



NHS
**South Western
Ambulance Service**
NHS Foundation Trust



Annual Report and Accounts
1 April 2018 – 31 March 2019

**South Western Ambulance Service NHS
Foundation Trust Annual Report and Accounts
1 April 2018 – 31 March 2019**

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A welcome message from our Chief Executive and Chairman

2018/19 continued the themes of the previous year with significant challenges and demands for the NHS, the ambulance sector and the Trust.

We are very pleased that we have laid the foundations focused on our three key strategic goals of Every Patient Matters, Every Team Member Matters and Every Pound Matters. This progress we believe will help us to face those challenges going forward with growing confidence.

In this report last year Lord Carter recognised that “Paramedics along with other ambulance personnel have worked incredibly hard as demand for ambulances have increased. It is now vital that improvements are made in both the ambulance service infrastructure and that of the wider NHS to help our people work as efficiently as possible.”

In a year where the increasing demand and pressures facing our NHS continued to feature heavily in the news, the number of calls ambulance services receives continued to increase. This increasing demand on our service has also placed significant pressure on us all and everyone has worked hard to shift the focus so that our patients receive the right care at the right time, reducing the need to convey to hospital.

We are very proud of our non-conveyance rate here at SWASFT, especially as we are the best-performing Trust in the country. In 2018/19 only 51% of our patients were conveyed to hospital. In spite of the increasing workload we faced, we are immensely proud that we continue to deliver high-quality, safe and appropriate patient care across the South West.

We would like to thank all of the people from our frontline teams, our support teams and our incredible volunteers who have helped us to achieve this.

Looking after the needs of our patients is critical, but at the same time we need to make sure we continue to care and support each other; an increasingly important and vital part of what we do.

Over the past year there has been a tangible shift in our focus as an organisation and we are working hard to create a culture and an environment which we are all proud to work for and that truly cares and looks after each other- a culture which is led, developed and embodied by all who work here.

In May we launched the cultural review survey, which was commissioned in partnership with Unison. Professor Duncan Lewis carried out the independent review and the results were published in November.

The outcomes of the report were clear and showed us that, as an organisation, we needed to do more, both as employers and all individuals working in the trust to make sure our work environment is the best it could be for everyone and a great place to work.

Since then we have been busy working out how best to achieve this and developing our Culture into Action plan. The plan focusses on developing an approach and a culture which is supportive, understanding and empathetic.

There are a lot of key pieces of work already happening across the Trust in support of the plan. We commissioned a number of engagement groups. This was so we could review and change existing practices or processes and to help shape and develop new initiatives, which could better support staff across the Trust.



This has led to the development of 'Our pledges', as well as key policy changes in the Respect at Work policy and the disciplinary process. The new processes to focus on local management resolution of issues.

We recognise the positive steps that we have made but we still have more work we want to undertake.

We have also been working hard to increase the profile of our Freedom to Speak Up Guardian and to develop and better support our 70 peer supporters who are located across the Trust.

In June we welcomed CQC inspectors in and it was fantastic to be able to announce in October that they had improved our rating to an overall good, while maintaining our outstanding rating in caring. This outcome was as a direct result of the hard work, commitment and dedication everyone across the Trust has put into improving the service we deliver and recognition of the quality of service we provide our patients.

It was particularly pleasing to see that our people were recognised for their professionalism and compassion. While there is still room for improvement, this report demonstrates the dedication and commitment everyone in the Trust has put into ensuring that we continue to deliver the highest standards of patient care.

Last year a new series of standards, indicators and measure were introduced in England through the Ambulance Response Programme (ARP). These new national standards have proved incredibly challenging for the Trust to deliver, especially as the most rural ambulance service in the England. Everyone across the Trust has worked incredibly hard, and continues to work hard to improve performance and deliver the very challenging standards.

We commissioned a piece of work to help us show the gap in resources, preventing us from delivering the new national performance standards and it was fantastic to be able to confirm that we had secured an additional £12 million for the service from our commissioners, with £8m in 2019/20 and a further £4m in 2020/21.

This investment will allow us, over the next two years, to recruit additional people, improve patient services and at the same time alleviate frontline pressures for our crews.

The Lord Carter ambulance review into the unwarranted variation recommended that ambulance trusts should standardise on a single type of ambulance fleet across England and capital was made available to help with the re-profiling of the fleet to deliver the new ambulance response standards and to begin a national procurement of ambulance vehicles.

We were awarded an additional £6.7 million of capital to purchase 63 new ambulances and a further £1.3 million was provided by commissioners to support the additional equipment costs required. The successful launch of these ambulances in March this year represented months of hard work and dedication from all those who worked tirelessly to design and operationalise these vehicles.

The deployment of these ambulances does not just represent new equipment or new vehicles: for the first time in years the full suite of response time standards have been considered alongside the clinical quality indicators. This means that greater emphasis is now being placed on what we do when we arrive at the patient and not simply how quickly we get there.

It has been incredibly pleasing to see the number of awards and accolades our Macmillan Cancer Care Project has received this year, including the Macmillan professional Excellence award and Exceptional Team Award presented at the Ambulance Leadership Forum. This



award-winning service is the first of its kind and the team have worked hard to transform ambulance care for cancer patients, as well as palliative and end-of-life patients across the South West. It has been so successful that it is now being rolled out across other UK ambulance services to deliver the best care in line with patients' wishes.

A lot of hard work has been undertaken this year. We are prepared for the future and are making sure we have the right resources and the right people in place to meet our future demands and the future needs of our patients. We will also continue on our journey of working out how we can better support and care for our people so they can continue to deliver the excellent care our patients deserve.

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 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
- NHS 111 services in Dorset
- 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 two emergency clinical hubs.

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 Trust's 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.

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 31 of this document.

Further information can be found in our 'valuing staff' section on page 56



Activities and achievements

During 2018/19, the Trust had many achievements including:

- An improved CQC rating to an overall 'good' and maintaining our 'outstanding' rating in caring
- In December 2018 the Trust was inspected by National Ambulance Resilience Unit (NARU) and received a significantly improved report led by the Emergency Preparedness, Resilience and Response Team (EPRR)
- Successfully securing 63 new ambulances to add to our fleet
- Commissioned and launched, in partnership with Unison, the Cultural Review, to find out what our people felt about the culture of the organisation
- Heavily involved in a multi-agency response to the Amesbury and Salisbury incidents.
- Confirmed an investment of £12 million from our commissioners in the 999 service.
- Continuing to be held as the best performing Trust in the country for our non-conveyance rate
- 1,105 referrals were received to our Staying Well Service
- More than 17,000 safeguarding referrals from frontline staff dealt with by the Safeguarding team
- 98% of complaints were acknowledged within three working days of receipt, with the Patient Experience team successfully closing 1,314 complaints with only 2% of these reopened.
- Attendance at over 200 events including work on mental health and end-of-life care.

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:

- Incident Stacking (A&E)
- Ambulance Response Programme (ARP) Performance Targets
- Submission of Safeguarding Referrals via Electronic Patient Care Record (ePCR)
- Emergency Services Mobile Communication Programme (ESMCP) National Mobilisation Application Lite
- Major IT Service Failure/Cyber Security
- Commissioner Affordability
- External Impact on Finance Strategy
- Cost Improvement Programme
- 111 Resourcing and Performance



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
- Reducing NHS budgets going forward and the ability of the Trust to remain financially stable with an ever increasing funding gap
- A fragmented approach to the commissioning of urgent care services driving, in some areas, inefficiencies and market instability
- Performance pressures while 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
- Ability to engage and retain the future workforce with increasing competition
- Increasing competition for the paramedic workforce from primary, secondary and emergency care within the NHS and private sector
- Ability to continue delivering 'affordable quality' and reconcile quality, performance and money.

Statement from the Chief Executive

We continue to experience significant pressures on our staff and available resources. During 2018/19 the Trust managed over 930,000 ambulance incidents or the equivalent of 2,550 ambulance incidents on average per day across the South West. Within this overall demand the volume of incidents fluctuates and during the year the Trust saw daily activity regularly rising above 2,800 incidents and increasing above 3,000 incidents on the most challenging days. This additional activity above planned levels places significant pressure on our finite available resources.

- In June 2018 we welcomed the Care Quality Commission CQC inspectors and was delighted to announce our improved overall rating of 'good' while maintaining our rating of 'outstanding' for caring. This outcome was a direct result of the hard work, commitment and dedication that our staff have put into improving the service we deliver across all areas of the Trust and recognition of the quality of the service we provide to our patients. I am particularly pleased that our ambulance crews and staff have been recognised for their professionalism and compassion. While there is still more we need to do, both for our people and our patients, this is a great achievement and one we should all be very proud of
- Delivered significant improvements in response times to our most critical patients and now consistently delivering national standards for Category 1 incidents;
- Significant steps forward linked to the focus and actions within the Trust's Performance Improvement Plan
- Working closely with commissioners to deliver further improvements over the next two years as part of the Joint Plan which includes investment in an additional 241 frontline staff and associated resources – this first stages of which will be delivered during 2019/20
- Areas of focus within the Joint Plan include working together with our Commissioners to reduce levels of inappropriate demand on the ambulance service, this is seen as a key



enabler to maintaining demand for our services at manageable levels and includes directing patients to more appropriate treatment pathways;

- The Trust was also successful in bidding for capital money to purchase 63 new ambulances, these new ambulances were introduced into our operational fleet during March 2019
- Successful recruitment campaigns improving establishment positions in both the Frontline and Clinical Hubs
- Introduction of new innovations including the exciting work with our dedicated volunteers to support faller patients within their local communities
- Working in partnership to deliver the new Integrated Urgent Care Service in Dorset with effect from April 2019 which will replace the current NHS 111, Single Point of Access and Out of Hours service models across the county
- In May we welcomed the launch of the cultural review, which we commissioned in partnership with Unison, to find out what our people felt about the Culture of the organisation. Professor Duncan Lewis carried out the independent review and the results were published in November. While the results were certainly difficult to read, the bravery and honesty of our staff provided us with valuable insights into their experiences, which have helped us to move forward with renewed vigour
- Last October also saw the release of the long-awaited Carter Report, which contained nine recommendations to improve care, efficiency and support for frontline staff. The report focusses on the benefits of appropriately managing patients without conveying them to emergency departments - not just in terms of the improved patient experience, but also the cost savings that can be achieved. In this area, the Trust has embedded the benefits of the Right Care Programme for many years and continues to work as a key stakeholder in the local health system. The Right Care ethic of managing patient care in the most appropriate locations enabled the Trust to manage 51.14% of ambulance incidents during 2018/19 without the need for a conveyance to an Emergency Department.

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 183 for further information.



Performance Analysis

Performance against contract

During 2018/19, the Trust received a total of 930,622 emergency and urgent incidents. This was an increase of 1.00% when compared with 921,386 emergency and urgent incidents across the same period and geographical area during the 2017/18 financial year.

Background

For 2018/19, the Trust had a single contract to deliver emergency 999 services for the South West. The single contract was commissioned by 10 clinical commissioning groups (CCGs) through a co-ordinating commissioning arrangement.

In addition the Trust had contracts to provide a range of urgent care services throughout the South West:

- The Trust delivered GP Out-of-Hours services in Dorset. This was on a 'block' contract for activity purposes in 2018/19. The service was monitored against a set of National Quality Requirements (NQRs), local Key Performance Indicators (KPIs) and activity levels defined as 'patient contacts'
- The Trust delivered NHS 111 service in Dorset. The contract was 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 2018/19.

As of 1 April 2019 a new Dorset Integrated Urgent Care Service will be introduced, with Dorset University Healthcare NHS Foundation Trust acting as lead providers. The Trust will no longer provide the face-to-face Out of Hours GP element of this service in Dorset, but will continue to provide the telephone triage elements of this new service model (this will include the NHS 111 and SPoA elements currently delivered by the Trust).

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.



Activity Levels and Contract Values

Service Currency/Activity Measure	Contracted 2018/19	Actual 2018/19	Contracted 2019/20
Emergency (999) Incidents	929,904	930,622	930,104
GP Out-of-Hours – Patient Contacts	<p>Dorset: Activity is monitored against actual activity for the same period in the previous financial year.</p> <p>Dorset 2017/18: 107,034</p>	<p>Dorset: 100,673</p>	<p>Dorset: As of 1 April 2019 a new Dorset Integrated Urgent Care Service will be introduced, with Dorset University Healthcare NHS Foundation Trust acting as lead providers. SWASFT will no longer provide the face- to-face Out-of-Hours GP element but will continue to provide the telephone triage element of this new service model.</p>
NHS 111 – Calls Received	Dorset: 281,351	Dorset: 256,306	<p>Dorset: As of 1 April 2019 a new Dorset Integrated Urgent Care Service will be introduced, with Dorset Healthcare NHS Trust acting as lead providers. SWASFT will continue to provide the telephone triage element of this new service model which will include NHS 111 calls.</p>
Patient Transport Service – Patient Seats / Journeys	Isles of Scilly: Block activity	Isles of Scilly: Block activity	Isles of Scilly: Block activity



A&E Activity

Historically, ambulance services have experienced year-on-year growth in demand for their services. In 2018/19 the Trust reported a year-on-year activity increase of 1.00%

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
A&E Incident Numbers	839,932	867,505	911,378	899,129	921,386	930,622
Year-on-Year % Movement		+3.28%	+5.06%	-1.34%	+2.48%	+1.00%

The A&E contract for 2018/19 incorporated an uplift of 0.9% compared to the actual incident numbers reported for 2017/18. The Trust was therefore 0.1% above the contracted activity volumes of 929,904 incidents for 2018/19. The A&E contract was a block contract and therefore no additional income was received for this additional activity above the agreed contract for 2018/19.

While marginally above contracted activity levels for the year, 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 have increased from an average of 2,300 incidents in 2013/14 to around 2,550 incidents in 2018/19, with certain days reporting activity in excess of 3,000 incidents.

The profile of activity continues to be a challenge; therefore the Trust has undertaken significant resource re-modelling and analysis to identify changes that are required for operational delivery. This has 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 skill mix are available for the new resource (vehicle) mix
- Consideration needs to be given to where our dispatch points are located
- Additional investment is required in the emergency clinical hubs.

The first phase of these significant changes was completed in 2017/18 with Trust-wide changes to operational rotas being implemented. Further changes have been introduced as part of internal improvement plans during 2018/19, further details are provided under the Performance Improvement Plan within this report.

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, while there have been fewer calls received from HCPs, there has been an increase in the number of calls from the public and a greater increase in the number of calls referred to 999 from the NHS 111 service.

Ambulance incidents originating from NHS 111 providers have seen significant growth in recent years with the number of incidents increasing by 9.15% from 2015/16 to 2016/17, 12.59% from 2016/17 to 2017/18 and a further 3.79% increase in the most recent year. The Trust continues to work closely with NHS 111 service providers across the South West, including where SWASFT provides the NHS 111 services (in the county of Dorset), to manage the flow of appropriate incidents between the two services. NHS 111 activity



has been identified as a key area of focus as part of the Joint Plan with NHS Commissioners to reduce inappropriate ambulance activity during the next two years.

Source of Incident	2016/17	2017/18	2018/19	Variance 2018/19 vs
Public Incidents	597,607	606,176	608,925	+0.45%
NHS 111 Incidents	175,929	198,086	205,588	+3.79%
HCP Incidents	125,593	117,124	116,109	-0.87%
Total Incidents	899,129	921,386	930,622	+1.00%

Other Factors Influencing Performance

In addition to the overall activity levels, the Trust's 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. Acute hospitals across the South West have delivered improvements in the time lost to handover delays compared to 2017/18. Improvement trajectories were developed by NHS Improvement for each of the acute hospitals across the South West. In 2017/18 the Trust lost a total of 28,951 operational hours to handover delays at acute hospitals. This reduced to 18,461 operational hours in 2018/19. While improvements have been seen compared to the previous year, the time lost in 2018/19 still equates to an average of 50 resource hours lost per day and at the end of March 2019 only three of the 19 acute hospitals were below (better than) their NHS Improvement trajectory targets.

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 it can to patients.

Performance against National Targets

New ambulance response time standards, indicators and measures were introduced during 2017/18 (updated in early 2018) as part of the Ambulance Response Programme (ARP) and are now reported monthly as part of the NHS England Ambulance Quality Indicators.

It is acknowledged that significant changes to the current operating models for ambulance services are required to deliver the new performance standards. These challenges include changes to staff rotas, staff skill sets, response vehicle mix and operational dispatch systems and processes. The Trust has been working throughout 2018/19 to address a number of these issues through internal improvement plans, but an additional investment requirement has been identified to deliver the additional resourcing levels required to meet the new response time standards on a consistent basis.

The Trust has been working with Operational Research in Health Ltd (ORH) 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).

This report therefore includes data on the new ARP metrics for the first full year following implementation for the April 2018 to 31 March 2019.

ARP Response Category	National Standard	Trust Performance 1 April 2018 to 31 March 2019
Category 1 – Mean Response Time	7 Minutes	7 Minutes 18 Seconds
Category 1 – 90 th Centile Response Time	15 Minutes	13 Minutes 30 Seconds
Category 1T – 90 th Centile Response Time	30 Minutes	21 Minutes 42 Seconds
Category 2 – Mean Response Time	18 Minutes	27 Minutes 24 Seconds
Category 2 – 90 th Centile Response Time	40 Minutes	57 Minutes 54 Seconds
Category 3 – Mean Response Time	1 Hour	1 Hour 12 Minutes 6 Seconds
Category 3 – 90 th Centile Response Time	2 Hours	2 Hours 47 Minutes 42 Seconds
Category 4 – Mean Response Time	n/a	2 Hours 6 Minutes 24 Seconds
Category 4 – 90 th Centile Response Time	3 Hours	4 Hours 40 Minutes 36 Seconds

The Joint Plan

During 2018/19 the Trust has been working closely with its Commissioners to develop plans to improve performance, with the ultimate aim of delivering ARP performance standards on a Trust-wide basis. This has included development of The Joint Plan comprising of three key elements:

- Performance Improvement Plan (PIP) (as detailed below)
- The Sustainability and Transformation Partnership (STP) Action Plan
- The Transition Plan:
 - The Business Case for Delivering ARP Standards (The Business Case)
 - Transformation.



Performance Improvement Plan (PIP)

The Performance Improvement Plan was created to capture the key internal actions being undertaken by the Trust to deliver changes that will either directly or indirectly impact on the response times to all categories of incidents during 2018/19.

The PIP did not include any items outside of the direct control of the Trust (e.g. reduction in NHS 111 activity to the ambulance service) nor any items included within the Trust Transition Plans that may require additional investment from NHS commissioners.

Where possible the plan is focused on those actions that deliver improvements in one of the key areas impacting on response time performance:

- Total ambulance incident numbers
- Call answering
- Call coding and allocation
- Incident outcomes (Hear & Treat, See & Treat, See & Convey)
- Call cycle times (Time to Scene, Time At Scene, Handover, Wrap Up)
- Operational resource hours available.

The actions within the PIP have contributed to the Trust delivering improvements in response times to Category 1 patients through 2018/19, with the mean and 90th centile response times in Quarter 4 of 2018/19 below (better than) the national standards.

Source of Incident	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
Category 1 Mean Response Time	9 mins 24 secs	8 mins 11 secs	7 mins 01 secs	6 mins 56 secs	6 mins 51 secs
Category 1 90 th Centile Response Time	17 mins 09 secs	15 mins 23 secs	12 mins 58 secs	12 mins 33 secs	12 mins 22 secs

The deficit posted by the Trust in 2018/19 did not impact on the operational resourcing for the Trust. The operational resourcing for 2018/19 was based on the funding available within the agreed Trust Financial plan including income from the A&E contract and additional income received to cover cost increases such as the changes to Paramedic job grading and the NHS national pay award.

Sustainability and Transformation Partnership (STP) Action Plan

The purpose of the STP Action Plan is to manage demand and mitigate activity increases for the ambulance service. It responds to the following opportunity areas, and requires STP system partners to collaborate in order to support improved performance against ARP:

- NHS 111 originated ambulance activity
- High-intensity ambulance users
- HCP calls and lower acuity ambulance activity
- Frailty and alternative pathways
- Mental health patients
- Ambulance time lost to handover delays at hospital.



The Transition Plan

The Transition Plan is a combination of The Business Case for additional investment and transformation of the service provided to manage demand differently.

The Business Case for additional investment in the Trust was prepared and shared with commissioners and regulators. It was based on modelling undertaken by an external company, Operational Research in Health Ltd (ORH). The Business Case evidenced the requirement for investment of £12m over two years, providing a realistic and affordable plan. It contained phased investment enabling the Trust to deliver a recruitment plan and improve performance over a two-year time frame.

Even with this additional investment over the next two years there is still expected to be a performance gap compared to national standards. Therefore additional joint work with commissioners will be undertaken during 2019/20 to design a transformation plan. The transformation will be delivered during 2020/21 to enable the delivery of ARP performance standards by March 2021.

In May 2018, supported by its commissioners, the Trust submitted a successful bid for £6.72m of Ambulance STP Capital Scheme Funding, to purchase 63 vehicles. These vehicles became operational between February and April 2019 and will ensure the Trust has the right number of vehicles and the correct mix of fleet in the right location to meet demand. They are an enabler to the increase in operational resource hours delivered by The Business Case.

The additional investment in the business case is due to commence from 01 April 2019 but commissioners funded the £1.3m set up costs for the 63 vehicles in 2018/19 to enable them to become operational.

Recruitment

Revised operational rotas were introduced across the Trust during 2017/18 to improve the alignment of available resources to demand. However, the benefit of the rota changes on performance can 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 has been a key area of focus for the Trust during 2018/19.

At the end of March 2019 the Trust reported 43.7 Whole Time Equivalent (WTE) vacancies in lead clinician positions 'on the road' against the funded establishment of 1,635 WTE an improvement when compared to the 73 vacancies reported in March 2018. The Trust has also seen increases in the Emergency Care Assistant establishment position, increasing from 949 WTE at the end of March 2018 to 994 WTE at the end of March 2019. As part of the Transition Plan the Trust has substantial recruitment plans for the next two years. These plans are currently being finalised to identify the locations for the new recruits and the timeline for training and introduction of these additional resources across the South West over the next two years. This will include additional graduate paramedics, international paramedics from New Zealand, ambulance nurses and additional emergency care assistant recruitment.

The Trust has also delivered improvements in the emergency medical dispatcher (EMD) resourcing within the clinical hubs, which has increased from 145.89 WTE at the end of December 2017 to 171.22 WTE at the end of March 2019. This additional resource has assisted the hubs in delivering improvements in call answering performance for incoming emergency calls with greater consistency in resourcing delivered on a daily basis, profiled to meet demand. There remain challenges to maintain the required number of EMDs, dispatchers and clinicians within the hub function due to the high levels of attrition within these challenging roles and this will continue to be an area of focus through 2019/20.



Further work to review all elements of clinical hub resourcing was commissioned in Quarter 4 of 2018/19 to assess the future resource requirements for the various hub functions (call taking, dispatch and clinical support). This external review will help inform recruitment and rota plans for the clinical hub during 2019/20.

Ambulance Clinical Quality Indicators (ACQIs)

Ambulance trusts are required to publish all data in relation to Ambulance Clinical Quality Indicators (ACQIs) on a monthly basis, both locally on the Trust's website and nationally by the Department of Health and social care (DHSC). 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. The Trust's 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 and Social Care 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 although, not all of these targets are applicable to the services delivered by the Trust.

The targets applicable to the Trust are dependent upon the service that is commissioned. 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 Trust's GP OOH service in Dorset with performance stated for 2017/18 and 2018/19. 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 - Dorset

NQR Number	National Quality Requirement (NQR)	RAG Ratings	
		2017/18	2018/19
NQR1	Providers must report regularly to CCGs on their compliance with the Quality Requirements.	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
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 pre-defined needs (including patients with a terminal illness).	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
NQR5	Providers must regularly audit a random sample of patients' service experience (e.g. 1% per Quarter).	Green	Green
NQR6	Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure.	Green	Green
NQR7	Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service.	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.

NQR Number	National Quality Requirement (NQR)	RAG Ratings	
		2017/18	2018/19
NQR10 (walk-in patients)	All definitive clinical assessment for urgent cases presenting at treatment location started within 20 minutes.	n/a *	n/a *
	All definitive clinical assessment for children who are ill and have an urgent Out-of-Hours to start within 15 minutes.	n/a *	n/a *
	All definitive clinical assessment for less urgent cases presenting at treatment location started within 60 minutes.	n/a *	n/a *
NQR10d	At the end of the assessment, the patient must be clear of the outcome.	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
NQR12 (presenting at base)	Emergency consultation started within an hour.	n/a (no emergency incidents)	n/a (no emergency incidents)
	Urgent consultations started within two hours.	Amber	Amber
	Less Urgent consultations started within six hours.	Green	Green
NQR12 (home visit)	Emergency consultation started within an hour.	n/a (no emergency incidents)	n/a (no emergency incidents)
	Urgent consultations started within two hours.	Amber	Amber
	Less Urgent consultations started within six hours.	Green	Green
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

*Walk-in patients do not form part of the contract for the Out-of-Hours service in Dorset.



Urgent Care Services – NHS 111 Quality Requirements

SWASFT delivered NHS 111 services in Dorset in 2018/19.

As with GP OOH services, national quality targets are set out by the DHSC 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 Trust’s NHS 111 services has historically been achieving the target for the percentage of calls being answered within 60 seconds.

High attrition rates for NHS 111 call advisors (approx. 50% per annum) make it difficult to maintain full establishment levels and while training courses have been scheduled throughout 2018/19 they have been insufficient to meet this level of attrition. Training courses for new call advisors on the NHS Pathways triage system last eight weeks, plus a further period time for staff to become confident and fully productive in post after those eight weeks have been completed. When this extended training time is added to the recruitment period for advertising and interviews the lead time for new call advisors is considerable and the Trust struggles, at present to mitigate the reported attrition rates.

Due to the timeline involved in recruiting and training additional call advisors within the NHS 111 service, the opportunity to deliver short-term improvements in NHS 111 call answering performance is restricted, although plans are in place to deliver further trained call advisors during the first quarter of 2019/20 to improve the current establishment position. The first of these training courses was completed and introduced additional call advisors into operational resources with effect from the middle of March 2019 with further stepped increases expected during April and May 2019 as the Trust approaches full call advisor establishment within the service.

The challenges of staff retention are not unique to the NHS 111 service in Dorset, with other services also struggling to maintain performance levels as evidenced in the national call answering performance figures.

The following tables set out each of the quality requirements, with performance stated for 2017/18 and 2018/19. These have also been ‘RAG-rated’ (see above for explanation of the ratings).

Urgent Care Services – Dorset NHS 111 Quality Requirements

NQR Number	National Quality Requirement (NQR)	RAG Ratings	
		2017/18	2018/19
NQR1	Providers must regularly report to NHS commissioners on their compliance with the Quality Requirements.	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
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



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
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NQR Number	National Quality Requirement (NQR)	RAG Ratings	
		2017/18	2018/19
NQR5	Providers must regularly audit a random sample of patient experiences of the service (e.g. 1% per Quarter).	Red	Green
NQR6	Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure.	Green	Green
NQR7	Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service.	Amber	Amber
NQR8a	No more than 0.1% of calls engaged.	Green	Green
	No more than 5% of calls abandoned.	Green	Amber
NQR8b	Calls to be answered within 60 seconds of the end of the introductory message.	Red	Red
NQR9a	All immediately life-threatening conditions to be passed to the ambulance service within three minutes.	Green	Green
NQR9b	Patient call-backs must be achieved within 10 minutes.	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
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
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



Urgent Care Services – Tiverton Urgent Care Centre

The Trust delivered services at the Tiverton Urgent Care Centre throughout 2018/19. The Trust performance 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 2017/18	Actual Performance 2018/19
Number of cases	n/a	15,050	18,754
Percentage of cases completed within four hours	95%	99.55%	99.35%
Percentage of patients triaged within 15 minutes	n/a	97.73%	97.92%

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.

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

Environment and Sustainability Management

During 2018/2019 the Trust has continued to monitor its utilities and waste data closely and to use the data for contract management and staff awareness.

The Environmental and Waste Management Policies have been adopted by Trust, and the Trust has continued to work with staff to embed environmental management throughout the organisation.

Work on the Sustainable Development Management Plan is ongoing. It is currently being aligned with the United Nations Sustainable Development Goals as recommended by the NHS Sustainable Development Unit. This strategic work is led by the Environment Management Group, due to structural changes within the Trust which has had several recent chairs, it is now chaired by an executive director, as such it is anticipated that the plan will be completed in the next financial year. Once complete it is anticipated that this high level document will raise the profile of environmental activity across the Trust.

Waste Management

The Trust promotes the Waste Hierarchy and promotes re-use using the Warp It tool, an online portal which facilitates re use of items within SWASFT or by external organisations, it also allows SWASFT to obtain items free of charge from other organisations.

The Trust has two major waste streams: general waste and dry mixed recycling, and clinical waste. SWASFT continues to work with staff to ensure waste is properly segregated to ensure legal compliance, and to reduce costs by: improving waste segregation and monitoring collection schedules. SWASFT also manages contractors closely to ensure the services operate smoothly.

Improved data management has helped to identify outliers across the estate and has identified the significant spend on legal paper work associated with clinical waste. A major review of clinical waste schedules is expected to reduce clinical waste costs once implemented.

Figures 1 and 2 shows the tonnage and spend on general waste and Recycling, Figures 3 and 4 on clinical waste. The HAZ data in the general waste / recycling graph relates to clean-ups of oil / diesel spills.

Figure 1

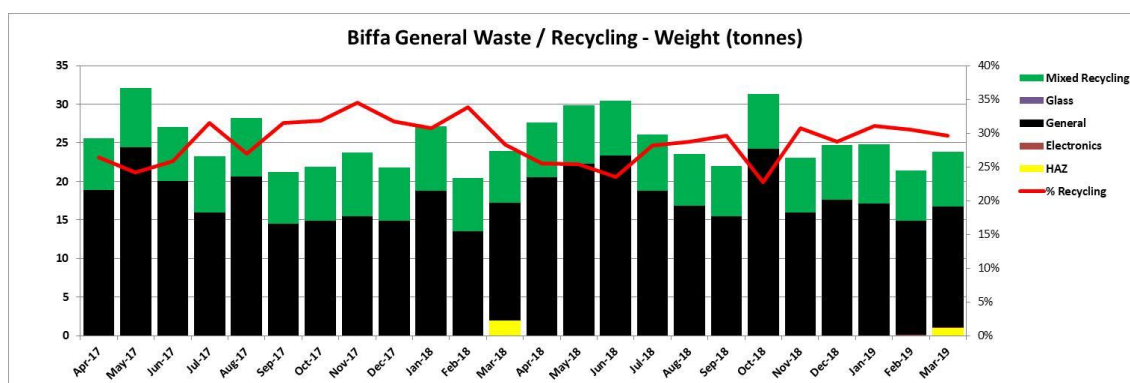


Figure 2

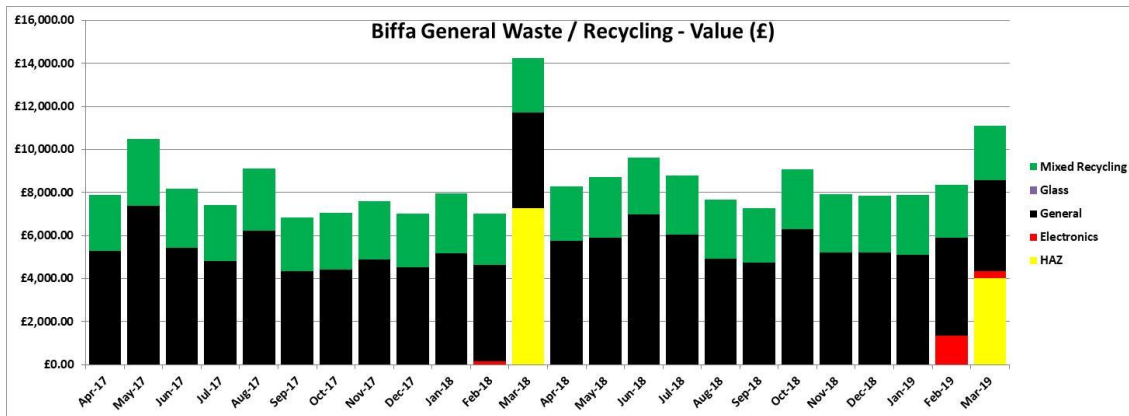


Figure 3

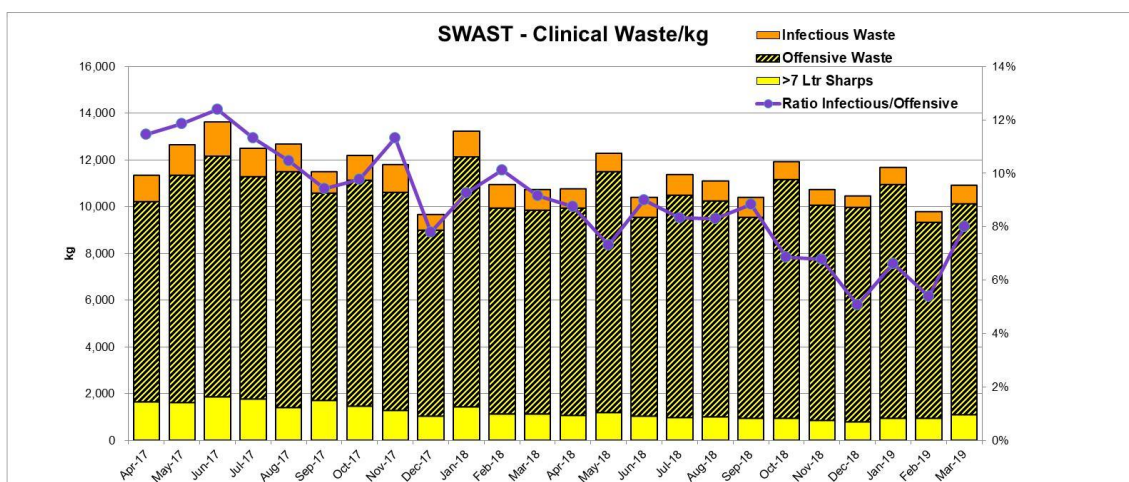
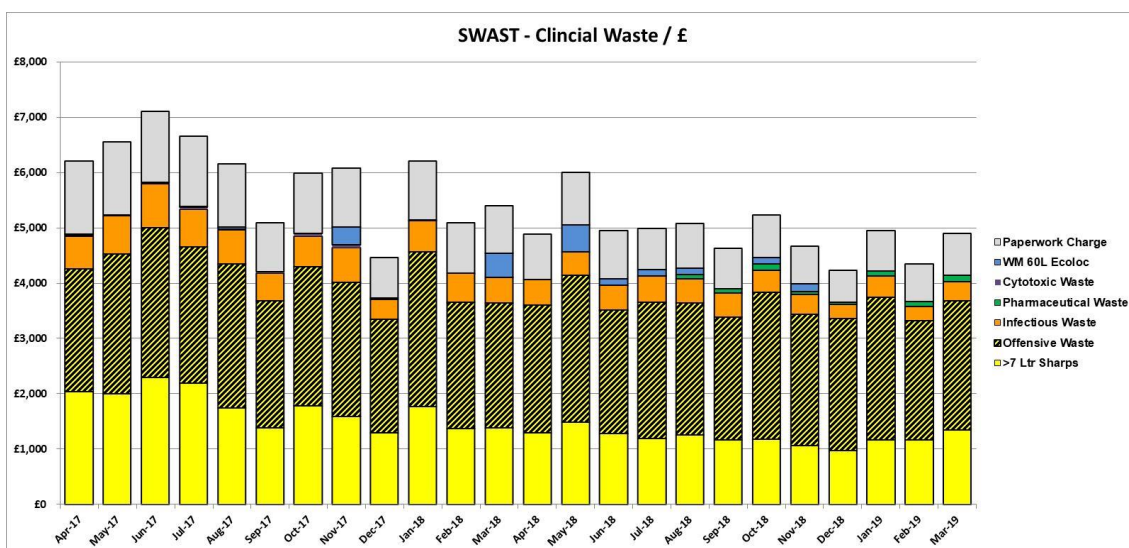


Figure 4





Energy and Water

For the majority of the Trust estate electricity and gas is now procured through one supplier, the supplier who verifies the invoices, and who's portal provides SWASFT with a tool for monitoring energy consumption across the estate.

The Environment and Sustainability Manager is working with operational staff to ensure manual reads are collected where necessary. These will then be shared with the supplier to improve data management and invoicing.

The Estates team is working to ensure that refurbishment works include energy-saving measures where viable.

The Trust has secured £288,000 of funding from the NHS Energy Efficiency Fund for LED lighting, which will be utilised to install LED lighting at a number of sites including garages operating 24 hours which currently have inefficient lighting. This will reduce energy spend and improve the working environment for staff.

Water consumption is monitored via invoicing data, and a number of leaks were identified and addressed. SWASFT has also worked with several suppliers this year to improve the quality of invoicing and data provided by some of our water suppliers.

Travel

The Trust has installed Skype for business, alongside telephone conferencing facilities which is expected to reduce the requirement for staff travel. The Trust travel policy is also currently being reviewed and it is hoped that a trial of electric and or hybrid vehicles will take place.

Pollution Prevention

The Trust recognises the risk of pollution to ground and water from its activities, in particular storing of oil and diesel at certain sites and vehicle washing. As such pollution is recognised on the corporate risk register and managing and reducing pollution risk is an ongoing activity of the Trust.

The Trust has now emptied interceptors and conducted full drainage surveys at all sites with fuel or oil on site, and detailed environmental risk assessments at higher risk sites. The findings from these risk assessments have informed a longer term piece of work which will include: integrity testing of underground diesel tanks, removal of underground diesel tanks, and installation of compliant drainage infrastructure at sites with diesel/ oil storage and or vehicle washing. These works will be rolled out over the medium term in line with the Estates Strategy.

Plans for 2018/19

- The water supply will be put out to tender with the aims of obtaining improved consumption data to inform water management and of procuring all water from one supplier
- Travel plans for major sites to be developed
- A trial of electric and or hybrid cars in the pool car fleet
- An energy management strategy will be developed
- A water management strategy will be developed.



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 we have policies in place to counter fraud and corruption. These include detailed standing financial instructions and a Counter Fraud and 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 policies on these subjects are available on the Trust website.

Events since the end of the financial year affecting the foundation trust

There have been no significant events since the year end that has had an effect on the Trust.

Overseas operations

The Trust has no overseas operations.

Ken Wenman
Chief Executive Officer
23 May 2019



Accountability report

Directors' Report

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. This is how the Board is currently configured.

In 2018/19 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 2018/19 were:

- Jennie Kingston, Deputy Chief Executive/Executive Director of Finance
- Jenny Winslade, Executive Director of Nursing and Governance
- Dr Andy Smith, Executive Medical Director
- Jessica Cunningham joined the Board permanently as the Executive Director of Operations having been originally seconded into the position in October 2017
- Amy Beet joined the Board as the Executive Director of People and Culture
- Tim Bishop joined the Board as the Executive Director of IM&T

The Chairman is Tony Fox and he is supported by non-executive directors who in 2018/19 were:

- Gail Bragg, Deputy Chair and Chair of Finance Committee
- Venessa James, Senior Independent Director and Chair of People and Culture
- Paul Love, Chair of Audit and Assurance Committee
- Dr Ian Reynolds, Chair of Quality Committee
- Susan Bradford, Chair of Charitable Funds
- Professor Minesh Khashu
- Rakhee Aggarwal

** Gail Bragg was appointed as the Deputy Chair on 05 July 2018 by the Council of Governors' as recommended by the Remuneration and Recommendations Panel. Venessa James held the position of Deputy Chair until July 2018.

Further details on changes to the Board can be found on page 31.

Non-executive directors are independent and each year sign a declaration to confirm their independence. In April 2019, 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.

No executive director, non-executive director or Governor has a company directorship or significant interest which conflicts with their duties or responsibilities.



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.

Jessica Cunningham , 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.

Jessica was appointed as the Acting Executive Director of Operations in October 2017 and was made substantive in this role in October 2018. Jessica is responsible for all frontline services including A&E, the 999 clinical hubs, EPRR and Urgent Care.



Amy Beet , Executive Director of People and Culture

Amy has worked in HR within the NHS since 2003, commencing her NHS career with Weston Area Healthcare Trust and later working for Gloucester Hospitals Foundation Trust before moving to join the Ambulance sector in 2012 as Deputy Director of HR and OD.

Prior to this Amy had a career in advertising, focussing specifically on the recruitment market, developing candidate attraction strategies for a range of high profile national and international clients. Amy has a Masters in HR Strategy and Management from University of the West of England Business School and is a member of the CIPD. In April 2018 Amy joined the South Western Ambulance Foundation Trust Board as the newly appointed Executive Director of People and Culture.

During her HR career Amy has led the delivery of recruitment, employee relations and education services and significant programmes of organisational development work, including workforce redesign and transformation. Having also led workforce savings programmes Amy has delivered significant and complex programmes of organisational change, designed to deliver workforce structures with greater resilience and improved productivity.

Amy acts as both mentor and coach to a number of individuals from a variety of roles from both within and external to the organisation and participates in national programmes of work for the Ambulance sector and NHS and on occasions, for the wider HR professional network.

Tim Bishop, Executive Director of IM&T

Tim joined the NHS in 2018 as Executive Director for Information Management and Technology (IM&T) having worked for the preceding 14 years within the Public Sector as a senior manager in Policing technology. In the Trust he is responsible for; Information Governance, ICT, Information Governance and Programme Management functions. He is also the Senior Information Risk Owner (SIRO) as well as providing leadership to the national Ambulance Radio Programme team which reports into the Directorate.

As a career Information & Technology professional, Tim holds Chartered IT Professional status and is a qualified service, project and programme manager as well as holding a Bachelor's Degree in Technology and other qualifications including in sustainable development. He is experienced in leading teams and running complex, 'mission-critical' services. Throughout his career, Tim has managed large-scale projects and introduced significant business change programmes.

He has worked in the South West through-out his career and is passionate about how technology and the use of information can have a positive impact on our lives in all its aspects.

Venessa James, Non-Executive Director and Senior Independent 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, Non-Executive Director and Deputy Chairman

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, Non-Executive Director

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 Aggarwal, Non-Executive Director



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.

Susan Bradford, Non-Executive Director

Susan is a lawyer and spent a number of years acting on behalf of NHS Trusts in high value, complex, negligence claims, as well as undertaking healthcare regulatory work

Currently she is a Commissioner with the Commission on Human Medicines, a body which advises on the safety and efficacy of medicines; a Lay Panel Member on the General Pharmaceutical Council's Accreditation Panel, which evaluates undergraduate pharmacy degrees; and has been appointed by a number of south-west councils as an Independent Person in children's social care complaints. In voluntary capacity she is a Lay Member on the Central Bristol Clinical Research Ethics Committee, where she has a role in protecting the interests of those who participate in medical research and ensuring that research is conducted in an ethical manner.

She was appointed to the Board of Directors of South Western Ambulance Service in September 2018, having spent a year with the Trust in an associate non-executive capacity.

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	6 / 7	Ian Reynolds	7 / 7
Dr Andy Smith	3 / 7	Rakhee Aggarwal	4 / 7
Jessica Cunningham	4 / 7	Minesh Khashu	7 / 7

Finance Committee

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

Name	Attendance	Name	Attendance
Ken Wenman	8 / 11	Tony Fox	10 / 11
Tim Bishop	5 / 8	Gail Bragg	11 / 11
Jennie Kingston	10 / 11	Ian Reynolds	9 / 11

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
Jennie Kingston	1 / 2	Paul Love	5 / 5
Jenny Winslade	2 / 2	Susan Bradford	1 / 2
Tim Bishop	1 / 2	Venessa James	4 / 5
		Gail Bragg	4 / 4



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
Jessica Cunningham	4 / 5	Gail Bragg	5 / 5
Amy Beet	4 / 5	Venessa James	5 / 5
		Minesh Khashu	3 / 3
		Rakhee Aggarwal	3 / 3

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	Susan Bradford	2 / 2
Jennie Kingston	3 / 4	Tony Fox	4 / 4
		Paul Love	3 / 4

Board of Directors

Name	Attendance	Name	Attendance
Ken Wenman	8 / 8	Tony Fox	8 / 8
Jennie Kingston	6 / 8	Venessa James	8 / 8
Dr Andy Smith	7 / 8	Ian Reynolds	5 / 8
Jenny Winslade	8 / 8	Paul Love	8 / 8
Jessica Cunningham	8 / 8	Gail Bragg	7 / 8
Amy Beet	8 / 8	Minesh Khashu	6 / 8
Tim Bishop	4 / 4	Rakhee Aggarwal	5 / 8
		Susan Bradford	3 / 4



Remuneration Committee

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

The remuneration committee is covered on page 47

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 director's 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 they operated. No director or governor have any company directorships or other significant interests 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 2018/19.

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 39,312 invoices and processed 38,632 in line with the code. Further information can be found on page 169.

Liability to pay interest

In 2018/19 the Trust was not liable and did not pay any monies for late payment of invoices.

NHS Improvement's Well-Led Framework

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 was 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 Key Lines of Enquiry (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 trusts self-assessment ratings in all of the eight Well-Led framework's key questions. They did note that for question 2 regarding the strategy that the Trust was in the process of refreshing its strategy and needed 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 eight 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 its improvement journey. All actions have been agreed and completed but further work is required for one action which has been endorsed and agreed but now needs to be launched.

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 Care2 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 9 for further information on Trust performance against target.

A number of quality priorities for the Trust were developed and implemented during 2018/19, which were clinical effectiveness of triage within the clinical hubs; experiences of mental health patients using the 999 service; and development and implementation of always events. Further information regarding these can be found within the Trust’s Quality Account.

A questionnaire was distributed at summer engagement events and online asking for feedback on experience of mental health patients using the 999 service. A total of 143 questionnaires were filled in, the information from which was analysed and sorted into themes. This was followed by a stakeholder and lived experience focus group which looked at the issues facing patients with mental health difficulties in more detail. The information gathered will be used to inform the mental health action points for the year ahead.



A round of 'Let's Talk' engagements took place trust wide, this saw the coming together of Trust staff, volunteers and governors in addressing the needs of the public and engaging in discussions around response times, falls, dementia and charity. This proved a valuable opportunity to understand public concerns and feedback services changes and demands. Comments and feedback following engagement events has been overwhelmingly positive from members of staff, volunteers and the wider public.

The Patient Engagement team continued to support spreading Cardio Pulmonary Resuscitation (CPR) and automated external defibrillation (AED) awareness through their summer activities having undertaken 267 patient and public engagement events in 2018/19. Over 7,000 members of the public were trained through engagement activities and school visits. The Trust remains committed to educational campaigns aimed at improving public awareness of cardiac health.

Two 'Healthwatch' open days were held at Trust headquarters in Exeter, in August and February. All events were successfully attended by members of Healthwatch from across our region. The Trust showcased topics such as patient outcome feedback, end-of-life care, Let's Talk Strategy, Staying Well Service, Cardiac Strategy and CQC updates. 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 continues to engage with local Health, Overview and Scrutiny Panels as well as NHS Clinical Commissioning Groups regarding any changes to policy or procedures. In addition we attend meetings with a specific focus on our Quality Account and the priorities described within to ensure transparency and ongoing review.

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 trust does not want patients to complain about it behind our backs but rather we want them to be open with us about problems in order that the trust can listen, correct misunderstandings and, where necessary, take action to improve the services provided.

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, the trust monitor the patient feedback received and reviews any emerging themes and trends. Lessons learned and actions taken to embed improvements are reported to the Board of Directors and commissioners through the Patient Safety and Experience report and Complaints report to the Quality Committee. Clinical development and Trust-wide learning is encouraged through the publication of clinical articles and internal forums such as the Learning From Experience and Continuous Improvement Groups. In addition, key learning is reflected in statutory, mandatory and essential training programme.

In 2018/19, SWASFT received a total of 1,176 comments, concerns and complaints. We also received 2,697 compliments and 913 general enquiries including issues such as lost property and signposting patients to other organisations.

Many Trust complaints are multi-faceted, citing several areas of concern. The Trust has recorded each separate area of concern raised within the complaint, resulting in 1,445 separate areas of concern. Each concern is coded to report four subject areas in order to illustrate trends.

The Trust has 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.

It has not been deemed necessary to provide financial recompense in accordance with these principles during 2018/19. 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.

The Trust submitted five files to the Ombudsman's Office during 2018/19 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 2019/20 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
- Bristol, North Somerset and South Gloucestershire 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. While 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. 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 re-investing 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 were 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 2018/19 was £60,240 including VAT. In 2018/19, they have also provided non-audit services. This non-audit service related to the audit review of the Quality Account and the Trust's charitable funds. The total cost if this audit work was £3,100 including VAT.

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 re-appointed them for an additional year.

The Trust internal audit service is provided by PricewaterhouseCoopers LLP and TIAA provides 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 2018/19, the following executive changes occurred:

- Jennie Kingston, Deputy Chief Executive/Executive Director of Finance retired from the Trust
- Jessica Cunningham joined the Board permanently in June 2018, as the Executive Director of Operations having been originally seconded into the position in October 2017.
- Amy Beet joined the Board as the Executive Director of People and Culture in April 2018. Amy had been covering the role of HR Director prior to her appointment
- Tim Bishop joined the board as the Executive Director of IM&T in July 2018.

Non-Executive Directors

In 2018/19 the following non-executive director changes occurred:

- In September 2018 Susan Bradford became a non-executive director having previously been an associate non-executive director since September 2017.
 - Tony Fox was re-appointed as Trust Chairman from 1 February 2019 to 31 January 2020
 - Gail Bragg was appointed as Deputy Chairman
 - Susan Bradford was appointed a non-executive director for a three year term from 6 September 2018 to 5 September 2021.
-
- The remuneration level for the role of Trust Chairman remained at its current level of £43,000 per annum
 - The remuneration level for the role of Non-Executive Director remained at its current level of £13,000 per annum
 - The additional payment awarded for the role of senior independent director 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 remained at 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 the 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 2018/19.

The Trust had no interim or fixed-term contract directors in 2018/19 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. While 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 Remuneration 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 £150,000. The Trust has not made any appointment beyond this level in 2018/19.

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 £150,000. In 2018/19 the appointment of Executive Director of Operations and Executive Director of People and Culture exceeded £150,000 for one year only due to their pension contribution. 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
Tim Bishop	23 July 2018	Permanent	Six months	Six months
Amy Beet	25 April 2018	Permanent	Six months	Six months
Dr Andy Smith	9 December 2010	Permanent	Six months	Six months
Jessica Cunningham	22 June 2018	Permanent	Six months	Six months



Service contracts obligations: Non-Executive Directors

Name	Date - Term of Office
Tony Fox	1 February 2013 - 31 January 2019 Re-appointed: 1 February 2019 - 31 January 2020
Ian Reynolds	9 July 2015 - 8 July 2018 Re-appointed: 9 July 2018 - 8 July 2019
Venessa James	1 June 2014 - 31 May 2017 Re-appointed: 1 June 2017 - 31 May 2020.
Paul Love	9 July 2015 - 8 July 2018 Re-appointed: 9 July 2018 - 8 July 2019
Gail Bragg	16 September 2016 - 15 September 2019
Minesh Khashu	22 May 2017 until 21 May 2020
Rakhee Aggarwal	22 May 2017 - 21 May 2020
Susan Bradford	6 September 2018 – 5 September 2021

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 two meetings of the Remuneration Committee in 2018/19. non-executive director 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	2/2
Dr Ian Reynolds	2/2
Paul Love	2/2
Venessa James	1/2
Gail Bragg	2/2
Minesh Khashu	2/2
Rakhee Rankin	1/2

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 2018/19.

In attendance	Attendance
Ken Wenman	2/2
Marty McAuley	1/2

Expenses of Governors and Board of Directors

Information subject to audit

	Total Number in Office		Number Claiming Expenses		£ claimed	
	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19
Directors	15	15	13	14	£11,421	£18,128
Governors	26	24	18	18	£6,660	£9,359

Remuneration Report

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

Information subject to audit						
Remuneration Report – Year Ended 31 March 2019						
	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	4,800	0	0	17.5-20	195-200
Jennie Kingston	140-145	6,200	0	0	15.5-17.5	165-170
Jennifer Winslade	110-115	5,700	0	0	12.5-15	130-135
Tim Bishop	75-80	5,000	0	0	17.5-20	100-105
Amy Beet	110-115	7,100	0	0	107.5-110	225-230
Dr Andy Smith	80-85	1,100	0	0	0-0.25	85-90
Jessica Cunningham	115-120	4,700	0	0	112.5 – 115	235-240
Francis Gillan	0.5	0	0	0	0	0
Tony Fox	40-45	0	0	0	0	40-45
Dr Ian Reynolds	10-15	0	0	0	0	10-15
Paul Love	10-15	0	0	0	0	10-15
Venessa James	15-20	0	0	0	0	15-20
Gail Bragg	10-15	0	0	0	0	10-15
Minesh Khashu	10-15	0	0	0	0	10-15
Rakhee Rankin	10-15	0	0	0	0	10-15
Susan Bradford	5-10	0	0	0	0	5-10



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	3,600	0	0	17.5-20	190-195
Jennie Kingston	140-145	3,900	0	0	12.5-15	160-165
Dr Andy Smith	90-95	600	0	0	40-42.5	130-135
Francis Gillen	105-110	9,300	0	0	17.5-20	135-140
Emma Wood	60-65	2,300	0	0	37.5-40	105-110
Jennifer Winslade	105-110	5,900	0	0	20-22.5	135-140
Jessica Cunningham	100-105	4,100	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



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 2019 (bands of £5,000)	Lump sum at aged 60 related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Real Increase in Cash Equivalent Transfer Value 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018
	£000	£000	£000	£000	£000	£000	£000
Mr Ken Wenman (Chief Executive)	(0.0 to 2.5)	(5.0 to 7.5)	80 to 85	240 to 245	1889	0	1834
Mrs Jennie Kingston (Deputy Chief Executive and Executive Director of Finance)	(0.0 to 2.5)	(2.5 to 5.0)	45 to 50	135 to 140	946	0	918
Dr Andy Smith (Executive Medical Director)	0.0 to 2.5	(0.0 to 2.5)	20 to 25	50 to 55	441	37	379
Mr Timothy Bishop (Executive Director of Information Management and Technology)	0.0 to 2.5	0	0 to 5	0	19	3	0
Mrs Jenny Winslade (Executive Director of Nursing and Governance)	0.0 to 2.5	(0.0 to 2.5)	35 to 40	90 to 95	730	84	613
Mrs Jessica Hodgman (Executive Director of Operations)	5.0 to 7.5	10.0 to 12.5	35 to 40	90 to 95	662	151	480
Mrs Amy Beet (Executive Director of Human Resources and Workforce Development)	5.0 to 7.5	10.0 to 12.5	20 to 25	45 to 50	317	101	196

As non-executive directors do not receive pensionable remuneration, there will be no entries in respect of pension for non-executive director



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 age 60 related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2017	Real Increase in Cash Equivalent Transfer Value 31 March 2018	Cash Equivalent Transfer Value at 31 March 2018	Employer's contribution to stakeholder pension*
	£000	£000	£000	£000	£000	£000	£000	£0
Ken Wenman (Chief Executive)	(0.0 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)	(0.0 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 Cunningham (Executive Director of Operations)	2.5 to 5	0.0 to 2.5	30 to 35	75 to 80	480	38	442	£0



Fair Pay Multiple

Information subject to audit

	Year Ended 31 March 2019	Year Ended 31 March 2018
Median Total Remuneration £	32,000	29,000
Mid-point of the Highest Paid Director £	170-175	170-175
Ratio	5.4	5.3

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 2018/19 was £170-175,000. This was 5.4 times the median remuneration of the workforce, which was £32,000.

Ken Wenman
 Chief Executive
 23 May 2019



Staff Report

Analysis of staff costs

This information is subject to audit

	Year Ended 31 March 2019			Year Ended 31 March 2018		
	Total £000k	Permanently Employed £000k	Other £000k	Total £000k	Permanently Employed £000k	Other £000k
Salaries and Wages	146,566	146,146	410	136,558	136,122	436
Social Security Costs	13,025	13,025	0	12,756	12,756	0
Apprenticeship levy	684	684	0	658	658	0
Employer Contributions to NHS Pension Scheme	17,520	17,520	0	16,673	16,673	0
Agency/Contract Staff	480	0	480	1,700	0	1,700
Total	178,265	177,375	890	168,345	166,209	2,136

In 2018/19 there have been seven executive directors, including the chief executive, three (43%) are male and four (57%) are female. There have been eight non-executive directors on the Board in the same period with four (50%) male and four (50%) female.

The Trust employ 4,489 staff (who are mainly clinical and operational) plus a number of GPs. The gender split for all employees of the workforce is 54.6 % male and 45.4 % female.

This is broken down for directors as 53% female and 47% male and for other senior managers as 32.4% female and 67.6% 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 2018)

Retirements due to ill-health

During the year to 31 March 2019 there were two early retirements from the Trust agreed on the grounds of ill-health (31 March 2018: four early retirements).

The estimated additional pension liabilities of these ill-health retirements will be £0.472 million (31 March 2018: £0.251 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 55 and information about disabled employees is available on page 57.



This information is subject to audit.

Average number of employees (WTE basis)	Year ended 31 March 2019			Year ended 31 March 2018		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	Number	Number	Number	Number	Number	Number
Medical and dental	31	1	30	35	2	33
Ambulance staff	3,139	3,066	73	2,874	2,781	93
Administration and estates	934	893	41	962	903	59
Healthcare assistants and other support staff	108	89	19	106	85	21
Nursing, midwifery and health visiting staff	44	42	2	51	47	4
Agency and contract staff	0	0	0	0	0	0
Bank staff	0	0	0	0	0	0
Total	4,256	4,091	165	4,028	3,818	210

This information is subject to audit.

Staff Sickness Absence	Year Ended 31 March 2019	Year Ended 31 March 2018
	Number	Number
Total days lost	46,584	45,375
Total staff years	3,957	3,890
Average working days lost	12	12

Valuing staff

On 31 March 2019, we employed a workforce of 4,490. 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 available to the organisation.

The organisation has seen growth in its workforce, particularly within frontline resources, with frontline resources increasing paramedic numbers to improve resource availability.

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.

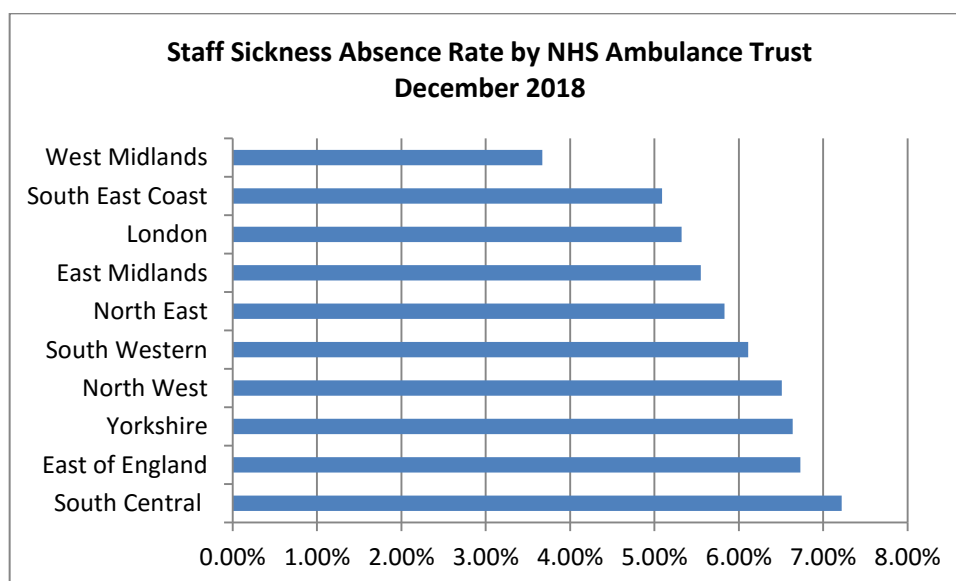
We also have access to 485 student paramedics, 620 bank staff, 194 bank/locum GPs and two employed GPs who support the delivery of the Out-of-Hours service, and over 5,200 individual responders, who support delivery of the emergency 999 service.

Sickness Absence

The overall sickness absence rate for 2018/19 at March 2019 was 5.60%. This is a increase of 0.62% from 2017/18.

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

The most recent National Audit Office outlines Ambulance Trust's Sickness Absence Data in December 2018, as seen below;



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 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 is currently working on a number of initiatives to improve sickness management and support staff including a full review of the Trust Health and Wellbeing Policy through staff and management focus groups, as well as the introduction of a new toolkit to support staff with long-term health conditions.

The Staying Well Service continues to offer a wealth of support to our workforce. In 2018/19, 1,089 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 2019, SWASFT employed 106 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 while 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 has been working closely with PLUSS, an award-winning social enterprise who support people with disabilities move towards employment and the development of their future careers. PLUSS has been supporting the Trust to become Disability Confident Leaders, the highest level of the government's scheme designed to encourage employers to recruit and retain disabled people. Through the support of PLUSS the Trust will be looking to obtain Disability Confident Leaders status during 2019/20 and will work closely together to implement the Trust's actions to further develop this work, which is being monitored through the Trust's Equality Steering Group.

Equality and Diversity

The Trust is committed to ensuring full equality of access for patients who require our services. Additionally it aims 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, the NHS Equality Delivery System (EDS2) has been adopted 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.

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 supporting 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 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.

The peer support guardians have had two training events facilitated by the Freedom to Speak up Champion/Freedom to Speak up Guardian to ensure they are briefed on the national agenda and how this relates to our Trust. They are now better equipped to signpost employees to the relevant Freedom to Speak Up Policy and Representatives, while encouraging employees to speak up if they have any concerns.

Additionally, all people and teams 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.

Team 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 the 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 Chief Executives Trust bulletin as well as specific communications relating to any change programmes or initiatives.

People and teams 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

Since the conclusion of the Cultural Survey, a Culture into Action Plan has been developed which encourages engagement with all teams in order to shape future initiatives and policies. Engagement groups have been held with 25 people from across A&E operations, clinical hub and support services. This has helped to shape initiatives within the plan, as well as important changes that have been implemented within Trust Policy.

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.

The Trust values 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, SWASFT surveys 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 1,879 staff participated in the 2018 survey; this represents a response rate of 45%, which is below the average for ambulance trusts in England.

Response rate				
	2017/18	2018/19		Trust Improvement /deterioration
	Trust	Trust	Benchmarking group (FT) average	
Response Rate	42%	45%	56%	Improvement of 3% 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 6.20. The average ambulance trust score was 6.20.



Results Comparison

Below is a table showing the results comparison for key areas across the staff survey:

	2018/19		2017/18		2016/17	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	8.3	8.4	8.6	8.3	8.7	8.5
Health and Wellbeing	4.9	5.0	5.1	5.1	5.2	4.8
Immediate managers	5.9	6.2	6.3	5.8	6.2	5.8
Morale	5.4	5.7	No comparable data			
Quality of appraisals	4.2	4.6	4.6	4.4	4.6	4.5
Quality of care	7.1	7.4	7.1	7.2	7.3	7.3
Safe environment – bullying and harassment	7.3	7.3	7.6	7.1	7.7	7.1
Safe environment – violence	8.9	8.8	9.0	8.8	9.0	8.8
Safety culture	6.2	6.2	6.2	5.9	6.3	5.9
Staff engagement	6.2	6.2	6.2	6.1	6.4	6.0

Next Steps

The staff survey results were published in March 2019, and the HR department is working closely with local managers to support the development of locally owned people plans to address the key areas within each locality. These plans will also include embedding the Trust's SEVEN staff pledges as well as progressing the actions arising from the Trust's cultural survey. Progress on the people plans will be reported through the senior leadership team meetings.

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. The Trust is continually looking at a range of different methods for future surveys 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.



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.

People and teams engage with the Trust on a continuous basis, using many platforms:

- Feedback on all articles
- Attend county commander, chief executive and health and safety road shows
- Attend local drop in sessions with their county commander
- Option of attending corporate meetings such as the Staff Wellbeing Engagement Group and/or Equality Diversity and Inclusion Forums
- Feedback directly on Trust Policy, using an electronic form
- Since the conclusion of the Cultural Review, we have sought feedback on the Staff Pledges and asked for feedback in relation to changing Trust Policies. This includes the Health and Wellbeing Policy, Dignity and Respect at Work Policy and the Disciplinary Policy.
- Two focus groups have been held, with 23 employees attending to ask for feedback on the management of health and wellbeing, rapid reporting of bullying and harassment, engagement and mediation

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 2019 and the number given within the accounts is an average during the year.



		2018/19				2017/18			
		Headcount	WTE	Headcount %	WTE %	Headcount	WTE	Headcount %	WTE %
Age	16-25	432	425.09	9.62	10.55	375	364.19	8.51	9.20
	26-35	1,156	1,071.49	25.75	26.59	1,166	1,082.07	26.47	27.33
	36-45	1,225	1,081.52	27.28	26.84	1,271	1,120.69	28.85	28.31
	46-55	1,143	1,017.55	25.46	25.25	1,100	990.71	24.97	25.03
	56-65	503	415.91	11.20	10.32	469	386.83	10.65	9.77
	66+	31	18.26	0.69	0.45	24	14.10	0.54	0.36
Ethnicity	White	4,343	3,900.32	96.73	96.79	4,280	3,847.15	97.16	97.18
	Mixed	36	33.01	0.80	0.82	33	29.68	0.75	0.75
	Asian or Asian British	15	11.33	0.33	0.28	10	7.52	0.23	0.19
	Black or Black British	12	11	0.27	0.27	7	6.00	0.16	0.15
	Chinese	5	4.13	0.11	0.10	3	2.13	0.07	0.05
	Other	4	4	0.09	0.10	3	3.00	0.07	0.08
	Not Stated	75	66.03	1.67	1.64	69	63.11	1.57	1.59
Gender	Male	2,452	2,304.50	54.61	57.19	2,399	2,269.80	54.4	57.34
	Female	2,038	1,725.32	45.39	42.81	2,006	1,688.79	45.5	42.66
	Transgender	Not recorded	Not recorded	Not recorded	Not recorded	Not recorded	Not recorded	Not recorded	Not recorded
Recorded Disability	Yes	106	98.01	2.36	2.43	96	89.05	2.1	2.25
	No	3,880	3,489.40	86.41	86.59	3,746	3,370.44	85.04	85.14
	Not Declared	504	442.41	11.23	10.98	563	499.10	12.78	12.61



Trade Union Facility Time Disclosures

The facility time (FT) data that organisations are required to collate and publish under the 2017 regulations are:

- Number of employees who were relevant union officials during the relevant period (41)
- How many employees who were relevant union officials during the relevant period spent
 - a) 0% (3),
 - b) 1 – 50% (33),
 - c) 51-99% (1) or
 - d) 100% (4) of their working hours on facility time
- Percentage of the total pay bill spent on facility time (0.24%)
- Time spent on paid trade union activities as a percentage of total paid facility time hours (0.19%)

Health and Safety

The Health, Safety and Security Department team has two 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 the Health and Safety action plan, and key performance indicators are reported to the Trust Board of Directors, People and Culture Committee and Health and Safety Committee.

During 2018/19, 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
- Provision of health and safety e-learning training courses to staff including fire and manual handling via MyESR
- Site Specific Risk Assessments were reviewed 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 2019/20
- Fire Risk Assessments, Workplace Inspections and Security Inspections were carried out and 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 – currently 9 staff have completed the training and 14 staff are working through the course.

During the 2018/19, Health, Safety and Security department received 1,972 incident reports (Datix) including:

- 657 injury accidents to staff
- 112 injury accidents to patients
- 1,118 abuse re-lated incident reports, including 183 staff subjected to a physical assault
- 85 security re-lated incident reports

A total of 245 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 2018/19, 657 incident reports were received detailing staff who had been subjected to an injury. This compares to 633 reports received during 2017/18 and represents a 3.6% increase in reported incidents.

During 2018/19, 183 incident reports were received detailing 205 staff who had been subjected to a physical assault. This compares to 164 reports received during 2017/18 and represents a 10.4% increase in reported incidents during 2018/19.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, the Health, Safety and Security team reported 101 'over seven day injuries' to staff to the Health and Safety Executive during 2018/18, compared to 115 during 2017/18 and this represents a 13.8% decrease in reported incidents.

The Health, Safety and Security team also reported one injury to patients to the Health and Safety Executive during 2018/19, compared to eight during 2017/18. A more robust process has been introduced to ensure all relevant patient injuries are captured and reported to the HSE within the required time scales.

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, a revised Counter Fraud and Anti-Bribery Policy, a Whistleblowing and Code of Conduct Policies.

The Trust works with TIAA who provides its Anti-Fraud Service. The nominated Local Counter Fraud Specialist and the Deputy Chief Executive/Executive Director of Finance implemented a 360 fraud risk assessment to help direct a fraud work plan to meet the requirements of the NHS Counter Fraud Authority's (NHSCFA) standards for providers 2018/19 and incorporated the guidance within the NHSCFA's 2017-2020 strategy document 'Leading the fight against NHS fraud'. The NHSCFA counter fraud self-review tool was submitted by Trust on 30 April 2019, with an overall GREEN rating for compliance with the standards set this year.

The Audit and Assurance Committee received and approved the Counter Fraud Annual Work plan on the 12 July 2018. Counter fraud progress reports are provided at each committee meeting, and helped provide assurance on the work completed. This also monitors the adequacy of counter fraud arrangements and reports on progress to the Board of Directors.

The Counter Fraud Specialist (CFS) has worked 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 following work was reported to committee and has been completed during 2018/19:



- Counter Fraud received and investigated nine allegations of Fraud for the Trust
- Proactive exercises were conducted within the areas of non-purchase orders and staff overtime claims making 16 recommendations to reduce identified risks. The Trust also took part in the fraud check involving problem gambling.
- Counter fraud awareness materials were disseminated to staff including fraud alerts, fraud posters, and a counter fraud survey was completed.
- The CFS attended team meetings, communicated with staff using the staff newsletter and visited operational stations and depots with the Local Security Management Specialist.
- The Trust has created a dedicated counter fraud resource for staff to access on the Intranet.
- The Trust participated in the National Fraud Initiative, an exercise administered by the Cabinet Office that matches electronic data within and between public bodies to prevent and detect fraud.

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 while claiming sick leave from the Trust.

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	1	3	4
£10,000 - £25,000	2	2	4
£25,001 -£50,000	0	1	1
£50,001 - £100,000	1	1	2
£100,000 - £150,000	3	0	3
£150,000 - £200,000	0	0	0
Total number of exit packages by type	0	0	0
Total resource cost	7	7	14

Exit packages: non-compulsory departure payments

	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	2	103
Early retirements in the efficiency of the service contractual costs	0	0



Contractual payments in lieu of notice	0	0
Exit payments following employment tribunals or court orders	5	56
Non-contractual payments requiring HMT approval*	0	0
Total	7	159
Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

With regard to exit packages, the lowest amount paid was £3,000, the highest was £107,051 and the median was £24,972.

Expenditure on consultancy

In 2018/19 the Trust spent £1.236k on consultancy. This is attributable across the following areas, support in Human Resources £587k, including Optima Health; support with Rostering and resource management including £221k with Operational Research in Health and Working Time Solutions; and ICT consultancy £148k.



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 2019, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2018	4
Of which...	
No. that have existed for less than one year at time of reporting	0
No. that have existed for between one and two years at time of reporting	0
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	3
No. that have existed for four or more years at time of reporting	1

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 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	0
Of which:	0
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0



Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

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 2018/19, 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 Governor's 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 there is 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. Members 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 non-executive directors 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 2018/19.

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 2018/19.



Public, staff and appointed Governors

At 1 April 2018 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.

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 2018 the Lead Governor is Dee Nix, Public Governor – Wiltshire and Swindon, and the Deputy Lead Governor is Torquil MacInnes, Public Governor – Wiltshire and Swindon. Their terms of office will run until the Annual General Meeting on 5 September 2019.

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.

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 four occasions in 2018/19. Governors also supported the Trust through attendance at workshops, engagement events and subgroup meetings.

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

Governor	Constituency	Elected / Appointed	Commencement of Term Office	Meeting Attendance in 2018/19 Actual / Possible
Rae Care	Public - Bristol & B&NES	Uncontested	1 March 2018 (re-appointed 01 March 2019)	3/4
Roy Shubhabrata	Public - Bristol & B&NES	Uncontested	1 March 2019	0/0
Andy Phillips	Public - Cornwall	Uncontested	1 March 2018	2/4
William Thomas	Public - Cornwall	Uncontested	1 March 2017	3/4
Phil Ford	Public - Devon	Elected	1 March 2017	3/4
Ray Foss	Public - Devon	Elected	1 March 2017	4/4
David Pinder-White	Public - Devon	Elected	1 March 2017	3/4
Adrian Rutter	Public - Devon	Elected	1 March 2017	3/4
Andrew Freemantle	Public - Dorset	Elected	1 March 2018	2/4
Clare Head	Public - Dorset	Elected	1 March 2018	3/4
Craig Holmes	Public - Gloucestershire	Uncontested	1 March 2017	4/4
Terry Howard	Public - Gloucestershire	Elected	1 March 2019	0/0
Jacky Dockerty	Public - Gloucestershire	Elected	1 March 2019	0/0
Steve Manning	Public – Isles of Scilly	Uncontested	1 March 2018	4/4
John Hawkins	Public – Somerset and North Somerset	Uncontested	1 March 2019 (re-appointed 01 March 2019)	4/4
Andy Nickolls	Public – Somerset and North Somerset	Elected	1 March 2019	0/0
Wendy Lynch	Public – Somerset and North Somerset	Elected	1 March 2019	0/0
Simon Michell	Public – Somerset and North Somerset	Elected – Term of Office Ended 28 February 2019	1 March 2017	3/4



Anthony Leak	Public – Somerset and North Somerset	Elected – Term of Office Ended 28 February 2019	1 March 2017	3/4
Governor	Constituency	Elected / Appointed	Commencement of Term Office	Meeting Attendance in 2018/19 Actual / Possible
Torquil MacInnes	Public – Wiltshire and Swindon	Uncontested	1 March 2017	4/4
Dee Nix	Public – Wiltshire and Swindon	Uncontested	1 March 2017	4/4
David Shephard	Staff - A&E (Dorset and Somerset)	Elected	1 March 2017	4/4
Mark Stubbs	Staff - A&E (North)	Uncontested	1 March 2017	3/4
Sarah Lennard	Staff - A&E (Cornwall and Devon)	Elected	5 April 2017	4/4
Neil Hunt	Staff – Admin, Support and Other Services	Elected	1 March 2017	3/4
Sandy Turner	Staff – Urgent Care Services	Elected – Term of office Ended 16 April 2018	1 March 2017	2/3
Mark Norbury	Staff - Volunteers	Elected - Term of office Ended 16 August 2018	1 March 2017	1/2
Bill Sivewright	Appointed – Air Ambulance Charities	Appointed	1 March 2014	2/4
Blair Millar	Appointed – Clinical Commissioning Group	Appointed	1 March 2017	2/4
Paul Walker	Appointed – Fire Services	Appointed	1 March 2017	0/4



Non-Executive Director attendance at the Council of Governors Meetings

In 2018/19, 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 2018/19, 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	3/4
Ian Reynolds	3/4
Paul Love	2/4
Gail Bragg	3/4
Rakhee Aggarwal	2/4
Minesh Khashu	1/4
Susan Bradford	3/4

Remuneration and Recommendation Panel

The Remuneration and Recommendation Panel must comprise of 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 2018/19. Not every member is required to attend every interview so full attendance would not be expected. The membership also changed in 2018/19.

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 2018/19, the Governors' effort was significant which saw the re-appointment of one NED, an appointment of an associate NED to a NED and appointing a new Deputy Chairman.

Name	Position	Attendance: Actual/Possible
Adrian Rutter	Public Governor	2/2
Dee Nix	Public Governor	1/2
Rae Care	Public Governor	1/2
Simon Michell	Public Governor	1/2
David Shephard	Staff Governor	2/2
Neil Hunt	Staff Governor	1/2
Bill Sivewright	Appointed Governor	2/2

In addition, the Trust Secretary, Marty McAuley has been in attendance to support and advise the panel. No external agencies were used to assist with the recruitment in 2018/19.

The processes used in NED recruitment have been developed by the governors and approved by the Council of Governors.

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.

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

SWASFT welcomes 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.

The membership and engagement strategy which sets out how it is ensured that membership is representative of operational area, using the analysis of socio-economic demographics. The strategy defines membership community and eligibility criteria, as well as defining differing levels of membership and the engagement opportunities offered at each level.

At 31 March 2019, the main demographic imbalance within the membership was the under-representation of members below the age of 22 years. Members in the 17-21 bracket form only 1% of the 8% in the Trusts area. Whilst we have addressed previously identified areas of under representation of those who are aged under 22, we are continuing to address previously identified demographic imbalance or members from northern area of the region with staff and Governors attending local events. In addition, there is an overrepresentation 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 membership compared with just under 23% of the population.

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 2019, numbered 13,841 members which equates to 0.25% of the eligible population. The following table provides a breakdown of membership by constituency. Details of constituency eligibility are detailed in the Constitution, which is available on the public website at www.swast.nhs.uk.



Public

Public Constituency	Minimum Number of Members	Membership 31.03.2019	Number of Governors
Bristol and Bath & North East Somerset	320	1,226	2
Cornwall	272	2,984	2
Devon	580	3,073	4
Dorset	360	1,522	2
Gloucestershire and South Gloucestershire	436	1,458	3
Isles of Scilly	25	73	1
Somerset and North Somerset	375	2,486	3
Wiltshire and Swindon	336	1,019	2

Staff

Staff membership at 31 March 2019 numbered 4,838. The following table provides a breakdown of this membership by staff class. Details of staff class eligibility are detailed in the Constitution, which is available on the public website at www.swast.nhs.uk.

Staff Constituency	Membership 31.03.2019	Number of Governors
Accident & Emergency: East Division Staff Class	794	1
Accident & Emergency: North Division Staff Class	1,427	1
Accident & Emergency: West Division Staff Class	1,331	1
Urgent Care Services Staff Class	430	0
Volunteers Staff Class	153	0
Administration, Support & Other Services Staff Class	703	1

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. Anyone wishing to know more about membership, should contact the trust 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 70 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 31-37 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 70-74 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 31 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 32 - 36 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 47 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 31 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 70 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 37-39 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 40 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 31 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 89 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 43 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: <ul style="list-style-type: none"> 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 43 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 70 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 75 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 75 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 72 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 44 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 48 of the Annual Report
Council of Governors	n/a	<p>If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.</p> <p>This is required by paragraph 26(2) (aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.</p> <p>* Power to require one or more of the directors to attend a Governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance).</p> <p>** As inserted by section 151 (6) of the Health and Social Care Act 2012)</p>	NA



Membership	n/a	<p>The annual report should include:</p> <ul style="list-style-type: none"> • 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 75 of the Annual Report
Board / Council of Governors	n/a	<p>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</p>	Comply – page 31 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	<p>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</p> <p>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:</p> <ul style="list-style-type: none"> • 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.

NHSI has assessed the Trust as being in segment 2, with targeted support identified as being required for operational performance.

This segmentation information is the Trust's position as at 17 April 2019. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Finance and Use of Resources

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

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

Area	Metric	2018/19 scores				2017/18 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	2	1	1	3	1	1	1	1
	Liquidity	1	1	1	1	1	1	1	1
Financial efficiency	I&E margin	4	2	3	2	2	2	2	2
Financial controls	Distance from financial plan	4	1	2	1	2	2	2	1
	Agency spend	1	1	1	1	1	1	1	1
Overall scoring		3	2	2	2	2	2	2	2

Ken Wenman
Chief Executive
23 May 2019



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

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South 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] NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the accounting officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act.



The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

A handwritten signature in blue ink that reads "Ken Wenman".

Ken Wenman
Chief Executive
23 May 2019



Annual Governance Statement

Annual Governance Statement Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of South 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 2019 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 three levels of risk:

- Low - risks that score 9 and below.
- Moderate - risks that score 10-12
- Significant - risks that score 15+

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

- On a bi-weekly basis the executive directors receive all risks that score 25
- 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).

Each project has its own risk register and is presented to the project board responsible for monitoring implementation of the individual project.

Risk management sits under the portfolio of the Executive Director of Quality and Clinical Care is led by the Head of Quality. On a monthly basis, risks are updated by an identified lead within each directorate responsible for 'owning' the individual risk.

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 oversee the



completion of actions associated with the individual assessments.

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 evaluates and checks assurance on Moderate and Significant risks, 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 2018/19 there have been 22 meetings of the group and they have reviewed 74 risk assessments and 24 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.

In 2018/19 the Trust implemented a new risk management system to improve the interaction and reporting of the Trust's risk management arrangements. The new system will inform decision making by aligning risk management with minimising threats to the achievement of the Trust's objectives. Risks are mapped to the Trust's strategic goals in one framework providing greater visibility of risk exposure. The system allows 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 ensuring 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. A comprehensive review of the Trust's appetite for each individual area of risk is being undertaken by the Trust's Audit and Assurance Committee.

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 December 2018 the Audit and Assurance Committee received an internal audit report for the Trust Governance and Risk Management arrangements which was rated as Low Risk. There were four 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 and the Board via a link each month, whilst received formally at each of their meetings.

The Trust has developed an annual Quality Assurance 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 Assurance Programme Board, chaired by the Clinical Director, which has strategic oversight of the Trust's 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 Assurance 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.

During 2018/19 the Trust formed a Continuous Improvement Group (a sub-group of the



Quality Committee) with membership from each functional area whose purpose it is to drive the quality priorities within the Trust and lead on quality improvement engagement and learning from experience.

The Trust has in place 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 director's teams.

They 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 bi-monthly to discuss feedback, areas of learning and excellence which is shared with the Continuous Improvement Group.

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 Information Management & Technology (IM&T), which is responsible for information security. The Information Communications Technology (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 Quality Risk Assurance Group and escalated to the Audit and Assurance Committee through the Data Protection Officer's report.

During 2018/19, one information security incident was classified as being serious¹. The Trust achieved compliance with the NHS Digital Data Security and Protection Toolkit submission.

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 (A&E)
- ARP Performance Targets
- Submission of Safeguarding Referrals via EPCR
- ESMCP National Mobilisation Application Lite
- Major IT Service Failure/Cyber Security
- Commissioner Affordability

¹ Although the incident was classified as 'being serious' this did not fall within the remit of a Serious Incident (SI)



- External Impact on Finance Strategy
- Cost Improvement Programme
- 111 Resourcing and Performance
- Procurement of ECS2.

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.

Each Committee receives a report on the risks related to the scope of their committee, for example at each meeting of the Quality Committee they will review all quality- related risks.

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 was appointed to undertake the external independent review.

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 2 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 eight 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 its improvement journey. All actions have been agreed and completed but further work is required for one action which has been endorsed and agreed but now needs to be launched.

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.

A current and key risk for the Trust relates to the ‘stacking’ of incidents received into our clinical hubs. Currently, the Trust has insufficient resource to meet the demand for ambulances, and this results in a delay in some patients being allocated an appropriate resource.

The Trust has a robust mitigation plan in place, but is also reliant on the risk being reduced through the actions of our stakeholders across the systems. In 2018, it was identified that potential risk to patients because of call stacking was significant enough for NHS England to convene a series of quality surveillance group meetings, which included representation from provider and commissioner organisations.

Through discussion, a number of actions have been agreed to support a reduction in demand on the service, and to put measures into place that support SWASFT when demand is outstripping resource so significantly that escalation reaches the highest level. The Trust is confident that, through continued dialogue and partnership working, coupled with the significant investment in resources, patients will consistently receive the right care, at the right time, in line with their clinical presentation.

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. Following feedback from staff and managers, the serious incident process will be re-branded in 2019/20 to reflect the focus on learning and improvement.

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
- CQC overall Trust rating of ‘good’
- Internal audit reports on key control areas such as finance, risk and board assurance framework.
- Effective Board and committee structure
- Internal and external auditors opinion.



The Trust has an established Quality and Equality Impact Assessment (QEIA) 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 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. They are subsequently shared with the Executive Directors Group and Quality Committee for information and assurance.

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 reported. Feedback is provided directly to those reporting incidents by the person responsible for its investigation. Learning from incidents is communicated on an individual basis and Trust-wide via the Trust's learning from Experience newsletter. Any changes to clinical guidelines identified through learning from incidents are incorporated directly into the guidelines available to staff through the JRCALC application.

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

The same open and transparent relationship exists with our regulator who is regularly updated on issues and challenges facing the Trust.

Alongside regular reporting, commissioners are in attendance at Quality Committee and Quality Assurance Programme Board meetings.

Public Board meetings are attended by staff, governors and members of the public. Nine of 34 seats on the Council of Governors are held by appointed organisations that the Trust works with.

The Trust values the input of others in looking at how their stakeholders can affect its 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. Working together to provide solutions, the Trust attends a quarterly meeting with commissioners who are sighted on key risks that affect the Trusts ability to deliver services and we work together to provide solutions.

The Trust has a Five Year Workforce Plan. This plan was approved through the Trust's People and Culture Committee, a formal sub-committee of the Board. It is regularly



reviewed by this strategic committee as well as monitoring through the Trust’s monthly Senior Leadership Team Meeting, the Trust’s weekly Resource Management Group Meeting and with heads of department and the Executive Director of Operations.

The Trust’s workforce plans are modelled starting with patient care needs which are mapped through to model demand and resourcing requirements ensuring best use of financial resource to meet this demand. The Trust’s rota review which was implemented throughout 2017 resulted in significant changes to the workforce model, creating additional Double Crewed Ambulances to ensure the right response was provided to the patient first time.

In addition, the business case demonstrated the need for additional resources to ensure better patient care and has secured funding for additional recruitment over the next two years.

The success of recruitment supply lines has led to an overall reduction in vacancies and reduced need for agency and third parties to cover resourcing shortfalls.

The workforce plan has taken into account current workforce trends and potential future impacts on the workforce:

Current Trends and Potential Future Impacts on Workforce

Current Trends	Potential Future Impacts
<ul style="list-style-type: none"> • Workforce age profile • Cultural diversity • Turnover • Flexible Working • Generational differences • Graduate trends. 	<ul style="list-style-type: none"> • The draft Health and Care Workforce Strategy (now to become the workforce plan of the Long Term Plan) • Local STP plans and changing university relationships; • Introduction of Paramedic Prescribing • HEE funding proposals and the apprenticeship levy • The impact of Brexit.

Scenario plans for each of these potential impacts are worked up to ensure readiness in the event of a change to the ‘most likely’ plan being worked to currently.

To provide context with regards to workforce numbers, target establishment (excluding the business case) for both A&E frontline and clinical hubs is as follows:



Target Establishment by Role

Role	Target Establishment
A&E Lead Clinician	1640.87
A&E Support Clinician/ECA	958.42
Clinical Hub Clinician	75.00
Clinical Hub EMD	156.22

This planning has allowed the Trust in 2018/19 to:

- Run the most successful graduate campaign to date with 140 new starters;
- Reduce the vacancy rate of paramedics to just 0.50% at year end
- Reach and maintain establishment of ECAs and EMDs - maintained at 105% to meet operational and live target of 100% for majority of 2018/19 and planned to continue into 2019/20
- Develop an additional Paramedic development pathway with successful recruitment, two cohorts commencing in 2019/20
- Support 91 staff on internal development pathways to become Paramedics;
- Run a successful New Zealand Paramedic campaign, leading to further recruitment for 2019/20 and 2020/21
- Develop an engagement calendar through the Trust's Equality Steering Group to increase diversity of the workforce throughout 2019/20
- Secure CPD investment to offer degree top-up courses for Paramedics and CPD
- Support STP pilot schemes and new ways of working for Dual Contracting allowing Paramedics to work across the Health and Care system.

The Trust complies fully with previously published NHS Improvement Rostering Good Practice Guidance. This includes planning a minimum of six weeks in advance, monitoring abstractions, weekly reporting and monthly Resource Management Group Meetings to manage the long-term position.

New reporting measures have been introduced including rota fill rate, to support the efficiency of resourcing, and the Trust measures operationally available establishment as well as funded establishment.

The Trust's workforce strategy and staffing systems also comply with the 'Developing Workforce Safeguards recommendations as far as they are applicable to the Ambulance Sector.

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

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

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the



Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The 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 undertaken on them to understand any quality and equality 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 Trust's CQC rating for its NHS111 service was published in June 2018 and the Trust rating was Good, with the Effective and Well-Led domains moving to ratings of Good from Requires Improvement. As a result of the inspection which took place in May 2018, all domains within the Trust's NHS111 service are now rated as Good.

The whole Trust CQC rating was published in September 2018 following an inspection over June and July 2018. The Trust's overall rating is Good with a rating of Outstanding against the Caring domain. Good ratings were reported for the Responsive, Effective and Well-Led domains. The Trust's Emergency Operations Centre (clinical hub) received a rating of Good and the Emergency and Urgent Care (frontline A&E) received a rating of Requires Improvement. Following the inspection a Quality Assurance Plan was developed to address recommendations made within the CQC report and to ensure that the Trust continues to offer patients a safe, effective, caring and well-led service which is responsive to their needs.

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 NHS Digital Data Security and Protection Toolkit for managing information security risks.

There has been one serious breach relating to a confidentiality breach in 2018/19 reported to the Information Commissioner's Office (ICO). This was reviewed and



guidance issued to all staff as appropriate through the staff bulletin and subsequent debrief. No further action was required.

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 Quality and Clinical Care 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 national and local priorities, learning from complaints and incidents when designing its quality priorities which link to the Trust's strategic goals.

All data included in the Quality Account is reviewed by the Trust and the external auditors review the data relating to the two mandated indicators.

The Quality Account Regulations require the external auditors to validate two mandated indicators. These are CAT 1 and CAT 2.

The Council of Governors also chose a local indicator for the auditors to review.

The external auditors are also required to provide limited assurance on one local indicator. In 2018-19, the local indicator was Clinical triage within the Clinical Hubs which was selected for review by the Council of Governors.

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 generally satisfactory with some improvements required.
- 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 has been further enhanced through the implementation of the new Pentana risk system.

Conclusion

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

Ken Wenman

Chief Executive

23 May 2019



Quality Review and Quality Account 2018/19

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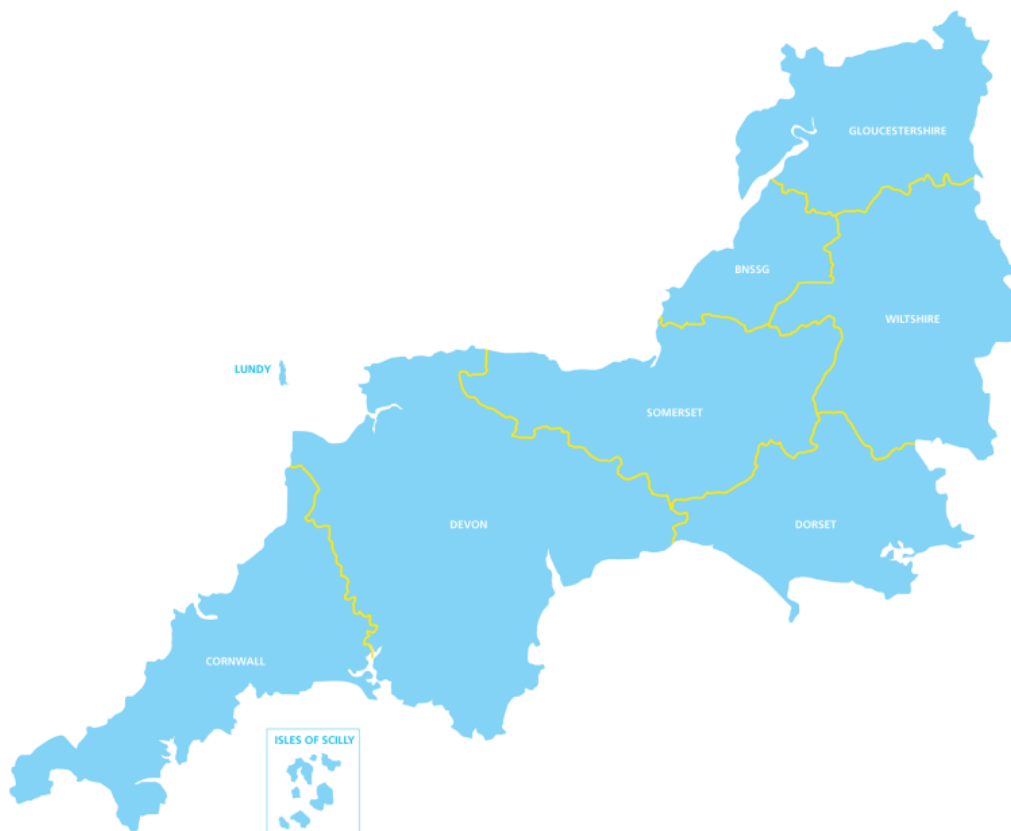
Introduction

Welcome to the South Western Ambulance Service NHS Foundation Trust

We provide a wide range of emergency and urgent care services across a fifth of England covering Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Gloucestershire, Wiltshire and the former Avon area.

Our operational area, covering 10,000 square miles, is predominantly rural, but includes large urban areas such as Bristol, Plymouth, Exeter, Bath, Swindon, Gloucester, Bournemouth and Poole. SWASFT is the primary provider of 999 services across the South West.

We also provide Urgent Care Services across Dorset. The Trust employs more than 4,000 staff and we have 96 ambulance stations, three clinical control rooms, six air ambulance bases and two Hazardous Area Response Teams (HART).



The Trust serves a total population of over 5.5 million and is estimated to receive an influx of over 23 million visitors each year. The operational area is predominantly rural but also includes large urban centres including Bristol, Plymouth, Exeter, Bath, Swindon, Gloucester, Bournemouth and Poole.

South Western Ambulance Service NHS Foundation Trust (SWASFT) provides the following services.

Emergency ambulance 999 services (A&E)

Medical emergencies happen at all times of the day and night. SWASFT operates a 24-hour clinical response to 999 calls to ensure patients receive the right care as quickly as possible – wherever and whenever they need it.

Urgent Care Services (UCS)

The centre, at Tiverton and District Hospital, Kennedy Way, Tiverton, is open seven days a week between 8am and 10pm and is staffed by a team of highly qualified general practitioners (GPs) and nurse practitioners. You do not need an appointment to visit the centre and we will provide treatment for a host of minor injuries and ailments.

GP out-of-hours medical care (Dorset)

On behalf of GPs in Dorset SWASFT ran the Out-of-Hours doctor service across the county until 31st March 2019, when the contract ended. The Out-of-Hours telephone number covers all patients registered with a doctor's surgery in Dorset and is a service run by dedicated staff including doctors, paramedics, nurses, control assistants, dispatchers and drivers.

NHS 111 call-handling for Dorset

NHS 111 is designed to make it easier for you to access local NHS healthcare services. You can dial 111 when you need medical help fast but it is not a 999 emergency. NHS 111 is a fast and easy way to get the right help, whatever the time.

NHS 111 is available 24-hours-a-day, 365 days a year. Calls are free from landlines and mobile phones

Air Ambulance

The Trust provides the clinical teams for six air ambulances (two in Devon, one in Cornwall and the Isles of Scilly, one shared across Dorset and Somerset, one in Wiltshire and one based near Bristol.



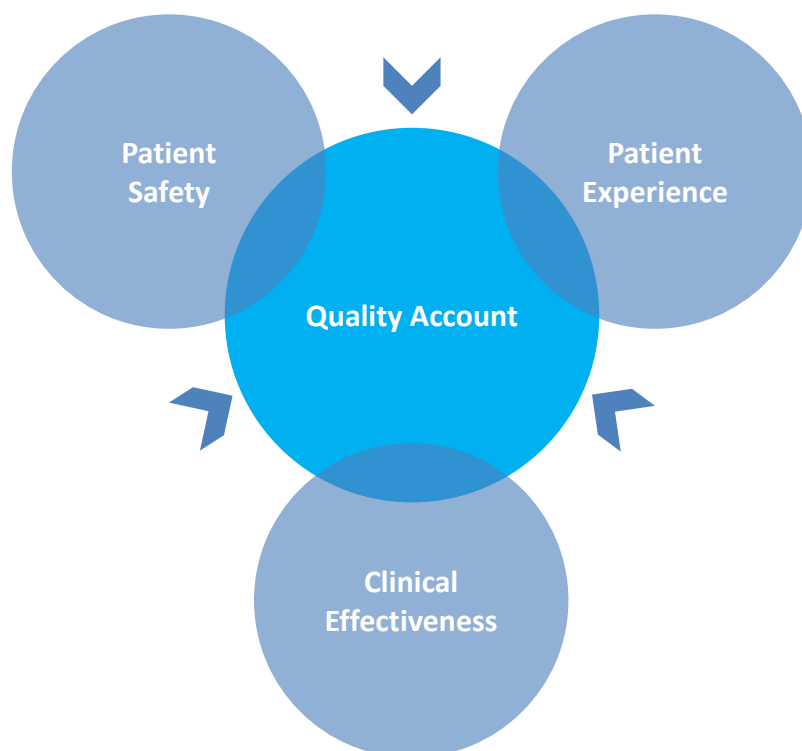
What is the Quality Account and what does it mean to our Patients

The Quality Account is a report about the quality of services offered by an NHS healthcare provider, in this case the South Western Ambulance Service Foundation Trust.

The reports are published annually by each provider, including the independent sector, and are available to the public.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.



The Quality Account provides our patients and the public with examples of the improvement work that teams are delivering across the organization, and demonstrates that the Trust always aims to deliver high quality, safe, cost-effective and sustainable healthcare services that meet the high standards that our patients deserve.

A Patient Story - Cathy Thanks Lifesavers After Her Heart Stopped Beating



Cathy Angell went into cardiac arrest at Ashdown Riding Centre near Wootton Bassett, Swindon during her six-year-old son's lesson in April 2018.

The 35-year-old lost consciousness, stopped breathing, and her skin went blue.

SWASFT responders used a defibrillator to administer electronic shocks in an effort to restart her heart. Cathy was taken to hospital where she was given emergency heart surgery.

Cathy, who lives locally, returned to the riding centre on Thursday 21 March to thank those who kept her alive. She has no memory of the incident.

Cathy said: "If it wasn't for all these people, my husband would no longer have a wife and my son wouldn't have a mum. I cannot express how grateful I am to them all."

Cathy had no pre-existing medical conditions. She said she is still trying to come to terms with what happened.

She said: "I was a fit and healthy 35-year-old who woke up in intensive care to find out my heart had stopped beating.

"Although I don't know why it happened to me, I'm fortunate it happened with people around me who were able to help."



Paul Murphy, who was the first SWASFT Paramedic to treat Cathy, said: “Unfortunately a cardiac arrest can happen to anyone, of any age, and at any time.

“Cathy is not the stereotypical person to suffer this condition. Many are elderly or suffer with known heart problems, but Cathy was young and healthy.

“Cathy survived because people recognised that she wasn’t breathing effectively, and called 999. They followed instructions from the call handler to do CPR, which they continued to do even after the volunteer responder and crews had arrived. Cathy was given defibrillation at the earliest opportunity, and taken onto hospital where doctors continued her care.

“Cathy is living proof that people can and do survive cardiac arrests, if they are given the right treatment and the right time. It is hugely humbling to be a part of a team that achieves such an amazing outcome for a patient.”

If you suspect someone is having a heart attack or cardiac arrest: call 999 immediately, begin CPR, and use a public access defibrillator if one is available.

Heart attack and cardiac arrest key facts:

A heart attack is a serious medical emergency in which the supply of blood to the heart is suddenly blocked, usually by a blood clot.

A cardiac arrest is an urgent medical emergency when the heart suddenly stops pumping blood round the body. The brain is starved of oxygen, causing the person to fall unconscious and stop breathing.

If you think someone is having a heart attack or cardiac arrest: call 999 immediately, begin CPR, and use a public access defibrillator if one is available.

Around 30,000 people are treated for cardiac arrests in the UK every year. Just 9% survive, but their chances increase significantly when CPR and defibrillation is administered early.

For more information on SWASFT First Aid courses, including CPR training, visit: <https://firstaid.swast.nhs.uk/>. If you have a specific query: call 0300 369 0350 or email firstaid.training@swast.nhs.uk



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.

In May 2018, the Trust's NHS 111 service was inspected and rated as 'Good' with all five domains of Safe, Effective, Caring, Responsive and Well-Led all rated as 'Good'.

CQC Domain	May 2018 rating
Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well Led	Good
OVERALL	Good

The Trust underwent its second comprehensive CQC inspection under the new inspection regime of the Trust in June and July 2018. The Trust's core services of Emergency and Urgent Care (A&E 999) and Emergency Operations Centres (EOCs or Clinical Hubs) were inspected as part of this inspection. The Trust was awarded an overall rating of 'Good' following this inspection. The following table details the breakdown of CQC rating:

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
Emergency and Urgent Care (A&E 999)	Requires Improvement	Requires Improvement	Outstanding	Good	Requires Improvement	Requires Improvement
Emergency Operations Centre (Clinical Hubs)	Good	Good	Outstanding	Good	Good	Good
Urgent and Emergency Care (Tiverton Urgent Care Centre)	Requires Improvement	Good	Good	Good	Good	Good
Resilience	Outstanding	Good	Good	Good	Outstanding	Outstanding
Out of Hours (Dorset)	Requires Improvement	Good	Good	Good	Good	Good
OVERALL	Requires Improvement	Good	Outstanding	Good	Good	Good

All of the CQC reports following inspections of the Trust are available at:
<https://www.cqc.org.uk/provider/RYF>

The Trust was pleased that the CQC recognised the care and compassion that staff demonstrate every day when treating patients in its rating of 'Outstanding' of the Caring domain. The Trust is also incredibly proud of the improvements made to the Effective and Well-Led domains since the CQC's last inspection in June 2016.

Each year, the Trust develops a Quality Assurance Plan (QAP) which seeks to address 'Must Do' and 'Should Do' actions given to us by the CQC and to further embed quality across the organisation. Must Do and Should Do actions can be found on pages 9 to 12 of the Trust's most recent CQC report. This plan builds on the learning and recommendations from CQC inspections, feedback from staff and the input of Executive Directors. Reporting and accountability for this plan is through the Trust's Quality Committee.

Freedom to Speak Up and Whistleblowing

What is freedom to speak up?

We know that sometimes our staff can find it difficult to speak up about issues affecting patient safety or staff experience. They may not know who to speak up to. They may feel that anything they do raise might not be taken seriously, or that nothing will be done as a result.

It is really important that everyone understands and feels confident to raise concerns while at work and know that those concerns will be listened to and supported to raise them.

Every NHS trust and Foundation trust in England has a Freedom to Speak Up Guardian and last year they handled over 6,700 cases brought to them by NHS workers



How can our staff raise their concerns?

In many circumstances the easiest way for our staff to raise any concerns is through their line manager, however where they do not feel that this is appropriate there are several other options that any members of staff can take. These include our:

Freedom to Speak up Guardian - Acts as an independent and impartial source of advice to employees at any stage of raising a concern

Peer Support Guardians – Enabling local peer level support and those individuals who have also been trained in order to provide an impartial source of advice to employees at any stage of raising a concern

Freedom to Speak Up Champions – Members of our HR Business Partner Team

If the staff members still remains concerned they are able to contact our:



Executive Director with responsibility for whistleblowing

Non-Executive Director with responsibility for whistleblowing

Raising your concern with an outside body

Alternatively, any staff member can raise their concerns outside the organisation with:

- NHS Improvement for concerns about:
 - NHS trusts and foundation trusts are being run
 - providers with an NHS provider licence
 - NHS procurement, choice and competition
 - the national tariff
- Care Quality Commission for quality and safety concerns
- NHS England for concerns about:
 - primary medical services (general practice)
 - primary dental services
 - primary ophthalmic services
 - local pharmaceutical services
- Health Education England for education and training in the NHS
- NHS Protect for concerns about fraud and corruption.

How can our staff remain confident and feel safe about speaking up

If a member of staff raises a genuine concern, they will not be at risk of losing their job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully them into not raising any such concern. Any such behavior is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

Provided that the staff member is acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

We hope that our staff will feel comfortable raising their concerns openly, but we also appreciate that they may want to raise it confidentially and therefore, we will keep their identity confidential, if that is what they want, unless we are required to disclose it by law (for example, by the police).

How do we communicate with our staff during the process?

The Trust is committed to treating all staff with respect at all times and will thank them for raising any concerns. They will discuss their concerns to ensure that we understand exactly what they are worried about. We will advise them about how long we expect the investigation to take and keep them up to date with its progress. Wherever possible, we will share the full investigation report with the staff member (while respecting the confidentiality of others).



Quality Account - Part 1

Statement on quality from the Chief Executive of the NHS foundation trust

Welcome to the Quality Account and Report for 2018/19, I am delighted to be presenting this report to you. The Quality Account and Report sets out the progress we have made in the delivery of safe and high quality care. It also identifies the challenges and opportunities the Trust has faced during the year in providing the best possible care to the people of the South West and the communities we serve. The Report also looks forward to the year ahead and the improvements in quality we plan to make over the coming year.

The Trust continues to strive to deliver excellent patient care despite the many challenges that the Trust and the NHS face. The Trust has been instrumental in supporting local STP plans for Urgent and Emergency Care as well as ensuring that we focus on the Trust priorities for improving the quality of urgent and emergency care. Our staff are at the heart of the organisation and in delivering our strategic goals of Every Patient Matters, Every Staff Member Matters and Every Pound Matters it is our duty to create a culture in which they are supported to deliver compassionate high quality care and where they feel supported to raise concerns when things go wrong.

The new National Ambulance Response Programme targets ensure that the response times for the most unwell patients are improved and that every patient receives the most appropriate response for their needs. Delivery of high quality, safe, compassionate and responsive care to all patients is at the heart of our approach to care and this is achieved by ensuring that our clinicians are supported in the workplace through a culture of inclusivity, support and development.

We remain at the forefront of the delivery of innovative urgent and emergency care and I am extremely proud of our staff and the utmost dedication and professionalism that they demonstrate at all times. In the face of increasing demand and, due to the high levels of competency and skill of our staff, the Trust remains the best Ambulance Service in the country for reducing inappropriate conveyance of patients to Emergency Departments. This not only ensures that people are able to receive more appropriate care closer to home it also supports the local health and social care systems reducing the long term impact of inappropriate hospital admissions. We continue to work in partnership with the other Emergency Services and local Health and Social Care partners in the delivery of excellence and we would like to thank them for their continued support for us.

The Trust is committed to improving the experience of people using our services and we have continued to focus on learning and improvement as a result of the feedback from patients and staff and through learning from Patient Safety issues. The Trust continues to lead and participate in significant programmes of research supporting Quality Improvement and, looking ahead to 2019/20, we will look to expand the programme for Quality Improvement engaging with frontline staff in the development of this.

We have focused within the Quality Priorities for this year on improving the effectiveness of our approach to the triage of calls and to the experience of people using our service who have mental



health needs. Finally we developed 'always events' - those aspects of the care experience that should always happen when patients access care. For 2019/20 we will focus further on improvements in responding to patients who have suffered from a cardiac arrest, continue the implementation of Always Events and develop and implement a process for the undertaking of Mortality Reviews to enable us to learn from deaths.

At the center of the provision of high quality care are our staff and the Board and I are committed to improving their health and wellbeing. During difficult and challenging times I am humbled by the commitment and compassion of our staff in caring for patients and I am immensely proud of the care they provide.

I look forward to the year ahead and 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

A handwritten signature in blue ink that reads "Ken Wenman".

Ken Wenman

Chief Executive

23 May 2019



Part 2 - Priorities for improvement and statements of assurance from the board

Priorities for Improvement

This section of the quality report describes areas for improvement in the quality of relevant health services that the South Western Ambulance NHS Foundation Trust intends to provide or subcontract in 2019/20.

Quality Priorities for Improvement 2018/19

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.

Did we achieve this priority?

Yes, the following initiatives were undertaken:

The Trust used the risk stratification tool to identify a list of MPDS codes which could be managed without sending an ambulance response. The governance process required to develop the initial codes and the actual telephone process to the point where they could be implemented was extensive, with a number of iterations being considered. Following final approval from the Board of Directors, the process will be launched on the 23/04/2019 and known as Enhanced Hear and Treat.



The implementation of a variable Dispatch Code Referencing table was considered to enable enhanced hear and treat only during periods of extreme demand. However, given the safety profile of the codes, it is being implemented at all times. Therefore, it was recognised that there was no need for a variable DCR table.

The Trust implemented a Special Operations Desk to improve the utilisation of specialist resources such as critical care, HART and BASICS, together with volunteer responders. The risk stratification tool was used to develop a code set to target the dispatch of HART resources.

Actions to be carried forward to 2019/20

The Enhanced Hear and Treat process will be implemented during the first quarter of 2019/20. An evaluation plan for this process has been developed and will be utilised to evaluate its impact.

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 to 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.

Did we achieve this priority?

Yes, we undertook the following initiatives:

We developed a team of staff members happy to support the work carried out on this priority from two directorates, ensuring correct governance and clinical oversight. A list of mental health charities and organisations in the South West region was collated by the team and an engagement programme was developed.

The engagement plan offered an opportunity for us to gather feedback from patients and members of the public. A questionnaire was developed and disseminated to members of the public and stakeholders with the aim of gathering feedback regarding the experiences of patients when calling 999 during a mental health crisis or difficulty. Over 140 responses were recorded from across the South West of England. The results from the questionnaires were collated and arranged into three overall themes: Emotional Needs, Competence and Training, and Choices and Alternatives. To expand on the questionnaire feedback a stakeholder and service users focus group was set up in association with Devon Partnership Trust. The feedback from the focus group focused on the importance of ensuring patients emotional needs are met; it was recognised that a failure to do so is likely to lead to the patient's condition worsening and a more complicated treatment pathway. The feedback from the questionnaire and focus group will inform the Trust's Mental Health action plan going forward in 2019/20.

The engagement plan with patients and stakeholders allowed us to open up a conversation around mental health internally and externally. A number of leaflets were disseminated at our events alongside stakeholder leaflets offering support and guidance when a person is experiencing mental health difficulties. We continue to be aware of the sensitive and emotional nature associated with patient's lived experiences and the retelling of their stories.

In addition to this we have supported early intervention through more appropriate conveyance. Many areas are creating alternatives to ED conveyance, mostly in the form of crisis cafes. They provide early intervention and often third sector support to individuals who are approaching crisis. We are continuing to work with local stakeholders and networks to ensure patients accessing support through 999 are included in the conversation.

A Mental Health Nurse Specialist pilot scheme was run in our North Clinical Hub. This allowed specialist mental health support to be offered to staff and patients during peak hours. The scheme has been extended and will continue through 2019/20 whilst a review of its effectiveness is conducted.

We continue to work collaboratively with local stakeholders to ensure the best possible care if being offered to our patients.

Actions be carried forward to 2019/20

We will continue to look at staff training options and collate the feedback from the Mental Health Nurse Specialist pilot as part of an ongoing action plan. We will ensure the feedback from the questionnaire and focus group remains an essential part of the Mental Health Action Plan 2019/20.



Board Sponsor
Jennifer Winslade

Implementation Lead
Sharifa Hashem, Patient Engagement Manager

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 was anticipated that the Quality Priority for 2018/19 would 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.



Did we achieve this priority?

Partially. The Always Events programme is operated over 2 years, this priority will continue throughout 2019/20. During 2018/19 we undertook the following initiatives:

The Trust's Patient Safety Manager, Patient Engagement Manager and Patient Experience Manager attended an Always Events workshop to understand the approach and individual phases to co-designing Always Events. This was supported by regular coaching sessions with the National Always Events team.

An oversight team was established comprising of the Trust's Continuous Improvement Group and sponsored by the Executive Director of Nursing and Quality. Following consultation it was identified that the group of patients which the Trust would focus on the Always Events project to on was those at End of Life. An opportunity was identified to work on this project alongside the MacMillan Cancer Care Team who provided support with engagement and liaison with the patient group.

Following consultation an Always Events engagement plan was developed in liaison with the MacMillan Cancer Care team. This included the most appropriate method of communicating with End of Life patients which was informed by hospices in the Trust's area. Leaflets and posters have been carefully designed for dissemination in hospices requesting feedback from patients, their families and carers.

The oversight team established an engagement method of 1:1 interviews and two set questions for a semi-structured interview process. A list was collated of all hospices in the South West and contacts were established to scope the potential for the project to go forward. From a list of 23 hospices, 5 have agreed to collaborate on this work stream and we are now in the process of forming the correct governance to go forward with the project whilst ensuring patient's safety, confidentiality and welfare remain a priority. The method of this was decided upon following consultation with hospices.

Weekly catch up meetings have been arranged internally, whilst monthly external coaching meetings with the National Always Events team have been attended to ensure learning is taking place in a co-design fashion

Actions to be carried forward into 2019/20

It has been agreed that this quality priority will continue into 2019/20 with the full implementation of the engagement plan which will include interviews with patients, their families and carers. Always Events will then be co-designed and tested using Quality Improvement Methodology.

Board Sponsor

Jenny Winslade, Executive Director of Nursing and Quality

Implementation Lead

Sharifa Hashem, Patient Engagement Manager



Quality Priorities for Improvement 2019/20

Following consultation, the following quality priorities for improvement 2019/20 have been agreed:

Patient Safety

- Development and Implementation of Mortality Reviews

Patient Experience

- Implementation of Always Events (End of Life Care)

Clinical Effectiveness

- Cardiac Arrest

Patient Safety

Development and implementation of Mortality Reviews

Why is this a priority?

In 2016 the Care Quality Commission published their report 'Learning, candour and accountability: A review of the way NHS Trusts review and investigate the deaths of patients in England' which made specific recommendations predominantly focusing on maximising learning from deaths. This led to the National Quality Board (NQB) releasing 'National Guidance on Learning From Deaths' in March 2017 to act as a framework for identifying, reporting, investigating and learning from deaths in care.

Specific guidance has been published for acute hospital trusts, but there is currently no guidance for ambulance services. It is noted that NHS Improvement are in the process (as at April 2019) of drafting guidance in liaison with the National Ambulance Medical Directors Group (NASMeD) and the National Ambulance Quality Governance and Risk Directors Group (QGARD). A workshop was hosted by NHS Improvement in November 2018 and final guidance is expected to be published in June 2019.

Whilst the guidance for ambulance trusts is yet to be published, and there is currently no requirement for ambulance trusts to undertake mortality reviews, it is recognised by the Trust that learning from deaths of people in our care has the potential to improve the quality of care we provide to patients and their families.,

It has been agreed that the Trust will develop a mortality review process as one of its Quality Priorities for 2019/20 even if the national guidance is not available by June 2019. The milestones for each quarter may be amended dependent on the timing and content of any published national guidance for ambulance trusts.

This Quality Priority links to the following Trust strategic goal:

- Every Patient Matters



Aim

To develop and implement a mortality review process to learn from deaths.

Indicators

- 1 The Trust will have implemented an agreed process for learning from deaths via mortality reviews.
- 2 The Trust will demonstrate that it has undertaken the required number of mortality reviews for each quarter
- 3 The Trust will have published findings of the mortality reviews undertaken in Q4.

Initiatives

Quarter 1 –

- Identify a Trust Board lead for Mortality Reviews
- Identify the Non-Executive Director with responsibility for oversight of mortality reviews.
- Review NHS Improvement guidance, as it becomes available, to understand the requirements for ambulance trusts in undertaking mortality reviews.
- Should national guidance not be published, understand what processes are currently in place within the ambulance sector.
- Draft the criteria and triggers for identifying which patient deaths should be subject to a mortality review.
- Agree methodology for undertaking mortality reviews (based on national protocol, if available).
- Develop a policy for Learning from Deaths.
- Identify individuals responsible for conducting the structured reviews
- Access training on the structured judgment review methodology for the specific individuals identified as undertaking the reviews.
- Develop a programme for the implementation of mortality reviews, including roles and responsibilities, and milestones for quarters 2, 3 and 4 (to include the number of mortality reviews expected to be completed in each quarter).

Quarter 2 –

- Approve the Learning From Deaths Policy.
- Brief the Trust Board in relation to the implementation of mortality reviews.
- Report to the Quality Committee on the progress of implementation of mortality reviews.

Quarter 3 –

- Commence mortality review programme.
- Report to the Quality Committee on the progress of implementation of mortality reviews

Quarter 4 –

- Continued roll out of the mortality review programme using quality improvement methodology.
- Report to the Board of Directors on learning from deaths from the previous quarter, including information as required within national guidance.
- Report to the Quality Committee on the progress of implementation of mortality reviews and plans for embedding the mortality review process as business as usual.



Board Sponsor

Jenny Winslade, Executive Director of Quality and Clinical Care

Implementation Lead

Adrian South, Clinical Director

How will we know we have achieved this priority?

- The Trust will have an established process for learning from deaths via mortality reviews by the end of Q4
- The Trust will be able to demonstrate triangulation of learning from mortality reviews with learning from patient safety, patient experience and clinical effectiveness in quality reporting.

Patient Experience

Continue to implement improvements to patient experience using Always Events methodology in end of life care

Why a Priority?

Improvements in patient safety and experience is frequently driven by patient and staff feedback. In 2018/19, the Trust focused on understanding patients' experience of using ambulance services when under the care of a hospice. This work stream was supported by a nationally designed project called 'Always Events'. During 2019/20, the Trust will focus on implementing the outcomes from the first phase.

Proactively involving patients and service users to identify what matters to them and what they expect in episodes of care with health services can positively impacts on the safety and experience of patients. Using the 'Always Events' methodology will contribute to this, as it focusses on co-designing services with patients.

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.

This Quality Priority links to the following Trust strategic goal:

- Every Patient Matters

Aim

To implement improvements identified from patient and family feedback, focusing on use of the



ambulance service as part of end of life care.

Indicators

- 1 A measurement plan will be developed which uses quality improvement methodology.
- 2 An agreed implementation plan will be in place.
- 3 A measure of improvement in patient and family experience.

Initiatives

Quarter 1:

- Evaluate the patient and family feedback and identify a small number of areas to 'test'.

Quarter 2:

- Using quality improvement methodology, including a measurement plan, undertake a series of small tests of change to test improvements developed following feedback received during 2018/19, ensuring that patients and stakeholders remain involved in the process
- Report to the Quality Committee on the progress of Phase 1.

Quarters 3 and 4:

- Based on the outcome of the tests of change, adopt a spread / implementation plan
- Report to Quality Committee on the progress of Phase 2.
- Develop a staff learning package to reflect findings
- Undertake engagement with the end of life care patient group to ascertain whether improvements have improved patient and family experience.
- Report to Quality Committee on the progress of Phase 3 and plans for moving to Phase 4.

Board Sponsor

Jennifer Winslade, Executive Director of Nursing and Clinical Care

Implementation Lead

Sharifa Hashem, Patient Engagement Manager

How will we know we have achieved this priority?

Measurement will demonstrate improvements in patient safety and experience.
Improvement in patient and family experience feedback.

Clinical Effectiveness

Cardiac Arrest

South Western Ambulance Service attends between 3,500 and 4,000 emergency calls each year where a patient's heart stops beating, known as a cardiac arrest. These are the most time critical of emergencies, where a rapid response and early clinical care can literally make the difference between life and death.

It is recognised nationally that there is a small window of opportunity to enable the best chance of



survival following out of hospital cardiac arrest and that intervention, aligned to the 'Chain of Survival' is important. For every minute that passes, the chance of survival reduces by 10%.

SWAST will be undertaking a number of initiatives over a five year period to ensure the residents and visitors within the region have the best possible chance of survival.

This Quality Priority links to the following Trust strategic goal:

- Every Patient Matters

Aim

To improve survival to discharge following out of hospital cardiac arrest across the South West.

Indicators

- Improved utilisation of non – core resources for Category 1 incidents
- Increased training of non – clinical SWAST employees
- Improved ACQI performance for cardiac arrest indicators

Initiatives

- 1 Improved dispatch of Trust Responding Officers, CFRs and BASICS assets
 - This will be achieved by:
 - Clinical Hub staff education and process package.
 - Embedding the new Special Incident Desk.
 - Commitment from Responding Officers across Directorates to attend Category 1 incidents when requested to do so.
 - This will be measured by comparing the number of Category 1 incidents allocated to non-core resources during each quarter of 2018-19, compared to the same quarter in 2019-20.
- 2 75% of all non-clinical SWAST employees to have attended an awareness session on delivering basic life support and the use an automated external defibrillator (AED) within the past 2 years, by 31/03/2020
 - This will be achieved by delivering a series of awareness sessions.
 - This will be measured by monitoring the percentage of non-clinical staff recorded as attending an awareness session.
- 3 Post ROSC care bundle completion within period of ROSC.
 - This will be achieved through an education package for ambulance clinicians, and an emphasis on the current guidance.
 - This will be measured through the national ACQI submissions.



Board Sponsor

Jenny Winslade, Executive Director of Quality and Clinical Care

Implementation Lead

Adrian South, Clinical Director

How will we know we have achieved this priority?

Measurement will demonstrate improvements in ACQI performance for cardiac arrest indicators.

Statements of assurance from the board

1. During 2018/19 the South Western Ambulance NHS Foundation Trust provided and/or subcontracted two relevant health services.
 - Emergency (999) Ambulance Service;
 - Urgent Care Service (NHS 111; GP Out-of-Hours and Tiverton Urgent Care Centre);
- 1.1 The South Western Ambulance NHS Foundation Trust has reviewed all the data available to them on the quality of care in two of these relevant health services
- 1.2 The income generated by the relevant health services reviewed in 2018/19 represents 93.25% of the total income generated from the provision of relevant health services by the South Western Ambulance Service NHS Foundation Trust for 2018/19.
- 2 During 2018 – 2019 one national clinical audit and no national confidential enquiries covered relevant health services that South Western Ambulance Service NHS Foundation Trust provides.
- 2.1 During that period South Western Ambulance Service NHS Foundation Trust participated in 100% of the national clinical audits and 0% 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 2018 - 2019 are as follows:

NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:

 - Outcome from cardiac arrest – return of spontaneous circulation (ROSC)
 - Outcome from cardiac arrest – survival to discharge
 - Outcome from acute ST-elevation myocardial infarction (STEMI)
 - Outcome from stroke



2.3 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Foundation Trust participated in during 2018 - 2019 are as follows:

NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:

- Outcome from cardiac arrest – return of spontaneous circulation (ROSC)
- Outcome from cardiac arrest – survival to discharge
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke

2.4 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 2018-19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audit*	Number of cases eligible for inclusion	Number of cases submitted	Percentage of cases submitted
*This data covers the reporting period from April – Oct 2018			
NHS England AQI: outcome from cardiac arrest – ROSC a) Overall b) Utstein comparator group	a) 619 b) 158	a) 619 b) 158	a) 100% b) 100%
NHS England AQI: outcome from cardiac arrest – survival to discharge a) Overall b) Utstein comparator group	a) 185 b) 64	a) 185 b) 64	a) 100% b) 100%
NHS England AQI: outcome from STEMI (care bundle)	684	684	100%
NHS England AQI: outcome from stroke (care bundle)	1702	1702	100%

2.5 The reports of 1 national clinical audit were reviewed by the provider in 2018 - 2019 and South Western Ambulance Service NHS Foundation has taken the following actions to improve the quality of healthcare provided:

- Developed a prompt on the electronic patient clinical record to remind clinicians of care bundle elements and increase compliance.
- Developed Quality Improvement projects to maximise the appropriate assessment and management of pain.
- Established clinical priority plans aligned to key national indicators.



2.6 The reports of 5 local clinical audits were reviewed by the provider in 2018 – 2019 and South Western Ambulance Service NHS Foundation Trust took the following actions to improve the quality of healthcare provided:

- Liaison with the Learning and Development Department to ensure audit recommendations are reinforced during development days and 1:1 Learning Development Review sessions.
- Publication of audit results and recommendations on the Trust intranet and Clinical Newsletter.
- Initiated ‘Focus on...’ events to raise awareness of key clinical priorities.
- Encouraged clinicians to record their rationale when taking decisions considered to be in a patient’s best interest.
- Provision of updated guidance to staff through an app.

3 The number of patients receiving relevant health services provided or subcontracted by South Western Ambulance Service NHS Foundation Trust in 2018 - 2019 that were recruited during that period to participate in research approved by a research ethics committee was 574.

4 A proportion of South Western Ambulance NHS Foundation Trust quality improvement and innovation income in 2018/19 was conditional on achieving quality and improvement and innovation goals agreed between South Western Ambulance NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health through the Commissioning for Quality and Innovation payment framework.

4.1 Further details of the nationally agreed goals for 2017-18/19 and for the following 12-month period are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/>

5 South Western Ambulance Service NHS Foundation Trust is required to register with the Care Quality Commission

5.1 Its current registration status is ‘registered without compliance conditions’.

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

The Care Quality Commission has not taken enforcement action against South Western Ambulance Service NHS Foundation Trust during 2018-19.

6 South Western Ambulance Service NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2018-19



- 7 South Western Ambulance Service NHS Foundation Trust did not submit records during 2018-19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data
- 8 The Data Security and Protection Toolkit has been launched as a direct replacement for the IG Toolkit. This is designed as an annual submission of the Trust to demonstrate assurance in the areas of data security and information governance compliance. The Trust published its completion on 29th March 2019 together with an associated action plan.

South Western Ambulance Service NHS Foundation Trust Information Governance Assessment Report overall score for 2018/19 was 100%.
- 9 The South Western Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018-19 by the Audit Commission
- 10 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 and work to reinvigorate focus in this area across the trust.
 - Conduct a review of the reporting streams for data quality concerns across the Trusts and streamline data quality processes.
 - Ensure completion and return of the monthly Data Quality Service Line Reports.
 - 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

Learning from Deaths

In 2016 the Care Quality Commission published their report 'Learning, candour and accountability: A review of the way NHS Trusts review and investigate the deaths of patients in England' which made specific recommendations predominantly focusing on maximising learning from deaths. This led to the National Quality Board (NQB) releasing 'National Guidance on Learning from Deaths' in March 2017 to act as a framework for identifying, reporting, investigating and learning from deaths in care.

Specific guidance has been published for acute hospital trusts, but there is currently no guidance for ambulance services and no requirement to undertake mortality reviews. NHS Improvement have liaised with the National Ambulance Medical Directors Group (NASMeD) and the National Ambulance Quality Governance and Risk Directors Group (QGARD) to develop guidance for ambulance trusts. This guidance is expected to be published in June 2019.



The Trust recognises the importance of learning from deaths of people in our care and the impact that this could have on improving the quality of care we provide to patients and their families. We have therefore made the decision to develop and implement a mortality review process in 2019/20, irrespective of when the national guidance for ambulance trusts is published. In addition, the implementation of a mortality review process has been approved as a Trust Quality Priority for 2019/20.

Reporting against core indicators

- 1 The percentage of patients with a suspected ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period was 82.31%
- 2 The percentage of patients with a suspected stroke assessed face to face who received an appropriate care bundle from the Trust during the reporting period was 99.18%
- 3 The Trust received 2735 patient safety related incidents within the reporting period 18/19. 24 (0.8%) of the 2735 incidents were declared as Serious Incidents resulting in severe harm or death.

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 9,908 incidents reported during the 2018/19 year, 1,477 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	2018/19		2017/18	
	1 Oct to 31 Mar	01 Apr to 30 Sep	01 Oct to 31 Mar	01 Apr to 30 Sep
Total Incidents Reported to NRLS	622**	1,107**	1,021	721
Number of Incidents Reported as Severe Harm	7**	9**	8	34
Number of Incidents Reported as Death	0**	0**	0	0

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



**This information is sourced from the Trust's incident reporting system based on the criteria used in NRLS reports. All other 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 1 April to 30 September 2018. 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 NRLS will not correlate as the incidents are reported upon completion of the investigation and closure of the incident. Those incidents uploaded to NRLS in the first half of the financial year are therefore likely to be incidents that were reported during the previous financial year. A significant number of the incidents reported during 2018/19 remain under investigation and are therefore yet to be reported to NRLS.

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.
 - Reviewing the mapping of coding of patient safety incidents with the NRLS to ensure reporting is consistent with national requirements



Part 3 – Other Information

Overview of Quality of Care 2018-19

Clinical Effectiveness

1 Reducing Emergency Admissions

Over the past 15 years, the Trust has been improving the pathways and care options available to our clinicians for their patients. Ambulance services are 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.

The Trust has consistently achieved the highest non- conveyance rate of any ambulance Trust in the UK, with 46.9% of patients requiring conveyance to an Emergency Department. We also have the highest rate of admission for patients we do convey to EDs, demonstrating appropriate clinical decision- making.

Our clinicians are at the heart of this work and have the greatest level of clinical autonomy of any UK ambulance service. We have continued to promote a dedicated feedback system amongst staff to identify areas for improvement as well as best practice. Over 2,647 items of feedback were received and disseminated to the teams involved between 01/02/2018 – 31/01/2019, with the Trust working closely with providers and commissioners to resolve the issues.. During 2018-19 the Trust implemented the MiDoS system, which enables staff to search and access details on all relevant NHS, social care and charity pathways using their phone or the Electronic Care System computer. This allows live feedback on issues, which time and time again, has proved vital in improving access to existing pathways and creating further opportunities

2 ECS

The trust operates a successful Electronic Care System (ECS) which includes the electronic Patient Clinical Record (ePCR). This advanced system enables staff to ensure the most appropriate care is provided to patients. It does this by providing additional information about the patient history, access to previous records, prompting clinical decision making in accordance with best practice guidance and informing audit and research, to improve patient outcomes. The introduction of access to the Summary Care Record (SCR) allows clinicians to review primary care records where available, and therefore better inform appropriate care pathways.

During 2019/20, the trust is working on the procurement, design and eventual implementation of ECS2, the replacement to the current system. This will include further developments to the system which will benefit the patient, staff and organisation. It is hoped this will include an extension of the ePCR into the clinical hub to record clinician contact with patients prior to ambulance arrival on scene or for cases of Hear and Treat.



Developments this year including Ambulance Clinical Quality Indicators (ACQI) prompting, JRCALC integration and a cardiac arrest page have improved the recording of clinical care. This has been demonstrated by a rise in compliance with the ACQI care bundles for both Stroke and STEMI patients. The use of the cardiac arrest page enables staff to ensure timely administration of interventions during high stress incidents and therefore allowing positive cognitive offload to improve the clinical care provision by a team.

The trust will continue its work on integration and is engaging actively with suppliers, other organisations and bodies such as the Local Health Care record Exemplars (LHCREs), to improve system and data flow.

3 Research - Participation In Research

Patients and Trust staff had the opportunity to participate in a variety of research studies during 2018/19, 574 participants were recruited into these.

Patient Safety

1 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

Other Patient Safety Measures	2018-19	2017-18
Adverse Incidents ³	7,896	8,171
Moderate Harm Incidents	8	16
Serious Incidents	25	51

It should also be noted that the figures for Moderate Harm and Serious Incidents are for those incidents confirmed as meeting the necessary criteria within the reporting timeframe

³The 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-incident-framwrk-upd.pdf>

It should be noted however, the incident's included above could have been reported outside the 2018/19 timeframe of this document



2 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 2018/19 the Trust acknowledged 99% of CAS notifications within 48 hours. The number of notifications received is set out in the following table.

Other Patient Safety Measures	2018-19	2017-18
Central Alert System (CAS) Received	110	128

3 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 or nominated clinical deputy for preliminary review, before being circulated to the dedicated Serious and Moderate Harm decision making group which consists of two clinicians and a governance representative. Other specialties are also invited to attend to contribute and advise on individual cases.

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 2018/19, four of these related to the UCS/111 Service Line, with the remainder related to the A&E Service Line. For the A&E Service line the predominant themes throughout the year being delays to ambulance attendances and triage decisions. The overall reduction in the number of SIs appears to be a strengthening of the process to identify SIs by having consistent panel members applying the national framework guidance.

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 and this is monitored on a monthly basis by the Commissioning Support Unit.

For an organisation to be truly open, transparent and above all safe for our patients, the Trust encourages a reporting culture and full participation in the Serious Incident process. The Trust’s cultural review, undertaken in 2018/19, identified a perception by some staff that the SI process is one of a punitive action closely aligned to disciplinary or capability processes. To support a change in perception and ensure staff are fully

involved in the incident investigation process, the Trust is re-branding and relaunching the Serious Incident process. The new process will be launched in April 2019 and will be named the 'Review, Learn and Improve (RLI) process'. This work stream will also align with a review of the national Serious Incident Framework.



4 Moderate Harm Incidents

The number of Moderate Harm incidents identified has reduced from 2017/18 with 8 fewer incidents being identified. The large majority of these incidents also related to the A&E Service Line (with only 1 related to UCS/111) with the primary theme being assessment of patients (4 incidents). The remaining incidents relate to treatment (1), manual handling (1) and a road traffic collision (1) and delay (1).

Patient Experience

1 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 (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	2018/19	2017/18
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Complaints, Concerns and Comments	1,175	1,334
Patient, Advice and Liaison Service (PALS) – Lost Property, signposting to other services etc	914	1,007
Health Service Ombudsman complaints upheld	0	0
Compliments	2,653	2,235

2 Comments, Concerns and Complaints

All comments, concerns and complaints (referred to hereafter as ‘Patient Experiences’ otherwise known as PEs) 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.

Of the 1,175 complaints received during the reporting period, the Patient Experience team, by employing an informative, calm, sensitive and reassuring approach, were able to close, on receipt, 243 (equating to 21%) of these. These were closed with assurances given to, and agreement from, complainants that the necessary information would be passed to the relevant operational sectors/regional service lines.

Many Trust complaints are multifaceted, citing several areas of concern. Each concern is coded to report four subject areas in order to illustrate transparency and trends. The following table sets out the number of complaints received in 2018/19.

Subject	Complaints
Access and Waiting	512
Communication	446
Clinical Care	367
Security Vehicles and Driving Issues	99

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.



3 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;

- Injury in non-mobile babies
- Supporting patient's end of life decisions;
- COPD;
- Intoxicated patients;
- Head injuries
- ECG recognition
- Pulmonary Embolism recognition

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 an 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, long lies following falls, pain management, 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

4 Compliments

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.

2,697 compliments were received during 2018/19; an increase of 1.7% on 2017/18. These provide important assurance for the Trust in public recognition for staff and their contribution to excellence in service standards and demonstrate the continuing public confidence in the Trust.



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.

5 Patient Engagement

During 2018/19 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 three 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.

6 Care Opinion

Patients and their relatives and careers 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 42 stories relating to the trust have been posted on Patient Opinion. This is a decrease of 23% 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. The increasing popularity of social media may also be a contributing factor, indicating a change in the way members of the public interact.

7 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 a total of 3202 surveys were sent out, 677 people responded to the survey in respect of their NHS111 experience; equating to a response rate of 21%. 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 favorable.

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 negative comments.

During the year 1093 GP Out of Hours Service surveys were sent out, 281 responses were received, equating to a response rate of 26%. 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.

8 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 2018/19 are:

Recommend?	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Would	94%	100%	93%	75%	87%	80%	92%	100%	91%	100%	88%	100%
Would not	6%	0%	7%	13%	0%	20%	8%	0%	9%	0%	13%	0%

9 Public and Patient Involvement

During 2018/19 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 blood pressure checks and CPR and AED awareness. A total of 7224 CPR and AED awareness sessions were delivered to members of the public in 2018/19. Spreading awareness of the important of CPR remains a priority for the Trust and is highlighted at engagement events including Restart A Heart.

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;

- A total of five station open days were delivered across the Trust including, Taunton, Staverton, Keynsham, Burnham and Nailsea.
- Worked collaboratively with the Fire and Rescue Services and Police Forces on providing emergency services presence at the Devon County and emergency services shows.
- Completed a round of Let's Talk events across the Trust geography to engage with members of the public on strategic and health matters.
- Increased the widening participation work stream with a focus on reaching out to more marginalised groups and communities.
- 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.
- Developed focused engagements around mental health and carried out the first focus group in association with Devon Partnership Trust.
- Worked alongside The Clinical Directorate to ensure the delivery of their Saving Lives Strategy and public engagement.



Performance Indicators

Ambulance Response Indicators

ARP Response Category	National Standard	Trust Performance 23 Nov 2017 to 31 Mar 2018	Trust Performance 1 Apr 2018 to 31 Mar 2019
Category 1 Mean Response Time	7 Minutes	9 minutes 42 seconds	7 minutes 18 seconds
Category 1 90th Centile Response Time	15 Minutes	17 minutes 36 seconds	13 minutes 30 seconds
Category 1T 90th Centile Response Time	30 Minutes	26 minutes 00 seconds	21 minutes 43 seconds
Category 2 Mean Response Time	18 Minutes	33 minutes 24 seconds	27 minutes 27 seconds
Category 2 90th Centile Response Time	40 Minutes	69 minutes 42 seconds	57 minutes 55 seconds
Category 3 Mean Response Time	1 Hour	1 hour 15 minutes 27 seconds	1 hour 12 minutes 09 seconds
Category 3 90th Centile Response Time	2 Hours	2 hours 59 minutes 24 seconds	2 hours 47 minutes 44 seconds
Category 4 Mean Response Time	n/a	2 hours 00 minutes 12 seconds	2 hours 06 minutes 25 seconds
Category 4 90th Centile Response Time	3 Hours	4 hours 29 minutes 06 seconds	4 hours 40 minutes 36 seconds

Stroke 60 Minutes

- Stroke 60 minutes has not been measured nationally in 2018-19 and therefore South Western Ambulance Service NHS Foundation Trust is unable to report on this.
- 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.
- The South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve this data and so the quality of its services, by:
 - Continue to maintain and develop the existing data quality processes embedded within the Trust.
 - Hold regular meetings of the Information Assurance Group and work to reinvigorate focus in this area across the trust.
 - Conduct a review of the reporting streams for data quality concerns across the Trusts and streamline data quality processes.
 - Ensure completion and return of the monthly Data Quality Service Line Reports.
 - 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.



Return of spontaneous circulation (ROSC)

- 1 Return of spontaneous circulation (ROSC) where the arrest was bystander-witnessed and the initial rhythm was ventricular fibrillation (VF) or ventricular tachycardia (VT) the average for the year of the monthly reported performance was 47.16%*

*Please note this figure includes data submitted to NHSE up to October 2018 only.

- 2 South Western Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:
 - Information is collated in accordance with the technical guidance for the ACQIs and this work is subject to internal audit on an annual basis.
- 3 The South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve this data and so the quality of its services, by:
 - Undertaking a programme of quality improvement activity across all areas.



Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

Clinical Commissioning Groups

NHS Dorset Clinical Commissioning Group (CCG)

Thank you for asking NHS Dorset Clinical Commissioning Group (CCG) to review and comment on your Quality Accounts for 2018/19. Please find below the statement on behalf of all Clinical Commissioning Groups across the South West in relation to 999 services for inclusion in the final document:

The Trust fulfils an important contribution to the health and wellbeing of the population within CCG localities through the services it provides. The Quality Account is an easy to understand and comprehensive report that helps the general public to understand how their local ambulance service is 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.

The Commissioners have reviewed the Quality Account and can confirm that the information presented is consistent with quality, safety and performance information supplied to the CCGs throughout the year through both contract reporting and discussions and demonstrates a high level of commitment to safety and quality. The achievements from 2018/19 noted in the quality account reflect this and is to be commended. This includes the achievement of an overall 'Good' rating following a CQC inspection during the year and the caring attitude of the workforce, rated outstanding by CQC, remains evident.

Due to demand there have been challenges in respect to achievement of the ambulance response times which have impacted on patient safety and experience during the year. Moving forward Commissioners welcome the opportunity to strengthen relationships with SWASFT to progress actions being taken to improve this situation.

The Commissioners are supportive of the Quality priorities for 2019/20 particularly the development and implementation of Mortality Reviews. Progress will be reviewed throughout the year and Commissioners look forward to working with SWASFT to maintain and improve safe, high quality services for the population it serves.

Enclosed with this letter is a summary of commissioner's feedback from which this statement has been prepared for your information.

Vanessa Read
Director of Nursing & Quality
NHS Dorset CCG (Co-ordinating Commissioner)



General Comments and Feedback

Dorset CCG has been working closely with all the regional CCGs as well as SCWCSU throughout the year as the co-ordinating commissioner, gaining assurance of the delivery of safe and effective services.

Areas for improvement and consideration

- SW Commissioners will be devising a CQUIN for 19/20 around appropriate conveyance and the CCG looks forward to working with the Trust on this.
- It has been noted within the Quality Account that a significant number of incidents reported during 18/19 remain under investigation and therefore are yet to be reported to NRLS. Commissioners have commented that clarity regarding this process would be welcome.
- The Trust may want to provide an explanatory note on the November 2017 – March 2018 data and why it doesn't cover the full 12 months the public may not understand the reason for this.
- Commissioners continue to support SWASFT in ensuring that where complaints and incidents occur across a 'system' (and therefore a number of healthcare providers), that all parties involved contribute to the investigation process. We as Commissioners are also fully engaged in the review of Serious Incidents to ensure all opportunities for learning are taken.
- It is noted that there is a comparison of Serious Incident numbers; more narrative on this would have been welcome.
- Within the quality account SWASFT have demonstrated continued low reporting for serious incidents however similarly to 2017/18 the Commissioners would have welcomed more detail on the analysis of incidents including learning and improving practice. Additionally, the Trust notes that the main theme of waiting times for ambulances arising from complaints and incidents has arisen again this year however it is disappointing that there is no inclusion of the action undertaken with CCGs this year to address delays or acknowledgement of any future action to address any learning.
- Full implementation of the Freedom to Speak Up requirements following the learning identified in The Gosport War Memorial Hospital Independent Panel report. The account specifies how staff are able to raise concerns, however, more information regarding learning and actions from this would be valued, in line with the national requirement for inclusion in the quality account.
- The CCGs consider that there may be further opportunities for the Trust to explore the learning from clinical audits; for example, reference is made in the account to learning which indicates a need for improvement around the assessment and treatment of pain. This could be considered for a quality improvement work stream during the year. In subsequent quality accounts, the CCGs would value more a more comprehensive exploration of audit outcomes.

Response Delays/Call Stacking

- It is noted that these are mentioned throughout the Quality Account, and is obviously reflected by the "Risk Score" of 25. How has this helped to influence the new quality priorities?
- It is noted that the "theme" of delays is mentioned within the report however commissioners would welcome more narrative about this "Theme" beyond ETA



related complaints.

- The Trust has continued to provide assurances through the assurance and quality review processes that harm in respect to delayed Category 1 responses has not occurred and where delays have impacted on any of patient care and experience in the other response categories, the provider has ensured that these issues have been investigated and any learning considered. Commissioners will continue to closely monitor progress during 19/20.
- Commissioners continue to support SWASFT in ensuring that where complaints and incidents occur across a 'system' (and therefore a number of healthcare providers), that all parties involved contribute to the investigation process. Commissioners are also fully engaged in the review of Serious Incidents to ensure all opportunities for learning are taken.
- Commissioners support the safe and effective management of patients over the phone including the improvements made to non-conveyance rates and clinical decision making to reduce inappropriate admission to hospital.

Handover Delays

- Hours lost to handover delays and long waits continue to be a challenge and as Commissioners we will continue to work closely with our acute colleagues in order to address this, including a continued focus on the safety impact of non-availability of ambulances to respond to emergency calls.
- Commissioners recognise also that the Trust has worked with them and the acute hospitals in order to support the better management of patient flow with the aim of increasing the availability of ambulance resources wherever possible to deliver the best service for patients. Commissioners can confirm that significant efforts have been made by the Trust to ensure that delays generated by their services have been reduced, supporting the wider healthcare system.

NHS Staff Survey 2018

- Commissioners have commented that within the Quality Account there is no mention of the work being conducted related to neither the Staff Survey results nor the impact of the Cultural Survey.

Priorities 2018/19

Progress on the 3 priorities identified in 2017/18 demonstrates the Trust commitment to Quality Improvement. Below are some specific CCG comments regarding the above priorities. Analysis of the success and impact of some these initiatives are welcome.

- Commissioners welcome the positive service developments and the progress that has been made on the priorities for 18/19.
- Regarding Clinical Effectiveness Triage within clinical hubs– development of enhanced hear and treat – the Commissioners look forward to receiving an update and outcome of the SWAST's evaluation on this at a future Quality Assurance Group.
- Regarding Patient Experience 18/19 priority the Commissioners understand that feedback will inform the Trust's mental health action plan going forward in 19/20 and the Commissioners would welcome a further update (at QAG) on the outcomes



and service improvements that transpired from this engagement which has now been built into that plan.

- Regarding Patient Safety 18/19 priority The Commissioners note that the Trust's intention was to focus on the first 3 out of 4 phases. The Commissioners would welcome further details to better understand the challenges the Trust faced in completing steps 1-3 during the year. It is noted that this priority has been carried forward as a 19/20 priority and it appears that Q1 focus will be on progressing with step 2. As can be evident the Trust has undertaken a lot of engagement work during 18/19 and Commissioners would welcome an update on any immediate impact on patient care / QI work resulting from patient feedback.

New priorities 2019/20

The Commissioners welcome the quality improvement plan priorities the narrative to support the identification of these quality issues as priorities for 2018/19 is welcome. However the rationale for these triangulated with Patient Experience, Patient Engagement or other factors is not readily evident.

- Commissioners feel that the priorities for 19/20 are fair and transparent, and reflect positively on quality improvement within the organisation.
- The development of Mortality Reviews is very welcome the commissioners note that the Trust will publish findings of reviews in Q4. The Commissioners would welcome this publication and will be assured how learning has informed quality improvement initiatives and safer, more effective patient care.
- The Commissioners note that the Trust will be undertaking a number of initiatives over the next 5 years around the topic of Cardiac Arrest and the CCG would welcome an update on the initiatives planned and how its development / delivery follows QI principles.

The Trust's commitment to the continued implementation of the 'Always Events' (focussing on supporting End of Life Care) is welcome.

Care Quality Commission (CQC) involvement

The Commissioners welcome and support the Trust's open and transparent communication of their involvement with the CQC during 2018/19 within the quality account. The Commissioners also confirm and recognise that they have maintained their registration with the CQC with no conditions.

- Within the CQC report 4 out of 6 services are noted as "Requires improvement" within the "safety" domain. How have the quality priorities been aligned with this?
- It is also noted that within the "999" service there are 3 domains that "Require Improvement". How have the quality priorities been aligned with this?

The Commissioners have worked closely with the Trust and SCWSCU during 2018/19 and we look forward to doing so in the future in respect to any further CQC reviews being undertaken.

NHS Kernow Clinical Commissioning Group

Thank you very much for the opportunity for NHS Kernow to comment on the South Western Ambulance Service NHS Foundation Trust, Quality Review and Quality Account 2018/19.

NHS Kernow Clinical Commissioning Group is one of a number of CCGs across seven counties in the



south west of England responsible for commissioning emergency 999 care services from South Western Ambulance Service NHS Foundation Trust (SWASFT). The information contained within the report was reviewed and is considered an accurate summary reflection of the Trust's performance during 2018/19.

NHS Kernow welcomes the opportunity to provide this statement and the approach taken in developing and setting out its plans for quality improvement in 2019/20. It has proved to be a busy year with the comprehensive CQC inspections in May, June and July 2018 alongside challenges across the system. The Quality Account articulates where SWASFT has achieved progress and identifies areas where further improvements are required. In the commissioner / provider relationship there is a focus on making quality the organising principle of NHS services, by embedding quality at the heart of commissioning practice.

The Trust has put recognised effort into the 2018 CQC inspections and the associated action plans. SWASFT has an overall rating of "Good" across its core services of Emergency and Urgent Care (A&E 999) and Emergency Operations Centres (EOCs or Clinical Hubs). CQC noted that there had been improvements from the previous inspection in 2016 and were complimentary about the care in the five areas inspected. SWAST gained an overall rating of "Outstanding" for the care domain.

Although improvements were noted CQC have said that some concerns remain. The rating of "Requires Improvement" for safe, effective and well-led in relation to Emergency and Urgent Care (A&E 999) demonstrates that there is more to do across the Trust and this is reflected in this Quality Account (in relation to CQC and Ambulance Response Indicators). Of particular concern to CQC was the failure to meet response times to reach patients, although CQC did acknowledge that there had been an improvement to the most urgent category.

NHS Kernow would concur with the view that improvements are required in relation to other category wait times. SWAST ambulance response indicators across the entire region do show an improved performance from 2017/18 in relation to the most urgent category (category 1) and in relation to other categories (category 2, 3 and 4). Improvements in relation to Category 2, 3 and 4 still see the Trust short of meeting the mean response time and 90th centile response time for each.

Of particular concern is that whilst the regional Category 1 (mean response time and 90th centile response time) is within target, this is an aggregated response across all counties and it should be noted that these standards are not met in Cornwall or within target. We will continue to work with SWAST on improving these targets for the Cornwall population to minimise the risk of harm. The impact of the failure to deliver the nationally mandated response times is particularly important in relation to patients who wait more than double the response time for their category of call. This is especially relevant for NHS Kernow, whose 'long wait times' are the least positive across all of the CCGs. NHS Kernow would welcome the continued emphasis of understanding the impact of long waits in terms of potential harm and would wish to see a programme of 'end to end' audit of long waits, conducted in a multi-disciplinary environment.

NHS Kernow endorses the commitment within the Quality Account to addressing the challenges of 2018/19. We note the developments in the new response framework within the Ambulance Response Programme which has enabled the most appropriate resources to be focused on patients experiencing life-threatening and life-changing incidents; and that the Trust will use the tool developed to further refine the effectiveness of clinical triage in order to improve the appropriateness of the response that patients receive. We recognise the progress made against the other 2018/19 quality priorities including the experience of mental health patients using the 999 service and the development / implementation of Always Events in relation to end of life care and



treatment.

We support the identified quality priorities for 2019/20, and where these will continue from the 2018/19 foundation work. They aim to deliver high quality, safe and accessible services; maximise the potential of the workforce to deliver high quality patient care and to diversify/ develop services that meet patient/ commissioner needs and expectations.

Whilst NHS Kernow is in agreement that SWAST has made improvements with regard to the quality and safety of their services, there are areas of continued focus for improvement required specifically for Cornwall. We hope that this feedback is helpful and look forward to continuing our productive collaborative working relationship with the Trust in 2019/20.

Nikki Thomas
Deputy Director of Nursing & Quality

Health Overview & Scrutiny Committees

Dorset Health Scrutiny Committee commentary for South Western Ambulance Service NHS Foundation Trust, May 2019:

On an annual basis, Dorset Health Scrutiny Committee appoints a Liaison Member as a point of contact with South Western Ambulance Service NHS Foundation Trust. In addition, the Trust may be invited to Committee meetings to present reports regarding any substantial changes to services or any concerns that Members may have regarding performance or quality of services. The Trust has been cooperative and helpful where requests have been made for input and it is hoped that this will continue in the coming year.

With respect to the Quality Account and Report 2018/19, the following matters were of particular interest:

- The Committee congratulates the Trust on progressing from 'Requires Improvement' to 'Good' ratings with respect to the CQC inspections of the NHS 111 service, Emergency and Urgent Care and Emergency Operations Centre. The 'Outstanding' rating for the Caring domain is particularly noteworthy.
- The developments in clinical triage and risk stratification demonstrate a clear focus on best use of resources. It is hoped that the evaluation of the Enhanced Hear and Treat process will provide evidence of improved outcomes and high levels of patient satisfaction over the next year.
- The work to improve the experiences of mental health patients is welcomed, particularly the engagement with stakeholders and the support for more appropriate conveyance. The Mental Health Nurse Specialist role should also provide a valuable additional resource in this sensitive area of service provision.
- The Committee recognises the importance of the quality priorities agreed for 2019/20, with the focus on mortality reviews, always events and cardiac arrest. In particular, the aim to 'improve survival to discharge following out of hospital cardiac arrest' resonates with the largely rural localities across Dorset. The performance against this priority will be awaited with interest.



- The Trust is to be congratulated on its continued achievements in relation to non-conveyance of patients to hospital and appropriate admissions when they are conveyed. The extensive use of staff feedback to support the approach being taken is acknowledged.
- With regard to complaints and compliments, the Committee notes that there has been a reduction in the former and an increase in the latter, which is to be welcomed. It was also encouraging to see that learning from incidents and complaints is regularly reviewed and disseminated to staff. The identification of delays due to demand being the principal theme arising from incidents and complaints is noted, and, given that this has been a specific concern for Dorset Members, the Committee would urge that this matter be further addressed in the coming year.
- With regard to performance indicators, it is encouraging to see that ambulance response times have generally improved over the last year, particularly for Category 1 calls. It is to be hoped that this improvement can be sustained and that in due course the National Standard may be achieved for all Categories.

The Committee looks forward to the continuation of a constructive dialogue with South Western Ambulance Service NHS Foundation Trust and we thank you for the opportunity to comment on this Quality Account.

Devon County Council's 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 Quality Account for the year 2018/19. All references in this commentary relate to the reporting period of the 1st of April 2018 to the 31st of March 2019 and refer specifically to the Trust's relationship with the Scrutiny Committee.

The Scrutiny Committee commends the Trust on a comprehensive Quality Account for 2018-19 and believes that it provides a fair reflection of the services offered by the Trust, based on the Scrutiny Committee's knowledge.

In terms of the priorities for 2018-19 Members appreciate the work undertaken by the Trust regarding the experiences of mental health patients using the 999 Service. Members believe that staff wellbeing and good mental health are vitally important and need to be properly supported. The Committee notes that the progress of the Trust in developing and implementing "Always Events" has been positive but recognises that that time is needed to make all the changes required.

The Committee appreciates the Trust's first 2018/19 priority, the clinical effectiveness of triage within the clinical hubs. Members admire the Trust's use of a risk stratification tool to identify 999 calls which could be managed without sending an ambulance response.

The Committee fully supports the Trust's Quality Priorities for Improvement 2019/20. Members particularly appreciate the Trust's priority of development and implementation of Mortality Reviews following the 2016 Care Quality Commission review on the matter.

The Committee also supports the Trust's goal of continuing to implement improvements to patient experience using "Always Events" methodology in end of life care. The Trust's five initiatives to



ensure residents and visitors within the region have the best possible chance of survival in the event of a cardiac arrest is also strongly supported by members, as is the widening of defibrillator training in the community.

Members anticipate that regular information on the progress of implementing these goals for 2019/20 will be shared by the Trust. The Committee also hopes that the Trust will continue to learn from its priorities from 2018/19 and implement lessons learnt.

The Committee welcomes a continued positive working relationship with the Trust in 2019/20 and beyond to continue to ensure the best possible outcomes for Devon residents.

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 13th May and Members were satisfied with the contents of the South Western Ambulance Service NHS Foundation Trust - Quality Review and Quality Account.

Members welcomed the prioritisation of the experiences of Mental Health patients using the 999 service. The rollout of Mental Health First Aid training to staff was also welcomed. This shows SWAST are committed to parity of esteem.

Members strongly supported any initiatives that strengthened the organisations ability to gather feedback from service users. While it was noted that the ambulance services face some unique challenges with regards to obtaining user feedback, the Members support ongoing improvements in this area.

Members requested further information about the CQC improvement plan which has since been received.

Shauna Nash
Policy & Scrutiny Adviser

Healthwatch

SWAST Quality Account response from Healthwatch Torbay

Healthwatch Torbay is the independent local consumer champion for people who use health and social care services within the localities of Brixham, Paignton and Torquay.

The Trust give us the opportunity to contribute patient feedback by bringing our independent knowledge of local people's experience of their health and care service and we are also able to gain deeper insight by taking part in stakeholder events such as the Healthwatch Open Days at the Trust headquarters in Exeter. This co-operative way of working is valued by both Healthwatch Torbay and the Trust.

This year's Quality Account presents a clear explanation of the initiatives and service re-design required to address the pressures in the system.

We commend the Trust for its GOOD CQC rating last year, particularly with its OUTSTANDING rating in the field of 'Caring'. This reflects our own feedback from patients using the Trust, which repeatedly praised Trust staff.

The only comments for improvement from the public involved the time taken to wait for an



ambulance. This is reflected in the Quality Account. We passed this onto the Trust and were delighted to receive a prompt response with a public message with regards to waiting times, telling people how to ensure they get the response they need from the ambulance service and setting out the different ways they respond to 999 calls. This was very much appreciated by the public.

Overall we consider that the Quality Account presents a realistic overview of the Trust's performance and identifies appropriate internal controls and assurances.

Healthwatch Torbay
May 2019

Healthwatch Dorset, Healthwatch Gloucestershire and Healthwatch Somerset joint response to the South Western Ambulance Service NHS Foundation Trust's 2018/19 Quality Account

This statement is provided on behalf of Healthwatch Dorset, Healthwatch Gloucestershire and Healthwatch Somerset. 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.

We are pleased to see that the Trust continue to focus on the experiences of patients with mental health issues who use the 999 service and note the work carried out by the Trust in the preceding year. Mental health is a priority for all three Healthwatch teams over 2019/20 and therefore, we would be happy to share with the Trust, any relevant, anonymous feedback that we gather during our engagement.

The continued work on the 'always events' (aspects of care and experience that should always occur when patients and their relatives/carers interact with health professionals) programme is welcomed. In particular, the commitment to focusing on those at the end of life, their relatives and carers. We look forward to hearing more about the outcomes of the work over the coming year.

It is positive to see that the Trust's category 1 performance times have improved bringing them in line with the national standard. We note that there are still improvements to be made across other categories. However, we acknowledge the continued pressure on the system and the impact of the rurality of many areas across the patch, on these results.

The Trust has continued to actively engage with and build on its existing relationship with local Healthwatch in 2018/19. Our Teams appreciated the opportunity to go along to the open days run by the Trust to learn more about their latest developments and research.

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 PLYMOUTH RESPONSE TO SWASFT QUALITY ACCOUNT FOR 2018/19

Below is our statement in response to the Quality Account for 2018/19.

'Healthwatch Plymouth has read the Quality Account with interest and note the progress made around the 2018-19 initiatives especially the work in developing the 'Enhanced Hear and Treat' process for clinical triage by the Clinical Hubs. Equally the work done to understand the experiences of Mental Health patients using the 999 service is welcome and Healthwatch Plymouth has received



feedback from the public around this work. Finally, we note the work that has been done to understand what matters to users of the service to create an 'Always Event' methodology to improve the experience of care. We also note that further work is ongoing in these areas.

Priorities for the forthcoming year are welcomed especially around the Implementation of Always Events for End of Life Care and the implementation of Mortality Reviews for Ambulance Services. We also note the longer-term work around Cardiac Arrest to maximise the interventions aligned to the 'Chain of Survival'.

Patient experience of 999 services to Healthwatch Plymouth remains generally positive and patients acknowledge the attitudes of Staff and the treatment and care received. However, waiting times for an ambulance is often viewed as negative where patients are not triaged as category 1. 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.

Healthwatch Plymouth are looking forward to further developing its relationship with the Trust over the next 12 months and beyond.'

Healthwatch Wiltshire response to South Western Ambulance Service Quality Account

Healthwatch Wiltshire thanks the trust for sharing its Quality account and welcomes the opportunity to comment. Healthwatch Wiltshire is an independent organisation that promotes the voice of patients and the wider public with respect to health and social care services.

It is noted that there is a Glossary of terms at the end of the Quality Account, but it would be helpful if this could be referenced at the start of the document.

Healthwatch Wiltshire recognises that the trust underwent its inspection by the Care Quality Commission (CQC) in the summer 2018 and was awarded 'good' overall. We also commend the trust for receiving several 'outstanding' ratings particularly in the caring domain. We look forward to hearing more about improvements planned in line with CQC recommendations.

We are pleased that experiences of mental health patients was a particular priority for the trust in 2018/19. Healthwatch Wiltshire was able to support you to gather feedback and we are pleased that you are now in the process of implementing new initiatives following this feedback; for example conveyance to crisis cafes instead of the emergency department. We look forward to hearing about further changes going forwards to continue to improve the experience for these patients.

Healthwatch Wiltshire commends the priority under Patient Safety around the development of Always events (aspects of care that should always occur) for patients at End of life which was driven by patient and staff feedback. Healthwatch Wiltshire applauds the joint working with other agencies and the co-design with patients for this work. We note that this will be a continued priority for the forthcoming year. We look forward to following this as it progresses and would be happy to support planned engagement with patients and families.

We note that the trust recognises the importance of learning from deaths and the impact that this could have on improving quality going forwards and that the trust has set this as one of their quality priorities for they are ahead. This would tie in with the publication of national guidelines due in the summer.

Looking at the national Reporting and learning data, Healthwatch Wiltshire notes that the number of



incidents reported as severe harm seems to have increased substantially in the period 1 April – 30 Sept compared to the previous periods and we wonder if there is a reasoning for this?

Healthwatch Wiltshire applauds the trusts work around reducing admissions and the staff feedback system that you have in place that allows for continual identification of areas for improvement. We recognise that there were fewer serious incidents confirmed during the past year than previously and of those the main theme was delays to ambulance attendance. The feedback that we receive has also reflects these delays.

Healthwatch Wiltshire is pleased to see a decrease in the number of complaints received and an increase in the number of compliments received about the trust over the past year. The two top areas identified through the complaints process- access and waiting times and communication mirrors the themes from some of the feedback that we have received over the last year. This has been shared directly with the trust and acknowledged.

We commend your work around patient engagement, particularly inviting patients to share their story at your board meetings. We note the low response rate of the friends and family test but are pleased that you attend other events such as shows, fetes where patient and public involvement is sought including you 'lets talk' events.

The Care Forum has the contract for Healthwatch Bath and North East Somerset, Healthwatch Bristol, Healthwatch South Gloucestershire and Healthwatch Swindon.

Below is a combined response jointly agreed by these Healthwatch.

Healthwatch welcome the opportunity to respond to the draft Quality Account of the South West Ambulance Service NHS Foundation Trust (SWAST).

This is the third year since the introduction of the Accessible Information Standard that Healthwatch has requested the draft Quality Account in an accessible audio version. Every year this has not been forthcoming. As a public document the Quality Account should be available in an accessible format when requested.

Healthwatch welcomes the glossary of terms and acronyms, but notes that throughout the Quality Account there are acronyms that are not mentioned within the list.

The statement on quality from the Chief Executive details the provision of high quality care for staff and the commitment to improving their health and wellbeing.

In our reply to the 2017/18 Quality Account Healthwatch commented on the Workforce Race Equality Standards section where BME staff had been experiencing harassment, bullying or abuse from staff which had increased from 9% to 32% for BME staff who had personally experienced discrimination at work from a manager, team leader or other colleague. In the latest 2018/19 Quality Account Healthwatch are disappointed that there is no follow up on what the trust has done to address this within the 2018/19. Bullying and harassment can have serious consequences for those directly involved and those they work with causing psychological stress and reducing productivity.

Healthwatch are pleased to see you are trying to create a positive workplace culture with the introduction of 'Freedom to speak up' and whistleblowing. Healthwatch does has a concern over the wording 'if a member of staff raises a genuine concern, they will not be at risk of losing their job or suffering any form of reprisal as a result'. All staff concerns should be of interest and evidence will



show they are genuine.

Healthwatch also notes that missing from the 2018/19 Quality Account is the section on the trusts 'Duty of Candour'.

Healthwatch notes that for the Emergency and Urgent Care (A&E 999), although caring is rated outstanding by the Care Quality Commission the overall rating requires improvement and wonders what during 2019/20 will be done to address this?

Priorities for 2018/19

Healthwatch welcome the clinical effectiveness of triage within the clinical hubs and asks if there is some data on how many calls have been saved? Healthwatch look forward to hearing more about impact from the implementation of the 'Enhanced Hear and Treat process'.

Healthwatch applaud the approach to patient experience and look forward to seeing the results of the Mental Health Nurse Specialist pilot, it will be good to know the figures of staff trained as part of this and the benefits that have been achieved so far.

In patient safety Healthwatch look forward to hearing about the 'Always Event programme' and particularly the End of Life work in partnership with the five hospices.

Quality priorities for 2019/20

The continued work around patient safety to develop and implement a mortality review is commended by Healthwatch as a very proactive approach despite the lack of national guidance and we look forward to hearing more about this.

Healthwatch are always keen to see improvements identified from patient and family feedback. Using a small number of areas to 'test' Healthwatch asks if there is a contingency plan in place if patients do not remain engaged?

Healthwatch welcome the cardiac awareness training for the clinical effectiveness priority and would like to see numerical proof of effectiveness as the plans develop.

Statements of Assurance from the Board

For the research it would be useful for Healthwatch to know if the 574 participants came from a wider cohort and how they were recruited?

The trust received 2735 patient safety incidents in 2018/19 with 24 of these declared as serious incidents resulting in severe harm or death. Healthwatch would like to see a further breakdown of the 24 incidents of severe harm reported in the Quality Account, although from the graph we can see there were no reported deaths. There are discrepancies with the figures within the Quality Account for serious harm with the text saying 24 (0.8%) and the table under 'Incident Reporting' saying 25 cases. Healthwatch notes that this year has been better as 51 cases were recorded in 2017/18.

Part 3 – other information

Healthwatch were delighted to read that the trust consistently achieved the highest non conveyance



rate of any ambulance trust in the UK and the highest rate of admission for patients conveyed to Emergency Departments. Staff are to be congratulated on demonstrating appropriate clinical decision making.

Healthwatch would like to see how many complaints were found justified or partly justified and how complaints have been dealt with within a timely manner.

Healthwatch look forward to hearing more following the rebranding and relaunch of the serious incident process now renamed as 'Review, Learn and Improve'.

Learning from incidents and complaints has identified trends in relation to non conveyance of patients who have long lies following falls. Healthwatch ask what might be done to address this as 5% of falls end up as hospitalisation.

The increase in compliments this year provide good feedback from the public and Healthwatch is pleased that gratitude is passed to members of staff who attended the patient.

Healthwatch wonder if data on equality issues is collected as part of patient experience surveys.? Healthwatch is pleased to read the ambulance response times and how these have improved since 2017/18. For the lay person, it would be useful to have an explanation of the ARP Response categories within the report. Most performance figures are still below the national standard, Healthwatch would appreciate having a breakdown of the number of calls in each geographical area. There are still many areas of data that could be included in the performance indicators that could give the lay person a more rounded understanding of the ambulance responses

Other

Swindon Borough Council

Swindon Borough Council welcomes the Quality Account of SWAST and the commitment to continuous improvements in the services the Trust delivers so that the outcomes of patients improve”

Sue Wald Corporate Director Adult Social Services and Health, Swindon Borough Council
Response to South Western Ambulance Service NHS Foundation Trust’s Quality Account 2018/19

Bournemouth, Christchurch and Poole Council

We would like to thank the Trust for allowing the Council an opportunity to comment on this account regarding the achievements and areas for improvement detailed in the Quality Report for 2018/19. It is heartening that the Care Quality Commission rating is good overall. I have read the account and note the Trust’s progress in the following Quality Improvement areas:

Clinical Effectiveness of Triage within Clinical Hubs

It is encouraging to note that extensive work has been undertaken to stratify risk in order to prioritise and respond appropriately to any emergency calls. It is understandable that responses need to be proportionate and focussed on patients experiencing life threatening incidents. It will be interesting to understand how effective the enhanced “Hear and Treat” process is once evaluation is completed during 2019/20.



Patient Experience-Experiences of Mental Health Patients using the 999 service

It is pleasing to note that the Trust are taking steps to better understand patient experience for those experiencing mental health difficulties. It is encouraging to note conveyances are being directed away from emergency departments to more appropriate settings such as crisis cafes. It is also commendable that the trust is piloting having specialist mental nursing support in a locality clinical hub in order to offer support to staff and patients during peak hours. Staff training is imperative and it is pleasing that this area will be further developed over the 19/20 period.

Patient Safety-Development and Implementation of Always Events

It is excellent to read that such a model of continual service improvement is being used within the Trust. It will be very interesting to understand through working with patients what improvements are identified with the end of life service and how these will be implemented and evaluated in order to improve patient experience. It will be interesting to learn more about the project as it unfolds over the 19/20 financial year.

Thank you for the opportunity to comment on an interesting Quality Review. We look forward to reading the published version but please take this letter as Borough of Poole's response to the Quality Account.

Phil Hornsby
Director of Adult Social Care- Commissioning and Improvement
BCP Council

Somerset County Council

Thank you for giving the Somerset Health and Wellbeing Board the opportunity to comment on the quality review and quality account document. It includes a wealth of information demonstrating the important work the Trust does in our area.

There has been a concern raised by Board members that the document does not acknowledge the significant levels of concern repeatedly raised locally by GP's, in particular regarding extended waiting times, especially for patients in a health professional setting with a proven severe diagnosis. GP Board members expected an acknowledgement of this within the document. I would just like to emphasise the rurality of the county and that the time it takes to reach more distant areas is my main concern. However, I was heartened to hear that a number of new, fully equipped vehicles are coming forwards which may alleviate some of the issues.

I attended the Adults and Health Scrutiny Meeting on 8th May where a very good presentation was made. I would ask that any discussion points raised from the meeting are included in consideration of the final report.

Cllr Christine Lawrence
Chair – Somerset Health and Wellbeing Board
Cabinet Member for Public Health and Wellbeing

Cornwall Council

Thank you for providing us with your quality account for the year 2018 - 2019.



We believe that the report adequately covers the Trust's activities over the last year and highlights quality priorities for the forthcoming year. It is confirmed that South Western Ambulance Service NHS Foundation Trust has attended meetings and provided information when requested.

A report on the Trust performance was requested during the year. The report was warmly welcomed and the summary of performance in Cornwall was noted. Since the Trust attended the meeting in November a number of concerns have been raised with the Committee which we will seek to discuss with the trust.

These are regarding a number of elements - the response times in rural locations, response times for lower ARP Response Categories and 'stacking'.

At the time of the report to the Committee in November 2018, lower level geographical data for response times was not collected however following information provided to the media, we believe lower level information is now available.

The areas highlighted above will be a focus of the Committee with the Trust in the coming year in addition to how the Trust is achieving against the priorities identified in this report.



Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19
- the content of the quality report is not inconsistent with internal and external sources of information including: – board minutes and papers for the period 01 April 2018 to 23 May 2019
 - papers relating to quality reported to the board over the period April 2018 to 31 March 2019
 - feedback from commissioners dated 23/05/2018
 - feedback from governors dated 17/01/2019, 01/04/2019
 - feedback from local Healthwatch organisations dated 23/05/2018
 - feedback from overview and scrutiny committee dated 23/05/2018
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 09/05/2018
 - the [latest] national staff survey 26/05/2019
 - the Head of Internal Audit's annual opinion of the trust's control environment dated 23/05/2019
 - CQC inspection report dated 27/09/2018
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate



- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

23.05.2019 Date

Chairman

23.05.2019 Date

Chief Executive



Glossary of Terms and Acronyms

Term	Description
111	National phone number for people to access non-emergency healthcare and advice
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.
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
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 Guidelines	National clinical practice guidelines for NHS paramedics developed by the 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.
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: <ul style="list-style-type: none"> • 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
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Email: publicrelations@swast.nhs.uk Telephone: 01392 261649 Fax: 01392 261510

Post: Communications Department, South Western Ambulance Service NHS Foundation Trust, Abbey Court, Eagle Way, Exeter, Devon, EX2 7H



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 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- category 1 (C1) – life-threatening calls – mean response time; and
- category 2 (C2) – life-threatening calls – mean response time.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Detailed requirements for quality reports for foundation trusts 2018/19 ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated 14 May 2019;
- feedback from governors, dated 1 April 2019;
- feedback from local Healthwatch organisations, dated 14 May 2019;
- feedback from Overview and Scrutiny Committee, dated 10 May 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- Care Quality Commission Inspection, dated 27 September 2018;



- the 2018/19 Head of Internal Audit’s annual opinion over the trust’s control environment, dated 23 May 2019; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the ‘documents’). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of South Western Ambulance Service NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and South 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 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance

KPMG LLP

KPMG LLP
Chartered Accountants
66 Queen Square
Bristol
BS1 4BE

24 May 2019



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 2019 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note one.

In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview

Materiality:	£4.7 million (2018: £4.0 million)
Financial statements as a whole	2% of total income from operations (2018: 1.7% of total income from operations)

Risks of material misstatement vs 2018

Recurring risks	Valuation of land and buildings	◀▶
	Recognition of NHS and non-NHS income	◀▶
Event driven	New Recognition of Non-Pay Expenditure	▲

Key

◀▶	Risk level unchanged from prior year
▲	Risk level increased from prior year

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 ("our results") from those procedures in order that the Trusts governors as a body may better understand the process by which we arrived at our audit opinion. These matters were addressed, and our results 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
<p>Valuation of land and buildings (£51.9 million; 2018: £51.1 million)</p> <p><i>Refer to page 9 (Audit Committee Report), page 187 (accounting policy) and page 205 (financial disclosures)</i></p>	<p>Subjective valuation</p> <p>Land and buildings are required to be held at current value. As ambulance stations 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.</p> <p>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.</p> <p>Valuations are completed by an external expert, 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 completed in interim periods.</p> <p>The Trust had a desktop valuation undertaken as at 31 March 2019.</p> <p>Valuations are inherently judgemental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, were appropriate and correctly applied.</p> <p>The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Assessing valuer's credentials: We considered the scope, qualifications and experience of the Trust's valuer, 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 practice; — Test of details: We undertook the following tests of details: <ul style="list-style-type: none"> ▪ We tested the completeness of the estate covered by the valuation to the Trust's underlying records of the estate held, including additions to land and buildings during the year; ▪ We critically assessed the assumptions used within the valuation by assessing the assumptions used to derive the carrying value of assets against BCIS all in tender price index and industry; ▪ We re-performed the calculation of gain or loss on revaluation for all applicable assets and checked whether the accounting entries were consistent with the NHS Group Accounting Manual; and ▪ 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. <p>Our results:</p> <ul style="list-style-type: none"> — From the evidence obtained, we considered the valuation of land and buildings to be acceptable.

2. Key audit matters: our assessment of risks of material misstatement (cont.)

	The risk	Our response
<p>Recognition of NHS and non-NHS income</p> <p>(£239.4 million; 2018: £233.6 million)</p> <p><i>Refer to page 10 (Audit Committee Report), page 185 (accounting policy) and page 198 (financial disclosures).</i></p>	<p>Effects of Irregularities</p> <p>Of the Trust's reported total income, £224.7 million (2018, £222.4 million) came from commissioners (Clinical Commissioning Groups (CCGs) and NHS England). Income from CCGs and NHS England makes up 94% of the Trust's income. The majority of income is contracted on an annual basis, but 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 from contracts.</p> <p>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.</p> <p>The Trust reported total income of £13.5 million (2018: £11.1 million) from other activities, principally, education and training and non-patient care activities. 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.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Control observation: We tested the design and operation of process level controls over revenue recognition; — Test of details: We undertook the following tests of details: <ul style="list-style-type: none"> — We agreed Commissioner income to the signed contracts and selected a sample of the largest balances (comprising 94% of income from patient care activities) to agree that they had been invoiced in line with the contract agreements and payment had been received; — We inspected invoices for material income in the month prior to and following 31 March 2019 to determine whether income was recognised in the correct accounting period, in accordance with the amounts billed to corresponding parties; — 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 £300,000, and all balances in dispute, and challenged the Trust's assessment of the level of income they were entitled to and the receipts that could be collected; and — We tested material other income balances by agreeing a sample of income transactions through to supporting documentation and/or cash receipts. <p>Our results:</p> <ul style="list-style-type: none"> — The results of our testing were satisfactory and we considered the amount of revenue recognised of £239.4 million to be acceptable.

2. Key audit matters: our assessment of risks of material misstatement (cont.)

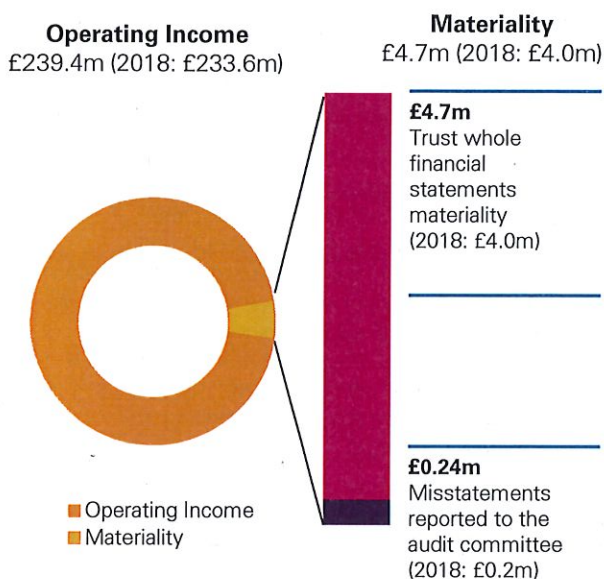
	The risk	Our response
<p>Recognition of non-pay expenditure</p> <p>(£9.3 million; 2018: £8.3 million)</p> <p><i>Refer to page 12 (Audit Committee Report), page 186 (accounting policy) and page 200 (financial disclosures)</i></p>	<p>Effects of Irregularities</p> <p>In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited body manipulating expenditure to meet externally set targets. As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so we had regard to this when planning and performing our audit procedures.</p> <p>This risk does not apply to all expenditure in the period. The incentives for fraudulent expenditure recognition relate to achieving financial targets and the key risks relate to the manipulation of recognition of non-pay expenditure at the year-end.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none">— Control observation: We tested the design and operation of process level controls over expenditure approval;— Tests of detail: We undertook the following tests of details:<ul style="list-style-type: none">▪ We agreed a sample of accruals to underlying calculations and supporting post-year end evidence;▪ We inspected invoices for material expenditure in the month prior to and following 31 March 2019 to determine whether expenditure was recognised in the correct accounting period relevant to when services were delivered;▪ We assessed the completeness and judgements made within the expenditure balance, specifically accrued expenditure; and▪ 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 expenditure captured in the financial statements. We sought explanations for any variances over £300,000, and all balances in dispute. <p>Our results:</p> <ul style="list-style-type: none">— The results of our testing were satisfactory and we considered the amount of accrued expenditure recognised of £9.3 million to be acceptable.

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £4.7 million (2018: £4.0 million), determined with reference to a benchmark of operating income (of which it represents approximately 2% (2018: 1.7%)). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £240,000 (2018: £200,000), 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 performed at the Trust's headquarters in Exeter.



4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1.3 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 87, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on 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.

No significant risks were identified during our risk assessment.

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
66 Queen Square, Bristol BS1 4BE
24 May 2019



Operating and Financial Review

Summary of Financial Performance

The key highlights for financial performance for 2018/19 are as follows:

- Income of £239.4million, which is above plan by £11.9million. This includes additional income to support the set-up costs of the 63 additional vehicles, pay award income including the impact of the pay award in 2018/19 ,additional Air Ambulance resources plus additional Education and Training and Research and Development income
- A reported deficit of £5.903million against a plan for breakeven which was due to changes in workforce provisions
- The Trust delivered the adjusted deficit of £5.967million as calculated by NHS Improvement and excluding the reversal of impairments
- Earnings Before Interest, Tax, Depreciation and Amortisation (EBITDA) of £5.5million (2018: £14.0million) representing 2.32% of income compared to a plan of 6.46%
- A year-end cash balance of £29.2million (2018: £23.3million) compared to plan of £17.6m. The net movement from plan is due to slippage of capital plans until 2019/20 and movements in working capital
- Net current assets of £2.8million (2018: £7.9million). This has reduced year on year due to the change in vehicle life of the Mercedes fleet from seven to eight years and the movement of provisions
- A Use of Resource metric rating of 3 as set by NHS Improvement (where 1 is the best and 4 is the worst).

During 2018/19 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 1.00% incidents which was 0.08% above contract
- Continued involvement in Ambulance Response Programme
- Workforce challenges including paramedic and emergency care assistant recruitment but ended the year in a stronger position
- The impact of national Agenda for Change pay award
- Changes in provisions
- Procured, converted and equipped 63 new specification DCAs
- Extension in the asset life of Mercedes DCAs from seven to eight years
- The income and costs associated with the hosted Ambulance Airwaves team on behalf of the Department of Health
- Achievement in year of both recurrent and non-current Cost Improvement Plan CIP schemes.

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 £239.4 million in 2018/19. This has increased by 2.5% from £233.6 million in 2017/18. The following table provides a summary of the key movements.



Income Movements 2017/18 to 2018/19

	£'m
Income 2017/18	233.6
Additional A&E income	3.4
Reduction of Urgent Care income	(2.5)
Agenda for Change pay award income	2.4
Additional Education and Training income	1.2
Other income movements	1.3
Income 2018/19	239.4

- A&E income includes additional funding for the set-up costs of the 63 new specification vehicles
- The reduction of Urgent Care income relates to changes in contracts which are no longer provided by the Trust
- The pay award income was received separately to core contracts in 2018/19 due to the timing of the agreed deal but will be incorporated into contract income for 2019/20;

Total Income 2018/19

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 totaled £198.4million (2018: £195.0million) which represented 82.9% of the Trust's 2018/19 turnover (2018: 83.5%). The following table provides a summary of the key movements.

Trust income in 2018/19 and 2017/18

	2018/19		2017/18	
	£'m	%	£'m	%
A&E income	198.4	82.9%	195.0	83.5%
HART income	6.7	2.8%	6.7	2.9%
UCS income	12.6	5.3%	15.1	6.6%
PTS income	0.0	0.0%	0.0	0.0%
Other income	21.7	9.0%	16.8	7.1%
	239.4	100.0%	233.6	100.0%

Analysis of Expenditure

Operating expenditure for 2018/19 was £243.0million. This has increased by £11.7 million (5.1%) from £231.3 million in 2017/18. The following table provides a summary of the key movements.



Operating expenditure in 2018/19 and 2017/18

	2018/19		2017/18	
	£'m	%	£'m	%
Staff Costs	178.4	73.4%	168.5	72.9%
Supply and Services	8.1	3.3%	8.4	3.6%
Establishment	3.7	1.5%	3.4	1.5%
Transport	19.4	8.0%	18.8	8.1%
Premises	11.3	4.7%	10.1	4.4%
Depreciation	9.2	3.8%	12.0	5.2%
Impairment	(0.1)	(0.0%)	(0.3)	(0.1%)
Rental under Operating leases	3.0	1.2%	2.9	1.3%
Clinical Negligence	2.0	0.8%	2.3	1.0%
Other	8.1	3.3%	5.2	2.3%
	243.0	100.0%	231.3	100.0%

These movements reflect:

- The increase in pay costs associated with the changes in provisions, additional resources, impact of paramedics moving to band six and changes in Agenda for Change pay scales
- The set-up costs for the fleet increase of 63 DCAs
- The impact of the change in DCA vehicle life from seven to eight years within depreciation
- The Other costs increase in 2018/19 includes additional training expenses for staff training for lead clinician roles
- 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's 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 2018/19, SWASFT delivered a cost improvement plan of £7.5 million of which £3.5 million was delivered non-recurrently. This challenge reflects the impact of additional pressures within the A&E service line which will be carried forward into 2019/20.

The cost improvement plan for 2019/20 is £9.5million and has been identified and extracted from budgets. This plan includes £2.7million of schemes that are non-recurrent in nature. The schemes that feature for 2019/20 include zero basing of pay and non-pay, and a review of



operational services including fleet, logistics and procurement in line with the recommendations from Lord Carter of Coles. The Trust continues to work to mitigate the risks within this plan as part of its financial management processes.

Capital Investment

The Trust continues to manage its capital spend in line with its five-year capital plans. The total investment in capital for the year to 31 March 2019 was £15.4million (2018: £11.4million). The Trust delivered 73% of the £21.2million revised capital plan for 2018/19 which took into account the additional funding received to fund the 63 additional vehicles. A number of items will be carried forward to 2019/20.

Details of key elements of spend during the year is detailed below.

Capital programme 2018/19 and 2017/18

	2018/19		2017/18	
	£'m	%	£'m	%
Fleet	10.7	69.5%	9.1	79.6%
Information Communication and Technology	1.9	12.3%	2.0	17.5%
Estates	1.2	7.8%	0.2	1.8%
Other including Medical Devices	1.6	10.4%	0.1	1.1%
	15.4	100.0%	11.4	100.0%

The key features of the capital expenditure include:

- The purchase of additional 63 DCA vehicles and associated set up costs
- Continued investment in tech refresh
- Estate costs associated with work on the clinical hub and costs associated with the sale of the Chippenham site.

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 2019. The Trust had no requirement to access this facility during 2018/19, 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.

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

	2018/19		2017/18	
	Number	£'m	Number	£'m
Total Non-NHS trade invoices paid in year	39,312	£99.6	38,502	£99.1
Total Non-NHS trade invoices paid within target	38,632	£97.8	37,726	£97.3
Percentage of Non-NHS trade invoices paid within target	98%	98%	98%	98%
Total NHS trade invoices paid in year	1,274	£3.0	1,373	£3.9
Total NHS trade invoices paid within target	1,223	£2.9	1,334	£3.7
Percentage of NHS trade invoices paid within target	96%	97%	97%	95%

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 2018/19, the Trust recognised a dividend payable of £2.3 million within the Statement of Comprehensive Income based on average relevant net assets of £65.4 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 achieved a score of 3 as at March 2019 due to the deficit position.

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's 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 2018/19. The Trust did not deliver the derived NHS Improvement measure in line with plan due to posting the deficit.

	2018/19
Reported deficit Position	(£5.903m)
Less: reversal of impairment	(£0.064m)
NHS Improvement 'adjusted' Control Total	(£5.967m)

Financial Outlook

The Trust needs to continue to reconcile quality, activity, performance and the delivery of the financial plan. The Finance Committee, a sub-committee of the Board, tests and provides assurance on the financial aspects of the Trust.

The Trust is not currently meeting Ambulance Response Programme standards. The Trust has been working with commissioners to agree a £12 million two-year investment programme to improve the Trust's performance, commencing in 2019/20. The Trust will continue to work with commissioners to produce a transformation plan to achieve Trust-wide performance.

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 it to manage risks should they materialise.

The Trust has an approved Financial Plan for 2019/20 which is based on:

- The first year of a two-year A&E contract
- £8.0 million investment as the first element of the investment programme
- The funding for the impact of the pay award through contract income
- Signed contracts for all other services
- An identified £9.5 million cost improvement plan
- The cost improvement plan includes £2.7 million schemes that are non-recurrent in nature
- A rolling cash flow forecast and five-year capital plan
- The Trust has for the first time in 2019/20 accepted the Control Total requested by NHS Improvement
- Delivery of a breakeven plan prior to the achievement of Provider Sustainability Funding
- The achievement of the Provider Sustainability Funding means the Trust will be setting a plan of a £1.9 million surplus.

Some of the developments expected to impact on the financial outlook include:

- Potential impact of Brexit
- The Joint Plan with commissioners to deliver operational performance including the investment programme and the STP action plan in relation to activity
- Impact of accepting the NHSI Control Total for 2019/20



- The Trust continues to engage and be part of the seven STPs/ ICSs across the Trust area
- 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
- The update to the Electronic Patient Care system
- The rollout of the sector standard DCA vehicle specification
- Fuel prices.



South Western Ambulance Service NHS Foundation Trust

Annual report and Accounts for the year ended 31 March 2019

Foreword to the accounts

These accounts, for the year ended 31 March 2019, have been prepared by South Western Ambulance Service NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:

A handwritten signature in blue ink that reads "Ken Wenman".

Ken Wenman

23-May-19



South Western Ambulance Service NHS Foundation Trust

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
 31 MARCH 2019**

		Year ended 31 March 2019 £000	Restated Year ended 31 March 2018 £000
	Note		
Operating income from patient care activities	3.1	225,912	222,532
Other operating income	3.1	<u>13,490</u>	<u>11,053</u>
Total operating income from continuing operations		<u>239,402</u>	<u>233,585</u>
Operating expenses from continuing operations	4.1	<u>(242,994)</u>	<u>(231,262)</u>
Operating (deficit) / surplus		<u>(3,592)</u>	<u>2,323</u>
Finance costs:			
Finance income	7	158	65
Finance costs - interest expense	8	(95)	(100)
PDC Dividends payable		<u>(2,290)</u>	<u>(2,199)</u>
Net finance costs		<u>(2,227)</u>	<u>(2,234)</u>
(Losses) / Gains on disposal of non-current assets		(84)	237
(Deficit) / Surplus for the year		<u>(5,903)</u>	<u>326</u>
Other comprehensive income / (expense)			
Impairments	9.1 & 9.2	(755)	(308)
Revaluations	9.1 & 9.2	<u>2,672</u>	<u>2,874</u>
Total comprehensive income for the year		<u>(3,986)</u>	<u>2,892</u>

The notes on pages 183 to 216 form part of these accounts.



**STATEMENT OF FINANCIAL POSITION AS AT
31 MARCH 2019**

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Property, plant and equipment	9.1 & 9.2	97,449	89,663
Trade and other receivables	12	<u>103</u>	<u>162</u>
Total non-current assets		<u>97,552</u>	<u>89,825</u>
Current assets			
Inventories	11	2,170	2,030
Trade and other receivables	12	7,040	7,077
Cash and cash equivalents	20	<u>29,236</u>	<u>23,364</u>
Total current assets		<u>38,446</u>	<u>32,471</u>
Current liabilities			
Trade and other payables	13.1	(25,972)	(20,612)
Borrowings	15	(440)	(439)
Provisions	18	(8,474)	(3,062)
Other liabilities	14	<u>(673)</u>	<u>(484)</u>
Total current liabilities		<u>(35,559)</u>	<u>(24,597)</u>
Total assets less current liabilities		100,439	97,699
Non-current liabilities			
Borrowings	15	(1,054)	(1,479)
Provisions	18	<u>(4,150)</u>	<u>(4,032)</u>
Total non-current liabilities		<u>(5,204)</u>	<u>(5,511)</u>
Total assets employed		<u>95,235</u>	<u>92,188</u>
Financed by taxpayers' equity:			
Public Dividend Capital		50,058	43,025
Revaluation reserve	19	13,394	11,980
Income and expenditure reserve		<u>31,783</u>	<u>37,183</u>
Total taxpayers' equity		<u>95,235</u>	<u>92,188</u>

The accounts on pages 178 to 216 were approved by the Board on 23 May 2019 and signed on its behalf by:

Signed: 
Ken Wenman - Chief Executive

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

FOR THE YEAR ENDED 31 MARCH 2019

	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 2018		43,025	11,980	37,183	92,188
Deficit for the year		0	0	(5,903)	(5,903)
Transfers between reserves		0	(492)	492	0
Impairments	9.1 & 9.2	0	(755)	0	(755)
Revaluations - property, plant and equipment	9.1 & 9.2	0	2,672	0	2,672
Transfer to retained earnings on disposal of assets		0	(11)	11	0
Public dividend capital received		7,033	0	0	7,033
Taxpayers' equity at 31 March 2019		50,058	13,394	31,783	95,235

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED 31 MARCH 2018**

	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 by absorption: transfers between reserves	0	(421)	421	0
Impairments	0	(308)	0	(308)
Revaluations	0	2,874	0	2,874
Transfer to retained earnings on disposal of assets		0	(91)	91
Taxpayers' equity at 31 March 2018	43,025	11,980	37,183	92,188

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.

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 MARCH 2019**

	Note	Year ended 31 March 2019 £000	Restated Year ended 31 March 2018 £000
Cash flows from operating activities			
Operating (deficit) / surplus from continuing operations		<u>(3,592)</u>	<u>2,323</u>
Operating (deficit) / surplus		(3,592)	2,323
Non cash income and (expense)			
Depreciation	4.1	9,203	12,021
Impairments	4.1	(64)	(325)
(Increase)/decrease in trade and other receivables	12.1	262	(2,985)
(Increase)/decrease in Inventories	11.1	(140)	258
Increase/(decrease) in trade and other payables	13.1	470	(578)
Increase/(decrease) in other liabilities	14	189	(74)
Increase/(decrease) in provisions	18	5,518	(662)
Net cash generated from operations		<u>11,846</u>	<u>9,978</u>
Cash flows from investing activities			
Interest received	7	158	65
Purchase of property, plant and equipment	9.1 & 13.1	(10,529)	(11,912)
Sales of Property, Plant and Equipment	4.1, 9.1 & 9.2	329	529
Net cash used in investing activities		<u>(10,042)</u>	<u>(11,318)</u>
Cash flows from financing activities			
Public dividend capital received		7,033	0
Loans repaid to the Department of Health	15	(428)	(428)
Loans repaid	15	0	(28)
Interest paid		(27)	(40)
Interest element of finance lease		(54)	(53)
PDC Dividend paid		(2,456)	(2,153)
Net cash used from financing activities		<u>4,068</u>	<u>(2,702)</u>
Net (Increase)/decrease in cash and cash equivalents		<u>5,872</u>	<u>(4,042)</u>
Cash and cash equivalents at the start of the year		<u>23,364</u>	<u>27,406</u>
Cash and cash equivalents at end of the year		<u>29,236</u>	<u>23,364</u>

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 2018/19 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 2018/19 accounts include provisions for workforce changes.

The Trust has made a provision for a contract dispute.

The Trust has made a provision for the potential dilapidation costs for two 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 2019. 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 2020.

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 0.29% (2018: 0.10%) has been used to calculate the Injury Benefit provision of £4.317 million (2018: £4.191 million).

Non current asset lives have been reassessed by the District Valuer at 31 March 2019.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.6 Revenue from contracts with customer

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient.

Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

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 2018/19.

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Notes to the Accounts - 1. Accounting Policies (Continued)

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 2019.

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.

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 2018/19 this includes vehicles, 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'.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 9.1 and note 19.

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.

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.

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	Max life
	Years	Years
Buildings, excluding dwellings	7	70
Plant & machinery	5	15
Transport equipment	2	8
Information technology	3	5
Furniture & fittings	5	10

During 2018/19 the Trust changed the useful life for the Trust's Mercedes Dual Crew Ambulances from seven to eight years.

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.

1.21 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

De-recognition

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 and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure

Financial liabilities classified as subsequently measured at fair value through income and expenditure.

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. **Notes to the Accounts - 1. Accounting Policies (Continued)**

1.22 Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

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 2019;
- 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 the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

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 (including lottery funded 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) any PDC dividend balance receivable or payable.

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 2019/20

IFRS 16 Leases.

Standards applicable from 2020/21

IFRS 17 Insurance contracts.

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 Committee (FC), a sub-committee of the Board of Directors.

The Accident and Emergency Ambulance (A&E) service line accounts for 85.65% (2018:86.33%) of total income received by the Trust during the year ended 31 March 2019. The A&E service line includes HART income for 2018-19. Urgent Care Services (UCS) including Out of Hours and NHS 111 accounts for 5.27% (2018: 6.5%) of the total income received by the Trust during the same year.

	31 March 2019	31 March 2018
	£000	£000
A&E income	205,039	201,563
PTS income	25	25
UCS income	12,607	15,092
Other income	21,731	16,815
Total income	<u>239,402</u>	<u>233,495</u>
Operating expenses	<u>(242,994)</u>	<u>(231,262)</u>
Operating surplus	<u>(3,592)</u>	<u>2,233</u>

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 year, 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 contracts which are competitively tendered.

Notes to the Accounts - 3. Operating Income

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
3.1. Operating income from patient care activities (by classification)		
Income from activities		
Income from Commissioner Requested Services		
A&E income	205,039	201,653
PTS income	25	25
Income from non-Commissioner Requested Services		
Other income	18,428	20,854
AfC pay award central funding	<u>2,420</u>	<u>0</u>
Total income from patient care activities	<u>225,912</u>	<u>222,532</u>

Other Income

The other income from non-Commissioner requested services of £18.428 million (2018: £20.854 million) can be further broken down as follows:

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Out of Hours (OOH)	9,361	10,614
NHS 111	3,246	4,478
Other	<u>5,821</u>	<u>5,762</u>
Total Other Income	<u>18,428</u>	<u>20,854</u>

Other income includes Winter pressure income of £1.8 million (2018: £2.2 million), CBRN of £0.5 million (2018: £0.5 million), Tiverton MIU £0.9 million (2018: £0.8 million), RTA Income £0.6 million (2018: £0.6 million), Somerset GP Car 0.5 million (2018: £0.4 million), MTS Income £0.5million (2018: £0.5 million).

	Year ended 31 March 2019 £'000	Restated Year ended 31 March 2018 £'000
Other operating income (by source)		
Research and development	142	713
Education and training	2,019	836
Income in respect of staff costs	2,758	2,228
Other	8,548	7,192
Rental revenue from operating leases	<u>23</u>	<u>84</u>
Total other operating income	<u>13,490</u>	<u>11,053</u>
Total operating income	<u>239,402</u>	<u>233,585</u>

Included in other operating income of £8.548 million (2018: £7.192 million) is £4.8 million relates to Ambulance Radio Programme (ARP) for hosting the team (2018: £4.3 million), £1.3 million Operation Fairline (2018: £Nil)

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
3.2. Income from patient care activities		
NHS Foundation Trusts	305	454
NHS Trusts	0	9
NHS England	681	881
Clinical Commissioning Groups	221,426	220,156
Local Authorities	358	217
Non-NHS:		
Injury costs recovery	562	632
Other	<u>159</u>	<u>183</u>
Total Income from patient care activities	<u>223,491</u>	<u>222,532</u>

Notes to the Accounts - 3. Operating Income (continued)

3.3 Operating lease income

The 2018/19 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.

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Operating lease income		
Rents recognised as income in the year	<u>23</u>	<u>84</u>
Total	23	84
	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Future minimum lease payments receivable		
Not later than one year	23	24
Later than one year and not later than five years	56	56
Later than five years	<u>11</u>	<u>25</u>
Total	90	105

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.

Notes to the Accounts - 4. Operating Expenses from continuing operations

	Year ended 31 March 2019 £000	Restated Year ended 31 March 2018 £000
4.1. Operating Expenses from continuing operations		
Purchase of healthcare from NHS and DH bodies	0	0
Purchase of healthcare from non NHS bodies	251	206
Employee Expenses - Non-executive directors	153	147
Employee Expenses - Executive directors & Staff	178,265	
	168,345	Drug costs
Supplies and services - clinical (excluding drug costs)	5,879	639
	6,535	
Supplies and services - general	2,185	
	1,827	
Establishment	3,690	
	3,426	
Transport	19,375	
	18,768	
Premises	11,251	
	10,064	
Increase in provision for impairment of receivables	136	138
Change in provision discount rate and increase in other provisions	377	144
Inventories write down	82	121
Rentals under operating leases	3,029	
	2,927	
Depreciation on property, plant and equipment	9,203	
	12,021	
Impairments of property, plant and equipment	(64)	
	(325)	Audit fees
payable to the external auditors:-		
audit services- statutory audit	60	51
other auditors remuneration (external auditors only)	1	54
Clinical negligence	1,978	
	2,321	
Legal fees	676	540
Other professional fees	1,236	
	1,066	
Internal Audit Fees	124	152
Training, courses and conferences	2,479	932
Redundancy	535	132
Early retirements	4	7
Insurance	111	87
Other services, e.g. external payroll	234	245
Car parking and security	50	78
Losses, ex gratia and special payments	92	57
Other	963	
	<u>551</u>	
	242,994	231,262

Notes to the Accounts - 4. Operating Expenses from continuing operations (continued)

4.2 Other auditors remuneration

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £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	1	11
3. Taxation compliance services	0	0
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	0	43
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	<u>0</u>	<u>0</u>
Total	<u><u>1</u></u>	<u><u>54</u></u>

4.3 Limitation on auditors' liability

The Trust's contract with its auditors, as set out in the engagement letter signed February 2019, 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 (2018: £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 two years remaining, which relates to properties in Axminster, Cirencester and Paulton.

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Minimum lease payments	3,029	2,927

Future minimum lease payments due

	Land £000	Year ended 31 March 2019		
		Buildings £000	Other £000	Total £000
Not later than one year	34	1,854	392	2,280
Later than one year and not later than five years	134	5,117	278	5,529
Later than five years		<u>1,888</u>	<u>7,787</u>	<u>0</u>
Total		<u><u>2,056</u></u>	<u><u>14,758</u></u>	<u><u>670</u></u>
		<u><u>17,484</u></u>		

	Land £000	Year ended 31 March 2018		
		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		<u>1,891</u>	<u>8,332</u>	<u>0</u>
Total		<u><u>2,056</u></u>	<u><u>15,241</u></u>	<u><u>708</u></u>
		<u><u>18,005</u></u>		

Notes to the Accounts - 5. Employee costs

5.1 Employee benefits

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Salaries and wages	146,556	136,558
Social Security Costs	13,025	12,756
Apprenticeship levy	684	658
Employer contributions to NHS Pension scheme	17,520	16,673
Agency/contract staff	480	1,700
Total	178,265	168,345

Included in salaries and wages for 2018/19 is a £6.0 million workforce provision.

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 £1.185 million (to 31 March 2018; £1.073 million).

Benefits are accruing under the NHS defined benefit pension scheme to 5 directors (2018: 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 2019 (2018: Nil).

During the year to 31 March 2019, the highest paid Director for the Trust was the Chief Executive who was paid a salary between £0.170 million and £0.175 million (2018: £0.170 million and £0.175 million) and benefits in kind of £0.005 million (2018: £0.004 million).

5.3 Retirements due to ill-health

During the year to 31 March 2019 there were 6 early retirements from the Trust agreed on the grounds of ill-health (31 March 2018: 4 early retirements). The estimated additional pension liabilities of this ill-health retirements will be £0.472 million (31 March 2018: £0.251 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 2019

Fourteen staff left the Trust during the year ending 31 March 2019 (2018: 33 staff), they received an exit package when they left the Trust of £0.587 million (2018: £0.629 million).

5.5 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.

Notes to the Accounts - 6. 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 the 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. Therefore, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

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. NES 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 2018/19 employee contributions to NEST were 3.0% of pensionable pay and employer contributions were 2.0% of pensionable pay.

From 2019/20 employee contributions to NEST will be 5.0% of pensionable pay and employer contributions will be 3% 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.

Notes to the Accounts - 7. Finance income

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Interest on bank accounts	<u>158</u>	<u>65</u>
Total	<u>158</u>	<u>65</u>

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
8. Finance costs - interest expense		
Loans from the Department of Health	27	36
Finance leases	56	56
Interest on late payment of commercial debt	0	4
Unwinding of discount on provisions	<u>12</u>	<u>4</u>
Total	<u>95</u>	<u>100</u>

Notes to the Accounts - 9. Property, plant and equipment

9.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
For the year ended 31 March 2019								
Cost or valuation at 1 April 2018	16,254	34,856	1,394	7,238	71,482	9,073	964	141,261
Additions	0	470	3,190	1,329	9,408	1,001	22	15,420
Impairments	(10)	(745)	0	0	0	0	0	(755)
Revaluation	1,345	(135)	0	0	0	0	0	1,210
Reclassifications	0	6	(1,321)	0	1,315	0	0	0
Disposals	(35)	(78)	0	(516)	(6,211)	(225)	0	(7,065)
At 31 March 2019	17,554	34,374	3,263	8,051	75,994	9,849	986	150,071
Accumulated depreciation at 1 April 2018	0	0	0	4,827	42,837	3,223	711	51,598
Provided during year	0	1,559	0	683	4,908	1,972	81	9,203
Impairments	0	611	0	0	0	0	0	611
Reversal of impairments	(352)	(323)	0	0	0	0	0	(675)
Revaluation	352	(1,814)	0	0	0	0	0	(1,462)
Disposals	0	(33)	0	(516)	(5,879)	(225)	0	(6,653)
Accumulated depreciation at 31 March 2019	0	0	0	4,994	41,866	4,970	792	52,622
Net book value								
Owned	17,554	34,091	3,263	3,057	34,128	4,879	194	97,166
Finance leased	0	283	0	0	0	0	0	283
Total at 31 March 2019	17,554	34,374	3,263	3,057	34,128	4,879	194	97,449

Notes to the Accounts - 9. Property, plant and equipment (continued)

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
For the year ended 31 March 2018	£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
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)
Revaluations	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
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 (cont.)

9.3 Property, plant and equipment

The Trust's land and buildings were revalued by the District Valuer at 31 March 2019. 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 2019. 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 2019.

No other classes of non-current assets were revalued during the year.

9.4 Impairment of assets

	Year ended 31 March 2019 £000	Year ended 31 March 2018 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(64)	(325)
Total net impairments charged to operating surplus / deficit	(64)	(325)
Impairments charged to the revaluation reserve	755	308
Total net impairments	691	(17)

The gross carrying amount of fully depreciated assets still in use at 31 March 2019 was £19.409 million (2018: £21.393 million).

10. Contractual capital commitments

	As at 31 March 2019 £000	As at 31 March 2018 £000
Property, plant and equipment	2,395	1,829
	2,395	1,829

These commitments relate to purchase of vehicles and ICT project

Notes to the Accounts - 11. Inventories

11.1. Inventories	31 March 2019	31 March 2018
	£000	£000
Drugs	135	158
Consumables	1,031	1,100
Energy	443	196
Other	<u>561</u>	<u>576</u>
Total	<u>2,170</u>	<u>2,030</u>

11.2 Inventories movement	Year ended 31	Year ended 31
	March 2019	March 2018
	£000	£000
Carrying Value at 1 April	2,030	2,288
Additions	9,548	7,463
Inventories recognised in expenses	(9,325)	(7,600)
Write-down of inventories recognised as expenses	<u>(82)</u>	<u>(121)</u>
Carrying Value at 31 March	<u>2,170</u>	<u>2,030</u>

12. Trade and other receivables

12.1 Trade and other receivables	Current	Non-current	Current	Non-current
	31 March 2019	31 March 2019	31 March 2018	31 March 2018
	£000	£000	£000	£000
Contract receivables- invoiced	3,392	0	3,698	0
Trade receivables - not yet invoiced	958	0	725	0
Allowance for impaired contract receivables	(339)	0	(251)	0
Prepayments	2,857	103	2,899	162
PDC receivable	<u>172</u>	<u>0</u>	<u>6</u>	<u>0</u>
Total	<u>7,040</u>	<u>103</u>	<u>7,077</u>	<u>162</u>

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.

12.2 Provision for impairment of receivables	31 March 2019	31 March 2018
	£000	£000
Balance at 1 April 2018	(251)	(158)
(Increase) in provision	(136)	(215)
Amounts utilised	48	45
Unused amounts reversed	<u>0</u>	<u>77</u>
Balance at 31 March 2019	<u>(339)</u>	<u>(251)</u>

Majority of the provision relates to the recovery of overpaid salaries.

Notes to the Accounts - 13. Trade and other payables

13.1. Trade and other payables

	Current 31 March 2019 £000	Non-current 31 March 2019 £000	Current 31 March 2018 £000	Non-current 31 March 2018 £000
Trade payables	6,078	0	6,721	0
Other trade payables - capital	6,586	0	1,695	0
Social Security costs	2,223	0	2,223	0
VAT Payable	88	0	14	0
Other taxes payable	1,430	0	1,460	0
Other payables	235	0	184	0
Accrued interest on DHSC loans	0	0	1	0
Accruals	<u>9,332</u>	<u>0</u>	<u>8,314</u>	<u>0</u>
Total	<u>25,972</u>	<u>0</u>	<u>20,612</u>	<u>0</u>

13.2 Better Payment Practice Code - measure of compliance

	31 March 2019		31 March 2018	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	39,312	99,608	38,502	99,060
Total Non NHS trade invoices paid within target	<u>38,632</u>	<u>97,750</u>	<u>37,726</u>	<u>97,280</u>
Percentage of Non-NHS trade invoices paid within target	<u>98%</u>	<u>98%</u>	<u>98%</u>	<u>98%</u>
Total NHS trade invoices paid in the year	1,274	2,991	1,373	3,926
Total NHS trade invoices paid within target	<u>1,223</u>	<u>2,907</u>	<u>1,334</u>	<u>3,721</u>
Percentage of NHS trade invoices paid within target	<u>96%</u>	<u>97%</u>	<u>97%</u>	<u>95%</u>

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 £43 million (2017/18; £42 million) for payments to HMRC for 2018/19.

13.3 The late payment of commercial debts (interest) Act

	1998 2018/19 £000	2017/18 £000
Amounts included within interest payable arising from claims made under this legislation	0	4
Compensation paid to cover debt recovery costs under this legislation	<u>0</u>	<u>0</u>
Total	<u>0</u>	<u>4</u>

14. Other liabilities

	Current 31 March 2019 £000	Non-current 31 March 2019 £000	Current 31 March 2018 £000	Non-current 31 March 2018 £000
Deferred income	<u>673</u>	<u>0</u>	<u>484</u>	<u>0</u>
Total	<u>673</u>	<u>0</u>	<u>484</u>	<u>0</u>

15. Borrowings

	Current 31 March 2019 £000	Non-current 31 March 2019 £000	Current 31 March 2018 £000	Non-current 31 March 2018 £000
Loans from Department of Health	429	434	428	862
Other loans	0	0	0	0
Obligations under finance leases	<u>11</u>	<u>620</u>	<u>11</u>	<u>617</u>
Total	<u>440</u>	<u>1,054</u>	<u>439</u>	<u>1,479</u>

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 52 to 71 years.

Amounts payable under finance leases:

	Gross lease liabilities	Net lease liabilities	Gross lease liabilities	Net lease liabilities
Buildings and vehicles				
	31 March 2019	31 March 2019	31 March 2018	31 March 2018
	£000	£000	£000	£000
Not later than one year;	26	11	26	11
Later than one year and not later than five years;	104	45	104	44
After five years	1,339	575	1,365	573
Less future finance charges	(838)	0	(867)	0
Present value of minimum lease payments	631	631	628	628
Included in:				
Current borrowings		11		11
Non-current borrowings		620		617
		631		628

17. Finance lease commitments

The Trust has no new finance lease commitments as at 31 March 2019 (2018: £nil). Note 16 lays out the existing financial lease obligation.

Notes to the Accounts - 18. Provisions

	Current 31 March 2019 £000	Non-current 31 March £000	Current 31 March 2018 £000	Non-current 31 March 2018 £000
Pensions relating to other staff	253	4,064	245	3,946
Other legal claims	279	0	1,567	0
Redundancy	127	0	154	0
Other				86
Total	8,474	4,150	3,062	4,032

	Pensions injury benefit £000	Other legal claims £000	Redundancy £000	Other £000	Total £000
At 1 April 2018	4,191	1,567	154	1,182	7,094
Change in the discount rate	(77)	0	0	0	(77)
Arising during the year	475	196	570	6,854	8,095
Utilised during the year - cash	(262)	(597)	(530)	(31)	(1,420)
Reversed unused	(22)	(887)	(67)	(104)	(1,080)
Unwinding of discount		12	0	0	0
At 31 March 2019	4,317	279	127	7,901	12,624

Expected timing of cash flows:

Not later than one year	253	279	127	7,815	8,474
Later than one year and not later than five	1,012	0	0	18	1,030
Later than five years		3,052	0	0	
Total	4,317	279	127		

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 0.29% (2018: 0.10%).

The provision for other legal claims includes information provided by the NHS Resolution.

Other provisions includes provision for non guaranteed overtime, long term sick, contract dispute, historical workforce provision and dilapidations for two leases due to the termination of the leases.

Included with the provisions of the NHS Resolution at 31 March 2019 is £46.741 million (2018: £24.529 million) in respect of clinical negligence liabilities of the Trust.

Notes to the Accounts - 19. Revaluation reserve

	31 March 2019 £000	31 March 2018 £000
	Property, plant and equipment	Property, plant and equipment
At 1 April	11,980	9,926
Impairments	(755)	(308)
Revaluations	2,672	2,874
Transfers to other reserves	(492)	(421)
Asset disposals	(11)	(91)
At 31 March	13,394	11,980

20. Cash and cash equivalents

	31 March 2019 £000	31 March 2018 £000
Balance at 1 April	23,364	27,406
Net change in year	5,872	(4,042)
Balance at 31 March	29,236	23,364

Represented by:

	31 March 2019 £000	31 March 2018 £000
Cash at commercial banks and in hand	7	7
Cash with the Government Banking Service	29,229	23,357
Cash and cash equivalents as in statement of financial position and statement of cash flows	29,236	23,364

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 2018: £nil).

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	31 March	31 March	31 March
	2019	2018	2019	2018
	£000	£000	£000	£000
Bath And North East Somerset CCG	6,658	6,581	27	38
Bristol, North Somerset and South Gloucestershire CCG	32,224	0	41	0
Bristol CCG	0	16,023	0	46
North Somerset CCG	0	7,664	0	42
South Gloucestershire CCG	0	7,777	0	0
Kernow CCG	25,723	26,543	183	415
Department of Health	7,364	5,124	341	346
NEW Devon CCG	34,630	34,008	74	9
Dorset CCG	40,069	39,497	208	216
Gloucestershire CCG	24,028	24,949	43	0
Somerset CCG	22,007	21,521	26	103
Swindon CCG	7,242	7,045	26	24
South Devon & Torday CCG	11,776	11,580	14	68
Wiltshire CCG	18,232	17,537	79	51
Other NHS Organisation	4,420	2,666	402	228
	234,373	228,515	1,464	1,586

	Expenditure	Expenditure	Payables	Payables
	31 March	31 March	31 March	31 March
	2019	2018	2019	2018
	£000	£000	£000	£000
Dorset Health Care NHS Foundation Trust	34	84	0	103
Great Western Hospitals NHS Foundation Trust	7	6	0	0
NHS Resolution (formaly NHS Litigation)	1,978	4,595	26	0
Portsmouth Hospitals NHS Trust	464	478	78	55
University Hospitals Plymouth NHS Trust	272	234	76	4
Yorkshire Ambulance Service NHS Trust	(15)	83	0	10
Gloucestershire Hospitals NHS Foundation Trust	2	1	0	0
Oxford Health NHS Foundation Trust	22	23	1	4
Royal Devon & Exeter NHS Foundation Trust	51	31	47	11
Royal United Hospital Bath NHS Foundation Trust	52	40	114	63
South Central Ambulance Service NHS Foundation Trust	9	61	103	0
South East Coast Ambulance Service NHS Foundation Trust	166	78	0	0
Torbay & South Devon NHS Foundation Trust	50	206	476	474
University Hospitals Bristol NHS Foundation Trust	45	59	19	19
West Midland Ambulance Service NHS Foundation Trust	49	36	2	0
East Midland Ambulance Service NHS Trust	16	73	0	0
East of England NHS Trust	5	36	0	2
Gloucestershire Care Services NHS Trust	0	34	0	0
NHS Business Service Authority	30	314	0	0
NHS Property Service	504	739	227	0
Care Quality Commission	169	246	1	0
Other NHS organisations	273	212	288	58
	4,183	7,669	1,458	803

Notes to the Accounts - 22. Related party transactions (cont)

The Trust has entered into the following contracts for 2019/20:-

Lead Commissioner	Contract Type	Comments
NHS Dorset CCG Dorset Healthcare University NHS Foundation Trust	A&E ambulance services 111 / Clinical Assessment Service (CAS)	Additional investment received to increase resources and improve performance From 1 April 2019 this is a sub contract of the Dorset Integrated Urgent Care Partnership, but is comparable with the value of the 2018/19 contract.
NHS Devon CCG	Urgent care centre	Comparable with the value of the 2018/19 contract

Charitable Funds

As at 31 March 2019 South Western Ambulance Service NHS Foundation Trust had charitable funds of £0.537 million (2018: £0.410 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.

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	1	0	5,886	0
Balances with local authorities	41	0	16	0
Balances with NHS Trusts and FTs	216	0	967	0
Balances with Public Corporations and Trading Funds	898	0	31	0
Intra government balances	1,156	0	6,900	0
Balances with bodies external to government	5,884	103	19,071	0
At 31 March 2019	7,040	103	25,971	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	1,463
Trade and other receivables excluding non financial assets with other bodies	2,547
Cash and cash equivalents	<u>29,236</u>
Total at 31 March 2019	<u>33,246</u>
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	<u>23,364</u>
Total at 31 March 2018	<u>30,441</u>

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
DHSC loans		863
Obligations under finance leases		631
Trade and other payables excluding non financial liabilities with NHS and DH bodies		830
Trade and other payables excluding non financial liabilities with with other bodies Provisions under contract		21,401
Total at 31 March 2019	<u>8,306</u>	<u>32,031</u>
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 Provisions under contract		15,871
Total at 31 March 2018	<u>2,904</u>	<u>21,377</u>

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 2019 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 757 (2018: 714) cases of losses and special payments totalling £0.255 million (2018: £0.200 million) paid during the year ended 31 March 2019.

	Number of Cases 2018/19	Value of Cases 2018/19 £'000	Number of Cases 2017/18	Value of Cases 2017/18 £000
Losses				
Salary Overpayments	338	297	290	121
Bad Debt	74	10	70	5
Other	<u>332</u>	<u>114</u>	<u>347</u>	<u>57</u>
Total Losses	744	421	707	183
Special payments				
Personal Injury with advice	7	22	7	17
Special Severance Payments	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Special Payments	7	22	7	17
Total Losses and Special Payments	<u>751</u>	<u>443</u>	<u>714</u>	<u>200</u>

Other losses include insurance excess payments for vehicles and damage to property.

