South Western Ambulance Service
NHS Foundation Trust

Annual Report and Accounts

1 April 2017 – 31 March 2018

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Contents

A welcome message from our Chief Executive and Chairman

In the year it turns 70, the NHS has barely been out of the news this year, in particular in relation to funding and the incredible levels of demand being seen across the health service. South Western Ambulance Service continues to spend public money wisely, delivering high quality patient care, whilst operating in a financially challenging environment. Like many other NHS organisations, South Western Ambulance Service has also experienced some significant challenges as a result of the severe winter weather and incidents such as the poisoning of the former Russian spy in Salisbury.

We are incredibly proud to say that everyone here has risen to all of these challenges, working incredibly hard and often going above and beyond to deliver the best care to our patients. We would like to take this opportunity to say a sincere thank you to all of our people for their sustained commitment and dedication to our patients.

Despite the challenges that have come our way, we have continued to drive developments and advance the services that we provide, with many innovative projects and schemes being introduced to improve both the care for our patients and those who care for our patients. We remain committed to delivering the highest standards of patient care, working with our partners across the health community to improve patient experience. We continue to be the best performing ambulance service for treating our patients without the need to take them to hospital – in fact we take less than 50% of our patients to a hospital emergency department. We could not achieve this without our highly trained and experienced teams. We have been working hard to progress those areas highlighted in our last CQC report and are confident that these improvements will be recognised in our forthcoming inspection.

Just one of the innovative new schemes that we have introduced is the Community First Responders Falls Project. Community First Responders (CFRs) are highly valued volunteers, who provide immediate first aid to patients in their local community, often in rural areas, before an ambulance arrives. CFRs are now also responding to patients who have had a fall in their home. With support from a clinician in the clinical control hub, those patients who have not suffered an injury can be lifted by the CFR using specialist lifting equipment and avoid a wait for an ambulance to arrive. Feedback from patients and CFRs has been overwhelmingly positive and we are now rolling this project out across the South West.

We are also the first ambulance service to work with McMillan Cancer Support to train and support paramedics and clinicians to deliver care for cancer patients in their own homes, in line with their wishes. This ground-breaking new project means that those patients with cancer or with palliative care needs or who are close to the end of their life will be able to stay at home rather than being transported to busy emergency departments.

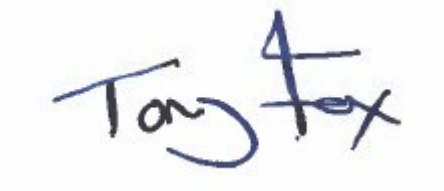
South Western Ambulance Service has been an instrumental player in the largest clinical ambulance trial in the world, which has seen NHS England implement new ambulance standards across the country. Our experience and data has enabled the development of new systems and targets that will identify the most poorly patients more quickly and free up our resources to support those patients in need of the fastest response.

This year we have also concentrated our focus on our amazing people. The Time to Care campaign was launched to engage and work with colleagues to try and address some of the effects of increasing demand on the service. A pilot scheme aimed at reducing shift-overruns and improving access to meal breaks has seen some positive results and is being extended to develop new ways of working to improve the lives of those who work so hard for us and our patients.

The Board Membership has changed this year, bringing additional skills and experiences to a well-established, high-performing team, so that we have a strong and diverse board which reflects the communities that we serve.

Finally, we are proud to have developed our charity, the South Western Ambulance Service Charity, to ensure that it is well positioned to provide additional funding to all of our people. Whether employed or a volunteer, the charity can support requests for specialist equipment, training and development opportunities to enhance skills and experience and ultimately patient care.

So much of the hard work that has been undertaken this year will serve as the foundation for future years, enabling us to continue to deliver the excellent care our patients expect of us, whilst investing in our people who deliver this care. Our new clinical hub at St James in South Gloucestershire, opened by HRH The Duchess of Cornwall, is just one example of how our investment will create capacity for future development. We look forward to a healthy future.



Tony Fox
Chairman

Ken Wenman
Chief Executive

Performance Report

The purpose of the performance report is to provide information on the entity, its main objectives and strategies and the principal risks that it faces.

Overview of Performance

South Western Ambulance Service NHS Foundation Trust (SWASFT) provides a range of emergency and urgent care services to the people of the South West of England. We work in a way that upholds the values and pledges of the NHS Constitution and are proud to embrace innovation and actively promote best practice.

SWASFT was the first ambulance service to be authorised as an NHS Foundation Trust on 1 March 2011. Since acquiring our former neighbouring trust Great Western Ambulance Service (GWAS) in February 2013, our operating area now covers a fifth of England.

Our geographical area encompasses Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Wiltshire, Gloucestershire, Bristol, Bath, North and North East Somerset and South Gloucestershire.

We deliver the Accident and Emergency (A&E) 999 ambulance service across the South West and also provide the following:

- Hazardous Area Response Team (HART)
- GP Out-of-Hours services in Dorset and Gloucestershire (Gloucestershire contract was delivered to 31 May 2017)
- NHS 111 services in Cornwall and the Isles of Scilly (Kernow) and Dorset (Cornwall contract was delivered to 30 November 2017)
- Tiverton Urgent Care Centre
- Patient Transport Services (PTS) for the Isles of Scilly.
- A number of other urgent care service contracts, including a Single Point of Access (SPoA) service to healthcare professionals in Dorset, dental call-handling and triage, Out-of-Hours services to prisons in Dorset and GP practice telephone cover.

We operate from more than 100 sites, including 96 ambulance stations, six air bases and three emergency clinical hubs. We also have clinicians based in the heart of communities at treatment centres and minor injury units (MIU).

Our mission statement is:
To respond quickly and safely to patients' emergency and urgent care needs, at every stage of life, to reduce anxiety, pain and suffering.

Our vision is:
Exceptional patient care delivered by exceptional people.

Our values are:

The Trusts core values are aligned to the NHS Constitution and are:

Respect and dignity: We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits;
Commitment to quality of care: We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time;
Compassion: We ensure that compassion is central to the care we provide and we respond with humanity and kindness to each person's pain, distress, anxiety or need.
Improving lives: We strive to improve health and well-being and people's experiences of the NHS;
Working together for the patient: We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals inside and outside the NHS;
Everyone counts: We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind.

Our strategic goals are:

Every Patient Matters
Delivering compassionate, clinically effective care across all Trust services that is safe, responsive and provides confidence and reassurance to patients and their families.

Every Team Member Matters
Delivering strong, inclusive and caring leadership to a team made up of the right people, with the right skills, values and behaviours.

Every Pound Matters
Delivering robust financial discipline, including reduced variation and increased productivity and efficiency, to ensure "healthy" finances.
The Trust's Operational Plan further sets out that 2018/19 will be a year of significant change and uncertainty. The Trust is operating in the context of wide-scale NHS reforms, and this will continue to have a material impact on the future operating model.

Our Board of Directors comprises;

- a Non-Executive Chairman,
- a Chief Executive,
- Non-Executive Directors, and
- Executive Directors.

As an NHS Foundation Trust, we have a Council of Governors and a membership base drawn from the general public and our staff. Governors are either elected by public and staff members or appointed by partnership organisations. More details about the Board of Directors, Council of Governors and our members can be found in the staff report on page 27 of this document.

Further information can be found in our 'valuing staff' section on page 49.

Activities and achievements

During 2017/18, the Trust had many achievements including:

- Implementation of the national Ambulance Response Programme
- Successful implementation of the rota review across all stations and 999 clinical hubs
- 17 Community First Responder groups trained and equipped with lifting equipment to attend non-injury falls. 148 hours of operational time saved in the first eight weeks
- Successful relocation of the North Clinical Hub to St James A, Bristol
- More than 15,000 safeguarding referrals from front line staff dealt with by the Safeguarding Team
- The Staying well Service delivered trust wide training in mental wellbeing for staff
- The Trust attended more than 226 public events, exhibitions, careers fairs and focus groups across the South West
- Hosted an excellent Student Paramedic Conference with full attendance
- Restart a Heart 2017 enabled the responder team to teach 5,802 school children CPR on the same day across the South West
- Recruitment of four Paramedics based on the Isles of Scilly
- Introduction of the Falls Rapid Response Team in the B&NES area
- Introduction of two GP 999 cars in Yeovil and Taunton to support operational crew
- The Trust continued to receive a large number of plaudits with a year on year rise. 2,653 compliments were received during 2017/18; an increase of 18.7% on 2016/17.

Risks and uncertainties

The Trust has a comprehensive Corporate Risk Register that contains risks which have the potential to impact on the achievement of the Trust's Strategic Goals. The identified key risks are:

- Changes to health services
- Commissioner Affordability
- Legislative, contractual or regulatory changes made by government bodies that impact on the Finance Strategy
- Major IT Service Failure
- Availability of Workforce
- ARP Performance Targets
- Changes in daily and hourly spread call volumes and incident numbers
- Impact of National change programs

The Trust's Strategy 2018/21 provides a SWOT analysis to identify factors influencing the delivery of the Trust's strategic aims. Identified issues include:

- Little financial headroom and a reduced ability to invest in future innovation
- A fragmented approach to the commissioning of urgent care services driving, in some areas, inefficiencies and market instability
- Ability of the Trust to engage and retain the future workforce with increasing competition
- Performance' pressures whilst transitioning the service to operate under the new national ambulance standards
- Scale and impact of wider health system changes yet to be fully determined
- Demographic factors in the wider population continuing to drive demand and the need for more flexible services
- Team resilience and morale in the face of increasing pressures

- Increasing competition for the paramedic workforce from primary, secondary and emergency care within the NHS and private sector
- Reducing NHS budgets going forward and the ability of the Trust to remain financially stable with an ever increasing funding gap
- Ability of the Trust to continue delivering 'affordable quality' and reconcile quality, performance and money

Statement from the Chief Executive

Over the past 12 months the Trust, as part of the wider ambulance sector, has experienced significant changes in the way in which performance is recorded and reported. Following the successful clinical trials as part of the Ambulance Response Programme (ARP), NHS England implemented new ambulance response standards across the country with effect from November 2017. ARP aims to improve the response times to the most critically ill patients and make sure the best, high quality, most appropriate response is provided for each patient first time. SWASFT is proud to have been involved with the ARP since its inception and participated throughout its various trials which have led to the introduction of the revised performance metrics nationally during the last year.

Over the 12 month period the Trust managed over 921,000 ambulance incidents, representing a 2.48% uplift on the previous year, or the equivalent of 2,524 incidents on average per day across the South West area. Within this overall demand the volume of incidents fluctuates and during the year the Trust saw activity rise above 3,000 incidents on certain days which places significant pressure on our finite available resources.

To assist in meeting the on-going growth in demand a full Trust wide rota review change was implemented and completed during Quarter 2 of 2017/18. The changes were required to make sure that the right operational resources were available at the right time to meet the increased demand and also to enable resources to stay local more of the time, particularly within the more rural areas within our region.

Handover delays at hospitals remain a challenge and we continue to collaborate with our health partners, commissioners and acute colleagues, to address these issues.

The Trust also continues to work closely with NHS 111 providers in the area to manage the appropriate flow of incidents between 111 and 999.

As a provider of NHS 111 services, the Trust has delivered stepped improvements in both call answering performance throughout 2017/18 and our performance against this metric is now consistently in the upper quartile when benchmarked against other NHS 111 service providers across the country.

Going concern disclosure

After making enquiries, the Directors have a reasonable expectation that South Western Ambulance Service NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts. Please refer to page 182 for further information.

Performance Analysis

Performance against contract

During 2017/18, the Trust received a total of 921,386 emergency and urgent incidents. This was an increase of 2.48% when compared with 899,129 emergency and urgent incidents across the same period and geographical area during the 2016/17 financial year.

Background

For 2017/18, the Trust had a single contract to deliver emergency 999 services for the South West. The single contract was commissioned by 12 clinical commissioning groups (CCGs) through a lead commissioning arrangement.

In addition to this contract in 2017/18, the Trust had contracts to provide a range of urgent care services throughout the South West:

- During 2017/18, the Trust delivered GP Out-of-Hours services in Dorset and Gloucestershire. The contractual basis of both contracts was a 'block' although the Gloucestershire contract incorporated an element of variance if activity levels were not as planned. Both services were monitored against a set of National Quality Requirements (NQRs), local Key Performance Indicators (KPIs) and activity levels defined as 'patient contacts'. The Gloucestershire GP Out-of-Hours contract was delivered until 31 May 2017 when the service was transferred to a new provider;
- The Trust delivered NHS 111 services in Cornwall and the Isles of Scilly (Kernow) and Dorset. The Cornwall and Isles of Scilly contract was delivered until 31 October 2017 and transferred to a new provider, following a tendering exercise, from 1 November 2017. All contracts were based on a level of activity defined as calls received;
- The Trust delivered Patient Transport Services (PTS) for the Isles of Scilly;
- The Trust delivered the services at the Tiverton Urgent Care Centre on behalf of Northern, Eastern and Western Devon (NEW Devon) CCG;
- A number of other urgent care service contracts, including a Single Point of Access (SPoA) service for healthcare professionals in Dorset, Dental call-handling and triage, Out-of-Hours services to prisons in Dorset and GP practice telephone cover were also delivered by the Trust during 2017/18.

Each contract is subject to governance arrangements including regular contract meetings with the commissioner of the service to monitor clinical quality, patient safety and performance.

The Trust has been working with ORH Ltd to assess the level of performance that could be expected as a result of implementing the new ambulance standards. The modelling undertaken by ORH, based on the ARP 2.3 standards published in September 2017, confirmed that national performance standards could not be achieved by the Trust within the resources currently available (with Category 2 response times being identified as the most challenging).

Performance against each core contract is summarised in the following table.

Activity Levels and Contract Values for 2017/18 and 2018/19

Service Currency/Activity Measure	Contracted 2017/18	Actual 2017/18	Contracted 2018/19
Emergency (999) Incidents	928,777	921,386	929,823
GP Out-of-Hours – Patient Contacts	Gloucestershire: 19,496 The contract for Gloucestershire ended on 31 May 2017 and therefore only two months activity was expected for 2017/18. Dorset: Activity is monitored against actual activity for the same period in the previous financial year. Dorset 2016/17: 101,381	Gloucestershire: 19,079 Dorset: 107,034	Gloucestershire: Not applicable following the transfer of the service to new providers. Dorset: Activity is monitored against actual activity for the same period in the previous financial year. For 2018/19 activity will be monitored against 107,034.
NHS 111 – Calls Received	Dorset: 288.435 Cornwall: 121,650 Cornwall contract ended on 31 October 2017	Dorset: 245,785 Cornwall: 95,292	Dorset: 288,435 Cornwall: Not applicable following the transfer of the service to a new provider.
Patient Transport Service – Patient Seats / Journeys	Isles of Scilly: Block activity	Isles of Scilly: Block activity	Isles of Scilly: Block activity

*The contracts for the provision of NHS 111 services in Cornwall ended on 31 October 2017, therefore data above represents information for the period 1 April 2017 to 31 October 2017 only. The contract for the Out of Hours services in Gloucestershire ended on 31 May 2017; therefore data above represents the information for the period 1 April 2017 to 31 May 2017.

A&E Activity

Historically, ambulance services have experienced year-on-year growth in demand for their services. In 2017/18 the Trust reported a year on year activity increase of 2.48%

	2013/14	2014/15	2015/16	2016/17	2017/18
A&E Incident Numbers	839,932	867,505	911,378	899,129	921,386
Year on Year % Movement		+3.28%	+5.06%	-1.34%	+2.48%

The A&E contract for 2017/18 incorporated an uplift of 2.54% compared to the actual incident numbers reported for 2015/16. The Trust was therefore 0.80% below the contracted activity volumes of 928,777 incidents for 2017/18.

Whilst marginally below contracted activity levels, the Trust continues to experience sharp peaks in demand which places significant pressures on the Trust's Clinical Hub and Operational response resources. Daily incident volumes across the South West has increased from an average of 2,301 incidents in 2013/14 to 2,524 in 2017/18, but activity continues to show daily variances with 15 separate days during 2017/18 when activity volumes rose above 2,900 incidents.

Activity pressures were most evident over the winter period with incident numbers during December 2017 increasing to an average of 2,791 incidents per day during the month, peaking at 3,251 incidents on Saturday 30 December 2017.

The profile of activity continues to be a challenge; therefore the Trust has undertaken significant resource remodelling and analysis to identify changes that are required for operational delivery. This review identified that:

- Changes are required to the resource (vehicle) mix to make sure the right type of vehicle is available;
- Changes are required in frontline recruitment to make sure the right numbers of staff with the right skills mix are available for the new resource (vehicle) mix;
- Changes are required to the staffing rotas to make sure they are aligned to demand. The Trust has therefore undertaken a Trust-wide rota review in 2017/18;
- Consideration to be given to where our dispatch points are located
- Additional investment is required in the emergency clinical hubs.

The first phase of the changes to operational rotas and resources were implemented within the North Division on 3 April 2017. Rota changes within the East and West Divisions were implemented during Quarter 2 of 2017/18.

Source of A&E Incident Increase

Emergency calls come predominantly from members of the public, healthcare professionals (HCPs) and from the NHS 111 service. When comparing activity levels year-on-year, whilst there have been fewer calls received from HCPs, there has been an increase in the number of calls from the Public and a significant increase in the number of calls referred to 999 from the NHS 111 service. In 2016/17 calls from NHS 111 were 9.15% higher than in 2015/16 and in 2017/18 there was a further 12.59% increase in these call volumes. The Trust continues to work closely with NHS 111 service providers across the South West, including where SWASFT provide the NHS 111 services (in the county of Dorset), to manage the flow of appropriate incidents between the two services.

Source of Incident	2016/17	2017/18	Variance
Public Incidents	597,607	606,176	+1.43%
NHS 111 Incidents	175,929	198,086	+12.59%
HCP Incidents	125,593	117,124	-6.74%
Total Incidents	899,129	921,386	+2.48%

Other Factors Influencing Performance

In addition to the overall activity levels, our ability to improve response times is affected by many other factors. One of the most important factors is rurality. SWASFT is the most rural ambulance service in England and the geography has a direct impact on performance as any metric is measured across the whole operating area and makes no allowance for factors such as the time and distance to travel to an incident.

Another significant factor impacting on performance is handover delays at a hospital's emergency department which creates pressure points in the system directly impacting on the resources available to the Trust at any given point. The total operational resource time lost to handover delays in excess of 15 minutes in 2017/18 was 27,331 operational hours, which is an average of 75 lost operational hours per day. Whilst this is an improvement on the average of 87 hours lost in 2016/17 this still represents a significant impact on available ambulance resources on a daily basis. There are a number of hospitals that consistency has excessive handover delays.

Capacity challenges at acute hospitals impact on their ability to accept ambulance patients in a timely manner. The Trust works extremely closely with NHS commissioners and colleagues in acute hospitals to help manage the flow of patients into the hospital with the explicit aim of increasing the availability of ambulance resources wherever possible to deliver the best service that we can to our patients.

Performance against National Targets

The Trust has participated in the Ambulance Response Programme (ARP) trial since April 2016. The Secretary of State for Health announced on 13 July 2017 that the three tests of ARP had been met as follows:

- There is clear clinical consensus that the proposed changes will be beneficial to patient outcomes as a whole and will act to reduce overall clinical risk in the system;
- There is evidence from the analysis of existing data and pilots that the proposed changes will have the intended benefits and is safe for patients; and
- There is an associated increase in operational efficiency. The aim is to reduce the average number of vehicles allocated to each 999 call and the ambulance utilisation rate.

New standards, indicators and measures were introduced during 2017/18 through the ARP for publication in the NHSE Ambulance Quality Indicators. All ambulance trusts in England were required to commence reporting against the new standards by 30 November 2017.

The standards proposed are initially to be used for monitoring purposes to enable ambulance trusts to update their operating models to deliver the new performance standards. It is acknowledged that significant changes to the current operating models may be required including changes to staff rotas, staff skill sets, response vehicle mix and operational dispatch systems and processes.

SWASFT implemented the new response time reporting standards required for ARP v2.3 with effect from 23 November 2017. This report therefore includes data on the new metrics for the period 23 November 2017 to 31 March 2018.

ARP Response Category	National Standard	Trust Performance 23 November 2017 to 31 March 2018
Category 1 – Mean Response Time	7 Minutes	9 Minutes 42 Seconds
Category 1 – 90th Centile Response Time	15 Minutes	17 Minutes 36 Seconds
Category 2 – Mean Response Time	18 Minutes	33 Minutes 24 Seconds
Category 2 – 90th Centile Response Time	40 Minutes	69 Minutes 42 Seconds
Category 3 – 90th Centile Response Time	2 Hours	2 Hours 59 Minutes 24 Seconds
Category 4 – 90th Centile Response Time	3 Hours	4 Hours 29 Minutes 6 Seconds

To deliver performance improvements and where possible reduce response times to all categories of incident the Trust has undertaken a three phased approach:

- Phase One - Trust wide rota review to align rotas and fleet ratios to meet the new (increased) demand profiles and tackle inefficiencies. To ensure the right number of staff on duty at the right time in the right place. A Trust-wide rota review was completed and changes implemented during Quarter 1 and Quarter 2 of 2016/17.
- Phase Two – Quality Performance Improvement Plans to improve patient safety and performance by maximising resource availability. To provide additional capacity to focus on a small number of high impact actions across the Trust.
- Phase Three – Performance Improvement Plan – to address the performance gaps (after Phase 1 and 2) – commenced in February 2018 with a focus on a number of key areas including:
    - Reduction in extended response times;
    - Improvements in Call Answering performance;
    - Appropriate improvements in the proportion of incidents resolved through the Hear & Treat outcome (i.e. telephone advice/referral);
    - Recruitment of Hub Clinicians to fill current vacancies;
    - Reduce the impact of inappropriate activity transferred from NHS 111 to the ambulance service;
    - Improve consistency of frontline resourcing levels in line with operational plans;
    - Deliver improvements in operational call cycles where appropriate.

Recruitment

Revised operational rotas have been implemented to improve the alignment of available resources to demand and are expected to deliver an improvement in performance across all call categories. However the benefit of the rota changes on performance will only be fully realised when recruitment matches required establishment levels within each of the operational areas filling current vacancies within the rota patterns. Therefore recruitment to the funded establishment levels within each Operational Division is a key area of focus for the Trust.

At the end of March 2018 the Trust reported 73 vacancies in Lead Clinician positions 'on the road' against the funded establishment of 1,645 WTE (Whole Time Equivalents) and was at the funded establishment level of 961 WTE for Emergency Care Assistants. The Trust has recruitment plans for 2018/19 to go a long way to close up this current gap in resource levels, however no significant increase in the Lead Clinician numbers are expected until Quarter 3 of 2018/19 when the newly qualified Graduate Paramedics are introduced following the successful completion of degree courses. It will be December 2018 before these new starters are available to undertake operational duties following completion of the required periods of training and supervision.

Ambulance Clinical Quality Indicators (ACQIs)

Ambulance Trusts are required to publish all data in relation to Ambulance Quality Indicators (ACQIs) on a monthly basis, both locally on the Trust's website and nationally by the Department of Health. ACQIs are used to understand the quality of care provided, focussing particularly on the outcome of care provided for patients, as well as the speed of response.

Ambulance services use ACQIs to drive continuous improvements in the care they provide for patients. ACQIs were created to provide a comprehensive and balanced view of care and should be taken together as a complete set rather than focussing only on a few specific indicators. As a complete set, ACQIs provide a full picture of how ambulance services are performing. ACQIs are designed to be consistent with measures in other parts of the NHS, most notably those in hospital emergency departments. Our ACQIs are reported in the Quality Report.

Urgent Care Services – GP Out-of-Hours (GP OOH) Quality Requirements

National targets for out-of-hours services are set out by the Department of Health (DH) and are applicable to every out-of-hours service in England. These targets do not exist for in-hours GP services or other healthcare professional clinical services.

There are 13 quality requirements that specifically relate to GP OOH services however, not all of these targets are applicable to all of the services delivered by SWASFT.

The targets applicable to SWASFT are dependent upon the service that is commissioned in each area. As a specific example, quality requirements eight and nine no longer apply to the GP OOH service in Dorset as the call-handling and triage functions have been transferred to NHS 111 and are monitored through this contract.

The following table sets out all the quality requirements for the SWASFT-run GP OOH services with performance stated for 2016/17 and 2017/18. Performance has been rated red, amber or green (RAG). A rating of red means the requirement has not been met (89% or lower), amber means the required performance has been partially met (between 90% and 94% inclusive) and green means performance has been achieved in full (95% or above).

Urgent Care Services – GP Out-of-Hours Quality Requirements

NQR Number	National Quality Requirement (NQR)	RAG Ratings 2016/17		RAG Ratings 2017/18	
		Dorset	Gloucestershire	Dorset	Gloucestershire*
NQR1	Providers must report regularly to CCGs on their compliance with the Quality Requirements.	Green	Green	Green	Green
NQR2	Providers must send details of all OOH consultations to the practice where the patient is registered by 08:00 the next working day.	Green	Green	Green	Green
NQR3	Providers must have systems in place to support and encourage the regular exchange of information between all those who may be providing care to patients with predefined needs (including patients with a terminal illness).	Green	Green	Green	Green
NQR4	Providers must regularly audit a random sample of patient contacts. The sample must be defined in such a way that it will provide sufficient data to review the clinical performance of each individual working within the service.	Green	Green	Green	Green
NQR5	Providers must regularly audit a random sample of patients' service experience (e.g. 1% per Quarter).	Green	Green	Green	Green
NQR6	Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure.	Green	Green	Green	Green
NQR7	Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service.	Green	Green	Green	Green

It should be noted that NQRs 8 and 9 for the Out-of-Hours service are no longer applicable. These elements of the service are now being delivered by the NHS 111 service, with appropriate calls being transferred to the Out-of-Hours service.

NQR8	Definitive clinical assessment for all other calls started within 60 minutes.	Target no longer applicable: Calls are now routed through the NHS 111 service.
NQR9	All immediately life threatening conditions to be passed to the ambulance service within three minutes of face-to-face presentation.	This quality standard is not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk-in centres.

NQR10 (walk-in patients)	All definitive clinical assessment for urgent cases presenting at treatment location started within 20 minutes.	n/a	Red **	n/a	Red **
	All definitive clinical assessment for children who are ill and have an urgent Out-of-Hours to start within 15 minutes.	n/a	Red **	n/a	Red **
	All definitive clinical assessment for less urgent cases presenting at treatment location started within 60 minutes.	n/a	Green **	n/a	n/a
NQR10d	At the end of the assessment, the patient must be clear of the outcome.	Green	Green	Green	Green
NQR11	Providers must ensure that patients are treated by the clinician best equipped to meet their needs in the most appropriate location.	Green	Green	Green	Green
NQR12 (presenting at base)	Emergency consultation started within an hour.	n/a (no emergency incidents)	Red	n/a (no emergency incidents)	Red
	Urgent consultations started within two hours.	Red	Amber	Amber	Amber
	Less urgent consultations started within six hours.	Green	Green	Green	Green

NQR12 (home visit)	Emergency consultation started within an hour.	Red	Red	n/a (no emergency incidents)	Red
	Urgent consultations started within two hours.	Amber	Red	Amber	Red
	Less Urgent consultations started within six hours.	Green	Red	Green	Red
NQR13	Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight.	Green	Green	Green	Green

*The contracts for the provision of GP Out-of-Hours services and NHS 111 services in Gloucestershire ended on 31 May 2017.
**Walk-in patients only form part of the contract for the Out-of-Hours service in Gloucestershire.

Urgent Care Services – NHS 111 Quality Requirements

SWASFT delivered NHS 111 services in Cornwall and the Isles of Scilly and Dorset in 2017/18. The Cornwall and Isles of Scilly contract was delivered for the first seven months of 2016/17 from 1 April 2017 to 31 October 2017 before transferring to a new provider

As with GP OOH services, national quality targets are set out by the DH for NHS 111 services and are applicable to every NHS 111 service in England. There are 12 quality requirements that specifically relate to the NHS 111 service.

The main challenge for the SWASFT-run NHS 111 services has historically been achieving the target for the percentage of calls being answered within 60 seconds.

During 2017/18 there has been a significant work programme focussing on improving performance, increasing the number of call-handlers and clinicians, focussing on staff communication, support and engagement, improving processes for clinical call-backs and a range of actions to strengthen audit activity. As a result of the actions being undertaken the Trust significantly improved performance during 2017/18 and reported upper quartile performance for call answering compared to other NHS 111 services during the final Quarter of 2017/18.

The following tables set out each of the quality requirements, with performance stated for each of the NHS 111 services in 2017/18. These have also been 'RAG' rated (see above for explanation of the ratings).

For further information on the CQC Inspection of the NHS 111 services please see the Annual Governance Statement.

Urgent Care Services – NHS 111 Quality Requirements

NQR Number	National Quality Requirement (NQR)	RAG Rating for 2016/17			RAG Rating for 2017/18	
		Cornwall	Dorset	Devon**	Cornwall*	Dorset
NQR1	Providers must regularly report to NHS commissioners on their compliance with the Quality Requirements.	Green	Green	Green	Green	Green
NQR2	Providers must send details of all consultations (including appropriate clinical information) to the practice where the patient is registered by 08:00 hours the next working day.	Green	Green	Green	Green	Green
NQR3	Providers must have systems in place to support and encourage the regular exchange of information between all those who may be providing care to patients with predefined needs.	Green	Green	Green	Green	Green
NQR4	Providers must regularly audit a random sample of patient contacts (audit should provide sufficient data to review the clinical performance of each individual working within the service).	Amber	Amber	Red	Amber	Amber
NQR5	Providers must regularly audit a random sample of patient experiences of the service (e.g. 1% per Quarter).	Red	Red	Red	Red	Red
NQR6	Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure.	Green	Green	Green	Green	Green
NQR7	Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service.	Amber	Amber	Red	Amber	Amber

NQR Number	National Quality Requirement (NQR)	RAG Rating for 2016/17			RAG Rating for 2017/18	
		Cornwall	Dorset	Devon**	Cornwall*	Dorset
NQR8a	No more than 0.1% of calls engaged. No more than 5% of calls abandoned.	Green Amber	Green Green	Green Amber	Green Green	Green Green
NQR8b	Calls to be answered within 60 seconds of the end of the introductory message.	Red	Red	Red	Red	Red
NQR9a	All immediately life-threatening conditions to be passed to the ambulance service within three minutes.	Green	Green	Amber	Green	Green
NQR9b	Patient call-backs must be achieved within 10 minutes.	Red	Red	Red	Red	Red
NQR13	Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight.	Green	Green	Green	Green	Green
NQR14	Providers must demonstrate the online completion of the Information Governance Toolkit at Level 2 or above and that this is audited on an annual basis by internal auditors using the national framework.	Green	Green	Green	Green	Green
NQR15	Providers must demonstrate that they are complying with the Department of Health Information Governance Serious Untoward Incident (SUI) Guidance on reporting of Information Governance incidents appropriately.	Green	Green	Green	Green	Green

*The contracts for the provision of NHS 111 services in Cornwall ended on 31 October 2017.
**The contract for the provision of NHS 111 services in Devon ended on 30 September 2016.

Urgent Care Services – Tiverton Urgent Care Centre

SWASFT delivered services at the Tiverton Urgent Care Centre for the whole of 2017/18. The Trust is measured against two key targets under this contract, measuring access and timeliness. The first is the national indicator measuring the total time spent in A&E – the national target is to treat a minimum of 95% of patients within four hours. The second indicator is a local standard and measures the time-to-triage within 15 minutes – this also has a 95% target. The Trust consistently delivers very strong performance against both indicators.

Key Performance Indicator	National Target	Actual Performance 2016/17	Actual Performance 2017/18
Number of cases	n/a	15,214	15,050
Percentage of cases completed within four hours	95%	99.59%	99.55%
Percentage of patients triaged within 15 minutes	n/a	99.52%	97.73%

Patient Transport Service (PTS)

Patient transport services provide non-urgent journeys for patients who have a medical need, including attending outpatient appointments, admission to or discharge from hospital and transfers between hospitals.

Following a tendering exercise for the Bristol, North Somerset and South Gloucestershire (BNSSG) PTS contract, this was transferred to a new service provider with effect from 1 April 2017.

The only PTS service remaining across the Trust is for the provision of PTS on the Isles of Scilly.

Sustainability

During 2017/18 the Trust has developed a baseline and compliant approach to environment and sustainability strategy. Improvements continue to be made in the quality of the data being collected to establish an accurate baseline for monitoring and reporting against energy, waste, and emissions from travel, and water.

The Trust has prepared its Sustainable Development Management Plan (SDMP) and is currently progressing through internal governance for approval. This includes updates to the Environmental Policy and Waste Management Policy. The Environmental Management Group has been re-formed and the sustainability commitment has been signed off by the Chief Executive and Chairman and ratified by the Board on the 29 March 2018.

Waste and Recycling

SWASFT continues to proactively manage its waste through robust contracts for clinical, offensive, general and recycling waste. The offensive waste rate went from 85% to 91%.
Offensive waste disposed of via the clinical waste contract continues to be sent to a plant which converts it into refuse derived fuel. In 2018 no clinical waste will be sent to landfill.

The Trust continues to subscribe to Warp It, an online reuse tool which has aided the reuse of furniture, preventing waste in the first instance. From April 2016 when it was introduced, SWASFT has generated savings of £32,000 from using Warp It.

Energy and Water

The Trust now has a robust and accurate database for utilities. The energy bureau are actively managing the verification of bills and improved electricity and gas data for the large number of Trust sites. Outliers are identified and followed up to manage excessive use or faults. The Trust is using this data to monitor and report starting in 2018.
The environment and sustainability manager is working closely with the estates officers to ensure that refurbishment works include energy saving measures where viable.

Travel

A high level Travel Plan is included in the Environmental Policy and a travel survey is being prepared and will be completed in 2018. Major sites will produce individual travel plans. The potential use of hybrid vehicles is being considered.

Pollution Prevention

The Trust has appointed a contractor to undertake detailed drainage surveys at all sites. Surveys have been completed for the top priority sites where fuel is stored and vehicle cleaning operatives are based.

Risk assessments to identify any remedial works are in progress.

Plans for 2018/19

- The water market will be reviewed and options for frameworks considered.
- Travel plans for major sites to be developed.
- Pollution risk assessments to be completed for all priority sites and remedial works commenced.
- Hybrid cars will be introduced where viable.

Social, community and human rights issues

The Trust is committed to working with its local partners to address local challenges and improve services for patients, for example, it is fully engaged with the seven sustainability and transformation plans (STPs) within its region which all have the key theme of greater levels of care in the community and at home, reducing unplanned emergency admissions.

The challenges of demand on the ambulance service are compounded by the fact the geographical area of the Trust is predominantly rural, and as the most rural ambulance service in the country the Trust serves many isolated communities. The Trust has a number of initiatives in place to improve response performance in rural areas which include community and co-responder schemes, the installation of public access defibrillators and defibrillators within care homes.

The South West has the highest proportion of pensionable age people in the country and there are pockets of socio-economic deprivation across the region too, with many people residing in these areas suffering from long-term conditions such as diabetes and COPD (chronic obstructive pulmonary disease). The Trust has a number of clinical guidelines and notices in place to address these issues, including a dementia strategy.

The Trust has a responsibility to ensure that public money is spent appropriately and, in relation to this, we have policies in place to counter fraud and corruption. These include detailed standing financial instructions, Counter Fraud policy and an Anti-Bribery policy.

SWASFT takes equality, diversity and human rights very seriously and is committed to promoting equality of opportunity in its employment practices and in its provision of care. Information and reports about its schemes and polices on these subjects are available on the Trust website.

Overseas operations

The Trust has no overseas operations.

Ken Wenman
Chief Executive Officer
24 May 2018

Accountability report

Directors' Report

The Trust Board of Directors is made up of thirteen Board Members; made up of seven Non-Executive Directors and seven Executive Directors.

The Trust constitution allows for a Board composition of a Non-Executive Chairman with up to a maximum of seven other Non-Executive Directors and up to a maximum of Seven Executive Directors.

In 2017/18 fifteen Directors have served on the Board.

The Chief Executive of the Trust is Ken Wenman and he leads a team of Executive Directors who in 2017/18 were:

- Jennie Kingston, Deputy Chief Executive/Executive Director of Finance
- Jenny Winslade, Executive Director of Nursing and Governance
- Dr Andy Smith, Executive Medical Director
- Francis Gillen, Executive Director of Information Management and Technology (IM&T)
- Jessica Hodgman, Acting Executive Director of Operations.
- Emma Wood, Executive Director of Human Resources (HR) and Organisational Development (OD)

The Chairman is Tony Fox and he is supported by Non-Executive Directors who in 2017/18 were:

- Venessa James, Vice-Chair and Senior Independent Director
- Gail Bragg, Chair of Finance Committee
- Paul Love, Chair of Audit and Assurance Committee
- Dr Ian Reynolds, Chair of Charitable Funds Committee
- Professor Minesh Khashu
- Rakhee Rankin
- Hugh Hood

Further details on changes to the Board can be found on page 38.

Non-Executive Directors are independent and each year sign a declaration to confirm their independence.

No Executive Director, Non-Executive Director or Governor has a company directorship or significant interest which conflicts with their duties or responsibilities.

In March 2018, the Trust Board of Directors updated their declaration of interests, and the Register of Interests that the Trust maintains, which is open to the public. This is available on the Trust website www.swast.nhs.uk or a copy can be obtained by contacting Marty McAuley, Trust Secretary, Trust HQ, Abbey Court, Eagle Way, Exeter, EX2 7HY or by calling 01392 261 500.

Board Profiles

Tony Fox, Non-Executive Director and Chairman

Tony was appointed to the Board of Directors of South Western Ambulance Service NHS Foundation Trust (SWASFT) in February 2013 and became Chairman on 1 March 2017.

With over 30 years senior leader experience of managing large and complex operations, Tony has held numerous executive positions within the regulated and privatised sector. He is an experienced leader who focuses on people and unlocking their potential and contribution.

He brings to the Board of Directors a wealth of operational and strategic commercial experience with a proven track record of motivating and managing transformational change programmes and employee relations in a highly unionised environment.

Tony brings a passion for safety and staff wellbeing to the Board of Directors and has held a number of roles as an Executive and Non-Executive championing these areas.

Ken Wenman, Chief Executive

Ken joined the NHS at age 21 years and has undertaken many senior roles within the Ambulance Service including; Paramedic, Trainer, Operational Management and Leadership and he has been a senior level Director and Chief Executive since 1999.

Ken leads the ambulance sector nationally on HR and OD. He is Chair of the National Ambulance Strategic Partnership Forum. He has more recently taken on the Chief Executive Lead role for the National Directors of Operations Group. He is a member of the Board of the Association of Ambulance Chief Executives and is a member of the National Ambulance Improvement Programme. Ken has a Masters in Management (Plymouth University).

Jennie Kingston, Deputy Chief Executive/Executive Director of Finance

Jennie joined the NHS in 1990 as a graduate finance trainee and qualified as a Chartered Certified Accountant in 1993. Prior to her appointment to the Trust in November 2008, which followed a period of secondment commencing in January 2008, Jennie's accomplishments include:
□ Director of Finance of a Primary Care Trust
□ Associate Director of Performance at the South West Strategic Health Authority leading one of the four national pilots to develop the Foundation Trust diagnostic
□ Fellow of the Association of Chartered Certified Accountants
□ Served an eight year short service commission in the Royal Air Force
□ Completed the Cass Business School, London, Strategic Financial Leadership Course 2008

Jennie has a BSc Hons (University of Birmingham). She is a member of the Board of the Association of Ambulances Chief Executives (AACE).

In May 2017, Jennie was appointed as trustee of the Armed Forces Registered Charity, Alexander Duckham Memorial Schools Trust (ADMST). The Trust aims to promote the education and welfare of children of members, and former members, of the RAF who are in need of financial assistance. The Trustees consider applications for means-tested assistance with various costs.

Jennifer Winslade, Executive Director of Nursing and Governance

Jennifer was appointed as NHS Devon, Plymouth and Torbay director of nursing in June 2010, having previously been the executive board nurse for NHS Devon, covering quality and patient safety. Before 2007 Jennifer worked for East Devon Primary Care Trust as the deputy director of

nursing combined with a lead role for children's services. Jennifer qualified as a nurse in 1991, initially working in acute and intensive care services within the UK before leaving to spend two years living and working in the USA. She then returned to the UK and trained as a district nurse and health visitor.

Dr Andy Smith, Executive Medical Director

Andy has been a GP in Devon since 1997 and has been actively involved in medical management. His interests have always included urgent and emergency care. He helped establish the 'out of hours' GP service in his area. Prior to his appointment to the role of Executive Medical Director in February 2010 Andy was the Associate Director of Primary Care Services for the Trust since April 2008.

He is a member of the Royal College of General Practitioners, and responds to 999 calls as an ambulance doctor.

Andy was appointed to the role of Executive Medical Director on 1 February 2010 and is joint Board Champion for Clinical Quality and is the Trust's Caldicott Guardian. He has a Bachelor of Science Hons Microbiology (University of Bristol), Bachelor of Medicine & Surgery MB Ch.B (University of Bristol), Post Graduate Diploma of the Royal College of Obstetricians and Gynaecologists, Diploma in Child Health.

Emma Wood, Executive Director of HR & OD

Emma has over 20 years' experience working in HR. Her specialisms include employee relations and engagement, organisational design and development, resourcing and talent development. Emma holds a BA in Psychology and Education and an MSc in Integrated Professional Practice from UWE. She is a Chartered Fellow of the Chartered Institute of Personnel and Development.

In 2009 Emma joined Avon and Somerset Constabulary as Strategic Director of HR and was appointed to the Trust as Executive Director of HR & OD in May 2014. Emma left the Trust in October 2017.

Francis Gillen, Executive Director of IM&T

Francis has 30 years' experience in IM&T. He is principally responsible for SWASFT's IM&T strategy and also has a wider programme management involvement.

Francis is a qualified electrical engineer, has an ITIL (Information Technology Infrastructure Library) Managers Certificate, is a Prince II Practitioner and has an MBA (Edinburgh Business School). Francis was appointed to the Trust's role of Executive Director of IM&T in March 2013.

Francis left the Trust in March 2018.

Jessica Hodgman, Executive Director of Operations

Jessica started her NHS career in 1992 on the National Management Training Scheme Programme and was posted to the Children's Hospital in Plymouth.

Jessica spent the next decade working in a number of large teaching hospitals in the north of England as an Operational General Manager managing a number of specialties including Trauma and Orthopaedics, Ophthalmology, Renal, Neurosciences, Emergency Departments Theatres and Anaesthetics amongst others.

In 2004 she joined the South West Strategic Health Authority and was the Performance Manager for Somerset, Devon and Dorset as well as taking the lead on strategic programmes of work across the south west including stroke services and child health until 2012 when she joined SWASFT as a Director to lead the Acquisition of Great Western Ambulance Service. In 2013 she became the Director of Planning and Performance responsible for negotiating the A&E contract and managing the Trusts relationships with Clinical Commissioning Groups and regulatory bodies. Throughout this period Jessica has worked closely with Operations and as part of this co-produced the A&E Operating Plan.

Since 1 October 2017, Jessica is the Acting Executive Director for Operations responsible for all frontline services including A&E, the Clinical Hubs and Urgent Care.

Venessa James, Non-Executive Director

Venessa has a vocational background in general nursing, social work and teaching. An experienced senior manager, she has held executive, board-level appointments in the private education sector and the NHS.

Her specific areas of expertise include corporate governance and commissioning services for people with complex care needs, from which she brings a wealth of experience in partnership, collaborative and contractual working arrangements with NHS organisations, social services and the independent care sector.

She was appointed to the Board of Directors of South Western Ambulance Service NHS Foundation Trust (SWASFT) in June 2014. Venessa is Board champion for social care and the Duty of Candour, and she has a keen interest in applied health psychology research. She holds qualifications in business management and teaching, including the Masters-equivalent DTEFLA, and is currently studying for a Masters in Advanced Psychology at Plymouth University.

Paul Love, Non-Executive Director

Paul qualified as an accountant in 1994. He is currently Finance Director and Company Secretary for Guinness Care, a not for profit organisation within the Guinness Partnership that provides care and housing support services across England. Prior to this role, Paul has 15 years' experience as a Finance Director within companies in the housing, welfare to work and arts sector, and has also worked as a financial regulator in the public sector.

Paul has significant Board experience with public service organisations, having served as a non-executive director in the dch group, West Devon Homes and Social Firms UK.

Paul was appointed to the Board of Directors of South Western Ambulance Service NHS Foundation Trust in July 2015.

Ian Reynolds, Non-Executive Director

Dr. Ian Reynolds has a healthcare, science and regulatory background in both public and private companies. Ian was previously Deputy Chairman of the Food Standards Agency, Chairman of the Meat Hygiene Service and Chairman of the Greyhound Regulatory Board and NED for Bedfordshire and Hertfordshire Strategic Health Authority. Ian is currently also Chairman of Chime, a social enterprise company. During Ian's executive career he was Chief Executive of Nottingham Health Authority and of Priory Hospitals.

Achievements include acquisitions and company turnarounds in animal health pharmaceuticals, saving the Nottingham site of the raising of the Royal Standard where King Charles started the civil war for the nation and increasing standards in the Meat Hygiene Service to better protect the public.

Gail Bragg

Gail joined the Board of Directors of South Western Ambulance Service Trust in September 2016. Professionally, Gail has worked in large Financial Services organisations, in change and operational management. She specialises in corporate re-structuring to achieve financial returns whilst continuing to deliver operational results.

She has delivered substantial change programmes, such as completing a £5.2bn M&A transaction and negotiating an outsourcing deal worth £1.4bn. Alongside this she has a very broad management background, including in Risk, IT and Supplier Management. She has run large operational teams and managed significant financial budgets.

Gail now works as a freelance consultant, and as a non-executive director and committee chair, including for Interactive Investor. Her community and charitable interests include being a Director of a multi academy Trust and Chair of Governors at a local primary school.

Professor Minesh Khashu

Minesh is a Consultant Neonatologist and Professor of Perinatal Health at Poole Hospital where he has been since 2007. He is also involved in clinical research at Bournemouth University and supervises PhD students.

Minesh, who lives in Dorset, has undertaken a 10 month NHS Fast Track Executive Leadership programme with Harvard & NHS leadership Academy. He has a special interest in quality improvement and safety and large scale transformation projects.

Minesh was appointed to the Board of Directors of South Western Ambulance Service NHS Foundation Trust (SWASFT) in May 2017.

Rakhee Rankin

Rakhee, who lives in Bristol, is a Mental Health Nurse who is currently the Associate Head of Department for CPD, International and Widening Participation.

Rakhee has a Masters in Teaching and Learning for Health Professionals. She has been in the role for about 9 years. Prior to this she was a Mental Health Nursing Lecturer for four years. Rakhee lives in Bristol and has recently undertaken NED training and been part of a mentoring scheme to gain Board insight.

Rakhee was appointed to the Board of Directors of South Western Ambulance Service NHS Foundation Trust (SWASFT) in May 2017.

Hugh Hood, Non-Executive Director

Hugh is a qualified HR practitioner who has extensive business experience in both the public and private sectors where he has been instrumental in defining and delivering substantial change programmes.

Hugh has held several leadership positions including BT Group Director as part of BT Group's HR leadership team with key input on BT's strategy for the future. He holds a Post Graduate Certificate in Organisation Development from the University of Sussex. Hugh was appointed to the Trust as a Non-Executive Director on 1 January 2010 and he left the Trust at the end of his term of office in August 2017.

NED Terms and conditions

Non-Executive appointments are usually set as three-year terms. At the end of the first term, subject to approval they can be extended for a second term. In the reporting period, the Council of Governors have a principle that all second terms should be for a one year basis and renewed each year to give the greatest level of flexibility in delivering the recruitment that the Board needs.

The Trust builds in a six-month probationary review for all Non-Executive Director (NED) appointments.

Termination of a NED must be done by three quarters of the Council of Governors approving a written resolution submitted by 15 Governors.

The Trust Board has a wide range of skills and experience and through good succession planning led by the Council of Governors can ensure the Board is balanced and appropriate to meet the needs of the Trust and the public it serves. The Board retains a rich mix of corporate and public sector experiences, clinical and non-clinical experience, a good gender balance as well as complimentary skills to help the Board function as a Unitary Board. It is the responsibility of the Board of Directors to prepare the annual report and accounts. The Board of Directors confirms that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Further information on the approach to quality governance can be found in the Annual Governance Statement.

The Trust Board of Directors is supported by a number of committees that report to it. These are the attendance figures:

Quality Committee

The purpose of the committee is to develop and implement effective quality systems and processes with a specific focus on patients, quality of services and patient outcomes.

Name	Attendance	Name	Attendance
Jennifer Winslade	4 / 4	Venessa James	3 / 4
Dr Andy Smith	3 / 4	Ian Reynolds	3 / 4
Rakhee Rankin	2 / 3	Minesh Khashu	2 / 3

Finance Committee

The purpose of the Committee is to conduct an independent and objective review of the Committee's business concerning financial planning and financial performance providing assurance to the Board of Directors. They also implement the Finance Strategy and oversee the Trust's Master Added Value Investment Strategy (MAVIS).They also review monthly financial information and new business development opportunities.

Name	Attendance	Name	Attendance
Ken Wenman	5 / 5	Tony Fox	4 / 5
Francis Gillen	5 / 5	Ian Reynolds	5 / 5
Jennie Kingston	5 / 5	Paul Love	4 / 5
Gail Bragg	5 / 5		

Audit and Assurance Committee

The purpose of the committee is to review and seek assurance on the effectiveness of processes in place for the management of arrangements for Governance, Risk Management, Clinical Assurance, Internal Control, and Financial Reporting; and to ensure the Trust and its auditor remain compliant with Monitor's Audit Code for NHS Foundation Trusts and conditions of license.

Name	Attendance	Name	Attendance
Paul Love	5 / 5	Minesh Khashu	0 / 4
Venessa James	3 / 5	Gail Bragg	5 / 5

People and Culture Committee

The purpose of the committee is to develop and implement effective systems and processes to secure appropriate assurance, and provide advice to the Board on all strategic matters relating to the workforce and organisational development. It will have due regard for the Trust's strategic aims and overall business needs, relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients, staff (past, present and potential) and the Volunteers of the Trust.

Name	Attendance	Name	Attendance
Ken Wenman	1 / 1	Minesh Khashu	1 / 1
Jessica Hodgman	1 / 1	Gail Bragg	1 / 1
Rakhee Rankin	1 / 1	Venessa James	0 / 1

Charitable Funds Committee

The purpose of the committee is to oversee the proper collection, accounting and distribution of the Trust's charitable funds, ensuring that they are managed in accordance with the requirements of the Charity Commission.

Name	Attendance	Name	Attendance
Ken Wenman	4 / 4	Tony Fox	2 / 4
Jennie Kingston	4 / 4	Paul Love	2 / 3
Ian Reynolds	4 / 4		

Board of Directors

Name	Attendance	Name	Attendance
Ken Wenman	8 / 9	Tony Fox	9 / 9
Jennie Kingston	9 / 9	Minesh Khashu	2 / 6
Emma Wood	2 / 6	Venessa James	6 / 9
Jennifer Winslade	7 / 9	Paul Love	8 / 9
Andy Smith	8 / 9	Ian Reynolds	8 / 9
Francis Gillen	8 / 9	Gail Bragg	7 / 9
Jessica Hodgman	3 / 3	Hugh Hood	1 / 5
		Rakhee Rankin	4 / 6

Remuneration Committee

The Committee shall approve nomination, remuneration, and terms and conditions for Executives and senior managers.

The remuneration committee is covered on page 42

All Executive and Non-Executive Directors have an annual appraisal. The Chief Executive leads the appraisal arrangements for the Executive Directors and the Chairman leads on the Non-Executive Directors appraisals. The Senior Independent Director leads on the appraisal of the Chairman. The Committees review their effectiveness on an annual basis and last year made changes to how the Governance Committee and the Audit and Assurance Committee operated. None of the Directors or Governors have any company directorships or other significant interests held which may conflict with their management responsibilities.

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

Political donations

The Trust has not made any political donations in 2017/18.

Better Payment Practice Code

The Trust has signed up to the Better Payment Practice Code which requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust received 38,502 invoices and processed 37,726 in line with the code. Further information can be found on page 114.

NHS Improvement's well-led framework

In 2017-18 the Trust commissioned KPMG to undertake an external review of the Trust's governance arrangements in line with the requirements of NHS Improvement's well-led framework. Further details can be found on page 96 of the annual governance statement. However, the conclusion of KPMG was that "there are sufficient arrangements in place to ensure that South Western Ambulance Service NHS Foundation Trust (the 'Trust') is well led, which we assessed against the KLOEs set out in NHSI's Well Led Framework."

Based on this external review and the Trust's self-assessment against the requirements, the Trust is able to confirm that there are no material inconsistencies between the annual governance statement, the corporate governance statement, the quality report, annual report and any external regulatory review or plan.

Patient Care and Stakeholder Engagement

As an NHS Foundation Trust, we respond to the needs of patients, staff and the constant evolution of the healthcare sector. We continue to further develop our services based on the valued feedback of patients and their carers/families. This is generated predominantly through our patient experience and engagement teams.

Our workforce is instrumental in driving forward service developments via initiatives like the Right Care^2 project (refer to the Quality Account and Report for further information), the staff suggestion scheme and by participating in research projects as set out within the Quality Account and Report.

Refer to the Performance Report from page 8 for further information on Trust performance against target.

A number of Quality Priorities for the Trust were developed and implemented during 2017/18, which were Awareness and Improving the Management of the older Patient, Improving the Quality and Timeliness of Responses to Patients and Impact of Delays on Patient Safety; further information regarding these can be found within the Trust's Quality Account.

Further development of the ePCR (electronic patient clinical record) has taken place to offer greater functionality and better capture clinical assessment and intervention to further improve patient safety.

The Trust has been working to ensure compliance with the Accessible Information Standard through working with key stakeholders such as Healthwatch and SignHealth, with the aim of improving engagement with individuals with communication difficulties. The Trust has also joined a national ambulance meeting group to ensure learning is taking place.

The Trust has continued to engage with patients and the public around the 2017/18 quality priorities, seeking feedback from patients. We also carried out a safety questionnaire aligned with the Trust's Safeguarding themes.

Feedback has been gained from the county shows demonstrated with the "I want, I need" cards that the public:

- The importance of response times
- Having simple and clear instructions
- A main point of contact
- To be treated with respect and dignity

A total of 96 Safety Questionnaires where completed by children, the questionnaires asked 'who, in your life, helps you to feel safe (what is their relationship to you)?' most responses mentioned parental figures, followed by friends, pets and the emergency services. The second question asked was 'what object helps you feel safe?', respondents mentioned mobile phones and favourites toys.

The third question asked was 'what place do you go to when you feel unsafe?', the common recurring theme with this question was either their home or bedroom. The fourth and final question asked was 'write three emotions to describe how you would feel if you didn't have this person, place and object?', the most mentioned emotion was sadness, followed by feeling scared and unsafe. The information was fed back to the Safeguarding Lead in the Trust.

We have also carried out a focus group in association with Age UK Exeter looking at older patient care.

Three Healthwatch open days were held at Trust Headquarters in Exeter, in August, November and February. All events were successfully attended by members of Healthwatch from across our region. The Trust showcased learning and development, research and audit, staff support and responders. Healthwatch colleagues were invited to experience the Trust's simbulance and the clinical hub. This establishes a relationship with Healthwatch and therefore the wider public across the Trust geography, thereby supporting engagement with the Trust Strategy and its associated development.

The Trust has undertaken 267 patient and public engagement events in 2017/18. During those events the Trust has supported the Know Your Blood Pressure campaign run by Stroke Association at engagement events in the last five years. At the Devon County Show we were able to take 96 patients' blood pressure. Out of those 96 our clinicians we able to recommend seven patients to seek further checks with their GP, a further five were advised to an emergency follow up due to extremely high blood pressure against the national hypertension guidelines.

Comments, concerns and complaints are an invaluable source of information and provide us with a great deal of feedback about the experiences of our patients.

The management of comments, concerns and complaints provides us with valuable learning opportunities and it is this feedback which we use to inform the future provision of our services.

If the Trust is not made aware of issues and concerns, it cannot take action and put them right. As an organisation, the Trust encourages patients and their families to get in touch when they have questions or concerns about their treatment, so we can pursue the matter and investigate as necessary.

The Trust's Complaints Policy reflects the requirements of the 2009 Local Authority Social Services and National Health Service Complaints (England) Regulations.

Each month, we monitor the patient feedback received and review any emerging themes. Lessons learned and actions taken to embed improvements are reported to the Board of Directors and commissioners through our Patient Safety and Experience report and Complaints reports to the Quality Committee. Clinical development and Trust-wide learning is encouraged through the publication of clinical articles and review at the Trust's Learning from Incidents Group. In addition, key learning is reflected in our statutory, mandatory and essential training programme.

In 2017/18, SWASFT received a total of 1,334 comments, concerns and complaints. We also received 2,653 compliments. In addition, we received 1,007 general enquiries including issues such as lost property and signposting patients to other organisations.

Many Trust complaints are multifaceted, citing several areas of concern. Since April 2017, the Trust has recorded each separate area of concern raised within the complaint, resulting in 1,665 separate areas of concern. Each concern is coded to report four subject areas in order to illustrate trends.

We have adopted three Ombudsman's Principles which are: Principles of Good Administration; Principles for Remedy; and Principles of Good Complaint Handling. This has resulted in the Trust operating a complaints service committed to:

- getting it right;
- being customer focused;
- being open and accountable;
- acting fairly and proportionately;
- putting things right;
- seeking continuous improvement.

We provided recompense in accordance with, and appropriate to, these principles on 36 occasions in 2017/18. This action supports the wider health economy by preventing future and potentially costly claims because swift local action prevents litigation which is a huge cost to the taxpayer.

We sent six files to the Ombudsman's Office during 2017/18 relating to comments, concerns and complaints received by the Trust. Three of which were considered as not upheld and two have been carried forward into 2018/19 as the independent investigations were still ongoing.

The Trust is committed to working with its local partners to address local challenges and improve services for patients. However, as a regional provider spanning seven STP footprints, it faces an additional challenge in ensuring it is represented and reflected within plans and activities across the South West.

Each STP footprint has established its own governance arrangements and workstreams and this has presented a challenge for the Trust in ensuring consistent engagement and managing the

various returns for each submission. In some areas, the Trust has been engaged in key discussions, in others there has been little or no contact other than for the required submissions.

As an integral healthcare partner to each of the footprints the Trust is keen to ensure that moving forward there is an agreed approach to engagement that is both appropriate to the structure and delivery model for each STP and realistic in terms of the commitment required and value gained for the Trust. Internally the Trust has allocated each of its Executive and Non-Executive Directors as 'leads' for each county to maintain system oversight on behalf of the Trust.

The seven STPs in the Trust area are:

- Bath, Swindon and Wiltshire
- BNSSG
- Cornwall and the Isles of Scilly
- Devon
- Dorset
- Gloucestershire
- Somerset

The Trust's A&E 999 contract is based on a collaborative commissioning agreement between twelve clinical commissioning groups (CCGs) in the South West. Whilst retaining individual contractual responsibility, the CCGs nominate lead and deputy commissioners to negotiate the contract and lead the performance management of the Trust on their behalf and this is supported by the South Central and West Commissioning Support Unit (CSU). The lead and deputy roles rotate every two years consistent with the contract timescale.

Income generation

The Trust undertakes income generation activities with an aim of reinvesting any profit in patient care. No income generation activities exceeded £1 million.

Auditors

The Trust's appointed external auditors are KPMG. They were appointed in September 2017 following a procurement activity led by the Chair of the Audit and Assurance Committee and the Council of Governors. They replaced PricewaterhouseCoopers LLP who was appointed as auditors of the Trust by the Council of Governors in 2012/13.

The auditors carry out the statutory audit of the Trust's annual accounts. The cost of this audit service in 2017/18 was £50,880. In 2017/18, they have also provided non-audit services. This non-audit service was a well–led governance review. The review was commissioned separately and prior to the tender for external audit services. The total paid for the non-audit services was £54,030.

The External Auditor attends every Audit and Assurance Committee meeting to report on progress and developments likely to affect the year-end audit and accounts.

Each year the Trust undertakes an evaluation of the work of the external auditors based on their performance, fees, level of support and challenge provided to the Trust and the access to information that is made available. Based on this evaluation, following recommendation from the Audit and Assurance Committee, the Council of Governors reappointed them for an additional year.

The Trust Internal Audit Service is provided by Audit South West, of which we are a consortium member. In 2017/18 the Trust withdrew from the consortium and undertook procurement activity.

From 2018/19 PricewaterhouseCoopers LLP will be providing Internal Audit Services and TIAA the counter fraud services to the Trust.

Statement as to disclosure to auditors and Directors Responsibilities:

It is the responsibility of the Directors to prepare the annual report and accounts. They consider the annual report and accounts, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.

As far as each of the Directors is aware, there is no relevant audit information of which the auditors are unaware. Each Director has taken all the steps required to make themselves aware of any relevant audit information and to establish that the auditors are aware of such information.

The only income that the Trust has received has been for the provision of goods and services for the purpose of the Health Service in England. In line with the guidance this means that the Trust has greater income from the provision of goods and services than income for any other purposes. This means that there is no impact on the income from any other source.

Remuneration report

Annual statement on remuneration

The Trust recognises the need to be competitive with remuneration packages for the Executive Directors, reflecting the level of skills and experience the Trust needs to recruit and retain talent. However, it also needs to be sensitive to the political and financial environment.

Executive Directors

In 2017/18, the following Executive changes occurred:

- Francis Gillen Executive Director of Information Management and Technology (IM&T), left the Trust on 31 March 2018.
- Emma Wood, Executive Director of Human Resources (HR) and Organisational Development (OD Emma left the Trust on 31 October 2017
- At this time Amy Beet, covered the role as a Director of HR and OD. Amy was not a Board Member, and the role was not an Executive Director level role.
- The Trust created an Executive Director of Operations role from 1 October 2017and Jessica Hodgman, Director of Planning and Performance was seconded into it.

Non-Executive Directors

In 2017/18 the following Non-Executive Director changes occurred:

- Hugh Hood left the Board at the end of his term of office
- Ian Reynolds, Gail Bragg, Paul Love and Venessa James were all reappointed for a further term of office
- Two new appointments were made in Minesh Khashu and Rakhee Rankin

- The remuneration level for the role of Trust Chairman was reviewed and remained at its current level of £43,000 per annum.
- The remuneration level for the role of Non-Executive Director was reviewed and remained at its current level of £13,000 per annum.
- The additional payment awarded for the role of Senior Independent Director was reviewed and remained at £2,500 per annum pending a review of the role with the current Senior Independent Director.
- No additional payments were awarded for the role of Vice Chairman and Chairman of the Audit & Assurance Committee.
- The mileage rate payable to the Chairman and Non-Executive Directors was increased to 56 pence per mile in line with the Agenda for Change rate payable to staff and Governors.

Senior Managers' Remuneration policy

This section details the remuneration package and any changes made to it for Executive Directors:

Element	Rationale
Salary	The Board approved the Trust Strategy. These are delivered by the Directors. This success measure is one of the ways in which the Directors performance is monitored. All Executive Director remuneration is subject to satisfactory performance of duties in line with their employment and monitored through regular 1:1 with the Chief Executive and annual appraisal. The Chief Executive performance review is led by the Trust Chairman. There is no performance related pay and Directors receive 100% of their salary subject to the relevant deductions.

	Salary is benchmarked and there are no automatic rises for Executive Directors. No maximum is specified but market rates are considered.
Taxable benefits	Any taxable benefit is agreed by the Remuneration Committee. This forms part of the recruitment and retention of Executive Directors by ensuring that the Trust remains competitive. In March 2018 the Remuneration Committee agreed that a cash in lieu alternative to car allowances would be considered provided that it was a saving to the Trust. There is no maximum amount payable.
Bonus	No bonus scheme operates at South Western Ambulance Service NHS Foundation Trust. Therefore the maximum that could be paid is £0.
Pension	Standard pension arrangements are in place in 2017/18. In March 2017, cash in lieu of pension alternative was offered to Executive Directors. This has been invoked by the Chief Executive and Deputy Chief Executive/Executive Director of Finance. This forms part of the recruitment and retention of Executive Directors by ensuring that the Trust remains competitive. There is no maximum amount payable.

There have been no new components of the remuneration package introduced in 2017/18. There was however an amendment to the car allowance element. As per the table above, there has been an amendment that allows the Chief Executive to approve a cash in lieu alternative to a car allowance where the Trust would save money.

The Trust had no interim or fixed-term contract Directors in 2017/18 and there were no payments made to past senior managers. There are no provisions for the recovery of sums paid to directors nor have we withheld any payment to a Director.

All Executive Directors are employees of the Trust and their contracts of employment are open ended. Annual leave is fixed at 33 days per annum plus eight bank holidays. Sick pay is provided at NHS rates of six months full pay, and six months half pay.

The Trust's normal policies and procedures apply to the Directors including disciplinary and redundancy, in line with NHS terms for all staff. There is no compensation for early termination of contracts, other than the standard term of all staff which is payment in lieu of notice.

All other employees' remuneration is based on the national terms and conditions appropriate to their contract of employment. Whilst the Trust does not consult with staff on remuneration for Directors, it is always mindful of the remuneration of staff when making decisions. When reviewing salary, the Committee considers what is happening to staff pay across the sector, the comparison to the median ratio of the workforce and ensuring that the Committee continues to be financially prudent. NHS Providers produce an annual remuneration survey for benchmarking.

Following guidance from the Secretary of State for Health, the Trust noted the requirement to seek approval from the Chief Secretary to the Treasury for appointments above the Prime Minister's salary of £142,500. The Trust has not made any appointment beyond this level in 2017/18.

The Trust does however provide its Chief Executive and Deputy Chief Executive/Executive Director of Finance with a total remuneration package that is higher than £142,500. This has been robustly reviewed by the Committee and based on the skills and experience required and the complexity of the Trust, the Committee is assured that the total remuneration package for both roles is necessary and justifiable.

Both roles had been subject to a thorough review and scrutiny by the Remuneration Committee. The salaries were benchmarked and performance of the post holder was assessed.

The remuneration package for Non- Executive Directors is made up of:

Salary	£13,000 per annum for all Non-Executive Directors
Salary	£43,000 per annum for Non-Executive Chairman
Salary	£2,500 per annum for the additional role of Senior Independent Director

Annual report on remuneration

Service contracts obligations: Executive Directors

Name	Date of Appointment	Contract Type	Notice Period from Trust	Notice period from Individual
Ken Wenman	27 October 2003	Permanent	Six months	12 months
Jennie Kingston	1 December 2008	Permanent	Six months	Six months
Jennifer Winslade	1 June 2014	Permanent	Six months	Six months
Francis Gillen	1 March 2013	Permanent	Six months	Six months
Emma Wood	12 May 2014	Permanent	Six months	Six months
Dr Andy Smith	9 December 2010	Permanent	Six months	Six months
Jessica Hodgman	1 October 2017	Secondment	Six months	Six months

Note: Date of appointment refers to current role not all Trust employment

Service contracts obligations: Non-Executive Directors

Name	Date - Term of Office
Tony Fox	1 February 2013 - 31 January 2019
Ian Reynolds	9 July 2015 - 8 July 2018 Reappointed - 9 July 2018 - 8 July 2019
Venessa James	1 June 2014 - 31 May 2017 Reappointed - 1 June 2017 until 31 May 2020.
Paul Love	9 July 2015 - 8 July 2018 Reappointed - 9 July 2018 - 8 July 2019
Gail Bragg	16 September 2016 - September 2017
Hugh Hood	1 March 2011 - 31 August 2017
Minesh Khashu	22 May 2017 until 21 May 2020
Rakhee Rankin	22 May 2017 until 21 May 2020

Remuneration Committee

Pay levels are informed by executive salary surveys conducted by independent management consultants and NHS Providers which are then thoroughly reviewed by the Remuneration Committee.

Remuneration for the Trust's Executive Directors, who are members of the Board of Directors, is determined by the Remuneration Committee. This is a statutory committee of the Board of Directors and chaired by the Trust Chairman. It is a Non- Executive Director committee who approve nomination, remuneration, and terms and conditions for executives. The Committee also considers opportunities for the development of the Executive Directors. The Committee is attended regularly by Ken Wenman, Chief Executive and Marty McAuley, Trust Secretary.

There were three meetings of the Remuneration Committee in 2017/18 with the majority of the focus on the changes to the Executive Director structure.

Non-Executive Director (NED) remuneration is set and reviewed in accordance with the Trust Constitution and is the role of the Council of Governors Remuneration and Recommendation Panel.

Remuneration Committee Membership

Membership	**Attendance**
Tony Fox	3/3
Dr Ian Reynolds	3/3
Paul Love	2/3
Venessa James	2/3
Gail Bragg	3/3
Minesh Khashu	2/3
Rakhee Rankin	3/3

The Committee was also supported and advised by Ken Wenman, Chief Executive and Marty McAuley, Trust Secretary. Both are employees of the Trust and there were no external advisors utilised in 2017/18.

In attendance	**Attendance**
Ken Wenman	3/3
Marty McAuley	2/3

Expenses of Governors and Board of Directors

Information subject to audit

	Total Number in Office		Number Claiming Expenses		£ claimed	
	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17
Directors	15	14	13	12	£11,421	£17,956
Governors	26	39	18	18	£6,660	£7,173

Remuneration Report

The remuneration for Dr Andy Smith reflects his two roles with the trust. As well as end he also undertakes GP shifts in urgent care centre Tiverton.

Information subject to audit

Remuneration Report – Year Ended 31 March 2018

	Salary and Fees £000, bands of 5k	Taxable Benefits £s to the nearest £100	Annual Performance Related Bonus £000, bands of 5k	Long Term Performance-Related Bonus £000, bands of 5k	Pension-Related Benefits £000, bands of 2.5k	TOTAL
Ken Wenman	170-175	3600	0	0	17.5-20	190-195
Jennie Kingston	140-145	3900	0	0	12.5-15	160-165
Dr Andy Smith	90-95	600	0	0	40-42.5	130-135
Francis Gillen	105-110	9300	0	0	17.5-20	135-140
Emma Wood	60-65	2300	0	0	37.5-40	105-110
Jennifer Winslade	105-110	5900	0	0	20-22.5	135-140
Jessica Hodgman	100-105	4100	0	0	37.5-40	140-145
Tony Fox	40-45	0	0	0	0	40-45
Hugh Hood	5-10	0	0	0	0	5-10
Venessa James	15-20	0	0	0	0	15-20
Paul Love	10-15	0	0	0	0	10-15
Dr Ian Reynolds	10-15	0	0	0	0	10-15
Gail Bragg	10-15	0	0	0	0	10-15
Professor Minesh Khashu	10-15	0	0	0	0	10-15
Rakhee Rankin	10-15	0	0	0	0	10-15

Information subject to audit

Remuneration Report – Year Ended 31 March 2017

	Salary and Fees £000, bands of 5k	Taxable Benefits £s to the nearest £100	Annual Performance Related Bonus £000, bands of 5k	Long Term Performance-Related Bonus £000, bands of 5k	Pension-Related Benefits £000, bands of 2.5k	TOTAL
Ken Wenman	170-175	6300	0	0	17.5-20	190-195
Jennie Kingston	140-145	4000	0	0	12.5-15	160-165
Jennifer Winslade	110-115	5300	0	0	25-27.5	140-145
Emma Wood	105-110	4000	0	0	25-27.5	140-145
Francis Gillen	105-110	9300	0	0	17.5-20	135-140
Dr Andy Smith	75-80	1900	0	0	42.5-45	120-125
Heather Strawbridge	35-40	0	0	0	0	35-40
Dr Ian Reynolds	10-15	0	0	0	0	10-15
Paul Love	10-15	0	0	0	0	10-15
Venessa James	10-15	0	0	0	0	10-15
Tony Fox	15-20	0	0	0	0	15-20
Hugh Hood	10-15	0	0	0	0	10-15
Prof Mary Watkins	0-5	0	0	0	0	0-5
Gail Bragg	0-5	0	0	0	0	0-5

Information subject to audit

Pensions for the Year Ended 31 March 2018

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000)	Lump sum at aged 60 related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2018	Real Increase in Cash Equivalent Transfer Value 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Employer's contribution to stakeholder pension*
	£000	£000	£000	£000	£000	£000	£000	£0
Ken Wenman (Chief Executive)	00 to 2.5	0.0 to 2.5	80 to 85	240 to 245	1834	-18	1852	£0
Jennie Kingston (Deputy Chief Executive and Executive Director of Finance)	00 to 2.5	0.0 to 2.5	45 to 50	135 to 140	918	-9	927	£0
Jennifer Winslade (Executive Director of Nursing and Governance)	0.0 to 2.5	0.0 to 2.5	35 to 40	90 to 95	613	53	560	£0
Mrs Emma Wood (Executive Director of Human Resources and Workforce Development)	0.0 to 2.5	0	5 to 10	0	77	24	53	£0
Mr Francis Gillen (Executive Director of Information Management and Technology)	0.0 to 2.5	2.5 to 5.0	15 to 20	45 to 50	334	43	292	£0
Dr Andy Smith (Executive Medical Director)	2.5 to 5.0	0.0 to 2.5	20 to 25	50 to 55	379	43	337	£0
Jessica Hodgman, Executive Director of Operations	2.5 to 5	0.0 to 2.5	30 to 35	75 to 80	480	38	442	£0

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pension for Non-Executive Directors.

Information subject to audit

Pensions for the Year Ended 31 March 2017

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2017 (bands of £5,000)	Lump sum at aged 60 related to accrued pension at 31 March 2017 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2017	Real Increase in Cash Equivalent Transfer Value 31 March 2017	Cash Equivalent Transfer Value at 31 March 2016	Employer's contribution to stakeholder pension*
	£000	£000	£000	£000	£000	£000	£000	£0
Mr Ken Wenman (Chief Executive)	0	0	80-85	240-245	1834	0	1834	0
Mrs Jennie Kingston (Deputy Chief Executive and Executive Director of Finance)	0	0	45-50	135-140	918	0	918	0
Mrs Jennifer Winslade (Executive Director of Nursing and Governance)	0-2.5	0-2.5	30-35	90-95	554	36	518	0
Mrs Emma Wood (Executive Director of Human Resources and Workforce Development)	0-2.5	0	5-10	0	52	19	33	0
Mr Francis Gillen (Executive Director of Information Management and Technology)	0-2.5	2.5-5.0	15-20	45-50	289	33	256	0
Dr Andy Smith (Executive Medical Director)	2.5-5.0	(0-2.5)	15-20	45-50	333	49	284	0

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pension for Non-Executive Directors.

Fair Pay Multiple

Information subject to audit

	Year Ended 31 March 2018	Year Ended 31 March 2017
Median Total Remuneration £	29,000	30,356
Mid-point of the Highest Paid Director £	170-175	170-175
Ratio	5.3	5.5

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

The banded remuneration of the highest-paid director in South Western Ambulance Service NHS Foundation Trust in the financial year 2017-18 was £170-175k. This was 5.1 times the median remuneration of the workforce, which was £31,939.

Ken Wenman
Chief Executive
24 May 2018

Staff Report

Analysis of staff costs

This information is subject to audit

	Year Ended 31 March 2018	Year Ended 31 March 2017		
	Total	**Total**	**Permanently Employed**	**Other**
	£000	£000	£000	£000
Salaries and Wages	136,558	130,648	127,105	3,543
Social Security Costs	12,756	12,542	12,542	-
Apprenticeship levy	658	-	-	-
Employer Contributions to NHS Pension Scheme	16,673	16,404	16,404	-
Agency/Contract Staff	1,700	9,859	0	9,859
Total	**168,345**	**169,453**	**156,051**	**13,402**

In 2017/18 there have been seven Executive Directors, including the Chief Executive, three are male and four are female. There have been eight Non-Executive Directors on the Board in 2017/18 with five male and three female.

We employ 4405 staff (who are mainly clinical and operational) plus a number of GPs. The gender split for all employees of the workforce is 54.46 % male and 45.54 % female. This is broken down for Directors as 46.67% female and 53.33% male and for other senior managers as 32.56 % female and 67.44 % male.

The aggregate remuneration and other benefits receivable by Directors and Non-Executive Directors the financial year including pension related benefits totalled £1.073 million (to 31 March 2017; £1.042 million).

Retirements due to ill-health

During the year to 31 March 2018 there were 4 early retirements from the Trust agreed on the grounds of ill-health (31 March 2017: 3 early retirements). The estimated additional pension liabilities of this ill-health retirements will be £0.251 million (31 March 2017: £0.310 million). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Sickness absence data is set out on page 51 and information about disabled employees is available on page 52.

This information is subject to audit.

Average number of employees (WTE basis)	**Year ended 31 March 2018**			**Year ended 31 March 2017**		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	Number	Number	Number	Number	Number	Number
Medical and dental	35	2	33	47	5	42
Ambulance staff	2,874	2,781	93	2,726	2,691	35
Administration and estates	962	903	59	1,020	964	56
Healthcare assistants and other support staff	106	85	21	186	186	0
Nursing, midwifery and health visiting staff	51	47	4	59	59	0
Agency and contract staff	0	0	0	39	0	39
Bank staff	0	0	0	103	0	103
Total	**4,028**	**3,818**	**210**	**4,180**	**3,905**	**275**

This information is subject to audit.

Staff Sickness Absence	**Year Ended 31 March 2018**	**Year Ended 31 March 2017**
	Number	**Number**
Total days lost	45,375	47,458
Total staff years	3,890	3,998
Average working days lost	12	12

Valuing staff

On 31 March 2018, we employed a workforce of 4,405. This figure varies to that provided above due to a variance in the method of reporting bank staff. The above table describes the actual usage of this part of our workforce as a whole-time equivalent (WTE), whereas this section features the total number of bank staff available to the organisation.

The organisation has seen growth in its workforce, particularly within frontline resources, with East and West divisions increasing paramedic numbers to improve resource availability. This growth in frontline services demonstrates an overall increase in our establishment despite the Trust bringing an end to our provision of Cornwall NHS 111 and PTS, which have transferred to new providers during the same period.

The greatest proportion of our workforce are frontline A&E staff covering the following roles:

- critical care paramedics;
- clinical hub staff;
- operational officers;
- emergency care assistants (ECA);
- Hazardous Area Response Team (HART) paramedics;
- lead paramedics;
- practice placement educators;
- paramedics;
- specialist paramedics; and
- advanced technicians and ambulance practitioners.

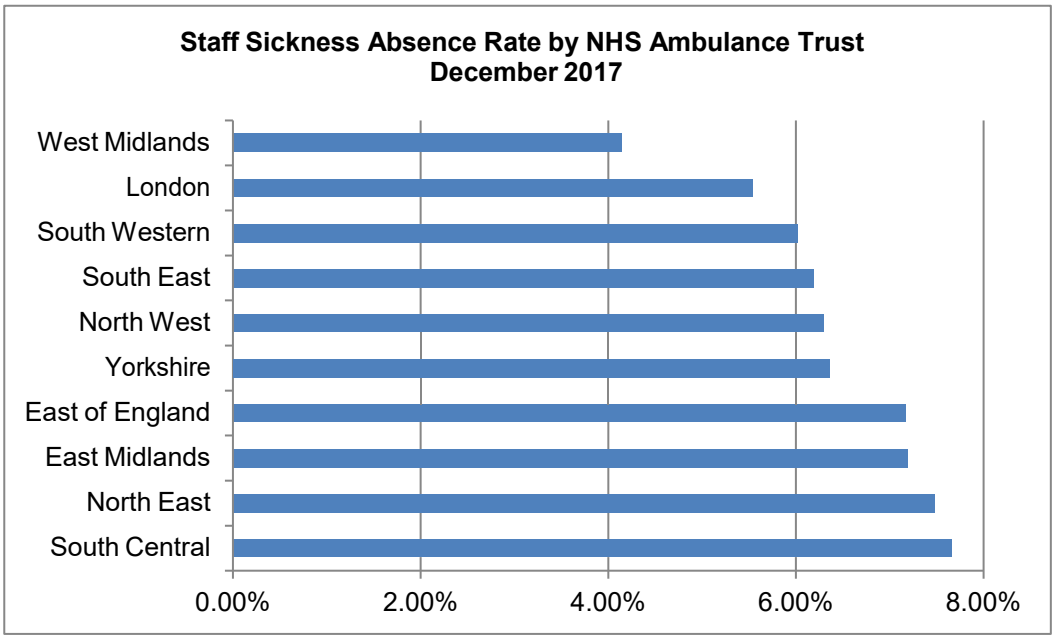
We also have access to 418 student paramedics, 639 bank staff, 200 bank/locum GPs and two employed GPs who support the delivery of the Out-of-Hours service, and over 5,200 individual responders, who support delivery of the emergency 999 service.

Sickness Absence

The overall sickness absence rate for 2017/18 at March 2017 was 4.98%. This is a decrease of 0.19% from 2016/17.

The Trust's target is to reduce sickness levels to 4%.

The most recent National Audit Office issued in January 2017, outlines Ambulance Trust's Sickness Absence Data in 2015/16. Our Trust has the third lowest sickness absence percentage in this financial year.



The management of sickness remains a priority for the HR team. In order to achieve the 4% target, HR business partners carry out monthly deep-dives with heads of operations and operations managers. This ensures that sickness absence is managed in a supportive, efficient and effective manner by monitoring the time and quality of all return to work, informal and formal meetings. Where any meetings are outstanding, or the quality of the written correspondence is below the standards expected, the operations managers and HR business partners are providing formal feedback to ensure continuous improvement is maintained.

The Trust's GRS (Global Rostering System) reporting has now been developed to allow enhanced reporting at station level, which will enable a greater analysis of sickness absence to determine whether any patterns or issues, should be focused on, at a local operational level.

The Staying Well Service continues to offer a wealth of support to our workforce. In 2017/18 1054 referrals were made, which have primarily centred on mental health concerns and musculoskeletal injuries. The Mental Health Practitioners continue to hold local clinics to ensure all employees are aware of the service and the various avenues of support it offers.

The Trust continues to contract the occupational health provider, Optima Health, the largest independent occupational health provider in the UK, with extensive experience of supporting NHS organisations.

As part of this contract, Optima Health issues infection control advice, offers pre-employment health screening, rehabilitation advice following absence or injury and sickness absence management. Optima regularly liaises with the Trust's HR department to ensure their service meets demand with additional performance reviews taking place monthly.

Supporting Disabled Employees

As of 31 March 2018, SWASFT employed 120 staff who have declared a disability. Recruitment processes bear the Disability Confident Employer symbol, which guarantees an interview to candidates who declare a disability and meet the essential criteria. When employees develop a disability whilst in employment, the Trust will seek alternative roles, duties or training where applicable, to meet their needs and comply with occupational health advice and guidance.

The Trust was recently revalidated as an employer committed to supporting this process and is seeking to become a Disability Confident Leader.

Equality and Diversity

We are committed to ensuring full equality of access for patients who require our services. Additionally, we aim to provide an environment in which all staff are engaged, supported and developed throughout their employment, with none disadvantaged by virtue of any personal protected characteristic.

To ensure the duties of the Equality Act 2010 and the requirements of the Public Sector Equality Duty (PSED) are met, we have adopted the NHS Equality Delivery System (EDS2) as a tool to enable analysis, review and assessment of performance against 18 evidence-based outcomes. These outcomes are incorporated within four goals:

- better health outcomes for all;
- improved patient access and experience;
- empowered, engaged and inclusive staff; and
- inclusive leadership.

A summary of the Trust's EDS2 grades is available on the Trust's website: http://www.swast.nhs.uk/What%20We%20Do/equality-and-diversity.htm

In addition to EDS2, the Trust is also compliant with the requirements of the Workforce Race Equality Standard (WRES), with baseline data published on the webpage above.

The findings from our EDS2 and WRES work programmes has formed the basis of the Equality, Diversity and Human Rights section of the upcoming HR and OD strategy, which outlines the work programmes to achieve the four equality objectives below:

- Achieving a more representative workforce
- Achieving a more supportive and inclusive environment for staff from protected groups
- Improving awareness and support the reduction of health inequalities for other inclusion groups
- Improving data collection from patients with regard to the nine protected characteristics

These programmes include the creation of the Equality Steering Group to help the co-ordination and monitoring of Equality and Diversity activities within the Trust and for the identification and development of proactive initiatives. The group will report to the People and Culture Committee.

Supporting Staff Involvement and Feedback

The Trust is committed to providing an open environment in which staff can raise concerns, issues or ideas without fear. The Freedom to Speak up Policy was introduced to the Trust in 2015, and recommendations to relaunch the policy, and continue to promote the culture of an open environment within the Trust, were approved by Executive Directors in March 2018.

Key initiatives will be implemented during the next six months, and will include, utilising the Trust's Peer Supporters to act as Freedom to Speak up Champions, develop value based recruitment and that incorporates the message of Freedom to Speak Up, design posters, screen savers and payslip messages to increase the visibility of the Freedom to Speak Up Policy, and quarterly newsletters shared with employees, showcasing good news stories in relation to the Trust's open culture.

Additionally, all employees continue to enjoy open access to other members of the Board, most notably the Chief Executive who demonstrates an open-door policy, regularly responding directly to questions and concerns raised by staff.

Staff meetings, held annually in each locality provide every member of staff with an opportunity to learn about the strategic direction of the Trust and to be updated on key initiatives and issues affecting our organisation. These are further supported by a series of roadshows which usually take place at hospital emergency departments (EDs), enabling active engagement with our operational staff during the course of their work.

The Trust provides staff with information on matters of concern to them as employees via the weekly Trust bulletin as well as specific communications relating to any change programmes or initiatives. The bulletin has been redesigned in the last 12 months, to ensure the information is more accessible to employees through increased forums.

Important messages are shared in this forum. For example, within the last 12 months, staff have been communicated with regarding the national pay review, the end of shift protection trial period, Time to Care initiative as well as opportunities for career development. Staff have been engaged in processes such as these from the outset, and are communicated with throughout regarding any changes and initiatives as well as any implications for the individual.

Staff are also provided with information, and able to feedback via the following:

- Dedicated intranet pages for each change programme happening across the organisation
- Electronic chat room sessions
- Real time updates provided via Twitter and Facebook
- Face-to-face paid for staff meetings
- Engagement roadshows across the Trusts localities and EDs

The Director of HR and OD and Executive Director of Operations are also in the process of planning quarterly meetings with Union Representatives. The intention is to hold informal, open discussions with Unison, RCN, and GMB to enable representatives to raise local concerns on behalf of their members.

Staff have been encouraged to make recommendations to improve performance via the Time to Care initiative, in which a series of workshops were held in all Operational Management areas. Time to Care Champions acted as a representative for employees within their areas, and over 300 different pieces of feedback have been collated into one central log.

Health and Safety

The Health, Safety and Security department has three bases across SWASFT's operational area to assist the various departments and stations with their health and safety responsibilities.

During the past year, the team continued to support staff and ensure that the Trust is compliant with health and safety legislation.

The health, safety and security agenda has been taken forward through an action plan, and key performance indicators are reported to the Trust Board of Directors, People and Workforce Committee and Health and Safety Committee.

In January 2018 the Health and Safety Executive (HSE) visited the Trust. The Trust was able to demonstrate that it is proactive and keen to benchmark incidents with other Ambulance Trust and also to carry out peer reviews on health and safety management system. These actions were taken to the National Ambulance Risk and Safety Forum in February 2018. It was also noted that the Trust had been on a journey however it is not resting on its laurels and is continuing to identify areas for improvement moving forward. Overall it was felt that this meeting was successful.

During 2017/18, the department has continued to maintain significant achievements including:

- provision of the Specsavers visual display unit (VDU) voucher (eye and eyesight testing) scheme for staff;
- provision of fire warden training to staff in key locations;
- identification and development of new health and safety policies, as well as a review of existing ones, and providing guidance to other departments on the development of new policies where required;
- provision of advice and guidance to departments on specific health and safety matters, in order for the Trust to meet statutory requirements, legislation and best practice;
- development and issue of online health and safety self-assessments accessible via the Trust's intranet;
- provision of health and safety e-learning training courses to staff including fire, manual handling and patient moving and handling;
- Site Specific Risk Assessments were conducted at all Stations, Workshops, MRO sites, HEMS, HART, Trust headquarters, St James A and St Leonards. Actions identified are being monitored and a review of the assessments will be conducted during 2018/19.
- Fire Risk Assessments, Workplace Inspections and Security Inspections were carried out an completed at all stations and premises (162 in total);
- ongoing implementation and review of existing violence and aggression warning markers on patient addresses;
- attendance on the Health and Safety Bus with Unison Health and Safety Representatives.
- development of guidance notes and posters for staff on a variety of subjects; and
- providing IOSH Managing Safely to key staff.

During the 2017/18, the Health, Safety and Security department received:

- 1,893 incident reports including 606 injury accidents to staff and 101 injury accidents to patients
- 1049 abuse related incident reports, including 186 staff subjected to a physical assault
- 127 security related incident reports

A total of 383 letters were sent to patients by the Health, Safety and Security department following an incident where they had directed either violence or aggression towards ambulance staff.

During 2017/18, 631 incident reports were received detailing staff who had been subjected to an injury. This compares to 793 reports received during 2016/17 and represents a 20% decrease in reported incidents during 2017/18.

During 2017/18, 164 incident reports were received detailing 186 staff who had been subjected to a physical assault. This compares to 152 reports received during 2016/17 and represents a 7.3% increase in reported incidents during 2017/18.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, the Health, Safety and Security department reported 115 ‘over seven day injuries’ to staff to the Health and Safety Executive during 2017/18, compared to 98 during 2016/17 and represents a 14.7% increase in reported incidents during 2017/18.

The Health, Safety and Security department also reported 8 injuries to patients to the Health and Safety Executive during 2017/18, compared to 1 during 2016/17. A more robust process has been introduced to ensure all relevant patient injuries are captured and reported to the HSE within the time scales.

Countering Fraud

The Trust has a responsibility to ensure that public money is spent appropriately and, in relation to this, we have policies in place to counter fraud and corruption. These include detailed standing financial instructions, Counter Fraud policy and an Anti-Bribery policy.

The Trust works with Audit South West who provides its Anti-Fraud Service. The nominated Local Counter Fraud Specialist and the Deputy Chief Executive/Executive Director of Finance implemented a work plan to meet the requirements of the NHS Protect Anti-Fraud strategy; inform and involve, prevent and deter and hold to account.

There have been no significant fraud issues or threats in the year affecting the Trust. The main risks are; external fraudsters attempt to manipulate purchasers, like the Trust, into making payments into incorrect bank account details or internal, where staff work for another employer whilst claiming sick leave from the Trust. The Trust has a named Local Counter Fraud Specialist who works with the Trust to ensure good systems and processes are in place to prevent fraud and to deal appropriately if it were to occur.

The Audit and Assurance Committee receives and approves the Counter Fraud Annual Work Plan and the annual report, monitors the adequacy of counter fraud arrangements and reports on progress to the Board of Directors.

Staff Survey

The annual NHS Staff Survey is a mandatory requirement as part of the Trust's registration with the CQC. It is designed to support and develop priority actions that deliver on the staff pledges contained within the NHS Constitution. These four pledges are:

- **Staff Pledge 1 –** the NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- **Staff Pledge 2 –** the NHS commits to provide all staff with personal development, access to appropriate training for their jobs and line management.
- **Staff Pledge 3 –** the NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.
- **Staff Pledge 4 –** the NHS commits to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

We value the feedback and information provided by the annual independent NHS staff survey, which is undertaken on a national basis. It supports dialogue and engagement and provides a mechanism for identifying priority interventions to enhance staff health and wellbeing and organisational performance. Unlike the majority of other NHS Trusts, we survey the whole of our workforce each year, not just a percentage. Staff survey results are developed into local engagement plans.

Results from the NHS Staff Survey

A total of 1,647 staff participated in the 2016 survey; this represents a response rate of 42%, which is below the average for ambulance trusts in England.

Response rate				
	2016/17	**2017/18**		**Trust Improvement /deterioration**
	Trust	Trust	Benchmarking group (FT) average	
Response Rate	37%	42%	47%	Improvement of 5% when compared to last year's results.

Staff Engagement

The overall indicator of staff engagement has been calculated using the questions that make up key findings 1, 4 and 7 respectively. These key findings relate to the following aspects of staff engagement:

- **Key Finding 1:** Their willingness to recommend the Trust as a place to work or receive treatment
- **Key Finding 4:** The extent to which they feel motivated and engaged with their work
- **Key Finding 7:** Staff members' perceived ability to contribute to improvements at work

The overall engagement score for SWASFT was 3.50. The average ambulance trust score was 3.45.

During the fieldwork period for the 2017 NHS Staff Survey, the Trust's HR department conducted station and emergency department visits to ensure any queries or concerns regarding the survey were addressed.

Next Steps

The staff survey results were published in March 2018, and engagement plans are being formed in each operational division, hub and support service to address the areas of concern raised in the most recent staff survey.

Progress on these action plans will be reported through the Senior Leadership Team meetings. These action plans will be published on a dedicated intranet page and updated quarterly by the head of department/operations and their respective HR business partner.

Future Priorities

As the Trust's response rate is slightly lower than the ambulance trust average, improving the response rate for the staff survey remains a key priority for us. We are considering a range of methods for the 2018 survey to aid completion.

In addition to the survey, the Trust will continue to promote participation in the Staff Friends and Family Test, to provide management with a rich source of data to highlight and address concerns much faster than traditional survey methods.

Top 5 ranking scores (compared with Ambulance Trust average)				
	2017	**2016**		**Trust Improvement /deterioration**
	Trust	**Trust**	**Benchmarking group (FT) average**	
KF7. Percentage of staff able to contribute towards improvements at work	54%	55%	45%	1% point decrease
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	28%	28%	33%	No Increase or decrease
KF25 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	41%	42%	48%	1% point improvement
KF19. Organisation and management interest in and action on health and wellbeing	3.59	3.57	3.25	0.02% point improvement
KF6. Percentage of staff reporting good communication between senior management and staff	24%	28%	20%	4% points decrease

Bottom 5 ranking scores (compared with Ambulance Trust average)				
	2017	**2016**		**Trust Improvement /deterioration**
	Trust	**Trust**	**Benchmarking group (FT) average**	
KF24 Percentage of staff / colleagues reporting most recent experience of violence	49%	56%	64%	7% points decrease
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	79%	78%	81%	1% point improvement
KF27 Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	28%	34%	39%	6% points decrease
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.75	3.84	3.81	0.09 % point decrease
KF15. Percentage of staff satisfied with the opportunities for flexible working patterns	34%	34%	34%	No increase or decrease

Consulting and Engaging with Staff

As can be demonstrated by the staff survey results, SWASFT takes staff engagement very seriously. It is fundamental to delivering high-quality clinical services and transformational change and is regarded as a valuable indicator of organisational health.

A range of communication and feedback mechanisms are in place to engage and consult with staff and provide information. These include:

- Chief Executive's weekly bulletin and other newsletters;
- corporate website and intranet;
- email facilities which include 24/7 and remote access;
- annual staff surveys;
- electronic chat room sessions;
- face-to-face paid staff meetings;
- engagement roadshows across the Trust localities and EDs;
- union and Executive Director team meetings;
- Local Consultation Committee, providing a union and management forum for each locality area designed to represent the staff within that locality. This in turn feeds into the Joint Negotiation and Consultative Committee (JNCC), which is our corporate committee for staff engagement and consultation. This ensures local input in corporate and strategic policy making;
- focus groups;
- Staff Suggestion Scheme;
- staff Facebook page;
- video blogs;
- Career Conversations; and
- Right Care initiative.

Workforce Statistics

The following WTE figure is different from that given in the annual accounts because outlined below is the total number of people employed by the Trust on 31 March 2017 and the number given within the accounts is an average during the year.

		2017/18				2016/17			
		Headcount	WTE	Headcount %	WTE %	Headcount	WTE	Headcount %	WTE %
Age									
	16-25	375	364.19	8.51	9.20	344	325.50	7.65	8.14
	26-35	1166	1082.07	26.47	27.33	1149	1055.78	25.55	26.39
	36-45	1271	1120.69	28.85	28.31	1316	1161.02	29.26	29.02
	46-55	1100	990.71	24.97	25.03	1153	1030.01	25.64	25.75
	56-65	469	386.83	10.65	9.77	504	410.92	11.21	10.27
	66+	24	14.10	0.54	0.36	31	17.26	0.69	0.43
Ethnicity									
	White	4280	3847.15	97.16	97.18	4350	3885.11	96.73	97.12
	Mixed	33	29.68	0.75	0.75	35	31.21	0.78	0.78
	Asian or Asian British	10	7.52	0.23	0.19	15	12.93	0.33	0.32
	Black or Black British	7	6.00	0.16	0.15	9	7.59	0.20	0.19
	Chinese	3	2.13	0.07	0.05	3	2.25	0.07	0.06
	Other	3	3.00	0.07	0.08	1	1	0.02	0.02
	Not Stated	69	63.11	1.57	1.59	84	60.41	1.87	1.51
Gender									
	Male	2399	2269.80	54.4	57.34	2429	2300.70	54.01	57.51
	Female	2006	1688.79	45.5	42.66	2068	1699.79	45.99	42.49
	Transgender	0	0	0	0	0	0	0	0
Recorded Disability									
	Yes	96	89.05	2.1	2.25	106	94.75	2.36	2.37
	No	3746	3370.44	85.04	85.14	3748	3331.66	83.34	83.28
	Not Declared	563	499.10	12.78	12.61	643	574.08	14.30	14.35

Staff Exit Packages

Foundation Trusts are required to disclose summary information of their use of exit packages in the agreed year.

This information is subject to audit

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	10	3	13
£10,000 - £25,000	1	7	8
£25,001 -£50,000	2	8	10
£50,001 - £100,000		2	2
£100,000 - £150,000			
£150,000 - £200,000			
Total number of exit packages by type			
Total resource cost	**13**	**20**	**33**

Exit packages: non-compulsory departure payments

	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs	19	478
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice		
Exit payments following employment tribunals or court orders	1	14
Non-contractual payments requiring HMT approval*		
Total		
Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary		

With regard to exit packages, the lowest amount paid was £1,792. The highest was £60,522 and the median is £14,365.

Expenditure on consultancy

In 2017/18 the Trust spent £1,066,000 on consultancy. This is attributable across two main areas. In 2017/18 the relates to cost for the Ambulance Radio Programme which SWASFT hosts on behalf of the Department of Health (£364k) and the Trust health advisors Optima Health (£358k).

Off-payroll Arrangements

The staff report should also contain a statement on the NHS foundation trust's policy on the use of off-payroll arrangements, which as a minimum should cover arrangements for highly paid staff and controls it has in place over the use of such arrangements.

The Trust follows the guidance issued by the Department of Health in 2012 relating to off-payroll engagements. The off-payroll payments for the Trust relate to PSC arrangements that are in place for some doctors working for the urgent care service.

Table 1: For all off-payroll engagements as of 31 March 2018, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2018	17
Of which...	
No. that have existed for less than one year at time of reporting	
No. that have existed for between one and two years at time of reporting	
No. that have existed for between two and three years at time of reporting	5
No. that have existed for between three and four years at time of reporting	4
No. that have existed for four or more years at time of reporting	8

All existing off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2018	0
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	
No. for whom assurance has been requested	
Of which...	
No. for whom assurance has been received	
No. for whom assurance has not been received	
No. that have been terminated as a result of assurance not being received	

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

Council of Governors

Structure and role

As an NHS foundation trust, we have a Council of Governors. The Council forms a vital link between its members, staff, stakeholders and wider public, ensuring that their interests are represented.

The statutory roles and responsibilities of the Council of Governors and Additional Powers of the Governors are detailed in the Trust constitution. In 2017/18, these roles and responsibilities were as follows:

- Appoint the Non-Executive Directors
- Decide the remuneration and allowances and other terms and conditions of office of the chair and the other Non-Executive Directors
- Appoint the NHS Foundation Trust's auditor
- Receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors
- Hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors
- Represent the interests of the members of the Trust as a whole and the interests of the public
- Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other services

Through the Governors attendance at the Board and the Board's attendance at the Council of Governor meetings, both parties are able to exchange information about the Trust and its operations. Governors are also invited to attend formal committee meetings where they can observe the Non-Executive Directors.

As well as these formal opportunities, there are also informal ways to work together. At the start of each Council of Governors we also have an informal hour where Governors and Board members can chat, discuss topics and get to know each other in a more relaxed environment to aid better working relationships.

The Council of Governors and the Non-Executive Directors have a formal session on the Council of Governors agenda called 'table time' that allows them to talk freely across a broad range of topics.

In addition, during the year Governors and Non-Executive Directors have undertaken visits to ambulance stations and clinical hubs together to speak to staff. Other ways of working such as face-to face-meetings, public engagement activities and staff award ceremonies allow both parties to develop an understanding of the other and learn from the views of Board, Governors and members. Member's feedback to Governors and the Trust Board could be through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.

The Trust has a policy of engagement for NEDs and the Council of Governors which outline the procedures to be followed for engagement and resolution.

The Board uses the feedback from the Council of Governors when developing its forward plan. The last Trust plan was a two year plan and the second year of the plan was submitted in 2017/18.

Governors continue to seek the views of their membership through an informal and formal programme and were key stakeholders in the development of the Trust Vision in 2017/18.

Public, staff and appointed Governors

At 1 April 2017 the Council was made up of 34 governors, with 19 being elected by public members, six by the staff members, one local authority appointed Governor and the remaining eight being appointed by partner organisations. During the year the allocation of appointed Governor Seats was reviewed which reduced the number of appointed Governors to seven and the total number of governors to 32.

Lead Governor

Governors are invited to nominate themselves for the posts of Lead and Deputy Lead Governor annually. Following election by their peers at the Annual General Meeting in September 2017 the Lead Governor is Adrian Rutter, Public Governor – Devon, and the Deputy Lead Governor is William Thomas, Public Governor – Cornwall. Their terms of office will run until the Annual General Meeting on 13 September 2018.

Register of Interests

Governors have signed the Trust's Code of Conduct and are required to declare any interests which may compromise their objectivity in carrying out their duties. A Register of the Interests for all members of the Council of Governors is published on the Trust website and copies may also be obtained by from the Trust Secretary of the Trust.

Contacting Governors and the Trust Secretary

Members who wish to contact the Council of Governors may do so by contacting the Trust Secretary, South Western Ambulance Service NHS Foundation Trust, Abbey Court, Eagle Way, Exeter, EX2 7HY or via email at governors@swast.nhs.uk.

The Council of Governor meetings and workshops are regularly attended by members and non-members. Non-members include senior managers and Directors. The Chairman of the Trust chairs both the Board of Directors and the Council of Governors and therefore plays a significant role in ensuring effective and sound working relationships.

Meetings of the Council of Governors

The Council of Governors met formally as a Council on five occasions in 2017/18. Governors also supported the Trust through attendance at workshops, engagement events and sub-group meetings.

The following table details attendance at the four formal Council of Governor meetings.

Governor	Constituency	Elected / Appointed	Commencement of Term of Office	Meeting Attendance in 2017/18 Actual / Possible
Rae Care	Public - Bristol and Bath & North East Somerset	Uncontested	1 March 2014	1 / 4
William Thomas	Public – Cornwall	Elected	1 March 2014	4 / 4
Andy Phillips	Public – Cornwall	Elected unopposed	1 March 2018	0 / 0
Adrian Rutter	Public – Devon	Elected	1 March 2014	4 / 4
Phil Ford	Public Devon	Elected – next highest polling candidate	14 November 2014	3 / 4
David Pinder-White	Public – Devon	Elected	1 March 2017	4 / 4
Ray Foss	Public – Devon	Elected	1 March 2017	4 / 4
Robert Day	Public – Dorset	Elected Term of office ended 28 February 2018	1 March 2014	1 / 4
Peter Lucas	Public – Dorset	Elected unopposed Term of office ended 6 July 2017	1 March 2017	0 / 2
Clare Head	Public - Dorset	Elected	1 March 2018	0 / 0
Andrew Freemantle	Public - Dorset	Elected	1 March 2018	0 / 0
Craig Holmes	Public – Gloucestershire	Elected	1 March 2014	3 / 4
Steve Smith	Public – Gloucestershire	Elected unopposed Term of office ended 28 June 2017	1 March 2017	0 / 1
Steve Manning	Public – Isles of Scilly	Elected unopposed	1 March 2018	0 / 0
Anthony Leak	Public – Somerset	Elected	1 March 2014	3 / 4
John Hawkins	Public – Somerset	Elected unopposed	1 March 2017	4 / 4
Simon Michell	Public – Somerset	Elected unopposed	1 March 2017	3 / 4
Torquil David MacInnes	Public – Wiltshire	Elected unopposed	1 March 2014	3 / 4
Dee Nix	Public – Wiltshire	Elected unopposed	1 March 2014	4 / 4
David Shephard	Staff - A&E (East)	Elected unopposed	17 September 2014	4 / 4
Mark Stubbs	Staff – A&E (North)	Elected unopposed	1 March 2017	3 / 4

Neil Hunt	Staff - Admin, Support & Other Services	Elected	15 March 2014	4 / 4
Sandy Turner	Staff – Urgent Care Services (including NHS111)	Elected	1 March 2017	3 / 4
Mark Norbury	Staff – Volunteers	Uncontested	15 March 2014	3 / 4
Doug Hellier-Laing	Appointed – Local Authorities	Appointed Term of office ended 18 December 2017	18 November 2015	2 / 3
Paul Walker	Appointed – Fire Services	Appointed	14 March 2016	1 / 4
Steve Waite	Appointed – Mental Health Partnerships	Appointed Term of office ended 14 August 2017	8 March 2016	1 / 2
Bill Sivewright	Appointed – Air Ambulance Charities	Appointed	1 March 2017	2 / 4
Dr Blair Millar	Appointed – Clinical Commissioning Groups	Appointed	25 July 2016	2 / 4
Dr Jon Hayes	Appointed – Clinical Commissioning Groups	Appointed Term of office ended	9 March 2017	0 / 2
Helen Richardson	Appointed – Acute Trusts	Appointed Term of office ended 15 December 2017	25 April 2017	1 / 3

In 2017/18, there were four Council of Governor meetings. The Non-Executive attendance is in the following table. All but one of these meetings was attended by the Chief Executive. Executive Directors are not required to attend but are able to attend if they wish or are requested to attend by the Council of Governors.

In 2017/18, the Council of Governors had no occasion to exercise their powers under the NHS Act and require a Director to attend to provide information on performance.

Tony Fox	4 / 4
Venessa James	4 / 4
Ian Reynolds	3 / 4
Paul Love	3 / 4
Hugh Hood	0 / 2
Gail Bragg	3 / 4
Rakhee Rankin	1 / 3
Minesh Khashu	1 / 3

Remuneration and Recommendation Panel

The Remuneration and Recommendation Panel must comprise four Governors and the Chairman of the Council of Governors. We have a larger panel due to the size and geography of the Trust to enable contingency arrangements to be effective.

The following table shows members' attendance at the nine formal Remuneration and Recommendation Panel committee meetings for 2017/18. Not every member is required to attend every interview so full attendance would not be expected. The membership also changed in 2017/18.

This does not include the extra time and effort committed to for shortlisting, interviews preparation, telephone conference calls to check on progress or the time that Governors make to be available for supporting the Panel.

In 2017/18, the Governors effort was significant that saw the appointment of two new NEDs, re-appointment of a further two NEDs; the establishment of a governance framework for Associate NEDs and a subsequent appointment as well as a review of the Chair and NEDs remuneration.

The Trust is grateful for the time and effort of the Panel which has continued into 2018/19 with the Panel having commenced its planning for the forthcoming Trust Chairman recruitment exercise.

Name	Position	Attendance: Actual/Possible
Rae Care	Public Governor	9 / 9
Simon Michell	Public Governor	4 / 5
Adrian Rutter	Public Governor	9 / 9
Dee Nix	Public Governor	8 / 9
Neil Hunt	Staff Governor	4 / 5
David Shephard	Staff Governor	6 / 9
Doug Hellier-Laing	Appointed Governor	6 / 7
Bill Sivewright	Appointed Governor	2 / 5

In addition, the Chief Executive, Ken Wenman, the Senior Independent Director, Venessa James and the Trust Secretary, Marty McAuley have been in attendance to support and advise the Panel. No external agencies were used to assist with the recruitment in 2017/18.

The processes used in NED recruitment have been developed by the Governors and approved by the Council of Governors. In 2017/18 Minesh Khashu and Rakhee Rankin were appointed as NEDs, Venessa James was re-appointed as a NED and Susan Bradford was appointed as an Associate NED.

The Governors always assess the skill-set required, consider the current and future needs of the Board and seek input from the Chief Executive, Senior Independent Director, other Board members and the Trust Secretary.

Recruitment is managed in-house and the Governors develop questions based on the skill-set they are looking for.

All candidates recommended to the Council of Governors make a number of declarations and the Trust Secretary undertakes a Fit and Proper Person Test on each nomination.

Our Membership

We welcome members from all walks of life and public membership is open to people aged 16 years or over who live within our operating area. For membership in a public constituency, a member must live within that public constituency area. The boundaries of the Trust's public constituencies are aligned to local authorities and are defined within the Trust Constitution.

We have a membership and engagement strategy which sets out how we continue to build a membership that is representative of its operational area, using the analysis of socio-economic demographics. The strategy defines our membership community and eligibility criteria, as well as defining differing levels of membership and the engagement opportunities offered at each level.

At 31 March 2018, the main demographic imbalance within our membership was the under representation of men, who form 43 per cent of the membership as compared with 49 per cent of the total population within our operating area. In addition, there is an over-representation of members who are classified by the Office for National Statistics "AB" i.e. those whose occupations have been or are high managerial, administrative and professional. The socio-economic grouping comprises just under 27% of our membership compared with just under 23% of the population.

Whilst we have addressed previously identified areas of under representation in terms of the age of the Trust's member, however there remains an under representation of those who are aged under 22. In addition, we are continuing to address previously identified demographic imbalance or members from the northern area of the region with staff and Governors attending local events.

The Council of Governors has established a Communications and Membership Sub-group, which is charged with reviewing the effectiveness of the Membership and Engagement Strategy and working with the Trust to identify engagement activities for Governors as well as targeting demographic imbalances within our membership.

The Board of Directors monitors how representative the membership is, together with the level and effectiveness of membership engagement, through annual reporting and by individual directors attending membership events throughout the year.

Our public membership at 31 March 2018, numbered 13,975 members which equates to 0.25% of the eligible population. The following table provides a breakdown of our membership by constituency. Details of constituency eligibility are detailed in our Constitution, which is available on the public website at www.swast.nhs.uk.

Public

Public Constituency	Minimum Number of Members	Membership 31.03.2018	Number of Governors
Bristol and Bath & North East Somerset	320	1,230	2
Cornwall	272	3,017	2
Devon	580	3,112	4
Dorset	360	1,536	2
Gloucestershire and South Gloucestershire	436	1,473	3
Isles of Scilly	25	73	1
Somerset and North Somerset	375	2,509	3
Wiltshire and Swindon	336	1,025	2

Staff

Our staff membership at 31 March 2018 numbered 4,758. The following table provides a breakdown of this membership by staff class. Details of staff class eligibility are detailed in our Constitution, which is available on the public website at www.swast.nhs.uk.

Staff Constituency	Membership 31.03.2018	Number of Governors
Accident & Emergency: East Division Staff Class	766	1
Accident & Emergency: North Division Staff Class	1,397	1
Accident & Emergency: West Division Staff Class	1,310	1
Urgent Care Services Staff Class	450	1
Volunteers Staff Class	155	1
Administration, Support & Other Services Staff Class	680	1

Our members receive communications and are invited to events including the Annual Members' Meeting, Station Open Days and to take part in focus groups and respond to consultations, as well as being invited to stand for election as a Trust Governor. Members wishing to know more about membership, should contact us on 01392 261502 or via email at ft@swast.nhs.uk.

NHS Foundation Trust Code of Governance

South Western Ambulance Service NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Code of Governance Disclosure Statement –			
Relating to	**Code Ref**	**Summary of Requirement**	**Annual Report Location, or Comply or Explain**
Schedule A (2)			
Board and Council of Governors	A.1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.	Comply – page 65 of the Annual Report
Board, Nomination Committee(s), Audit Committee, Remuneration Committee	A.1.2	The annual report should identify the Chairperson, the deputy Chairperson (where there is one), the Chief Executive, the Senior Independent Director (see A.4.1) and the Chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the Board and those committees and individual attendance by Directors.	Comply – page 72 of the Annual Report
Council of Governors	A.5.3	The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated Lead Governor.	Comply – page 67 of the Annual Report
Board	B.1.1	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent, with reasons where necessary.	Comply – page 72 of the Annual Report
Board	B.1.4	The Board of Directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	Comply – page 28 of the Annual Report
Nominations Committee(s)	B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it	Comply – page 42 of

Code of Governance Disclosure Statement –			
Relating to	**Code Ref**	**Summary of Requirement**	**Annual Report Location, or Comply or Explain**
		has used in relation to Board appointments.	the Annual Report
Chair / Council of Governors	B.3.1	A Chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.	Comply – page 27 of the Annual Report
Council of Governors	B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed Governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Comply – page 65 of the Annual Report
Board	B.6.1	The Board of Directors should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the Chairperson, has been conducted.	Comply – page 34 of the Annual Report
Board	B.6.2	Where there has been external evaluation of the Board and/or Governance of the trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	Comply – Page 87 of the Annual Report
Board	C.1.1	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Comply – page 39 of the Annual Report
Board	C.2.1	The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	Comply – page 92 of the Annual Report
Audit Committee / control environment	C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Comply – page 38 of the Annual Report

Code of Governance Disclosure Statement –			
Relating to	**Code Ref**	**Summary of Requirement**	**Annual Report Location, or Comply or Explain**
Audit Committee / Council of Governors	C.3.5	If the Council of Governors does not accept the Audit Committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	NA
Audit Committee	C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	Comply – page 38 of the Annual Report
Board / Remuneration Committee	D.1.3	Where an NHS foundation trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the Director will retain such earnings.	NA
Board	E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about the NHS foundation trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	Comply – page 65 of the Annual Report
Board / Membership	E.1.6	The Board of Directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	Comply – page 70 of the Annual Report
Membership	E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly	Comply – page 66 of

Code of Governance Disclosure Statement –			
Relating to	**Code Ref**	**Summary of Requirement**	**Annual Report Location, or Comply or Explain**
		available to members on the NHS foundation trust's website and in the annual report.	the Annual Report

Additional Requirements, FT Annual Reporting Manual 2015/16			
Council of Governors	n/a	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors.	Comply – page 67 of the Annual Report
Board	n/a	The annual report should include a brief description of the length of appointments of the Non-Executive Directors, and how they may be terminated	Comply – page 32 and 42 of the Annual Report
Nominations Committee(s)	n/a	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a Chair or Non-Executive Director.	Comply – page 43 of the Annual Report
Council of Governors	n/a	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2) (aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a Governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	NA

Membership	n/a	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	Comply – page 70 of the Annual Report
Board / Council of Governors	n/a	The annual report should disclose details of company directorships or other material interests in companies held by Governors and/or Directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of Governors' and Directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report. See also ARM paragraph 7.33 as directors' report requirement	Comply – page 27 of the Annual Report

Schedule A (6) – Comply or Explain			
Board	A.1.4	The Board should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery	**Comply**
Board	A.1.5	The Board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance	**Comply**
Board	A.1.6	The Board should report on its approach to clinical governance	**Comply**
Board	A.1.7	The Chief Executive as the accounting officer should follow the procedure set out by Monitor for advising the Board and the Council and for recording and submitting objections to decisions	**Comply**
Board	A.1.8	The Board should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life	**Comply**
Board	A.1.9	The Board should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility	**Comply**
Board	A.1.10	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its Directors	**Comply**
Chair	A.3.1	The Chairperson should, on appointment by the Council, meet the independence criteria set out in B.1.1. A Chief Executive should not go on to be the Chairperson of the same NHS foundation trust	**Comply**

Board	A.4.1	In consultation with the Council, the Board should appoint one of the independent Non-Executive Directors to be the Senior Independent Director	**Comply**
Board	A.4.2	The Chairperson should hold meetings with the Non-Executive Directors without the Executives present	**Comply**
Board	A.4.3	Where Directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the Board minutes	**Comply**
Council of Governors	A.5.1	The Council of Governors should meet sufficiently regularly to discharge its duties	**Comply**
Council of Governors	A.5.2	The Council of Governors should not be so large as to be unwieldy	**Comply**
Council of Governors	A.5.4	The roles and responsibilities of the Council of Governors should be set out in a written document	**Comply**
Council of Governors	A.5.5	The Chairperson is responsible for leadership of both the Board and the Council but the Governors also have a responsibility to make the arrangements work and should take the lead in inviting the Chief Executive to their meetings and inviting attendance by other Executives and Non-Executives, as appropriate	**Comply**
Council of Governors	A.5.6	The Council should establish a policy for engagement with the Board of Directors for those circumstances when they have concerns	**Comply**
Council of Governors	A.5.7	The Council should ensure its interaction and relationship with the Board of Directors is appropriate and effective	**Comply**
Council of Governors	A.5.8	The Council should only exercise its power to remove the Chairperson or any Non-Executive Directors after exhausting all means of engagement with the Board	**Comply**
Council of Governors	A.5.9	The Council should receive and consider other appropriate information required to enable it to discharge its duties	**Comply**
Board	B.1.2	At least half the Board, excluding the Chairperson, should comprise Non-Executive Directors determined by the Board to be independent	**Comply**
Board / Council of Governors	B.1.3	No individual should hold, at the same time, positions of Director and Governor of any NHS foundation trust	**Comply**
Nomination Committee(s)	B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of Executive and Non-Executive Directors	**Comply**
Board / Council of Governors	B.2.2	Directors on the Board of Directors and Governors on the Council should meet the “fit and proper” persons test described in the provider licence	**Comply**
Nomination Committee(s)	B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the Board and make recommendations for changes where appropriate	**Comply**
Nomination Committee(s)	B.2.4	The Chairperson or an independent Non-Executive Director should chair the nominations committee(s)	**Comply**
Nomination Committee(s) / Council of Governors	B.2.5	The Governors should agree with the nominations committee a clear process for the nomination of a new Chairperson and Non-Executive Directors	**Comply**
Nomination Committee(s)	B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the	**Comply**

		appointment of Non-Executive Directors should consist of a majority of Governors	
Council of Governors	B.2.7	When considering the appointment of Non-Executive Directors, the Council should take into account the views of the Board and the nominations committee on the qualifications, skills and experience required for each position	**Comply**
Council of Governors	B.2.8	The annual report should describe the process followed by the Council in relation to appointments of the Chairperson and Non-Executive Directors	**Comply**
Nomination Committee(s)	B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s)	**Comply**
Board	B.3.3	The Board should not agree to a full-time Executive Director taking on more than one Non-Executive Directorship of an NHS foundation trust or another organisation of comparable size and complexity	**Comply**
Board / Council of Governors	B.5.1	The Board and the Council of Governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make	**Comply**
Board	B.5.2	The Board and in particular Non-Executive Directors, may reasonably wish to challenge assurances received from the Executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the Board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis	**Comply**
Board	B.5.3	The Board should ensure that Directors, especially Non-Executive Directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as Directors	**Comply**
Board / Committees	B.5.4	Committees should be provided with sufficient resources to undertake their duties	**Comply**
Chair	B.6.3	The Senior Independent Director should lead the performance evaluation of the Chairperson	**Comply**
Chair	B.6.4	The Chairperson, with assistance of the Trust Secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for Non-Executive Directors relevant to their duties as Board members	**Comply**
Chair / Council of Governors	B.6.5	Led by the Chairperson, the Council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities	**Comply**
Council of Governors	B.6.6	There should be a clear policy and a fair process, agreed and adopted by the Council, for the removal from the Council of any Governor who consistently and unjustifiably fails to attend the meetings of the Council or has an actual or potential conflict of interest which prevents the proper exercise of their duties	**Comply**
Board / Remuneration Committee	B.8.1	The remuneration committee should not agree to an Executive member of the Board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to	**Comply**

		service of their full notice period and/or material reductions in their time commitment to the role, without the Board first having completed and approved a full risk assessment	
Board	C.1.2	The Directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary – see also ARM paragraph 7.17	**Comply**
Board	C.1.3	At least annually and in a timely manner, the Board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance	**Comply**
Board	C.1.4	a) The Board of directors must notify Monitor and the Council of Governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust b) The Board of Directors must notify Monitor and the Council of Governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in: • the NHS foundation trust's financial condition; • the performance of its business; and/or • the NHS foundation trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust	**Comply**
Board / Audit Committee	C.3.1	The Board should establish an Audit Committee composed of at least three members who are all independent Non-Executive Directors	**Comply**
Council of Governors / Audit Committee	C.3.3	The Council should take the lead in agreeing with the Audit Committee the criteria for appointing, re-appointing and removing external auditors	**Comply**
Council of Governors / Audit Committee	C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust	**Comply**
Council of Governors	C.3.7	When the Council ends an external auditor's appointment in disputed circumstances, the Chairperson should write to Monitor informing it of the reasons behind the decision.	**Comply**
Audit Committee	C.3.8	The Audit Committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters	**Comply**

Remuneration Committee	D.1.1	Any performance-related elements of the remuneration of Executive Directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels	**Comply**
Remuneration Committee	D.1.2	Levels of remuneration for the Chairperson and other Non-Executive Directors should reflect the time commitment and responsibilities of their roles	**Comply**
Remuneration Committee	D.1.4	The Remuneration Committee should carefully consider what compensation commitments (including pension contributions and all other elements) their Directors' terms of appointments would give rise to in the event of early termination	**Comply**
Remuneration Committee	D.2.2	The Remuneration Committee should have delegated responsibility for setting remuneration for all Executive Directors, including pension rights and any compensation payments	**Comply**
Council of Governors / Remuneration Committee	D.2.3	The Council should consult external professional advisers to market-test the remuneration levels of the Chairperson and other Non-Executives at least once every three years and when they intend to make a material change to the remuneration of a Non-Executive	**Comply**
Board	E.1.2	The Board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between Governors and any local consultative forums	**Comply**
Board	E.1.3	The Chairperson should ensure that the views of Governors and members are communicated to the Board as a whole	**Comply**
Board	E.2.1	The Board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate	**Comply**
Board	E.2.2	The Board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each	**Comply**

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework (SOF) provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes: Quality of care, Finance and use of resources, Operational performance, Strategic change and Leadership and improvement capability (well-led).

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

At the time of its publication, the Trust's segmentation was confirmed as Segment 2 where it has remained.

At no time has the Trust breached it license conditions. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where 1 reflects the strongest performance. These scores are then weighted to give an overall score.

Given that finance and use of resources is only one of the five themes feeding into the SOF, the segmentation of the Trust disclosed above might not be the same as the overall finance score. The Trust Scores a 2 for Finance and Use of Resources.

Area	Metric	2017/18 scores				2016/17 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial Sustainability	Capital Service capacity	1	1	1	1	1	1
	Liquidity	1	1	1	1	1	1
Financial Efficiency	I&E margin	2	2	2	2	2	2
Financial Controls	Distance from financial plan	2	2	2	1	2	NA
	Agency Spend	1	1	1	1	1	1
Overall Scoring		**2**	**2**	**2**	**2**	**2**	**2**

Ken Wenman
Chief Executive
24 May 2018

Statement of the chief executive's responsibilities as the accounting officer of South Western Ambulance Service NHS Foundation Trust

The National Health Service Act 2006 (NHS Act 2006) states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement. NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South Western 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 Western Ambulance Service NHS Foundation Trust and of its income and expenditure, items of other comprehensive income and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The accounting officer is also responsible for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Ken Wenman
Chief Executive
24 May 2018

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.

Purpose 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 Western 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 Western Ambulance Service NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Risk management is embedded through the Trust. Risk is managed at an operational and corporate level. There are four types of risk registers:

- Directorate – risks that score 9 and below.
- Directors - risks that score 10-12
- Corporate – risks that score 15+
- Project – each project has its own risk register

Risk oversight is essential to the embeddedness of risk management process and the Trust has the following arrangements in place:

- On a monthly basis the Executive Directors receive all risks that score 10 and above.
- On a quarterly basis the Audit and Assurance Committee receive all risks that score 10 and above.
- On a bi-monthly basis the Board of Directors receives all risks that score 10 and above alongside the Board Assurance Framework which includes deep dives on risks scoring 20 and above in addition to one lower level risk.
- Alongside this, at each Committee of the Board, it is a standing item to receive a register of all risks scoring above 10 that relate to the remit of that committee (finance, quality, people and culture).

Risk management sits under the portfolio of the Executive Director of Nursing and Quality and is led by the Head of Quality. On a monthly-basis, the Corporate and Executive Directors Risk Registers are updated by the Directors or their deputies.

The Trust has a Quality and Risk Assurance Group (QRAG) made up of senior managers across the Trust. On a monthly basis this group reviews risk assessments, meeting risk owners to ensure that the risk has been fully understood and described. Completed risk assessments are presented to the Quality Committee for information who oversees the completion of actions associated with the individual assessments.

The Corporate and Executive Directors Risk Register is then updated and presented to the Senior Leadership Team meeting.

Individual Directors hold various forums and collate their own local risks and senior managers can feed risks into the Quality and Risk Assurance Group for consideration. The Quality and Risk Assurance Group evaluate and check assurance on the Corporate and Executive Directors Risk Registers, ensuring consistency.

The Quality and Risk Assurance Group invites other teams and departments to join them to share learning across the organisation. Individual risk owners are also supported through the process of developing their risk assessment, building knowledge and skill alongside their assessment.

In 2017/18 there have been 14 meetings of the group and they have reviewed 35 risk assessments and 3 Quality Equality Impact Assessments.

The Audit and Assurance Committee provides strategic oversight at a Committee level. Their regular review of the Risk Register enables them to look at the current risk profile and consider it against the Internal Audit Programme.

The Trust is a learning organisation and learns through its approach to risk management and associated processes for example serious incident management and learning.

Risk management is part of the induction process for all staff where the mandatory workbook provides information to ensure that staff are knowledgeable on risk management. It covers staff responsibilities as well as how risk is identified, managed and reported.

The Board of Directors also has Risk Awareness sessions challenging themselves through the redesign of the Board Assurance Framework and Risk Register to ensure that they are fit for purpose and providing them with the right information.

Serious incident reviews are well attended and seen as a valuable opportunity to improve practice. The Trust also embraces opportunities to learn and improve and to support this staff are invited to assist in the process of learning. Members of the Board of Directors attend Serious Incident meetings. In addition, the Directors and Board of Directors receive regular briefings on Serious Incidents.

The Trust has procured a new risk management system that will improve the interaction and reporting of the Trust's risk management arrangements. The new system should inform decision making by aligning risk management with minimising threats to the achievement of the Trust's objectives. Risks can be mapped to strategic goals, corporate and directorate objectives in one framework which would give greater visibility of risk exposure. The system will allow each risk and individual action to be fully tracked and audited providing a clear history of the risk controls and associated actions enhancing the provision of assurance to the Trust Board of Directors.

The risk and control framework

The Trust Board of Directors is committed to ensure that effective risk management is an integral part of its management approach, underpinning all activities.

The Trust's Risk Strategy was updated and approved in July 2016 as a single governance and risk strategy. The move from a separate risk strategy was to further embed its approach that risk is part of what we do and not a standalone action.

The strategy sets out the trust's aims and principles for the management of governance and risk. The strategy is underpinned by governance and risk processes which are continually developed to achieve high standards. It demonstrates the effectiveness and continual development of the Trust's governance arrangements. These processes build on historical good practice and new guidance, to ensure that strong arrangements are further improved and embedded.

The key aim of the strategy is to establish systems and processes to ensure that risk management becomes infused in the Trust's philosophy, practices and business planning processes ensuring a holistic approach.

Risk appetite is set at a Board level and reviewed depending upon the activity undertaken. Clinical and operational risk appetite is low.

The Risk Register and Board Assurance Framework (BAF) is presented to each Board meeting for the Board to have oversight of the key risks that the organisation is facing and how this affects our ability to achieve the strategic goals of the Trust. A rotational deep-dive into lower graded risks is also included in the BAF.

The QRAG is the operational forum for the Risk Register and the Audit and Assurance Committee is the strategic Committee. The Audit and Assurance Committee receive the Risk Register to inform their discussion and inform the commissioning of further internal audit and work programmes.

In May 2017 the Audit and Assurance Committee received an internal audit report for the Trust Risk Management arrangements and Board Assurance Framework which was rated as Significant. There were four low-level recommendations, all of which have been completed in-year.

The Board of Directors is focused on the quality of care the organisation provides, receiving assurance reports and updates at each of the meetings, this includes information on the key areas of learning and the actions the organisation is taking to embed improvements.

The Quality Committee, chaired by a Non-Executive Director, is accountable for overseeing the Quality arrangements of the Trust and its membership consists of Executive and Non-Executive Directors. The Trust has a quarterly relationship meeting with the CQC and the minutes of these meetings are also shared for assurance with the Quality Committee.

Following consultation and then Board approval, the Trust launched its new Quality Strategy in March 2017.

Financial and quality performance information is available in the Integrated Corporate Performance Report (ICPR) which is always publicly available; reinforcing a pledge by Directors in 2015 to give quality equal priority with performance. This is further embedded through the Trust's contract management meetings which focus on both quality and performance. It is published on the Trust website and provided to the Council of Governors each month.

The Trust has developed an annual Quality Improvement Plan and associated governance framework which further supports the Quality Strategy by embedding quality at the heart of what we do.

The Trust has a Quality Programme Board, chaired by the Clinical Director, which has strategic oversight of the Trust approach to quality and ensures that it is embedded at all

levels of the organisation. It is made up of members of the senior management team and all directorates are represented. Non-Executive Directors also receive a standing invitation to attend. The Quality Programme Board reports to the Trust's Quality Committee and is responsible for ensuring that there is a robust quality programme in place (which is continually reviewed and refreshed) to drive forward the Trust's quality development agenda.

The Trust has implemented a Quality Buddy system whereby each Operational Area including Resilience, Logistics and Community Responders) has been assigned a Quality Buddy. The Quality Buddies act as quality and governance support to their Operational Manager/Head of Department and provide a two way flow of information on the risks, issues and areas of excellence between frontline Operational areas and the Senior Management and Executive Directors teams. They will also cascade information from Board level (for example, the Corporate and Executive Directors Risk Register) and escalate issues from the frontline up to senior management. A Quality Buddy Group meets monthly to discuss feedback, areas of learning and excellence.

During 2017/18 the Trust had a Learning From Experience Group, chaired by a Consultant Paramedic with membership from each functional area where learning is collated, which was responsible for identifying and sharing learning across the Trust. In 2018/19 this group will be merged with the Trust's Quality Buddy Group to form a new Continuous Improvement Group.

The new streamlined single group simplifies the governance and strengthens the accountability and reach of the group. The focus will be on continuous learning and demonstrating that any change has had a direct benefit to patient or staff.

The Trust maintains a high profile nationally, with the Chairman, Chief Executive and other Board members holding membership of many national groups.

The Board of Directors and the Quality Committee receive regular reports to provide assurance on quality performance.

The Trust has an Information Governance Group chaired by the Executive Director of IM&T, which is responsible for information security. The ICT function leads on the data security arrangements which are in the main owned by ICT Services as a function.

The Information Assurance Steering Group is chaired by the Executive Director of IM&T whose remit is to oversee data quality and information security arrangements for the Trust.

Information security risks are reported to the Information Governance Group as the designated forum to consider issues arising from information governance and security incidents reported and trends that emerge from these. Any moderate or significant risks are escalated to the Risk Assurance Group and escalated to the Audit and Assurance Committee. During 2017/18, no information security incidents were classified as being serious. The Trust achieved compliance with level 2 of the NHS Information Governance Toolkit in 2017/18.

The Board approved Caldicott Guardian is the Executive Medical Director. An Information Governance Group, chaired by the Senior Information Risk Owner (SIRO) and attended by Information Asset Owners, develops and monitors the information governance work programme.

Our top major risks facing the Trust are the same as those risks that we see carrying forward. They are:

- Incident Stacking;
- Reputation;
- ARP Performance Targets;
- Service Changes and the Impact on the Ambulance Service;
- Commissioner Affordability;
- External Impact on Finance Strategy;
- Major IT Service Failure;
- TUPE – Litigation (20).

The Trust's Risk Register contains details of the controls that are in place to manage each risk, the action planned to manage the risk and an identified accountable director.

These are reviewed and discussed at each meeting of the Board of Directors and Quality Committee, and monthly by the Directors Group with the accountable Director being responsible for advising on the latest position for each risk.

All risks are monitored through the committee structure, via the Risk Register and Board Assurance Framework. The Quality Risk Assurance Group, Audit and Assurance Committee and Board of Directors are accountable for the oversight and assessment of the outcomes of risks. The Quality Committee receives a report on the Quality risks at each meeting for oversight and assurance, as does each committee.

Following a tender activity, the Trust procured a review in line with NHS Improvement's (NHSI) 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts' (Well-Led Framework) published in June 2017. KPMG were appointed to undertake the external independent review.

The fieldwork commenced on 12 September 2017 was completed on 27 November 2017. Fieldwork included observations of the Trust Board of Directors, Council of Governors and a number of the corporate committees. Interviews were conducted with Executive Directors, Non-Executive Directors, Directors, Deputies and Associates as well as external stakeholders. Four focus groups were held, one with Governors and three with staff. As part of the review over 130 key documents were requested and reviewed.

The Trust completed a self-assessment against each of the KLOEs in the guidance. KPMG have completed an independent review of the self-assessment and provided feedback against the areas outlined within the guidance, noting areas for future development.

The overall findings of the review were that KPMG agreed with the Trust Self-Assessment ratings in all of the eight Well-Led framework's key questions. They did note that for question two regarding the strategy that the Trust is in the process of refreshing its strategy and this still needs wider discussion with commissioners and STP leads.

Conclusion from KPMG review:

"There are sufficient arrangements in place to ensure that South Western Ambulance Service NHS Foundation Trust (the 'Trust') is well led, which we assessed against the KLOEs set out in NHSI's Well Led Framework.

The makeup of the Board ensures that the information provided is subject to robust scrutiny and challenge, which was demonstrated when we observed these meetings. Observing sub-committees provided assurance that the Board is appropriately informed of key issues on a timely basis.

We canvassed feedback from a range of stakeholders including focus groups at all three hubs to ensure a broad range of internal and external views were captured, the results of which have been generally very positive and have added a weight of evidence supporting our conclusion.

The Trust has completed a summary self-assessment, supported by an indexed suite of information. We have agreed with the Trust's self-assessment ratings in all of the 8 Well-Led framework's key questions.

However, we note that for question 2 regarding strategy that the Trust is in the process of refreshing their strategy and this still needs wider discussion with commissioners and STP leads.

In summary, the Trust has a large number of effective processes and controls in place to support compliance with the governance framework. However we did identify some areas that require strengthening to fully meet the requirements of the Framework. We have provided our recommendations in Section 2 and detailed findings in Section 3."

Overall KPMG have raised 11 recommendations in a number of areas to support the Trust in their improvement journey. A management response for each of them has been created alongside an accountable lead for the Trust and a completion deadline. This has become an action plan that was approved by the Trust Board of Directors.

The Trust Board of Directors will approve the plan and the plan and progress against it will be reported to the Board until it is satisfied that all actions have been completed and the plan can be closed.

One of the most significant strategic risks, and a risk to patient safety, remains the delivery of the national ambulance standards. The achievement of these standards remains challenging due to the gap in the Trust's contractual position and in some cases the maturity of local urgent and emergency care systems; this creates an underlying risk to the safety of patients and creates the potential for patient harm.

The Board of Directors, Audit and Assurance Committee, Quality Committee and Directors Group continue to monitor the level of demand and performance with the monthly publication of the ICPR.

The committees and Board of Directors continue to receive the Risk Register, Board Assurance Framework, serious incident reports and any concerns regarding patient safety. Committees work together to ensure that all are assured and cross refer issues as appropriate. Non-Executive committee chairs provide assurance reports to the Board of Directors following each committee meeting.

The Trust's serious incident management process is a positive example of its approach to risk. Incidents are learned from to ensure that the practice of our staff is developed where possible and where errors happen, that learning is applied to ensure that we continue to deliver a safe and effective service. Serious incident review meetings are well attended by the staff involved and are seen as an experiential learning opportunity.

The Corporate Governance Statement is approved each year by the Trust Board of Directors. It has a number of sources that it has taken its assurance from, these have included:

- KPMG well led governance review conclusion and recommendation
- NHSI investigation closure with no formal action
- Significant level of assurance from Internal Audit Reports on key control areas such as finance, risk and board assurance framework.
- Effective Board and Committee structure
- Significant Assurance from Audit South West's Head of Internal Audit Opinion
- ISA260 from KPMG which confirms the robust arrangements that the Trust has in place and the significance of the level of assurance that they provide.

In February 2017, the Quality Committee approved the new governance framework to support the new combined Quality and Equality Impact Assessment (QEIA) process. The process which assesses both the quality and equality impacts of business decisions and changes to services.

The QEIA process provides a focus on quality, encompassing learning from reports such as Berwick, Keogh and Francis. It is to be used alongside financials, business cases and risk assessments for any proposed significant change. The core components of the QEIA tool, which was developed by one of the Trust's Commissioners and adopted by the Trust, are:

- Safety;
- Effectiveness;
- Experience;
- Other Impacts;
- Equality and Diversity;
- Measurement.

Completed QEIAs are presented to the Quality and Risk Assurance Group who make a recommendation regarding sign off and approval.

The Trust has an established web based Incident Reporting process which is widely publicised and encouraged across the Trust. Each adverse incident report submitted is reviewed and an investigation is carried out which is proportionate to the level of the incident report. Feedback is provided directly to those reporting incidents by the person responsible for its investigation. Learning from incidents is communicated on an individual and Trust-wide basis via the Trust's Bulletin. In 2018/19 a dedicated learning newsletter is to be published which will incorporate learning from all methods of feedback including incident reports and complaints.

The Trust has continued to contribute to easing the pressure on the rest of the community through our non-conveyance rates, partnership working and our running of an Urgent Care Centre in Tiverton.

Cost improvement schemes have risk assessments carried out on them known as quality impact assessments so that decisions are not made in isolation but instead are part of a series of interdependent links that lead to the safe and effective responsive service that we run.

We have the same open and transparent relationship with our regulators and regularly update them on issues and challenges facing the Trust.

Alongside our regular reporting, our commissioners are in attendance at our Quality Committee and Quality Development Group meetings.

Public Board meetings are attended by our staff, Governors and members of the public. Nine of our 34 seats on the Council of Governors are held by appointed organisations that we work with closely.

The Trust values the input of others in looking at how their stakeholders can affect our approach to risk management. A number of the Trust's risks are caused by pressures on the wider health system so these are regularly raised with our commissioners and acute partners. The Trust attends a quarterly meeting with our commissioners who are sighted on key risks that affect our ability to deliver Trust services and we work together to provide solutions.

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

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.

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

As part of the national EPRR assurance process for 2017/18, South Western Ambulance Service NHS Foundation Trust has been required to assess itself against these core standards. The outcome of this self-assessment shows that against 50 of the core standards which are applicable to the organisation, South Western Ambulance Service NHS Foundation Trust is fully compliant with all 50. The Trust overall rating is Full Compliance

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

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

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

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

The Trust works hard to ensure that its resources are used efficiently and effectively. Each year there is an Audit and Assurance Committee approved plan for how internal audit will be engaged in the year. This is regularly reviewed and a formal half-year review takes place to ensure that the plan remains meaningful.

Executive Director challenge around budget management and control remains key.

Cost Improvement Plans and changes that could impact on patients have a QEIA done on them to understand what the impact would be.

The Trust's Finance and Investment Committee oversees the accountability for cost improvement plans. We have always set appropriate cost improvement schemes and continue to return a surplus in a difficult financial climate.

Alongside the national Carter work programme, each Non-Executive Director has been allocated a workstream to lead within the Trust.

The Trusts CQC rating for its NHS111 service was published in April 2017 and the Trust rating was Requires Improvement, with the Safe, Caring and Responsive domains rated as Good. The Trust has had another inspection which took place in May 2018 but as yet the rating has not been published.

The whole Trust CQC rating is Requires Improvement with a rating of Outstanding against the Caring domain and for the work of the Resilience team. Good ratings were reported for the Responsive domain. The Trust's Emergency Operations Centre (clinical hub), Tiverton Urgent Care Centre and the Out-of-Hours Service also received a rating of good.

On the 26 May 2016, NHS Improvement commenced an investigation relating to the NHS 111 service. This was closed on 23 March 2017 and the Trust was formally notified of this outcome on 2 May 2017. There was no formal action taken by the Regulator. They did however suggest nine informal actions to be taken by the Trust. The Trust has worked with NHS Improvement and the nine informal actions have all now been completed and closed.

Information governance

The Trust's information governance arrangements include dedicated management of risks to the information held by the Trust in order to reflect the specific requirements, defined through the Information Governance Toolkit for managing information security risks.

There have not been any serious incidents relating to information governance including data loss or confidentiality breaches in 2017/18. There have been no cases reported to the Information Commissioner's Office (ICO) and no action has been taken.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust Executive Director of Nursing and Quality oversees the Quality Account arrangements. Priorities are developed by the Trust and approved by the Executive Directors. One of these priorities is then selected by the Council of Governors for the auditors to review.

The Quality Strategy and clinical developments will inform the direction of the quality indicators and the Trust uses its learning from complaints and incidents when deciding priorities.

All data included in the Quality Account is reviewed by the external auditors and validated.

The Quality Account Regulations require the external auditors to validate three indicators Red 1, Red 2 and A19. However, following the success of the National Ambulance Response Programme in July 2017 the Secretary of State announced that new standards, indicators and measures were being introduced, with all ambulance Trusts in England being required to commence reporting against the new standards by 30 November 2017.

As the Trust was a participant in the Ambulance Response programme it was not able to collect data against Red 1, Red 2 and A19. Following the introduction of the new ambulance standards mid-way through the year, the Trust is able to report on performance against the new standards between 23 November 2017 and the end of March 2018. This data is being validated by the external auditors.

The external auditors are also required to provide limited assurance on one local indicator. In 2017-18 the local indicator was Awareness and Improving the Management of the Older Patient.

Data quality is reviewed throughout the year, through the Information Assurance Steering Group which is chaired by the Executive Director of IM&T whose remit is to oversee data quality arrangements for the Trust.

Data quality is reported to the Board of Directors as part of the ICPR.

The Quality Account is overseen by the Quality Committee and presented to the Audit and Assurance Committee for assurance and recommendation to the Board of Directors once it is satisfied that it has met the requirements.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me.

My review is also informed by:

Comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit providing me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work. The Head of Internal Audit Opinion confirms overall as significant assurance.

The Executive team provides assurance throughout the year in formal committee, Directors and Board meetings, our ongoing compliance with Monitor's Code of Governance and license condition and further confirmation by the external assurance that I receive, enables me to report to the Board of Directors and Council of Governors.

The Board of Directors, Audit and Assurance Committee and the Quality Committee receive assurance through their station visits, attendance at events, talking to staff and comparing this to the information that they receive in corporate meetings.

The evolution and revision of the Risk Register and Board Assurance Framework has enabled the Board of Directors to change the way in which it receives and uses information ensuring that things stay fresh and approaches and assurance checking does not become complacent. This will be further enhanced through the launch of the new risk platform.

Conclusion

I certify that no significant internal control issues have been identified.

Ken Wenman
Chief Executive
24 May 2018

Quality Review and Quality Account 2017/18

Content

Part 1: A Statement on Quality from the Chief Executive

Welcome to the Quality Account and Report 2017/18. As we enter a new financial year, I am pleased to have this opportunity to reflect on the quality of care and services we have delivered whilst looking forward to the developments and initiatives planned for the year.

It has been another challenging year for the NHS in general and the Trust specifically as we strive to continue to deliver high-quality services in the face of ever increasing demands on our services. In light of the continuous pressure being faced by ambulance services, the Trust was proud to play a key role in the "Ambulance Response Programme" which has resulted in the introduction of new national ambulance response standards to improve response times to critically ill patients whilst ensuring that the best, high-quality, most appropriate response is provided for each patient, first time.

I am also pleased to report that our work to reduce admissions to Hospital Emergency Departments goes from strength to strength. Thanks to the dedication and professionalism our clinicians this initiative has seen the proportion of 999 calls managed without the need for an Emergency Department admission increase to 55%, the highest rate of non-conveyance for any ambulance trust in the country. This achievement not only improves patient experience, but has a positive impact on the rest of the healthcare economy across the South West. This success is dependent upon effective partnership working across the health and social care community and I would like to take this opportunity to thank our partners for their continued support.

The Trust continues to maintain its drive for quality and innovation. As you will read, developments this year have included investigating the patient safety impact of delays in reaching patients; improving the quality and timeliness of our responses made to those patients who have made a complaint about the service they received from us; and improving the management of the older patient, which saw a significant number of our front line clinicians receive an education update and the launch of an on-line information zone about this increasingly important area of work.

Throughout another busy year, the Board of Directors and I have made time to meet and speak with our staff across the region. As ever, I am impressed by their attitude, commitment and sense of pride in the quality of the care they provide. It is important to recognise the pressure that our staff are under, given the ever increasing demands placed on them and my thanks goes out to them all.

2018/19 will see us continuing to focus on delivering safe, high-quality services for our patients with specific initiatives including a review of the effectiveness of our approach to triaging emergency calls, improving the experience of mental health patients using our services and developing "always events" – those aspects of the care experience that should always happen when patients (or their family / carers) access the health care system. I look forward to reporting the progress of these initiatives in future Quality Accounts.

I confirm that, to the best of my knowledge, the information in this quality report is accurate and reflects a balanced view of the Trust, its achievements and future ambitions.

Ken Wenman
Chief Executive
24 May 2018

Part 2: Priorities for Improvement and Statements of Assurance from the Board of Directors

A Review of Quality Improvement Priorities made within the South Western Ambulance Service NHS Foundation Trust in 2017/18

Providing high quality services to its patients remained the top priority for the Trust during 2017/18, with this priority being evidenced through its vision, values and strategic goals.

The Trust's vision statement is 'To be an organisation that is committed to delivering high-quality services to patients and continues to develop ways of working to ensure patients receive the right care, in the right place at the right time.' This reflects the vision for emergency and urgent care set out by Sir Bruce Keogh: "for those people with urgent but non-life threatening needs we (the NHS) must provide highly responsive, effective and personalised services outside of hospital."

During 2017-18 this vision was communicated and promoted through the following:

> ***From Prevention to Intervention:*** summarises the Trust's ambition to support a safer, more efficient and sustainable urgent and emergency care system for the future. It recognises the integral part ambulance services can play in working alongside health partners to prevent disease and identify effective ways of influencing people's behaviours and lifestyles and in playing an increasingly significant role in urgent and emergency care provision.
>
> ***Right Care, Right Place, Right Time:*** captures one of the Trust's key initiatives that focuses on ensuring patients receive the best possible care, in the most appropriate place and at the right time. This is alongside a drive to safely reduce the number of inappropriate A&E attendances at acute hospitals and deliver a wide-range of developments to improve the appropriateness of the care delivered to patients.
>
> ***1 Number, 1 Referral, 1 Outcome:*** captures the value added by the Trust as a provider of NHS 111 services that are integrated with GP Out-of-Hours and 999 services.
>
> ***Local Service, Regional Resilience:*** recognises the dual role of the ambulance service in delivering a local service providing individual and personalised care to patients balanced with system wide coverage and capacity for resilience.

The values agreed by the Board of Directors demonstrate the emphasis that the Trust places on the individuality of patients and staff, and the commitment the Trust has to delivering high quality services.

Values

- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Working together for patients.

The Trust's long term strategic goals and corporate objectives reflect its quality priorities. These include national priorities for ambulance trusts and local commitments agreed with the Clinical Commissioning Groups (responsible for commissioning services) and our Council of

Governors. The corporate objectives are aligned to the following strategic goals and show the recurrence of quality throughout the strategic approach.

Strategic Goals

Safe, Clinically- Appropriate Responses: Delivering high quality and compassionate care to patients in the most clinically- appropriate, safe and effective way.

Right People, Right Skills, Right Values: Supporting and enabling greater local responsibility and accountability for decision-making; building a workforce of competent, capable staff who are flexible and responsive to change and innovation.

24/7 Emergency and Urgent Care: Influencing local health and social care systems in managing demand pressures and developing new care models, leading emergency and urgent care systems and providing high-quality services 24 hours a day - seven days a week.

Creating Organisational Strength: Continuing to ensure the Trust is sustainable, maintaining and enhancing financial stability. In this way the Trust will be capable of continuous development and transformational change by strengthening resilience, capacity and capability.

Performance and progress against these are all reported within the Trust's Integrated Corporate Performance Report, which is presented to the Board of Directors at each publicly held meeting, and is available on our website.

Corporate Objectives 2017/18

- **Supporting staff:** This objective focuses on embedding a robust culture of supporting staff and changes the shape of training and support;

- **Delivering performance:** This objective focuses on the Trust's contractual and national obligations in relation to key performance indicators and how the Trust intends to deliver these in the year ahead;

- **Clinical quality:** This objective continues the focus of the Trust on delivering the basics to a high standard ensuring that a high quality safe and effective service is delivered to patients. It includes the Trust's approach to quality improvement, proposed CQUIN initiatives and the Trust's 'sign up to safety' priorities;

- **No compromise**: This objective addresses the change in financial risk appetite within the Trust in relation to securing new business and approaching new opportunities.

Quality Strategy

During 2016/17, the Trust consulted with staff and patients as part of the review of its Quality Strategy. The aim of the strategy, which was approved in March 2017, is to ensure delivery of high-quality, cost effective ambulance healthcare services to people in the Trust area, and through this, ensure that the Trust is recognised for its commitment to safe, high quality care.

The strategy, which is aligned to NHS England's three pillars of quality, supports the Trust's ongoing development of a culture for quality which is based on:

- a patient centred approach, reflecting the uniqueness of each individual, their experience of their health and illness and aiming to enable them to share in decision making;
- putting patients at the centre of the Trust's interaction with other services;
- learning and improvement rather than blame;
- compassion and care where people matter;
- a language for quality and quality development which is simple and understood by patients and all staff both clinical and non-clinical;
- simple outcome-measures based on the use of 'I' statements in the measurement of quality outcomes to complement existing data sets;
- improving staff engagement and experience at all levels, building capacity and providing support to staff in order that they can fully realise their clinical potential and making the right thing the easiest thing to do;
- partnership based – looking to develop innovative partnerships with public and third sector partners, staff, independent contractors, patients and carers;
- demonstrating the 'value for money' of high quality care;
- simplifying the systems around policy and delivery to avoid unnecessary 'waste' and to reduce the potential for 'human error';
- a recognition that in order to deliver quality a sound financial system is required; and
- a brand that represents high quality innovative clinical care.

Quality Priorities for Improvement 2017/18

In 2017 the Trust published a Quality Account which illustrated its continuous quality improvement journey and set out its priorities for the year ahead. These priorities (listed under the three categories of patient safety, clinical effectiveness and patient experience) are restated below as they appeared at that time, along with an overview of the Trust's performance:

Priority 1: Clinical Effectiveness – Awareness and Improving the Management of the Older Patient

Why a Priority?

The South West has the oldest comparative population in the UK, with residents over the age of 65 expected to rise by 24% between 2014 and 2025.

Although patients over the age of 65 account for almost half of ambulance activity, the care of the older adult has not traditionally been a key topic within paramedic education.

Frailty is a clinically recognised state of increased vulnerability. It results from an ageing associated decline in the body's physical and psychological reserves. It is important to recognise the presence of frailty in weighing the benefits and risks of any intervention or treatment plan.

There is potential to improve care of older adults out of hospital environment with a collaborative approach. The work to recognise and identify vulnerable older adults is the first stage to improving care.

Aim

The aim of this Quality Indicator is to raise awareness of frailty and associated syndromes within the ambulance service in order to improve recognition and management of the older patient.

Initiatives

Deliver a frailty education package to 90% of available Trust frontline clinical staff, in order to improve the recognition of frailty in older adults.

The Trust will develop and launch an online frailty learning zone for SWAST staff.

The Trust will write a quarterly article on a frailty related topic, which will be published as part of the Learning From Experience bulletin campaign.

Board Sponsor
Executive Medical Director

Implementation Lead
Joanna Garrett, Clinical Development Officer.
Sally Arnold-Jones, Clinical Development Manager

How will we know if we have achieved this priority?

The Trust will implement Rockwood scores on the electronic patient care record and utilise the tool in the assessment of older adults. This will be completed on 60% of older adults (aged 65 years and above).

90% of available frontline clinicians (specialist paramedics, operational officers, paramedics, advanced technicians, ambulance practitioners and emergency care assistants) will receive a frailty education update as part of their annual development day. (Excluding staff on secondment, maternity and long term sick leave as defined by the sickness absence policy.)

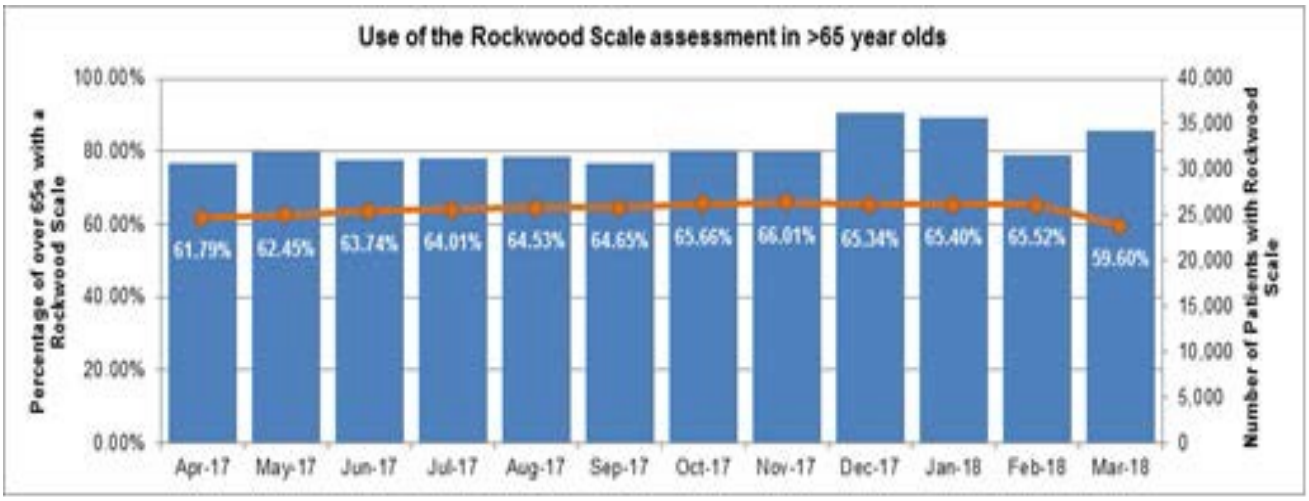
A frailty learning zone will be launched and will be accessed on the intranet by SWAST staff.

Four frailty related articles will be published to staff through the existing communication channels.

Did we achieve this priority?

Yes we did achieve this priority.

The Trust implemented Rockwood scores on the electronic patient care record and utilised the tool in over 60% of older adults (aged 65 years and above).



94% of available frontline clinicians received a frailty education update as part of their annual development day.

A frailty learning Zone is now available on the Trust's intranet which will continue to be expanded with latest guidance. Current sections include presentations provided by Consultant Geriatricians at a SWASFT Frailty CPD event, learning forum articles, national resources and information regarding campaigns supported by the Trust. In addition, care pathways relating to the care of older people and frailty are outlined within the Trust's Right Care directories.

Four frailty articles were communicated to staff throughout the 2017/18 year, published within the Chief Executive's Bulletin and on the intranet homepage. These articles focused on key areas of the identification and care of older patients with frailty: Sarcopenia, Comprehensive Geriatric Assessment, Delirium and Models of Frailty.

Priority 2: Patient Experience – Improving the Quality and Timeliness of Responses to Patients

Why a Priority?

There is a strong focus on the quality of complaint responses which has resulted in complainants receiving a full and thorough response to their concerns, a low number of re-opened complaints and a low number of referrals to the Health Services Ombudsman.

Currently the high quality of response is as a result of the quality checks and significant work undertaken by the Patient Experience team once the investigation report is received from the individual investigating the complaint.

Whilst the quality of our responses is high, it is recognised that the timeliness of providing responses needs to be improved whilst maintaining quality. The current performance across the Trust is 26.4% of complaints closed within the timescales.

Aim

To improve timeliness of complaint responses to patients and the public.

Initiatives

Quarter 1	• Undertake a review of the complaints investigation process. • Identify what issues are causing the delays in providing complaint responses. • Set targets for improvement over the year by individual department.
Quarter 2	• Develop a trajectory for improvement in response times. • Develop an action plan to address issues identified within Quarter 1 and commence implementation.
Quarter 3	• Continue implementation of the action plan. • Report to the Trust's Quality Committee on progress against trajectory.
Quarter 4	• Undertake an audit of the progress made during the year and develop plan going forward, to include target improvement for following year.

Board Sponsor
Jenny Winslade, Executive Director of Nursing and Quality

Implementation Lead
Vanessa Williams, Head of Patient Safety and Risk
How will we know we have achieved this priority?

The timeliness of complaint responses will be improved from the current Trust performance of 26.4% to the target set within Quarter 1 whilst maintaining the current quality.

Did we achieve this priority?

Yes we did achieve this priority; however, we do recognise the need to continue to improve on our timeliness of responses.

- We undertook a review of the complaint investigation process.

- Individual complaint response trajectories have been developed for each service line and division. These trajectories were approved by the relevant Head of Department and were presented to the Trust's Commissioners' Quality Sub Group.
- Progress against each trajectory is being reported within the quarterly Patient Experience reports presented to the Trust's Quality Committee and Commissioners. In addition, moving forward complaint response performance is being included within the Individual KPI scorecard for managers.
- Investigating Officers were asked to provide information regarding barriers to providing timely complaint responses.
- Following feedback, the Investigation template was refined to enable the Investigating Officers to focus on the key aspects of the investigation.
- To improve the complaints response performance within the Clinical Hub (where the majority of complaints relate to) the Patient Experience Manager further refined the investigation template and response format for these types of complaints.
- The Trust's performance for 2017/18 improved from 26.4% to 33.2%.

In addition to the initiatives that have taken place to improve complaint response performance, the Executive Director of Nursing and Quality has introduced a Quality Buddy scheme whereby each operational area has been assigned a Quality Buddy. The Quality Buddies act as quality and governance support to their Operational Manager/Head of Department and provide a two way flow of information on the risks, issues and areas of excellence between frontline Operational areas and the Senior Management and Executive Directors teams. This will include two way feedback regarding the quality and timeliness of complaint responses and any challenges being experienced by local managers. It is anticipated that this arrangement will improve communication between the various functions providing further opportunities to enhance the complainant's experience.

Priority 3: Patient Safety – Impact of Delays on Patient Safety

Why a Priority?

The Trust has played a key role in the development of the new response framework within the Ambulance Response Programme. The new approach has enabled the most appropriate resources to be focused on patients experiencing life-threatening and life-changing incidents.

At the other end of the spectrum, patients also require an ambulance response of a less urgent nature. The older person who falls at home and requires assistance, is one such example. It is important that the Trust continues to focus on delivering timely care to patients across the spectrum.

Aim

- To explore the impact of extended delays in responding to 999 emergency calls and calls received from health care professionals.
- To identify any improvements that can be made to enhance the patient safety and experience.
- Raise awareness at a strategic level of the number of significantly delayed amber and green responses.

Initiatives

- Deep dive to be conducted to examine ambulance response delays.
- Review to be conducted of all Serious Incidents occurring due to a delayed response, to examine the effectiveness of the welfare call Standard Operating Procedure.

- Identify an appropriate sample of patient clinical records, and conduct a clinical review by a senior paramedic, to assess any clinical impact of the delayed response, together with the management of welfare calls by the clinical hub.

Board Sponsor
Jennifer Winslade, Executive Director of Nursing and Governance

Implementation Lead
Vanessa Williams, Head of Patient Safety and Risk
Adrian South, Clinical Director

How will we know we have achieved this priority?

- Ambulance response delay deep dive to be presented to the Board.
- SI welfare call report to be presented to the Quality Committee.
- Action plan from the SI welfare call review to be developed.
- PCR review to be presented to the Quality Committee.
- Increased awareness at a strategic level of the number of significantly delayed amber and green responses, with a reviewed reporting framework.

Did we achieve this priority?

Yes we did achieve this priority.

- A review was undertaken by a Clinical Development Officer of a sample of clinical records (PCRs) where delays were experienced to identify any potential patient safety implications. The outcome of this review was presented to the Trust Directors Group and subsequent to further scrutiny by the Patient Safety team where it was confirmed that none of the cases reviewed met the criteria for a serious incident. This was subsequently reported to the Quality Committee.
- A deep dive was undertaken to examine the impact of ambulance response delays. This was presented to the Board of Directors and Trust Commissioners.
- An action plan to address delays was developed from the recommendations of the deep dive report which was provided to the Trust Commissioners and is being monitored via the Integrated Quality and Performance Management Group commissioning meetings.
- A review of serious incidents where the Welfare Call process was identified as a concern was undertaken by the Clinical directorate. A number of serious incident actions highlighted the requirement for a review of the Welfare Call process which was led on by the QPIP1 Programme Manager.
- The revised Welfare Call process was developed and implemented in November 2017, and was subject to a short trial. The updated process is based on the clinical requirement for a welfare call to be completed. The impact of the revised process is being monitored by the Clinical Hub clinical lead.

Quality Priorities for Improvement 2018/19

The Trust is accountable to its patients and service users and the Quality Account provides an ideal mechanism for addressing this. As a foundation trust, SWASFT has a Council of Governors which is invaluable in representing the views of Governors, the Trust membership and the wider public, gained through engagement activities. The Trust liaised with its Council of Governors to obtain their opinion and input on the suggested priorities within this report and to encourage them to think about how they can engage with the Trust Membership and the wider public about these priorities.

In developing the priorities for the forthcoming year, the Trust has taken into account feedback provided by stakeholders, including commissioners, on previous Quality Accounts. Consideration has also been given to any challenges or areas of concern for the Trust as well as Quality Account priorities from previous years and the learning from these.

As has been reported in the Quality Account, the Trust has played a key role in the Ambulance Response Programme, part of this work has included the development of a new response framework. To further progress this, one of the priorities will focus upon development of the Medical Priority Dispatch System (MPDS) to ensure that the Trust is making the best use of its resources to meet the needs of patients.

In previous years the Trust has focused upon the experiences of children and older people when using the 999 service. For 2018-19 the Patient Experience priority will focus upon the experience of people with mental health issues of the 999 service. Mental Health is the single largest cause of disability in the country, but one which has often taken a second seat to physical conditions.

During 2017/18 the implementation leads for the agreed priorities were responsible for monitoring progress at the appropriate working groups, whilst the progress of the Trust's quality development programme was monitored through the Quality Committee. These governance arrangements will be continued during 2018/19.

A review of the progress against these priorities will be included in next year's Quality Report and Account.

Clinical Effectiveness

Clinical Effectiveness of Triage within the Clinical Hubs

Why a Priority?

The Trust has played a key role in the development of the new response framework within the Ambulance Response Programme. The new approach has enabled the most appropriate resources to be focused on patients experiencing life-threatening and life-changing incidents.

When a 999 call is made to the ambulance service, a computer driven support system (MPDS) is used to prompt the call taker to ask a set of questions. The questions aim to establish the general presenting complaint and therefore determine the most appropriate response time for each incident. In an increasing number of cases, the call can be resolved over the telephone, through a discussion with an ambulance clinician, a process known as 'hear and treat'.

With a finite number of ambulance resources available to send to incidents, it is vitally important that the response priority determined by the MPDS triage system, reflects the actual severity of condition found when an ambulance response is sent. The Trust has developed a data tool which links how emergency 999 calls are initially triaged in the Clinical Hub, with the clinical data collected from every patient who is assessed by an ambulance clinician through the electronic care system (ECS). The tool examines a wide range of factors to calculate a score for each patient that represents how severely ill or injured they are. This allows the average severity of patients within each MPDS category to be calculated.

Aim
The Trust will use the tool to further refine the effectiveness of clinical triage within the Clinical Hubs, in order to improve the appropriateness of the response that patient's receive.

Initiatives

- Utilise the data to further define MPDS codes that can be managed more effectively within the healthcare system.
- Utilise the data to better understand whether particular MPDS codes could be sign posted to clinicians or specific resources such as Specialist Paramedics. This could be achieved using Dispatcher prompts.
- Evaluate the impact of both developments and evidence benefit/harm. Look to extend patient cohorts during times of escalation by designing a number of DCR tables with varying degrees of impact.

How will we know we have achieved this priority?

- Implementation of a set of additional MPDS codes which may be able to be managed more effectively by hear and treat.
- Implementation of a system to better identify incidents which are suitable for specific resources such as Specialist Paramedics.
- Implementation of a variable DCR table, to allow the response to some patient conditions patients to be revised during times of extreme demand, in order to support wider patient safety.
- Evaluation of the impact of the above developments.

Board Sponsor
Dr Andy Smith, Executive Medical Director

Implementation Lead
James Wenman, Deputy Head of Operations, Clinical Hubs
Sarah Black, Head of Audit, Research and Quality Improvement

Patient Experience
Experiences of Mental Health Patients Using the 999 Service

Why a Priority?

It is recognised nationally that a proactive approach involving patients and service users to identify what matters to them and what they would expect to happen during contact with the health service can be used to improve the safety of patients and their experience of the NHS.

The experiences of Mental Health patients using the 999 service is complex, not least because gathering feedback from patients during a mental health crisis can be further detrimental to their overall well-being. Nevertheless, the increasing use of patients with mental health difficulties of the 999 service, calls for an in-depth look at their experience of the service.

The Trust is committed to the parity of esteem and to delivering services that support the management of crisis, whether this arises from a physical or mental ill health episode. Co-production of service developments is essential if we are to fully appreciate the difficulties patients experience and to incorporate fundamental learning into every day clinical practice.

In order to ensure the work is carried out in a both effective and sensitive manner, the Trust will be seeking advice and support from gatekeepers, these will be specialist mental health organisations and peer group networks. Stakeholder organisations, such as Healthwatch, will also be consulted. If deemed appropriate, a series of focus groups will take place in order to understand the experience of people with a mental health issue who use 999 services. This will form part of the overall evidence.

Aim

To better understand the experience of Mental Health patients using the 999 service and to incorporate that learning into service development.

Initiatives

Quarter 1 –

- Develop a team of staff members able to support and engage with the priority.
- The Trust's Consultant Paramedic East and Patient Engagement Manager will collate a list of mental health charities and organisations in the South West able to engage on the topic.
- Develop an engagement programme incorporating engaging with patients who already engage with specialist mental health organisations, this will include negotiating access to their own existing patient engagement groups. This will include the establishment of focus groups and engagement opportunities to enable future phases of the programme. It is important to note that engaging patients with lived experience of mental ill health requires tact and sensitivity by using existing groups and mechanisms the impact of this can be mitigated. It is also vital that we ensure any patient or service user is supported through the process.

Quarter 2 –

- Develop and implement an engagement plan for staff and stakeholders regarding the priority to ensure that they develop an understanding of the aims, how it will improve the care experience (for patients, care partners, and service users), and how they can contribute.
- Collate stakeholder and specialist organisation feedback and measure potential for implementation.
- Report to the Quality Committee on the progress of Phase 1.

Quarter 3 –

- Continue implementation of the engagement plans.
- Implement any potential outcomes from stakeholder and specialist organisation feedback including any impact on patient experience and staff feedback.
- Report to Quality Committee on the progress.

Quarter 4 –

- Collate results from any implemented initiatives and measure feedback from stakeholders and specialist organisations.
- Continue implementation of engagement plans.
- Report to Quality Committee on the progress.

Board Sponsor
Jennifer Winslade

Implementation Lead
Dave Partlow, Consultant Paramedic East

How will we know we have achieved this priority?

Feedback from stakeholders and specialists will form a basis for measuring successful achievements for this priority.

Patient Safety
Development and Implementation of Always Events

Why a Priority?

The majority of work undertaken by the Trust to improve patient safety and experience has been driven as a result of patient and staff feedback in terms of receipt of complaints and incident reports.

It is recognised nationally that a proactive approach involving patients and service users to identify what matters to them and what they would expect to happen during contact with the health service can be used to improve the safety of patients and their experience of the NHS. This can be done by developing a series of Always Events.

Always Events, initially conceived in the US by the Picker Institute and now led by the Institute for Healthcare Improvement (IHI), are defined as those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care delivery system. The Always Events approach is to accelerate improvement efforts to enhance experiences of care for patients, their family members or other care partners, and service users – the goal is for patients and service users to have an "Always Experience." The creation of Always Events is a methodology for achieving this goal.

A key aspect of Always Events is that patients, their care partners, and service users have identified the event as fundamental to improving the experience of care. A fundamental principle in co-designing Always Events is to move from "doing for patients" to "doing with patients" (co-designing). This Quality Priority therefore focuses on proactive engagement.

The Always Events programme has four distinct phases:

1. Set up and Oversight;
2. Co-designing and testing;
3. Reliably Implementing;
4. Sustaining and Spreading.

It is anticipated that the Quality Priority for 2018/19 will focus on the first three phases with the Sustaining and Spreading phase being progressed during 2019/20 following evaluation of the implementation of Always Events within the identified patient group.

Aim

To develop Always Events for a specific patient group to enhance the delivery of care.

Initiatives

Quarter 1 –

- The Trust's Patient Safety Manager and Patient Engagement Manager will attend Always Events workshops to understand the approach and individual phases for co-designing Always Events.
- Implement Phase 1 of the Always Events programme:
    - Convene an oversight team, to include an executive leader;
    - Identify opportunities for improvement that align with the Trust's strategic goals;
    - Select a patient group to co-design Always Events to address opportunities for improvement.
- The Trust's Patient Engagement Manager will develop an engagement programme for engaging with patients and service users on the co-design of Always Events. This will include the establishment of focus groups and timetabling of interviews to enable co-design of Always Events.

Quarter 2 –

- Develop and implement an engagement plan for staff and regarding the Always Events programme to encourage an understanding of the Always Events initiative, how it will improve the care experience (for patients, care partners, and service users), and how they can contribute.
- Commence implementation of Phase 2 of the Always Events Programme:
    - Implement the Patient Engagement programme;
    - Co-design pilot Always Events with patients, carers and service users from the identified patient group.
- Report to the Quality Committee on the progress of Phase 1.

Quarter 3 –

- Continue implementation of the engagement plans.
- Continue implementation of Phase 2 of the Always Events Programme;
    - Undertake testing of the pilot Always Events using the Plan Do Study Act (PDSA) approach.
- Report to Quality Committee on the progress of Phase 2.

Quarter 4 –

- Implement Always Events for the identified patient group (Phase 3 of the Always Events Programme).
- Continue implementation of engagement plans.
- Report to Quality Committee on the progress of Phase 3 and plans for moving to Phase 4.

Board Sponsor

Jenny Winslade, Executive Director of Nursing and Quality

Implementation Lead

Sarah Jeeves, Patient Safety Manager

How will we know we have achieved this priority?

A set of Always Events will be developed and implemented for an identified patient group

Statements of Assurance from the Board

Statutory Statement

This content is common to all healthcare providers which make Quality Accounts comparable between organisations and provides assurance that the Board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

1. During 2017/18 the South Western Ambulance Service NHS Foundation Trust provided and/or sub-contracted three relevant health services:
   - Emergency (999) Ambulance Service;
   - Urgent Care Service (NHS 111; GP Out-of-Hours and Tiverton Urgent Care Centre);
   - Non-Emergency Patient Transport Service.

1.1 The South Western Ambulance Service NHS Foundation Trust has reviewed all the data available to them on the quality of care in three of these relevant health services.

1.2 The income generated by the relevant health services reviewed in 2017/18 represents 93.23 per cent of the total income generated from the provision of relevant health services by the South Western Ambulance Service NHS Foundation Trust for 2017/18.

2. During 2017/18, zero national clinical audits and zero national confidential enquiries covered relevant health services that South Western Ambulance Service NHS Foundation Trust provides.

2.1 During 2017/18 South Western Ambulance Service NHS Foundation Trust participated in 100 per cent national clinical audits and 100 per cent national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

2.2 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Foundation Trust was eligible to participate in during 2017/18 are as follows:
   - Not applicable

2.3 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Foundation Trust participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:
   - None 0 Cases 0.00%

2.4 The reports of no national clinical audits were reviewed by the provider in 2017/18 and South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:
   - Not applicable.

2.5 The reports of 6 local clinical audits were reviewed by the provider in 2017/18 and South Western Ambulance Service NHS Foundation Trust has taken / is continuing with the following actions to improve the quality of healthcare provided:
   - Continue to reinforce the importance of good quality record keeping which underpins clinical quality reporting.

- Continue to ensure that the outputs of clinical audit are used to inform the work of the Quality Improvement Paramedic.
- Monitor the impact of delayed responses.
- Provision of training resources for managing pain in patients with dementia.
- Stakeholder engagement to inform Strategic Transformation Plans and clinical service review.

3. The number of patients receiving relevant health services provided or sub-contracted by South Western Ambulance Service NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 816.

4. A proportion of South Western Ambulance Service NHS Foundation Trust income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between South Western Ambulance Service NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

   Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at www.swast.nhs.uk.

4.1 The monetary total available for the Commissioning for Quality and Innovation payments, for all service lines, for 2017/18 was £4,873,073 and for 2016/17 was £2,997,326.

5. South Western Ambulance Service NHS Foundation Trust is required to register with the Care Quality Commission and its current status is 'registered without compliance conditions'.

   South Western Ambulance Service NHS Foundation Trust has the following conditions on registration:
   - None.

5.1 The Care Quality Commission has not taken enforcement action against South Western Ambulance Service NHS Foundation Trust during 2017/18.

5.2 South Western Ambulance Service NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2017/18 – the Plymouth Local System Review and the Cornwall Local System Review.

6. South Western Ambulance Service NHS Foundation Trust did not submit records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

7. South Western Ambulance Service NHS Foundation Trust Information Governance Assessment Report overall score for 2017/18 was 81% and was graded satisfactory (Green).

8. South Western Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

9. South Western Ambulance Service NHS Foundation Trust will be taking the following action to improve data quality:
   - Continue to maintain and develop the existing data quality processes embedded within the Trust.
   - Hold regular meetings of the Information Assurance Group to continue to provide a focus on this area.
   - Ensure completion and return of the monthly Data Quality Service Line Reports and in particular strengthen reporting by its Urgent Care services.
   - Continue to provide Data Quality Assurance Reports to the Board of Directors.
   - Where external assurance of data quality is required, commission an independent review from the Trust's internal audit provider.

Key Performance Indicators

This section includes the mandatory indicators which the Trust is required to include in this report. Further performance information is shown in Part 3 of this report.

Emergency 999 Performance

In last year's Quality Account we reported how the Trust had been participating in the National Ambulance Response Programme which aimed to improve response times to critically ill patients, making sure the best response is sent to each patient first time with the appropriate degree of urgency.

The programme which covered 14 million calls nationally, tested a new operating system and introduced a new set of targets, including giving staff slightly more time to assess 999 calls that are not immediately life threatening, which enables them to better identify a patient's needs and send the most appropriate response.

In July 2017 the Secretary of State confirmed that the programme had successfully shown that the proposed new performance standards will have the intended benefits and are safe for patients.

Accordingly, new standards, indicators and measures were introduced during 2017/18, with all ambulance trusts in England being required to commence reporting against the new standards by 30 November 2017. The new standards being:

Category	Response	Response Time
1	An immediate response to a life threatening condition, such as cardiac or respiratory arrest	7 minutes
2	A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport	18 minutes
3	An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting	At least 9 out of 10 times within 120 minutes
4	A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic	At least 9 out of 10 times within 180 minutes

The standards proposed are initially to be used for monitoring purposes to enable ambulance trusts to update their operating models to deliver the new performance standards. It is acknowledged that significant changes to the current operating models may

be required including changes to staff rotas, staff skill sets, response vehicle mix and operational dispatch systems and processes.

The Trust has been working with ORH Ltd to assess the level of performance that could be expected as a result of implementing the new ambulance standards. The modelling undertaken by ORH, based on the ARP 2.3 standards published in September 2017, confirmed that national performance standards could not be achieved by the Trust within the resources currently available (with Category 2 response times being identified as the most challenging).

In addition to implementing the new ambulance standards, the Trust has faced a number of other challenges during 2017-18. The year on year increase in activity continued with an increase of 2.48% emergency contacts being experienced, with daily call volumes averaging 2,500 with this average increasing to 2,900 in December 2017.

Handover delays at the emergency departments of the region's hospitals continued to be a challenge with an average of 75 lost operational hours per day being lost when handovers exceeded 15 minutes. The Trust works extremely closely with NHS commissioners and colleagues in acute hospitals to help manage the flow of patients into the hospital with the explicit aim of increasing the availability of ambulance resources wherever possible to deliver the best service that we can to our patients.

As a result of the introduction of the new ambulance standards mid-way the year, the Trust is only able to report on performance between 23 November 2017 and the end of March 2018 and this is set out below.

ARP Response Category	National Standard	Trust Performance 23 November 2017 to 31 March 2018
Category 1 – Mean Response Time	7 Minutes	9 Minutes 42 Seconds
Category 1 – 90th Centile Response Time	15 Minutes	17 Minutes 36 Seconds
Category 2 – Mean Response Time	18 Minutes	33 Minutes 24 Seconds
Category 2 – 90th Centile Response Time	40 Minutes	69 Minutes 42 Seconds
Category 3 – 90th Centile Response Time	2 Hours	2 Hours 59 Minutes 24 Seconds
Category 4 – 90th Centile Response Time	3 Hours	4 Hours 29 Minutes 6 Seconds

Ambulance Clinical Quality Indicators (ACQIs)

ACQIs are designed to reflect best practice in the delivery of care for specific conditions and to stimulate continuous improvement in care. They were initially introduced in 2010/11, and since this time ambulance trusts have been working nationally to agree and improve the comparability of the datasets reported.

Whilst there are currently no national performance targets for ACQIs, local thresholds have been agreed with the Trust's commissioners and these are shown in the following table. In addition the data from the indicators is used to reduce any variation in performance across Trusts (where clinically appropriate) and drive continuous improvement in patient outcomes over time.

Further ACQI information is contained in Part 3 of this report and details of all ACQIs are contained in the Trust's monthly Integrated Corporate Performance Report presented to the Trust Board of Directors and available on the Trust website.[1]

	Local Performance Threshold	Year to date 2017/18 (April to October)	2016/17	National Average (April to October 2017)	Highest Trust Performance (April to October 2017)	Lowest Trust Performance (April to October 2017)
Outcome from Acute ST Elevation Myocardial Infarction (STEMI) - % of patients suspected of suffering a STEMI confirmed on ECG and who receive an appropriate care bundle.	90%	65.62%	73.64%	76.49%	91.81%	63.16%
Outcome from Stroke for Ambulance Patients - % of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.	97%	95.86%	95.10%	97.12%	99.77%	94.00%

*Highest/Lowest Trust reporting has been noted for each indicator independently.

Data for these indicators is not currently available for information after October 2017. The longer timeframe for the production of this clinical data is due to the manual nature of the collection process for some Ambulance Trusts and the delays experienced in collecting some of the data from third party sources.

South Western Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has robust data quality processes in place to ensure the reporting of performance information is both accurate and timely.
- Information is collated in accordance with the technical guidance for the ACQIs and this work is subject to internal audit on an annual basis.

South Western Ambulance Service NHS Foundation Trust is taking the following actions to improve these percentages, and the quality of its services, by:

- Undertaking a programme of quality improvement activity across all areas.

Care Quality Commission (CQC)

The Trust maintains its registration with the CQC with no conditions and is proactive in ensuring compliance with CQC regulations through the maintenance of a centralised evidence system and a CQC Compliance Team. The Trust also commissions its Internal Audit provider to undertake an annual audit, the scope of which in 2017/18 covered the

[1] Nationally agreed definitions of ACQIs are available at https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

arrangements from the implementation of its agreed actions from the 2016 inspections. The Trust received a 'significant' assurance rating from the audit and the Trust has consistently achieved a "green" rated outcome from its annual review by Internal Auditors.

In December 2016, the Trust's NHS 111 service was rated as 'Requires Improvement' with the domains of Safe, Caring and Responsive all noted as 'Good'.

CQC Domain	December 2016 rating
Safe	Good
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well Led	Requires Improvement
OVERALL	Requires Improvement

The Trust underwent its first comprehensive CQC inspection of all service lines in June 2016. The Trust was awarded an overall rating of 'Requires improvement'. The following table details the breakdown of CQC rating:

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
Emergency Operations Centre	Good	Requires Improvement	Outstanding	Good	Good	Good
Emergency and Urgent Care	Requires Improvement	Requires Improvement	Outstanding	Good	Requires Improvement	Requires Improvement
Resilience	Outstanding	Good	Good	Good	Outstanding	Outstanding
Patient Transport Service	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
Urgent and Emergency Care (MIU)	Requires Improvement	Good	Good	Good	Good	Good
Out of Hours Care	Requires Improvement	Good	Good	Good	Good	Good
OVERALL	**Requires Improvement**	**Requires Improvement**	**Outstanding**	**Good**	**Requires Improvement**	**Requires Improvement**

All of the CQC reports are available at: www.cqc.org.uk

The Trust was pleased that the CQC recognised the work undertaken by the Resilience team who were awarded a rating of 'Outstanding'. The Trust is also incredibly proud of the caring and compassionate staff across the Trust who also achieved a rating of 'Outstanding.'

Each year, the Trust develops a Quality Improvement Plan (QIP) which further embeds quality across the organisation. This plan builds on the learning and recommendations from CQC inspections, feedback from staff and the input of Executive Directors. Reporting and accountability is through the Trust's Quality Committee.

Quality Improvement Plan 2018 Priorities

Theme 1: Complaints	
Risk or Requirement	**Quality Improvement Actions**
Ensure that complaint leaflets are on all vehicles	• Ensure Getting in Touch leaflets are regularly available on all Trust vehicles and in Treatment Centres (TCCs) by agreeing a distribution and receipt process with local operations and TCCs
Theme 2: Infection and Prevention Control	
Risk or Requirement	**Quality Improvement Actions**
Ensure infection control issues identified in this report are addressed	• Gain assurance that cleaning schedules are in place, and published at the location with a copy held centrally in HQ for all sites • Gain assurance that regular cleaning occurs through the information reported to the Trust by the cleaning provider • OMs to provide evidence that staff have been stopped from feeding birds at their stations
Effective Infection Prevention and Control, including local oversight, meeting station and vehicle cleaning targets, training completion and appropriate disposal of clinical waste and extension of the Infection Control Policy within the Clinical Hubs	• Effective Infection Prevention and Control, including local oversight, meeting station and vehicle cleaning targets, training completion and appropriate disposal of clinical waste and extension of the Infection Control Policy within the Clinical Hubs
Review the management of clinical waste in ambulance stations to avoid risks to staff	• CDMs to seek assurance on storage arrangements within sluices and the correct management of waste through the quarterly audit process and annual station inspection, ensuring robust reporting to the Trust by PHS (clinical waste contract) • OMs to review storage arrangements in sluices and waste bins with the IPC Lead Nurse to ensure that necessary changes are made to comply with CQC recommendations • OMs to review the storage of trolleys and patient equipment, with the IPC Lead Nurse, to ensure that necessary changes are made to comply with CQC recommendations

Theme 3: Intensity and Fatigue	
Risk or Requirement	**Quality Improvement Actions**
Ensure work intensity and fatigue is monitored and actions put in place to mitigate risks to staff	• 1. Identify a set of indicators of intensity and fatigue (including measures showing improvement) e.g.: - missed meal breaks - SWS (staying well service) referrals related to stress at work - reduction in sickness absence for inclusion within the ICPR (integrated corporate performance report) 2. Review after 3/6 months, providing a full assurance report and, if necessary, plan for further action to Quality Committee • Overruns - Number/Volume and Length - currently reported by the ROC to Divisional Managers. Overruns to be reported and reviewed at; (a) Divisional Meetings (b) the Trust RMG. In the interim this forms part of the QPIP(2) Plan. • Review of the Meal Break policy to be completed.
Theme 4: Medicines Management	
Risk or Requirement	**Quality Improvement Actions**
Ensure that staff follow procedures with respect to the safe and secure management of controlled drugs registers	• Reinforce the importance of full completion of CD (controlled drugs) registers. • Monitor compliance with the quality of completion of CD registers through the quarterly station audit and annual inspections. • Change the system for recording entries in morphine log books from patient surname, to initials (replacing old stock as soon as possible in liaison with the Comms team) • CD Registers – Ensure that CD registers are stored appropriately and not accessible to all staff or to stations
Ensure that Operational staff comply with the Medicines Management Policy with regard to partly administered medications	• Ensure that Operational staff comply with the Medicines Management Policy with regard to partly administered medications
Ensure that all medicines are securely stored and safely administered and disposed of according to the Medicines Management Policy	• Ensure that all medicines are securely stored and safely administered and disposed of according to the Medicines Management Policy
Theme 5: Quality and safety c services and mitigation of risks	
Ensure that quality is embedded operationally in all areas of the Trust at a local	• Review the effectiveness of the Quality Buddy system six months after implementation

level, including the alignment of local risk registers with Directorate and the Corporate and Directors Risk Registers	
Ensure governance meetings at local levels contain a strong focus upon quality and safety. This will include performance reports on training, appraisals, patient outcomes, complaints and incidents relevant to the local level. Actions from addressing any shortcomings or changes must be recognised and completed	• Undertake a review of quality reporting at local operational meetings and implement recommendations • Engage further with local CCGs rather than relying on a lead commissioner in order to improve the quality of reporting by encouraging CCGs to become 'critical friends' • Seek and utilise local, national, and international expertise, to develop a suite of tools for communicating quality and safety standards through methods such as: the use of station peer reviews; establishing a network of safety champions; and considering the use of communication media i.e. posters and screen messages and OM level dashboards on ePCR • Quality Directorate to attend operational meetings in order to further strengthen quality embeddedness within Operations • Undertake a Learning from Experience review in order to ensure effectiveness • Introduce a Quality Folder for each Trust premises, including air bases, bespoke to stations, to be regularly reviewed and updated
Theme 6: Safeguarding	
Ensure that all staff are familiar with their Safeguarding responsibilities	• Staff understanding and familiarisation with safeguarding responsibilities to be tested via station audits
Theme 7: Training – Mandatory	
Ensure mandatory training for all staff, including safeguarding for vulnerable people, is updated and maintained in accordance with the trust's target A particular focus is required on Support Services, NHS 111 and agency staff The culture of and attitude towards training should be considered to ensure that staff feel more responsible for undertaking their mandatory training and appraisals. Consideration should be given to making these a part of the staff contract of employment	• Gain assurance that staff in the EOCs are provided with adequate protected time in order to complete their mandatory training, increasing establishment where under established in order to facilitate this • Gain assurance that mandatory training is completed as part of new staff joining induction • Gain assurance that EOC staff are offered overtime incentives for those staff prepared to undertake their mandatory training beyond their contracted working hours • Ensure **all** Heads of Department are held accountable for the completion of mandatory training for staff in their department (including support services) and test compliance • Provide Heads of Department with monthly training completion rates across all service lines

Staff Survey

One of the key findings in the 2017 national staff survey relates to staff recommending the Trust as a place to work or receive treatment. Staff were asked to rate their answer on a five point scale from “1” strongly disagree to “5” strongly agree. Staff responses were then converted into scores. The following table shows the Trust’s performance compared to last year, together with the performance of other ambulance trusts.

Staff Survey Indicator	Performance 2017	Performance 2016	National Ambulance Average 2017	Best Performing Ambulance Trust 2017
Staff recommendation of the Trust as a place to work or receive treatment.	3.46	3.57	3.44	3.66
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	24%	21%	28%	21%
Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.	74%	75%	69%	83%

The results from the national NHS Staff Survey 2017 were published on 6 March 2018. The results overall demonstrate that as in previous years the Trust continues to perform above average on half of the 32 key areas which make up survey, on 13 areas the Trust is in line with the rest of the Ambulance Sector and in three areas it performs less well.

Whilst the Trust is pleased to maintain its position within the sector our results do indicate a number of areas where improvements needs to be made. The results are, on the whole in line with the feedback we have been receiving direct from staff impacted by the rota review and who engaged with the Time to Care meetings. The Trust also recognises the pressure being faced by our staff in what continues to be a very challenging winter and in a health system facing unprecedented demand.

As such the Trust already has a number of initiatives underway to respond to the pressure facing our staff and in an effort to improve their work life balance. This will include the formation of a Health and Wellbeing engagement group to enable more of our staff to inform our health and wellbeing strategy and associated initiatives and an Equality and Diversity Steering group to continue the focus around areas of under-representation and to promote inclusiveness throughout the organisation. In addition the Trust has commissioned a Cultural review which will commence in the spring and which will give a further opportunity to learn about the experiences of our staff.

As in recent years management teams will be developing local engagement plans to respond to the results on a local level and these will be published, in addition to the creation of a Corporate Action Plan to coordinate Trust-wide improvements.

Workforce Race Equality Standard
NHS providers are required to comply with the Workforce Race Equality Standard (WRES); a set of nationally agreed metrics comparing the experience of staff from Black or minority ethnic (BME) backgrounds with that of staff from White backgrounds. The majority of these indicators are drawn from the NHS Staff Survey, with the focus primarily on career progression, likelihood of being subject to disciplinary processes and discrimination from patients and staff.

The Trust's performance against 3 of the 4 indicators has worsened since 2016; BME staff experience scored lower than that of white staff on all four indicator. The Trust scored worse than the average ambulance score for all of the 4 indicators:

Key Finding	Ethnicity	SWASFT 2017	Ambulance Average 2017	SWASFT 2016
KF25- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	44%	50%	42%
	BME	45%	39%	49%
KF26- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24%	27%	21%
	BME	38%	32%	14%
KF21- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	74%	71%	75%
	BME	41%	48%	55%
Q17b- In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	10%	10%	11%
	BME	32%	18%	9%

The worsening of the scores in this area require s urgent attention and further engagement with this group of staff to encourage some further exploration of the issues raised and allow these to inform our next steps. The following actions are already being undertaken:

- Proactive work to promote the Trust and the Paramedic career to BME communities, with a specific focus at the student conference on encouraging greater representation.

- Talent Pools and internal development opportunities are being reviewed to identify areas of under-representation from applicants and/or successful appointees to enable targeted responses to increase engagement and representation from these employees.

- An Equality Steering Group has been developed and will commence in 2018-19. Yvonne Coghill, the national lead for WRES has agreed to assist the Trust in identifying actions to improve and inform our work in this area.

National Reporting and Learning System

All Trusts are required to provide confidential and anonymised reports of patient safety incidents to the National Reporting and Learning System (NRLS). This information is analysed to identify common risks to patients and opportunities to improve patient safety. These incidents are identified through the Trust's incident reporting processes, and of the 8,171 incidents reported during the 2017/18 year, 1,479 have been identified as relating to patient safety.

The National Patient Safety Agency recognised that organisations that report more incidents usually have a better and more effective safety culture, stating 'you can't learn if you don't know what the problems are'.

Indicator	2017/18	2016/17		National Average	Highest Trust*	Lowest Trust*
	1 Apr to 30 Sep	1 Oct to 31-Mar	01 Apr to 30-Sep	1 April to 30 Sep 2017		
Total Incidents Reported to NRLS	672	516	1,070	609	1,471	60
Number of Incidents Reported as Severe Harm	0	7	6	8	36	0
Number of Incidents Reported as Death	0	0	0	6	42	0

*Highest/lowest trust reporting has been noted for each indicator independently.

** All information in this table is published by the NRLS based on the data they received and collated from the Trust during their reporting periods. Information is published in arrears, and therefore the most recent information available from the NRLS relates to the period 1st April – 30th September 2017. However, it should be noted that not all Ambulance Trusts have reported data for all six months, with the number of months reported ranging from 1 through to 6.

It should be noted that the figures for reported incidents throughout the year, as set out in the text above, and those reported to the NRLS will not correlate exactly due to the difference in reporting periods.

There are a number of factors that may have influenced reporting numbers and resulted in variances in the year on year data. These include previous delays to uploading the data to NRLS, meaning that additional incidents were included within the data for a later period (April – September 2016/17). In addition, the number and types of contracts managed by the Trust varies year on year; this can result in increases and decreases in reporting. In the past, there have been a number of temporary members of staff responsible for the administration of Incidents. Since October 2016 an established, permanent team has resulted in improved consistency and accuracy when identifying reportable incidents. The Trust's reporting figures are currently above the national average for ambulance organisations, showing a healthy reporting culture.

During the year the Trust moved to a process enabling timelier reporting of incidents. Previously, incidents were uploaded upon closure, once the data had been cleansed. Data is now cleansed when the incident is entered onto the system and incidents are uploaded upon

opening and then an updated report is uploaded upon closing, this allows for better identification of emerging issues by the NRLS.

The Trust has identified issues with the mapping of data across to the NRLS, in particular in relation to the degree of harm coding and the Incident Categories. Re-mapping was considered, however it was felt that it would be more proportionate to undertake this once planned work has been carried out on the Trust's Datix system, to avoid duplication of work.

South Western Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has a good culture for reporting adverse incidents.
- Information is provided to the NRLS electronically through the upload of data taken from the Trust's adverse incident reporting system.
- The Trust has taken the following actions to improve this number, and so the quality of its services, by:
    - Continuing to encourage the reporting of adverse incidents by all members of staff so learning can occur at all levels of the Trust.
    - Reviewing the mechanisms for learning from adverse incidents to ensure this is done quickly and effectively, and disseminated to staff so they have continued confidence in the reporting system.
    - Considering the mapping of coding of patient safety incidents with the NRLS to ensure reporting is consistent with national requirements.
    - Reviewing the upload procedure.

Duty of Candour

On 1 April 2013, the contractual Duty of Candour was introduced for all NHS Trusts to report to patients or their next of kin where it is identified that moderate or serious harm has resulted from care provided by the Trust. This duty became regulatory on 27 November 2014 and was included within the Health and Social Care Act 2008 (Regulated Activities) as Regulation 20.

The Trust has developed a process for the management of these incidents which has been agreed with commissioners.

When a Patient Safety incident is identified as Serious or Moderate Harm the Trust makes contact with the patient or their next of kin within, at most, 10 working days of identification. The nominated investigating officer instigates verbal contact with the patient or next of kin (Relevant Person). The Trust undertakes a risk assessment on making contact where the patient or their next of kin may be considered 'vulnerable' (whether this is due to their general psychological or physiological state; or due to the circumstances surrounding or following the incident).

The initial notification is verbal where possible and telephone contact is made on a recorded line. Where the patient cannot be contacted in person, a letter is sent via recorded delivery, inviting the patient or next of kin to make contact. Unless the patient or next of kin declines further contact, the verbal notification is followed by a written notification. This letter includes:

- Confirmation of the verbal conversation;
- A further apology from the Trust;
- Confirmation of the Investigating Officer details;
- The source of the original notification of the incident;
- Brief, factual, details of the incident;
- Confirmation that an investigation is taking place;
- A written summary of any discussions had during the initial verbal contact;

- Confirmation of arrangements made with regards further contact in order to provide feedback from the investigation.

Following completion, the investigating officer must arrange for the incident investigation report to be shared with the patient or next of kin within 10 working days of being signed off as complete by the Trust and Lead Commissioner.

The Patient Safety Officer records and monitors the Trust's compliance with its Duty of Candour, including open communication with the patient or their next of kin. Where individuals cannot be contacted or traced, the Trust maintains a comprehensive record of all attempts to make contact.

Sign up to Safety

Following consultation with members of the public and our staff, the Sign up to Safety Improvement Plan was presented to the Board of Directors in September 2017. The actions, which are currently under review to ensure they accurately reflect the safety concerns of the Trust, have been split into the following three areas:

Cross Cutting Themes

- Improve the use of emergency backup resources;
- Provide staff with tools to aid their communication with service users;
- Introduce a 'check before you turn away' ethos.

Safety Specific

- Increase the quality, appropriateness and awareness of dynamic risk assessment;
- Provide guidance and support on shift work, based on findings of a full risk assessment;
- Improve safety within ambulances and identify further safety improvements;
- Reduce the instances of verbal abuse of staff;
- Review the incidents of needlestick injuries to identify areas for improvement.

Disease specific

- Improve awareness of mental health issues.

Safeguarding

The Safeguarding Service supports the Trust to protect the vulnerable from abuse.
The Service supports the Trust to work with partner agencies to ensure that children, vulnerable adults, victims of domestic abuse, and victims of radicalisation are protected from those who would seek to harm them. To achieve this, the Trust needs to ensure that its staff and agents understand how to identify signs of possible or potential abuse in patients and members of the public they come into contact with and what action to take to ensure they are adequately protected. The Service also supports the Trust to ensure that it provides a safe service to vulnerable people.

External professional relationships

During 2017/18, the Safeguarding Service continued to maintain professional relationships with key external stakeholders in the arena of safeguarding. This included local safeguarding children and adults boards and partnerships, statutory agencies such as police forces, local

professional groups such as health safeguarding leads forums, and national forums such as the National Ambulance Safeguarding Group.

Expert safeguarding advice

The Safeguarding Service has a core role to support Trust staff with expert safeguarding advice. The Named Professionals provided telephone advice for complex cases, typically seven or eight cases per month each, during 2017/18. The advice service provided to staff has been recently enhanced with the introduction of an enquiry line which is permanently staffed during office hours.

Assisting the Learning and Development Team
Dependent on role, the Trust provides staff with level 1safeguarding training through a mandatory workbook, level 2 training through face-to-face training by either Learning and Development Officers or Named Professionals, and level 3 update training delivered by the Named Professionals or the Head of Safeguarding. The requirements for training by role are specified in a Safeguarding Training Policy published by the Safeguarding Service.

During 2017/18 the Safeguarding Service worked closely with the Learning and Development Team to assist with the development of the 2018/19 staff development day content. The material that has been developed focusses on recognition of non-accidental injury in non-mobile children which has been identified as a key area of development.

Safeguarding referrals

The Safeguarding Service continues to provide a mechanism for staff to raise safeguarding concerns. Each referral is assessed by a safeguarding professional and an appropriate onward external referral made. Following several years of increase, largely due to the introduction of the Care Act, the volume of referrals generated by the staff levelled off in 2017/18 to a rate of around 1200 per month.

The method of processing referrals has been constantly refined and recent analysis has demonstrated that the process is financially cost effective as well as being a model of good practice supported by external partner agencies.

Information sharing

The Safeguarding Service provides a responsive safeguarding information sharing service which supports the work of the Information Governance Team. Certain types of enquiry are relayed direct to the Safeguarding Service, for example, urgent police enquiries concerning incidents of alleged child abuse. During 2017/18 the Service responded to 678 such requests, normally completing them on the same working day or referring requests to other teams if more detailed information was required.

Statutory safeguarding investigations

The Trust receives regular requests to contribute to statutory multi-agency safeguarding investigations including Serious Case Reviews, Safeguarding Adult Reviews, and Domestic Homicide Reviews. The Safeguarding Service has a core function to fulfil these requests on behalf of the Trust. The Named Professionals prepare chronologies and internal management reviews, and attend briefing meetings and learning events as required. During 2017/18 the Safeguarding Service received 64 notifications of new investigations. This was consistent with the volume in previous years.

Child death investigations

The Safeguarding Service undertakes a specialist role in the investigation of incidents of child death attended by the Trust. During 2017/18 there were 132 cases attended by the Trust. This was consistent with the volume in previous years. Detailed information about each incident is collated, analysed, and reported to the local child death enquiry office. The Named Professionals attend local case reviews to support clinicians and also attend the local Child Death Overview Panels where cases are reviewed in a multi-agency environment to identify modifiable factors.

Service development

A priority area of service development during 2017/18 and continuing into 2018/19 is the recognition of non-accidental injury in non-mobile babies. The need for this development was recognised following the learning recommendation of the Serious Incident (SI) for an incident in the Bath and North East Somerset (B&NES) area in 2016 which subsequently became an external Serious Case Review (SCR).The SCR is still in progress, having been delayed by judicial process. The Safeguarding Service is contributing to the SCR on behalf of the Trust and leading the implementation of areas of service development to assist the Trust. An impactful poster campaign was designed with assistance of the Communications Team and the subject of non-accidental injury will be a core component on the 2018/19 Development Day for staff.

The Safeguarding Service spotted a theme of concern within referral data regarding incidents of care home staff failing to recognise the symptoms of strokes. The concern was escalated to external partners. The data suggests a widespread issue. As a result the Commissioning Support Unit (CSU) has commenced a project to explore the issue on a south-west regional basis with a view to escalating learning through national channels. The Safeguarding Service will continue to provide themed data and the CSU will triangulate this against data from other sources.

Managing allegations

The Head of Safeguarding is the designated officer for allegations and is supported in this work by the Named Professionals in providing expert advice to managers when an allegation of abuse is made against a member of staff. During 2017/18 there were 50 cases of new allegations. This was consistent with the volume in the previous year. The allegations ranged in nature and geographic location. Most cases resulted in no further action; however 6 cases progressed to disciplinary processes.

Quality monitoring

The Head of Safeguarding provides quarterly quality reports and an annual report to the Trust's Quality Committee. The Safeguarding Service produces an annual statutory Section 11 report on child safeguarding. In addition during 2017/18, the Safeguarding Service provided a number of reports on specific safeguarding themes to external partner agencies on request.

The Safeguarding Service has a comprehensive safeguarding policy and this policy was significantly revised during 2017/18. The Safeguarding Service utilises the Trust's Clinical Effectiveness Committee for review and the Quality Committee for ratification of proposed policy changes.

Learning and Development

Statutory Mandatory Essential and Recommended training is provided to all staff to ensure the provision of clear and effective clinical leadership to frontline staff.

Every member of staff is required to complete the Mandatory Training Workbook within 6 months of receiving it. Workbook compliance is measured on a 3 yearly rolling basis and the Trust target has exceeded its target 85% by achieving 90% compliance.

The Learning and Development Team also deliver additional mandatory training to the following service lines within the:

A&E Service Line

All clinicians in A&E are required to complete two training elements in each financial year including the Learning and Development Review and Development Day, in addition to the mandatory workbook. Each element should have a minimum of 85% compliance in each operational area and as a department overall.

The number of staff to see is based on the available staff in each operational area. All of the following groups are removed from the staff expected to attend:

- Leavers (there can be a delay the leaving date to a person being taken off the report.)
- Long term sick
- Secondments
- Maternity

	2017/18		
	Number	Target	Achieved
Workbook Completed	2,630	85%	95%
Development Day Completed	2,843	85%	96%
Learning & Development Review (LDR) Completed	2,529	85%	95%
LDR or SME	2,640	85%	98%

The figures are based on the current available staff and it should be noted that there will be additional staff who have completed training that are not included within the above data for a number of reasons which may include being trained and subsequently leaving the Trust.

Integrated Urgent Care Service

All IUC Clinicians and Non-clinicians are required to complete the mandatory workbook and attend the annual Development Day. The performance target by the end of the financial year is 85% as a service. Final combined performance is 89%.

	2017/18		
	Number	Target	Achieved
Workbook Completed	234	85%	60%
Development Day Completed	314	85%	89%

The figures are based on the current available staff; there are a number of staff who have completed training not included here as described above.

Emergency Operations Centres

Staff within the EOCs are required to complete the mandatory workbook and attend the annual Development Day. Due to significant operational challenges within the EOC, the release of staff has been extremely challenging and the Trust took the decision to set a 70% compliance target for 2017/18, which was exceeded.

	Number	Target	Achieved
Workbook Completed	291	85%	75%
Development Day Completed	378	70%	85%

As for the other service lines, the figures are based on the current available staff and there are a number of staff who have completed training not included here.

Part 3: Quality Overview 2017/18

Additional Quality Achievements and Performance of Trust against selected metrics

This section provides an overview of other performance metrics for the Trust.

The indicators and information contained within this section of the report have been selected to describe the Trust's continuous quality improvement journey. They build on the indicators reported in the previous Quality Reports and where possible historical and national benchmarked information has been provided to help contextualise the Trust's performance.

Reducing Emergency Admissions

Over the past decade, the Trust has been improving the pathways and care options available to our clinicians for their patients. Ambulance services are now a key provider of urgent as well as emergency care, and our workforce, pathways and clinical support have adapted to this challenge. Many of the patients that call 999 for an ambulance can be managed safely and effectively over the phone, without sending an emergency ambulance. Where we do need to send an ambulance, over half of our patients can be managed by ambulance clinicians in their own home.

In 2010, we developed the Right Care, Right Place, Right Time initiative, a five year commissioner funded agreement that committed to us reducing unnecessary admissions to hospital Emergency Departments (EDs) by 10%.

Thanks to the enthusiasm of our clinicians, the programme exceeded expectations, with the proportion of 999 calls managed without ED attendance increasing from 50.84% in 2010/11 to 54.9% in 2016/17. During this time the Trust has consistently achieved the highest non-conveyance rate of any ambulance Trust in the UK. We also have the highest rate of admission for patients we do convey to EDs, demonstrating appropriate clinical decision-making.

Developments during 2017/18 continued to address identified themes from a trend analysis of the feedback received from staff and other Health Care Professionals (HCPs) and has included improving the way the clinical hub processes and manages HCP originated incidents and a Trust communications campaign and website for HCPs launched.

The 2017/18 priorities identified as a result of feedback and a Trust wide "Right Care" event held with all Out of Hours (OoH) GP Providers in February 2017 resulted in agreement of a standardised ambulance clinician referrals to OoHs Stadard Operating Procedure, to understand and manage extended crew on scene times.

As a result of embedding the Trust minimal lifting in care homes, nursing homes and domiciliary care agencies policy, the team developed and launched a post falls care course in

conjunction with the Trust's First Aid training team. A suite of tools were developed and documents to support care providers (including domiciliary care agencies) in reducing requests for A&E ambulance attendance where avoidable. The course was delivered in Dorset as part of the pilot phase and a rollout plan across the Trust has been agreed.

Our clinicians are at the heart of this work and have the greatest level of clinical autonomy of any UK ambulance service. We continued to promote a dedicated feedback system amongst staff to identify areas for improvement as well as best practice. Over 2,700 items of feedback were received and disseminated to the teams involved during 2017/18, with the Trust working closely with providers and commissioners to resolve the issues. Time and time again, the feedback has proved vital in improving access to existing pathways and creating further opportunities.

Electronic Patient Clinical Record

As reported in previous Quality Accounts, the Trust has developed an electronic Patient Clinical Record System (ePCR) which has replaced the previously paper based clinical record. This not only enables clinicians to enhance the quality of their clinical documentation, but also supports the capture of data in a format that is readily available for research and audit purposes.

During 2017-18 this project has progressed to enable Summary Care Record (SCR) access to support clinical decision making and appropriate care pathway development and the Trust continues to work with partners to encourage the provision of SCR with additional information which offers an enhanced data set to further improve the delivery of appropriate care.

Further developments have included the better capture and assessment of mental health and cardiac arrest data, and the maximisation of digital systems to ensure robust reporting of Ambulance Clinical Quality Indicators (ACQI).

As fundamental to the provision of seamless care is an equally seamless transition of clinical data, during the coming year, the Trust will be working with NHS Digital and other partners to develop system integration opportunities. The Trust will be reviewing opportunities to create digital integration to enable health and social care data to be available at the point of care.

Urgent Care Service

The urgent care services, GP Out of Hours and NHS 111, are monitored through the assessment against national quality requirements. These quality requirements cover a number of different areas (including the auditing of calls and patient experiences). This information is reported in the Integrated Corporate Performance Report, presented to the Board of Directors at each meeting, and available on the Trust's website.

In addition to the NHS111 and GP Out of Hours services, the Trust operates a number of smaller urgent care service contracts, including a Single Point of Access to healthcare professionals in Dorset.

Single Point of Access (SPoA)

SPoA was commissioned to provide streamlined access for GP's, community teams, care homes, social care, ambulance service and secondary care services to the community services Pan Dorset. The aim of SPoA is to simplify the pathway into community services for health and social care professionals so that patients receive the right service at the right time making the best use of available resources.

SPoA is a bespoke service which has grown in size and stature since it started. The framework used has proved successful and this is reflected in the number of HCPs who regularly rely on SPoA in accessing community services. It provides good value to the Dorset Health System. Other areas of the country have requested the opportunity to visit Dorset SPoA to see in practice the success of the team.

GP Out of Hours Service

During 2017/18 the Trust delivered GP out of hours services across Dorset and Gloucester until the end of May 2017.

Appendix 2 of this report shows the achievement of the national quality requirements. These requirements are set by the Department of Health and are applicable to every Out of Hours service in England. As can be seen, the Dorset contract continues to perform well.

As reported in last year's Quality Account, the Trust has had to take the difficult decision to move away from some of its Out of Hours services as it cannot deliver them as it would wish and this is the case with Gloucestershire Out of Hours. Accordingly, the Trust ceased delivering this service on 31 May 2017.

NHS111

The Trust provided NHS111 services in Cornwall and the Isles of Scilly and Dorset in 2017/18. The Cornwall and Isles of Scilly contract was delivered for the first seven months of 201/18 from 1 April 2017 to 31 October 2017 before transferring to a new provider

As with GP Out of Hours services, national quality targets are set out by the Department of Health and are applicable to every NHS 111 service in England.

In previous years, the main challenge for Trust run NHS111 services has historically been achieving the target for the percentage of calls being answered within 60 seconds. During 2017/18 there has been a significant work programme focussing on improving performance, increasing the number of call-handlers and clinicians, focussing on staff communication, support and engagement, improving processes for clinical call-backs and a range of actions to strengthen audit activity. As a result of the actions being undertaken the Trust significantly improved performance during 2017/18.

Performance against each of the quality requirements can be found at Appendix 2.

Tiverton Urgent Care Centre

SWASFT delivered services at the Tiverton Urgent Care Centre for the whole of 2017/18. The Trust is measured against two key targets under this contract, measuring access and timeliness. The first is the national indicator measuring the total time spent in A&E – the national target is to treat a minimum of 95% of patients within four hours. The second indicator is a local standard and measures the time-to-triage within 15 minutes – this also has a 95% target. The Trust consistently delivers very strong performance against both indicators.

Indicator	Target	2017/18	2016/17
Percentage of cases completed within four hours	95%	99.55%	99.59%
Percentage of patients triaged within 15 minutes	n/a	99.52%	97.73%

Ambulance Clinical Quality Indicators

The following table shows Trust performance for further ACQIs.

Indicator[2]	Local Performance Threshold	Year to date 2017/18 (Apr to Oct 2017)	2016/17	National Average (Apr to Oct 2017)	Highest Trust Performance (Apr to Oct 2017)*	Lowest Trust Performance (Apr to Oct 2017)*
Return of spontaneous circulation (ROSC) at time of arrival at hospital (Overall)	24.00%	28.75%	25.12%	30.55%	35.55%	22.37%
Percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of call	57.00%	37.30%	36.94%	54.19%	65.54%	37.30%

*Highest/lowest trust reporting has been noted for each indicator independently.

Data for these indicators (ACQIs) is not currently available for information after October 2017. The longer timeframe for the production of this clinical data is due to the manual nature of the collection process for some ambulance trusts and the delays experienced in collecting some of the data from third party sources.

The Clinical Audit and Quality Improvement Team have participated in national workshops to design and develop a new set of ACQIs for 2018/19.

Research Activity

Participation in research

Patients and Trust staff had the opportunity to participate in a variety of research studies during 2017/18. The Trust took part in six projects that were part of the National Institute of Health Research (NIHR) portfolio and 816 participants were recruited into these.

[2] National definitions of ACQIs can be found at https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

Disseminating work at External Conferences

During 2017/18 the research and audit team showcased their work to a national audience through attendance at several key conferences. Posters were displayed at the 999 EMS (Emergency Medical Services) Research Forum in Stirling in March 2018.

Patient Safety & Experience

Central Alert System

The Central Alert System (CAS) is a national electronic web-based system developed by the Department of Health, the National Patient Safety Agency (NPSA), NHS Estates and the Medicines and Healthcare products Regulatory Agency (MHRA). This aims to improve the systems in NHS Trusts for assuring that safety alerts have been received and implemented. During 2017/18 the Trust acknowledged 94% of CAS notifications within 48 hours. The number of notifications received is set out in the following table.

Other Patient Safety Measures	2017/18	2016/17
Central Alert System (CAS) Received	121	140

Incident Reporting

As reported previously, the Trust has a central reporting system for adverse incidents, including near misses, as well as Moderate Harm Incidents (MIs) and Serious Incidents (SIs).

All core service lines for the Trust; A&E and Urgent Care Services (UCS) are covered in the patient safety measures reported within this section, including the table below which sets out the categories and numbers of patient safety incidents managed by the Trust. Although the service was ceased from 31 March 2017, PTS is also included as some incidents were not reported until after 1 April 2017.

Other Patient Safety Measures	2017/18	2016/17
Adverse Incidents[3]	8,171	9,435
Moderate Harm Incidents	16	15
Serious Incidents	51	62

It should also be noted that the figures for Moderate Harm and Serious Incidents are for those incidents confirmed as meeting the necessary criteria[4] within the reporting timeframe;

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[3] The Trust uses a local definition for Adverse Incidents which is based upon national guidance. Any event or circumstance arising that could have or did lead to unintended or unexpected harm, loss or damage to any individual or the Trust is classified as an adverse incident.

[4] The Trust uses the national criteria for Serious and Moderate Incidents set by NHS England in the Serious Incident Framework https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf

however, the incident could have been reported outside the 2017/18 timeframe of this document.

Serious Incidents

A fundamental part of the Trust's risk management system is appropriately managing Serious Incidents (SI) to ensure lessons are learned. SIs are identified through a systematic review of both adverse incidents and patient feedback. All incidents that are believed to potentially meet the national criteria set by NHS England or are a SI are passed to the clinically qualified Patient Safety Manager for preliminary review, before being circulated to the dedicated Serious and Moderate Harm decision making group.

It is important to note that the proportion of SIs as a percentage of patient contact activity remains very low. Overall, fewer Serious Incidents were confirmed during 2017/18, all of these related to the A&E Service Line, with the predominant themes throughout the year being delays to ambulance attendances and inappropriate decisions not to convey patients to hospital.

SI investigations are considered within Serious Incident Review Meetings which are designed to identify organisational learning. These meetings are chaired by a Clinical Director or Deputy Director. All staff involved in the incident are invited to attend as this provides the best opportunity for the Trust to identify learning. Learning can either be at a local, Trust wide or at times national level, for example referring learning to NHS Pathways to help them improve the National Pathways System. A Serious Incident Action Plan is maintained to monitor progress against actions identified.

Moderate Harm Incidents

The number of Moderate Harm incidents identified has remained consistent, with one additional incident identified during 2017/2018. The large majority of these incidents also related to the A&E service line with a primary theme of ambulance delays.

Patient Experience

Patient Experience is made up of the sum of all the interactions that a patient, or their family/care network, have with the Trust.

Patient experience and patient engagement provide the best source of information to understand whether the services delivered by the Trust meet the expectations of the patient, their family and/or representatives, including assessing whether a quality service is provided. The following table shows some of the Trust's existing methods and quantitative information on service user experience.

The Trust received a combined number of 921,386 patient contacts (A&E Activity and Urgent Care Services) against a total of 1,334 complaints[5] (one complainant contact equates to one complaint) equating to 0.14% of all patient contacts.

[5] The Trust has defined a complaint as any expression of dis-satisfaction from a patient, or their duly authorised representative, or any person who is affected by, or likely to be affected by, the action, omission or decision of the Trust, whether justified or not.

Patient Experience Measures	2017/18	2016/17
Complaints, Concerns and Comments	1,334	1,616
Patient, Advice and Liaison Service (PALS) – Lost Property, signposting to other services etc	1,007	931
Health Service Ombudsman complaints upheld	0	1
Compliments	2,653	2,235

Comments, Concerns and Complaints

All comments, concerns and complaints (referred to complaints hereafter) are dealt with in line with the Trust's Complaints Policy. This ensures that all service users feel that their feedback has been taken seriously, are dealt with appropriately and reported with complete transparency.

When noting the number complaints received, it is important to consider that the Trust proactively invites feedback from patients and their representatives.

Many Trust complaints are multifaceted, citing several areas of concern. In previous years, the number of complaints reported correlated with the number of complainant contacts the Trust received e.g.one complainant contacted equated to one complaint. This was then coded on the reporting system to a single primary area of concern, based on the feedback received from the complainant.

Since April 2017, the Trust has recorded each separate area of concern raised within the complaint, resulting in 1,665 separate areas of concern. Each concern is coded to report four subject areas in order to illustrate trends. The following table sets out the number of complaints received in 2017/18.

Subject	Complaints
Access and Waiting	649
Clinical Care	441
Communication	438
Security Vehicles and Driving Issues	137

The majority of complaints relate to Access and Waiting. Demand on the service and the associated impact on the availability of resources is a consistent factor as evidenced by the high number of complaints received during year.

A fundamental part of the Trust's complaint handling process is to ensure that remedial actions highlighted as a result of complaint investigations are appropriately managed to ensure lessons are learned. All remedial actions are identified, logged and monitored to ensure completion.

It is the responsibility of the Investigating Officer (IO) to ensure staff receive feedback and closure when they have been the subject of a complaint as this is an excellent way to share any learning arising from the complaints process.

Learning from Incidents and Complaints
The Learning from Incidents process brings together learning from complaints, adverse, serious and moderate incidents, claims and inquests, HR cases and learning development reviews. Identified learning is being shared via the Trust's Bulletin and a monthly meeting of representatives from each of the functions takes place to agree a programme and method of dissemination.

The identified programme to date has included articles on the following areas of learning;

- Delirium
- Comprehensive geriatric assessment
- Sarcopenia
- Informed consent

Further, the Trust produces quarterly Patient Safety and Experience Reports which are presented to the Trust's Quality Committee. This summarises themes and learning arising from Patient Safety incidents dealt with by the Nursing and Quality Directorate, incorporating, SIs, Adverse Incidents, Comments, Concerns and Complaints.

In addition a quarterly Patient Safety and Experience Report is presented to the Trust's Board of Directors. This also includes Claims and Inquests information.

The principle theme emerging from incidents and complaints relates to delays due to demand. A significant number of complainants and healthcare professional feedbacks raised concerns that the Clinical Hub had refused to provide an estimated time of arrival (ETA) for when they could expect and ambulance resource. Due to the continuously changing nature of emergency incidents, dispatchers (responsible for the allocation of ambulance resources) often need to divert ambulance resources. Therefore call handlers are unable to confirm that an ambulance is on its way or provide an ETA at the time of the 999 call.

Further trends have been identified in relation to non-conveyance of patients and clinical decision making in isolation, long lies following falls, absence of welfare calls, hospital capacity issues, clinical validation, Urgent Care Service staffing levels, palliative care and lack of capacity to undertake patient call backs from the 111 service clinical desk within the specified timeframe.

Compliments[6]

The Trust receives telephone calls, letters and emails of thanks from many patients every week. Wherever possible this gratitude is passed directly onto the members of staff who attended the patient or service user.

2,653 compliments were received during 2017/18; an increase of 18.7% on 2016/17. These provide important assurance for the Trust in the public recognition for staff and their contribution to excellence in service standards and demonstrate the continuing public confidence in the Trust.

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[6] The Trust defines a compliment as any recognition by a member of the public, or other Health Care Professional, for the contribution of staff in delivering a high standard of service.

The majority of compliments received were for frontline operational staff who are congratulated for their superb contribution to continuing public confidence in the Trust. However, it is recognised within the Trust that all staff are contributing to the success of the organisation and that it is often more difficult for support staff to receive recognition of their commitment and hard work behind the scenes.

The Trust continues to use 'wordles' – a visual representation of the key words included in the compliments received. These are shared on the Trust's intranet so that all staff can see the type of positive feedback that the Trust receives about the work that they do.

The following picture is a year-end summary of the compliments received for 2017/18 - the larger the word/phrase the more frequently it was used.

Patient Engagement

During 2017/18 the Trust continued to develop its patient engagement activities, ensuring that its services are responsive to individual needs, are focused on patients and the local community and supporting its ongoing commitment to improving the quality of care provided.

The patient engagement team and the patient experience team source patient stories for use at the start of each meeting of the Board of Directors and of the Council of Governors. Previously these stories were written testimonies read out by a member of the forum; however, over the last two years the Trust enhanced this project and has begun to invite patients into the Board meeting to share their stories in person. This activity has continued to be a positive experience not only for the meeting members, but also most importantly for the patients involved.

Care Opinion

Patients and their relatives and carers can post details of their experience on the "Care Opinion" website, with these posts being available to anybody visiting the site. The Trust responds to every comment about its service. Where the feedback is negative or indicates

service failure, the individual who provided the comments is invited to contact the Trust directly with further details so that the concerns can be addressed by the patient experience team. Where the post is positive and the incident in question can be identified, the posting is passed directly to the member(s) of staff involved. If there is insufficient detail the patient engagement team will respond requesting additional information in order to be able to convey the positive feedback.

During the year 55 stories relating to the trust have been posted on Patient Opinion. This is a decrease of 35% compared to last year. The continued decrease is likely to be due to the cessation of advertising of the site; as the Trust chose not to renew its subscription to the Care Opinion site.

Patient Experience Surveys

The Trust audits a random sample of 1% of patient contacts every month for its NHS111 contracts and separately for the GP Out of Hours contracts, with care being taken to ensure that the survey is not sent to anyone whom it would not be appropriate to contact, for example a sensitive case that may be related to a safeguarding concern.

A paper questionnaire is sent to respondents, which also contains a link to the online survey. The survey includes a series of questions under the following headings:

- Friends and Family Test
- Getting through
- After the call
- Satisfaction
- Use of NHS111/Out of Hours telephone service and satisfaction with the NHS
- Caller/patient information

The Trust provides a monthly report to its Commissioners on the number of calls taken; and the forms returned within that period, with a detailed report being submitted every six months.

During the year 639 people responded to the survey in respect of their NHS111 experience; equating to a response rate of 24%. These responses highlighted that further consideration needs to be given to communication about the process of the service to manage patient expectations, whilst the issue of being given the wrong advice was also raised.

Some of the comments provided by survey respondents have raised issues about triage; the perception that questioning is too long and unhelpful, with respondents indicating that the questioning left them feeling frustrated. A small number of survey respondents have stated that the attitude from the call handler was less than favourable.

Many positive comments relate to patients feeling grateful for the service; with respondents citing how the staff they spoke to or were attended by were helpful and caring. Many respondents spoke about the reassuring nature of the service and the excellent guidance that is being offered. It is also noted that positive comments far outweigh the negatives comments.

205 responses were received from the GP Out of Hours Service surveys during the year, equating to a response rate of 22%. Feedback suggests that patients are satisfied with the service received, with them being likely to recommend the service and to use it again. Respondents cited high levels of satisfaction with the service, confirming that they were given good information regarding their care options and treatment, as well as positive staff attitude. There were some negative comments regarding delays and the quality of care received.

Friends and Family Test (FFT) for Patients

The FFT is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

The Trust offers the FFT to patients who receive 'See and Treat' care across the 999 and Urgent Care service lines; this means care delivered to patients when they are seen by a Trust clinician and the patient is not conveyed to any receiving facility.

Response rates to the FFT are poor. A review of response rates across all ambulance services identifies that this is an issue across the country. In addition, it is difficult to directly compare data as each Trust is using a different response method and so it cannot be used as a reliable bench mark.

Despite the low response rate, the Trust continues to receive largely positive feedback to the FFT. However, this in itself provides a challenge for service development based on these responses as the only consistent theme offered in the feedback is that of praise and gratitude. The FFT results for 2017/18 are:

Recommend?	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Would	100%	98%	93%	94%	94%	94%	94%	96%	97%	96%	95%	94%
Would not	0%	0%	3%	5%	2%	6%	3%	0%	2%	2%	0%	4%

Public and Patient Involvement

During 201/18 the Trust attended 267 patient and public involvement events such as county shows, community fetes, school and college visits and public health awareness days. These events were staffed predominantly by volunteers drawn from clinicians, managers, administrators, governors and community first responders.

These events provide a fantastic opportunity to engage with existing patients and potential service users. They also provide an opportunity to deliver proactive health checks. A total of 298 members of the public had their blood pressure checked during 2017/18. The results were provided immediately and where necessary recommendations about further medical care, such as attending their own GP, were made.

We have continued to improve our links with our road safety partnerships across the area with local Healthwatch. We continue developing our working relationships with partner organisations and stakeholders. Other achievements include;

- Worked collaboratively with the Fire and Rescue Services and Police Forces on providing emergency services presence at the Devon County and Royal Bath and West Shows in 2017.
- Worked with fire, police and road safety colleagues on the Learn2Live and My Red Thumb Campaign to help prevent road traffic accidents for 19-24 year olds.
- Coordinate and run station open days to increase public awareness and engagement.
- Develop our working relationship with our Healthwatch colleagues through open days showcasing latest Trust development and research.
- Improve our school resources and implement governance around school and educational visits, as well as station visits.

Assurance Statements – Verbatim

Clinical Commissioning Groups

NHS Dorset Clinical Commission Group on behalf of all Clinical Commissioning Groups across the South West

The Commissioners have reviewed the Quality Account and can confirm that the information presented appears to be accurate and demonstrates a successful organisation and a high level of commitment to quality. This is to be commended. It contains the undertakings of the organisation with regards to the quality ambitions, challenges and achievements from 2017/18 and defines the future direction for 2018/19.

SWASFT is a responsive, dynamic and innovative organisation, and has continued to work hard to develop excellent working relationships with commissioners. The Trust fulfils an important contribution to the health and wellbeing of the population within CCG localities through the services it provides and is committed to providing safe, high quality clinically effective patient care. The achievements from 2017/18 noted in the quality account reflect this.

There have been challenges in respect to achievement of the ambulance response times which may have impacted on patient safety and experience during the year. It is recognised that the Trust is not achieving the local performance threshold however as commissioners the action being taken to improve these percentages is welcomed and is reflected in the new priorities.

The Commissioners support the Trust's open and transparent communication of their involvement with the CQC during 2017/18 within the quality account and the steps taken to improve the current Requires Improvement rating. The Commissioners also confirm that registration with the CQC has been maintained with no conditions and recognise that the caring attitude of the workforce, rated outstanding by CQC, remains evident.

SWASFT has produced an easy to understand and comprehensive report that helps the general public understand how their local health services are performing. The document outlines the Trust's approach to delivering quality care and quality improvements within its service in an open and transparent way in terms of patient safety, patient experience and clinical effectiveness. South Central and West Commissioning Support Unit (SCWCSU) have put routine processes in place with SWASFT to agree, monitor and review the quality of services throughout the year. The information presented within the quality account is consistent with quality, safety and performance information supplied to the CCGs throughout the year through contract reporting and discussions at meetings with the Trust.

The Commissioners can therefore confirm that we have no reason to believe this Quality Account is not an accurate representation of the performance of the organisation during 2017/18.

Health Overview & Scrutiny Committees

Bath & North East Somerset Council, Health & Wellbeing Select Committee

We believe that SWAS's priorities should and do match those of the public.

All of the priorities from last year were achieved and there was evidence of continued improvement in the priorities for the forthcoming year.

The select committee also welcome the patient experience priority that now focuses upon the experiences of people with mental health issues of the 999 service, which demonstrates a proactive approach to involving patients and service users to identify what matters to them.

We believe that the SWAS quality account touches all of the relevant areas of concern and are presented in a way which satisfies any concerns that we may have at present.

During December 2016 the trusts NHS 111 service was rated as 'Requiring Improvement', within the domains of 'effective' and 'well-led'. The select committee welcome the findings of the Quality Improvement Plan that will be embedded across the organisation, to learn from the CQC inspection.

The select committee also welcome the trusts learning from the production of the quarterly patient safety and experience report, and the development of a patient engagement programme, particularly for the use of a programme of Patient Engagement, Patient Experience Surveys, Friends and Family Tests, Public & Patient Involvement events, focus groups and through the development of the new 'Care Opinion' Website, for patients to post their experiences, is noted.

The select committee also welcome the trusts learning from the production of the quarterly patient safety and experience report, and the development of a patient engagement programme, particularly for patients who already engage with specialist mental health organisations and focus groups.

We were pleased to hear that the trust has been able to enhance their understanding of the patient experience by receiving testimonies from patients and also invited them to board meetings, which has become a positive experience for both patients and board members.

The select committee are pleased that there is mandatory training for all staff and we welcome the focus on support services, NHS 111 and agency staff.

However, previously the select committee would have liked more information regarding the induction, training and recruitment of new staff. This is an important part of gaining high quality staff for the future. Members would be more reassured of future planning and sustainability of the service for the longer term if this information were included.

Bournemouth Health and Adult Social Care Overview & Scrutiny Panel

With reference to the priority for improving the management of the older patient we were pleased to see the online frailty learning zone for SWASFT staff. Initiatives such as First Aid training for care providers are welcomed to reduce ambulance attendance. Along with the new approach of triage in the clinical hubs this should ensure emergency ambulances are used effectively.

It was disappointing to see response times are still challenging but we didn't know if factors such as traffic, rural location or whether it was just problems with handovers. It's a concern

that delays are not only are of a safety nature but involve the future health outcome for the patient.

We are unsure about the idea of Always Events with patient experience being fairly subjective and perhaps in some cases having unrealistic expectations. However this aspect of safety in our view must not take priority over Never Events. We fully support putting the patient at the centre but have reservations over resources being used on this.

Sight must not be lost that the number of compliments exceeded bad experiences and the staff should be proud of that.

With new data reporting for 2018 we hope the Workforce Race Equality Standard will get back on track.

The Duty of Candour and Safeguarding seems to be well provided for and monitored.

Training for staff is important and obviously operationally challenging but the Trust are aware which is noted.

The GP Out of Hours report is good as this tends to be where the majority of patients interact with. The main concern is the patient call backs in 10 minutes being considerably lower than the target. We would like to see this improve for next year's report.

Overall we feel staff should be proud of their caring and compassionate nature towards their patients.

Bristol City Council People Scrutiny Commission

The Bristol City Council People Scrutiny Commission holds the statutory health scrutiny function for Bristol City Council. The Commission received a presentation on the 8th May and Members were satisfied with the contents of the South Western Ambulance Service NHS Foundation Trust - Quality Review and Quality Account.

Members commended the use of the welfare call process in managing the impact of delays on patient safety.

Members suggested that in the reporting of quality priorities and actions taken, a better understanding and explanation of the measurement of the outcomes for patients was required.

Members strongly supported any initiatives that strengthened the organisations ability to provide feedback to patients. In addition, Members noted the need for better communication to manage patient's expectations during the triage system and in respect of GP referrals.

Members suggested that the organisation explore whether a Community Transport option could be a viable addition to the wider service offer.

Devon County Council Health and Adult Care Scrutiny Committee

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the South Western Ambulance Service NHS Foundation Trust's (SWAST) Quality Account for 2017-18. All references in this commentary relate to the reporting period 1st April 2017 to 31st March 2018 and refer specifically to the SWAST's relationship with the Scrutiny Committee.

The Scrutiny Committee believes that the Quality Report for 2017-18 is a fair reflection and gives a comprehensive coverage of the services provided by the Trust, based on the Scrutiny Committee's knowledge.

In terms of the priorities for 2017-18, the Members of the Committee recognise the work undertaken by the SWAST in the last year to improve the identification of frailty in older adults. The Committee also acknowledges the Trust's work in improving the timeliness of responses to patient complaints. Members note however that there is still the need for improvement in this area.

Members are grateful to the SWAST for attending the NHS Inquiry Spotlight Review in October and the January Health and Adult Care Scrutiny Committee meeting in January. In January, the Trust provided the Committee with performance figures relating to the new targets for ambulance response times. The Trust representatives undertook to provide further information for members in relation to the Trust's performance. It has been an issue of concern to Members that the Trust has been unable to meet national standards for response times.

Members are also thankful to the Trust for attending the meeting of the Health and Adult Care Scrutiny Committee Standing Overview Group in May 2018 in which the Trust outlined its Quality Account for 2017-18 to Members.

The Committee supports the Trust's Quality Priorities for Improvement in 2018-19 and expect that the Trust will continue to work on improving ambulance response times. The Committee welcomes the initiative planned by the SWAST to improve the patient care experience through the 'Always Events' programme and endorses the Trust's aims to better understand the experience of mental health patients and to use a new response framework to refine the appropriateness of responses that patients receive. Members also appreciate the Trust's focus on continuing to improve the health and wellbeing of its staff.

The Committee looks forward to a continued positive working relationship with the SWAST in 2018/19 and beyond to continue to ensure the best possible outcomes for Devon residents.

Dorset Health Scrutiny Committee

Dorset Health Scrutiny Committee, welcomes the invitation to comment on the Quality Review and Quality Account 2017/18 for the South Western Ambulance Service NHS Foundation Trust, and would like to submit the following comments:

The Dorset Health Scrutiny Committee is pleased to note the progress against the three key priorities for 2017/18, particularly with regard to improving the management of older patients and understanding the impact of delays on patients. The on-going actions to review delays and the revisions to the welfare call process are welcomed. With regard to the priority to improve the quality and timeliness of responses to complaints, it was helpful to hear more about the rigour and complexity of the process from the Patient Engagement Manager, and the Committee has requested to receive some comparative data on the performance of other Ambulance Trusts in due course.

The Committee notes the priorities identified for 2018/19 and supports those proposed (clinical effectiveness of triage within the clinical hubs, experiences of mental health patients using the 999 service and the development and implementation of 'always' events). It was reassuring to hear that resources can now be more easily re-deployed to areas of high demand and to hear that good practice is being proactively encouraged and recognised.

With regard to the reporting of key performance indicators for 2017/18, the Committee is disappointed and concerned that the current performance within the Ambulance Response Programme is not meeting targets, particularly for Category 2, 3 and 4 calls. The fact that the standards make no allowance for rurality is recognised as a problem for the Trust; the Committee welcomes the use of resources such as community responders and the Fire and Rescue Service as an alternative where appropriate.

The results of the NHS staff survey for the Trust were recognised as being generally in line with or better than comparable Trusts. It was encouraging to hear of the measures being put in place to investigate bullying issues and the recruitment efforts with individuals from the BME community.

With regard to the quality indicators, again the problem of rurality was noted in respect of the poor performance for the Trust in transporting patients potentially eligible for thrombolysis to hyperacute stroke centres within 60 minutes. The Committee would support the need for more investment nationally and locally to compensate for the increased journey times across areas such as those covered by SWAST. New initiatives such as the Mobile Urgent Treatment Centres which will provide early assistance and intervention in Dorset, alongside funding for additional vehicles, were welcomed.

Over the past year, the willingness of the South Western Ambulance Service NHS Foundation Trust to engage with members of the Dorset Health Scrutiny Committee has been helpful, and we would like to express our thanks to the Trust for this and look forward to a continuation of this engagement in the future.

Isles of Scilly Scrutiny Committee

The Committee welcomes the additional resilience in the past year provided by having more island-based paramedics, plus investing in career development. We were grateful for a report in November 2017 that provided the island context from the Trust and look forward to receiving a future island-focused report.

As for other geographically isolated communities, the ability to respond quickly and appropriately is vital, especially given the requirement, on occasion, for additional travel by boat between the islands (and how this can affect response times), and the increase in the islands' population in the summer months. We feel it is important that the challenges faced on the islands are fully captured within the new response framework, and that this 'island-proofing' ensures the best outcomes for patients. We therefore fully support the priority this year for clinical effectiveness, evaluating the effectiveness of the computer-driven support system, robustness of any data tools and outcomes from the triage process.

A focus on frailty over the past year links well with priorities for the community hospital provider on the islands, and we would welcome evidence of how the two organisations have worked together to add value to this area of improvement. Similarly, a focus on responses to patient experience is welcomed as it represents an opportunity for self-improvement as well as improving the quality of service. We hope this continues this year given the priority given to the experience of mental health patients. We would very much like this priority to be 'island-proofed' to include engagement with mental health charities and organisations as there are substantial challenges faced during a mental health crisis.
As stated, sensitivity is required so as not to carry out activities that may be detrimental to the overall wellbeing of these patients.

Demonstrating that service provision is 'island-proofed' provides important reassurance that:

- there has been due regard paid to logistics of service delivery on the islands
- improvements and priorities can realistically be delivered in the local context

Overall, we desire that an integrated health and care approach on the islands is an example of excellence. We wish for the Trust to play an active part in developing and supporting a proficient workforce, recruiting and supporting volunteers on all the islands, within an effective, caring network that has sufficient capacity to meet the current and future needs of the islands.

North Somerset Health Overview & Scrutiny Panel

The Panel noted that there is a significant reorganisation process within the Trust and were very encouraged by the implementation of new processes and programmes such as the Red Bag Scheme. The Panel were also pleased to note the continuing work that is being done in the Ambulance Response Programme (pre-triage) and that despite the overnight closure of Weston's Emergency Department there is a pathway for patients suffering from neck of femur injuries whom are to be prioritised and to still be admitted to Weston during these hours.

Nevertheless, the Panel acknowledges the significant impact of lack of resource and remains concerned about the effect this has on delays in attending patients.

The Panel acknowledges the Trust's achievement of its 2017/18 priorities and welcomes the focus of the 2018/19 priorities.

South Gloucestershire Health Scrutiny Committee

The South Gloucestershire Health Scrutiny Committee received a presentation on your draft Quality Account at a meeting in common with the Bristol People Scrutiny Commission on 8th May 2018.

These comments are based on matters raised by Members of the South Glos Committee at the meeting in common. Members supported measures taken to raise awareness of frailty and noted that the Trust had collaborated with all its CCGs to try to ensure a consistent approach. All staff received the same training to ensure referrals and treatment of patients was consistent. It was noted that the QA report includes data on response times for South Glos, which is of interest to members. It was suggested that the Trust should look into using Community Transport for non-urgent calls to improve response times.

The Committee has not received any formal reports from the Trust during the year.

Wiltshire Health Select Committee

Since September 2016, SWAST Performance in Wiltshire have been presented to the Health Select Committee in the form of annual reports to the Committee on the performance of the ambulance service in Wiltshire. The first edition was presented at the Health Select Committee on 27 September 2016.

On 5 September 2017, the Health Select Committee received a report presenting information relating to the ambulance service's activity and performance in Wiltshire. Issues highlighted in the course of the presentation and discussion included: that targets in rural areas are often challenging; how calls are prioritised to send the right resource to the right person; the support to the service provided to the service by community first

responders; how demand patterns have changed; the issues facing the recruitment to some rolls such as call-handlers; the impact of the Sustainable Transformation Plans.

The committee looks forward to receiving the SWAST Performance in Wiltshire annual report at its meeting on 11 September 2018.

Healthwatch

The Care Forum - Healthwatch Bath and North East Somerset, Bristol, South Gloucestershire and Swindon

Healthwatch welcome the opportunity to respond to the draft Quality Account of the South West Ambulance Service NHS Foundation Trust (SWAST). Healthwatch understand the pressure the ambulance service faces and patients tell us about the quality of care that paramedics give to their patients.

Looking back at the priorities for 2017/18

Priority 1 – Clinical Effectiveness – Awareness and Improving the Management of the Older Patient.

Healthwatch welcome this priority, and would like all staff to be aware that it is the older person who should be consulted about their assessment where ever possible. Healthwatch has feedback that some NHS staff will discuss the older patient with family and carers and the patient is overlooked. In some cases where the patient does not have capacity this might be a necessity but staff should always address the patient first. Healthwatch would like to see the Trust include the priorities and especially the awareness of working with older people included in future staff development. Healthwatch are interested to see how the online frailty learning zone will be used to raise awareness to improve the recognition of frailty in older adults. It would be very useful to hear the voice of the older frail adult included in the training.

Priority 2 –. Patient Experience – Improving the Quality and Timeliness of Responses to Patients.

Healthwatch supports the Trust's recognition that there should be a timely response to complaints. Although there has been an increase to 33.2% this year this is still a very low percentage that needs to be addressed.

Priority 3 – Patient Safety – Impact of Delays on Patient Safety.

Healthwatch are pleased that the Trust wish to identify improvements that can be made to enhance patient safety and experience. The charts on page 20/ 21(not page 19) show how the Trust's performance is still below the national standard. Healthwatch will watch to observe if the trust can maintain a focus on these targets in the coming year. Healthwatch has concerns with the delays at the emergency departments of the region's hospitals and understand the Trusts difficulties associated with lost operational hours.

The term ‘deep dive’ might not be one that the public is aware of, perhaps this should be in the glossary of terms.

Healthwatch would like an update on how the Trust is addressing the Accessible Information Standard, as again this year the draft Quality Account could not be produced in an audio version in time for our Healthwatch volunteer to comment.

Priorities for 2018/19
Clinical Effectiveness – Clinical Effectiveness of Triage within the Clinical Hubs.

Healthwatch are glad to see that clinical effectiveness continues to be a priority within the Trust. Throughout the year Healthwatch will follow the planned outcomes to observe if the evaluation of the impact of the triage system will be achieved.

Patient Experience – Experiences of Mental Health Patients Using the 999 Service

Healthwatch are very pleased to note that the experiences of mental health patients using the 999 Service has been identified by the Trust as an issue for new learning, and that this can be incorporated into service development. Healthwatch applaud the development of the engagement programme and note how the Trust will engage with patients through existing groups and specialist mental health organisations.

Healthwatch are interested in how the Trusts operational staff will learn more about mental health issues from this priority.

Patient Safety – The Development and Implementation of Always Events.

Healthwatch read with interest the priority on the development and implementation of ‘Always Events’ and the goal for patients and service users to have an ‘Always Experience’ to improve the patient safety experience. The quarterly initiatives show the testing of a pilot and the implementation with an identified patient group, Healthwatch look forward to hearing how these actions will be achieved.

Quality Improvement Plan 2018 Priorities

Healthwatch noted the Quality Improvement Plan themes and are pleased to see the quality improvement action on Theme 3 to review the indicators for work intensity and fatigue. Healthwatch is very aware that the way the service runs often means that patients come first and staff work long hours without a break.

Staff Survey

Healthwatch are disappointed to read there is an increase this year in the percentage of staff experiencing harassment, bullying or abuse from staff in the last twelve months, but note that this is below the national average for 2017.

Workforce Race Equality Standard

Healthwatch are very disappointed to read the Trusts figures on BME staff experiencing harassment, bullying or abuse from staff in the last twelve months as this is a great increase from 2016. It is also unsatisfactory to see the rise to 32% an

increase from 9% in 2016 in the number of BME staff who have personally experienced discrimination at work from manager/ team leader or other colleague.

Healthwatch will follow the Trusts plans to address this through the development and actions of the new Equality group in 2018/19. It would also be useful for Healthwatch to comment on the Trusts Equality Delivery System when this is completed as concerns affecting other groups with protected characteristics are not identified in this report.

Duty of Candour

Heathwatch note that the Trust makes contact with the patient or next of kin within, at most, 10 working days of an incident. Healthwatch wonder if this year the timescale could be extrapolated so that Healthwatch could see an average of just how long it takes to contact patients as 10 working days sounds a long time to be waiting.

Sign Up to Safety

Healthwatch would like to see a link to the Trust priority on older people and frailty mentioned within this section. In the safeguarding section Healthwatch would like the term 'care home' – where staff are failing to recognise the symptoms of stroke be changed to 'residential care home', to reflect the difference from a nursing care home.

Healthwatch Cornwall

Healthwatch Cornwall (HC) was pleased to read with interest the Quality Account from the South West Ambulance Service NHS Foundation Trust and to see the on-going commitment to quality, safety, patient experience and innovation.

Of particular achievement, is the work to reduce admissions to emergency departments (ED) which has seen the proportion of 999 calls managed without the need for admission to ED, increase by 55%, the highest non-conveyance for any ambulance trust in the country.

It is encouraging to see the focus on improving the management of the older patient and that the Trust has achieved its target of implementing Rockwood scores on the electronic patient care record in over 60% of older adults. Furthermore, the target of 90% of available frontline clinicians to have received a frailty education update has also been achieved. The introduction of a frailty learning zone will further support the on-going education of staff in this important area of care, given the ageing population, which is comparatively higher in the South West.

We are pleased to see the continued focus and actions taken to improve the timeliness of response to complaints, whilst the quality of responses remains high.

It was positive to see the Trust achieved it's priority objective of exploring the impact of extended delays in responding to 999 emergency calls and calls from healthcare professionals. This aimed to identify improvements that would enhance patient safety and experience, and raise the profile of the number of significantly delayed amber and green responses at strategic level.

It is good to see the Trust will use the data tool it has developed to further refine the clinical effectiveness of triage within the clinical hubs, in order to improve the appropriateness of response that patients receive.

We are pleased to read that a priority for patient experience will be to focus on people with mental health issues, and that the experience of these patients will be used to shape service development. This co-productive approach along with engagement with external experts and specialists is welcomed by HC. Similarly, we are also encouraged to see plans to enhance patient care by developing Always Events for specific patient groups, through patient and service user engagement.

The level of operational pressure felt by the Trust continues to be high. Whilst the Trust has not met the new ambulance standards introduced mid-way through the year, it has continued to face challenges such as increasing year-on-year activity and handover delays at the emergency departments regionally. Nonetheless, the Trust affirms its continued commitment to working 'extremely closely' with commissioners and acute hospitals to maintain patient flow, increase ambulance resource availability and to serve its patients.

It is also positive to see a continued commitment to improve Ambulance Clinical Quality Indicators, as it is particularly concerning to see below local performance threshold (65.2% versus 90%) performance for outcomes such as the percentage of Acute ST Elevation Myocardial Infarction patients who receive an appropriate care bundle.

The Trust recognises its caring and compassionate staff, as rated by the Care Quality Commission (CQC) as 'Outstanding' for caring. It is evident the Trust plans to build on the learning and recommendations made in CQC inspections, along with feedback from its staff, to develop its Quality Improvement Plans.

It is welcomed that the Trust report they proactively invite feedback from patients and those close to them. It must be acknowledged that the number of complaints decreased year-on-year from 1,616 in 2016/17 to 1,334 in 2017/18 and the number of compliments has increased from 2,235 to 2,653 during the same period. The majority of complaints relate to access and waiting, and the leading theme resulting from incidents and complaints related to delays due to demand. There were also concerns raised that the Clinical Hub refused to provide an estimated time of arrival, which is recognised as very difficult, due to the changing nature of clinical incidents. The Trust has also highlighted a number of further areas of concern on which to focus its learning. It is reassuring that the Trust show a commitment to learning from complaints and incidents by sharing information with staff via monthly bulletins, and with the Board through patient safety and experience reports, for example.

Friends and family test response rates remain low for the Trust and for ambulance trusts nationally. However, despite this, it is positive to see there was a consistent theme of praise and gratitude therein.

HC are pleased to see SWAFST continues its programme of public and patient involvement. It attended 267 events during the year, in which 298 members of the public received blood pressure checks. The Trust reports it continues to build relationships with key partners in health and stakeholders. HC were pleased to attend the Healthwatch open day in February 2018 and found the content of the day both informative and innovative. Of particular note were the presentations around the focus on mental health patients, the Quality Performance Improvement Plans and the numerous studies and research being undertaken within the Trust.

The feedback we received about the Trust's services during 2017 to 2018 was small in number and some of which related to the 111 service in Cornwall, which is now no-longer provided by the Trust.

HC looks forward to continuing its relationship with SWASFT and to providing more regular patient feedback about the services it provides.

Healthwatch Gloucestershire, Somerset and Wiltshire

This statement is provided on behalf of Healthwatch Gloucestershire, Healthwatch Somerset and Healthwatch Wiltshire. The role of Healthwatch is to promote the voice of patients and the wider public in respect to health and social care services and we welcome the opportunity to comment.

Patients over the age of 65 years old account for over half of ambulance activity. Last year the Trust made a commitment to improve the management of older, frail patients including a comprehensive package of training and awareness for its staff. We are pleased to see that they met the set targets and that 94% of staff received a frailty education update as part of their annual development day and that a frailty learning zone is now available on the Trusts intranet.

We acknowledge the work that the Trust has carried out to improve the timeliness and quality of their response to complaints. However, we note that although performance has improved, the overall performance rate is still relatively low (33.2%) and therefore, we would like to see further improvements. Healthwatch have done a great deal of work around complaints handling in the past and would be happy to share this knowledge and experience with the Trust.

We are pleased to see that the Trust has chosen to focus on the experiences of patients with mental health issues who use the 999 service and are happy to share with the Trust, any relevant, anonymous feedback that we receive. In addition, the development of the implementation of 'always events' (aspects of care and experience that should always occur when patients and their relatives/carers interact with health professionals) programme is a positive move forward. In particular, the commitment to involving patients in the co-design and testing of 'always events' is encouraging. We look forward to hearing more about the outcomes of the work over the coming year

We note that the Trust's 999 performance times do not currently meet the National Standard. However, we acknowledge the rise in the number of emergency contacts, and the introduction on the new standards and indicators which likely had an impact on these results. Residents in the more rural areas of Gloucestershire, Somerset and Wiltshire have raised concerns regarding delays in response. We reiterate our recommendation in last year's quality account response, that regular communication with patients whilst they wait for an ambulance enhances their experience and provides reassurance.

The Trust has actively engaged with and built on its existing relationship with local Healthwatch in 2017/18 and have welcomed patient feedback. We appreciated the opportunity to visit the Trust's call centre in Bristol and spend some time with the call operators. This gave us a good insight into the operational challenges faced by the Trust on a daily basis.

We acknowledge the Trust's continued commitment to patient and public engagement and their efforts to build on relationships with local Healthwatch and look forward to working with the Trust over the coming year.

Healthwatch North Somerset

Healthwatch North Somerset welcomes the opportunity to respond to the draft Quality Account of the South West Ambulance Service NHS Foundation Trust (SWASFT).

Overall the Trust Quality Account provides a comprehensive reflection on quality performance during 2017/18. We commend the Trust for the achievement of all the Quality Priorities.

We welcome the fact that 2017-18 Priorities included issues that have been mentioned to us previously by the public: Priority 2 (Patient Experience - Improving the quality and timeliness of responses to patients). Priority 3 (Patient Safety – Impact of delays on Patient Safety)

We also welcome the fact that although progress has been achieved on all priorities that further improvements are sought on Priority 2.

The number of patient and public engagement events attended by the Trust is commendable however the response rate to the Friends and Family Test remains poor.

We are pleased to see developments relating to responses to complaints and that older people and those with mental illness were high on the agenda as well as clear priorities set for safety, mental health, triage and timeliness. We note that stakeholders including Healthwatch were consulted about mental health issues.

We note the rise in compliments to the Trust which was a very positive statistic. However we note the concerns about staff fatigue, missed meals, sickness targets and stress at work and the level of bullying recorded. We welcome the commitment to initiatives to respond to the pressure facing staff and to improve their work life balance. There are concerns regarding race equality and abuse from both staff and patients; we are pleased that buddying, training, appraisals, risk assessment outcomes and a complaints procedure have been put in place.

Healthwatch Plymouth

Healthwatch Plymouth has read the Quality Account with interest and note the progress made around the 2016-17 initiatives around Clinical Effectiveness when managing older patients, Improving the quality and timeliness of responses to patient complaints and Patient Safety – the impact of delays. We also note that further work is ongoing in these areas.

Priorities for the forthcoming year are welcomed especially around the Clinical Effectiveness of Triage and improving Experiences of Mental Health Patients using the 999 service.

Patient experience of 999 services to Healthwatch Plymouth is generally positive around the Staff and treatment and care received. However, waiting times for ambulances to arrive or experiences of mental health patients is often negative. Whilst acknowledging that the Trust covers a large area of the South West and as with other areas of the health service is facing operational pressures, patients need to have confidence that when they need emergency health support it will be delivered in a timely manner. From our point of view the Trust needs to more communicative with the public about how the service is being delivered including how triage will inform the priority of ambulance dispatch.

Healthwatch Plymouth are looking forward to further developing its relationship with the Trust over the next 12 months and beyond.

Statement of Directors' Responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance;

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

    - board minutes and papers for the period 1 April 2017 to 31 March 2018
    - papers relating to Quality reported to the Board over the period 1 April 2017 to 31 March 2018
    - feedback from the commissioners dated 21 May 2018;
    - feedback from governors dated 6 July 2017, 19 October 2017 and 9 March 2018;
    - feedback from Local Healthwatch organisations dated 16, 18, 21 and 22 May 2018;
    - feedback from Overview and Scrutiny Committees dated 2, 9, 14,15, 17, 18 and 21 May 2018
    - the local patient survey (monthly NHS111 and GP Out of Hours)
    - the latest national patient survey dated 8 July 2014
    - the latest national staff survey dated 6 March 2018
    - the Head of Internal Audit's annual opinion over the trust's control environment dated 24 May 2018;
    - CQC Inspection Reports dated 6 October and 17 November 2016.

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;

- the performance information reported in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

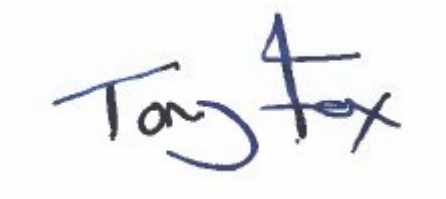
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/ annualreportingmanual) as well as the standards to support data

quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board



Tony Fox
Chairman
24 May 2018

Ken Wenman
Chief Executive
24 May 2018

Appendix 1

GP Out of Hours Quality Requirements

Quality Requirement	Target	Dorset	Gloucester*
QR1 - Providers must report regularly to NHS Commissioners on their compliance with the Quality Requirements	Compliance	Compliant	Compliant
QR2 - Percentage of Out-of-Hours consultation details sent to the practice where the patient is registered by 08:00 the next working day	95.00%	98.34%	99.85%
QR3 - Providers must have systems in place to support and encourage the regular exchange of information between all those who may be providing care to patients with predefined needs	Compliance	Compliant	Compliant
QR4 - Providers must regularly audit a random sample of patient contacts (audit should provide sufficient data to review the clinical performance of each individual working within the service)	Compliance	Compliant	Compliant
QR5 - Providers must regularly audit a random sample of patients' experiences of the service	Compliance	Compliant	Compliant
QR6 - Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure	Compliance	Compliant	Compliant
QR7 - Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service	Compliance	Compliant	Compliant
QR10 - All immediately life threatening conditions (walk in patients) to be passed to the ambulance service within 3 minutes of face to face presentation	95.00%	n/a	n/a
QR10a - Definitive Clinical Assessment for Urgent adult cases presenting at treatment location to start within 20 minutes - not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk-in-centres	95.00%	n/a	86.40%

Quality Requirement	Target	Dorset	Gloucester
QR10a - Definitive Clinical Assessment for Urgent Child cases presenting at treatment location to start within 20 minutes - not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk-in-centres	95.00%	n/a	78.10%
QR10b - Definitive Clinical Assessment for Less Urgent cases presenting at treatment location to start within 60 minutes - not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk-in-centres	95.00%	n/a	n/a
QR10d - At the end of an assessment, the patient must be clear of the outcome	Compliance	Compliant	Compliant
QR11 - Providers must ensure that patients are treated by the clinician best equipped to meet their needs in the most appropriate location	Compliance	Compliant	Compliant
QR12 – Emergency Consultations (presenting at base) started within 1 hour	95.00%	n/a (no cases)	69.57%
QR12 - Urgent Consultations (presenting at base) started within 2 hours	95.00%	90.00%	90.69%
QR12 - Less Urgent Consultations (presenting at base) started within 6 hours	95.00%	97.56%	96.29%
QR12 - Emergency Consultations (home visits) started within 1 hour	95.00%	n/a (no cases)	75.00%
QR12 - Urgent Consultations (home visits) started within 2 hours	95.00%	90.06%	89.85%
QR12 - Less Urgent Consultations (home visits) started within 6 hours	95.00%	95.52%	86.93%
QR13 - Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight	Compliance	Compliant	Compliant

* The contract for the provision of GP Out of Hours services in Gloucestershire ended on 31 May 2017, therefore the figures for the Gloucestershire contract in the above table relate to performance for the period 1 April 2017 to 31 May 2017.

Appendix 2

NHS111 Quality Requirements

Quality Requirement	Target	Dorset	Cornwall and IoS *
Activity (Total calls offered)	n/a	245,785	95,292
QR1 - Providers must report regularly to NHS Commissioners on their compliance with the Quality Requirements	Compliance	Compliant	Compliant
QR2 - Providers must send details of all consultations (including appropriate clinical information) to the practice where the patient is registered by 0800 the next working day.	95.00%	97.12%	96.81%
QR3 - Providers must have systems in place to support and encourage the regular exchange of information between all those who may be providing care to patients with predefined needs	Compliance	Compliant	Compliant
QR4 - Providers must regularly audit a random sample of patient contacts (audit should provide sufficient data to review the clinical performance of each individual working within the service)	Compliance	Partially Compliant	Partially Compliant
QR5 - Providers must regularly audit a random sample of patients' experiences of the service	1.00%	0.78%	0.89%
QR6 - Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure	Compliance	Compliant	Compliant
QR7 - Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service	Compliance	Partially Compliant	Partially Compliant
QR8a - No more than 5% of calls abandoned before being answered	5.00%	2.19%	2.67%
QR8b - Calls to be answered within 60 seconds of the end of the introductory message	95.00%	87.01%	85.91%
QR9a - All immediately life threatening conditions to be passed to the ambulance service within 3 minutes	95.00%	97.60%	98.92%
QR9b - Patient callbacks must be achieved within 10 minutes	95.00%	26.83%	19.78%

QR13 - Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight	95.00%	98.07%	100.00%
QR14 - Providers must demonstrate the online completion of the annual assessment of the Information Governance Toolkit at level 2 or above and that this is audited on an annual basis by Internal Auditors using the national framework	Compliance	Compliant	Compliant
QR15 - Providers must demonstrate that they are complying with the Department of Health Information Governance SUI Guidance on reporting of Information Governance incidents appropriately.	Compliance	Compliant	Compliant

* The contract for the provision of NHS 111 service for Cornwall & Isles of Scilly ended on 31 October 2017, therefore the figures for the Cornwall & Isles of Scilly contract in the above table relate to performance for the period 1 April 2017 to 31 October 2017.

Glossary of Terms and Acronyms

Term	Description
111	National phone number for people to access non-emergency healthcare and advice
A19 Performance	A19 performance is based on the combination of both Red 1 and Red 2 categories of call. (Please see definitions of Red 1 and Red 2 below.)
A&E	Accident and Emergency
ACQIs	Ambulance Clinical Quality Indicators – a set of nationally agreed measures for ambulance trusts which reflect best practice and stimulate continuous quality improvement.
AI - Adverse Incident	Any event or circumstance that could have or did lead to unintended or unexpected harm, loss or damage to any individual or the Trust. Adverse incidents may or may not be clinical and may involve actual or potential injury, mis-diagnosis or treatment, equipment failure, damage, loss, fire, theft, violence, abuse, accidents, ill health, near misses and hazards.
Board of Directors	Executive body responsible for the operational management and conduct of the organisation
Clinical Audit	A quality improvement process that seeks to improve patient care and outcomes by measuring the quality of care and services against agreed standards and making improvements where necessary.
CCGs	Clinical commissioning groups – GP-led commissioners of local healthcare services
Clinical Guidelines	Trust documents which introduce guidance which is either not considered within the scope of the JRCALC guidelines, or where further clarification is required.
Clinical Hub	SWASFT term for control room where phone calls to the Trust are handled.
CoG	Council of Governors – elected body that acts as guardians of NHS Foundation Trust, holding the board of directors to account and representing views of staff, public and other stakeholders
CQC	Care Quality Commission - the independent regulator of health and adult social care.
CQUIN	Commissioning for Quality and Innovation payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.
Definitive Clinical Assessment	An assessment carried out by an appropriately trained and experienced clinician on the telephone or face-to-face. It is the assessment which will result either in reassurance and advice, or in a face-to-face consultation (either in a centre or in the patient's own home).
DH	Department of Health – the government department that provides strategic leadership to the NHS and social care organisations in the UK

ECS	Electronic Care System – allows the Trust to electronically capture, exchange and report on patient information.
Executive Directors	Senior members of staff – including the Chief Executive and Finance Director – who sit on the Board of directors, have decision-making powers and a defined set of responsibilities.
FAQ	Frequently asked questions
FAST test	Face, Arm, Speech, Time – brief but effective test to determine whether or not someone has suffered a stroke.
FFT	Friends and Family Test – NHS single question survey which asks patients whether they would recommend the service received to their friends and family.
NHS FT	National Health Service Foundation Trust – A not-for-profit, public benefit corporation which is part of the NHS and created to devolve decision-making from central government to local organisations and communities.
Governance	'Rules' that govern the internal conduct of an organisation by defining the roles and responsibilities of key offices/groups and the relationships between them, as well as the process for due decision making and the internal accountability arrangements
GP	General Practitioner
Health Service Ombudsman	Full title is the Parliamentary and Health Service Ombudsman established by Parliament to investigate complaints that individuals have been treated unfairly or have received poor service from government departments, the NHS and other public organisations in England.
Healthwatch	Organisations comprised of individuals and community groups working together to improve health and social care services. They represent the views of the public, people who use service and carers on the Health and Wellbeing boards set up by local authorities.
HOSCs	Health Overview and Scrutiny Committees – local authority committees with powers to scrutinise local health services to ensure improvements are made and inequalities reduced.
Hospital Episode Statistics	A data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.
ICPR	Integrated Corporate Performance Report – a document which reports the Trust's progress against its business plans; highlights where performance targets have not been met; describes the corrective action and timescales to address any performance issues.
IG	Information Governance is a framework which brings together all the legal rules, guidance and best practice that apply to the handling of information. It demonstrates that an organisation can be trusted to maintain the confidentiality and security of personal information and is consistent in the way in which it handles personal and corporate information.
JRCALC	National clinical practice guidelines for NHS paramedics developed by the

Guidelines	Joint Royal Colleges Ambulance Liaison Committee.
KPIs	Key performance indicators – a set of quantifiable measures used to demonstrate or compare performance in terms of meeting strategic and operational objectives.
Local Clinical Audit	A quality improvement project involving healthcare professionals evaluating aspects of care they have selected as being important to the organisation and service users.
Moderate Harm Incident	A patient safety incident that resulted in a moderate increase in treatment and that caused moderate, but not permanent, harm to one or more patients. A moderate increase in treatment is defined as a return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient, cancellation of treatment, or transfer to another area such as intensive care as a result of the incident.
National Clinical Audit	A clinical audit involving healthcare professionals across England and Wales in the systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care. The priorities for national clinical audits are set centrally by the Department of Health and all NHS Trusts are expected to participate in the national audit programme.
NEDs	Non-Executive Directors – members of the Board of Directors, but not part of the executive management team
NICE	National Institute for Health and Clinical Excellence – independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NRLS	National patient safety incident database.
OoH	Out of Hours – a service which enables patients to access a GP out of normal practice hours.
PALS	Patient Advice and Liaison Service – a confidential advice, support and information service in respect of health related matters.
Patient Opinion	An independent website where people can post their experiences of using a health care service.
Payment by Results	The payment system in England under which Commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.
PPI	Patient and Public Involvement – the process of engaging with the needs and expectations of patients and the wider public in order to inform service development and delivery.
Priorities for Improvement	There is a national requirement for NHS Trusts to select three to five priorities for quality improvement each year. These priorities must reflect the three key areas of patient safety, patient experience and patient outcomes.

PTS	Patient Transport Service – the non-emergency conveyance of patients to and from healthcare provision.
Quality Strategy	Trust document sets out how the Trust will deliver high quality, cost effective effective emergency and urgent health care services to people in the South West.
Right Care	Trust initiative to work with local health communities to ensure that patients receive the right care, in the right place at the right time, resulting in patients being treated without the need to attend an Emergency Department.
RoSC	Return of spontaneous circulation – desirable clinical outcome of a patient in cardiac arrest
Secondary Uses Service	A national NHS database of activity in Trusts, used for performance monitoring, reconciliation and payments.
Sepsis	A life threatening condition that arises when the body's response to an infection injures its own tissues and organs.
SI – Serious Incident	An incident requiring investigation that has resulted in one or more of the following: • Unexpected or avoidable death; • Serious harm; • Prevents an organisation's ability to continue to deliver health care services; • Allegations of abuse; • Adverse media coverage or public concern; • Never events (serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.)
SPoA	Single point of access – a contact point which health and social care professionals can use to arrange the right care for urgent and non-urgent patient needs
STEMI	ST elevation myocardial infarction – particular type of heart attack determined by an electrocardiogram (ECG) test
SWASFT	South Western Ambulance Service NHS Foundation Trust
Triage	Process for assessing and sorting patients based on their need for or likely benefit from immediate medical treatment to ensure a fair, appropriate allocation of resources

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of South Western Ambulance Service NHS Foundation Trust to perform an independent assurance engagement in respect of South Western Ambulance Service NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators (the indicators):

- Category 1 call – mean response time 7 minutes
- Category 2 call – mean response time 18 minutes

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2017/18* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the *Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18.*

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2017 to March 2018;
- papers relating to quality reported to the board over the period April 2017 to April 2018;
- feedback from commissioners;
- feedback from governors;
- feedback from local Health watch organisations;
- feedback from Overview and Scrutiny Committee;

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2017 national patient survey;
- the 2017 national staff survey;
- Care Quality Commission Inspection;
- the 2017/18 Head of Internal Audit's annual opinion over the Trust's control environment; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of South Western Ambulance Service r NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and South Western Ambulance Service NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by South Western Ambulance Service NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
KPMG UK LLP

24 May 2018

Independent auditor's report

to the Council of Governors of South Western Ambulance Service NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of South Western Ambulance Service NHS Foundation Trust (" the Trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Tax Payers' Equity, Statement of Cash flows, and the related notes, including the accounting policies in note 1.

In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and of the Trust's income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2017/18 and the Department of Health Group Accounting Manual 2017/18.

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 Group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview	
Materiality: Trust financial statements as a whole	£4.0 million 1.7% of total income from operations
Risks of material misstatement	
Identified risks	Valuation of land and buildings
	Recognition of NHS and non-NHS Income

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. We summarise below, the key audit matters, in decreasing order of audit significance, in arriving at our audit opinion above together with our key audit procedures to address those matters and our findings from those procedures in order that the Trust's governors as a body may better understand the process by which we arrived at our audit opinion. These matters were addressed, and our findings are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon, and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

	The risk	Our response
Land and buildings (£51.1 million; 2017: £49.5 million) *Refer to pages 180,182,186 and 201*	**Subjective Valuation:** Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with an equivalent asset. When considering the cost to build a replacement asset the Trust may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic. Valuation is complete by an external expert (District Valuer Services) engaged by the trust using construction indices and so accurate records of the current estate are required. Full valuations are completed every five years, with interim desktop valuations are completed in interim periods. Valuations are inherently judgemental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, are appropriate and correctly applied. In 2017/18, the Trust commissioned a review of land and buildings by the District Valuer Service, who valued the ambulance stations in December with a desktop review at year end. Between December 2017 and March 2018 the increase in buildings costs was approximately 10%.	Our procedures included: — **Carrying Value of Assets:** We considered the carrying value of the land and buildings, including any material movements from the previous revaluations; — **Assessing valuer's credentials:** We considered the scope, qualifications and experience DVS, the Trust's valuers, to identify whether the valuer was appropriately experienced and qualified to undertake the valuation; — **Methodology choice:** We considered the overall methodology of the external valuation performed to identify whether the approach was in line with industry practise; — **Benchmarking assumptions:** We critically assessed the assumptions used by the Trust to assess the carrying value of assets against BCIS all in tender price index and industry norms; — **Tests of detail:** We compared the base data used for the carrying value assessment to information held by the Estates department to ensure the valuation was carried out using correct data; — **Methodology choice:** We considered how the Trust had assessed the need for an impairment across its asset base either due to loss of value or reduction in future benefits; — **Tests of detail:** For a sample of assets added during the year we agreed that an appropriate valuation basis had been adopted when they became operational and that the Trust would receive future benefits; and **Our findings** — We found the resulting valuation of land and buildings to be balanced.

2. Key audit matters: our assessment of risks of material misstatement

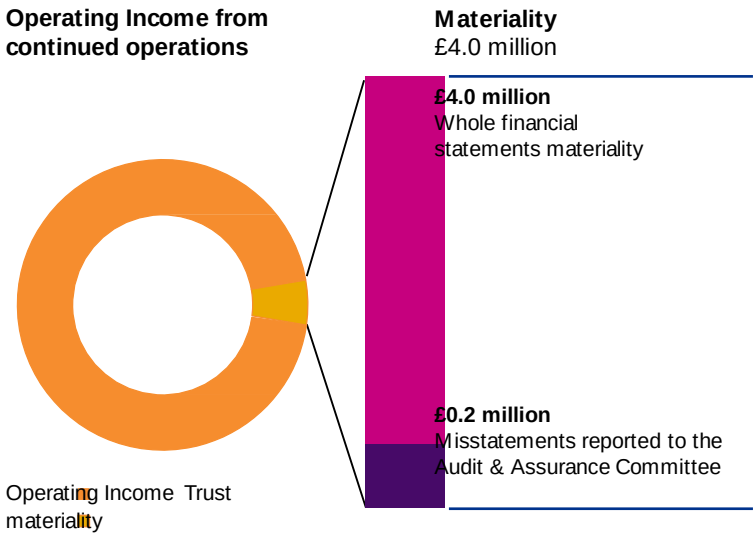
	The risk	Our response
NHS and non-NHS income (£222.5 million operating income; 2017: £230,081 million, £11.053 million other operating income; 2017: 10.405 million) *Refer to page 168-169 and 180*	**Subjective Estimate** Of the Trust's reported income, £220.1 million (2016/17, £227.5 million) came from commissioners (Clinical Commissioning Groups (CCG) and NHS England). Income from CCGs and NHS England make up 94% of the Trust's income. The majority of this income is contracted on an annual basis, however actual income is based on completing the planned level of activity and achieving key performance indicators (KPIs). If the Trust does not meet its contracted KPIs then commissioners are able to impose fines, reducing the level of income. An agreement of balances exercise is undertaken between all NHS bodies to agree the value of transactions during the year and the amounts owed at the year end. 'Mismatch' reports are available setting out discrepancies between the submitted balances from each party in transactions and variances over £300,000 are required to be reported to the National Audit Office to inform the audit of the Department of Health consolidated accounts. The Trust reported total income of £11.0 million (2016/17: £10.4 million) from other activities principally Salary Recharges and ARP income. Much of this income is generated by contracts with other NHS and non-NHS bodies which are based on varied payment terms, including payment on delivery, milestone payments and periodic payments.	Our procedures included: — **Control observations:** We tested the design and operation of process level controls over revenue recognition; — **Tests of detail:** We agreed commissioner income and income received under the subcontract agreement to the signed contracts and selected a sample of the largest balances (comprising 98% of income from patient care activities) to agree that they had been invoiced in line with the contract agreements and payment had been received; — **Tests of detail**: We inspected invoices for material income, in the month prior to and following 31 March 2018 to determine whether income was recognised in the correct accounting period, in accordance with the amounts billed to corresponding parties; — **Tests of detail:** We agreed that the levels of over and under performance reported were consistent with contract variations and challenged the Trust's estimates of the level of income where these were not in place by considering our own expectation of the income based on our knowledge of the client and experience of the NHS; — **Tests of detail:** We assessed the outcome of the agreement of balances exercise with CCGs and other NHS providers and compared the values they are disclosing within their financial statements to the value of income captured in the financial statements. We sought explanations for any variances over £0.2 million, and all balances in dispute, and challenged the Trust's estimates of the level of income they were entitled to and the receipts that could be collected; and — **Tests of detail**: We tested material other income balances by agreeing a sample of income transactions through to supporting documentation and/or cash receipts. **Our findings** — We found the estimates relating to NHS and non-NHS income to be balanced.

3. Our application of materiality and an overview of the scope of our audit

Materiality for the Trust financial statements as a whole was set at £4.0 million, determined with reference to a benchmark of total revenue of £233.6 million, of which it represents 1.7%. We consider operating income to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit & Assurance Committee any corrected or uncorrected identified misstatements exceeding £0. 2 million, in addition to other identified misstatements that warranted reporting on qualitative grounds

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's headquarters in Exeter.



4. We have nothing to report on going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or

— the section of the annual report describing the work of the Audit & Assurance Committee does not appropriately address matters communicated by us to the Audit & Assurance Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 81, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

Other matters on which we report by exception – adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources..

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
Delivery of Cost Improvement Plans	Delivery of the Trust's Cost Improvement Plan (CIP) is key to the Trust delivering a financial breakeven position at year end. The Trust had a Cost Improvement Plan (CIP) target of £10.5m for 2017-18, which was 4.5% of operating income. Our VFM planning work identified this as a risk to the Trust's arrangements over sustainable resource deployment.	**Our procedures included:** — Evaluating the Trust position as at 31 March 2018 against the forecast position and considering the future financial plans to assess the ongoing financial sustainability. — Assessing the Trust's arrangements for managing working capital, including the processes for forecasting and monitoring cash flows and delivering cash savings. — Considering the arrangements in place to deliver recurrent cost improvements by assessing the Trust CIP delivery against the planned CIP target and the use of recurrent and non-recurrent savings. — Considering the Trust use of agency staff against the agency cap set by NHS Improvement. **Our findings on this risk area:** The Trust did not identify discrete CIP schemes through which to make the required savings but instead incorporated the required savings into individual budgets in order to achieve a breakeven position at year end. The Trust reported a small surplus for the year of £326k, which has been achieved without access to Sustainability and Transformation Fund (STF) income.
Action plan delivery post CQC inspection of NHS 111 services	In April 2017, the CQC issued an inspection report on the NHS 111 service provided by the Trust, rating the service as requires improvement. The key findings from the inspection were that the Trust must: — Ensure systems are effective for patients to always access timely care and treatment; and — Ensure that all staff have the necessary skills and knowledge to undertake their roles. The Trust should also make improvements to: — Continue with the implementation of the staff recruitment to ensure the service is staffed to full capacity. There is a risk that the Trust does not have adequate arrangements in place to address and respond to the issues raised by the CQC report. Our VFM planning work identified this as a risk to the Trust's arrangements over working with partners and other third parties.	**Our procedures included:** — Reviewing the Trust's risk register to confirm that the risks associated with the CQC report and the mitigating actions were reported and considered at an appropriately senior level. — Reviewing reports to the Quality Committee, Quality Programme Board and to the full Board to confirm that actions are being monitored and progress reported at an appropriate level. **Our findings on this risk area:** The Trust developed a Quality Improvement Plan following the CQC visit in 2016 which now also incorporates the actions required following the NHS 111 inspection. The Trust monitors and reports progress against implementation of the actions at a number of levels, including Senior Leadership Team meetings, the Quality Committee, updates to the Board and to the CQC at quarterly relationship meetings.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of South Western Ambulance Service NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Jonathan Brown
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants and Statutory Auditor 66
Queen Square, Bristol, BS1 4BE
24 May 2018

Operating and Financial Review

Summary of Financial Performance

Key highlights of SWASFT'S financial performance for 2017/18 are as follows:

- Income of £233.6million, which is above plan by £7.0million and includes additional income associated with Urgent Care, additional resources from commissioners, funding for Paramedics on the Air Ambulance, Education and Training and, Research and Development;
- A reported surplus of £0.326million, due to recognising the reversal of impairments following the estate revaluation. The Trust delivered the adjusted surplus of £18k as calculated by NHS Improvement and excluding the reversal of impairments the Trust generated a surplus of £1k in line with plan;
- Earnings Before Interest, Tax, Depreciation and Amortisation (EBITDA) of £14.0million (2017: £13.7million) representing 6.0% of income compared to a plan of 6.63%;
- A year-end cash balance of £23.4million (2017: £27.4million) compared to plan of £17.3m. The net movement from plan is due to slippage of capital plans until 2018/19 and movements in working capital;
- Net current assets of £7.9million (2017: £7.8million). This has been maintained, year on year due to the slippage of capital expenditure to 2018/19;
- Delivered a Use of Resource metric rating of 2 as set by NHS Improvement (where 1 is the best and 4 is the worst).

During 2017/18 SWASFT managed a number of material issues providing financial context for the financial year:

- Increase in activity year on year for the A&E service line of 2.48% incidents but this was 0.80% below contract;
- Continued involvement in Ambulance Response Program;
- Workforce challenges including paramedic and emergency care assistant recruitment but ended the year in a stronger position;
- The full year impact of the uplift of paramedics to band 6;
- Roll-out and implementation of the single triage project and the rota review across all operational stations;
- The income and costs associated with the hosted Ambulance Airwaves team on behalf of the Department of Health;
- The loss of contracts including the Gloucestershire Out of Hours service and Cornwall NHS111.

The focus of the Operating and Financial Review is how these matters have impacted on the financial health of the organisation, with a particular focus on the Statement of Comprehensive Income.

Analysis of income

SWASFT recognised income of £233.6 million in 2017/18. This has decreased by 2.9% from £240.5million in 2016/17. The following table provides a summary of the key movements.

Income Movements 2016/17 to 2017/18

	£'m
Income 2016/17	240.5
Additional A&E income	5.2
Loss of UCS income	(7.8)
Loss of PTS income	(5.0)
Other income movements	0.7
Income 2017/18	233.6

- A&E income includes additional funding for the uplift of Paramedics to band six;
- The loss of UCS income includes Gloucestershire Out of Hours and NHS111 contracts in Devon and Cornwall;
- The loss of Patient Transport Services income with the Trust now only operating on these services on the Isles of Scilly.

Total Income 2017/18

The principal source of income is from local NHS Clinical Commissioning Groups (CCGs) for the provision of A&E Services (excluding the Hazardous Area Response Team (HART) income). A&E income totalled £195.0million (2017: £189.8million) which represented 83.5% of the Trust's 2017/18 turnover (2017: 78.9%). The following table provides a summary of the key movements.

Trust income 2017/18 to 2016/17

	2017/18		2016/17	
	£'m	%	£'m	%
A&E income	195.0	83.5%	189.8	78.9%
HART income	6.7	2.9%	6.6	2.7%
UCS income	15.4	6.6%	23.2	9.6%
PTS income	0.0	0.0%	5.0	2.1%
Other income	16.5	7.1%	15.8	6.6%
	233.6	100.0%	240.5	100.0%

Analysis of Expenditure

Operating expenditure for 2017/18 was £231.3million. This has decreased by £7.6 million (3.1%) from £238.9 million in 2016/17.

The following table provides a summary of the key movements.

Operating expenditure in 2017/18 and 2016/17

	2017/18		2016/17	
	£'m	%	£'m	%
Staff Costs	168.5	72.9%	169.6	71.0%
Supply and Services	8.4	3.6%	8.4	3.5%
Establishment	3.4	1.5%	3.8	1.6%
Transport	18.8	8.1%	19.5	8.2%
Premises	10.1	4.4%	11.9	5.0%
Depreciation	12.0	5.2%	11.3	4.7%
Impairment	(0.3)	(0.1%)	0.8	0.3%
Rental under Operating leases	2.9	1.3%	3.3	1.4%
Clinical Negligence	2.3	1.0%	1.8	0.7%
Other	5.2	2.3%	8.5	3.6%
	231.3	100.0%	238.9	100.0%

These movements reflect:

- The reduction in staff costs for PTS, Gloucestershire OOH and NHS111 contracts;
- The increase in pay costs associated with additional resources and band six for Paramedics;
- Premises costs reduced in 2017/18 following the completion of the project relating to the new clinical hub in South Gloucestershire and additional work undertaken on the Trust estate in 2016/17;
- The Other costs reduced in 2017/18 because the Trust did not undertake the additional training and education, professional fees associated with the national hosted Ambulance Radio project and the change in discount rate of provisions that took place in 2016/17;
- It should be noted that the Trust charitable accounts of £0.5 million are not consolidated.

Cost Improvement Strategy

The delivery of the cost improvement programme is one of the most significant factors in delivering the Trust financial position and maintaining the financial health of the organisation. The Trust has a strong track record of delivering recurrent efficiencies that are extracted from budgets at the start of each year.

During 2017/18, SWASFT delivered a recurrent £10.5 million cost improvement plan. This challenge materially increased from the £4.0million delivered in 2016/17. The increase in 2017/18 reflected the impact of lost contracts and additional pressures within the A&E service line.

The cost improvement plan for 2018/19 of £7.5million has been identified and extracted from budgets. This plan contains an estimated risk of £4.0million including schemes that are non-recurrent in nature. The schemes that feature for 2018/19 include zero basing of pay and non-pay, a review of support services, a further review of non-pay and work in line with the national work for ambulance services led by Lord Carter of Coles. The Trust continues to work to mitigate this risk as part of its Financial Management processes.

Capital Investment

The Trust continues to manage its capital spend in line with the Trust's fleet, Information Communication and Technology and Estate enabling strategies. The total investment in capital for the year to 31 March 2018 was £11.4million (2017: £14.7million).

Details of key elements of spend during the year is detailed below.

Capital programme 2017/18 and 2016/17

	2017/18		2016/17	
	£'m	%	£'m	%
Fleet	9.1	79.6%	8.3	56.5%
Information Communication and Technology	2.0	17.5%	2.1	14.3%
Estates	0.2	1.8%	3.1	21.0%
Other including Medical Devices	0.1	1.1%	1.1	8.2%
	11.4	100.0%	14.7	100.0%

The main movements in capital expenditure include:

- The fleet replacement programme including additional vehicles to support the implementation of the rota review;
- The reduction in the 2017/18 ICT and estate costs relates to the costs associated with the clinical hub in South Gloucestershire in 2016/17;
- Medical device replacement related to the vital signs equipment and was aligned to the introduction of the Electronic Care System project in 2016/17
- The Trust delivered 82% of the £13.9million capital plan for 2017/18.

Financing and Investment

The Trust has in place an overdraft facility of £5 million to support the management of any unexpected cash timing differences. This was renewed in January 2018. The Trust had not requirement to access this facility during 2017/18, maintaining healthy cash balances throughout the year. The Trust continues to forecast its cash requirements on a rolling 12-month basis and has no plans to use the facility over the next period.

Better Payment Practice Code

The Trust has an excellent record delivering against requirements set out by the Better Payment Practice Code.
Although not a financial target, the Trust monitors compliance to ensure that suppliers are paid within 30 days. The following table provides a summary of the number and value of the invoices paid within this target.

Better Payment Practice Code Performance

	2017/18		2016/17	
	Number	£'m	Number	£'m
Total Non-NHS trade invoices paid in year	38,502	£99.1	43,800	£100.7
Total Non-NHS trade invoices paid within target	37,726	£97.3	42,018	£98.2
Percentage of Non-NHS trade invoices paid within target	98%	98%	96%	98%
Total NHS trade invoices paid in year	1,373	£3.9	1,615	£5.0
Total NHS trade invoices paid within target	1,334	£3.7	1,540	£4.8
Percentage of NHS trade invoices paid within target	97%	95%	95%	98%

Public Dividend Capital

The Trust is required to pay a dividend to the Department of Health based on 3.5% of average relevant net assets. During 2017/18, the Trust recognised a dividend payable of £2.2 million within the Statement of Comprehensive Income based on average relevant net assets of £62.8 million.

Financial Sustainability Risk Rating

NHS Improvement (NHSI) measures providers against the Single Oversight Framework (SOF). The SOF covers a wide range of topics; this section covers the Use of Resources element of the framework.

The SOF developed with the CQC aims to oversee and support providers in improving financial sustainability, efficiency and controls relating to high profile policy imperatives such as agency staffing, capital expenditure and the overall financial performance of the sector.

It introduces a greater focus on efficiency as recommended by the Carter Review. NHSI may include further efficiency metrics in the SOF, as the Model Hospital develops.

The SOF uses financial metrics to oversee financial performance by:

- scoring providers 4 (poorest) to 1 (best) against each metric;
- Using provider performance average across all the metrics to arrive at an overall view of the provider.

Where a provider has not agreed to a control total, the maximum score a trust can achieve on the Distance from financial plan metric is a 2. SWASFT would have achieved a score of 1 but achieved a score of 2 as at March 2018 due to this override.

In terms of financial performance the Trust is monitored by NHSI against an “adjusted” control total (Trust definition). This takes the reported financial position as set out in the Board approved Trust financial plan and adjusts for Impairments and donated asset depreciation.

The Trust reports to the Board on financial performance against both the reported financial position and the “adjusted” control total for 2017/18 the Trust delivered the derived NHS Improvement measure of £18k surplus in line with plan.

	2017/18
Reported Surplus Position	£0.326m
Add: donated asset depreciation Less: reversal of impairment	£0.017m (£0.325m)
NHS Improvement "adjusted" Control Total	£0.018m

Financial Outlook

The Trust needs to reconcile quality, activity, performance and the delivery of the financial plan. The Finance Committee, a subcommittee of the Board, tests and provides assurance on the financial aspects of the Trust. Any investments are assessed using the Trust's Finance Strategy, ensuring that there is minimal impact of the current levels of service delivery or the Trust's underlying financial stability.

The Trust is not meeting the new Ambulance Response Programme standards and has a significant resource gap of circa £12m and 241wte to meet these standards. The Trust aims to deliver performance to those standard expect with the available resources and is working with its Commissioners to optimise performance and agree a Transition Plan for improvement.

The Trust has been delivering services against the backdrop of on-going financial challenges which is expected to continue over the medium term. It is becoming increasingly more challenging to deliver the Trust financial plans but the Trust has a rigorous process to review its financial position and projections including the identification of the risks to which it is likely to be exposed. The Trust has developed a Mitigation Escalatory Action Plan (MEAP) to allow the Trust to manage risks should they materialise.

The Trust has an approved Financial Plan for 2018/19 which is based on:

- The second year of the two-year A&E contract;
- Signed contracts for all other services;
- Approved financial plan for 2018/19 including an identified cost improvement plan;
- The cost improvement plan includes an estimated £4.0million of risk including schemes that are non-recurrent in nature;
- A rolling cash flow forecast and five-year capital plan.

Some of the developments expected to impact on the financial outlook include:

- Continuing to operate in competitive markets under the Government policy of Any Willing Provider;
- Investment agreed to support the Transition Plan;
- Impact of not agreeing to the NHSI Control Total;
- The Trust continues to engage and be part of the seven STPs/ ICSs across the Trust area;
- Changes announced in relation to terms and conditions including the three year pay award and the associated funding;
- The funding for the Band six paramedic on a recurrent basis;
- The Trust continues to support the work streams being reviewed by Lord Carter of Coles in relation to Ambulance Productivity including vehicles and productivity;
- The ability to identify future recurrent savings as part of the cost improvement plan;
- Fuel prices.

South Western Ambulance Service NHS Foundation Trust

Annual report and Accounts for the year ended 31 March 2018

Foreword to the accounts

These accounts for the year ended 31 March 2018 are presented to Parliament pursuant to Schedule 7, paragraph 25(4)(a) of the National Health Service Act 2006

Signed:

Ken Wenman

24-May-18

South Western Ambulance Service NHS Foundation Trust

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2018

	Note	**Year ended 31 March 2018 £000**	Restated Year ended 31 March 2017 £000
Operating income from patient care activities	3.1	**222,532**	230,081
Other operating income	3.1	**11,053**	10,405
Total operating income from continuing operations		**233,585**	240,486
Operating expenses from continuing operations	4.1	**(231,262)**	(238,900)
Operating surplus		**2,323**	1,586
Finance costs:			
Finance income	7	**65**	60
Finance costs - interest expense	8	**(100)**	(115)
PDC Dividends payable		**(2,199)**	(1,996)
Net finance costs		**(2,234)**	(2,051)
Gains on disposal of non-current assets		**237**	72
Surplus / (deficit) for the year		**326**	(393)
Other comprehensive income / (expense)			
Impairments	9.1 & 9.2	**(308)**	(1,216)
Revaluations	9.1 & 9.2	**2,874**	1,668
Total comprehensive income for the year		**2,892**	59

The notes on pages 6 to 37 form part of these accounts.

South Western Ambulance Service NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION AS AT
31 MARCH 2018

	Note	**31 March 2018** **£000**	31 March 2017 £000
Non-current assets			
Property, plant and equipment	9.1 & 9.2	**89,663**	87,531
Trade and other receivables	12	**162**	85
Total non-current assets		**89,825**	87,616
Current assets			
Inventories	11	**2,030**	2,288
Trade and other receivables	12	**7,077**	4,215
Non-current assets held for sale and assets in disposal groups	9.5	**0**	168
Cash and cash equivalents	20	**23,364**	27,406
Total current assets		**32,471**	34,077
Current liabilities			
Trade and other payables	13.1	**(20,612)**	(21,717)
Borrowings	15	**(439)**	(467)
Provisions	18	**(3,062)**	(3,578)
Other liabilities	14	**(484)**	(558)
Total current liabilities		**(24,597)**	(26,320)
Total assets less current liabilities		**97,699**	95,373
Non-current liabilities			
Borrowings	15	**(1,479)**	(1,903)
Provisions	18	**(4,032)**	(4,174)
Total non-current liabilities		**(5,511)**	(6,077)
Total assets employed		**92,188**	89,296
Financed by taxpayers' equity:			
Public Dividend Capital		**43,025**	43,025
Revaluation reserve	19	**11,980**	9,926
Income and expenditure reserve		**37,183**	36,345
Total taxpayers' equity		**92,188**	89,296

The accounts on pages 2 to 37 were approved by the Board on 24 May 2018 and signed on its behalf by:

Signed: ……
Ken Wenman - Chief Executive

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED 31 MARCH 2018

	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total Taxpayers' Equity £000
Changes in taxpayers' equity					
Balance at 1 April 2017		43,025	9,926	36,345	89,296
Surplus for the year		0	0	326	326
Transfers between reserves		0	(421)	421	0
Impairments	9.1 & 9.2	0	(308)	0	(308)
Revaluations - property, plant and equipment	9.1 & 9.2	0	2,874	0	2,874
Transfer to retained earnings on disposal of assets		0	(91)	91	0
Taxpayers' equity at 31 March 2018		**43,025**	**11,980**	**37,183**	**92,188**

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED 31 MARCH 2017

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total Taxpayers' Equity £000
Changes in taxpayers' equity				
Balance at 1 April 2016	43,025	9,899	36,313	89,237
Deficit for the year	0	0	(393)	(393)
Transfers by absorption: transfers between reserves	0	(425)	425	0
Impairments	0	(1,216)	0	(1,216)
Revaluations	0	1,668	0	1,668
Taxpayers' equity at 31 March 2017	43,025	9,926	36,345	89,296

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.

South Western Ambulance Service NHS Foundation Trust

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2018

	Note	Year ended 31 March 2018 £000	Restated Year ended 31 March 2017 £000
Cash flows from operating activities			
Operating surplus from continuing operations		**2,323**	1,586
Operating surplus		**2,323**	1,586
Non cash income and (expense)			
Depreciation	4.1	**12,021**	11,337
Impairments	4.1	**(325)**	767
(Increase)/decrease in trade and other receivables	12.1	**(2,985)**	2,625
Decrease/(increase) in Inventories	11.1	**258**	(152)
(Decrease)/increase in trade and other payables	13.1	**(578)**	1,627
(Decrease)/increase in other liabilities	14	**(74)**	81
(Decrease) in provisions	18	**(662)**	(3,755)
Net cash generated from operations		**9,978**	14,116
Cash flows from investing activities			
Interest received	7	**65**	60
Purchase of property, plant and equipment	9.1 & 13.1	**(11,912)**	(13,190)
Sales of Property, Plant and Equipment	4.1, 9.1 & 9.2	**529**	265
Net cash used in investing activities		**(11,318)**	(12,865)
Cash flows from financing activities			
Loans repaid to the Department of Health	15	**(428)**	(428)
Loans repaid	15	**(28)**	(43)
Interest paid		**(40)**	(49)
Interest element of finance lease		**(53)**	(52)
PDC Dividend paid		**(2,153)**	(2,040)
Net cash used from financing activities		**(2,702)**	(2,612)
Net (decrease) in cash and cash equivalents		**(4,042)**	(1,361)
Cash and cash equivalents at the start of the year		**27,406**	28,767
Cash and cash equivalents at end of the year		**23,364**	27,406

South Western Ambulance Service NHS Foundation Trust

Notes to the Accounts - 1. Accounting Policies

1.1 Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health. 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 accounts.

1.2 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipments, inventories and certain financial assets and financial liabilities.

1.3 Going Concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

1.4 Acquisitions and discontinued operations

Activities are considered to be ‘acquired’ only if they are taken on from outside the public sector. Activities are considered to be ‘discontinued’ only if they cease entirely. They are not considered to be ‘discontinued’ if they transfer from one public sector body to another.

1.5 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 affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5.1 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) 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 annual report and accounts.

Provisions

Information provided by the NHS Litigation Authority has been used to determine provisions required for potential employer liability claims and disclosure of Clinical Negligence liability.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.5.1 Critical judgements in applying accounting policies (Continued)

Provisions (Continued)

The NHS Pensions Agency has provided information with regard to disclosure and calculation of ill health retirement liability.

Provisions for pensions are estimated by using the interim life tables available from the National Statistics web site.

The 2017/18 accounts include provisions for workforce changes.

The Trust has made a provision for the potential dilapidation costs for one leased building where notice has been given on the lease.

Property, plant and equipment revaluation

The Trust has used the professional services of the Local District Valuer to value all Land and Buildings as at 31 March 2018. Indexation has not been applied to any non current assets (i.e. vehicles and equipment). The key assumptions for the valuation are set out in note 1.9.

Accruals

Accruals for services received not yet invoiced are estimated on the basis of past experience.

Within the holiday accrual the NIC is estimated at the standard rate and that all employees are in the pension scheme.

Overtime accrual is estimated on the previous month and adjusted for any known movements within the rostering system.

Other critical judgements

The Trust reviews all lease contracts to determine whether they are operating or finance leases.

The bad debt provision has been calculated based on a detailed review of each balance over 180 days and for all salary overpayments for employees that have left the Trust

Income has been deferred where expenditure will take place during the year ended 31 March 2019.

1.5.2 Key sources of estimation uncertainty

The following are the key assumptions concerning the future and other key sources of estimation uncertainty at the end of the reporting period that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

A discount rate of 0.10% (2017: 0.24%) has been used to calculate the Injury Benefit provision of £4.191 million (2016: £4.317 million).

Non current asset lives have been reassessed by the District Valuer at 31 March 2018.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.6 Income

Income in respect of services provided is recognised when and to the extent that performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity that is to be delivered in the following year, such income is deferred. This is a combination of NHS and non NHS income which is not material in 2017/18.

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 e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim.

1.7 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from 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

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. There, the schemes are accounted for as though they are defined contribution schemes.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.8 Expenditure on goods and services

Expenditure on goods and services is recognised when and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost 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 ambulance station, 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 e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured at the depreciated historic cost. With the exception of land and buildings, which are held at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost.

All other assets are measured subsequently at fair value. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual in accordance with the Red Book standards. This means that specialised property, for which market value cannot be readily determined, should be valued at depreciated replacement cost (DRC) on a modern equivalent asset basis. The latest full revaluation of the Trusts specialised buildings was undertaken as at 31 March 2018.

In accordance with the Treasury accounting manual, valuations are now carried out on the basis of modern equivalent asset replacement cost for specialised operational property and existing use value for non-specialised operational property.

Alternative open market value figures are only used for operational assets scheduled for closure and subsequent disposal.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.9 Property, plant and equipment (Continued)

Specialised buildings - depreciated replacement cost
HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and where it would meet the location requirements of the service being provided, an alternative site can be used as the replacement cost.

Assets in the course of construction are initially valued at cost and are subsequently valued by professional valuers when construction is completed if there is evidence that the construction cost is not a good approximation of fair value. For 2017/18 this includes ICT projects and Estate works, which has been assessed and this impairment is not material.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2009, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2009 indexation has ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

Non-property assets
For non-property assets the depreciated historical cost basis has been adopted as a proxy fair value in respect of assets which have short lives or low values. Where appropriate, assets assessed to be either high value or long life have been revalued to their current depreciated replacement cost using estimations of current market value.

Revaluation gains and losses
Revaluation gains and losses are recognised in the revaluation reserve, except where, and to the extent that they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case, they are recognised in operating income.

Revaluation gains and losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned and are thereafter 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’.

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 above. The carrying amount of the part replaced is de-recognised. 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.10 Depreciation

Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Otherwise, depreciation is charged to write off the costs or valuation of property and plant and equipment, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service delivery benefits. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

Freehold land is considered to have an infinite life and is not depreciated.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of 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 loss of economic benefit or service potential is reversed when and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

1.11 Donated assets

Donated plant and equipment assets are capitalised at their fair value on receipt. The donation is credited to income at the same time, unless the donor imposes a condition that the future economic benefits embodied in the donation are to be consumed in a manner specified by the donor, in which case, the donation is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.12 Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is charged to software in the Statement of Comprehensive Income.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.13 Useful Economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	**7**	70
Plant & machinery	**1**	15
Transport equipment	**1**	12
Information technology	**5**	5
Furniture & fittings	**5**	10

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the FT expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

1.14 Leases

Finance leases

Where substantially all the risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and the finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.14 Leases (Continued)

Operating leases
Other leases are recognised as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings
Where a lease is for land and buildings, the land and building components are separated from the building component and the classification for each is assessed separately.

The Trust as lessor
Rental income from operating leases is recognised on a straight-line 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 on a straight-line basis over the lease term.

1.15 Inventories
Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula with the exception of fleet parts which are valued using the weighted average cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.
A review is made where necessary for obsolete, slow moving and defective stocks and written off where considered appropriate.

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 twenty four hours. Cash equivalents are investments that mature in three 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.17 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event and it is probable that the Trust will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.18 Clinical negligence costs

NHS Resolution 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 within Note 18 but is not recognised in the Trust's accounts.

1.19 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Resolution and in return, receives assistance with the costs of claims arising. The annual membership contributions and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.20 Contingencies

Contingent liabilities are not recognised, but are disclosed in Note 21, unless the probability of a transfer of economic benefit is remote.

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation 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.

Where the time value of money is material, contingencies are disclosed at their present value.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.21 Financial instruments and financial liabilities

Recognition
Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods and services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement
Financial assets are classified as loans and receivables.
Financial liabilities are classified as other financial liabilities.

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 within current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS Receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate method is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Impairment of financial assets
At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised costs, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

1.22 Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment is not capitalised as part of the cost of those assets.

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 is a Health Service Body within the meaning of s986 Corporation Taxes Act 2010. Accordingly is not liable to pay corporation tax. The Trust is also exempt from tax on chargeable gains under S271(3) Taxation of Chargeable Gains Act 1992.

There is, however, a power for HM Treasury to submit an order to Parliament which will dis-apply the corporation tax exemption in relation to particular activities of a NHS foundation Trust (s987 Corporation Taxes Act 2010). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities to be specified in the order which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000 per annum. Until the order is approved by Parliament, the Trust has no corporation tax liability.

1.25 Foreign exchange

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions.

When the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March 2018;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on retranslation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.26 Public Dividend Capital (PDC) and PDC dividend

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at a 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 Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the 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, (ii) average daily cash balances held with the Government Banking Services (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) 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 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 the net assets occur as a result of the audit of the annual accounts.

1.27 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 is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

1.28 Accounting standards that have been issued but have not yet been adopted

At the date of authorisation of these annual report and accounts, the Department of health group accounting manual does not require the following Standards and Interpretations to be applied in these annual report and accounts. These standards are still subject to HM Treasury FRem adoption.

Standards applicable from 2018/19

IFRS 9 Financial Instruments.
IFRS 15 Revenue from contracts with customers.
IFRS 16 Leases.

Standards applicable from 2020/21

IFRS 17 Insurance contracts.

South Western Ambulance Service NHS Foundation Trust

Notes to the Accounts - 2. Operating Segments

The Trust has assessed that the chief operating decision maker is the Board of Directors.

The Board receives a detailed Integrated Corporate Performance Report (ICPR) on a monthly basis; this includes segmental analysis of the Trust's service lines. However segmented information is not provided for asset and liabilities. This analysis is also received by the Finance and Investment Committee (FIC), a sub-committee of the Board of Directors.

The Accident and Emergency Ambulance (A&E) service line accounts for 86.33% (2017:78.67%) of total income received by the Trust during the year ended 31 March 2018. The A&E service line includes HART income for 2017-18. Urgent Care Services (UCS) including Out of Hours and NHS 111 accounts for 6.5% (2017: 9.6%) of the total income received by the Trust during the same year.

	31 March 2018 £000	31 March 2017 £000
A&E income	**201,653**	189,183
PTS income	**25**	5,041
UCS income	**15,092**	23,161
Other income	**16,815**	23,101
Total income	**233,585**	240,486
Operating expenses	**(231,262)**	(238,900)
Operating surplus	**2,323**	1,586

Other income includes hosting of the Ambulance Radio Programme (ARP) team, Winter Pressures, Road Traffic Collision (RTC), ECS Project, Medical Transport Service (MTS) and Training Income.

Emergency Ambulance Service (A&E)

The Trust provides an emergency response to 999 Category injuries and illnesses, which are likely to require treatment and immediate transport to a hospital or other facility. Provision is provided across the entire Trust area being the South West region.

Urgent Care Service (UCS)

The Trust provides a range of non-emergency responses to people who require, or perceive the need for, urgent (but not emergency) advice, care, diagnosis or treatment. The Out of Hours (OOH) service is delivered across Dorset, Gloucestershire ceased in yera, and includes other additional activities. The NHS 111 service is provided Dorset, Cornwall ceased in year.

Patient Transport Service (PTS)

The Trust provided ambulance non-emergency medical patient transport services, such as to and from out - patient appointments. The Trust now only provides services on the Isles of Scilly.

The Board in approving the Finance Strategy periodically undertakes a review to evaluate contracts against the investment/ disinvestment criteria and the commercial principles. This is particularly pertinent for UCS and PTS contacts which are competitively tendered.

Notes to the Accounts - 3. Operating Income

3.1. Operating income from patient care activities (by classification)	**Year ended 31 March 2018 £000**	Year ended 31 March 2017 £000
Income from activities		
Income from Commissioner Requested Services		
A&E income	**201,653**	195,828
PTS income	**25**	5,041
Income from non-Commissioner Requested Services		
Other income	**20,854**	29,212
Private patient income	**0**	0
Total income from patient care activities	**222,532**	230,081

Other Income

The other income from non-Commissioner requested services of £20.854 million (2017: £35.857 million) can be further broken down as follows:

	Year ended 31 March 2018 £000	Year ended 31 March 2017 £000
Out of Hours (OOH)	**10,614**	16,381
NHS 111	**4,478**	6,780
Other	**5,762**	6,051
Total Other Income	**20,854**	29,212

HART income is now within A&E income Other income includes Winter pressure income of £2.2 million (2017: £1.8 million), CBRN of £0.5 million (2017: £0.5 million), Tiverton MIU £0.8 million (2017: £0.8 million), RTA Income £0.6 million (2017 £0.6 million), Somerset GP Car 0.4 million (2017 Nil), MTS Income £0.5million (2017: £0.5 million).

	Year ended 31 March 2018 £'000	Restated Year ended 31 March 2017 £'000
Other operating income (by source)		
Research and development	**713**	839
Education and training	**836**	2,177
Other	**7,192**	5,771
Rental revenue from operating leases	**84**	68
Income in respect of staff costs	**2,228**	1,550
Total other operating income	**11,053**	10,405
Total operating income	**233,585**	240,486

Included in other operating income of £7.192 million (2017: £5.771 million) is £3.6 million relates to Ambulance Radio Programme (ARP) for hosting the team (2017: £3.6 million) and Electronic Care System Record (ECS) project income of £0.6 million (2017: £0.8 million).

3.2. Income from patient care activities	**Year ended 31 March 2018 £000**	Year ended 31 March 2017 £000
NHS Foundation Trusts	**454**	420
NHS Trusts	**9**	63
NHS England	**881**	0
Clinical Commissioning Groups	**220,156**	228,850
Local Authorities	**217**	18
Non-NHS:		
Injury costs recovery	**632**	623
Other	**183**	107
Total Income from patient care activities	**222,532**	230,081

Notes to the Accounts - 3. Operating Income (continued)

3.3 Operating lease income

The 2017/18 Operating lease income relates to the Chippenham aerial site and associated telecommunication companies. The 2017/18 Operating lease income included previous years invoices for aerial sites.

Operating lease income	**Year ended 31 March 2018 £000**	Year ended 31 March 2017 £000
Rents recognised as income in the year	**84**	68
Total	**84**	68

Future minimum lease payments receivable	**Year ended 31 March 2018 £000**	Year ended 31 March 2017 £000
Not later than one year	**24**	28
Later than one year and not later than five years	**56**	66
Later than five years	**25**	39
Total	**105**	133

3.4 Income from sale of goods

Income is wholly from the supply of services, there is no income from the sale of goods.

3.5 Income generation activities

The Trust undertakes income generation activities with an aim of reinvesting any profit in patient care. No income generation activities exceeded £1 million.

South Western Ambulance Service NHS Foundation Trust

Notes to the Accounts - 4. Operating Expenses from continuing operations

4.1. Operating Expenses from continuing operations	**Year ended 31 March 2018 £000**	Restated Year ended 31 March 2017 £000
Purchase of healthcare from NHS and DH bodies	**0**	97
Purchase of healthcare from non NHS bodies	**206**	628
Employee Expenses - Non-executive directors	**147**	130
Employee Expenses - Executive directors & Staff	**168,345**	169,453
Drug costs	**645**	806
Supplies and services - clinical (excluding drug costs)	**6,535**	6,157
Supplies and services - general	**1,827**	2,241
Establishment	**3,426**	3,782
Transport	**18,768**	19,482
Premises	**10,064**	11,930
Increase in provision for impairment of receivables	**138**	64
Change in provision discount rate and increase in other provisions	**144**	506
Inventories write down	**121**	223
Rentals under operating leases	**2,927**	3,286
Depreciation on property, plant and equipment	**12,021**	11,337
Impairments of property, plant and equipment	**(325)**	767
Audit fees payable to the external auditors:-		
audit services- statutory audit	**51**	47
other auditors remuneration (external auditors only)	**54**	29
Clinical negligence	**2,321**	1,789
Legal fees	**540**	254
Other professional fees	**1,066**	1,637
Internal Audit Fees	**152**	114
Training, courses and conferences	**932**	2,192
Redundancy	**132**	721
Early retirements	**7**	7
Insurance	**87**	198
Other services, e.g. external payroll	**245**	230
Car parking and security	**78**	108
Losses, ex gratia and special payments	**57**	178
Other	**551**	507
	231,262	238,900

After considering legal advice the Trust Board approved the release of the workforce integration provision during 2016/17.

Notes to the Accounts - 4. Operating Expenses from continuing operations (continued)

4.2 Other auditors remuneration

	Year ended 31 March 2018 £000	Year ended 31 March 2017 £000
Other auditors remuneration paid to the external auditors:		
1. Audit of accounts of any associate of the trust	0	0
2. Audit-related assurance services	11	16
3. Taxation compliance services	0	13
4. All taxation advisory services not falling within item 3 above	0	0
5. Internal audit services	0	0
6. All assurance services not falling within items 1 to 5	43	0
7. Corporate finance transaction services not falling within items 1 to 6 above	0	0
8. Other non-audit services not falling within items 2 to 7 above	0	0
Total	**54**	**29**

4.3 Limitation on auditors' liability

The Trust's contract with its auditors, as set out in the engagement letter signed 15 February 2018, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1 million in aggregate in respect of all services (2017: PWC £1 million).

4.4 Arrangements containing an operating lease

The Trust leases property, vehicles and equipment under operating leases. Lease terms vary from less than one year to seventy four years remaining, which relates to land at Torpoint.

	Year ended 31 March 2018 £000	Year ended 31 March 2017 £000
Minimum lease payments	**2,927**	3,286

Future minimum lease payments due	**Year ended 31 March 2018**			
	Land £000	**Buildings £000**	**Other £000**	**Total £000**
Not later than one year	**33**	**1,799**	**417**	**2,249**
Later than one year and not later than five years	**132**	**5,110**	**291**	**5,533**
Later than five years	**1,891**	**8,332**	**0**	**10,223**
Total	**2,056**	**15,241**	**708**	**18,005**

	Year ended 31 March 2017			
	Land £000	Buildings £000	Other £000	Total £000
Not later than one year	33	1,777	566	2,376
Later than one year and not later than five years	130	4,395	289	4,814
Later than five years	1,868	8,383	0	10,251
Total	2,031	14,555	855	17,441

Notes to the Accounts - 5. Employee costs

5.1 Employee benefits

	Year ended 31 March 2018	Year ended 31 March 2017
	£000	£000
Salaries and wages	136,558	130,648
Social Security Costs	12,756	12,542
Apprenticeship levy	658	0
Employer contributions to NHS Pension scheme	16,673	16,404
Agency/contract staff	1,700	9,859
Total	**168,345**	169,453

For 2017/18 there is a change in presentation relating to the sessional GPs now included in the salaries and wages as bank.
The GPs were historically included in the agency / contract staff for 2016/17.

Included in salaries and wages for 2016/17 is a £5.6 million release of the workforce integration provisions.

5.2 Remuneration and other benefits received by Directors

The aggregate remuneration and other benefits receivable by Directors and Non Executive Directors the financial year including pension related benefits totalled £1.073 million (to 31 March 2017; £1.042 million).

Benefits are accruing under the NHS defined benefit pension scheme to 4 directors (2017: 4 directors). No benefits are accruing under any money purchase schemes.

There were no other advances or guarantees existing with any of the Directors as at 31 March 2018 (2017: Nil).

During the year to 31 March 2018, the highest paid Director for the Trust was the Chief Executive who was paid a salary between £0.170 million and £0.175 million (2017: £0.170 million and £0.175 million) and benefits in kind of £0.004 million (2017: £0.006 million).

5.3 Retirements due to ill-health

During the year to 31 March 2018 there were 4 early retirements from the Trust agreed on the grounds of ill-health (31 March 2017: 3 early retirements). The estimated additional pension liabilities of this ill-health retirements will be £0.251 million (31 March 2017: £0.310 million). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

5.4 Exit Packages for staff leaving during the year ending March 2018

Thirty three staff left the Trust during the year ending 31 March 2018 (2017: 14 staff), they received an exit package when they left the Trust of £0.629 million (2017: £0.352 million).

Notes to the Accounts - 6. Pension Costs

Past and present employees are covered by the provisions of the two NHS Pensions Scheme. 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 covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the accounts do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the Financial Reporting Manual 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2018, is based on valuation data as at 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant Financial Reporting Manual interpretations and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience) and to recommend the contribution rates payable by employees and employers.

The last publlshed actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assunptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

c) National Employment Savings Trust (NEST)
There are a small number of staff who are not entitled to join the NHS pension scheme, for example:
● those already in receipt of an NHS pension
● those who work full time at another Trust
● employees who are absent from work due to sickness, maternity leave, etc, when the statutory duty to automatically enrol applies.

The National Employment Savings Trust (NEST) has been set up specifically to help employers to comply with the Pensions Act 2008. Those employees in the categories above are automatically enrolled in the NEST scheme. NEST Corporation is the Trustee body that has overall responsibility for running NEST; it is a non-departmental public body that operates at arm's length from government and is accountable to Parliament through the Department of Work and Pensions (DWP).

In 2017/18 employee contributions to NEST were 1.0% of pensionable pay and employer contributions were also 1.0% of pensionable pay.

NEST levies a contribution charge of 1.8% and an annual management charge of 0.3% which is paid for from the employee contributions. There are no separate employer charges levied by NEST and the Trust is not required to enter into a contract to utilise NEST qualifying pension schemes.

South Western Ambulance Service NHS Foundation Trust

Notes to the Accounts - 7. Finance income

	Year ended 31 March 2018 £000	Year ended 31 March 2017 £000
Interest on bank accounts	**65**	60
Total	**65**	60

8. Finance costs - interest expense	**Year ended 31 March 2018 £000**	Year ended 31 March 2017 £000
Loans from the Department of Health	**36**	49
Finance leases	**56**	56
Interest on late payment of commercial debt	**4**	0
Unwinding of discount on provisions	**4**	10
Total	**100**	115

South Western Ambulance Service NHS Foundation Trust

Notes to the Accounts - 9. Property, plant and equipment

9.1 Property, plant and equipment

For the year ended 31 March 2018	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 2017	15,881	33,598	613	7,263	71,689	9,548	997	139,589
Additions	0	160	1,373	122	7,740	1,991	0	11,386
Impairments	0	(308)	0	0	0	0	0	(308)
Revaluation	373	1,324	0	0	0	0	0	1,697
Reclassifications	0	82	(592)	0	16	494	0	0
Transfers to assets held for sale	0	0	0	0	0	0	0	0
Disposals	0	0	0	(147)	(7,963)	(2,960)	(33)	(11,103)
At 31 March 2018	**16,254**	**34,856**	**1,394**	**7,238**	**71,482**	**9,073**	**964**	**141,261**
Accumulated depreciation at 1 April 2017	0	0	0	4,295	42,649	4,466	648	52,058
Provided during year	0	1,502	0	679	8,027	1,717	96	12,021
Impairments	70	324	0	0	0	0	0	394
Reversal of impairments	(258)	(461)	0	0	0	0	0	(719)
Revaluation	188	(1,365)	0	0	0	0	0	(1,177)
Disposals	0	0	0	(147)	(7,839)	(2,960)	(33)	(10,979)
Accumulated depreciation at 31 March 2018	**0**	**0**	**0**	**4,827**	**42,837**	**3,223**	**711**	**51,598**
Net book value								
Owned	16,254	34,592	1,394	2,411	28,645	5,850	253	89,399
Finance leased	0	264	0	0	0	0	0	264
Donated	0	0	0	0	0	0	0	0
Total at 31 March 2018	**16,254**	**34,856**	**1,394**	**2,411**	**28,645**	**5,850**	**253**	**89,663**

Notes to the Accounts - 9. Property, plant and equipment (continued)

9.2 Property, plant and equipment

For the year ended 31 March 2017	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 2016	15,648	32,102	926	8,217	66,469	7,906	997	132,265
Additions	0	3,048	597	1,103	8,313	1,642	0	14,703
Impairments	(75)	(1,141)	0	0	0	0	0	(1,216)
Revaluation	476	(938)	0	0	0	0	0	(462)
Reclassifications	0	560	(910)	350	0	0	0	0
Transfers to assets held for sale	(168)	0	0	0	0	0	0	(168)
Disposals	0	(33)	0	(2,407)	(3,093)	0	0	(5,533)
At 31 March 2017	**15,881**	**33,598**	**613**	**7,263**	**71,689**	**9,548**	**997**	**139,589**
Accumulated depreciation at 1 April 2016	0	0	0	6,119	37,707	3,050	548	47,424
Provided during year	0	1,364	0	583	7,874	1,416	100	11,337
Impairments	70	1,091	0	0	0	0	0	1,161
Reversal of impairments	(191)	(203)	0	0	0	0	0	(394)
Revaluations	121	(2,251)	0	0	0	0	0	(2,130)
Disposals	0	(1)	0	(2,407)	(2,932)	0	0	(5,340)
Accumulated depreciation at 31 March 2017	**0**	**0**	**0**	**4,295**	**42,649**	**4,466**	**648**	**52,058**
Net book value								
Owned	15,881	33,328	613	2,968	29,023	5,082	349	87,244
Finance leased	0	270	0	0	0	0	0	270
Donated	0	0	0	0	17	0	0	17
Total at 31 March 2017	**15,881**	**33,598**	**613**	**2,968**	**29,040**	**5,082**	**349**	**87,531**

Notes to the Accounts - 9. Property, plant and equipment (cont.)

9.3 Property, plant and equipment

The Trust's land and buildings were revalued by the District Valuer at 31 March 2018. Non specialised operational property was valued at Market Value assuming existing use. Specialised operational property was valued at Depreciated Replacement Cost.

Any improvements made to properties during the later months of the year were considered when assessing the value at 31 March 2018. Where the improvements were of a significant value, they were individually assessed by the District Valuer. The District Valuer advised that the impairment on these improvements was 10% and this impairment was applied across all other property improvements.

The remaining lives of all properties were also reviewed by the District Valuer at 31 March 2018.

No other classes of non-current assets were revalued during the year.

9.4 Impairment of assets

	Year ended 31 March 2018 £000	Year ended 31 March 2017 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	**(325)**	767
Total net impairments charged to operating surplus / deficit	**(325)**	767
Impairments charged to the revaluation reserve	**308**	1,216
Total net impairments	**(17)**	1,983

The gross carrying amount of fully depreciated assets still in use at 31 March 2018 was £21.393 million (2017: £18.982 million).

9.5 Non-current assets for sale and assets in disposal groups

The £168k for asset held for sale 2016/17 was for Carbis Bay ambulance station, which was sold in April 2017.

10. Contractual capital commitments

	As at 31 March 2018 £000	As at 31 March 2017 £000
Property, plant and equipment	**1,829**	7,002
	1,829	7,002

These commitments relate to purchase of vehicles.

Notes to the Accounts - 11. Inventories

11.1. Inventories	**31 March 2018 £000**	31 March 2017 £000
Drugs	**158**	165
Consumables	**1,100**	1,225
Energy	**196**	287
Other	**576**	611
Total	**2,030**	2,288

11.2 Inventories movement	**Year ended 31 March 2018 £000**	Year ended 31 March 2017 £000
Carrying Value at 1 April	**2,288**	2,136
Additions	**7,463**	8,712
Inventories recognised in expenses	**(7,600)**	(8,337)
Write-down of inventories recognised as expenses	**(121)**	(223)
Carrying Value at 31 March	**2,030**	**2,288**

12. Trade and other receivables

12.1 Trade and other receivables	**Current 31 March 2018 £000**	**Non-current 31 March 2018 £000**	Current 31 March 2017 £000	Non-current 31 March 2017 £000
Trade receivables	**2,428**	**0**	1,586	0
Provision for impaired receivables	**(251)**	**0**	(158)	0
Prepayments	**2,899**	**162**	1,800	85
Accrued income	**725**	**0**	62	0
PDC receivable	**6**	**0**	52	0
VAT receivable	**0**	**0**	0	0
Other receivables	**1,270**	**0**	873	0
Total	**7,077**	**162**	4,215	85

The majority of trade receivables is due from Clinical Commissioning Groups, as commissioners for NHS patient care services. As Care Commissioning Groups are funded by Government to commission NHS patient care services, there is no need to carry out credit checks.

Other receivables includes employee salary sacrifice schemes £0.9 million (2017: £0.7 million) and employee overpayments £0.3 million (2017: £0.1 million).

12.2 Provision for impairment of receivables	**31 March 2018 £000**	31 March 2017 £000
Balance at 1 April 2017	**(158)**	(97)
(Increase) in provision	**(215)**	(101)
Amounts utilised	**45**	3
Unused amounts reversed	**77**	37
Balance at 31 March 2018	**(251)**	(158)

Majority of the provision relates to the recovery of overpaid salaries.

12.3 Receivables past their due date	**31 March 2018 £000**	31 March 2017 £000
Ageing of impaired receivables		
0-30 days	**45**	0
30-60 days	**1**	0
60-90 days	**4**	1
90-180 days	**62**	8
180-360 days	**139**	149
Total	**251**	158
Ageing of non-impaired receivables past their due date		
0-30 days	**531**	141
30-60 days	**64**	74
60-90 days	**16**	52
90-180 days	**23**	39
180-360 days	**54**	48
Total	**688**	354

Notes to the Accounts - 13. Trade and other payables

13.1. Trade and other payables	**Current 31 March 2018 £000**	**Non-current 31 March 2018 £000**	Current 31 March 2017 £000	Non-current 31 March 2017 £000
Trade payables	**6,721**	**0**	5,544	0
Other trade payables - capital	**1,695**	**0**	2,221	0
Social Security costs	**2,223**	**0**	2,184	0
VAT Payable	**14**	**0**	55	0
Other taxes payable	**1,460**	**0**	1,487	0
Other payables	**184**	**0**	109	0
Accrued interest on DHSC loans	**1**	**0**	2	0
Accruals	**8,314**	**0**	10,115	0
Total	**20,612**	**0**	21,717	0

13.2 Better Payment Practice Code - measure of compliance	**31 March 2018**		31 March 2017	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**38,502**	**99,060**	43,800	100,730
Total Non NHS trade invoices paid within target	**37,726**	**97,280**	42,018	98,247
Percentage of Non-NHS trade invoices paid within target	**98%**	**98%**	96%	98%
Total NHS trade invoices paid in the year	**1,373**	**3,926**	1,615	4,956
Total NHS trade invoices paid within target	**1,334**	**3,721**	1,540	4,846
Percentage of NHS trade invoices paid within target	**97%**	**95%**	95%	98%

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

The Non-NHS trade invoices paid includes £42 million (2016/17; £39 million) for payments to HMRC for 2017/18.

13.3 The late payment of commercial debts (interest) Act 1998

	2017/18 £000	2016/17 £000
Amounts included within interest payable arising from claims made under this legislation	**4**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**4**	0

14. Other liabilities	**Current 31 March 2018 £000**	**Non-current 31 March 2018 £000**	Current 31 March 2017 £000	Non-current 31 March 2017 £000
Deferred income	**484**	**0**	558	0
Total	**484**	**0**	558	0

15. Borrowings	**Current 31 March 2018 £000**	**Non-current 31 March 2018 £000**	Current 31 March 2017 £000	Non-current 31 March 2017 £000
Loans from Department of Health	**428**	**862**	428	1,290
Other loans	**0**	**0**	28	0
Obligations under finance leases	**11**	**617**	11	613
Total	**439**	**1,479**	467	1,903

A loan was taken out by Great Western Ambulance Service NHS Trust (GWAS) during 2010 and was transferred as part of the acquisition. This loan with the Department of Health, was a Working Capital loan (£4.500 million) taken out in 2010 at an interest rate of 2.3% due to expire 2021.

The Trust has an agreed £5.0 million Overdraft Facility in place which has not been utilised during the year.

Notes to the Accounts - 16. Finance lease obligations

Finance lease liabilities relate to four leasehold premises with lease periods ranging from 53 to 72 years.

Amounts payable under finance leases:

Buildings and vehicles	**Gross lease liabilities**	**Net lease liabilities**	Gross lease liabilities	Net lease liabilities
	31 March 2018 £000	**31 March 2018 £000**	31 March 2017 £000	31 March 2017 £000
Not later than one year;	**26**	**11**	26	11
Later than one year and not later than five years;	**104**	**44**	104	43
After five years	**1,365**	**573**	1,391	570
Less future finance charges	**(867)**	**0**	(897)	0
Present value of minimum lease payments	**628**	**628**	624	624
Included in:				
Current borrowings		11		11
Non-current borrowings		617		613
		628		624

17. Finance lease commitments

The Trust has no new finance lease commitments as at 31 March 2018 (2017: £nil). Note 16 lays out the existing financial lease obligation.

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Notes to the Accounts - 18. Provisions

	Current 31 March 2018 £000	**Non-current 31 March 2018 £000**	Current 31 March 2017 £000	Non-current 31 March 2017 £000
Pensions relating to other staff	**245**	**3,946**	253	4,064
Other legal claims	**1,567**	**0**	1,358	0
Redundancy	**154**	**0**	655	0
Other	**1,096**	**86**	1,312	110
Total	**3,062**	**4,032**	3,578	4,174

	Pensions relating to other staff £000	**Other legal claims £000**	**Redundancy £000**	**Other £000**	**Total £000**
At 1 April 2017	4,317	1,358	655	1,422	**7,752**
Change in the discount rate	61	0	0	0	**61**
Arising during the year	85	315	242	1,139	**1,781**
Utilised during the year - accruals	0	0	0	0	**0**
Utilised during the year - cash	(274)	(52)	(616)	(562)	**(1,504)**
Reversed unused	(2)	(54)	(127)	(817)	**(1,000)**
Unwinding of discount	4	0	0	0	**4**
At 31 March 2018	4,191	1,567	154	1,182	**7,094**
Expected timing of cash flows:					
Not later than one year	245	1,567	154	1,096	**3,062**
Later than one year and not later than five years	981	0	0	12	**993**
Later than five years	2,965	0	0	74	**3,039**
Total	4,191	1,567	154	1,182	**7,094**

The provisions represent a material amount in the financial accounts and a more detail breakdown is listed below:

Provision for "Pensions relating to other staff" represents injury benefit pension payable to staff who retired through injury and is payable for the remainder of their lives. The provision has been calculated using current life expectancy tables and a discount factor of 0.10% (2017: 0.24%).

The provision for other legal claims includes information provided by the NHS Resolution and in relation to an outstanding legal case.

After considering legal advice the Trust Board has approved the release of the workforce integration provision during 2016/17.

An estimated redundancy provision is included as the Trust continues to review its organisational structure. This figure includes £0.0.79 million for Mutually Agreed Resignation Schemes (MARS).

Other provisions includes provision for non guaranteed overtime, long term sick and dilapidations for Truro due to termination of the leases.

Included with the provisions of the NHS Resolution at 31 March 2018 is £24.529 million (2017: £14.210 million) in respect of clinical negligence liabilities of the Trust.

Notes to the Accounts - 19. Revaluation reserve

	31 March 2018 £000	31 March 2017 £000
	Property, plant and equipment	Property, plant and equipment
At 1 April	**9,926**	9,899
Impairments	**(308)**	(1,216)
Revaluations	**2,874**	1,668
Transfers to other reserves	**(421)**	(425)
Asset disposals	**(91)**	0
At 31 March	**11,980**	9,926

20. Cash and cash equivalents

	31 March 2018 £000	31 March 2017 £000
Balance at 1 April	**27,406**	28,767
Net change in year	**(4,042)**	(1,361)
Balance at 31 March	**23,364**	27,406

	31 March 2018	31 March 2017
Represented by:	**£000**	£000
Cash at commercial banks and in hand	**7**	6
Cash with the Government Banking Service	**23,357**	27,400
Cash and cash equivalents as in statement of financial position and statement of cash flows	**23,364**	27,406

21. Contingencies

The Trust is currently managing a number of employment cases and no provision has been made against those which it has been advised are unlikely to succeed. In normal circumstances, a worst case assessment of the outcome of such cases would be disclosed as a contingent liability but the Trust has decided to refrain from doing so in this instance because it considers such disclosure would seriously prejudice its position (31 March 2017: £nil).

South Western Ambulance Service NHS Foundation Trust

Notes to the Accounts - 22. Related party transactions

During the year, there were no material transactions relating to the Trust and members of the Trust Board, senior managers, or parties related to any of them.

Key management includes Directors, both executive and non-executive. The compensation paid or payable in aggregate to key management for employment services is shown in note 5.1.

None of the key management personnel received an advance from the Trust. The Trust has not entered into guarantees of any kind on behalf of key management personnel. There were no amounts owing to key management personnel at the beginning or end of the financial year.

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

	Income	Income	**Receivables**	Receivables
	31 March 2018	31 March 2017	**31 March 2018**	31 March 2017
	£000	£000	**£000**	£000
Bath And North East Somerset CCG	**6,581**	6,413	**38**	13
Bristol CCG	**16,023**	18,472	**46**	2
Kernow CCG	**26,543**	26,275	**415**	134
Department of Health	**5,124**	4,374	**346**	9
NEW Devon CCG	**34,008**	34,843	**9**	0
Dorset CCG	**39,497**	36,364	**216**	119
Gloucestershire CCG	**24,949**	32,328	**0**	116
North Somerset CCG	**7,664**	8,328	**42**	129
Somerset CCG	**21,521**	20,689	**103**	0
South Gloucestershire CCG	**7,777**	8,869	**0**	28
Swindon CCG	**7,045**	6,830	**24**	38
South Devon and Torbay CCG	**11,580**	11,196	**68**	20
Wiltshire CCG	**17,537**	17,158	**51**	35
Other NHS organisations	**2,666**	4,800	**228**	130
	228,515	236,939	**1,586**	773

	Expenditure	Expenditure	**Payables**	Payables
	31 March 2018	31 March 2017	**31 March 2018**	31 March 2017
	£000	£000	**£000**	£000
Dorset Health Care NHS Foundation Trust	**84**	62	**103**	0
Great Western Hospitals NHS Foundation Trust	**6**	7	**0**	0
NHS Resolution (formerly NHS Litigation Authority)	**4,595**	1,789	**0**	1
Portsmouth Hospitals NHS Trust	**478**	0	**55**	14
Plymouth Hospitals NHS Trust	**234**	244	**4**	5
Yorkshire Ambulance Service NHS Trust	**83**	166	**10**	47
Gloucestershire Hospitals NHS Foundation Trust	**1**	61	**0**	12
Oxford Health NHS Foundation Trust	**23**	31	**4**	1
Royal Devon & Exeter NHS Foundation Trust	**31**	67	**11**	4
Royal United Hospital Bath NHS Foundation Trust	**40**	54	**63**	34
South Central Ambulance Service NHS Foundation Trust	**61**	164	**0**	14
South East Coast Ambulance Service NHS Foundation Trust	**78**	87	**0**	0
Torbay & South Devon NHS Foundation Trust	**206**	162	**474**	471
United Hospitals Bristol NHS Foundation Trust	**59**	97	**19**	12
West Midlands Ambulance Service NHS Foundation Trust	**36**	81	**0**	5
East Midlands Ambulance Service NHS Trust	**73**	157	**0**	16
West Midlands Ambulance Service NHS Trust				
East of England NHS Trust	**36**	82	**2**	24
Gloucestershire Care Service NHS Trust	**34**	201	**0**	0
NHS Business Service Authority	**314**	0	**0**	0
NHS Property Services	**739**	394	**0**	0
Care Quality Commission	**246**	166	**0**	0
Other NHS organisations	**212**	380	**58**	505
	7,669	4,452	**803**	1,165

Notes to the Accounts - 22. Related party transactions (cont)

The Trust has entered into the following contracts for 2018/19:-

Lead Commissioner	Contract Type	Comments
NHS Dorset CCG	A&E ambulance services	Comparable with the value of the 2017/18 contract
NHS Dorset CCG	Out of Hours	Comparable with the value of the 2017/18 contract
NHS Dorset CCG	111	Comparable with the value of the 2017/18 contract
NHS Kernow CCG	Patient Transport Services	Comparable with the value of the 2017/18 contract

Charitable Funds

As at 31 March 2018 South Western Ambulance Service NHS Foundation Trust had charitable funds of £0.410 million (2017: £0.376 million).

The Trust acts as Corporate Trustee to the South Western Ambulance Service Foundation Trust Fund Charity (Registered charity number: 1049230). Previously HM Treasury has granted dispensation to the application of IAS 27 (Revised) by NHS Foundation Trusts in relation to the consolidation of NHS Charitable funds. From 2013/14 the Treasury dispensation is no longer available and therefore NHS Foundation Trusts are required to consolidate any material NHS charitable funds determined to be subsidiaries. The Audit Committee has agreed that the level of charitable funds is below materiality and therefore consolidation is not required. The management of the Charitable Funds is the responsibility of the Charitable Funds Committee and its terms of reference state that the committee is made up from the Executives and Non-Executives of the Trust. The Trust's Chairman, Chief Executive and Deputy Chief Executive/Executive Director of Finance have served as members of the Charitable Funds Committee during the year. An additional Non-Executive Director has become a member of the Charitable Funds Committee from March 2018.

The Trust has also had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with the HM Revenue and Customs.

23. Intra-Government and other balances	**Current receivables £000**	**Non-current receivables £000**	**Current payables £000**	**Non-current payables £000**
Balances with other central government bodies	**0**	**0**	**3,697**	**0**
Balances with local authorities	**25**	**0**	**247**	**0**
Balances with NHS Trusts and FTs	**159**	**0**	**323**	**0**
Balances with Public Corporations and Trading Funds	**1,094**	**162**	**99**	**0**
Intra government balances	**1,278**	**162**	**4,366**	**0**
Balances with bodies external to government	**5,799**	**0**	**16,246**	**0**
At 31 March 2018	**7,077**	**162**	**20,612**	**0**

Notes to the Accounts - 24. Financial Instruments

24.1 Financial assets by category	**Loans and receivables**
	£000
Trade and other receivables excluding non financial assets with NHS and DH bodies	**1,510**
Trade and other receivables excluding non financial assets with other bodies	**5,567**
Cash and cash equivalents	**23,364**
Total at 31 March 2018	**30,441**
Trade and other receivables excluding non financial assets with NHS and DH bodies	3,442
Trade and other receivables excluding non financial assets with other bodies	721
Other Investments	168
Cash and cash equivalents	27,406
Total at 31 March 2017	31,737

The book value of loans and receivables detailed above is equal to the fair value of the financial assets. This is due to the short term nature of the assets.

24.2 Financial liabilities by category	**Other financial liabilities**
	£000
Borrowings excluding finance lease and PFI liabilities	**1,290**
Obligations under finance leases	**628**
Trade and other payables excluding non financial liabilities with NHS and DH bodies	**684**
Trade and other payables excluding non financial liabilities with with other bodies	**15,871**
Provisions under contract	**2,904**
Total at 31 March 2018	**21,377**
Borrowings excluding finance lease and PFI liabilities	1,746
Obligations under finance leases	624
Trade and other payables excluding non financial liabilities with NHS and DH bodies	347
Trade and other payables excluding non financial liabilities with with other bodies	18,047
Provisions under contract	3,436
Total at 31 March 2017	24,200

The book value of financial liabilities detailed above is equal to the fair value of the financial assets. This is due to the short term nature of the liabilities.

Notes to the Accounts - 25. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Due to the continuing service provider relationship that the Trust has with primary care trusts and the way those primary care trusts are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Financial instruments also 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 has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change 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. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust's borrowings comprise of finance leases so the Trust is not considered to be exposed to interest rate risk.

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 2018 are in receivables from customers, as disclosed in the trade and other receivables note. The Trust procurement process is robust and the Trust restricts prepayments to suppliers.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups (CCGs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks. The Trust invests surplus funds in line with its Treasury Management policy. The Trust produces a twelve month rolling cash flow to manage liquidity risk.

26. Losses and Special Payments

There were 714 (2017: 796) cases of losses and special payments totalling £0.200 million (2017: £0.277 million) paid during the year ended 31 March 2018.

	Number of Cases 2017/18	**Value of Cases 2017/18 £'000**	Number of Cases 2016/17	Value of Cases 2016/17 £000
Losses				
Salary Overpayments	**290**	**121**	308	49
Bad Debt	**70**	**5**	47	9
Other	**347**	**57**	432	175
Total Losses	**707**	**183**	787	233
Special payments				
Personal Injury with advice	**7**	**17**	9	44
Special Severance Payments	**0**	**0**	0	0
Total Special Payments	**7**	**17**	9	44
Total Losses and Special Payments	**714**	**200**	796	277

Other losses include insurance excess payments for vehicles and damage to property.

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