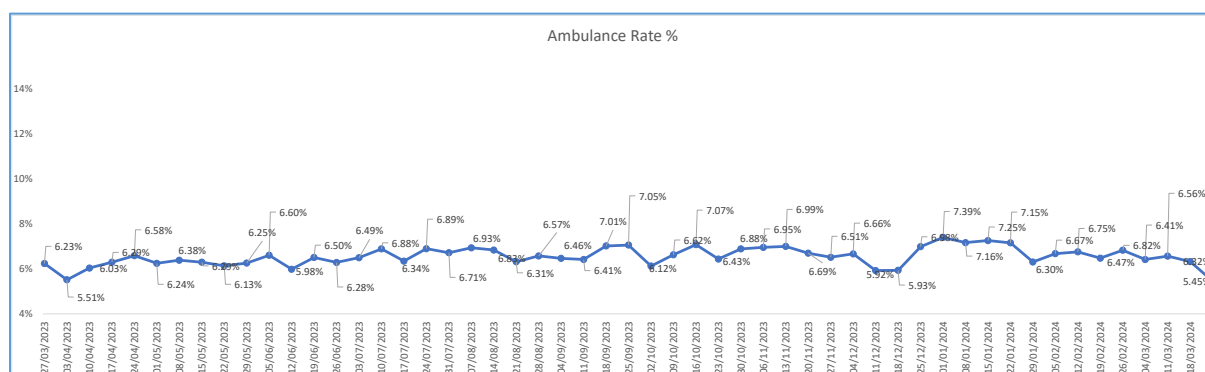
27,706 Emergency Treatment Centre disposition cases were clinically assessed during this period, of which 15,364 cases (55%) were downgraded to a less urgent disposition.

Below is a chart showing the proportion of AMB Calls Requiring Validation for 01/04/2023 to 31/03/2024 inclusive:



Although we are contractually required to only validate 50% of its ambulance dispositions in 111, as per the NHS England national target, across 2023/24 our 111 service clinically validated 65% (55,370 cases) of our non-emergency C3/C4 ambulance dispositions. This has made an enormous difference to our 999 service, protecting it from an excess of inappropriate ambulance referrals, and enabling appropriate care for patients.

Below is a chart showing the ambulance rate for week commencing 27/03/23 to week commencing 25/04/24 inclusive:



Although the 111 call answering in the KMS 111 service has been challenged throughout 2023/24, the clinical outcomes of the service and benefits to the wider healthcare system are manifest.

We have remained a national leader in the key 111 IUC ADC (Aggregated Data Collection) metrics of ambulance referrals, and this is underpinned by the service consistently achieving a Clinical Contact rate of circa 50%. In addition to this, our 111 service continues to be at the forefront nationally with regards to its delivery of the NHS England '111 First' initiative, introduced in 2020 because of the COVID pandemic, to enable patients to have a more appropriate journey through the Integrated Urgent & Emergency Care (IEUC) system.

We continue to work collaboratively with system partners to improve patient pathways, enabled by improving digital interoperability and system co-design, as demonstrated by the trust's participation in the ongoing development of a regional mental health Open Access Crisis (OAC) solution.

Resilience and Specialist Operations

Our Resilience and Specialist Operations Department has responsibility for delivery of Emergency Preparedness, Resilience and Response (EPRR), the Hazardous Area Response Team (HART) and the Specialist Operational Response Team (SORT). Each of these elements ensures that we are able to manage any untoward events and keep patients safe in all situations.

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 (EPRR).

The EPRR team has worked on such key elements as:

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

Our 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.

Our EPRR team engages and contributes to the national ambulance EPRR Group to share best practice and learning and engage in discussions and developments on national issues. The response to the Manchester Arena Inquiry recommendations is a key area of continued focus.

Assurance 2023/24

The annual resilience assurance process took place in late 2023, when we are assured against the post-Covid core standards by Surrey Heartlands ICB, as the Lead Commissioner, in a joint meeting with the other ICBs. This process has been agreed as best practice for the process of core standard meetings moving forwards annually.

The 2023/24 assurance standing was rated at Substantially Compliant against those core standards, a consistent position as compared to last year's process.

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

We cannot act - nor be effective - in isolation, and the Resilience 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 Resilience team's contribution to the resilience of the Trust. We are a key partner at the Local Resilience Forums (LRFs) and Local Health Resilience Partnership - structures that are established to plan and prepare for emergencies across our region.

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

The theme of EPRR flows through all areas of the organisation, 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 patients when they need it most.

Hazardous Area Response Teams (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.

HART is commissioned to provide Paramedic level care in following environments / disciplines:

- Chemical Biological Radiological and Nuclear (CBRN) / Hazardous Materials (HazMat)
- Urban Search and Rescue (USAR)
- 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 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 extract the patient safely.

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

In the early autumn of 2023, we had an assurance visit from the National Ambulance Resilience Unit (NARU) and within the report were both areas recognised as good practice as well as some immediate and longer term actions that needed to be addressed. These findings were then addressed both within the organisation and where this required external engagement with the local commissioners and system partners, this was completed. A key outcome of this work related to the recognition that the HART staffing requirement needed to increase and following successful negotiations, additional funding was secured to enable the implementation of this uplift.

Sustainability & Partnerships

Development of our new Strategy
Operational Support
Improvement Journey progress
Working with our partners
Working with local stakeholders

Development of our new Strategy

Overview

In early 2023, we embarked on a journey to devise a long-term strategy that exemplifies ambition and innovation. The goal was to shape a path that would allow us to continue delivering high-quality, equitable, and efficient care, all within a sustainable financial framework. This strategy also aims to enhance our people's experience, support our partners, and uphold our commitment to environmental stewardship.

From the outset, we set out clear principles to guide the development of this strategy. Central to our approach has been clinical leadership and a patient-centred approach. We committed to co-designing this with our patients, people, and partners, anchoring our strategy in evidence, data, and the real-world practicality of implementation.

To turn this vision into action, we structured our strategy programme into three fundamental phases:

Phase 1: Diagnose & Forecast

The initial phase focused on understanding the current operating environment, grasping the challenges at hand, and gaining a comprehensive view of our stakeholders' perspectives. We looked ahead to anticipate future needs, asking critical questions about patient requirements and the landscape in which we would operate. This diagnostic process laid the groundwork for our compelling case for change.

Phase 2: Generate Options & Prioritise

The subsequent phase was dedicated to formulating strategic options to address our identified challenges and future needs. Each option was meticulously designed, detailing core principles, patient journey implications, and the necessary capabilities and potential impacts. Through robust evaluation, we assessed the options against a set of predefined criteria, ensuring that our chosen path would align with our goals and be feasible. The culmination of this phase was the Trust Board's selection of the optimal strategic direction for our future.

Phase 3: Deliver & Evolve

Now, we move to expanding on the details of our selected strategy. We're exploring what it will mean in practice for the Trust and our services, pinpointing the capabilities needed to bring our vision to life, and determining the extent of the transformation required. In establishing robust structures for delivery and evaluation, we aim to monitor progress and adapt as necessary, ensuring our strategy's enduring relevance and success.

Integral to each phase has been our ongoing commitment to engagement. We've initiated an extensive dialogue with our people, patients, and partners, gathering

their insights to inform our clinical direction, diagnostic assessments, and understanding of our integrated care systems' strategic priorities. This collaboration is the foundation of our strategy, reflecting a shared effort to meet the health challenges of today and tomorrow.

Our Case for Change

As the NHS faces increasing pressures, our case for change acknowledges the evolving complexity of patient needs. Population growth and ageing, compounded by increased complexity in health conditions, will lead to a 15% growth in patient demand over the next five years. This projection highlights an urgent call to action.

Our longstanding model of care is proving insufficient in addressing the evolving needs of our patients. This shortfall not only affects patient outcomes but also places strain on our staff, impacting their well-being and experience.

Maintaining the status quo has become unsustainable. If we were to continue with our present approach, it would require an unrealistic expansion of our workforce, adding an additional 600 staff members over the next five years to meet escalating demands. Such an increase is neither practical nor financially prudent.

In conclusion, the only viable option is transformative change. This commitment to radical change transcends aspiration - it is an absolute necessity, as inaction is no longer tenable. Such a pivot is not merely about adaptation; it is about future-proofing our services, ensuring that we safeguard the experiences of our patients and uphold the welfare of our people.

To this end, we must refine our operational approach, ensuring our resources are optimally allocated so that patients with critical needs receive a timely and clinically oriented response. It is imperative that we transition from a model that is proving to be not only unaffordable and unsustainable but, most critically, unacceptable to the communities that we serve.

Next Steps

Our extensive engagement allowed us to deeply understand the issues our strategy must tackle, leading to the co-design of three strategic options with the aim of better meeting the needs of our patients, supporting our people and partners, and ensuring long-term sustainability:

In February 2024, our Trust Board undertook a comprehensive appraisal and considering the feedback from internal and external stakeholders, selected our preferred strategic direction for several compelling reasons:

- o It comprehensively addresses the diverse needs of our patients today, offering an end-to-end service that tailors care to individuals.
- o It promotes closer and more effective collaboration with our partners across the health and care systems, positioning us as a system leader in bridging the gap between UEC and other health services.

- o It empowers our staff by equipping them with the necessary skills, support, and tools to provide targeted care, enhancing their career opportunities.
- o While ambitious, it builds on our existing strengths and represents a radical yet achievable change to our current operational model.

As we step into 2024/25, marking the onset of phase one in our implementation stage, our efforts will now be dedicated to executing our comprehensive strategic delivery framework. This framework articulates a refined vision, clearly defined strategic outcomes, and firm commitments. It encompasses detailed plans for workforce development, digital innovation, clinical design, and a clear roadmap for execution.

Our goal is to officially unveil the new strategy within the first quarter of 2024, signalling a new era of service excellence and sustainability for our Trust.

Strategic Aims

The 2024-2029 strategy outlines three main strategic aims:

1. Delivering High-Quality Care:

- **Prompt Emergency Responses:** Ensuring rapid and consistent care for critically ill and injured patients.
- **Enhanced Care Navigation:** Investing in virtual care navigation to provide seamless, accessible services for non-emergency patients.
- **Use of Technology:** Implementing smart triage and digital dispatch solutions to improve the speed and accuracy of patient care.

2. Our People Enjoy Working at SECamb:

- **Supportive Work Environment:** Creating an inclusive, compassionate workplace where staff feel valued and motivated.
- **Career Development:** Investing in training and career pathways to support the professional growth and satisfaction of staff.
- **Wellbeing Focus:** Enhancing the wellbeing of staff through supportive leadership and a positive organisational culture.

3. We Are a Sustainable Partner:

- **System Integration:** Strengthening partnerships with health and care providers to deliver integrated, efficient services.
- **Financial and Environmental Sustainability:** Investing in technologies and practices that promote long-term financial stability and environmental responsibility.
- **Operational Efficiency:** Reducing unnecessary journeys

Operational Support

Fleet

Efforts continue to modernise the fleet and reduce the average age of the DCA fleet with the delivery this year of 114 new Fiat Van Conversion DCAs, all of which have been modified following full engagement with staff over areas such as LP15 placement, storage and other aspects. These will probably be the final batches of these specific vehicles to be deployed as NHS England has increased the options for future DCA selection. These are:

- MAN DCA van conversion. [Man Van Conversion.mp4](#)
- FORD Transit DCA chassis cab box conversion. [Ford Box Conversion.mp4](#)
- MAN DCA chassis cab box conversion. [Man Box Conversion.mp4](#)
- Fiat van conversion.
- eTransit DCA.

Following a full stakeholder engagement roadshow across the Trust, our people believe that the MAN box conversion would be best suited for our needs. A paper outlining the findings, costs and some technical considerations has been completed and will be passed to the Board for a final selection decision. It is expected that small numbers of fully electric DCAs will be introduced in 2025 to provide proof of concept and start the journey towards achieving net zero.

The overall size of the DCA fleet has been increased to 414 from 398 to support the full staffing levels that have been achieved this year and, additionally, to ensure that appropriate numbers and ratios are maintained to ensure that those staff unable to drive the Fiat DCAs are catered for.

The Single Response Vehicles (SRVs) have all been commissioned in the last year and there are now only two variants in use; Skoda Kodiaq 4x4 for Operational Team Leaders (OTLs) and Critical Care Paramedics (CCPs which will improve interoperability and enhance the inclement weather capability across the Trust and reducing short-notice lease costs. The Mercedes Vito is deployed for Paramedic Practitioners and Paramedics. These will all have a life of five years. Three eVito SRVs are due to be deployed in early 2024 as we move to support the green agenda.

This year will see a review of the grey fleet to ensure that the support elements of the Trust have vehicles that are fit for purpose.

It is hoped to introduce an apprentice programme this year in partnership with local colleges to encourage recruitment from a younger cohort of technician and provide an alternative to the more traditional employment options.

Logistics

Following stakeholder engagement, work with Cranfield University and in partnership with our QI Team, the Logistics Team will be re-introducing the central delivery of all consumables to the OUs. This will reduce the overall stock holdings across the Trust, provide better stock control, allow for easier recall, and provide visibility of all

items held. It is expected that this initiative will deliver financial savings, provide a quality service, and increase the efficiency of the service through removing the need for MRCMs having to submit weekly orders to both central Logistics and NHS Supplies.

Initial discussions have been had with a software company to explore the potential for the deployment of software that will provide asset tracking and stock control to support the centralised delivery process and with a potential to be deployed across other areas of the Trust such as medicines.

The roll out of the new fully digitalised uniform ordering process has been extremely successful and staff are now able to order replacement items from a modern looking system as well as on an App installed on all Trust devices. The SLA of providing 95% of all items requested in two weeks has regularly been achieved for both operational and corporate staff.

This year will see a review of the servicing and repair in the Medical Equipment Device arena with a vision to maximise the in-house capability as much as possible. This will certainly provide value for money as well as a quality service.

Driving Standards

The automated system for checking all staff member's driving licences, every quarter, is now fully embedded across the Trust and provides key assurance that staff requiring a current and valid licence for their role, are compliant and fully legal. Currently, we are almost 93% compliant with Operations 97.2% compliant.

The Driver Safety Forum group is now well established, meeting monthly with participants from Operations, Fleet, Driver Training, Risk and our insurance partners. This group has facilitated the complete re-write of the Trust Driving Policy and has also established a standardised process for the investigation of all Road Traffic Collisions (RTCs) involving our vehicles through a Driving Standards Review Panel. This Panel identifies areas and individuals that are potentially highlighting causes for concern and refers individuals for further assessment and, in some cases, a full course of training.

A Driving Standards Manager Assistant has recently been recruited and this will give the department the headroom to concentrate on various initiatives to increase our driving safety awareness across the workforce and reduce associated RTCs. This will include presentations to every new starter in an operational role. Associated with this, a suite of monthly reports has been created highlighting RTC data, excessive speeding and idling using data from our telematics provider, driving licence

The DSM maintains regular contact between the Trust and any Police investigation into an RTC involving a Trust vehicle/staff member, as well as being the Trust's central point of contact for any driving related issues.

Make Ready (MR)

The contract for the provision of the MR services, which ensures that DCAs and other operational vehicles are cleaned and stocked pre-shift, is now in its third year.

We are exploring the possibilities of bringing this in-house which may provide better value for money, increased efficiencies and a quality product. The business case is expected to progress for evaluation early this year.

Improvement Journey Progress

Overview

The Improvement Journey Programme started in 2022 and continues to shape and guide transformation across key pillars of our organisation. As we reflect on the past year, marked by challenges and milestones alike, our commitment to delivering exceptional patient care remains at the forefront of our objectives. Through concerted efforts and strategic initiatives, we've made significant strides in enhancing quality, and responsiveness, fostering a supportive culture, and forging sustainable partnerships. This section of the report details our progress, achievements, and the roadmap ahead.

Quality Improvement

Our commitment to quality improvement has been evident across all areas of our operations this past year. By actively listening to and addressing patient feedback, we have implemented targeted measures that promptly resolve concerns. We have also taken significant steps to future-proof our medicines management practices, ensuring their continuity and efficacy. Moreover, our robust risk identification mechanisms are designed to foster a proactive response culture, supporting incident learning and continuous service enhancement.

Responsive Care

Patient safety remains paramount throughout the Trust. This year, we optimised on-scene time and expanded our remote response capabilities, streamlining operations to enhance efficiency. Improved dispatch processes and resource allocation have enabled us to respond to patient needs more swiftly and effectively, strengthening the trust and reliability of our services.

People & Culture

Our people are central to our success, and fostering a supportive culture remains a core focus. We have emphasised wellbeing and professional development from recruitment through retention. Upholding a zero-tolerance stance on poor behaviours reinforces our commitment to a respectful and inclusive work environment. Furthermore, we empower our staff to voice concerns through established channels and proactive engagement initiatives, promoting collaboration and cohesion within our workforce.

Sustainability & Partnerships

As we strive for sustainability, we have prioritised optimising resource allocation towards frontline care, which has significantly reduced our carbon footprint. Our growing role within our integrated care systems highlights our dedication to patient-centric pathways and collaborative partnerships. A comprehensive five-year plan

outlines our trajectory toward delivering sustainable, high-quality care, ensuring a clear future direction.

Timeline

The Improvement Journey began in March 2022 with a period of organisational reflection and key challenge identification. Stakeholder engagement sessions and leadership visits set the stage for strategic prioritisation, culminating in Board approval of our improvement plans. The appointment of an interim CEO and the establishment of robust governance structures marked early milestones, laying the groundwork for future progress.

As we moved from initial rapid implementation to a phase of sustained, long-term development, our focus shifted to sustainable change and long-term planning. This phase involved deep engagement at all Trust levels, leading to the development of localised improvement plans that promote ownership and accountability. Continued leadership visits, enhanced support services, and thorough assessment of strategic options have further driven our progress towards operational improvements.

Achievements and Milestones

Comprehensive Strategy Development

After extensive engagement with our patients, people and partners, and thorough data analysis, we have developed a comprehensive strategy, which the Board has approved. Anchored in detailed patient data and operational insights, this strategy sets the direction for transformative change over the next five years. By aligning with our integrated care systems, we ensure seamless integration into broader healthcare initiatives, enhancing synergy and collaboration across organisational boundaries.

Cultural Transformation

In response to concerns about organisational culture, we have initiated a transformation to promote openness, transparency, and accountability. Investments in leadership development and comprehensive training have empowered leaders at all levels to foster an environment of trust and respect. Significant progress has been made in cultivating a Speak-Up culture, bolstered by a robust Freedom to Speak Up (FTSU) framework and enhanced training programmes. These efforts have created a culture where every voice is heard and valued.

Enhanced Governance Framework

At the heart of our Improvement Journey is the establishment of a robust governance framework that delineates clear responsibilities and accountability. The updated Board Assurance Framework (BAF) enhances visibility into key risks and quality metrics, supporting informed decision-making throughout the Trust. Regular quality assurance cycles and improved reporting mechanisms enable continuous monitoring and evaluation, driving our ongoing improvement initiatives.

Strategic Partnerships and Sustainability Initiatives

Our commitment to sustainability and strategic partnerships has yielded substantial results. Active collaboration with NHS partners and external stakeholders has expanded our influence within the healthcare system, leading to the development of innovative patient pathways and strategic alliances. A detailed five-year plan emphasises our dedication to sustainable, quality care and provides a clear roadmap for future initiatives.

HR Systems Strengthening and Improved Communications

Our investments in HR systems and communication infrastructure have significantly improved employee engagement and Trust effectiveness. Enhanced HR processes now provide better oversight of grievances, whistleblowing, and staff turnover. Improved communication channels ensure greater transparency and engagement, enabling timely information sharing and enhancing the sense of community among our people. Together with our comprehensive leadership development programmes, these initiatives position us for continued success in the coming years.

Future Outlook

As we reflect on our achievements and milestones, we recognise the challenges ahead. Our ongoing commitment is to sustain the momentum of our improvement initiatives, drive innovation, and foster a culture of continuous learning and collaboration.

Guided by our core values and the collective expertise of our stakeholders, we are ready to continue our journey toward excellence. We remain dedicated to achieving our strategic objectives: delivering high-quality patient care, creating a fulfilling work environment for our staff, and upholding our role as a reliable and sustainable UEC partner within an integrated NHS. Confident and forward-looking, we are well-prepared to meet future challenges and seize opportunities for growth and improvement.

Strategic Partnerships and System Engagement

Overview

Throughout 2023/24, we have actively engaged in collaborative efforts with partners across its four integrated care systems (ICSs): NHS Frimley, NHS Surrey Heartlands, NHS Sussex, and NHS Kent & Medway. These partnerships are foundational in driving systemic change and innovation aimed at enhancing patient outcomes and experiences.

The NHS Long Term Plan (2019), Health and Care Act (2022) and the NHS 2023/24 Priorities & Operational Planning Guidance created structures that all provider partners are expected to work within for the planning, commissioning, and delivery of services.

A significant focus this year has been on integrating our strategic goals with those of our respective ICS partners, particularly through our contributions to developing joint forward plans. The recent development of our own Trust's Strategy has been instrumental in reinforcing our commitment to collaborative and partnership working,

which is critical for delivering sustainable Urgent & Emergency Care (UEC) that meets the diverse health needs of our population.

As a provider of integrated UEC services, we have collaborated with system partners to enhance the delivery of national NHS England UEC priorities. This includes efforts to reduce wait times in emergency departments and improve Category 2 'mean' performance. Our emerging strategy emphasises strengthening out-of-hospital community services and developing admissions avoidance pathways, ensuring a more efficient and patient-centric approach to emergency care.

Urgent Care Pathway Optimisation

The Trust has continued its active participation in the Regional Ageing Well Programme, focusing on all nationally promoted Alternatives to Emergency Department (AtED) pathways. In collaboration with the four Integrated Care Boards (ICBs) and NHS England (NHSE), we undertook a crucial mapping exercise. This exercise compared access to these key pathways across the four ICSs, aiming to identify gaps and opportunities for improvement to ensure equitable service provision.

A central aspect of the Regional Ageing Well Programme has been the implementation of ICB-led Single Points of Access (SPoAs) for ambulance clinicians to make referrals into community services, such as Urgent Community Response (UCR) and Virtual Wards (VW). This initiative reduces avoidable Emergency Department (ED) conveyance and subsequent admissions. Progress has been made across all four ICSs in developing these SPoAs, leading to increased usage and enhanced trust in these pathways.

In Surrey, our partnership with Mole Valley District Council to pilot the Careline Wellbeing Responder Service is a prime example of innovation within these care pathways. This service, targeting non-injurious falls, deployed community wellbeing responders to manage Careline calls before any 999 escalations. Impressively, 81% of incidents were resolved without further emergency service involvement, with responders liaising with our clinicians in the Emergency Operations Centre or community services (UCR) where needed. The response times of this service are significantly quicker than standard ambulance responses, demonstrating a substantial improvement in patient outcomes and system efficiency.

Additionally, our Integrated Urgent Care (IUC) team has established daily touchpoint calls with partner community providers. These calls are designed to jointly determine the most appropriate response to Category 3 and Category 4 incidents, effectively identifying cases suitable for community service responses and facilitating greater access for community provider clinicians.

Care Coordination Hubs

Throughout 2023/24, we have actively engaged in innovation and collaboration with both acute and community partners across Kent and Medway ICS. This partnership has led to the successful piloting of two Integrated Care Coordination Hubs located in East Kent (Ashford) and West Kent (Maidstone).

These hubs utilise a Multi-Disciplinary Team (MDT) approach for patient assessment, incorporating clinicians from the Trust, acute hospital trusts, and community providers.

In West Kent, the hub focuses on shared decision-making for ambulance crews on-scene, providing guidance and support to choose the most appropriate care pathway for a patient's needs. This model is based at the Kent Community Health NHS Foundation Trust site in Maidstone and has achieved a notable reduction in emergency department conveyances.

In East Kent, the hub manages incoming '999' calls by attempting to handle suitable cases virtually. This approach reserves ambulance responses for higher immediacy emergencies, effectively reducing both the number of ambulance dispatches and subsequent hospital admissions through multidisciplinary clinical triage before dispatch. The Ashford hub is located at our Ashford Make Ready Centre.

These pilots will be subject to a comprehensive evaluation in the 2024/25 fiscal year. Insights and lessons gathered from this assessment will be instrumental in refining our emerging Strategy and enhancing the associated service model.

Mental Health

Recent advancements in mental health emergency response and care models have been significantly influenced by the national 'Right Care, Right Person' police initiative and insights gained from the evaluation of the Sussex Blue Light Triage pathway. This pathway, a collaboration between ourselves and the Sussex Partnership NHS Foundation Trust, has set a precedent for improvements in mental health crisis response.

In 2024/25, the Right Care Right Person (RCRP) approach is set to be implemented by our partner police forces - Kent Police, Sussex Police, and Surrey Police. Initially, this will focus on welfare calls and situations involving Absent Without Leave (AWOL) patients. While the police will still respond where there is a threat to life or a clear policing necessity, this model aims to ensure that individuals in mental health crises receive care from the most appropriate professionals, rather than police officers who are not equipped to provide specialist mental health support.

Further developments are expected with the introduction of the third and fourth pillars, Section 136s and transports to health-based places of safety, scheduled to begin in Spring 2024. To support these initiatives, joint operational, and tactical and strategic meetings are already underway.

In preparation for the activation of the first two pillars, there has been intensive collaboration between us, police, and other healthcare partners. This includes multidisciplinary team (MDT) workshops, the refinement of joint system processes and escalation protocols, and coordinated efforts between police force control rooms and Trust contact centres.

The full implementation of the Right Care Right Person model across our three police forces is anticipated by the summer of 2024.

Governance

In response to evolving healthcare landscapes, we have thoroughly revised our governance structure to align with that of our ICSs. This updated framework ensures that we maintain robust representation at all system levels: supra-ICS (Regional), system (ICS) and place.

At the regional level, our collaboration with our ICBs has been instrumental in refining and expanding strategic engagements. We have introduced a Joint Chief Executives Meeting, bringing together SECamb and ICB CEOs, a Strategic Commissioning Group (SCG) and the ICS Collaborative for Clinical Quality, attended by clinical leads from both the Trust and the ICBs.

Further enhancing our collaborative framework, we have redefined our System Assurance Meeting and Contract Review Meetings for our 999 and 111 services. These meetings are crucial to ensuring that our service delivery aligns seamlessly with the broader goals of our ICSs and NHSE.

To strengthen our system-level governance, an executive director has been designated to each ICS. This ensures direct executive representation at critical ICS executive-led meetings, facilitating more integrated and responsive decision-making processes.

Beyond strategic discussions, Trust representatives take an active role in the operational components of each ICS. They contribute to UEC boards, committees, and operational delivery groups, directly influencing the delivery and enhancement of UEC services within each respective ICS.

Supporting these external engagements, our newly introduced internal System Governance Groups now provide a focused platform for cross-directorate teams to engage in system-specific dialogues. These meetings allow us to address unique challenges, drive initiatives forward, and identify opportunities within each ICS, ensuring we are able to adapt to the needs of the communities we serve.

Health Overview and Scrutiny Committees

Health overview and scrutiny committees (HOSCs) play an essential role in holding healthcare providers accountable and ensuring that UEC services are attuned to community needs within their local jurisdictions. With the implementation of ICSs, HOSCs have maintained their statutory responsibilities to review and scrutinise the planning, provision, and operation of health services. They also have an increasing role in examining the operations of the ICBs, integrated care partnerships (ICPs) and ICSs.

We are accountable to six HOSCs across its service area. We provide these committees with regular updates and presentations, contributing to the whole system assurance facilitated by each system's ICB and UEC Board. Over the past year, we have delivered comprehensive updates to our six HOSCs, covering operational performance, quality and patient safety, and workforce and wellbeing.

Additional assurances provided during 2023/24 included updates on our Improvement Journey, compliance with NHSE and CQC regulatory requirements, winter preparedness activities, and the ongoing development of our Trust Strategy.

Working with local stakeholders

We believe that working collaboratively with our stakeholders, including those within and outside of the NHS system, has never been more important.

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

We are served by 44 MPs within our region, which includes representation from the four main political parties. Amongst local MPs are members of the Cabinet and Shadow Cabinet.

During the year, our Chief Executive and Chairman continued to hold regular virtual sessions with local MPs on how we are performing and on particular strategic or operational issues as needed, including the CQC inspection reports and significant infrastructure developments. On a day-to-day basis, our Chief Executive's office is in regular contact with individual MPs regarding issues local to their constituency or concerns raised with the MP regarding our services by one of their constituencies.

Within our area, we are 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, we provide written up-dates to local authority Health and Social Care Oversight Committees as requested and present in person to provide up-dates on key issues as needed.

We operate 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.

We also work 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.

Financial Performance

Financial performance narrative

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 2024. The audited annual accounts for the year are attached as an appendix and they are also available for download from the Trust's website.

For financial year 2023/24 the Trust reported a deficit of £15.4m. Excluding the impact of the technical system adjustments (impairment and capital grants and donations), the Trust delivered the breakeven target which was in line with our plan for the year.

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 2024			31 March 2023
	Plan	Actuals	Variance	Actuals
	£m	£m	£m	£m
Income	332.3	332.9	0.6	326.6
Operating Expenditure	315.4	334.0	(18.6)	315.7
Operating Surplus/(Deficit)	16.9	(1.1)	(18.0)	10.9
Interest, depreciation and dividend	21.4	17.4	4.0	17.8
(Loss)/gain on sale of assets	4.5	3.1	(1.4)	1.2
Retained surplus / (deficit)	0.0	(15.4)	(15.4)	(5.7)
Adjustment for			0.0	
Impairment	0.0	15.4	15.4	6.0
Capital grants and donations	0.0	0.0	0.0	(0.3)
Adjusted surplus / (deficit)	0.0	0.0	0.0	0.0

Financial Performance Analysis

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

Income

Total income for the year increased by 1.9 percent and by £6.3m compared to the prior year.

The Trust received most of its income from the Integrated Care Boards under a block contract, which accounted for 95% of the total income. The Trust was allocated £24.9m additional 999 income, which includes an additional £9.0m ambulance

funding allocated to the Trust from the original £220m that was distributed. It includes £14.1m ambulance inflationary funding, that is net of £2.3m convergence. This compensated for the removal of £7.4m Covid 19 funding, the £9.0m allocation by NHS England in March 2023 to cover the NHS Pay Deal and the £2.1m reduction in 111 funding.

In respect of the employer contribution rate for NHS pensions which increased from 14.3 percent to 20.6 percent on 1 April 2019, the additional amount is paid over by NHS England on Providers' behalf but is reflected in the Trust's annual accounts in both income and employee expenses. The allocation for the further pension contribution of 6.3 percent in the year was £10.2m (£9.2m in 2022/23).

The Trust has completed the fourth year of the five-year contract ending March 2025 to deliver an enhanced 111 service Integrated Urgent Care (IUC) that includes a Clinical Assessment Service (CAS) and GP out-of-hours. This is in partnership with IC24 (a not-for-profit Social Enterprise providing a range of health and social care services).

Expenditure

Operating expenditure, including interest, depreciation, and dividend in 2023/24 was £351.4m, £17.9m higher than 2022/23. The largest expenditure area remains employee expenses, which accounted for 69.0 percent (70.0 percent in 2022/23) of total expenditure.

Employee expenses increased by £9.8m due to the impact of the 3.2% higher workforce investment in our frontline Operating Units and Contact Centre services. This is in addition to the incremental impact of the 2023/24 NHS Pay Award and the increase in employer pension contribution of £1.0m, both matched by income as per above.

Impairment increased by £9.4m compared to last year because the reduction in asset values from the 2022/23 valuation resulted in an impairment of £15.4m. The main item is the market price changes in the value of our Medway Make Ready Centre (MRC).

These were partly compensated by other lower spending than 2022/23, notably the reduction in the spend on Purchase of healthcare from non-NHS bodies by £2.2m. This is due to a combination of a 20.9% decline in the use of general practitioners' service in 111 IUC by our partner, IC24 in line with the changes in the new operating model and £0.6m reduction in the provision of private ambulance services following successful recruitment.

An analysis of operating expenditure is provided in the table below.

	2023-24		2022-23	
	£m	%	£m	%
Employee Expenses	243.5	69%	233.7	70%
Supplies and services – clinical	5.9	2%	6.6	2%
Supplies and services - general	3.9	1%	3.0	1%
Premises	22.1	6%	18.9	6%
Transport	16.7	5%	16.9	5%
Other provisions	(1.9)	(1%)	(1.1)	0%
Depreciation and Amortisation	18.0	5%	17.2	5%
Training, courses and conferences	3.8	1%	4.8	1%
Purchase of healthcare from non NHS bodies	13.8	4%	16.0	5%
Impairment	15.4	4%	6.0	2%
Establishment	6.0	2%	5.5	2%
Other expenditure	4.1	1%	6.0	2%
Total	351.4	100%	333.5	100%

*Further details can be found within note 8 of the accounts.

Capital Expenditure

The Trust invested £18.4m on capital expenditure in 2023-24 including Right of Use (ROU) assets of £4.6m.

IFRS 16, requires organisations to recognise both the ROU asset and liabilities for all leases more than 12 months. Overall, the Trust has shown a ROU asset of £28.9m and a finance lease liability of £24.8m.

The Trust utilised the entire £13.8m purchased capital allocation, both internally generated and the additional Public Dividend Capital in line with the system plan. The most significant capital spends in the year involved £3.8m vehicle purchases, £6m investment in IT infrastructure and £3.2m on estates modernisation and the completion of the Medway MRC. Other investment included new vehicle kits and clinical equipment to enhance our fleet. However, the Trust invested £8.9m less than the internal plan for ROU assets. The latter was behind plan as there has been a delay in building and receiving new vehicles. There was no adverse financial impact and the Trust. Vehicles on existing leases were kept through extensions until new vehicles are received.

Cash

The March 2023 year-end cash balance was £35.6m compared to £44.1m in 2022/23. The £8.5m reduction was largely due to reduction in capital creditors of £4.5m, £2.9m reduction in other creditors and delay in selling some of the assets held for sale that were due to be completed during the financial year.

Efficiency Programme/Cost Improvement Programme

The Trust delivered the £9.0m planned efficiency in 2023/24. £6.1m (67.8 percent) of the savings were achieved recurrently and £2.9m (32.2 percent) on a non-recurrent basis. The Trust is committed to improving productivity and demonstrating value for money through sustainable efficiency improvements.

Looking forward to 2024/25

The coming financial year is expected to be challenging as the NHS focuses on the recovery of core services and productivity. The 2024/25 plans have been subject to significant review by NHSE and are subject to a deficit control total, as is the wider Surrey Heartlands ICB system. The Trust's control total deficit is £10.5m and a Category 2 performance target of 30 minutes in compliance with the requirements in the planning guidance. The submitted plan incorporates an underlying deficit of £16.5m and investment in the Trust's strategy that are mitigated by cost improvement programmes. The Trust is expected to support the delivery of the Integrated Care System's set deficit plan in collaboration with the Surrey Heartlands ICB.

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 our digital capability and the quality and functionality of the estate.

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.

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 training 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 staff training 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 effectiveness of internal audit is reviewed on a regular basis by the Audit and Risk Committee. 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.

Accounting Policies

The accounts meet the accounting requirements of the DHSC Group Accounting Manual. 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, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board are set out in the Annual Accounts. Accounting policies for pensions and other retirement benefits are set out in the notes to the employees' 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.



Simon Weldon, Chief Executive Officer

Date: 19th July 2024

Accountability Report

Directors Report
Remuneration Report
Staff Report
Disclosures set out in the NHS Foundation Trust Code of Governance
Statement of Accounting Officer's Responsibilities
Annual Governance Statement

The following parts of the Accountability Report are subject to audit:

- the elements of the remuneration report designated as subject to audit which comprise:
 - a) single total figure table of remuneration for each senior manager
 - b) pension entitlement table and other pension disclosures for each senior manager
 - c) fair pay disclosures d) payments to past senior managers, if relevant
 - e) payments for loss of office, if relevant
- staff report: exit packages, if relevant
- staff report: analysis of staff numbers
- staff report: analysis of staff costs

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 2023/24, the Trust Board as formally constituted includes 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:

- Ahead of Simon Weldon joining SECamb as Chief Executive on 23 April 2023, Martin Sheldon acted as Interim Chief Executive Officer from 1 April 2023, following the departure of the previous Chief Executive, Siobhan Melia, on 31 March 2023
- We were joined by Charles Porter as Interim Chief Finance Officer on 1 April 2023, who undertook the role until Saba Sadiq started as substantive Chief Finance Officer on 3 July 2023, remaining with SECamb until 28 February 2024
- Simon Bell subsequently joined us as Interim Chief Finance Officer on 1 March 2024, following Saba's departure for a new role elsewhere in the NHS
- Rob Nicholls left his role as Executive Director of Quality & Nursing in May 2023, and we are grateful to Margaret Dalziel for taking on the role of Interim Director from that date onwards.
- Ali Mohammed left his role as Executive Director of HR & OD on 8 March 2024, and we were grateful to Tim Widdowson who took on the role of Interim Director to the year end
- Dr Rachel Oaten was away from the Trust from 15 January 2024; Dr Richard Quirk was Acting Medical Director for the remainder of the year from that date onwards.

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 seven standing Committees:

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

All Board meeting held in public are accessible in person or online 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, setting the assurance it received and any gaps requiring Board intervention. 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 during the year. Areas of focus included Making Data Count, Effective Challenge & Holding to Account and its approach to Culture. There were also a number of sessions in the latter part of the year, including with the Council of Governors to help establish its approach to the development of a new Trust strategy.

Register of Directors' Interests

The Board of Directors are required to declare other company directorships and significant personal, business or financial 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.

David Astley OBE – Chair (to 30 May 2024)

David was awarded an O.B.E 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-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 is a Director at PWC Consulting who sometimes works with the public sector.

Simon Weldon – Chief Executive Officer (from 24 April 2023)

Simon has a wealth of leadership experience, with an NHS career spanning more than 20 years across acute and commissioning sectors.

Prior to being appointed as SECamb Chief Executive, he was Group Chief Executive of University Hospitals of Northamptonshire Group, serving in the position from 2020 and leading the trust to university hospital status.

Prior to this position, Simon was Chief Executive of Kettering General Hospital NHS Foundation Trust where he led the organisation out of quality special measures.

Declared Interests – None

Martin Sheldon – Interim Chief Executive Officer (from 1 April to 23 April 2023)

Martin has a wide range of experience in senior finance and leadership roles, both within the NHS and in the private sector.

Declared Interests - None

Charles Porter – Interim Chief Finance Officer (from 1 April to 2 July 2023)

Charles is an experienced NHS Director of Finance and was previously Director of Finance at South Central Ambulance Service NHS Foundation Trust.

Declared Interests - None

Saba Sadiq – Chief Finance Officer (from 3 July 2023 to 28 February 2024)

Saba joined SECamb as Chief Finance Officer in July 2023 having held a number of senior finance roles within the NHS including most recently Director of Finance at Princess Alexandra Hospital NHS Foundation Trust.

Saba comes with a strong history of improvement in the NHS and a broad experience of working in both acute and community settings and in partnership across health and social care systems.

Saba left SECamb on 28 February 2024 to take up a new role at Blackpool Teaching Hospitals NHS Foundation Trust

Declared Interests – None

Simon Bell – Interim Chief Finance Officer (from 1 March 2024)

Simon Bell joined SECamb as Chief Finance Officer from 1 March 2024.

He has more than 27 years of financial leadership in the NHS, with 13 years as a Director of Finance. Before joining SECamb, Simon worked in the South West and North East and Yorkshire regions of England, latterly as a Place Director of Finance with an Integrated Care Board. Prior to that Simon was the Chief Finance Officer in two different Clinical Commissioning Groups and helped lead both organisations out of financial special measures and back to delivering break-even financial plans.

Declared Interests - None

Ali Mohammed – Executive Director of Human Resources and Organisational Development (to 8 March 2024)

Ali begun his NHS career in a junior HR position at Medway NHS Trust and then 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.

Declared Interests – Trustee at LHA London – a housing charity in central London from October 2019 to December 2023. It's a non-financial professional interest, unpaid but reimbursement of receipted travel expenditure.

Tim Widdowson – Interim Executive Director of Human Resources and Organisational Development (from 8 March 2024 to 2 April 2024)

Tim is an experienced senior HR leader, with extensive experience in a wide range of roles across different sectors.

Declared Interests - None

Dr Rachel Oaten - Chief Medical Officer

Dr Oaten, a qualified Emergency Medicine Consultant since 2017, started working at Salisbury Hospital and was appointed as Clinical Lead for the Emergency Department in 2018. In March 2020, she took on a part-time role as Deputy Medical Director at East Midlands Ambulance Service. In October 2021, she was promoted to Deputy Clinical Director of Medicine at Salisbury Hospital, while still remaining active as an Emergency Consultant and serving as a Trauma Team Leader on shifts.

Declared Interests

North Bristol NHS Trust. Southmead, Bristol, Regional Trauma Team Leader, started 01/06/2022 – Ad hoc 12 hour shifts at weekend covering the region from major trauma. Expectation is to work around 6 shifts a year and this is shared

QUALSAFE Awards, Position Held: Review Panel Member for First Aid Publication, Date Employment Commenced: September 2018, Clinical review of a first aid publication refreshed on a regular basis to ensure in line with current guidance. Days worked: 1/year maximum.

Salisbury NHS Foundation Trust. Position Held: ED Consultant Date Employment Commenced: 01/08/2017 hours: 1PA contract a week (16 hours a month clinical shifts only mainly done at weekends to maintain ED Consultant skills and competencies.

ACOS Medical, Codford, Position Held: Company Director and Medical Lead Date Employment Commenced: September 2016, hours: Company that is CQC registered and provides medical cover to private events e.g. large festivals. There are no NHS contracts held and no intention to look at any expansion into this area. Company also supplies clinical governance/CQC support to a number of Companies that work on the NHS framework across the Country locally these include Elite Medical and Ambulance (Hailsham) and MEDi4 (Crawley Down) who are based within the SECamb footprint. There are other Doctors who can support with those specific in the SECamb locality should there be a conflict e.g. patient safety case / concern raised. Provision of clinical governance to Wiltshire Police and provision of a named Doctor as part of a service level agreement. Days worked: Variable – split with other Directors and personnel in Company mostly at weekends and highly seasonal mainly in the summer no impact to SECAMB completed in days off/annual leave.

Dr Richard Quirk – Acting Chief Medical Officer (from 15 January 2024)

As well as holding the substantive role of Deputy Medical Director, Richard continues to work part-time as a GP based in West Sussex.

Declarations - 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 – Emma's husband, David Williams, is Head of Emergency Planning, Response & Resilience. She does not line manage David – he is part of one of her wider teams, recruited through formal standard Trust processes.

David Ruiz-Celeda - Executive Director of Strategic Planning and Transformation

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, most recently at London City Airport since 2014 where he was previously Director of Operations Strategy and Planning.

Declared interests:

Companies with influential role:

- Kintsugi Therapeutics (Minor shareholder & board member)
- Biointaxis (Minor shareholder, non-executive director business advisory role)
- Leukos Biotech (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

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.

Rob Nicholls – Executive Director of Quality and Nursing (to 4 May 2023)

Robert Nicholls 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.

Declared Interests - None

Margaret Dalziel - Interim Executive Director of Quality and Nursing (from 5 May 2023)

Margaret is a paediatric nurse and leader who has worked in the NHS for 40 years with extensive experience in senior operational and professional leadership roles across all healthcare systems and sectors including acute, community & mental health providers.

Declared Interests – None.

Michael Whitehouse - Independent Non-Executive Director/Deputy Chair (from 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.

Declared interests

Board member and chair of Audit Committee of Medicines and Health Care Products Regulatory Agency

Interim Co-Chair of the MHRA.

Howard Goodbourn – Independent Non-Executive Director (from 9 March 2020 to 8 March 2026)

Howard has been a member of SECAMB since 2014. Formerly working as Chief Financial Officer for Southern Water, 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.

Declared interests – None

Dr Subo Shanmuganathan - Independent Non-Executive Director (from 1 March 2021 to 28 February 2027)

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 – Non-Executive Director Bromley Community Interest Company, Non-Executive Director for the Crown Prosecution Service.

Paul Brocklehurst - Independent Non-Executive Director (from 1 May 2021 to 30 April 2027)

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

Declared Interests – Trustee for Myeloma UK

Liz Sharp - Independent Non-Executive Director (from 19 September 2021 to 18 September 2027)

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.

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.

Max Puller – Independent Non-Executive Director (from 6 February 2023 – 5 February 2029)

Max Puller holds the position of Group Director, Business Strategy and Communications at FTSE 250 listed, global IT and technology services provider, Computacenter. Prior to joining Computacenter in February 2024, Max was Business Transformation Director at global communications consultancy, BCW, where he specialised in organisational change and employee experience.

Max's background includes previous positions such as Head of Colleague Communications and Engagement at Tesco Bank, Employee and Change Communications Director at Sodexo, and Chief Communications Officer at the UK Ministry of Defence.

Declared Interests:

- Full-time employed as Group Director, Business Strategy and Communications at Computacenter, who frequently work with the NHS and wider public sector.

- Director and Governor of Trinity Laban Conservatoire of Music and Dance (pro-bono).
- Postgraduate Executive MBA candidate at the University of Surrey.

Professor Tom Quinn – Independent Non-Executive Director (from 1 October 2020 to 9 February 2024)

As a nurse, Tom 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. 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 – Emeritus Professor, Kingston University. 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, 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. Volunteer role: Trustee, Hale Community Centre. Volunteer role: British Cardiovascular Society/Intensive Care Society, UK Cardiogenic Shock Steering Group. Volunteer role: British Cardiovascular Intervention Society Out of Hospital Cardiac Arrest Focus Group.

Board attendance (meetings held in public)

		Thursday 6 April 2023	Thursday 1 June 2023	Thursday 3 August 2023	Thursday 5 October 2023	Thursday 7 December 2023	Thursday 8 February 2024
Board Meeting							
David Astley	Chair	✓	✓	✓	✓	✓	✓
Simon Weldon	Chief Executive		✓	✓	✓	✓	✓
Martin Sheldon	Interim Chief Executive	✓					

Saba Sadiq	Chief Finance Officer			✓	✓	✓	✓
Charles Porter	Interim Chief Finance Officer		✓				
Rachel Oaten	Chief Medical Officer	✓	✓	✓	✓	✓	-
Richard Quirk	Acting Chief Medical Officer						✓
Emma Williams	Executive Director of Operations	✓	✓	✓	✓	✓	✓
Ali Mohammed	Executive Director of HR & OD	✓	✓	✓	✓	-	
Tim Widdowson	Interim Director of HR & OD						✓
Howard Goodbourn	Non-Executive Director	✓	-	✓	✓	✓	✓
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	✓	✓
Tom Quinn	Non-Executive Director	✓	✓	✓	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	-	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	✓	✓	✓
David Ruiz-Celada	Executive Director for Strategic Planning & Transformation	✓	✓	✓	✓	✓	✓
Robert Nicolls	Executive Director of Quality and Nursing	-					
Margaret Dalziel	Interim Executive Director of Quality and Nursing		✓	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	-	✓	✓	✓	✓
Max Puller	Non-Executive Director	-	✓	✓	✓	-	✓

Key	
✓	In attendance
A	Attends
-	Not in attendance
	Not in post

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

Board attendance (meetings held in private)

		Thursday 6 April 2023	Thursday 4 May 2023	Thursday 1 June 2023	Thursday 7 December 2023	Thursday 8 February 2024	Extraordinary Thursday 7 March 2024
Part 2 Board Meeting							
David Astley	Chair	✓	✓	✓	✓	✓	✓
Simon Weldon	Chief Executive			✓	✓	✓	✓
Martin Sheldon	Interim Chief Executive	✓					
Ali Mohammed	Executive Director of HR & OD	✓	✓	✓	-	-	-
David Ruiz-Celada	Executive Director for Strategic Planning & Transformation	✓	✓	✓	✓	✓	✓
Emma Williams	Executive Director of Operations	✓	✓	✓	✓	✓	✓
Howard Goodbourn	Non-Executive Director	✓	✓	-	✓	✓	✓
Max Puller	Non-Executive Director	✓	✓	✓	-	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	✓	✓	-
Rachel Oaten	Chief Medical Officer	✓	✓	✓	✓	-	-
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	✓	✓	-
Elizabeth Sharp	Non-Executive Director	✓	✓	-	✓	✓	-
Tom Quinn	Non-Executive Director	✓	✓	✓	✓	✓	✓
Michael Whitehouse	Non-Executive Director	-	✓	✓	✓	✓	✓
Margaret Dalziel	Interim Director of Quality & Nursing	A	A	✓	✓	✓	✓
Saba Sadiq	Chief Finance Officer				✓	✓	✓
Richard Quirk	Acting Chief Medical Officer					✓	✓
Tim Widdowson	Interim Director of HR & OD					✓	-
Robert Nicolls	Executive Director of Quality & Nursing	-	-				

Key	
✓	In attendance
A	Attends

-	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.

		Friday 14 April 2023	Thursday 1 June 2023	Thursday 5 October 2023	Thursday 2 November 2023	Thursday 7 December 2023	Thursday 18 January 2024	Friday 9 February 2024	Wednesday 21 February 2024	Friday 8 March 2024
Subo Shanmuganathan	Non-Executive Director	✓	-	-	✓	✓	✓	✓	✓	-
David Astley	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon Weldon	Chief Executive		✓	✓	✓	✓	✓	✓	✓	✓
Martin Sheldon	Interim Chief Executive	✓	✓	✓						
Ali Mohammed	Executive Director of HR & OD	A	A	-	A	-	-	-		
Howard Goodbourn <i>Committee Chair</i>	Non-Executive Director	✓	-	✓	✓	✓	✓	✓	-	✓
Michael Whitehouse	Non-Executive Director	✓	✓	-	✓	✓	✓	✓	✓	✓
Max Puller	Non-Executive Director	✓	✓	✓	-	✓	✓	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓

Elizabeth Sharp	Non-Executive Director	-	-	✓	✓	✓	✓	✓	-	-
Tom Quinn	Non-Executive Director	-	✓	-	-	✓	✓			

Key	
✓	Member in attendance
-	Not in attendance
A	Attends
	Not in post

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.

		Wednesday 25 May 2023	Thursday 15 June 2023	Thursday 20 July 2023	Thursday 21 September 2023	Wednesday 13 December 2023	Thursday 21 March 2024
Audit and Risk Committee (AuC)							
Simon Weldon	Chief Executive	A	-	A	-	A	A
David Astley	Chair	A	-	-	-	-	-
Michael Whitehouse <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓	✓
Tom Quinn	Non-Executive Director	✓	✓	-	-	✓	-
Elizabeth Sharp	Non-Executive Director	-	-	-	-	-	✓
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	✓	-
Subo Shanmuganathan	Non-Executive Director	✓	✓	✓	✓	✓	✓
Margaret Dalziel	Interim Director of Quality & Nursing	A	A	A	-	A	-
Charles Porter	Interim Chief Finance Officer	A	A			-	-
Saba Sadiq	Chief Finance Officer		A	A	A	A	-
David Ruiz-Celada	Executive Director for Strategic Planning and Transformation	-	-	-	A	-	-
Ali Mohammed	Executive Director of HR & OD	-	-	-	-	A	-
Emma Williams	Executive Director of Operations	-	-	-	-	A	A
Simon Bell	Interim Chief Finance Officer	-	-	-	-	-	A

Key	
✓	Member in attendance
A	Attends
-	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 27 July 2023	Thursday 14 December 2023
Charitable Funds Committee (CFC)			
David Astley	Chair (Invitation only)	A	A
Michael Whitehouse <i>Committee Chair</i>	Non-Executive Director	✓	✓
Subo Shanmuganathan	Non-Executive Director	-	✓
Margaret Dalziel	Interim Director of Quality & Nursing	✓	✓
Ali Mohammed	Executive Director of HR & OD	-	-
Saba Sadiq	Chief Finance Officer	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓

Key	
✓	Member in attendance
A	Attends
-	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.

		Thursday 15 June 2023	Thursday 27 July 2023	Thursday 28 September 2023	Thursday 30 November 2023	Thursday 25 January 2024	Thursday 28 March 2024
Finance and Investment Committee (FIC)							
Michael Whitehouse	Non-Executive Director	✓	✓	✓	✓	✓	-
Paul Brocklehurst	Non-Executive Director	-	✓	✓	✓	✓	✓
David Ruiz-Celada	Executive Director for Strategic Planning and Transformation	✓	✓	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓
Howard Goodbourn <i>Committee Chair</i>	Non-Executive Director (Chair)	✓	✓	✓	✓	✓	✓
Margaret Dalziel	Interim Director of Nursing & Quality	✓	✓	✓	✓	✓	-
Charles Porter	Interim Chief Finance Officer	✓	-	-	-	-	-
Saba Sadiq	Chief Finance Officer		✓	✓	✓	✓	-
Emma Williams	Executive Director of Operations		A	A	A	A	A
David Astley	Chair	-	A	A	A	A	A
Simon Bell	Interim Chief Finance Officer	-	-	-	-	-	✓

Key	
✓	Member in attendance
A	Attends
-	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.

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

Quality and Patient Safety Committee (QPS)		Thursday 13 April 2023	Thursday 29 June 2023	Thursday 24 August 2023	Thursday 19 October 2023	Thursday 1 February 2024	Tuesday 26 March 2024 (Extraordinary)
David Astley	Chair	✓	-	✓	-	✓	-
Simon Weldon	Chief Executive		-	-	-	-	-
Martin Sheldon	Interim Chief Executive	-					
Rachel Oaten	Chief Medical Officer	✓	-	✓	✓	-	-
Richard Quirk	Acting Chief Medical Officer					✓	✓
Emma Williams	Executive Director of Operations		A	-	A	✓	A
Robert Nichols	Executive Director of Quality & Nursing	-					
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓

Margaret Dalziel	Interim Director of Quality & Nursing		✓	✓	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	✓	-	✓	✓	✓	✓
Tom Quinn <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓	

Key	
✓	Member in attendance
A	Attends
-	Not in attendance
	Not in post

Workforce and Wellbeing Committee (WWC)

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

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

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

		Thursday 11 May 2023	Thursday 20 July 2023	Monday 18 September 2023	Thursday 9 November 2023	Tuesday 23 January 2024	Thursday 21 March 2024
People Committee							
David Astley	Chair (Invitation only)	-	-	-	A	-	-
Simon Weldon	Chief Executive Officer	A	-	-	-	-	-
Subo Shanmuganathan <i>Committee Chair</i>	Non-Executive Director	✓	✓	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	-	✓	✓	-	✓	✓

Emma Williams	Executive Director of Operations	✓	✓	✓	✓	✓	✓
David Ruiz-Celada	Executive Director for Strategic Planning and Transformation	✓	✓	✓	✓	-	✓
Ali Mohammed	Executive Director of HR & OD	✓	✓	✓	✓	-	
Tom Quinn	Non-Executive Director	✓	-	-	-	✓	
Max Puller	Non-Executive Director	✓	✓	✓	-	✓	✓
Rachel Oaten	Chief Medical Officer	✓	✓	✓	✓	-	-
Margaret Dalziel	Interim Director of Quality & Nursing		✓	-	-	✓	-
Saba Sadiq	Chief Finance Officer		✓	✓	-	-	
Simon Bell	Interim Chief Finance Officer						A

Key	
✓	Member in attendance
A	Attends
-	Not in attendance
	Not in post

Better Payment Practice Code

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice.

The 2023/24 Better Payment Practice Code percentages are below the target (95%) for the full year relating to third party (Non-NHS) and NHS creditors. To this end the total figures for March 2024 were under the 95% target and a return to exceeding the target payment level will remain a focus during the new financial year.

Better Payment Practice Code - measure of compliance	2023-24		2022-23	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	18,646	102,174	20,024	112,519
Total Non-NHS trade invoices paid within target	17,106	89,433	18,597	102,107
Percentage of Non-NHS trade invoices paid within target	91.7%	87.5%	92.9%	90.7%
Total NHS trade invoices paid in the period	338	3,655	272	2,287
Total NHS trade invoices paid within target	272	2,953	222	1,957
Percentage of NHS trade invoices paid within target	80.5%	80.8%	81.6%	85.6%
Total trade invoices paid in the period	18,984	105,829	20,296	114,806
Total trade invoices paid within target	17,378	92,386	18,819	104,064
Percentage of trade invoices paid within target	91.5%	87.3%	92.7%	90.6%

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 seven days to ensure they could keep operating. The Trust continued to accelerate payments during 2023/24 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.

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 Leigh Westwood (Public Governor Lower East (East Sussex & Brighton) and Lead Governor on behalf of the Council of Governors:

"On behalf of the Council of Governors, on which I represent the interests of the people of East Sussex, Brighton and Hove (SECamb's Lower East Constituency), I present my report, reflecting on the last year.

This report will focus on how the Council – a group of 18 volunteers including members of the public, staff, and people from key partner organisations – has fulfilled its statutory duties in the last year.

Before I begin, I would like to just thank both our new Chief Executive, Simon Weldon and David Astley our Chair for their commitment to the Trust and for always respecting and supporting the role of the Governors within the Trust.

As a Council our collective duties are two-fold:

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

This year has seen many challenges, high demand on our services, estate projects being finalised and new facilities coming online, specifically Banstead, our tenth Make Ready Centre and a new multi-purpose centre in Medway service housing both 999 and NHS 111 operations.

The Council has been focussed throughout the year on helping to ensure that the Trust was doing its best to support its staff and volunteers, while recognising that quite frequently, the demand for its services was incredibly high. Whilst staff recruitment and retention continue to be challenge, the Council adds its thanks to all our dedicated colleagues throughout the Trust and the incredible volunteers who have and continue to support the Trust.

As a volunteer Community First Responder myself, I see firsthand the compassion, kindness and effective care given to our patients, regardless of the challenges we may be facing in the background.

Throughout the year, the Governors have continued to observe Board meetings and Board committees, and this has provided the Council with the assurance that Board scrutiny and oversight has continued.

Foundation Trust membership engagement and recruitment as well as external events that had to be stopped over the past few years, has now been able to restart. Communication via our membership newsletter, Membership Matters, has continued and although our membership numbers remain strong, we are constantly looking at ways to increase membership. By doing so, we can listen to the public we serve and ensure that we continue to shape ourselves into a service with vision, direction, a known strategy, not just visible to our colleagues but also to the public.

It is fair to say that for the Council as well as for the Board and Trust more widely, the focus has, quite rightly been on responding to changes in our CQC rating, following planned and unannounced inspections. However, the Council has 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 Trust's Improvement Journey
- The launch of the Volunteer Emergency Responder initiative
- IT resilience
- Reviewing the annual audit report via presentation from KPMG

The Council has a rolling agenda of scrutiny items covering the remits of each of the Board committees, and these have continued throughout the year. Governor questions to the non-Executives between meetings have included the following topics:

- Safety of colleagues on the frontline
- Seeking assurance on the provision of wellbeing and mental health support for colleagues
- Progress made recording Public Access Defibrillator locations and maintaining them
- Appropriate public communication on the pressure the service is facing
- Supporting the effective use of our Community First Responders, Emergency Responders and Community Falls Teams to respond to calls
- Recruitment and retention of colleagues
- Assurance that pulse and staff survey outcomes will be acted on
- Safety provisions for staff in relation to the estates programme and vehicles
- The Trust's work with partner agencies & Trusts to ensure alignment and understanding of the wider demands across the area the Trust serves

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

Council elections were held this year with a good turnout in nominations and votes. Thanks to all members who took part and to those Governors who were either re-elected or have joined us in the last year. You can read more on the Public, Staff and Appointed Governors currently serving in Membership Matters.

If you think you can give your time, energy and thought to helping us be the best we can be, for patients and staff and are passionate about the NHS, please consider standing in our Council of Governor elections. As a Trust member you can stand as a Governor or vote for a Governor to represent you.

Finally, I must express again on behalf of my Governor colleagues our thanks, admiration and utmost respect for everyone working for or within 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 and I thank them for the open working relationship the Governors continue to experience. As a Council, we will continue to ensure that we discharge our duties to the best of our abilities, to continue serving those we represent.”

Leigh Westwood, Lead Governor

Meet the Governors – Staff Governors

Kirsty Booth Non-Operational (from 1 March 2022 to 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 20 years and is currently the Deputy Lead Governor. 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.

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

Declared interests: Bank contract with National Air Traffic Service (NATS)

Nicholas Harrison Operational (1 March 2022 – 28 February 2025)

Nick was previously a Staff Governor, 2017 – 2020, and was re-elected in 2022. Nick has worked in varying roles within the ambulance service for nearly 18 years. He is a Critical Care Paramedic Team Leader and 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 Interest: None

Public Governors

Lower East: East Sussex & Brighton

Leigh Westwood (Second term of office: 1 March 2023 to 28 February 2026)

Leigh is currently the Lead Governor. Alongside his work as a Governor Leigh has served as a volunteer Community First Responder (CFR) for ten years. During this time, he has served as CFR Team Lead in Crowborough and has received the Queens Award for Voluntary Service. He currently holds the position of Senior CFR Team Leader for the Paddock Wood Operating Unit overseeing and working to develop all CFR teams in the area and their respective communities.

- Membership Development Committee Member
- Governor Development Committee Member – also Chair of Committee
- Nomination Committee Member

Declared Interests: Senior CFR Team Leader – SECamb Volunteer Responder from Nov 2011 to present.

Chair of Trustees – Crowborough Community First Responders from November 2016 to present.

David Romaine (First term of office: 1 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. David has also helped at Governor events attending The South of England Show, Spring Live and the Brighton Marathon.

- Membership Development Committee Member – also Chair of Committee
- Governor Development Committee Member

Declared Interests: None

Upper East: Medway, Kent & East London

Colin Hall (Second term of office: 1 March 2023 – 28 February 2026)

Colin worked for Kent Ambulance Service for 15 years in the 1970s and 1980s and went on to work with London Ambulance Service in their 999 call centre. Prior to retiring Colin worked in the 111 call centre in Ashford. Colin has also worked as an electrical consultant in an Engineering Consultancy Practice as Senior Contracts Engineer with the largest electrical contractors in the country.

- Membership Development Committee Member
- Governor Development Committee Member

Declared Interests: None

Linda Caine (First term of office: 1 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. 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: Linda is an Associate Director for Elective Recovery Programme for NHS Kent & Medway. She works closely with local Trusts across Kent & Medway towards meeting national targets for elective recovery.

She also chairs local steering groups which engage with clinical and non-clinical employees across local Trusts within Kent & Medway.

Amanda Cool (First term of office: 1 March 2023 – 29 November 2023)

Amanda was formerly a Governor for SECamb in Surrey but had to stand down as she moved out of the area. She is now looking forward to being a governor again and representing her new constituency. Amanda has previously chaired the Patient Liaison Committee at the British Medical Association as well as the Patient Practice Group at her local GP practice, giving Amanda a wealth of experience in speaking up for patients in a professional environment.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Barbara Wallis (First term of office: 1 March 2023 – 15 April 2024)

Barbara is a retired teacher, examiner and tutor working at Canterbury College for 11 years. Barbara feels that her experience as a teacher and examiner has provided her with the skills to deal and communicate with people, assisting in her role as Governor. Barbara is a member of Medway Voluntary Action, where she carried out research on Outpatient Experiences in hospitals.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Upper West: Surrey, Hants & West London

Brain 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.

- Membership Development Committee member
- Nominations Committee member

Declared interests: Non-Executive Director at Viewsat Ltd, Director AVO TV limited, PPG member at Lightwater Surgery.

Martin Brand (Second term: 1 March 2024 – 28 February 2027)

From 2004 to 2019, Martin worked for the London Ambulance Service as a Service Development Manager and then as a programme/project manager. Prior to this he had a career in the Royal Mail. Membership Development Committee Member

- Governor Development Committee Member

Declared interests: None.

Ann Osler (First term of office: 1 March 2022 – 28 February 2025)

Ann's 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. She has been a member of our Trust for 10 years and a member of the Trust's Inclusion Hub Advisory Group for a similar period.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Peter Shore (First term of office: 1 March 2023 – 28 February 2026)

Peter previously served as a Public Governor at the Queen Victoria Hospital NHS Foundation Trust in East Grinstead. Prior to his retirement Peter performed several senior employed and consultancy roles in the field of Human Resources in the NHS, in both hospital and primary care sectors.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: Public Governor – Member of GP Practice Patient Participation Group from 2022 to present.

Lower West: West Sussex

Andrew Latham (First term of office: 1 March 2022 – 28 February 2025)

Andrew 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 and his involvement with the Trust goes back for over thirty years as he has been a St John Ambulance volunteer for decades.

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

Declared interests: SECamb Volunteer Responder

Harvey Nash (First term of office: 1 March 2023 – 28 February 2026)

Harvey's career focus was people –recruiting, developing and motivating – alongside lots of change and quality management. With St John Ambulance for many years, he provided first aid and event management Sussex, often working alongside SECamb.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Appointed Governors

Charity Sector

Vanessa Wood Chief Executive of Age UK Thanet. (Second term of office: 8 July 2022 – 7 July 2025)

Vanessa has worked in the Health and Social Care Sector for over 30 years. She has been a Registered Manager both in the UK and in South Australia.

This branch of Age UK supports those aged over 50 living in Thanet to remain independent. They also work to reduce loneliness and isolation

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Police

Lisa Bell – Chief Superintendent (First term of office: 5 May 2022 – 3 July 2023)

Lisa has spent her full 30 years working for Sussex Police across a number of departments including Divisional Commander for Brighton & Hove, and the Strategic Change Team. More recently she was Temporary Assistant Chief Constable with responsibility for the Sussex Police Force Contact, Command & Control Department and the Surrey Police and Sussex Police collaborated Operations Command including Gatwick Airport.

- Membership Development Committee member
- Governor Development Committee member

Declared interests: None.

Fire

Mark Rist – Director of Response and Resilience (First term of office: 15 July 2022 – 14 July 2025)

Mark is the director of Response and Resilience for Kent Fire and Rescue Service (KFRS) and is responsible for service delivery from the service's 56 fire stations, fire and rescue control centre, Channel Tunnel fire station, and various national

resilience assets. Mark's areas of responsibility also include health and safety, fleet and equipment and business continuity.

- Membership Development Committee member
- Governor Development Committee member.

Declared interests: Director of Response & Resilience for Kent Fire & Rescue Service (KFRS) (Full time paid employment).

Independent Trustee of the charity, Kent Search & Rescue (KSAR). This is an unpaid voluntary role and is registered with the Charity Commission as a charity trustee.

University

Dr Angela Glynn – Dean of School of Sport & Health Sciences, University of Brighton (First term of office: 15 July 2022 – 14 July 2025)

Angela is the Dean of the School of Sport and Health Sciences at the University of Brighton and is the Education representative Governor. She works closely with other Higher Education Providers, NHS colleagues and other Health and Social care providers across the region on the training and development of Nurses, Midwives and Allied Health Professionals to meet workforce needs.

- Membership Development Committee member
- Governor Development Committee member.

Declared interests: None.

Police

Simon Dobinson ACC Operations – Surrey & Sussex, NPCC Lead – Aviation Security & Airport Policing (First term: 27 September 2023 – 19 February 2024)

Simon is the National Police Chiefs' Council portfolio lead for Aviation Security & Airport Policing, working with commercial, governmental and law enforcement partners to provide cross service collaboration in relation to protective security and policing of airports and general aviation. Membership Development Committee Member

- Governor Development Committee Member

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 several Governors stand down due to a variety of personal reasons. In the 2024 elections, the promotional material will focus 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 and two joint meetings with the Board, all meetings were held in person with the Council meetings being streamed live via MS Teams. The Council held two extraordinary meetings for the appointment of the Trust Chairman, the re-appointment of three non-executives and the recommendation that a Non-Executive be appointed for a final 12 month period.

The Councils formal meetings, Governor Committees and our September Annual Members Meeting were in person. The Council meetings are held on separate days from the Board meetings: however, many Governors attended the Board, and the Board members attended each Council meeting.

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

A summary of the function and activities of these committees are outlined below.

Membership Development Committee (MDC)

David Romaine (Lower East Public Governor) chairs the MDC. The MDC is open to all Governors and is supported by the Trusts' Corporate Governance and Membership Manager and Assistant Company Secretary.

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 four times this year, the 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. The MDC regularly invited stakeholders to the meetings to provide an update on topics such as Patient Engagement, Equality, Diversity and Inclusion and Wellness and HR updates. The MDC agreed on local events and with the support of operations were able to attend 7 local events to engage with the public and increase the membership figures. The MDC agreed that for 2024 the Governors would attend four events with large footfall and invite other directorates to help showcase SECamb, as the events in 2023 showed that the public are interested in working, volunteering for SECamb.

Our Annual Members Meeting (AMM) was held at The Orchards Events Venue, East Malling, providing an opportunity for members, our staff, volunteers and the public to engage with all areas of SECamb. There was an interactive question and answer session with the Board members hosted by the Chief Executive Officer and Chair.

Governor Development Membership 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.

Nomination 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 is also in regular attendance. During the year, the membership should include four public governors, one staff and one appointed governor.

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 Nominations Committee (NomCom) is a Committee of the Council that makes recommendations to the Council on the appointment and remuneration of Non-Executive Directors (NEDs) and considers NEDs' appraisals, including the appraisal of the Chair.

Chair Recruitment

The Nominations Committee led a process to appoint a new Chair to the Trust. An extensive search and selection process, aided by an external recruitment agency,

culminated in the appointment of Usman Khan by the Council, Usman will commence in May 2024.

Reappointment of Non-Executive Directors

The NomCom recommended to the Council that Liz Sharp, Subo Shanmuganathan, and Paul Brocklehurst be re-appointed to the Board as an Independent Non-Executive Director for a second three-year term of office.

The NomCom also asked to recommend to the Council that Michael Whitehouse be appointed as an Independent Non-Executive Director for a 12-month extension to his term of office to October 2025 which was approved.

Statutory Duties

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

Other Governor Engagement Activities

Governors attended numerous local events during the year to recruit new members into the Trust including Godalming Fair, English Festival at Gillingham in Kent, Spring Live at Ardingly in West Sussex, Brighton Marathon, the South of England Show at Ardingly in West Sussex and the Brooklands Emergency Fun Day, Surrey,

The Governors are invited to observe our frontline crews in action by spending time on our ambulances or in our Emergency Control Centres. They are also invited to take part in the Quality and Engagement visits and the Health and Safety Audit review visits.

Appointments and Elections

Governor Elections were held during the year and the results announced on 10 November 2023 as follows (all elections were uncontested):

- Chris Burton - Operational Staff
- Martin Brand - Public Upper West
- Ray Rogers – Public Upper West
- Zak Foley – Public Lower East

At the end of the year, we have the following vacancies:

- Public Lower East x 1
- Public Upper East x 3
- Public Upper West x 1
- Public Lower West x 2
- Non-operational x 1
- Operational x 2

Work is underway to fill these vacancies.

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 exception of the CEO) only attend if invited to discuss their area of responsibilities.

Name	Role	27 April 23 (Joint CoG & Board)	22 June 23	14 Sept 23	26 Oct 23 (Joint CoG & Board)	28 Nov 23	14 March 24
David Astley	Chair			X	X	X	X
Simon Weldon	Chief Executive			X		X	X
Michael Whitehouse	Senior NED		X	X	X	X	X
Subo Shanmuganathan	NED		X	X	X	X	X
David Ruiz-Celada	Executive Director for Strategic Planning & Transformation					X	
Howard Goodbourn	NED		X				X
Tom Quinn	NED		X				
Liz Sharp	NED		X	X	X		X
Paul Brocklehurst	NED				X		X
Max Puller	NED				X		

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:

			CoG				Joint Board/CoG		GDC						MDC		
			22nd June 2023	14th September 2023	28th November 2023	14th March 2024	27th April 2023	26th October 2023	18th May 2023	17th August 2023	28th September 2023	16th November 2023	16th November 2023	8th February 2024	18th May 2023	28th Sept 2023	8th February 2024
Andrew Latham	01.03.22 - 28.02.25	Lower West	✓	✓	✓	✓		✓	✓	✓				✓	✓		✓
Angela Glynn	15.07.22 - 14.07.25	Appointed	✓		✓	✓			-		✓						
Ann Osler	01.03.22 - 28.02.25	Upper West	✓			✓			✓		✓		✓	✓	✓	✓	✓
Barbara Wallis	01.03.23 Resigned 15.04.24	Upper East		✓	✓	Apologies											
Brian Chester	2nd term 01.03.22 - 29.02.24	Upper West															
			✓	✓	✓	Apologies		Apologies	✓	✓	✓				✓	✓	
Colin Hall	2nd Term 01.03.23 - 28.02.26	Upper East		✓	✓	Apologies			-								
David Romaine	01.03.22 - 29.02.24	Lower East	✓		✓	✓		Apologies	✓		✓	✓	✓	✓	✓	✓	✓
Harvey Nash	01.03.23 - 28.02.26	Lower West	✓	✓	✓	✓		✓	✓	✓			✓		✓		
Kirsty Booth	01.03.22 - 28.02.25	Non-Operational	✓	✓	✓	✓		✓	-	✓	✓					✓	
Leigh Westwood	2nd term 01.03.23 - 28.02.26	Lower East															
			✓	✓		✓		✓	✓		✓		✓	✓	✓	✓	✓
Linda Caine	01.03.22 - 28.02.05	Upper East	✓	✓	✓	✓			✓	✓	✓						
Mark Rist	15.07.22 - 14.07.25	Appointed		✓	✓	✓			-	✓				✓			✓
Martin Brand	01.03.22 - 29.02.24	Upper West	✓	✓	✓	✓		Apologies	✓		✓		✓	✓	✓	✓	
Nicholas Harrison	2nd Term 01.03.22 - 28.02.25	Operational															
			✓	✓	✓	Apologies		✓	✓						✓		
Peter Shore	01.03.23 - 28.02.26	Upper West	✓	✓	✓	✓			✓	✓				✓	✓		✓
Sam Bowden	01.03.23 - 28.02.26	operational		✓	✓	✓			✓					✓	✓		✓
Vanessa Wood	2nd Term 08.07.22 - 07.07.25	Appointed															
				✓	✓	✓			-								

Membership Report

SECamb continues to be actively engaged with the community and encourage local people to sign up as a Trust member. SECamb has a total Public membership of 9,219 as of 16 April 2024. There are just over 4,800 staff members who are automatically members of the Trust after a year in service.

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 operates.

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.

	Public	% of Membership	Base	% of Area
Age	9,208	100	13,872,906	100
0-16	2	0.02	2,735,944	19.72
17-21	44	0.48	814,118	5.87
22-29	343	3.73	1,558,333	11.23
30-39	770	8.36	2,131,455	15.36
40-49	1,013	11	1,933,958	13.94
50-59	1,117	12.13	1,806,373	13.02
60-74	1,289	14	1,851,342	13.35
75+	862	9.36	1,041,383	7.51
Gender	9,208	100	13,872,904	100
Male	3,552	38.58	6,754,117	48.69
Female	4,954	53.8	7,118,787	51.31
Neither of these options	19	0.21	0	0
Prefer not to say	6	0.07	0	0
Ethnicity	16,814	182.6	15,351,459	100
White - English, Welsh, Scottish, Northern Irish, British	14,546	157.97	7,276,519	47.4
White - Irish	170	1.85	199,642	1.3
White - Gypsy/Romany	14	0.15	1,213,134	7.9
White - Other	382	4.15	1,281,574	8.35
Mixed - White and Black Caribbean	28	0.3	164,888	1.07
Mixed - White and Black African	18	0.2	839,734	5.47
Mixed - White and Asian	54	0.59	172,178	1.12
Mixed - Other Mixed	28	0.3	209,696	1.37
Asian or Asian British - Indian	95	1.03	749,529	4.88
Asian or Asian British - Pakistani	39	0.42	325,466	2.12
Asian or Asian British - Bangladeshi	12	0.13	341,399	2.22
Asian or Asian British - Chinese	15	0.16	176,855	1.15
Asian or Asian British - Other Asian	56	0.61	484,690	3.16
Black or Black British - African	50	0.54	768,151	5
Black or Black British - Caribbean	32	0.35	363,527	2.37
Black or Black British - Other Black	17	0.18	158,606	1.03
Other Ethnic Group - Arab	0	0	0	0
Other Ethnic Group - Any Other Ethnic Group	19	0.21	625,871	4.08
White - Roma	0	0	0	0
White - Traveller of Irish origin	0	0	0	0
ONS/Monitor Classifications	9,097	98.79	5,699,919	100
AB	2,450	26.61	1,695,130	29.74
C1	2,817	30.59	1,880,350	32.99
C2	1,776	19.29	918,367	16.11
DE	2,054	22.31	1,206,072	21.16

We monitor our representation in terms of disability, sexual orientation, and gender although this is not required by our regulator. The data in this report excludes:

- 3,768 public members with no stated date of birth
- 1,239 members with no stated ethnicity

- 683 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. The Membership Development Committee has discussed and reviewed our strategies for membership recruitment and engagement during the year.

Annual Members Meeting

The Trust held its Annual Members Meeting (AMM) on 14 September 2023 incorporating a showcase of SECamb's services and service developments, updates on the Trust's Strategy plan, 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. Members have been invited to all public Council meetings during the year, through our website, social media platforms, and newsletter. Two issues of the membership newsletter, *Your Call*, have been sent to all the public this year. The newsletter contained invitations to get involved with the Trust, what our Improvement Journey looks like, spotlight articles on different staff within the ambulance service, job vacancies at the Trust, and a welcome to the new Public and Staff Governors.

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.

NHS Improvement Well-Led Framework

The Trust is rated Inadequate for Well Led, following an inspection by the CQC in February 2022, reported in June, when it was placed in the Recovery Support Programme. As reported in the Annual Report in 2022/23 significant focus was given to addressing the shortcomings against the Well-Led Framework and during the past 12 months further progress was made, with the majority of the issues identified in the RSP exit criteria now addressed. The Trust expects to exit RSP during 2024/25.

During Q3 an external well led review was jointly commissioned by the Trust, NHSE, and the ICB, and this helped to demonstrate the continued improvements being made as part of the Trust's Improvement Journey. Further information about how the Trust ensures services are well-led can be found in the Performance Report and Annual Governance Statement.

The Board has a well-established Board Assurance Framework (BAF). 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. The BAF sets out progress with the agreed objectives for the year, which were aligned with the Improvement Journey strategic themes; Quality Improvement; People & Culture; Responsive Care; Sustainability & Partnerships. The Board receives this report at each of its meetings.

There are no material inconsistencies between the Annual Governance Statement, the annual report, the BAF or reports from the CQC.

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 (ARC) 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. There were no substantial changes related to remuneration of directors in the past year, other than a cost of living increase.

For details regarding the date of service contract for senior managers please refer to pages 116-112.

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 October 2023 the NHS England National Director for People wrote to the Chairs of Foundation Trusts informing them of the recommendation for the 2023/24 annual pay increases for Very Senior Managers (VSMs). The ARC implemented this recommendation which was a 5% increase to be applied during 2023/24 and backdated to 1 April 2023.

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

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 2023/24.

The Nominations Committee 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

Directors Expenses

	2023/24	2022/23	2021/22	2020/21
Number of Directors	21	20	19	17
Number of Directors claiming expenses	6	15	15	13
Total claimed (£'00)	11	23	40	80

Governor Expenses for 2023/24:

Name	Sum of Amount (£) 2023/24	Number 2023/24
Andrew Latham	86.58	1
Ann Osler	93.60	1
Barbara K Wallis	66.00	1
Brian Chester	489.85	1
Colin Hall	395.55	1
David Romaine	389.97	1
Leigh Westwood	18.90	1
Linda Caine	163.82	1
Martin Brand	398.56	1
Peter Shore	231.75	1
Raymond Rogers	52.27	1
Vanessa Wood	130.50	1
Grand Total	2,799.50	13

Governor Expenses for 2022/23:

Name	Sum of Amount (£)	Number
Andrew Latham	50.85	1
Ann Osler	299.34	1
Brian Chester	132.30	1
David Romaine	249.12	1
Leigh Westwood	107.30	1
Linda Caine	45.90	1
Martin Brand	127.71	1
Michael Tebbutt	110.70	1
Nigel D Robinson	131.31	1
Patricia Delaney	54.00	1
Vanessa Wood	151.65	1
Grand Total	1,460.18	11

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.

2023-24 Remuneration report

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
David Astley	Chair	45 - 50	0	0 - 5	0 - 5	0 - 2.5	45 - 50
Simon Weldon**	Chief Executive	210 - 215	0	0 - 5	0 - 5	0 - 2.5	210 - 215
Martin Sheldon**8	Interim Chief Executive	15 - 20	0	0 - 5	0 - 5	0 - 2.5	15 - 20
Charles Porter	Interim Chief Finance Officer	40 - 45	0	0 - 5	0 - 5	0 - 2.5	40 - 45
Saba Sadiq	Chief Finance Officer	110 - 115	0	0 - 5	0 - 5	7.5 - 10	120 - 125
Simon Bell	Interim Chief Finance Officer	15 - 20		0 - 5	0 - 5	0 - 2.5	15 - 20
Niamat (Ali) Mohammed	Executive Director of HR & OD	160 - 165	0	0 - 5	0 - 5	0 - 2.5	160 - 165
Tim Widdowson	Interim Director of HR & OD	5 - 10	0	0 - 5	0 - 5	0 - 2.5	5 - 10
Dr Rachel Oaten	Chief Medical Officer	150 - 155	0	0 - 5	0 - 5	0 - 2.5	150 - 155
Dr Richard Quirk	Acting Chief Medical Officer	20 - 25	0	0 - 5	0 - 5	0 - 2.5	20 - 25
Emma Williams	Executive Director of Operations	130 - 135	4,400	0 - 5	0 - 5	0 - 2.5	140 – 145
David Ruiz-Celada	Executive Director of Strategic Planning & Transformation	125 - 130	0	0 - 5	0 - 5	27.5 - 30	155 - 160

* All taxable benefits disclosed in col b are in respect of leased cars

**Started 24/04/2023

***Started 01/04/2023 Left 23/04/2023

2023-24 Remuneration report continued

Robert Nicholls	Executive Director of Quality & Nursing	5 - 10	0	0 - 5	0 - 5	0 - 2.5	5 - 10
Margaret Dalziel	Interim Director of Quality & Nursing	95 - 100	0	0 - 5	0 - 5	30 - 32.5	125 - 130
Michael Whitehouse	Independent Non-Executive Director	15 - 20	0	0 - 5	0 - 5	0 - 2.5	15 - 20
Howard Goodbourn	Independent Non-Executive Director	10 - 15	0	0 - 5	0 - 5	0 - 2.5	10 - 15
Dr Subathra (Subo) devi Shanmuganathan	Independent Non-Executive Director	10 - 15	0	0 - 5	0 - 5	0 - 2.5	10 - 15
Paul Brocklehurst	Independent Non-Executive Director	10 - 15	0	0 - 5	0 - 5	0 - 2.5	10 - 15
Elizabeth Sharp	Independent Non-Executive Director	10 - 15	0	0 - 5	0 - 5	0 - 2.5	10 - 15
Mark (Max) Puller	Independent Non-Executive Director	10 - 15	0	0 - 5	0 - 5	0 - 2.5	10 - 15
Professor Thomas Joseph Quinn	Independent Non-Executive Director	10 - 15	0	0 - 5	0 - 5	0 - 2.5	10 - 15

Remuneration Report 2022/23						
Name	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)
			£'000		£'000	£'000
<u>Chair</u>						
David Astley	Chairman	Appointed 24.09.18	45-50	-	-	45-50
<u>Non-Executive Directors</u>						
Lucy Crothers (Bloem)	Non-Executive Director	Left 31.08.21	n/a	n/a	n/a	n/a
Terry Parkin	Non-Executive Director	Left 31.08.21	n/a	n/a	n/a	n/a
Laurie McMahon	Non-Executive Director	Left 31.03.22	n/a	n/a	n/a	n/a
Michael Whitehouse	Non-Executive Director	Appointed 24.10.18	15-20	-	-	15-20
Howard Goodbourn	Non-Executive Director	Appointed 09.03.20	10-15	-	-	10-15
Thomas Quinn	Non-Executive Director	Appointed 01.10.20	10-15	-	-	10-15
Subathra devi Shanmuganathan	Non-Executive Director	Appointed 01.03.21	10-15	-	-	10-15

Paul Brocklehurst	Non-Executive Director	Appointed 01.05.21	10-15	-	-	10-15
Elizabeth Sharp	Non-Executive Director	Appointed 19.09.21	10-15	-	-	0-5
Max Puller	Non-Executive Director	Appointed 06.02.23	0-5	-	-	n/a
<u>Chief Executive</u>						
Philip Astle	Chief Executive	Left 16.05.22	105-110	-	0-2.5	110-115
Siobhan Melia	Interim Chief Executive	Appointed 01.07.22 Left 31.03.22	145-150	-	67.5-70	215-220
<u>Executive Directors</u>						
Dr Fionna Moore	Medical Director/Interim Chief Executive	Interim CE 17.05.22 to 30.06.22; Left 31.01.23	130-135	8,000	0	140-145
David Hammond	Chief Operating Officer	Left 30.09.22	135-140	-	20-22.5	160-165
Bethan Eaton-Haskins	Director of Quality/Chief Nurse	Left 31.12.21	n/a	n/a	n/a	n/a
Ali Mohammed	Director of HR & OD		140-145	-	-	140-145
Emma Williams	Director of Operations		125-130	100	32.5-35	125-130
Judith Ward	Interim Director of Quality/Chief Nurse	Appointed 01.01.22 Left 13.02.22	n/a	n/a	n/a	10-15
Robert Nicholls	Director of Quality/Chief Nurse	Appointed 14.02.22	125-130	6,900	57.5-60	15-20
David Ruiz-Celada	Director of Strategy & Business Development		125-130	-	25-27.5	60-65
Rachel Oaten	Chief Medical Officer	Appointed 01.02.23	20-25	-	-	n/a

Martin Sheldon	Interim Chief Financial Officer	Appointed 01.10.22	70-75	-	-	n/a
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Fair pay multiple

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £210,000-£215,000 (2022-23, £140,000-145,000). This is a change between years of 12.7%. The remuneration of the highest paid director was agreed by the appointment and remuneration committee supported by NHSE.

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

For employees of the Trust as a whole, the range of remuneration excluding the highest paid in 2023-24 was from £22,383 to £266,863 (2022-23 £1,000 to £145,000). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 11.2%.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

Pay ratio information

Year	25 th percentile remuneration ratio	25 th percentile pay salary	Median remuneration pay ratio	Median pay salary	75 th percentile remuneration pay ratio	75 th percentile pay salary
2023/24	6.8	31,591	5.4	39,861	4.2	50,989
2022/23	5.1	-	3.9	-	3.0	-

The percentile pay salaries were not disclosed in the prior year accounts.

During the reporting period 2023/24, one employee received remuneration in excess of the highest-paid director/ member.

The Group Accounting Manual outlines that the pay ratio information and detail concerning percentage change in remuneration concerning the highest paid director, should be prepared including permanent, agency and other temporary staff costs. An estimate may be appropriate to ascertain a reasonable split where this information is

not available on the payroll system. The Trust has not included agency costs as part of its calculations because the agency costs were not readily available. The Trust do not believe the exclusion of agency costs has a material impact on the reported ratios.

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

2023-24 Pension report

Name and title	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at Year End (bands of £5,000)	Lump sum at pension age related to accrued pension at Year End (bands of £5,000)	Opening Cash Equivalent Transfer Value	Real increase in Cash Equivalent Transfer Value	Closing Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
Simon Weldon	0	40.0-42.5	65-70	170-175	1,275	160	1,591
Saba Sadiq	0.0-2.5	0.0	20-25	0-5	241	25	323
Emma Williams	0	27.5-30.0	45-50	120-125	737	183	1,012
David Ruiz-Celada	0.0-2.5	0.0	5-10	0-5	26	18	63
Robert Nicholls	0	0	5-10	0-5	993	0	109
Margaret Dalziel	0.0-2.5	0.0	0-5	0-5	0	23	37
Dr Richard Quirk	5.0-7.5	15.0-17.5	25-30	70-75	0	99	543

Name and title	(e)
	All pension related benefits (bands of £2,500)
	£000
Simon Weldon	0.0
Saba Sadiq	5.0-7.5
Emma Williams	0.0-2.5
David Ruiz-Celada	30.0-32.5
Robert Nicholls	0.0
Margaret Dalziel	30.0-32.5
Dr Richard Quirk	127.5-130.0

“The Trust is a member of the NHS Pension Scheme, which is a defined benefit Scheme, though accounted for locally as a defined contribution scheme. The Trust does not operate nor contribute to a stakeholders pension scheme. Non-Executive Directors are not members of the Trust pension scheme. Disclosure is made in respect of pension benefits for those Directors who were active members of the NHS Pension Scheme during 2023/24. Where a Director temporarily suspends their membership and subsequently rejoins the Scheme, their increases in pension benefits and CETV can be significant as they will cover the period where membership was suspended.

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 payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.”

The Public Sector Pension Scheme Remedy - (McCloud)

"On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The Public Service Pensions Remedy puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'.

•Where a member who is a senior manager is affected by rollback the benefits in respect of their pensionable service during the remedy period are valued as being in the 1995/2008 Scheme. As a result there may be a difference between the benefits and Cash Equivalent Transfer Value (CETV) disclosed for this year as compared to the benefits and CETV disclosed for the year ending 31 March 2023

- Where this results in negative real increase in pension, lump sum or CETV, this is shown as a ""nil"" figure in the table for the senior managers affected by the Public Service Pensions Remedy."

Senior Managers' Remuneration Policy

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

Notes

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

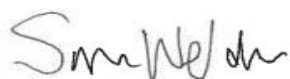
Further information is set out in the Annual Statement on Remuneration (above).

Policy on payment for loss of office

The Trust would pay senior managers in line with their notice period of six months for the Chief Executive and three months for the other Executive Directors. Redundancy payments would be calculated as set out in the Agenda for Change Handbook.

Independent Non-Executive Director Remuneration Policy

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



Simon Weldon, Chief Executive Officer

Date: 19th July 2024

STAFF REPORT

As of 31 March 2024, the breakdown of our staff between clinical and support roles was as follows:

Staff Group	Permanent	Other	Headcount
A&E	2889	54	2943
111	468	1	469
EOC	684	1	685
Support	740	24	764
TOTAL	4781	80	4861

84% 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.

	Total	2023/24 Permanently employed	Other	Total	2022/23 Permanently employed	Total
	£000	£000	£000	£000	£000	£000
Employee costs						
Salaries & wages	188,844	188,682	162	181,932	181,361	571
Social security costs	20,478	20,478	0	20,149	20,149	0
Employer contributions to NHS pension scheme	23,375	23,375	0	21,102	21,102	0
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	10,174	10,174	0	9,213	9,213	0
Recoveries from DH Group bodies in	(1,100)	(1,100)	0	(879)	(879)	0

respect of staff cost netted off expenditure						
Costs capitalised as part of assets	676	511	165	222	142	80
Agency staff	2,422	0	2,422	4,733	0	4,733
Employee benefits expense	244,869	242,120	2,749	236,472	231,088	5,384

During 2023/2024 there were 10 (2022/23: 6) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £1,143k (2022/23: £277k) 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	2 1
Manager	A0A	Operating Unit Manager Operational Team Leader Operations Manager	223
Manager	A0B	HART Operations Manager HART Team Leader	18
Consultant Paramedic	A4A & A4D	Consultant Paramedic	3
Specialist Practitioner	A4D A6A	Critical Care Paramedic Paramedic Practitioner	135
Assistant Practitioner	A7A	Trainee Associate Ambulance Practitioner	317
Emergency / Urgent Care Support Worker	A8A	Emergency Care Support Worker	411
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	446
Paramedic in Emergency Care	ABA	Ambulance Paramedic Newly Qualified Paramedic (NQP)	1194
Paramedic in Hazardous Area Response Team	ABB	HART Team Operative	72
Paramedic in Call Handling	ABE	111 Paramedic Clinical Advisor	13
Ambulance Technician / Associate Practitioner in Emergency Care	AEA	Ambulance Technician Associate Ambulance Practitioner	436
Administration & Estates staff	G0-G3 (A-E)	Support Staff	1032
Midwife	N2C	Consultant Midwife	1
Mental Health Nurse	N6H	Mental Health Clinical Supervisor Senior Mental Health Practitioner	52
Nurse Consultant Community Services	NAH	HCP Consultant for Safeguarding	1
Manager in Pharmacy	S0P	Chief Pharmacist	1
Therapist in Physiotherapy	S1E	Physiotherapy Team Leader	2
Scientist in Pharmacy	S2P	Pharmacist	3
Technician in Pharmacy	S4P	Pharmacy Health Care Professional	2
Technician in Dental	S4R	Dental Nurse	6
General payments	Z2E	Non-Executive Director	8
TOTAL			4379

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 profile 2023/24:

Age band	Headcount
<=20 Years	121
21-25	750
26-30	803
31-35	733
36-40	581
41-45	469
46-50	476
51-55	449
56-60	321
61-65	129
66-70	22
>=71 Years	7
TOTAL	4861

Gender profile 2023/24:

Gender	Headcount	Percentage
Female	2866	59%
Male	1995	41%
TOTAL	4861	100%

Gender - Directors	Headcount	Percentage
Female	4	31%
Male	9	69%

TOTAL	13	100%
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Gender (Band 8A+)	Headcount	Percentage
Female	76	37%
Male	131	63%
TOTAL	207	100%

Gender (Band 8A+)	Headcount		
AfC Pay band	Female	Male	Total
Band 8 - Range A	44	70	114
Band 8 - Range B	12	24	36
Band 8 - Range C	7	9	16
Band 8 - Range D	4	9	13
Band 9	4	2	6
Non AfC	5	17	22
TOTAL	76	131	207

Gender Pay Gap

The Gender Pay Audit (GPA) obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. All organisations that employ more than 250 people and listed in Schedule 2 of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, must publish and report specific information about their gender pay gap annually.

Our data for this submission period, **as of 31 March 2023 as per the national reporting requirements**, shows that the Trust workforce consisted of 2,530 females (56.20%) and 1972 males (43.80%), which totalled 4502 employees.

There was an increase of 107 employees between 31 March 2022 and 31 March 2023. During the same time period, there was a 1.38% increase in the female population and a 1.38% reduction in the male population.

Even though the overall workforce is comprised of more females than males, the data shows discrepancies in the ratio of males to females within the pay bands. This is a continuous theme from previous years.

There is a higher proportion of females than males in our workforce from Band 2 to Band 6. From Band 7 to VSMs (included in Adhoc salaries), with the exception of Band 9, there are less females than males in all the bands. At Band 9, we now have three female staff. This is an improvement on last year's data.

Data shows that the Trust currently has a mean gender pay gap of 9.96% and a median gender pay gap of 8.56%.


We continue to see an annual increase in the mean hourly rate for both males and females as well as a growth in the mean difference. This figure is impacted by colleagues with very high or very low salaries.

Mean and median gender pay gap in hourly pay

	31st March 2021		31st March 2022		31st March 2023	
Gender	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Male	£17.22	£16.04	£18.10	£16.93	£19.13	£17.74
Female	£15.50	£14.26	£16.12	£15.09	£17.22	£16.23
Difference	£1.72	£1.78	£1.98	£1.84	£1.90	£1.52
Pay Gap %	9.98%	11.09%	10.92%	10.89%	9.96%	8.54%
Difference per £	£0.90	£0.89	£0.89	£0.89	£0.90	£0.91

Overall Mean v/s Median average hourly rate: 31st March 2023

Mean average hourly rate	
 £19.13	 £17.22
9.96% difference	
This means that women earned 90p for every £1 that men earned when comparing mean hourly wages.	

Median average hourly rate	
 £17.74	 £16.23
8.54% difference	
This means that women earned 91p for every £1 that men earned when comparing median hourly wages.	

Race profile 2023/24:

Race	Headcount	Percentage
A White - British	4,130	85%
B White - Irish	38	1%
C White - Any other White background	177	4%
C3 White Unspecified	7	0%
CA White English	5	0%
CN White Gypsy/Romany	1	0%
CP White Polish	9	0%
CX White Mixed	1	0%

CY White Other European	7	0%
D Mixed - White & Black Caribbean	22	0%
E Mixed - White & Black African	11	0%
F Mixed - White & Asian	30	1%
G Mixed - Any other mixed background	34	1%
GC Mixed - Black & White	2	0%
GD Mixed - Chinese & White	1	0%
H Asian or Asian British - Indian	59	1%
J Asian or Asian British - Pakistani	15	0%
K Asian or Asian British - Bangladeshi	10	0%
L Asian or Asian British - Any other Asian background	22	0%
LE Asian Sri Lankan	1	0%
LH Asian British	2	0%
LJ Asian Caribbean	2	0%
LK Asian Unspecified	1	0%
M Black or Black British - Caribbean	27	1%
N Black or Black British - African	109	2%
P Black or Black British - Any other Black background	9	0%
PC Black Nigerian	5	0%
PD Black British	1	0%
PE Black Unspecified	5	0%
R Chinese	12	0%
S Any Other Ethnic Group	20	0%
SB Japanese	1	0%
SC Filipino	4	0%
SD Malaysian	1	0%
Unspecified	3	0%
Z Not Stated	77	1.58%
TOTAL	4,861	100%

Disability profile 2023/24:

Disability	Headcount	Percentage
No	4,177	86%
Not Declared	142	3%
Prefer Not To Answer	23	0.5%
Unspecified	89	2%
Yes	430	9%
TOTAL	4,861	100%

Sexual Orientation profile 2023/24:

Sexual orientation	Headcount	Percentage
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Bisexual	168	3.5%
Gay or Lesbian	254	5.2%
Heterosexual or Straight	3,983	81.9%
Not Disclosed	249	5.1%
Other sexual orientation not listed	11	0.2%
Undecided	14	0.3%
Unspecified	182	3.7%
TOTAL	4,861	100%

Modern Slavery Act

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 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.

Arrangements to prevent slavery and human trafficking

We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity.

Our commitment to social and environmental responsibility is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements.

Safeguarding:

Our commitment is to ensure no modern slavery is reflected in a number of our policies and procedures. These include our Safeguarding Policy and Procedures for Children, Young People and Adults.

Training and promotion:

Our enhanced safeguarding training includes role relevant modern slavery awareness. The Trust promotes awareness of modern slavery e-learning via the relevant on-line platform and SECAMB's intranet pages for staff provides further support and resources on modern slavery and human trafficking.

Suppliers/tenders:

The trust complies with the Public Contracts Regulations 2015 and uses the mandatory Crown Commercial Services (CCS) Pre-Qualification Questionnaire on

procurements, which exceed the prescribed threshold. Bidders are required to confirm their compliance with the Modern Slavery Act.

Sub-contracts:

Our procurement and contracting team is qualified and experienced in managing healthcare contracts, which includes:

- using our routine contract management meetings with our providers, to address any issues around modern slavery
- implementing any relevant clauses contained within the Standard NHS Contract.

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.

Table 1: Length of all highly paid off-payroll engagements.

For all off-payroll engagements as of 31 March 2024, for more than £245* per day

	Number
Number of existing engagements as of 31 March 2024	51
Of which, the number that have existed:	
for less than one year at the time of reporting	13
for between one and two years at the time of reporting	7
for between 2 and 3 years at the time of reporting	16
for between 3 and 4 years at the time of reporting	6
for 4 or more years at the time of reporting	9

Table 2: Off-payroll workers engaged at any point during the financial year.

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245 per day

	Number
--	--------

No. of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	84
Of which...	
No. not subject to off-payroll legislation ⁽¹⁾	0
No. subject to off-payroll legislation and determined as in-scope of IR35 ⁽¹⁾	84
No. subject to off-payroll legislation and determined as out of scope of IR35 ⁽¹⁾	0
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. 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

Table 3: Off-payroll board member/senior official engagements
For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year ⁽¹⁾	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure must include both on payroll and off-payroll engagements ⁽²⁾	23

- (1) There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months.
- (2) As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero.

Expenditure on consultancy

The total expenditure for 2023/24 was £355k (2022-23 £nil) and we engaged no consultancy firms.

Staff exit packages

There were 60 exit packages agreed in 2023/24 (2022-23: 42) at a total cost of £1,922k (2022-23: £620k):

Exit package cost band (including any special payment element)	2023-24			2021-22		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,000	17	0	17	22	0	22
£10,001-£25,000	22	0	22	12	0	12
£25,001-£50,000	7	1	8	6	0	6
£50,001-£100,000	9	0	9	2	0	2
£100,001 - £150,000	3	0	3	0	0	0
£150,001 - £200,000	1	0	1	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type	59	1	60	42	0	42
Total resource cost (£000)	1,881	41	1,922	620	0	620

Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2023/24 (2022/23: nil) at a cost of £nil (2022-23: £nil) as shown below:

Exit packages: other (non-compulsory) departure payments	2023-24		2022-23	
	Agreements Number	Total value of agreements £000	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval *	0	0	0	0
Total	0	0	0	0
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

* Includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

DISCLOSURES

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.

Part of Schedule A / Code Section	Summary of requirement	Where this disclosure is in the Annual Report 2023-24
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	Performance Report Annual Governance Statement
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Performance Report
A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	Performance Report

B.2.6	<p>The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:</p> <ul style="list-style-type: none"> ▪ has been an employee of the trust within the last two years ▪ has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust <p>has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme</p> <ul style="list-style-type: none"> ▪ has close family ties with any of the trust's advisers, directors or senior employees ▪ holds cross-directorships or has significant links with other directors through involvement with other companies or bodies ▪ has served on the trust board for more than six years from the date of their first appointment ▪ is an appointed representative of the trust's university medical or dental school. <p>Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.</p>	Directors' Report
B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	Directors' Report
B.2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	Directors' Report
C.2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	
C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	Directors' Report Remuneration Report
C.4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	Directors' Report

C.4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	Annual Governance Statement
C.4.13	<p>The annual report should describe the work of the nominations committee(s), including:</p> <ul style="list-style-type: none"> the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served the gender balance of senior management and their direct reports. 	Directors' Report Remuneration Report
C.5.15	Foundation trust 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.	Performance Report Annual Governance Statement
D.2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. 	Annual Governance Statement
D.2.6	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, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	Directors' Report
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	Performance Report Annual Governance Statement

D.2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	Annual Governance Statement
D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	Performance Report
E.2.3	Where a trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	Not Applicable
Appendix B, para 2.3 (not in Schedule A)	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
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	Directors' Report
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has 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, eg through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Directors' Report
Additional requirement of FT ARM resulting from legislation	<p>If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.</p> <p>This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.</p> <p>* Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance).</p> <p>** As inserted by section 151 (6) of the Health and Social Care Act 2012)</p>	Not Applicable

NHS System Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

In response to the CQC findings from the well led inspection in 2022 the Trust moved from Segment 2 to Segment 4 and is currently in the national Recovery Support Programme (RSP), as set out in the Well Led Framework section of the Annual Report. It will remain in Segment 4 until the Trust exits RSP, which is expected to be no later than March 2025.

This segmentation information is the trust's position as at June 2024. 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 ACCOUNTING OFFICERS RESPONSIBILITIES

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 England, 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 England, 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, appearing to read 'Simon Weldon'.

Simon Weldon, Chief Executive Officer

Date: 19th July 2024

ANNUAL GOVERNANCE STATEMENT

Annual Governance Statement

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of South East Coast Ambulance Service NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in South East Coast Ambulance NHS Foundation Trust for the year ended 31 March 2024 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. It reports its level of assurance to the Trust Board after each meeting.

The Executive Management Board has established a Risk Assurance Group, to support the effective management of risk. It has cross-directorate membership and meets monthly to review new risks, those proposed for closure, and escalates to the Senior Management Group. A monthly risk management report is received by the Executive Management Board.

Comprehensive training on Risk Management and the Datix Cloud Risk System is available on the SECamb Discover Training Platform. This training is aimed at Risk Owners and Risk Leads to help ensure effective utilisation of risk management system. Figures on training are reported into Risk Assurance Group.

Risk Awareness Training is now also available on Discover. This training is aimed to cover the basics of risk and risk management and is available to all staff.

Additional support and training has been provided by the Head of Risk through face-to-face and virtual team meetings. This includes attendance at Team B & C meetings, Directorate awaydays, support of Quality Assurance Visits, and piloting sessions for Risk Leads on risk scoring.

Internal Audit undertook a review of risk management in Q4 and provided the Board with only *Partial Assurance*. The review confirmed that while improvements have been made, in particular with the training provided to staff; the design and operation of the Board Assurance Framework and Risk and Assurance Group; and the system of risk assurance and reporting, which was found to be helping foster and embed a risk management culture at the Trust, there was concern with the high number of risks overdue review and the fields in Datix being incomplete. Corrective actions have been agreed, and I will set out the improvements we have made in the next section of this statement.

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. Also, to ensure robust analysis of the risk register to drive the business of the Trust. Although improvement has been made in the past year, there is more to be done to ensure effective risk management processes are consistently applied, and more overt reference to the risk register is needed through our governance framework. I have asked Internal Audit to complete a Risk Maturity Assessment early in 2024-25, to assess the progress in embedding and effective risk management culture. This will inform our priorities, which currently include delivery of refresher training - to help ensure staff stay informed about potential risks and are equipped to handle them effectively; supporting risk leads to ensure risks are fully set out and updated in a timely way; and refreshing the Trust's approach to risk appetite.

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 within the Board Assurance Framework (BAF), seeking assurance that they are being adequately managed, and to seek assurance that services are being provided safely. The Board Assurance Framework is received by the Trust Board at each meeting.

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 **Chief Medical Officer** 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 Finance Officer** 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.

In March 2022 the CQC undertook a Well Led Inspection and rated this domain Inadequate. It also inspected EOC, Emergency & Urgent Care, Resilience (rated Requires Improvement) and 111 (rated Good). Overall therefore the Trust is rated Requires Improvement.

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.

As a consequence of these findings, NHS England issued an Enforcement Notice and accepted the Trust's Enforcement Undertakings, which included the need to establish a comprehensive improvement plan. This was established by the Trust Board in June 2022 and continued up to the end of 2023/24. Further details about our Improvement Journey can be found in the Performance section of the Annual Report.

The Trust Board monitors at each of its meetings the principal risks through the Board Assurance Framework and uses this to plan agendas for both the Board and its committees. The Board also assesses the impact on quality and performance through the Integrated Quality Report (IQR); on 16 January 2024, the NHS England 'Making Data Count' Team found that, after assessing more than 200 data reports from every NHS Trust in England, SECamb was one of only 12 Trusts nationally considered to have an exemplary IQR.

An external Well Led Review was undertaken. It was commissioned as a developmental review, with the aim of assessing our current position against the well led key lines of enquiry, and the journey of improvement since the CQC's inspection in 2022. Overall, it was positive about the improvements the Trust has made in the last two years, finding that although still more to do there had been a positive change in the culture.

I acknowledge that the strategic risks in the BAF have needed realignment with the emerging strategy, to ensure the Board has greater focus on how it can mitigate non-delivery of its priorities. This has been undertaken in the first weeks of 2024-25 and reported to the Board in June.

The Trust's major risks during the past year, 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:

- Established as part of the Improvement Journey actions to improve process and use of resources.
- Increased our clinical workforce.

- Implemented new rotas to help better align resource with demand.
- These actions helped the Trust to achieve the 30 minute mean national target for responding to patients in Category 2 of the Ambulance Response Programme. SECamb was one of only three Trusts in England to achieve this.
- To ensure a sustainable clinical model, we engaged over 2000 internal and external stakeholders in the development of a new clinically led Trust strategy. This included engaging the Council of Governors, public, and members to seek their views.

Going forward we plan to:

- Define the scope and implement new Care Navigation Hubs with ICBs
- Undertake an evaluation to inform future scope of virtual care.

People & Culture – *Risk that a culture of bullying, sexual misconduct and poor/underdeveloped management and leadership practice will continue to result in poor employee experience, a high number of employee relations and FTSU cases as well as affecting staff turnover negatively.*

In response we:

- Delivered against the priorities in the People & Culture Strategy, which through the feedback from staff in the annual Staff Survey has demonstrated significant improvement, including in the scores for Freedom to Speak Up where we had the biggest improvement of any NHS Trust in England.
- Provided fundamental training to first line managers.
- Provided sexual safety training to all managers and signed up to the national Sexual Safety Charter.

Going forward we plan to:

- Rollout leadership development programmes.
- Implement new Values.
- Deliver the retention plan

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 efficiency plans that helped the Trust achieve a breakeven position, while achieving the national target of 30 minutes C2 Mean.

Going forward we plan to:

- Develop a multi-year plan that is agreed with ICBs, delivers our strategy, and achieves break even within 3 years.
- Refresh our strategic commissioning framework to support our sustainability plan.
- Engage in collaboration opportunities with other services to improve productivity

Cyber Security - *There is a risk of loss of data or system outage due to a cyber-attack resulting in significant service disruption and harm to patients.*

In response we have:

- Established Firewalls to protect the Trust's network perimeter and control inbound / outbound traffic flow.
- Undertaken annual penetration identify vulnerabilities.

Going forward we plan to:

- Develop an enabling Digital Strategy

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 an outside attack. The Trust has made significant investment in security hardware and software.

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.

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 Quality Report detailing the key metrics. It uses this to help establish gaps in assurance and directs its committees accordingly as demonstrated by the Action Log. For example, it asked the People Committee to oversee the evolution of the Retention Plan and asked the Quality & Patient Safety Committee to test the mitigations in place from Right Care Right Person.

Responsibilities of directors and committees

Committees are an extension of the Board and their terms of reference are reviewed at least annually. Each committee has a non-executive chair and executive lead,

who work together with the company secretary to plan for meetings, ensuring dynamic assessment of the key risks and issues requiring scrutiny. The Board receives a report from each meeting setting out judgments on assurance and confirming if any intervention from the Board is required on a particular issue.

Reporting lines and accountabilities

There is a clear distinction between the Board (assurance) and Executive (management) - 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.

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 on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Task force on climate-related financial disclosures

NHS England's NHS Foundation Trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD

recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures not been provided because during the year of 2023/24 the board approved the trusts green plan and this will be reported upon to our board during Q4 of 2024.

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 efficiency programme is supported by a plan, a quality and equality impact assessment, and appropriate metrics. Performance against the plans is monitored by the Executive and the Board of Directors, principally through the monthly finance report.

Internal Audit completed a Financial Management audit which concluded *Reasonable Assurance*, finding that the Trust has put considerable effort into monitoring the performance against its financial plan with robust Board monitoring, challenge, and scrutiny. Despite the in-year challenges in maintaining financial balance while improving patient care, we ended the year at a breakeven position and achieved the Category 2 30-minute mean. However, there is an underlying deficit which is subject to ongoing discussion with commissioners, as part of the implementation of the new Trust strategy. Ensuring financial sustainability will be a key priority for the coming year.

The Trust's internal audit service provider during 2023-24 was RSM; a new provider has been appointed for 2024-25. 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 are tracked and overseen by the Audit & Risk Committee. Details about the conclusions reached by Internal Audit is set out in the section below 'review of effectiveness'.

Information governance

The Trust's information governance framework ensures that information is managed and processed in a secure and confidential manner to deliver the best possible healthcare and services. This framework is fully embedded within the organisation

and ensures that the Trust meets its statutory legal requirements in line with data protection legislation.

Compliance with information governance is integral to the management of both patient and employee information. It is also fundamental to the ongoing clinical integrations of shared patient care records relating to our ICBs, internal and external partnership working, and the Trusts business as usual activities.

Engagement within the Trust and with external stakeholders remains positive. The Head of Information Governance / Data Protection Officer continues to take a proactive approach and utilise Trust technologies to ensure widespread engagement. The past year has provided the opportunity for the Head of Information Governance to engage with services through formal service visits. These have been very well received and have provided opportunity for engagement and useful discussion.

The Trusts Information Governance Working Group is well established and meets every six weeks. Membership is widespread and includes the SIRO, Deputy SIRO, Caldicott Guardian, Senior Managers, EOC 999, NHS111 and front-line operational colleagues.

External IG provision was sourced during the latter part of the year 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 resources further during 2024-25.

The Trust is an open and transparent organisation, and reports all significant IG breaches to its regulator, the Information Commissioners Office (ICO). During 2023-24 the Trust reported five breaches to the ICO, these related to a breach of confidentiality / data breach.

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. These were formally accepted, and no regulatory actions have been taken.

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, which focussed on the Ambulance Quality Indicators (AQIs), specifically C2 incidents. This concluded *Reasonable Assurance* that the controls including data validation and quality checks in place were sufficient and that there were clear policies and procedures in place for AQI data quality.

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.

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 issues identified in the integrated quality report.

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 and/or action required by the Board.

Board meetings focus on the strategic themes of Quality Improvement; People & Culture; Responsive Care; and Sustainability & Partnerships. Using the learning from Making Data Count, it implements the assurance cycle to ensure action is taken to close any gap in assurance. As I have mentioned earlier in this statement, there are

a number of examples that demonstrate how this has been effectively applied, as set out in the Board Action Log.

The Board's principal focus during 2023-24 was in the delivery of improvements to help achieve the Recovery Support Programme Exit Criteria, and in the development of a new Trust strategy and model of care that better meets the future needs of our people. Significant progress has been demonstrated in-year, for example:

- Our approach to Quality Improvement has started to embed.
- We have introduced the new Patient Safety Incident Framework.
- Action taken in response to staff feedback has improved the experience of our people, as demonstrated by the staff survey.
- Positive operational performance, with delivery of the C2 mean; an achievement matched by only two other ambulance trusts in England. And improvement in the other ARP quality metrics.
- Development of a new trust strategy, having engaged over 2000 internal and external stakeholders.
- Achievement of our financial breakeven plan.

There were also a number of issues monitored by the Board:

Weaknesses in people-related controls

Concerns related to aspects of leadership and the employee relations function resulting in a high number of outstanding cases. Additional leadership resource is now in place to help address these issues through a HR improvement plan, which the Board's People Committee will scrutinise in the coming months.

There were also concerns throughout the year about leadership development and, in particular, our approach to appraisals, with low level of compliance. The People Committee escalated this to the Board, and I have responded by ensuring each executive director has an objective related to the completion and quality of appraisals.

EPRR

Following concerns raised by staff, an external review was commissioned to assess against the new series of core standards, which the National Ambulance Resilience Unit (NARU) used to develop an updated series of key lines of enquiry (KLOE). Whilst the review identified no safety critical areas, it did show an overall deterioration against these new KLOEs. An action plan was developed in conjunction with the lead ICB commissioner. This included additional governance and oversight, including a new EPRR sub-committee, established by the Audit & Risk Committee, which will be in place during 2024/25. A funding gap was also identified related to the Hazardous Area Response Teams (HART) which was subsequently addressed by commissioners; this will ensure full compliance by 2025/26.

IT

An external review was undertaken of the IT function, which identified; a lack of

leadership within the IT team; the inability to quickly recover from three significant IT outages and identify the causes; a lack of digital and cyber strategies; and high turnover at Board level in recent years having impacted the Trust's digital agenda. Short and medium terms actions were agreed and during Q4 a new Chief Digital Information Officer (CDIO) was appointed. The postholder started in May 2024 and their main objective is to develop a Digital Strategy by October 2024.

Procurement

Progress to improve the procurement controls has been slow. A revised procurement staffing structure was implemented toward the end of the year through the addition of new roles. The Audit & Risk Committee will oversee the delivery of the subsequent improvements.

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.

In addition to the reviews concluding only partial assurance, the main areas of concern from the committee have included:

- External Reviews – issues identified related to IT and EPRR, as set out earlier in this statement.
- Policy Management – the committee continued to seek assurance in relation to the gaps in controls identified in the Internal Audit review from last year (as set out in the 2022-23 AGS). This related specifically to the high number of policies overdue their review dates – 82 of 133. As at the end of May the number of policies overdue is 10 (of 135).
- Counter Fraud – while there has been good assurance on the overall controls (Green rating of the Counter Fraud Functional Standards Return), specific concerns were identified about working while sick. These were followed up through the year and greater assurance was received with compliance with the policy for the declaring interest, but secondary employment is still not always captured, and this will be picked up by the People Committee in the context of its oversight of the quality of appraisals.

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 linked to the BAF and Improvement Journey and, where it has identified gaps in assurance, it has

asked management to set out the corrective action being taken. The areas the committee has asked for further assurance have included:

- Electronic Prescribing System (EPS) & Non Medical prescribing - progress of Non-Medical Prescribing and the potential risks the delays are having on the 111 service.
- Falls Programme – pace at which CFRs were being utilised. The use of CFRS is an operating plan priority for 2024-25.
- 999 Call Answering Performance / EMA Recruitment – gaps in the pipeline early in the year and the impact on call handling performance. This was escalated to the Board and a subsequent improvement plan was established which led to significant improvement.
- Medicines Management – Progress with the estate solution to mitigate the health and safety risks and impact on team resilience. Improvement were made in year and the final works are included in the capital plan and due to complete by October 2024.

Clinical Audit

The Board lead for Clinical Audit is the Chief Medical Officer who ensures sustained focus and attention to detail of clinical audit activity. The 2023-24 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 Quality 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. The committee received assurance with delivery of the clinical audit plan. The committee explored how outcomes are used to improve services and the Quality Summit was a good example where audit outputs have informed the focus on health inequalities.

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 2023/24 the Head of Internal Audit Opinion is Partial Assurance (negative) and confirms that *there are weaknesses in the framework of governance, risk management and control such that it could become inadequate and ineffective.*

The outcome of each review is listed below.

Reasonable Assurance meaning that *the Board can take reasonable assurance that the controls upon which the Trust relies to manage risks are suitably designed, consistently applied and effective. However, we identified some areas where*

controls or their application could be strengthened where suitable management actions were agreed

Serious Incidents Management

Financial Management

Performance & Data Quality

Financial Systems & Payroll

Partial Assurance meaning that *the Board can take partial assurance that the controls upon which the organisation relies to manage these areas are suitably designed, consistently applied or effective. Action is needed to strengthen the control framework to manage the identified risks.*

Medway Make Ready Centre

Risk Management

Appraisals, Career Development & Succession Planning

Clear management actions have been identified to address the issues relating to each of these reviews and these are overseen by the relevant committee, in addition to the oversight by the Audit & Risk Committee, e.g. People Committee will test the impact of actions related to Appraisals, Career Development & Succession Planning.

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 arrangements for securing economy, efficiency and effectiveness in its use of resources.

External audit has reported a significant weakness in respect of the arrangements in place for risk escalation. During the financial year, the Trust received the outcomes of a number of external reviews. These reviews have identified a series of findings indicating that the Trust's risk and quality governance processes had not operated effectively throughout the year to identify these weaknesses as part of the Trust's Business as usual activities. A common theme was identified across these reviews in relation to the Trust having failed to address previously identified weaknesses or respond to recommendations previously raised. This indicates a significant weakness in the Trust's governance arrangements. Failure to identify or take action to address the known issues could lead to an impact on the quality or effectiveness of the Trust's services.

The Trust's priorities for 2024/25 were agreed by the Board in June and progress will be monitored via the new Board Assurance Framework. These include:

- Continuing to meet the national target for C2 (30-minute mean).
- In collaboration with our ICB partners, design new clinical models of care.
- Implement a new leadership structure and operational regional model.

- Deliver the HR improvement plan.
- Develop with our commissioners a plan that ensures financial sustainability.
- Establish a digital strategy.

Conclusion

From this Annual Governance Statement, the following have been identified as *significant internal control issues*:

Significant Control Issue	Action Taken
HR Controls	<p>Concerns related to aspects of leadership and the employee relations function resulting in a high number of outstanding cases. Additional leadership resource is now in place to help address these issues, overseen via a HR improvement plan.</p> <p>The issue related to appraisal compliance is being addressed through greater focus by directorate on ensuring appraisals are scheduled and undertaken; each executive director has an objective related to the completion and quality of appraisals.</p>
IT Resilience	<p>An external review identified issues with leadership and the inability to quickly recover from three significant IT outages. A range of short-term actions set out for the Board in December were taken, including the introduction of a new Chief Digital Information Officer, who started in May 2024 and whose first priority is to develop a Digital Strategy.</p>



Simon Weldon, Chief Executive Officer

Date: 19th July 2024

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.

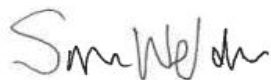


South East Coast Ambulance Service 
NHS Foundation Trust

2023/24 Annual Accounts

**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 NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

A handwritten signature in black ink, appearing to read 'Simon Weldon'.

Simon Weldon, 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 2024 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and 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 financial position of the Trust as at 31 March 2024 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2024 as being relevant to NHS Foundation •Trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

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 Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or 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 Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's 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.

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, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading Board and Audit Committee minutes.

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 and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom, we identified a fraud risk related to completeness and accuracy of expenditure in response to the incentive for management to understate non-pay expenditure to report that the control total has been met. In determining the audit procedures, we took into account the results of our evaluation of Trust-wide fraud risk management controls.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected combinations with cash and journals posted to reduce accruals in the final period of the year.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Agreeing a sample of year end accruals to relevant supporting documents, including actual invoices after year end, where applicable.
- Performing cut-off testing of expenditure in the period after 31 March 2024 to 31 May 2024 to determine whether amounts have been recorded in the correct period.
- Performing a year-on-year comparison of the accruals made in the prior year and current year and challenged management where the movement is not in line with our understanding of the entity.

Identifying and responding to risks of material misstatement related to 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 Accounting Officer and other management (as required by auditing standards) and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

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.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: data protection laws, and employment law, recognising the nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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 fraud 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 Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. 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; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") 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 2023/24. 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 all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2023/24.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 181, 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 either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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.

Significant Weakness – Governance:

During the financial year, the Trust received the outcomes of a number of regulatory and internally commissioned external reviews. These reviews have identified a series of findings indicating that the Trust's risk and quality assurance processes had not operated effectively throughout the year, to identify these weaknesses as part of the Trust's Business as Usual activities.

A common theme was identified across these reviews in relation to the Trust having failed to address previously identified weaknesses or respond to recommendations previously raised during historical regulatory and internally commissioned reviews.

The Trust's risk management and quality assurance processes had failed to identify and escalate these issues to ensure appropriate action and oversight of the Trust's responses to the issues.

This indicates a significant weakness in the Trust's governance arrangements. Failure to identify or take action to address the known issues could lead to an impact on the quality or effectiveness of the Trust's services.

We have raised a recommendation within our Auditor's Annual Report for the Trust to ensure it continues to focus on embedding its risk management and quality assurance processes across all divisions with the Trust

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency, and effectiveness in the use of resources

As explained more fully in the statement set out on page 181, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency, and effectiveness in its 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 its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency, and effectiveness in its use of resources are operating effectively.

We planned our work and undertook 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 to use 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.

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 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency. We have nothing to report in this respect.

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. 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 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 2024 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Jessica Hargreaves
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

19 July 2024

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2024**

	NOTE	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Operating income			
Operating income from patient care activities	5	327,183	320,336
Other operating income	5.3	5,670	6,240
Operating expenses	8	<u>(352,008)</u>	<u>(332,865)</u>
Operating (deficit)/surplus		(19,155)	(6,289)
Finance costs:			
Finance income	12	2,212	835
Finance costs	13	(502)	(275)
Public dividend capital dividends payable		<u>(1,084)</u>	<u>(1,176)</u>
(Deficit)/surplus for the financial period		(18,529)	(6,905)
Gains/(losses) on disposal of non-current assets		<u>3,093</u>	<u>1,218</u>
Retained (deficit)/surplus for the period		<u>(15,436)</u>	<u>(5,687)</u>
Other comprehensive income			
Impairments and reversals	17	0	(45)
Gains on revaluations	14	<u>0</u>	<u>1,879</u>
Total comprehensive income for the period		<u>(15,436)</u>	<u>(3,853)</u>


The accompanying notes on pages 11 to 51 form part of these financial statements.

**STATEMENT OF FINANCIAL POSITION AS AT
31 March 2024**

		31 March 2024	31 March 2023
	NOTE	£000	£000
Non-current assets			
Property, plant and equipment	14	69,051	81,123
Right of use assets	16	28,915	34,780
Intangible assets	15	2,131	2,469
Total non-current assets		100,097	118,372
Current assets			
Inventories	19	2,684	2,381
Trade and other receivables	20	6,739	21,024
Non-current assets held for sale	22	1,953	656
Cash and cash equivalents	21	35,568	44,137
Total current assets		46,944	68,198
Total assets		147,041	186,570
Current liabilities			
Trade and other payables	23	(33,627)	(60,242)
Other liabilities	23	(608)	(498)
Borrowings	24	(5,245)	(6,317)
Provisions	26	(13,881)	(8,014)
Total current liabilities		(53,361)	(75,071)
Net current assets/(liabilities)		(6,417)	(6,873)
Total assets less current liabilities		93,680	111,499
Non-current liabilities			
Borrowings	24	(19,513)	(23,455)
Provisions	26	(10,757)	(9,528)
Total non-current liabilities		(30,270)	(32,983)
Total assets employed		63,410	78,516
Financed by taxpayers' equity:			
Public dividend capital		109,537	109,204
Income and expenditure reserve		(52,998)	(37,559)
Revaluation reserve		6,871	6,871
Total taxpayers' equity		63,410	78,516

The accompanying notes on pages 11 to 51 form part of these financial statements.

The financial statements were approved by the Board on 18 July 2024 and signed on its behalf by:


Signed:
Simon Weldon, Chief Executive

19th July 2024

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED**

	31 March 2024				31 March 2023			
	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
Balance at 1 April	109,204	(37,559)	6,871	78,516	108,908	(32,645)	5,810	82,073
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	0	0	0	0	171	(171)	0
(Deficit)/surplus for the year	0	(15,436)	0	(15,436)	0	(5,687)	0	(5,687)
Impairments	0	0	0	0	0	0	(45)	(45)
Revaluations	0	0	0	0	0	0	1,879	1,879
Transfer to retained earnings on disposal of assets	0	0	0	0	0	602	(602)	0
Public Dividend Capital received	333	0	0	333	296	0	0	296
Other reserve movements	0	(3)	0	(3)	0	0	0	0
Balance at 31 March	109,537	(52,998)	6,871	63,410	109,204	(37,559)	6,871	78,516

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 11 to 51 form part of these financial statements.

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2024**

		Year ended 31 March 2024	Year ended 31 March 2023
	NOTE	£000	£000
Cash flows from operating activities			
Operating surplus/(deficit)		(19,155)	(6,289)
Depreciation and amortisation	8,14,15,16	18,020	17,203
Impairments and reversals	17	15,439	6,032
Income recognised in respect of capital donations (cash and non-cash)		0	(301)
(Increase)/decrease in inventories	19.1	(303)	217
(Increase)/decrease in trade and other receivables		14,017	(10,863)
Increase/(decrease) in trade and other payables	23	(22,080)	8,918
Increase/(decrease) in other current liabilities	23.1	110	(327)
Increase/(decrease) in provisions	26	7,041	368
Other movements in operating cash flows		0	0
Net cash inflow/(outflow) from operating activities		13,089	14,958
Cash flows from investing activities			
Interest received	12	2,212	835
Purchase of property, plant and equipment		(19,516)	(27,465)
Sales of plant, property and equipment		4,240	2,988
Purchase of intangible assets		0	(7)
Receipt of cash donations to purchase capital assets		0	301
Net cash inflow/(outflow) from investing activities		(13,064)	(23,348)
Net cash inflow/(outflow) before financing		25	(8,390)
Cash flows from financing activities			
Public dividend capital received		333	296
PDC dividend paid	1.25	(816)	(1,030)
Interest paid on finance lease liabilities	13	(445)	(330)
Interest paid	13	(2)	(2)
Other capital receipts		23	0
Capital element of finance lease rental payments		(6,720)	(8,965)
Cash flows from (used in) other financing activities		(967)	3
Net cash inflow/(outflow) from financing activities		(8,594)	(10,028)
Net increase/(decrease) in cash and cash equivalents		(8,569)	(18,418)
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		44,137	62,555
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	35,568	44,137

The accompanying notes on pages 11 to 51 form part of these financial statements.

NOTES TO THE ACCOUNTS

1. Accounting policies

1.2 Basis of Preparation

The Department of Health and Social Care 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 2023-24 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 17 "Insurance Contracts": Application required for accounting periods beginning on or after the 1 January 2023. Standard is not yet adopted by FReM which is expected to be from April 2025.

The DH Group Accounting Manual does not require these standards to be applied in 2023-24.

1.2 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.

1.3 Interests in other entities

The Trust has an interest in South East Coast Ambulance Service Charitable Fund.

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 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.

Notes to the Accounts - 1. Accounting policies (continued)

1.5 Revenue (continued)

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

The contract funding is allocated and involves:

- providers and commissioners locally agreeing a fixed element to deliver an agreed level of activity; and
- a variable element to reflect quality of care (best practice tariffs and CQUIN) and address deviations from planned activity levels used to set the fixed element.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. In 2023-24 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria. Commissioners confirmed there will be no adjustments for actual performance through the variable element of the contract payments.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases, it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.6 Other forms of income

Grants and donations

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 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.

Notes to the Accounts - 1. Accounting policies (continued)

1.7 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.

Pension costs

NHS Pension Scheme

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.

National Employment Savings Trust ("NEST") Pension Scheme

The Trust provides certain employees, who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period.

1.8 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.

1.9 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.

1.10 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 1.12.

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 Note 14C and Note 15. 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 1.20 the carrying values of provisions are shown in Note 26.

1.11 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)

1.12 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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.

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.

Measurement

Valuation

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

Notes to the Accounts - 1. Accounting policies (continued)

1.12 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.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

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 expenditure.

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'.

Notes to the Accounts - 1. Accounting policies (continued)

1.12 Property, plant and equipment (continued)

Impairments

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.

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.

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.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.12 Property, plant and equipment (continued)

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Other assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, where these are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. When the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

Description	Minimum life	Maximum life
Land	0	0
Buildings, excluding dwellings	3	75
Plant & machinery	5	7
Transport equipment	3	7
Information technology	1	5
Furniture & fittings	10	10

1.13 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.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

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.

Notes to the Accounts - 1. Accounting policies (continued)

1.13 Intangible assets (continued)

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. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued 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.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below.

Description	Minimum life	Maximum life
Software purchased	3	5

1.14 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.

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.

1.15 Investment properties

The Trust does not hold any investment properties.

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 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

De-recognition

Financial assets are de-recognised when the contractual 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 directly attributable transaction costs.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

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)

1.17 Financial assets and financial liabilities (continued)

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise stage 1 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 and stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.18 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Also, the Trust has not applied the above recognition requirements where the lease or rental arrangements do not meet the right of use IFRS16 criteria such as substitution.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.18 Leases (continued)

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was reassessed with reference to the right of use asset.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.18 Leases (continued)

The Trust as lessor

Leases of owned assets where the Trust was a lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements were reassessed with reference to the right of use asset.

1.19 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.

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.

1.20 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 positive 2.45% (prior year: 1.70%) 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.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 24.2 but is not recognised in the Trust's accounts.

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.

Notes to the Accounts - 1. Accounting policies (Continued)

1.21 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note TBC where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note TBC, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.22 Public Dividend Capital (PDC) and PDC dividend

PDC is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as PDC dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.23 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.

1.24 Corporation tax

The Trust has determined that it has no Corporation Tax liability as its commercial activities are not significant and any profits derived from such activity are utilised for patient care.

1.25 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.26 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

1.27 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.28 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 30 is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provision for future losses.

1.29 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.30 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023-24.

1.31 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 14 Regulatory Deferral Accounts

IFRS 14 Regulatory Deferral Accounts - Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies

IFRS 17 Insurance contracts

IFRS 17 Insurance contracts - Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted. It is not anticipated that adoption of this standard will have a material impact on the financial statements of the Trust.

IFRS 18 Presentation and Disclosure in Financial Statements

IFRS 18 Presentation and disclosure in financial statements was issued in April 2024 and applies to periods beginning on or after 1 January 2027. The standard has not yet been adopted by FRAB for inclusion within the FReM and therefore it is not yet possible to confirm how this will impact on our accounts in the future.

1.32 Adjusted financial performance surplus/(deficit)

The Trust has reported a deficit of £15,436k (£5,687k 2022-23) for the year, however the Trust is monitored by NHS England against an adjusted financial performance target. The Trust achieved its financial target for both 2023-24 and 2022-23.

	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Retained (deficit)/surplus for the period	(15,436)	(5,687)
Adjustments		
Add back all I&E impairments/(reversals)	15,439	6,032
Remove capital donations/grants/peppercorn lease I&E impact	2	(299)
Adjusted financial performance surplus/(deficit)	5	46

2. Pooled budget

The Trust has no pooled budget arrangements.

3. Operating segments

The relevant standard is IFRS 8, Operating Segments:

A separate segment must be reported only if it exceeds one of the quantitative thresholds: 10% of revenue, profit/loss or assets; unless this would result in less than 75% of the body's revenue being included in reportable segments, in which case additional reportable segments are identified such that the 75% threshold is reached or exceeded.

As the Trust has no segments that exceed the 10% threshold no disclosure is required.

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.

	2023-24 £000	2022-23 £000
Income	18	179
Full cost	(9)	(85)
Surplus/(deficit)	9	94

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)	2023-24 £000	2022-23 £000
Ambulance services		
A & E income	289,041	294,359
Other income	27,968	7,731
All services		
Agenda for change pay offer central funding	0	9,033
Additional pension contribution central funding**	10,174	9,213
Total income from activities	327,183	320,336

*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)	2023-24 £000	2022-23 £000
NHS England	10,605	18,659
Clinical Commissioning Groups	0 *	70,018
Integrated Care Boards	316,131 *	231,205
Other NHS providers	7	0
Non-NHS:		
Injury costs recovery	440	454
Other	0	0
	327,183	320,336

Groups) there was £27,098k (2022-23: £29,1584k) relating to the NHS 111 service. The contract for the latter is in the Trust's name. There was no one-off Covid-19 income being reimbursement of expenses during the year (2022-23: £7,442k).

5.3 Other operating income	2023-24 £000	2022-23 £000
Research and development	220	138
Education, training and research	4,352	4,062
Income in respect of employee benefits accounted on a gross basis	22	104
Contributions to expenditure - consumables donated from DHSC for COVID response	30	447
Cash grants for purchase of assets	0	301
Charitable and other contributions to expenditure	198	129
Other revenue	848	1,059
	5,670	6,240

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 2023-24 the Trust received £30k (2022-23: £447k) of items purchased by DHSC for which full funding has been recognised in the above total.

6 Income from patient care activities (by nature)	2023-24	2022-23
	£000	£000
A & E income	289,041	294,359
AfC pay award central funding	0	9,033
Other non-protected clinical income	27,968	7,731
Additional pension contribution central funding	10,174	9,213
Other operating income	0	0
	327,183	320,336

Of total revenue from patient care activities, £316,973k (2022-23: £309,436k) is from Commissioner Requested Services and £5,757k (2022-23: £17,140k) 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	2023-24	2022-23
	£000	£000
Purchase of healthcare from NHS bodies	44	0
Purchase of healthcare from non NHS bodies	13,784	16,033
Employee Expenses - Non-executive Directors	174	158
Employee Expenses - Staff	241,721	232,930
Drug costs	1,497	1,748
Supplies and services - clinical (excluding drug costs)	4,366	4,452
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	30	447
Supplies and services - general	3,931	2,987
Establishment	6,044	5,451
Research and development	231	227
Transport	16,697	16,922
Premises	20,378	17,086
Increase in bad debt provision	26	107
(Decrease)/increase in other provisions	(1,851)	(1,121)
Depreciation on property, plant and equipment	16,347	15,099
Amortisation on intangible assets	1,673	2,104
Impairments/(reversals) of property, plant and equipment	15,439 **	6,032
Audit fees :		
Audit services - statutory audit	133 *	119
Internal audit services	150	139
Other services	376	363
Clinical negligence	1,893	1,519
Legal fees	433	732
Consultancy costs	355	0
Training, courses and conferences	3,537	4,563
Insurance	446	389
Lease expenditure - short term leases (<= 12 months)	1,761	1,788
Redundancy	1,566	620
Losses, ex gratia & special payments	1,036	984
Car parking and security	196	247
Other	(405)	740
Total	352,008	332,865

* In 2023-24 audit fees for statutory audit and audit related assurance services (Value For Money work), excluding VAT, were £92k and £10k respectively (2022-23 £89k and £10k).

** 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 £15,439k (2022-23: £6,032k). 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 NHSE on the performance of the Trust.

9. Employee costs and numbers

9.1 Employee costs

	2023-24			2022-23		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	191,237	191,075	162	181,932	181,361	571
Social security costs	20,478	20,478	0	20,149	20,149	0
Employer contributions to NHS pension scheme	23,375	23,375	0	21,102	21,102	0
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	10,174	10,174	0	9,213	9,213	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(1,100)	(1,100)	0	(879)	(879)	0
Costs capitalised as part of assets	676	511	165	222	142	80
Agency staff	2,422	0	2,422	4,733	0	4,733
Employee benefits expense	247,262	244,513	2,749	236,472	231,088	5,384

9.2 Average number of people employed (WTE)

	2023-24			2022-23		
	Total Number	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number
Ambulance staff*	1,668	1,644	24	2,010	1,969	41
Administration and estates	1,101	1,042	59	993	919	74
Healthcare assistants and other support staff*	1,638	1,617	21	1,277	1,254	23
Other	89	88	1	76	70	6
Total	4,496	4,391	105	4,356	4,212	144

Of the above:

Number of whole time equivalent staff engaged on capital projects	7	2
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* In 2022-23 Ambulance Technicians (441 WTE total; 428 WTE permanently employed + 13 WTE other) were categorised as ambulance staff, for 2023-24 they are now categorised as healthcare assistants and other support staff.

9.3 Staff sickness absence

	2023-24 Number	2022-23 Number
Total days lost	66,809	87,002
Total staff years	4,163	3,943
Average working days lost	16.0	22.1

During 2023-24 there were 10 (2022-23: 6) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £1,143k (2022-23: £277k) to the NHS Pension Scheme.

9.5 Staff exit packages

There were 55 exit packages agreed in 2023-24 (2022-23: 42) at a total cost of £1,922k (2022-23: £620k).

Exit package cost band (including any special payment element)	2023-24			2022-23		
	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages by cost band Number	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages by cost band Number
Less than £10,000	17	0	17	22	0	22
£10,001-£25,000	21	0	21	12	0	12
£25,001-£50,000	7	1	8	6	0	6
£50,001-£100,000	8	0	8	2	0	2
£100,001 - £150,000	2	0	2	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type	55	1	56	42	0	42
Total resource cost (£000)	1,474	41	1,515	620	0	620

9.6 Other (non-compulsory) staff exit packages

There were no other (non-compulsory) staff exit packages agreed in 2023-24 (2022-23: nil).

9.7 Pension costs

Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to

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 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 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.

(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 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%).

10 Directors' remuneration

The aggregate amounts payable to directors were:

	2023-24 £000	2022-23 £000
Salary	1,270	1,158
Taxable benefits	11	15
Employer's pension contributions	112	79
Total	<u>1,393</u>	<u>1,252</u>

Further details of directors' remuneration can be found in the remuneration report.

11. Better Payment Practice Code

11.1 Better Payment Practice Code - measure of compliance

	2023-24		2022-23	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	18,646	102,174	20,024	112,519
Total Non-NHS trade invoices paid within target	17,106	89,433	18,597	102,107
Percentage of Non-NHS trade invoices paid within target	92%	88%	93%	91%
Total NHS trade invoices paid in the period	338	3,655	272	2,287
Total NHS trade invoices paid within target	272	2,953	222	1,957
Percentage of NHS trade invoices paid within target	80%	81%	82%	86%

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 2023-24 Better Payment Practice Code percentages are below the target (95%) for the full year related to third party creditors whilst NHS creditors were below this. To this end the total figures for March 2024 were under the 95% target and a return to exceeding the target payment level will remain a focus during the new financial year.

11.2 Late Payment of Commercial Debts (Interest) Act 1998

There were no material payments made as a result of late payment of Commercial Debts (2022-23: £nil)

12. Finance income

	2023-24 £000	2022-23 £000
Interest revenue:		
Bank accounts	2,212	835
Total	2,212	835

13. Finance costs

	2023-24 £000	2022-23 £000
Interest on loans and overdrafts	2	2
Interest on obligations under finance leases	445	330
Unwinding of discount	55	(57)
Total interest expense	502	275

14. Property, plant and equipment

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2023	13,720	29,233	31,433	12,760	40,999	17,148	338	145,631
Additions purchased	0	0	14,981	0	0	0	0	14,981
Impairments charged to operating expenses	(1,341)	(14,098)	0	0	0	0	0	(15,439)
Reclassifications **	(143)	24,839	(36,293)	1,189	4,907	4,166	0	(1,335)
Revaluations	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	(421)	(1,153)	0	0	0	0	0	(1,574)
Disposals	(277)	(647)	0	(8)	(4,605)	0	0	(5,537)
At 31 March 2024	11,538	38,174	10,121	13,941	41,301	21,314	338	136,727
Depreciation at 1 April 2023	0	3,269	0	12,287	34,325	14,289	338	64,508
Provided during the year	0	1,135	0	421	2,774	3,497	0	7,827
Transferred to disposal group as asset held for sale	0	(57)	0	0	0	0	0	(57)
Disposals	0	(8)	0	(8)	(4,586)	0	0	(4,602)
Depreciation at 31 March 2024	0	4,339	0	12,700	32,513	17,786	338	67,676
Net book value								
Purchased	11,478	33,747	10,121	1,241	8,788	3,528	0	68,903
Donated	60	88	0	0	0	0	0	148
Total at 31 March 2024	11,538	33,835	10,121	1,241	8,788	3,528	0	69,051

** 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.

14. Property, plant and equipment (cont.)

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
2022-23								
Cost or valuation at 1 April 2022	11,409	29,705	24,978	12,648	43,444	15,650	338	138,172
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	0	(2,914)	0	0	0	0	0	(2,914)
Additions purchased	0	0	22,670	0	0	0	0	22,670
Assets purchased from cash donations	0	0	301	0	0	0	0	301
Impairments charged to operating expenses	(34)	(7,552)	0	0	0	0	0	(7,586)
Reversal of Impairments	916	143	0	0	0	0	0	1,059
Reclassifications	0	10,410	(16,516)	112	1,956	1,498	0	(2,540)
Revaluations	1,696	63	0	0	0	0	0	1,759
Disposals	(267)	(622)	0	0	(4,401)	0	0	(5,290)
At 31 March 2023	13,720	29,233	31,433	12,760	40,999	17,148	338	145,631
Depreciation at 1 April 2022	0	2,933	0	11,514	36,019	11,573	338	62,377
Provided during the year	0	982	0	773	2,607	2,716	0	7,078
Impairments	0	(326)	0	0	0	0	0	(326)
Reversal of impairments	0	(169)	0	0	0	0	0	(169)
Revaluation surpluses	0	(120)	0	0	0	0	0	(120)
Disposals	0	(31)	0	0	(4,301)	0	0	(4,332)
Depreciation at 31 March 2023	0	3,269	0	12,287	34,325	14,289	338	64,508
Net book value								
Purchased	13,657	25,870	31,433	472	6,674	2,859	0	80,965
Donated	63	94	0	1	0	0	0	158
Total at 31 March 2023	13,720	25,964	31,433	473	6,674	2,859	0	81,123

14. Property, plant and equipment (cont.)

All freehold land and buildings were valued by Montagu Evans as at 31 March 2024 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.

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
Land	0	0
Buildings excluding dwellings	3	75
Plant & Machinery	5	7
Transport & Equipment	3	7
Information Technology	1	5
Furniture & Fittings	10	10

15. Intangible assets

	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 2023	9,201	0	0	0	0	9,201
Reclassifications*	1,335	0	0	0	0	1,335
Gross cost at 31 March 2024	10,536	0	0	0	0	10,536
Amortisation at 1 April 2023	6,732	0	0	0	0	6,732
Charged during the year	1,673	0	0	0	0	1,673
Amortisation at 31 March 2024	8,405	0	0	0	0	8,405
Net book value						
Purchased	2,131	0	0	0	0	2,131
Total at 31 March 2024	2,131	0	0	0	0	2,131

15. Intangible assets (cont.)

	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 2022	6,654	0	0	0	0	6,654
Additions - purchased	7	0	0	0	0	7
Reclassifications	2,540	0	0	0	0	2,540
Gross cost at 31 March 2023	9,201	0	0	0	0	9,201
Amortisation at 1st April 2022	4,628	0	0	0	0	4,628
Charged during the year	2,104	0	0	0	0	2,104
Amortisation at 31 March 2023	6,732	0	0	0	0	6,732
Net book value						
Purchased	2,469	0	0	0	0	2,469
Total at 31 March 2023	2,469	0	0	0	0	2,469

** 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.

15.1 Amortisation rate of intangible assets

Software purchased 3-5 years

16. Leases

16.1 Right of Use Assets

2023-24	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Intangible assets £000	Total £000	Of which: leased from DHSC group £000
Gross cost at 1 April 2023	20,206	0	22,435	0	0	0	42,641	0
Additions	1,920	0	2,638	0	0	0	4,558	0
Remeasurements of the lease liability	(1,860)	0	0	0	0	0	(1,860)	0
Disposals / derecognition	(221)	0	(1,529)	0	0	0	(1,750)	0
Gross cost at 31 March 2024	20,045	0	23,544	0	0	0	43,589	0
Depreciation at 1 April 2023	1,749	0	6,112	0	0	0	7,861	0
Provided during the year	2,328	0	6,192	0	0	0	8,520	0
Disposals / derecognition	(221)	0	(1,486)	0	0	0	(1,707)	0
Depreciation at 31 March 2024	3,856	0	10,818	0	0	0	14,674	0
Net book value	16,189	0	12,726	0	0	0	28,915	0
Right of use assets leased from other NHS providers								0
Right of use assets leased from other DHSC group bodies								0

16. Leases

16.1 Right of Use Assets (cont.)

2022-23	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Intangible assets £000	Total £000	Of which: leased from DHSC group £000
Gross cost at 1st April 2022	0	0	0	0	0	0	0	0
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	2,914	0	0	0	0	0	2,914	0
IFRS 16 implementation - adjustments for existing operating leases / subleases	15,144	0	13,952	0	0	0	29,096	0
Additions	776	0	8,496	0	0	0	9,272	0
Movements in provisions for restoration / removal costs	1,577	0	0	0	0	0	1,577	0
Impairments	(194)	0	0	0	0	0	(194)	0
Disposals / derecognition	(11)	0	(13)	0	0	0	(24)	0
Gross cost at 31 March 2023	20,206	0	22,435	0	0	0	42,641	0
Depreciation at 1 April 2022	0	0	0	0	0	0	0	0
Provided during the year	1,902	0	6,119	0	0	0	8,021	0
Impairments	(149)	0	0	0	0	0	(149)	0
Disposals / derecognition	(4)	0	(7)	0	0	0	(11)	0
Depreciation at 31 March 2024	1,749	0	6,112	0	0	0	7,861	0
Net book value	18,457	0	16,323	0	0	0	34,780	0
Right of use assets leased from other NHS providers								0
Right of use assets leased from other DHSC group bodies								0

16.2 Reconciliation of the carrying value of lease liabilities

	2023-24	2022-23
	Total	Total
	£000	£000
Carrying value at 31 March 2023	29,772	1,383
IFRS 16 implementation - adjustments for existing operating leases	0	28,098
Financing cash flows - principal	(6,720)	(8,965)
Financing cash flows - interest	(445)	(330)
Lease additions	4,558	9,272
Lease liability remeasurements	(1,860)	0
Interest charge arising in year	445	330
Early terminations	(992)	(16)
Carrying value at 31 March 2024	24,758	29,772

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 8 Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

16.3 Maturity Analysis of future lease payments

	Total	Of which	Total	Of which
	31 March 2024	leased from	31 March 2023	leased from
	£000	DHSC group	£000	DHSC group
		31 March 2024		31 March 2023
		£000		£000
Undiscounted future lease payments payable in:				
- not later than one year;	5,585	0	6,651	6,651
- later than one year and not later than five years;	12,572	0	14,683	14,683
- later than five years.	8,117	0	10,064	10,064
Total gross future lease payments	26,274	0	31,398	31,398
Finance charges allocated to future periods	(1,516)	0	(1,626)	(1,626)
Net lease liabilities at 31 March 2024	24,758	0	29,772	29,772
Of which:				
- Current	5,245	0	6,317	0
- Non-Current	19,513	0	23,455	0

17 Impairments and reversals

17.1 Impairment of assets

	31 March 2024	31 March 2023
	Total	Total
	£000	£000
Impairments charged to operating deficit	15,439	6,032
Impairments charged to the revaluation reserve	0	45
Total impairments	15,439	6,077

Following the revaluation exercise carried out at 31 March 2024 there was a net impairment booked of £15,439k as result of the external valuation with the main impairment coming from the Medway Make Ready Centre coming into operation this year.

17.2 Analysis of impairments and reversals recognised in 2023-24

	31 March 2024	31 March 2023
	Total	Total
	£000	£000
Property, Plant and Equipment impairments and reversals taken to Statement of Comprehensive Income (SoCI)		
Loss or damage resulting from normal operations	0	0
Total charged to Departmental Expenditure Limit	0	0
Changes in market price	15,439	6,032
Total charged to Annually Managed Expenditure	15,439	6,032
Total Impairments of Property, Plant and Equipment charged to SoCI	15,439	6,032
Total Impairments of right of use assets charged to I&E	0	0
Impairments (and reversals) of right of use assets charged to the revaluation reserve (leased from ext to gov bodies)	0	45
Total Impairments of Financial Assets	0	0

17.2 Analysis of impairments and reversals recognised in 2023-24 (cont.)	31 March 2024	31 March 2023
	Total £000	Total £000
Total Impairments charged to Revaluation Reserve	0	45
Total Impairments charged/(credited) to SoCI - Annually Managed Expenditure	15,439	6,032
Overall Total Impairments	<u>15,439</u>	<u>6,077</u>

17.3 Property, plant and equipment

The charge of £15,439k (2022-23: £6,077k) results from the revaluation of the Trust land and building portfolio.

17.4 Non-current assets held for sale

Please see Note 22.2 (Non-current assets held for sale) for details.

18. Capital commitments

18.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	8,595	3,133
Total	8,595	3,133

The principal commitment relates to the Trust's Make Ready Centre capital developments.

19. Inventories

19.1 Inventory by category

	31 March 2024 £000	31 March 2023 £000
Drugs	0	1
Consumables	2,278	1,974
Fuel	406	406
Total	2,684	2,381

Any non-current inventories should be disclosed.

19.2 Inventories recognised in expenses

	31 March 2024 £000	31 March 2023 £000
Inventories recognised as an expense in the period	334	230
Inventories Consumed	(31)	(447)
Total inventories recognised in the period	303	(217)

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 2023/24 the Trust received £31k (2022/23: £447k) 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 2024 £000	Non-current 31 March 2024 £000	Current 31 March 2023 £000	Non-current 31 March 2023 £000
Contract Receivables	876	0	11,713	0
Provision for impaired receivables	(762)	0	(736)	0
Prepayments	4,217	0	7,092	0
PDC Receivable	311	0	579	0
Other receivables	2,097	0	2,376	0
Total	6,739	0	21,024	0

20.2 Allowances for credit losses 2023-24

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2023 - brought forward	0	736
New allowances arising	0	97
Reversals of allowances	0	(71)
Allowances as at 31 March 2024	0	762

20.3 Allowances for credit losses 2022-23

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2022 - brought forward	0	728
At start of period for new FTs		
New allowances arising	0	234
Reversals of allowances	0	(127)
Utilisation of allowances (write offs)	0	(99)
Allowances as at 31 March 2023	0	736

21. Cash and cash equivalents

	31 March 2024 £000	31 March 2023 £000
Opening Balance	44,137	62,555
Net change in year	(8,569)	(18,418)
Closing Balance	35,568	44,137
Made up of:		
Cash with Government banking services	35,546	44,115
Commercial banks and cash in hand	22	22
Cash and cash equivalents as in statement of financial position	35,568	44,137
Cash and cash equivalents as in statement of cash flows	35,568	44,137

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 2023	261	395	0	0	0	656
Plus assets classified as held for sale in the year	562	1,255	0	0	0	1,817
Less assets sold in the year	(67)	(153)	0	0	0	(220)
Less assets no longer classified as held for sale, for reasons other than disposal by sale*	(141)	(159)	0	0	0	(300)
Balance at 31 March 2024	615	1,338	0	0	0	1,953
Balance at 1 April 2022	513	961	0	0	0	1,474
Less assets sold in the year	(252)	(566)	0	0	0	(818)
Balance at 31 March 2023	261	395	0	0	0	656

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 (Coxheath, Crawley and Medway) in Assets Held for Sale after the disposal of Leatherhead and Redhill during the year; with a combined asset value of £1,953,000 (2022-23: £656,000).

* During the year, Dover Ambulance Stations, previously held for sale are no longer classified as such and is now being used in the course of the Trust's normal operations.

The expected disposal date of the remaining ambulance stations is prior to 31 March 2025.

23. Trade and other payables	Current	Non-current	Current	Non-current
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Trade payables - capital	3,006	0	7,541	0
NHS trade payables	498	0	1,841	0
Other trade payables	8,043	0	10,092	0
Taxes payable	4,721	0	4,179	0
Other payables	126	0	193	0
Accruals	12,584	0	29,253	0
Annual leave accrual	1,283	0	4,141	0
Pension contributions payable	3,366	0	3,002	0
Total	33,627	0	60,242	0

23.1. Other liabilities	Current	Non-current	Current	Non-current
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Deferred income: contract liabilities	608	0	498	0
	608	0	498	0

24. Borrowings	Current	Non-current	Current	Non-current
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
Obligations under finance leases	5,245	19,513	6,317	23,455
Total	5,245	19,513	6,317	23,455

25.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes
	£000	£000	£000	£000
Carrying value at 1 April 2023	0	0	29,772	0
Cash movements:				
Financing cash flows - payments and receipts of principal	0	0	(6,720)	0
Financing cash flows - payments of interest	0	0	(445)	0
Non-cash movements:				
Additions	0	0	4,558	0
Lease Liability Remeasurement	0	0	(1,860)	0
Application of effective interest rate	0	0	445	0
Early terminations	0	0	(992)	0
Carrying value at 31 March 2024	0	0	24,758	0

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes
	£000	£000	£000	£000
Carrying value at 1 April 2022	0	0	1,383	0
Cash movements:				
Financing cash flows - payments and receipts of principal	0	0	(8,965)	0
Financing cash flows - payments of interest	0	0	(330)	0
Non-cash movements:				
Impact of implementing IFRS 16 on 1 April 2022	0	0	28,098	0
Additions	0	0	9,272	0
Application of effective interest rate	0	0	330	0
Early terminations	0	0	(16)	0
Carrying value at 31 March 2023	0	0	29,772	0

26. Provisions	Current 31 March 2024 £000	Non-current 31 March 2024 £000	Current 31 March 2023 £000	Non-current 31 March 2023 £000
Pensions relating to staff	340	2,924	316	2,957
Legal claims	376	0	171	0
Other	13,165	7,833	7,527	6,571
Total	13,881	10,757	8,014	9,528

	Pensions relating to staff £000	Legal claims £000	Other £000	Total £000
At 1 April 2022	4,423	169	11,062	15,654
Change in the discount rate	(933)	0	0	(933)
Arising during the year	102	2	3,637	3,741
Utilised during the year	(262)	0	0	(262)
Reversed unused	0	0	(601)	(601)
Unwinding of discount	(57)	0	0	(57)
At 31 March 2023	3,273	171	14,098	17,542
At 1 April 2023	3,273	171	14,098	17,542
Change in the discount rate	(190)	0	0	(190)
Arising during the year	467	205	11,031	11,703
Utilised during the year	(341)	0	(1,019)	(1,360)
Reversed unused	0	0	(3,112)	(3,112)
Unwinding of discount	55	0	0	55
At 31 March 2024	3,264	376	20,998	24,638

Expected timing of cash flows:

Within one year	340	376	13,165	13,881
Between one and five years	1,282	0	3,904	5,186
After five years	1,642	0	3,929	5,571

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £3,264k represents the Trust's pension liability for pre-1995 reorganisations (2022-23: £3,273k).

Legal claims are the member provision for personal injury claims being handled by the NHS Resolution.

A further £61,698k is included in the provisions of the NHS Resolution at 31 March 2024 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2022-23: £5,396k).

27. Contingencies

27.1 Contingent liabilities	2023-24 £000	2022-23 £000
Legal Claims	78	79
Total	78	79

The contingent liability for legal claims is based on information from NHS Resolution and relates to other legal claims shown in Note 26. NHS Resolution provides a probability for the success of each claim which is included in Provisions. The difference between this probability and 100% of each claim is included in contingent liabilities.

27.2 Contingent assets

The Trust has no contingent assets.

28. Related party transactions

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

The Department of Health & Social Care 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 agencies and public bodies for which the Department is regarded as the parent Department.

Of these the major transactions are with NHS England, NHS Kent and Medway ICB, NHS Surrey Heartlands ICB, NHS Sussex ICB, NHS Frimley ICB and NHS Resolution.

In addition, the Trust has had a number of transactions with other government departments such as HMRC and other central and local government bodies.

The Trust has received revenue payments of £nil (2022-23: £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 £8k (2022-23: £8k) for administration and associated costs and £nil (2022-23: £nil) representing other charges for the financial year 2022-23.

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 Integrated Care Boards (ICB's) and the way those ICB'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 2024 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 ICB's, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves, borrowings and Public Dividend Capital. The Trust is not exposed to significant liquidity risks.

29.1 Financial assets

	Loans and receivables	
	31 March 2024 £000	31 March 2023 £000
Receivables	1,567	12,045
Cash at bank and in hand	35,568	44,137
Total at 31 March 2024	37,135	56,182

29.2 Financial liabilities

	31 March 2024 £000	31 March 2023 £000
Payables	32,045	55,209
Obligations under leases	24,758	29,772
Provisions under contract	18,401	12,399
Total at 31 March 2024	75,204	97,380

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 Number of Cases 2023-24	Total Value of Cases 2023-24 £000	Total Number of Cases 2022-23	Total Value of Cases 2022-23 £000
Losses				
Cash losses	0	0	112	125
Bad debts	3	165	0	0
Damage to buildings and property	0	0	1,090	339
Special payments				
Compensation under court order or legally binding arbitration award	0	0	6	43
Special severance payments	1	41	0	0
Ex-gratia payments	0	0	2	7
Total losses and special payments	4	206	1,210	514

The amounts are reported on an accruals basis but exclude provisions for future losses.

31. Events after the reporting period

There are no post balance sheet events.

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