



SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

ANNUAL REPORT AND ACCOUNTS 2019/20

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Table of Contents

WELCOME FROM CHAIR, LENA SAMUELS	7
PERFORMANCE REPORT	9
1. OVERVIEW OF PERFORMANCE	9
1.1 CHIEF EXECUTIVE'S FOREWORD	9
1.2 ABOUT US	12
1.3 OUR STRATEGY	13
1.4 KEY ISSUES AND RISKS	15
1.5 PERFORMANCE OF KEY SERVICES	16
1.6 COMMUNITY RESILIENCE	20
ACCOUNTABILITY REPORT	23
2. DIRECTORS' REPORT	23
3. COUNCIL OF GOVERNORS	31
4. MEMBERSHIP AND PUBLIC ENGAGEMENT	43
5. STAFF REPORT	50
5.1 OUR WORKFORCE	50
5.2 STAFF COSTS	55
5.3 STAFF POLICIES AND ACTIONS	58
5.4 ANNUAL NHS STAFF SURVEY	64
5.5 DIVERSITY AND INCLUSION	67
6. REGULATORY RATING	69
7. ANNUAL GOVERNANCE STATEMENT	71
8. QUALITY REPORT	83
9. REPORT OF THE AUDIT COMMITTEE	84
10. OPERATIONAL AND FINANCIAL REVIEW	86
11. REMUNERATION REPORT	91
2019/20 ACCOUNTS	101
Foreword to the accounts	101
Notes to the Accounts	108
12. STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST	158
13. INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	159
14. GLOSSARY	170

WELCOME FROM CHAIR, LENA SAMUELS

This year has seen South Central Ambulance Service (SCAS) at the heart of evolving integrated health and care systems, with staff at all levels playing an active leadership role in shaping and defining services for the optimal benefit of the people we serve. Working collaboratively has been a core strength in enabling us to elevate the profile of the ambulance service as a care navigator. This has been tremendously important in ensuring that the public can access the care that they need as speedily as possible and at a time when they are invariably at their most vulnerable.

As a consequence of partnership working, SCAS has strengthened and enhanced its Integrated Urgent Care model where clinicians from across the health and care sector work collaboratively with us to ensure that clinicians are on hand to provide advice and expertise in key areas such as mental health and maternity. Over the coming year we will continue to develop this provision. We recognise the positive benefits that this service brings for patients as well as the wider health care system in ensuring the right care takes place, in the right health care setting.

None of what we do would be possible without the dedication and professionalism of our staff, volunteers and partners. Our staff continue to be exemplary in demonstrating a “can do” and truly caring attitude. Our community first responders (CFRs) and co-responders make a tangible difference in the speed with which we are able to respond and our partners across the sector continue to support us in our goal of being a provider of choice.

The governors showed true leadership in playing an active part in the transformation journey, providing sound challenge and wise counsel. Lead Governor, Bob Duggan, modelled the values of the organisation and continued to bring stability and cohesion in his approach. We waved farewell to David Chilvers, Jeanette Clifford, Barry Lipscomb and David Lockett, to whom I am grateful for their contribution. We also welcomed Laurence Chacksfield, Hilary Foley, Helen Ramsay, Ken Roberts and David Ross who were successfully elected in the December 2019 elections along with Barry Wood, who was appointed as one of our local authority partner governors.

Regarding the remuneration of senior managers, there were no major decisions or substantial changes relating to their remuneration during the year 2019/20.

As Chair I am admirably supported by Company Secretary, Steve Garside and by a strong cohort of non-executive directors, each bringing diverse and unique skills. This ensures robust and rounded oversight of the organisation in terms of its performance and strategic direction.

As part of our continuous cycle of learning and improvement, we commissioned an external well-led review. This provided a helpful opportunity to self-reflect on our achievements to date and consider how we might develop our strategy and leadership in the future in order to respond appropriately to an ever changing and complex health and care landscape.

This approach has been essential and particularly adroit in the face of COVID-19 when we found ourselves rising to the challenge of providing the national dedicated 111 service within a narrow time frame. We know how grateful the public has been for the work of all of our NHS colleagues and I in turn want to thank them for their love and warmth which served to boost the morale of our staff. Difficult circumstances served to remind us that the success of the NHS relies on the partnership and support of the public.

As we look forward to the coming year, I know that our values, strategic ambition and goals will provide us with the bedrock for delivering the best possible care. There is always more we can do but I am confident that under the vision and leadership of Will Hancock as Chief Executive and our very able and talented Executive Directors, that our staff and volunteers will be inspired to continue to strive for excellence.

A handwritten signature in black ink, appearing to read 'LS', followed by a period. The signature is written in a cursive, flowing style.

Lena Samuels

PERFORMANCE REPORT

1. OVERVIEW OF PERFORMANCE

This section includes the reflections of the Trust's Chief Executive on how the organisation has performed this year, a brief history of the Trust and the core services it provides, our mission, vision and areas of focus and how we aim to achieve them and the risks that could affect the Trust delivering its objectives.

1.1 CHIEF EXECUTIVE'S FOREWORD

Welcome to our Annual Report for 2019/20, to say it has been a year of unexpected challenge and impact would be quite the understatement!

On 30 January 2020, the first phase of the NHS' preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident. The final two months at the end of 2019/20 saw SCAS working closely with our partners in Public Health England, NHS England and locally across all aspects of health and social care to escalate and coordinate the NHS response as effectively as possible.

In early February, SCAS had our first significant experience of coronavirus when we were called upon by NHS England and Public Health England, along with colleagues from Milton Keynes University Hospital NHS Foundation Trust, Milton Keynes Council and Thames Valley Police, to help repatriate the second flight of UK citizens returning to the UK from Wuhan province. All partners had less than 48 hours to prepare for the arrival at RAF Brize Norton in Oxfordshire on the morning of 9 February.

A short time later that month, our NHS 111 service began to see increased demand from patients calling about Covid-19 symptoms, and the demand and pressure on our Integrated Urgent Care NHS 111 service rapidly grew. Our NHS 111 service responded dynamically to the challenge, and alongside that we established the national pandemic Covid Response Service (CRS) to bolster capacity for NHS 111 to meet the needs of patients with Covid-19 whilst also dealing with regular demand.

Our patient-facing staff and volunteers adapted to new ways of working in personal protective equipment (PPE) and our Patient Transport Service teams supported the NHS with its rapid preparations for Covid patients. With London suffering a significant early surge of patients we supported our partners at London Ambulance Service, both by providing frontline SCAS ambulance crews to work in the capital, as well as taking London's 999 calls in our Clinical Coordination Centres.

As an organisation we have managed our response to Covid-19 under a full major incident command structure and I have been extremely proud of the unparalleled commitment and flexibility from our own staff and volunteers, as well as fantastic support from our military and fire and rescue partners and an enormous amount of other individuals and organisations to whom we are extremely grateful. Sadly, coronavirus looks set to be with us for a considerable amount of time to come; the pressure on many of our staff will therefore remain high and we

are working hard to deliver the enhanced and active support they will need to ensure their wellbeing and safety.

Looking outside of the impact of Covid-19 on the Trust, I am pleased to note that we continue to hold a CQC rating of GOOD overall, and that we remain in the highest rated segment of the NHS Improvement performance criteria. This is a result of the hard work and dedication of our staff, and their commitment to our core values of teamwork, innovation, professionalism and caring.

Our Patient Transport Service has continued to deliver a good service to patients across our four core counties of Berkshire, Buckinghamshire, Hampshire and Oxfordshire, as well as to those in Surrey and Sussex. Meeting the KPIs for these contracts is always challenging, but we know from the feedback from service users that they generally very much appreciate the service we provide.

We have continued to deliver on our Trust strategy, particularly around partnership working. Throughout the year we have continued to develop and implement the Integrated Urgent Care model in partnership with other health and social care providers, facilitating enhanced clinical guidance in areas such as mental health, maternity and dental care via our NHS 111 service. We have also been closely involved in the development of Integrated Care Services across the SCAS region in support of the NHS Long Term Plan.

At the beginning of 2019/20, it was announced that our Chief Operating Officer, Philip Astle, had been appointed by South East Coast Ambulance Service NHS Foundation Trust as the organisation's new Chief Executive and would take up the role from 1 September.

We have continued our collaborative work with colleagues from London Ambulance Service throughout the year as part of our formal partnership. There has been a particular focus on clinical education, NHS 111, human resources, payroll and IT/telephony, and a number of projects are being evaluated in terms of complexity, benefits and costs. We have also formalised our collaborative work with the Isle of Wight NHS Trust with a Memorandum of Understanding approved by both Boards.

I was pleased with the phased rollout, commencing November 2019, of our Urgent Care Pathways programme. A dedicated team on this project have worked with local health and social care partners across the Thames Valley and Hampshire to ensure more patients get direct access to the appropriate care and specialists they need, rather than be taken initially to a local emergency department. In conjunction with this programme, we also introduced SCAS Connect, an app designed to assist clinical staff locate available health and care services when working on the frontline. As well as providing the right care in the right place for our patients, these innovations reduce demand on emergency departments and primary care, as well as reducing inappropriate ambulance conveyances to hospital – a key cornerstone of the NHS Long Term Plan.

Indeed, there were a number of other innovations and service developments over the course of the last 12 months that we can justifiably be proud of. In February, The Trust's Global Digital Exemplar Anaplan Team, along with partners KPMG, won the Health Service Journal Partnership Award for Best Healthcare Analytics Project. The work, considered to be ground-breaking across the NHS, uses data variables and clever algorithms to enable us to forecast our 999 demand even more accurately.

Another innovation attracting national interest was the operational sleep and fatigue study the Trust carried out in support of our staff's health and wellbeing, and work-life balance, by creating better work/shift patterns with roster changes. The team behind the project has already given several presentations on the findings to the Association of Ambulance Chief Executives and other NHS ambulance trusts as it demonstrates what impact sleep and fatigue has on individuals' daily lives and what measures can be undertaken within organisations to reduce associated risks around this area. Over the coming year we will continue to track the expected benefits of our roster changes on our staff on a regular basis to ensure they are being delivered.

In a year that saw extreme weather across the globe, from huge forest fires in Australia and the United States, Hurricane Dorian arriving as the most intense tropical cyclone on record, record high temperatures set across Europe last summer and, more recently, serious flooding across large parts of the UK, I was pleased to introduce the Trust's revised Sustainability Development Management Plan this year. Extreme weather makes our task as an emergency and urgent care provider even more challenging. We also recognise that we contribute to the problem with our day-to-day operations and widespread use of diesel.

Our new plan commits the Trust to a 50% cut in our carbon emissions by 2030; this will be achieved through fleet electrification, fuel reduction and more efficient buildings. With over 500,000 business miles claimed each financial year, we were already implementing operational changes through better use of remote and video technology and, of course, home working. As with many Organisations our experience of remote working recently has clearly demonstrated the capability for new ways of working that are both more efficient and productive, as well as reducing our climate change impact.

I would like to conclude by offering my personal thanks and admiration for the extraordinary way in every staff member and volunteer has responded to a truly unprecedented year.



Will Hancock

Chief Executive

May, 2020

1.2 ABOUT US

South Central Ambulance Service NHS Foundation Trust provides a range of emergency, urgent care and non-emergency healthcare services, along with commercial logistics services. The Trust delivers most of these services to the populations of the South Central region – Berkshire, Buckinghamshire, Hampshire and Oxfordshire – as well as non-emergency patient transport services in Surrey and Sussex, and a dental service (accessed via NHS 111) in parts of Dorset.

SCAS was formed on 1 July 2006 following the merger of Hampshire, Oxfordshire, Royal Berkshire and Two Shires Ambulance Services and Will Hancock was appointed as the Trust's first Chief Executive. At that time, the newly formed Trust delivered 999 and non-emergency patient transport services, along with commercial training and logistics, some elements of GP out-of-hours services and the Berkshire Community Equipment Service. South Central Ambulance Service became a Foundation Trust on 1 March 2012 and was the first ambulance trust in England to be rated 'Good' by the Care Quality Commission (September 2016), with the CQC confirming the 'Good' rating along with further improvements in the Trust's emergency and urgent care service, resilience and emergency operations centres, and NHS 111 service when inspectors returned in July and August 2018.

SCAS is a monopoly provider of 999 emergency ambulance services within the South Central region (as are all English ambulance trusts in their defined geographical areas); all other services the Trust delivers are tendered for on a competitive basis. With the expansion into Surrey and Sussex, we now serve a population of over seven million people across the six counties. We employ 4,058 staff who, together with over 1,000 volunteers, enable us to operate 24 hours a day, seven days a week.

What we do:

- Receive 999 calls in our clinical coordination centres in Bicester, Oxfordshire, and Otterbourne, Hampshire
- Respond to 999 calls by arranging the most appropriate resource from community first and co-responders, to rapid response vehicles, ambulances, air ambulances or a combination, and sometimes all, of these
- Provide the integrated urgent care service for the Thames Valley and NHS 111 service for Hampshire from our two clinical coordination centres
- Take eligible patients to and from their hospital appointments and treatments with our non-emergency patient transport service (PTS)
- Provide a commercial logistics service across Oxfordshire

Our vision

TOWARDS EXCELLENCE - SAVING LIVES AND ENABLING YOU TO GET THE CARE YOU NEED

Our mission

- We are with you when you need us, providing help and professional mobile healthcare to you and your community

Our core values

- **Teamwork** – delivering high performance through an inclusive and collaborative approach which values diversity
- **Innovation** – continuous improvement through empowerment of our people
- **Professionalism** – setting high standards and delivering what we promise
- **Caring** – for our patients and each other

Going Concern Disclosure

After making enquiries, the directors have a reasonable expectation that the 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.

1.3 OUR STRATEGY

Our five-year strategy provides a roadmap for the development of our major service lines:

- Care coordination and integrated urgent care
- Mobile care and emergency responses
- Expanded patient transport and logistics
- A partner in local systems

The last five years of modernisation across the NHS and social care have brought some significant changes in the way that our services are organised, accessed and delivered. The NHS has now published the new Long Term Plan which will continue to develop upon the themes and trends whilst also implementing new initiatives. Issues that the Long Term Plan sets out to address include:

- The provision of care through an increasing number of 'channels', including by telephone, video call and online, with a rapid increase in the technology available to support this. Whilst some of these services support 'channel shift' allowing care to be provided in a different way, they are also used to provide additional capacity to cope with rising demand.
- The rapid consolidation of provider organisations and of commissioners, through mergers and acquisitions and other less formal partnerships, driven by the need to maintain quality whilst containing costs.
- The development of new organisational forms in the NHS, including the development of Integrated Care Systems (ICS, covering approx. 2m population), Integrated Care Partnerships (ICP, serving approx. 500k populations) and Primary Care Networks (PCN, with integrated teams for communities of approx. 50k) bringing together commissioners and providers and new financial models.
- The need to change the focus of healthcare provision such that it is not immediately assumed that the local hospital will be the best place to see and treat urgent cases

The key challenges facing SCAS are to improve the quality and effectiveness of patient care, and to support local systems in managing rising demand, within the context of tightening finances and increased competition. Our strategic approach needs to reflect the following:

- A continued focus upon meeting performance targets and quality of care and ensuring that we have plans in place to meet these expectations going forward as they evolve. This should allow us to take a leading role in any future changes which may arise through procurement opportunities, from the recent review of ambulance services and other national changes.
- The need to plot a careful course through the changing organisational structures. We cover a number of ICS footprints, and our role within an ICP is less clear cut than for organisations based within the relevant geography. It is vital that we engage with this process and actively build alliances and partnerships, so that we can influence our own future.
- An ability to anticipate and respond to changing urgent care requirements, by implementing our strategy for the creation of an Integrated Urgent Care Service.

Strategic themes	Care coordination, integrated urgent care and NHS 111 Mobile care and emergency responses Expanded patient transport and logistics SCAS as a partner in local care systems
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Since 2016, SCAS has been working with its local partners across our region's health and social care economies in the development and implementation of our four ICS areas:

- Buckinghamshire, Oxfordshire & West Berkshire
- Hampshire & Isle of Wight
- Frimley
- Bedfordshire, Luton & Milton Keynes

As a result of our PTS contracts, we are also involved in both Surrey Heartlands and Sussex & East Surrey ICSs. Whilst each ICS reflects differing local priorities, they all share the following common themes:

- **Demand management:** Demand for health and care services is forecast to increase significantly due to demographic changes, and it is recognised that current service provision will not be able to cope fully with this demand. Each ICS includes plans for improved prevention and increased self-care, together with redesigned and expanded primary and community care, intended to provide an alternative to hospital admission.
- **Primary, community and social care partners are grouping into 'networks'** with the aim of offering better integrated services and extended hours, including evenings and weekend services.
- **Digital and other technological developments** offer scope to find new ways to support people in their own homes.

These local priorities have several implications for SCAS, our strategy, objectives and organisational development:

- Enable patients to identify and access the care that they need first time
- Enable more people to stay safely in their own home or community

- Support efficient and effective patient flow around systems of care across 999, NHS 111 and Patient Transport Services
- Align our services with the new ICSs, ICPs and PCNs, potentially providing the technical infrastructure and clinical decision-making support required to deliver this new way of working

1.4 KEY ISSUES AND RISKS

The Trust has a robust risk management strategy which provides a basis for a well-managed risk assurance process to ensure safe services and an accurate record of risks. It is reviewed on an annual basis and approved by the Trust Board. It is published and made available to the public and stakeholders via the Trust's website.

The aims of this strategy are to:

- Integrate risk management into the Trust's culture and everyday management practice
- Clearly define the Trust's approach and commitment to risk management
- Raise staff awareness, knowledge and skills
- Document responsibilities and a structure for managing risk
- Ensure a coordinated, standard methodology is adopted by every directorate/ department
- Encourage and support incident reporting in an open safety culture
- Ensure that the Trust Chief Executive and Board of Directors are provided with evidence that risks are being appropriately identified, assessed, addressed and monitored
- Adopt an integrated approach to risk management, whether the risk relates to clinical, organisational, health and safety or financial risk, through the processes

In accordance with governance best practice and legislative requirements the Trust formally assesses and records all significant risks in a Corporate Risk Register (operational risks) and in the Board Assurance Framework (strategic risks). Risks are reviewed through the Risk, Assurance and Compliance Committee, the Audit Committee and the Quality and Safety Committee. The Trust's aim is that the carrying out of suitable and sufficient risk assessments should become an integral part of everyday activity, becoming a pre-emptive approach to reducing accidents and adverse incidents rather than being reactive.

The Trust's principal risks have been identified as:

- Risk of not achieving the NHS England Ambulance Response Programme standards due to changing patterns
- Risks associated with delays due to queuing at emergency departments, particularly at the Queen Alexandra Hospital in Portsmouth, impacting on patient care and safety
- Risk of efficiently delivering the non-emergency Patient Transport Service contracts
- Risk of not achieving the financial targets
- Risk of non-compliance with the General Data Protection Regulations and ensuring robust digital and data security
- Risk of ensuring recruitment and retention of key clinical staff in all services

- Risk of not being at the forefront of changes in the way ICS/ICP/PCNs will work to manage resources across care systems and communities
- Risk of not maintaining the CQC 'Good' rating
- Risks associated with a potential disease outbreak. In January 2020, the [World Health Organization](#) declared that the outbreak of the new Covid-19 virus is a [Public Health Emergency of International Concern](#), with the WHO warning of a potential global pandemic.

1.5 PERFORMANCE OF KEY SERVICES

999 OPERATIONS

As a modern ambulance service, we deliver our services through a combined and integrated approach with our wider health colleagues, as well as responding to emergency 999 and urgent GP calls. The expansion of our non-emergency NHS 111 and patient transport service means that SCAS now provides an integrated urgent care model to clinical assessment, sign-posting and advice.

Our 999 emergency service is delivered in a strategically co-ordinated approach with a local delivery to meet the needs of our patients across the Thames Valley and Hampshire. We dispatch our 999 resources via a virtual Clinical Coordination Centre (CCC) split over two sites in Bicester and Otterbourne, which dispatches our clinical and specialist teams/departments 24 hours a day, 365 days a year.

Under the national ambulance response programme we ensure that:

- The sickest patients receive the fastest response
- Patients get the response they need first time, and in a timeframe that is appropriate for their condition
- Waiting times are reduced
- Patients living in rural areas receive a more equitable response

Performance against national ambulance service response targets 2018/19

	Measure	Target	2019/20	2018/19
Category 1	Mean	< 07:00	07:17	07:01
	90 th Percentile	<15:00	13:13	12:45
Category 2	Mean	< 18:00	17:48	16:36
	90 th Percentile	< 40:00	36:13	33:13
Category 3	90 th Percentile	< 02:00:00	02:09:42	02:02:03
Category 4	90 th Percentile	< 03:00:00	02:56:47	02:54:10

Within the Operations Directorate in SCAS we have had another busy year with our continued focus on improved service delivery and patient care being at the heart of all we deliver and strive to achieve. Overall 999 demand increased by over 7% in the last year and whilst we did achieve all our national response time targets over the peak two-week Christmas and New Year period, our response times have also been affected by hospital handover challenges, particularly in South East Hampshire and of course the demand generated by the coronavirus pandemic in the last two months the financial year.

Over the last 12 months we have also:

- Delivered 52 new ambulances into frontline operations over the last 12 months and a further 62 are scheduled to arrive in 2020/21
- Established urgent care pathways with our health and social care partners to provide more appropriate patient care and reduce demand on emergency departments and primary care
- Rolled out SCAS Connect which provides frontline staff with real time search capability to identify and access the most appropriate services for the patient they are treating
- Commenced work on a tri-services Blue Light Hub in Milton Keynes that will see our local teams operating from a single base shared with colleagues from Buckinghamshire Fire & Rescue Service and Thames Valley Police
- Launched and rolled out an integrated electronic patient record system to all our private provider partners which enables better data, better reporting, better audits and ultimately better patient care

NHS 111

The NHS 111 service at a national level faces considerable demand challenges, and the SCAS NHS 111 service performance standards continued to be under pressure during 2019/20. We are, however, seeing slow but steady improvements in our performance levels.

The national pressure on the NHS 111 service was particularly high in the later part of the year due to a very high increase in demand caused by the Covid 19 pandemic. Call volumes are high during the 'in hours' periods, and this is a change that has been even more pronounced throughout the Covid pandemic. SCAS has been a leader in supporting the national response services to manage patients' healthcare needs during the pandemic.

We have been very focussed on addressing the recruitment issues, particularly for call handlers and clinicians, that have impacted on our performance in previous years. Our workforce numbers are currently extremely strong which is allowing us to improve performance levels.

SCAS NHS 111 has continued to develop the Wessex Dental Advisory service, and working with partners have undertaken a Paediatric pilot, continued to expand the 111 Mental Health service (which now covers the isle of Wight and Ambulance car response), and are also involved in a successful bid to provide the Veteran High Intensity service.

Working with the wider SCAS team we have assisted the redeployment of Paramedics on alternative duties, and the training of Specialist Paramedics to assess category 3 and 4 calls.

The SCAS NHS 111 service has been chosen by NHS England and NHS Improvement to pilot a new national initiative called 'Think NHS111 First'. This initiative will be rolled out in 2020 and will initially be piloted in the South East Hampshire area. The primary aim is to prevent Emergency Department (ED) waiting rooms becoming overcrowded, with patients able to book an appointment time in ED after being triaged by NHS 111 clinicians.

2019/2020 Performance

Total calls offered	1,292,815	
Total calls answered	1,240,344	
Calls answered within 60 seconds	87.76%	(Target 95%)
Calls abandoned	3.20%	(Target <5%)
Referrals to 999	134,693	
Transfers to clinicians	724,652	

NON-EMERGENCY PATIENT TRANSPORT SERVICE (PTS)

SCAS provides the non-emergency Patient Transport Service (PTS) across six counties:

- Berkshire
- Buckinghamshire
- Hampshire
- Oxfordshire
- Surrey
- Sussex

The PTS service is provided under the terms of six different contracts:

- **SHIP** covering Hampshire
- **Thames Valley** covering Berkshire, Buckinghamshire and Oxfordshire
- **Surrey**
- **Sussex**
- **Oxford Health** providing transport for service users attending mental health day services and NHS dental services in Oxfordshire, Buckinghamshire and Wiltshire
- **Milton Keynes**

Each contract has its own set of Key Performance Indicators (KPIs) that the service provided is measured against.

SCAS carried out more than 865,000 PTS journeys during 2019/20.

PTS Performance Summary

PTS performance is reported at an aggregated level due to commercial sensitivity of reporting at contract level.

During 2019/20 SCAS completed the implementation of a Commercial Transformation project to restructure our PTS service and other commercial functions. This restructuring is now embedded in the service, with all roles now filled, which has helped improve the service.

During this process there was an impact from people changing roles, causing some operational roles to become vacant and thus impacting performance on a short-term basis.

	Target	Full Year Performance	Number of Contracts KPI is Reportable
Arrival Outpatients	88.4%	84.9%	5
Collection Outpatients	88.1%	86.6%	6
Arrival Renal	88.3%	86.0%	3
Collection Renal	89.9%	88.1%	3
Call Answer - PTS Contact Centre	95%	77.2%	6
Call Abandonment - PTS Contact Centre	<5%	4.5%	6

PTS Operations performance

There are variances by contract due to varied service specifications, KPI windows, funding differences, activity variations, KPI targets and resourcing levels. Not all contracts have the KPIs reported above hence the last column. This is in part due to the fact that not all our contracts provide the Renal service in the area, with the rest due to what the commissioners separate out for reporting purposes.

The first 2 KPIs include Renal (where applicable) but some contracts like to see the Renal performance separated for that cohort of patients.

Within the above performance, there are ups and downs against contract and by month. One contract had pilot KPIs from December 2019 which have been signed off from 1 April 2020, therefore the above performance is against the original KPIs. The new KPIs are better aligned to the service that is required by patients, commissioners, Acute Trusts and SCAS which will be fully reportable going forwards.

For both the Arrival Outpatients and Arrival Renal KPIs, many of the patients arrive earlier than the KPI window so, whilst the performance has not hit the target, this is largely due to patients arriving 'too early' which is the patient's preference. 'Not late' performance is above target for both Outpatients and Renal.

Within the contracts the amount of activity continues to vary year-on-year and compared to the original bid expectations. This is for overall activity figures as well as the acuity and mileage of the activity being moved. This does cause some challenges with resourcing the service.

We have continued with a strong recruitment plan throughout 2019/20, however many contracts for PTS operations have had vacancies throughout the year which were partially filled with use of Private Providers and Taxi companies. This is detrimental to the financial accounts and therefore there was a balance of finances vs performance.

Within each of the contracts there are different focuses throughout the year dependent upon the specific KPIs and areas for improvement, for example Renal performance and 'On the Day' performance.

PTS Contact Centre performance

Call Answer and Call Abandonment rates have improved throughout 2019/20, which is shown in the full year performance.

Similarly to PTS Operations, there was one contract that piloted a slight change in the 'Call Answer' KPI within the contact centre, and this has been signed off from the 1 April and therefore the above performance is based on the original KPIs.

PTS Contact Centres carried a few vacancies within Call Handlers and Dispatcher roles. The vacancies against Call Handlers impacted the call answer performance, as did expected changes to call volume that were budgeted for but did not come to fruition throughout 2019/20. The Dispatcher vacancies affected the operational performance of the service.

We ended 2019/20 in a better staffing position within the contact centre, and currently have minimal vacancies against Call Handler and Dispatcher roles.

Throughout the year there has been various areas of improvement, from improved 1-2-1s, improved appraisal rates, improved E-learning, review of 'not ready' time for staff as well as new reports within our reporting system to allow more informed decision making.

1.6 COMMUNITY RESILIENCE

SCAS continues to excel in providing healthcare and other services for the communities we serve. The Trust has further committed to investing in our local areas to help build a better, more resilient society and we achieve this by continuing to invest in the local communities through recruiting, training and developing a diverse team of community-based volunteers who work side by side with our frontline staff to deliver care in medical emergencies.

Up to 31st March 2020 SCAS has 965 active community first responders (CFRs) and co-responders, this is a decrease of 58 from last year. However, the number of incidents attended were greater than the previous year. They all continue to respond within a three-mile radius of their location or deploy themselves to cover an area of SCAS where our clinical coordination centres need them.

Together, our CFRs and co-responders from the military, police and fire and rescue services have attended 34,531 emergency 999 incidents for the Trust in 2019/20.

Community first responders	24,093
Fire co-responders	6,337
Military and police co-responders	4,260
Total	34,531

These volunteers are trained to respond to specific life-threatening emergencies where patients may be suffering from a cardiac arrest, heart attack, breathing difficulties or a stroke. The ability of our CFRs and co-responders to be able to be at a patient's side to commence life-saving treatment, often within a few minutes prior to our first ambulance response arriving, makes a positive contribution and impact on the results the Trust has achieved this year in terms of some key Ambulance Quality Indicators, such as Return of Spontaneous Circulation (ROSC), stroke care and out-of-hospital cardiac arrest survival to discharge.

We continue to roll out training as well as developing our volunteers and Co-responders further across SCAS to respond to non-injury falls and concern for welfare incidents. On average, SCAS receives around 180 calls a day relating to a patient who has fallen – that's over 65,000 calls a year. The CFRs involved are sent to appropriate calls which have been assessed by paramedics or nurses on the Clinical Support Desk (CSD) or Urgent Care Desk (UCD) within SCAS' Clinical Coordination Centres and identified as a patient who is non-injured and only has a requirement for moving and handling. They will also be deployed to silent alarm calls from care lines, where we need to respond but not necessarily with an emergency ambulance.

From 1 April 2019 to 31 March 2020, CFRs attended 1005 non-injury falls incidents and only 279 of those patients needed to be conveyed to hospital; over the same period CFRs attended 983 concern for welfare incidents and only 129 of those patients needed to be conveyed to hospital.

These figures continue to improve year on year as we are training more responders in this enhanced role so that they can attend our low acuity calls across SCAS. Elderly and frail patients who may have been at risk of having a long wait for an emergency ambulance response for a non-injury fall, will now be able to be seen more quickly by our volunteer responders and helped off the floor. This is particularly beneficial not just because it ensures more ambulances and rapid response cars are available for patients suffering life-threatening emergencies, but also because it is proven that morbidity increases every hour that a frail and elderly patient is left on the floor without medical intervention.

We have trained over 300 Fire Fighters in Immediate Emergency Care across Berkshire, Buckinghamshire and Oxfordshire which enables a more collaborative approach to our delivery of patient care in the event the fire service arrives at an incident prior to our arrival.

Our CFRs and our Community Engagement Team continue to focus on growing the number of publicly accessible defibrillators (PADs) installed in the South Central region, as well as providing familiarisation to over 1858 members of the public in both small and large events throughout the year in how to perform cardiopulmonary resuscitation (CPR) or chest compressions, and how to use a defibrillator.

At the end of March 2020, there are now 2070 PADs, an increase of 382 in Berkshire, Buckinghamshire, Hampshire and Oxfordshire, and there were 2,275 occasions where CPR was in progress prior to the arrival of an ambulance which is helping to assist in improving Out of Hospital Cardiac Arrest (OHCA). SCAS has one of the highest OHCA survival rates in the UK at (13%) and we will look to improve this figure this coming year.

We had a very successful responder conference in November 2019 with over 200 responders attending an educational day with guest speakers and to share best practice. We also saw responders sharing ideas, challenging each other to a CPR competition and looking at new equipment that future fund raising would provide us with.

Once again, SCAS supported World Restart a Heart Day in October 2019, training over 10,500 local students and members of the public in life-saving skills. We will still see this event run this coming year however, Basic Life Support and First Aid will become part of the national curriculum in September 2020.

Finally, we introduced a new handbook, volunteer agreement and a scope of practice so that our responders are able to remain up to date with processes and guidelines. New check cards have also been produced to act as an aid memoire that our responders can refer to when attending the varying calls, we receive, and this has been very welcomed.

ACCOUNTABILITY REPORT

2. DIRECTORS' REPORT

Background

The Trust's Board of Directors (the "Board") held six Board meetings in public between 1 April 2019 and 31 March 2020. The last meeting of 2019/20 was held virtually due to COVID-19, although a number of the Trust's Governors were able to participate. The agendas, papers and minutes of Board meetings are available on the Trust's website:

www.scas.nhs.uk/about-scas/our-board/board-meetings/

Details of the members of the Board can also be found on the Trust's website:

www.scas.nhs.uk/about-scas/our-board/

Decisions taken by the Board and delegated to management

The Board has overall and collective responsibility for the exercising of the powers and the performance of the Trust, and its duties include to:

- provide effective and proactive leadership of the Trust
- ensure compliance with the provider license, constitution, mandatory guidance issued by NHS Improvement, and other relevant statutory obligations
- set the Trust's strategic aims at least annually, taking into consideration the views of the Council of Governors, ensuring that the necessary resources are in place for the Trust to meet its main priorities and objectives
- ensure the quality and safety of healthcare services for patients, education, training and research delivered by the Trust, applying the relevant principles and standards of clinical governance
- ensure that the Trust exercises its functions effectively, efficiently and economically, including in relation to service delivery
- set the Trust's visions, values and standards of conduct and ensure that its obligations to patients and other key stakeholders are delivered

All Board members (Executive and Non-Executive) have joint responsibility for decisions of the Board and share the same liability. All members also have responsibility to constructively challenge the decisions of the Board and help develop proposals on priorities, risk mitigation, values, standards and strategy.

The Board delegates certain powers to its sub-committees (not including executive powers unless expressly authorised). The executive team is responsible for the day-to-day running of the organisation and implementing decisions taken at a strategic level by the Board.

Board of Directors balance

The Board continually reviews its composition to ensure that it reflects the skills and competencies required to enable the Trust to fulfil its obligations.

The Board started 2019/20 with eight Non-Executive Directors (NEDs), including the Chair, and seven Executive Directors, including the Chief Executive.

The changes to the composition of the Board during 2019/20 were as follows:

- existing NED Les Broude replaced Ilona Blue as Senior Independent Director on 1 August 2019, following Ilona Blue's planned departure from the Trust after nearly eight years of service
- Paul Kempster replaced Philip Astle in the position of Chief Operating Officer in August 2019, following the latter's appointment as Chief Executive of South East Coast Ambulance Service NHS Foundation Trust

This means that the Board ended 2019/20 with seven NEDs, including the Chair, and seven Executive Directors (EDs), including the Chief Executive. This is not in accordance with the NHS Code of Governance which recommends an excess of voting NEDs over voting EDs on the Board, but is mitigated by the fact that the Chair has a second/casting vote in any decisions where a vote is required (very exceptional). A recruitment exercise is underway to replace Ilona Blue and the Trust hopes to make an appointment in the Summer of 2020.

All current fourteen Board members have voting rights.

Board of Directors performance evaluation and review

The Board reviews its functioning and performance on an ongoing basis throughout the year. During 2019/20 there have been a number of reviews with direct implications for the Board, including:

- in line with the current 'well-led' regulatory guidance, an external and independent review of the Board took place in 2019 and was delivered by Carnall Farrar. This was a comprehensive review which confirmed the high-performing nature of the SCAS Board, whilst making recommendations for further improvement. A copy of the report produced by Carnall Farrar can be found in the papers for the Board meeting in public held on 30 January 2020.
<https://www.scas.nhs.uk/wp-content/uploads/Papers-Board-Meeting-in-Public-30-January-2020.pdf>
- the Care Quality Commission (CQC) carried out a core inspection of Patient Transport Services in February 2020, and this considered the leadership of the services provided by the Trust. Positive feedback was provided by the CQC and the draft report from this inspection is still awaited at the time of writing

- the Trust, as with all other NHS providers, is assessed on an ongoing basis by NHS Improvement as part of its Single Oversight Framework regulatory approach. The reviews consider the following five elements:
 - operational performance
 - financial performance and use of resources
 - quality of care
 - strategic change, and
 - leadership and improvement capability
- Whilst all five elements have a link to the role of the Board, the 'leadership and improvement capability' element focuses strongly on the effectiveness of the Board.
- SCAS has been assessed throughout 2019/20 as being a segment 1 (maximum autonomy) provider, the best possible category.
- the Council of Governors' Nominations Committee, supported by the Chair, Director of Human Resources and Organisational Development and Company Secretary, continues to review the NED arm of the Board as part of a formal succession planning process. This considered, in particular:
 - filling the vacancy created by Ilona Blue and the skills and expertise required from her replacement
 - the decision in July 2019 to re-appoint Mike Hawker for a third term of office
 - the decision in July 2019 to appoint Les Broude as Senior Independent Director
 - the decision in October 2019 to re-appoint the Chair for a second term of office.

In addition to the processes outlined above, the Board has a systematic approach to assessing its collective performance including through the performance appraisal system. As an example, the 2018/19 appraisals of the Chair and NEDs included comprehensive feedback from the Trust's Governors through a survey approach, and a similar approach will be applied for the 2019/20 appraisals (but also taking into account recent guidance on conducting Chair appraisals issued by NHS Improvement).

Reviews of the effectiveness of the key Board committees (e.g. Audit, Quality and Safety, Charitable Funds, and Remuneration) are also undertaken annually and presented to the Board (generally each May/July).

Governance

SCAS 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. The Board uses the NHS Foundation Trust Code of Governance as best practice advice to improve governance practices across the Trust. Furthermore, the effectiveness of the Trust's governance arrangements is regularly assessed, including through internal audit.

The Trust was compliant with all aspects of the Code of Governance during 2019/20, with one exception. As mentioned previously, the departure of Ilona Blue resulted in the Trust not having an excess of non-executive directors over executive directors. A recruitment exercise took place in the second half of 2019 in order to address this issue of non-compliance. This was unsuccessful in identifying a candidate with the required skills and expertise, and therefore a second recruitment exercise is currently underway, overseen by the Council of Governors.

The Trust was compliant with its Constitution at all times during 2019/20.

The Board operates within a comprehensive structure and with robust reporting arrangements, which facilitates good information flows between the Board of Directors, various committees, and the Council of Governors.

The Trust maintains a register of Board members' interests, gifts and hospitality, and this is presented on an annual basis at one of the Trust's Board meetings in public. Board members are also asked to declare any new interests at each meeting of the Board, or highlight any existing interest that might be relevant to the discussions at that meeting.

The Board members register of interests can be found on our website:

www.scas.nhs.uk/about-scas/our-board/

The Board continues to apply the Fit and Proper Person Requirement regulations, satisfying itself that all current and newly appointed Board members fulfil the requirements. At each Board meeting in public, Board members are asked to declare whether there are any new factors which may impact on their ability to be regarded as 'fit and proper'.

Non-Executive Directors

NEDs are members of the Board of Directors, appointed, reappointed and potentially removed by the Council of Governors, using agreed policies. They are not involved in the day to day running of the business but are instead guardians of the governance process and monitor the executive activity as well as contributing to the development of strategy. They have four specific areas of responsibility – strategy, performance, risk and people – and should provide independent views on resources, appointments and standards of conduct.

NEDs have a particular duty to ensure appropriate challenge is made, and that the Board acts in the best interests of the public. They should:

- bring independence, external skills and perspectives, and challenge strategy development
- scrutinise the performance of, and hold to account, the executive management in meeting agreed objectives, receive adequate information, and monitor the reporting of performance.
- satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management and governance are robust and implemented.

- be responsible for determining appropriate levels of remuneration of executive directors and have a prime role in appointing, and where necessary removing, executive directors, and in succession planning.

The Chair is one of NEDs and is personally responsible for the leadership of the Board of Directors and the Council of Governors, ensuring their effectiveness on all aspects of their role and setting their agenda.

During 2019/20 the Trust had eight serving and voting NEDs, all of whom are independent:

NED	Date appointed to FT Board	Current term of office	Term
Lena Samuels (Chair)	1 January 2017	31 March 2023	Second
Sumit Biswas	1 July 2016	30 June 2022	Second
Ilona Blue ¹	1 March 2012	31 December 2019	Third
Les Broude	1 February 2018	31 January 2021	First
Nigel Chapman	1 March 2016	28 February 2022	Second
Mike Hawker	1 January 2014	30 June 2022	Third
Priya Singh	1 April 2018	31 March 2021	First
Anne Stebbing	1 April 2018	31 March 2021	First

Details of each non-executive director Board member, including any declared interests, can be seen on the Trust's website at <https://www.scas.nhs.uk/about-scas/our-board/non-executive-board-directors/>

Executive Directors

The executive directors are responsible for the day-to-day running of the organisation, and the Chief Executive, as Accounting Officer, is responsible for ensuring that the organisation works in accordance with national policy and public service values, and maintains proper financial stewardship. The Chief Executive is directly accountable to the Board for ensuring that its decisions are implemented.

¹ Ilona Blue left the Trust as planned on 31 August 2019

At the end of the 2019/20 financial year there were seven voting executive directors on the Trust Board:

Executive Director	Position
Will Hancock	Chief Executive
Paul Kempster	Chief Operating Officer
John Black	Medical Director
Mike Murphy	Director of Strategy and Business Development
Charles Porter	Director of Finance
Professor Helen Young	Director of Patient Care and Service Transformation
Melanie Saunders	Director of Human Resources and Organisational Development

Philip Astle also served as Chief Operating Officer until August 2019, whereby he was replaced by Paul Kempster.

Details of each Executive Director Board member, including any declared interests, can be seen on the Trust's website at www.scas.nhs.uk/about-scas/our-board/board-of-directors/

It is the responsibility of the Board of Directors to prepare the Annual Report and Accounts, and 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 Trust's performance, business model and strategy.

No political donations have been made or received by Board members during 2019/20.

Board committees

The Board has four committees: Audit, Quality and Safety, Remuneration, and Charitable Funds.

The Audit and Quality and Safety Committees jointly oversee governance, quality and risk within the organisation and provide assurance to the Board.

The Audit Committee also seeks assurance that financial reporting and internal control principles are applied. Its members at the end of 2019/20 were Mike Hawker (Chair), Sumit Biswas, Les Broude and Priya Singh, and five meetings were held during 2019/20.

The main focus of the Quality and Safety Committee is to enhance Board oversight of quality performance, and probe quality and care issues. Its members at the end of 2019/20 were Anne Stebbing (Chair), Nigel Chapman Sumit Biswas and Priya Singh, and four meetings were held during 2019/20.

The Remuneration Committee is responsible for ensuring that a policy and process for the appointment, remuneration and terms of service, and performance review and appraisal, of the Chief Executive, executive directors and senior managers are in place. Its members at the end of 2019/20 were Sumit Biswas (Chair), Lena Samuels and Anne Stebbing and six meetings were held during 2019/20.

The Charitable Funds Committee acts with delegated authority from the Board (the corporate trustee) to ensure that the South Central Ambulance Charity operates with appropriate governance. Its members at the end of 2019/20 were Nigel Chapman (Chair), Mike Hawker and Les Broude. Five meetings were held during 2019/20.

Attendance at meetings during 2019/20

The attendance at meetings during 2019/20 of those who have served on the Board, and reflecting their membership of the various committees, is as follows:

Name	Trust Board	Audit Committee	Quality and Safety Committee	Remuneration Committee	Charitable Funds Committee
Total meetings	6	5	4	7	5
NON-EXECUTIVE DIRECTORS					
Lena Samuels	6	N/A	N/A	7	N/A
Sumit Biswas	6	4	4	7	N/A
Ilona Blue	2/2	1/3	N/A	2/3	N/A
Les Broude	5	5	N/A	N/A	4
Nigel Chapman	6	N/A	4	N/A	5
Mike Hawker	6	5	N/A	N/A	4
Priya Singh	5	5	3	N/A	N/A
Anne Stebbing	6	N/A	4	5	N/A

Name	Trust Board	Audit Committee	Quality and Safety Committee	Remuneration Committee	Charitable Funds Committee
Total meetings	6	5	4	7	5
EXECUTIVE DIRECTORS					
Will Hancock	6	N/A	N/A	6	N/A
Philip Astle	2/2	N/A	N/A	N/A	N/A
John Black	5	N/A	2	N/A	N/A
Mike Murphy	5	N/A	N/A	N/A	3
Charles Porter	5	5	N/A	N/A	N/A
Melanie Saunders	5	N/A	N/A	6	N/A
Paul Kempster	4/4	N/A	N/A	N/A	N/A
Professor Helen Young	5	N/A	4	N/A	N/A

The table includes attendance by the Executive Director at Board committees for which they are the Lead Director

Where an Executive Director is unable to attend either a Trust Board or Board Committee meeting, an appropriate Deputy attends on their behalf

3. COUNCIL OF GOVERNORS

The Trust's Council of Governors (CoG) plays an essential role in the governance of South Central Ambulance Service NHS Foundation Trust (SCAS), providing a forum through which the Board of Directors is accountable to the local community.

The Trust's Constitution, reflecting relevant legislation, sets out the key requirements in respect of the functioning of the CoG. This includes its general functions, which are to:

- hold the Non-Executive Directors (NEDs) individually and collectively to account for the performance of the Board of Directors, and
- represent the interests of the members of the Trust as a whole and the interests of the public

SCAS became a Foundation Trust on 1 March 2012; the period 1 April 2019 to 31 March 2020 therefore represented the eighth full year of working for the SCAS CoG.

Membership and meetings

Membership of the CoG

The CoG is chaired by the Trust Chair, and now has a full composition of twenty-seven Governors (this was increased from twenty-six on 1 March 2020), as follows:

- fifteen elected Public Governors across four constituencies (Hampshire, Berkshire, Oxfordshire and Buckinghamshire)
- five elected Staff Governors
- three appointed Local Authority Partner Governors
- two appointed Clinical Commissioning Group Partner Governors
- one appointed Partner Governor (the Air Ambulance Charities)
- one elected Community First Responder (CFR) Governor – from 1 March 2020.

The CoG elected Bob Duggan as Lead Governor and Mark Davis as Deputy Lead Governor from 1 April 2019 for the duration of two years until the end of March 2021.

The CoG started the year with twenty-five of the maximum twenty-six Governors in place, the vacancy at this point related to a Public Governor role in Buckinghamshire. The CoG finished the year with one vacancy for a Clinical Commissioning Group Partner Governor.

There were a number of changes to the composition of the CoG during the year, including as a result of the Autumn 2019 Public Governor elections. At these elections, three Governors were re-elected, and four Governors were elected for the first time. In addition, during the year the CoG introduced a new CFR Governor position - to represent the views of the Trust's CFRs - and this was successfully filled as through an election process in Autumn 2019 election, by David Ross.

Details about each governor, including biographies and declared interests, can be seen on the Trust's website at:

www.scas.nhs.uk/about-scas/council-of-governors/meet-our-governors/

Formal meetings of the CoG

Four formal meetings of the CoG were held during 2019/20: in April 2019, July 2019, October 2019, and January 2020. All four meetings were held in public, and in accordance with the Trust's Constitution (i.e. fully quorate). Each meeting was chaired by the Trust Chair, and was well attended by Board members, including NEDs.

Details of all CoG meetings in public can be found at:

www.scas.nhs.uk/about-scas/council-of-governors/council-of-governors-meetings/

The table below reports on the attendance of Governors at meetings of the CoG, including the four formal meetings held in public.

Other meetings of the CoG

The CoG has two formal sub-committees; the Nominations Committee, and the Membership and Engagement Committee. Details of their meetings and work programmes are explained below.

Three joint CoG and Board working meetings were held during the year; in June 2019, as part of the CoG Development Programme (see below), in October 2019 to receive a strategic update and consider key messages for engagement, and in February 2020, to obtain the views of the Governors on the Trust's strategy and ambitions for 2020/21.

Duties and functions

Delivery of specific statutory duties

The Governors have a range of specific statutory duties; all of the statutory duties relevant to 2019/20 were satisfactorily discharged.

Duty		Comments
Receive annual accounts, auditor's report and annual report	√	The annual accounts and reports were received at the July 2019 CoG meeting.
Appoint and, if appropriate, remove the external auditor	√	The CoG approved a one-year extension to the contract of the existing external auditors (Grant Thornton) at the meeting in January 2020. The external auditors also attended the July 2019 CoG meeting to update Governors on their work.

Directors must have regard to Governors' views when preparing the forward plan	√	The CoG and Board hold an annual joint strategy workshop at which the Trust's future plans are discussed. The annual strategy workshop on 6 February 2020 considered the Trust's strategic themes and ambitions for 2020/21
Appoint and, if appropriate, remove the Chair	√	Governors were extensively involved in the appraisal of the Chair, and at the CoG meeting in October 2019, approved the re-appointment of the Chair for a second term of three years from 1 April 2020.
Appoint and, if appropriate, remove the other Non-Executive Directors (NEDs)	√	In 2019/20 Mike Hawker was re-appointed for a third term effective from 1 January 2020 and Les Broude was appointed to the position of Senior Independent Director following the departure of Ilona Blue. Governors were also extensively involved in the appraisal of the NEDs.
Decide remuneration and terms of conditions for Chair and other NEDs	√	During 2019/20 the CoG accepted a recommendation from the Nominations Committee (following an extensive review, including benchmarking information and staff pay increases), that the remuneration level for the Chair be increased from £40k to £44k and that the core remuneration for the NEDs be increased from £12k to £12.9k.
Approve appointment of Chief Executive	N/A	No new appointment was made in 2019/20.
Approve significant transactions	N/A	No significant transactions required approval in 2019/20.
Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution	N/A	No such applications occurred in 2019/20.
Decide whether the Trust's non-NHS work would significantly interfere with its 'principal purpose'	N/A	This was not required during 2019/20.
Approve amendments to the Constitution	N/A	No constitutional amendments were proposed during 2019/20.

Delivery of other duties and functions of the CoG

There are general duties for the Governors in relation to holding the Board of Directors to account for the performance of the Trust via the NEDs, and in representing the interests of the members and the public.

A range of mechanisms are in place to support the Governors with their holding to account role, including (but not exclusive to):

- all formal meetings of the CoG include an update from the Chief Executive on key strategic issues and operational performance, with an opportunity for Governors to ask questions. The format of CoG meetings is such that Governors can hear from the NEDs how they seek assurance and hold the Executive Directors to account for improving the performance of the Trust, and ask questions about this.
- six Board meetings in public are held each year, and Governor attendance at these has been strongly promoted. Governors are able to ask questions at the meetings, with the responses recorded in detail in the Board minutes
- the Trust ensures that the Governors receive the papers for Board meetings one week ahead of the meeting, and the minutes on a timely basis subsequent to the meeting having taken place
- Governors are invited to attend and observe meetings of three of the Board's sub-committees: Audit, Charitable Funds, and Quality and Safety
- Governors have an assigned NED 'buddy' to help develop their understanding of how the NEDs seek assurance over the day-to-day running of the organisation
- Governors have a detailed involvement in the appraisal of the Chair and NEDs
- information is regularly circulated by the Company Secretariat to keep Governors up-to-date on key Trust issues, developments, and performance, with any questions and comments being responded to as appropriate.

During 2019/20, most of the Trust's Governors attended at least one of the Board meetings in public.

In Autumn 2019, as part of an independent externally facilitated 'Well-Led' review of the Board, a number of Governors participated in a focus group meeting to provide feedback on leadership and governance within the Trust.

The work of the Membership and Engagement Committee has been key to the Governors' other general duty of representing the interests of the members and the public. During the course of the year, Governors have attended a range of membership recruitment and engagement events, and used other opportunities to meet with Trust members and members of the public to ascertain their views on the Trust.

CoG Sub-Committees

Nominations Committee

One of two formal sub-committees, the Nominations Committee is chaired by the Trust Chair and has four other Governor members (the Lead Governor and one Governor each from the categories of Public, Staff and Appointed Partner).

The Nominations Committee met five times during 2019/20 and the attendance of members at this meeting can be seen at Appendix A.

At these meetings the Nominations Committee:

- considered the reappointment of the Chair for a second term of three years from 1 April 2020, which was subsequently approved by the full CoG.
- considered the reappointment of one NED (Mike Hawker) for a third term of office, which was subsequently approved by the full CoG.
- considered arrangements for the annual Chair and NED appraisals, including how to capture the input of Governors. Subsequent recommendations were approved by the full CoG.
- reviewed the results from the annual Chair and NED appraisals.
- considered the current remuneration levels for the Chair and NEDs, an extensive review which took into account factors such as benchmarking information and staff pay increases. Subsequent recommendations were approved by the full CoG.
- progressed and oversaw a round of NED recruitment, including longlisting, shortlisting and interviewing of candidates.

Membership and Engagement Committee

The CoG has an established Membership and Engagement Committee, whose main role is to recommend strategies to the CoG for the recruitment of, and engagement with, Trust members.

The Membership and Engagement Committee ended the year with nine members, comprising seven Public Governors, one staff Governor and one appointed Partner Governor.

The Membership and Engagement Committee met on three occasions during 2019/20; meeting attendance levels can be seen at Appendix A.

During the year, the Membership and Engagement Committee has:

- reviewed the annual programme of engagement events, including developing key messages in line with the Trust's strategy, and appropriate literature
- contributed to the development of the Trust's annual Member Satisfaction and Patient Care survey
- considered how Governors can support the work of the South Central Ambulance Charity.

Governor support, training and development

Support, training and development

The Trust has a formal duty to ensure that Governors are equipped with the skills and knowledge they require to undertake their role; during the course of the year the Trust has supported Governors in this respect. In addition to the mechanisms outlined to support the general duties of Governors, the Trust has:

- provided a comprehensive and tailored induction programme for all new Governors
- provided opportunities for Governors to develop their understanding of the work of the Trust and its NEDs, including visits to the call centres, crew ride-outs, and attendance at Board committee meetings
- provided access to relevant external training (e.g. NHS Improvement, NHS Providers etc.)
- arranged internal training and briefing sessions in accordance with Governor needs. Each formal CoG meeting is preceded by a briefing session, which have included Legal and Regulations, Freedom to Speak Up, Commercial Services, and Hampshire and Isle of Wight Air Ambulance Charity.
- issued regular briefings and bulletins on SCAS and the wider NHS.

The SCAS CoG Development Programme

The SCAS Governors have participated in an externally facilitated development programme which began in June 2018 and concluded in June 2019.

The programme focused on three stages:

- 'How we do business' – the Governors developed a 'Charter of Behaviours' which sets out the behaviours, aligned to the SCAS values of teamwork, innovation, professionalism and caring, that Governors wish to see themselves exhibiting as they carry out their work.
- 'Role clarity and building productive relationships' – this had the objective of Governors developing a better understanding of their role and the relationship with NEDs/members which allows them to discharge their duties most effectively.
- 'Working together to lead well' – the objective was to bring together the learning and feedback and create practical solutions to improve the future performance of the CoG.

At the CoG meeting in October 2019, a final report from the development programme was presented to the CoG along with suggested recommendations for continued development. As a result of these recommendations, a sub-group consisting of the Trust's Chair, five Governors and two NEDs has been established to take forward the recommendations accordingly.

Conclusions and priorities for 2020/2021

Conclusions

The CoG has overseen some major achievements during 2019/20 and helped contribute to the overall success of the Trust. It has effectively delivered all of the relevant statutory duties for the year, including holding the NEDs to account for the performance of the Trust.

The CoG Development Programme confirmed that the CoG has a good working relationship with the Board of Directors, and Directors regularly attend CoG meetings to answer questions, participate in discussions, and help the Governors deliver their statutory duties. In turn, the Trust has benefitted from the perspectives brought by a diverse group of Governors, and this has been demonstrated in recent years by the Governors' input to strategy discussions and CQC inspection processes.

Priorities for 2020/2021

The CoG has identified the following priorities for 2020/2021:

1. reflecting a continually growing membership that now stands at over 17,000 (public and staff), further developing arrangements for engaging with the Trust's membership and ensuring that the interests of members are suitably represented and that their views are brought to the attention of the Trust. In 2020/21 this will include:
 - a focus on engaging more effectively with younger people and 'seldom heard' groups
 - ensuring that the Trust's representation and engagement work takes account of the changing NHS landscape and effectively conveys the strategic themes and ambitions of the Trust over the coming year
 - with regards to the public and staff elections in autumn 2020, creating a proactive campaign to raise awareness in order to:
 - attract members to become Governors
 - encourage members to vote in the elections
2. given the challenges faced by the NHS, and the growing emphasis on system working, continuing the strong focus that the Governors have in terms of holding the Board to account, via the NEDs, for the performance of the Trust.
3. implementing the outcomes from the CoG Development Programme: This includes a range of actions in order to enhance the performance of the CoG, effectiveness of meetings and the continued development of the Governors; as well as continuing to enrich the relationships between Governors and NEDs and build upon the work already begun during 2019/20.
4. with Governor elections held in 2019 and also planned for 2020, ensuring that we support those Governors elected for the first time through a comprehensive induction and support programme that helps them to develop their understanding of their role and the Trust

Appendix A: Attendance at meetings for all Governors who served during 2019/20 (1)

Governor	Constituency	Current term of office	Formal CoG meetings (2)	Membership and Engagement Committee	Nominations Committee	Workshops with Board of Directors (3)
Andy Bartlett	Public – Hampshire	1/3/2018 – 28/2/2021	4/4	N/A	N/A	2/3
Laurence Chacksfield	Public – Hampshire	1/3/2020 – 28/2/2023	N/A	N/A	N/A	N/A
Sabrina Chetcuti	Partner – CCG	1/7/2019 – 30/6/2020	3/4	N/A	N/A	3/3
David Chilvers (4)	Partner - CCG	1/7/2019 – 30/6/2020	0/1	N/A	N/A	1/1
Jeanette Clifford (5)	Partner – LA	1/10/2017 – 30/9/2020	1/1	N/A	N/A	0/0
Richard Coates	Public – Hampshire	1/3/2020 – 28/2/2023	3/4	N/A	N/A	1/3
Anne Crampton	Partner – LA	1/4/2017 – 31/3/2021	3/4	N/A	N/A	2/3
Emma Crozier	Staff - PTS	1/3/2018 – 28/2/2021	3/4	N/A	N/A	1/3
Mark Davis	Public – Berkshire / Deputy Lead Governor	1/3/2020 – 28/2/2023	2/4	3/3	N/A	0/3

Bernadette Devine	Public – Bucks	1/3/2018 – 28/2/2021	3/4	1/3	N/A	3/3
Lynn Dove-Dixon	Staff – Corp/support	1/3/2018 – 28/2/2021	3/4	3/3	N/A	1/3
David Drew	Partner – Charity	1/10/2017 – 30/9/2020	2/4	3/3	N/A	1/3
Bob Duggan	Public – Bucks / Lead Governor	1/3/2018 – 28/2/2021	4/4	3/3	5/5	3/3
Jim Dunderdale	Staff – Contact Centres	1/3/2018 – 28/2/2021	2/4	N/A	N/A	2/3
Frank Epstein	Public – Berkshire	1/3/2020 – 28/2/2023	3/4	3/3	N/A	3/3
Hilary Foley	Public – Hampshire	1/3/2020 – 28/2/2023	N/A	N/A	N/A	N/A
Colin Godbold	Public – Berkshire	1/3/2018 – 28/2/2021	4/4	N/A	5/5	2/3
Stephen Haynes (6)	Public – Oxfordshire	1/3/2018 – 28/2/2021	3/3	N/A	N/A	2/2
Keith House	Partner – LA	1/3/2018 – 28/2/2021	2/4	N/A	5/5	1/3
Loretta Light	Public – Oxfordshire	1/3/2018 – 28/2/2021	4/4	2/3	N/A	3/3
Barry Lipscomb (7) (8)	Public – Hants	1/3/2017 – 28/2/2020	0/4	0/3	N/A	0/3
David Luckett (9)	Public – Hampshire	1/3/2017 – 28/2/2020	2/4	2/3	N/A	2/3

Charles McGill	Public – Hampshire	1/3/2018 – 28/2/2021	4/4	2/3	N/A	3/3
Kate Moss (10)	Staff – 999 North	1/3/2018 – 28/2/2021	0/4	N/A	N/A	1/3
Tony Nicholson	Public – Hampshire	1/3/2018 – 28/2/2021	4/4	1/1	N/A	3/3
David Palmer	Staff - 999 South	1/3/2018 – 28/2/2021	4/4	N/A	1/5	2/3
Helen Ramsay	Public – Oxfordshire	1/3/2020 – 28/2/2023	N/A	N/A	N/A	N/A
Ken Roberts	Public – Bucks	1/3/2020 – 28/2/2023	N/A	N/A	N/A	N/A
David Ross	CFR Governor	1/3/2020 – 28/2/2023	N/A	N/A	N/A	N/A
Barry Wood	Partner – LA	1/7/2019 – 30/6/2022	2/3	N/A	N/A	0/2

KEY

- 1) this is a full record of the governors who served during 2019/20. Those highlighted in bold were in post at the end of the 2019/20 year (i.e. on 31 March 2020)
- 2) formal meetings in public held on 9 April 2019, 24 July 2019, 3 October 2019 and 13 January 2020
- 3) workshops in private held jointly with the Board of Directors on 5 June 2019 (CoG Development), 17 October 2019 (Strategic Themes and Engagement), and 6 February 2020 (Trust Strategy and 2020 Ambitions)
- 4) resigned on 10 July 2019 (term of office was until 30 June 2020)
- 5) resigned on 14 May 2019 (term of office was until 30 September 2020)
- 6) currently on a temporary sabbatical (approved by the CoG) from 3 December 2019 to 31 March 2020
- 7) attendance impacted by ill-health
- 8) did not seek re-appointment when term of office expired on 29 February 2020
- (9) was not re-elected and term of office expired on 29 February 2020
- (10) attendance impacted by ill-health

4. MEMBERSHIP AND PUBLIC ENGAGEMENT

In March 2019, SCAS celebrated its eighth year as a Foundation Trust. The Trust's membership has grown and developed. It continues to be an asset for the organisation in ensuring that the voices of our communities are heard and reflected in how SCAS is run.

The Trust is committed to continue to:

- Engage with its public and staff Foundation Trust members
- Provide opportunities for Governors to communicate with members and the public as a whole and to understand their views
- Improve diversity in its membership representation

SCAS FT members

SCAS has a total membership of 17,414 members as of 31 March 2020, broken down as follows:

- Public: 13,490
- Staff: 3,924

Public constituency

Members of the public aged 14 and over are eligible to become public members of the Trust if they live in, or have a connection with, the core area in which SCAS provides services (Buckinghamshire, Berkshire, Oxfordshire and Hampshire).

Staff constituency

Any SCAS staff member with a permanent contract or a fixed term contract of 12 months or longer, is eligible to become a member of the Trust. Staff who join the Trust are automatically opted into membership and advised how they can opt out if they wish.

The public membership breakdown by category on 31 March 2020 is shown below.

Age	
0-16	26
17 -21	194
22 – 29	1486
30 – 39	2184
40 – 49	2428
50 – 59	2347
60 – 74	2699
75 +	1532
Not stated	594

Gender	
Male	5488
Female	7939
Unspecified	63

Ethnicity	
White - English, Welsh, Scottish, Northern Irish, British	10,133
White - Irish	136
White - Gypsy or Irish Traveller	4
White - Other	317
Mixed - White and Black Caribbean	49
Mixed - White and Black African	32
Mixed - White and Asian	59
Mixed - Other Mixed	47
Asian or Asian British - Indian	233
Asian or Asian British - Pakistani	157
Asian or Asian British - Bangladeshi	32
Asian or Asian British - Chinese	43
Asian or Asian British - Other Asian	93
Black or Black British - African	167
Black or Black British - Caribbean	71
Black or Black British - Other Black	31
Other Ethnic Group - Arab	20
Other Ethnic Group - Any Other Ethnic Group	59
Not stated	1,807

Acorn Socio-Economic Group	
Lavish Lifestyles [A]	160
Executive Wealth [B]	2,469
Mature Money [C]	1,344
City Sophisticates [D]	63
Career Climbers [E]	1,310
Countryside Communities [F]	226
Successful Suburbs [G]	1,109
Steady Neighbourhoods [H]	1,265
Comfortable Seniors [I]	203
Starting Out [J]	848
Student Life [K]	312
Modest Means [L]	508
Striving Families [M]	1,541
Poorer Pensioners [N]	357
Young Hardship [O]	368
Struggling Estates [P]	523
Difficult Circumstances [Q]	588
Not Private Households [R]	249
Not available [NA]	47

Public engagement

The Trust uses various types of engagement activities to ensure that it meets its duty to involve and consult with patients and the public in the way it develops and designs services.

Throughout the year SCAS representatives attended events where they met with members of the public and provided information about the Trust's services and listened to their views.

Events includes visits to nurseries, schools and colleges, open days, emergency services days, festivals and fetes, Pride. The Trust also held community engagement roadshows in shopping centres and market squares, recruitment open days at its main sites, charity events, and talks at career job fairs, schools and various organisations.

Community Engagement Forums

The involvement of patients, public and stakeholders in the work of the Trust via the Community Engagement Forums (CEFs) has helped SCAS to improve the planning, quality and delivery of services.

In 2019/20 SCAS held its CEFs in the following locations:

- Berkshire: Newbury
- Buckinghamshire: Aylesbury
- Hampshire: Portsmouth
- Oxfordshire: Bicester

The Trust launched a new series of public talks in 2019 in place of CEFs – Your Health Matters – across the south central area where services are delivered. The talks are open to Foundation Trust members, public, patients and partners, to learn about what is happening at SCAS with an opportunity to ask questions. The public talks also provide an opportunity to collaborate with other Trusts and partner organisation and improve stakeholder relations.

In 2019/20 SCAS held public talks in the following locations:

County	Town	Topic	SCAS	Partner
Berkshire	Newbury	Research Matters	Research Team	
Hampshire	Southampton	Major Trauma Centres	Mark Ainsworth-Smith, Consultant Pre-Hospital Care Practitioner	University Hospitals Southampton
Oxfordshire	Oxford	Mental Health Matters	Terry Simpson, Mental Health Lead	SCAS, Oxford University Hospitals NHS FT, Oxford Health NHS FT
Online		Your Mental Health Matters	Terry Simpson, Mental Health Lead	

Due to COVID 19, the public talk in Oxfordshire was cancelled. A short film was made with Terry Simpson, Mental Health Lead, to answer questions from members and public, on supporting mental health and wellbeing during lockdown.

Consultation and partnership work with the public, local groups and organisations

In 2019/20 SCAS continued to consult with FT members, members of the public, local organisations and stakeholders in its area.

Engagement with young people

The Trust uses various types of engagement activities with young people, traditionally a hard group to engage with.

The SCAS Youth website (www.scasyouth.co.uk) was launched in 2018, with the aim of engaging with young people, and providing them with advice and information that is relevant to them. The website was designed following consultation with NHS Youth Groups, Patient Participation Groups and individuals.

In addition, the Trust has:

- Given talks at colleges, secondary schools and universities
- Attended college careers fairs
- Provided CPR demos to secondary schools and colleges as part of Restart a Heart Day, and also as solo initiatives
- Won an award for contribution to Get Inspired – a series of events organised to inspire and prepare young people for the world of work
- Launched a pilot to engage with young people and children to recruit ambassadors to set up a youth group and collate targeted feedback on service delivery improvement. (cancelled due to COVID 19)
- Sent out resources to youth groups and schools during COVID 19

Engagement with children

The SCAS mascot, named 999 Ted, plays a leading role attending local events and school visits and has proved a tremendously effective tool for engaging with children.

The Trust is the only ambulance trust in England to have a website dedicated entirely to children's education and engagement (www.scaskids.co.uk). The site was created to provide easy advice and information for children, parents, teachers and group leaders. It was also designed to help young people to stay healthy, safe and know what to do in an emergency.

In 2019/20 SCAS continued to educate children in schools, scout clubs and various school fairs with live demonstrations and via its SCAS kids website, together with the site's 999 Ted activity packs.

During COVID 19, children and young people were encouraged to colour in designs created by the Communications Team which were posted on social media and online. We also sent out resources to pre-schools and schools who had contacted us for a visit and on return to school.

Engagement with BAME groups

In 2019/20 SCAS continued to engage with existing and new BAME stakeholders with the aim of increasing the level of participation and Trust membership within these groups including attending a housing association open day in Portsmouth, Chinese New Year celebrations in Southampton and an awareness day at the Hindu Temple in Southampton with coverage from BBC Solent and BBC South Today which increased our outreach.

Surveys

Quick surveys - emergency and non-emergency services

Throughout the year SCAS offers service users the opportunity to complete a quick survey either online at www.scas.nhs.uk/get-involved/foundation-trust/patient-experience-survey/ or face-to-face at the Trust's community engagement roadshows and other events. In 2019/20 collected 304 responses to this survey online. In addition, we offer the Friends and Family Tests for 999 and Patient Transport Services.

Communications

We publish the Foundation Times, a magazine dedicated to members, three times a year.

We communicate with members and stakeholders via e-communications throughout the year, using bespoke customer relationship management systems provided by Civica Engagement Solutions.

We use social media to communicate and engage with member and the general public. We used a Facebook advertisement to promote the 2019 Governor elections and improve our outreach to recruit aspiring Governors with an outreach of 61,299 and 213,843 impressions, 1,686 clicks through to our website, 100 likes and 15 shares.

We received 21,896 likes on Facebook with an outreach of 219,535 and we have 18.9k followers on Twitter with 480 tweets and 1,812 impressions in 2019/20.

Contacting a SCAS Governor or Board Director

If a Foundation Trust Member or member of the public wishes to contact one of the governors or directors at SCAS, please contact the Membership Office in the following ways:

By email:	getinvolved@scas.nhs.uk
By telephone:	01869 365126
By post:	FREEPOST Communications – Membership South Central Ambulance Service NHS Foundation Trust Freepost RSJY-USUX-GKBE 7-8 Talisman Business Centre Talisman Road Bicester Oxfordshire OX26 6HR

5. STAFF REPORT

5.1 OUR WORKFORCE

During 2019/20 SCAS employed 885 new employees across the Trust.

The ongoing development of our workforce and the recruitment of additional resources within our 999 frontline services continued to be a key challenge for SCAS during 2019/20. Over the past 12 months, SCAS has welcomed a total of 370 new 999 frontline recruits, whilst 80 staff took up development opportunities to join the frontline. The Trust has continued to recruit paramedics both from abroad and within the UK to meet increasing demand for our emergency services. Attrition amongst 999 frontline services as at 31 March 2020 stands at 14% (12% 31 March 2019); the vacancy rate in 999 is currently at 13% (also 13% 31 March 2019). The following tables show a breakdown of the Trust's workforce by age, ethnicity and gender, as well as disability information, for 2018/19 and 2019/20 respectively.

CAT	Headcount
999 Frontline	1,900
EOC	300
NHS 111	445
Operational Support Services	83
Patient Transport Services	872
Commercial Logistics	48
Corporate Support Services	410
Grand Total	4,058

The following tables show a breakdown of the Trust's workforce by age, ethnicity and gender, as well as disability information, for 2018/19 and 2019/20 respectively.

	31-Mar-19		31-Mar-20	
Ethnic Group	Headcount	%	Headcount	%
A	3,117	82.39%	3,422	84.33%
B-C	221	5.84%	218	5.37%
D-G	40	1.06%	47	1.16%
H-L	49	1.30%	53	1.31%
M-P	32	0.85%	42	1.03%
R-S	9	0.24%	13	0.32%
Z	315	8.33%	263	6.48%
Grand Total	3,783		4,058	

Ethnicity Codes			
A	White - British	J	Asian or Asian British - Pakistani
B	White - Irish	L	Asian or Asian British - Any other Asian background
C	White - Any other White background	M	Black or Black British - Caribbean
D	Mixed - White & Black Caribbean	N	Black or Black British - African
E	Mixed - White & Black African	P	Black Nigerian / Black British
F	Mixed - White & Asian	R	Chinese
G	Mixed - Any other Mixed background	S	Other Specified
H	Asian or Asian British - Indian	Z	Not Stated

	31-Mar-19		31-Mar-20	
Age Band	Headcount	%	Headcount	%
<20	49	1.30%	58	1.43%
20-30	932	24.64%	1011	24.91%
31-40	836	22.10%	905	22.30%
41-50	949	25.09%	1013	24.96%
51-60	806	21.31%	838	20.65%
61-70	199	5.26%	222	5.47%
71+	12	0.32%	11	0.27%
Grand Total	3,783		4,058	

	31-Mar-19		31-Mar-20	
Gender	Headcount	%	Headcount	%
Female	1,868	49.38%	2,117	52.17%
Male	1,915	50.62%	1,941	47.83%
Grand Total	3,783		4,058	

The gender split of Non-Executive Directors at end of 2019/20 was:

Female: 3 (43%)
Male: 4 (57%)

The gender split of Executive Directors at end of 2019/20 was:

Female: 2 (29%)
Male: 5 (71%)

Within the Trust, SCAS defines senior managers as members of the Board, comprising Non-Executive and Executive Directors. The gender split for the Board is:

Female: 5 (36%)
Male: 9 (64%)

	31-Mar-19		31-Mar-20	
Disability Flag	Headcount	%	Headcount	%
Yes	164	4.34%	188	4.63%
No	2,950	77.98%	3,262	80.38%
Not declared	443	11.71%	398	9.81%
Unspecified	226	5.97%	210	5.17%
Grand Total	3,783		4,058	

Sickness absence

The overall sickness rate for the Trust for 2019/20 was 6.7% (6.2% in 2018/19) which equated to 15.2 days lost per person (13.8 days lost in 2017/18).

The Long-Term Sickness Rate for 2019/20 was 4.01%, with the Short-Term Rate being 2.65%. The highest reason for sickness remains MSK (musculoskeletal) factors followed by illness due to mental health (which includes both work and personal-related mental ill health). Improving attendance at work will remain our focus for the coming year.

5.2 STAFF COSTS

Staff costs (AUDITED)

	2019/20	2018/19
	Total	Total
	£000	£000
Salaries and wages	120,515	109,952
Social security costs	11,353	10,385
Apprenticeship levy	529	523
Employer's contributions to NHS pensions *	21,345	13,462
Temporary staff (including agency)	2,529	2,766
Total gross staff costs	156,271	137,088
Recoveries in respect of seconded staff	-	-
Total staff costs	156,271	137,088
Of which		
Costs capitalised as part of assets	-	-

Average number of employees (WTE basis) (AUDITED)

	2019/20 Number			2018/19 Number		
	TOTAL	Permanent	Other	TOTAL	Permanent	Other
Medical and dental	0			0		
Ambulance staff	1,933	1,933	0	1,873	1,871	2
Administration and estates	1,183	1,172	11	1,063	1,051	12
Healthcare assistants and support staff	635	632	3	546	544	2
Nursing, midwifery and health visiting staff	100	92	8	86	80	6
Nursing, midwifery and health visiting learners	0	0	0	0		
Scientific, therapeutic and technical staff	0			0		
Healthcare science staff	0			0		
Social care staff	0			0		
Other	0			0		
Total average numbers	3,851	3,829	22	3,568	3,546	22

Expenditure on consultancy was £328k (2018/19: £262k) which was mainly attributed to ICT projects.

Reporting of compensation schemes

The Group had one compensation package in 2019/20 totalling £69k (2018/19: £179k).

The Group had no other non-compulsory departure costs in 2019/20 (2018/19: nil).

Payments to past senior managers (AUDITED)

The Group had no payments to past senior managers in 2019/20 (2018/19: nil).

Payments for loss of office

The Group had no payments for loss of office in 2019/20 (2018/19: nil).

5.3 STAFF POLICIES AND ACTIONS

HR Policies & Procedures

During the year 2019-20, in partnership through the HR Policy Review Group 11 Policies, 3 Procedures and 2 Best Practice Guide have been reviewed and updated. In undertaking these reviews, the group, which includes union, management and HR representatives, has continued to take a pro-active approach to developing our policies in line with the SCAS Leadership programme that promotes an organisational culture of compassionate, inclusive and collaborative leadership that supports the delivery of high quality, sustainable, values-based care.

Developing from that, there has been some very useful guidance and examples from NHS Resolution about being fair and supporting a just and learning culture for staff and patients in the NHS. These two approaches are influencing our reviews of HR policies to minimise a blame culture approach and to raise the profile of the importance organisational learning and to ensure that such learning is disseminated across the Trust. This will be also linked with a review of the HR training delivered to managers across the Trust during 2020/21.

We continue to work in partnership with our unions and although some delays have been experienced due to operational constraints during the COVID situation, policies have been reviewed and agreed in principle and will be implemented as soon as possible following formal sign off.

The programme for the year 2020-21 continues with 11 policies, procedures or guidance to be reviewed and updated.

Leadership and Training

SCAS Leader

Our bespoke 6 day leadership programme for all line managers was launched on 9 April 2019. Informed by staff feedback, current research and best practice from across the UK, the aim of SCAS Leader is to promote an organisational culture of compassionate, inclusive and collaborative leadership that supports the delivery of high quality, sustainable, values-based care. As planned, cohorts started every month throughout the year until March 2020 when the programme was suspended due to the Covid-19 pandemic. At that point, twelve cohorts had completed the programme and two were underway but suspended before the final module.

Developed to be innovative and interactive with each cohort comprising a mix of roles, bands and experience, the programme has been very well received and all cohorts were booked or overbooked throughout year to meet demand. From an original list of approximately 390 line managers, 190 have completed the programme; 39 are part way through; and 160 are booked to attend. There are also a number (approximately 90) who have not yet booked and/or have started in role during the year.

We will be looking to resume SCAS Leader as soon as possible following the pandemic with any necessary adaptations.

Team development

We continue to support a number of teams across SCAS to focus on areas of development pertinent to them. For example, a team building intervention in one operational node; Team Leader development days; and team cohesion work with a senior leadership team. Added to this, several managers have sought advice, support and coaching on managing situations within their areas without needing direct OD or HR intervention – this is an excellent step forward in terms of equipping leaders to address challenges themselves.

360 feedback

Several 360 feedback sessions have been facilitated as an optional follow up to SCAS Leader and we now have a licence to support and train further facilitators in house as required.

Culture and Leadership Network for Ambulance Services (CALNAS)

SCAS continues to hold the Deputy Chair position on the CALNAS network. Accountable to the national HRD group and AACE, CALNAS aims to share, promote and lead culture development across the ambulance sector in the UK. The group has been formed to lead on cross-sector developments in this area with direct support from NHSi. In January 2020, we developed and hosted a national culture conference in London that was facilitated by NHS Horizons. Outcomes were to be fed into the work plan for 2020/21. Covid19 has extended the timescales for this but will still be relevant in due course.

HR Training

Following a review at the end of 2018, there were a number of changes made to the HR Training program for 2019, this report is to provide an evaluation of the 2019 training delivered in Spring, Summer and Autumn of 2019.

Some of the changes made in 2019 included a reduction of the number of courses delivered as the SCAS Leader programme had incorporated some of the courses and the reduced course were delivered in the two central locations, Northern House and Southern House. There was also the introduction of webinar courses via Teams for a number of specific courses.

In addition to the pre-planned courses, we continue to deliver a number of bespoke training throughout the year at Leadership days, Level Ones and also as part of Clinical Mentor inductions.

Evaluation

A total of 28 planned courses with 392 spaces were offered between April 2019 and November 2019 in both Northern House and Southern House.

The overall response to the pre-planned training was positive as many of the courses were fully booked and over booked in some cases, 320 spaces from the total 392 available were booked however only 184 staff attended, which represents 58% overall attendance. The overall attendance rate is lower than last year, however the number of courses offered were reduced and this would be reflected in these percentages.

In terms of cancellations, the trend has continued as with previous years where the number of courses cancelled due to low numbers was seven (7). Despite the positive uptake of spaces, on the day attendances does not reflect this.

The two tables below shows attendance for the year broken down into Spring, Summer and Autumn, as well as the percentage for the whole year.

Attendance by Course (2019)

Course Title	Spring	Summer	Autumn	Total attended	Total booked	Attendance
Absence Management	20	5	20	45	67	67%
Appraisal	12	19	10	41	75	55%
Capability	19	11	20	50	74	68%
Disciplinary/ TOR / Investigation	19	0	20	39	78	50%
Flexible working / Exit Interview / Return to work	N/A	4	0	4	13	31%
Probation / Managing employee concerns	N/A	3	2	5	13	38%
TOTAL	70	42	72	184	320	58%

The highest attended courses for the year were Capability with 50 staff (68%) attending followed by Absence Management with 45 staff (67%) attending.

The least attended courses were Flexible working/Exit Interview and Return to work and Probation and Managing Employees Concerns, which are the courses offered as Webinars. Although there was a slight increase in the number of places book in the Autumn than the Summer, attendance was still very low. This is disappointing as we felt that this option would make it more convenient for staff receive this training, this will be reviewed to be potentially offered as videos on the Intranet instead.

Attendee Feedback

At the end of each training course attendees are asked to complete a paper evaluation form and the feedback from these has been positive. On all occasions the aims and objectives of the training are being met and they felt the right topics were covered.

The form also ask what the attendees enjoy most from the training and feedback was consistent with previous years, this has included: "interacting with others and interacting with others and group discussions, relaxed atmosphere, practical and informative".

HR and OD development in 2020/21

Due to Covid 19 formal face to face HR training has been suspended, however, the HR team are continuing to coach and "train" managers on request via Teams. It is recognised that the current HR training package is excessively policy focused and insufficiently aligned with SCAS values and the OD agenda where compassion is the guiding principle.

HR and OD are working together on a project to create a development pathway for staff and managers which will include a new suite of HR development. Delivery of this development will be innovative, easily accessible and where relevant will be facilitated with the use of modern technology.

Health and Safety

SCAS recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all its subordinate regulations. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all its employees, including those who work on behalf of the Trust.

The Trust has 18 health and safety policies, and all but one of these policies are currently in date as at the 31st March 2020. The one policy that is not in date is to be discussed and hopefully approved at the Health, Safety and Risk Group meeting in May 2020.

SCAS had a Joint Health and Safety Inspection Plan and programme whereby all Trust premises were inspected by a member of the Risk Team and a Staff Side representative and this plan was completed in 2019.

A number of issues were identified, many of them which have since been addressed, some of them which are still ongoing. All of the 'task' based risk assessments and associated manual handling risk assessments in Operations which were on the list agreed by the Health, Safety and Risk Group have been completed.

The risk assessment form for the Control of Substances Hazardous to Health (COSHH) assessments has been revised and each of these assessments is being reviewed.

Post Covid-19, a new plan and programme of inspections is to be devised.

In 2019, the Head of Risk and Security devised two risk assessment forms for the carrying out of risk assessments on:

- All Trust premises
- Standby points and social standby points.

Operations and the Patient Transport Service (PTS) will be using these forms to carry out the risk assessments.

In 2019/20, the Head of Risk and Security delivered and presented to managers and staff:

- 13 training courses in how to carry out a task-based risk assessment and a stress risk assessment
- 1 training course in how to carry out a display screen equipment risk assessment

Overall, the Trust currently has 303 managers and staff trained in how to carry out a task-based risk assessment, and 261 managers and staff trained in how to carry out a stress risk assessment. The Trust also has 143 managers and staff trained to carry out a display screen assessment.

The Trust has an electronic incident reporting system called Datix and all staff are encouraged to report every incident, injury, accident or dangerous occurrence on Datix. In 2019/20 the total number of incidents reported was 6,750 (2018/19: 6,244 incidents; 2017/18: 6,300 incidents). As such, the Trust continues to have a healthy reporting culture with appropriate investigative and remedial action taken to prevent reoccurrence.

Trade Union Facility Time Disclosures

Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
61	45

Percentage of time spent on facility time

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

Percentage of time	Number of employees
0%	11
1-50%	48
51%-99%	2
100%	0

Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	£259,280
Provide the total pay bill	£144,457,038
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.18%

Paid trade union activities

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	22.06%
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Countering fraud

The Trust has a responsibility to ensure that public money is spent appropriately. SCAS has policies in place to counter fraud and corruption; these include Standing Financial Instructions, a Detection and Prevention of Fraud and Corruption Policy and an Anti-Bribery Policy.

The Trust receives its anti-fraud service from TIAA Ltd. An annual work plan is developed to meet the requirements of the NHS Protect Anti-Fraud Strategy and this is shared with the Trust's Audit Committee along with the Annual Report on counter fraud activities.

There have been no significant fraud issues or threats in the year affecting the Trust. The Trust's Local Counter Fraud Specialist continues to work closely with the Trust in making them aware of risk areas to the Trust so that the Trust can make arrangements to reduce that risk.

5.4 ANNUAL NHS STAFF SURVEY

Feedback from our staff is welcomed and valued within SCAS; we encourage all staff to share their opinions through our annual staff surveys and friends and family test. As a result of previous feedback from staff surveys several actions have been implemented, including improvements in staff health and wellbeing and team leadership development.

During quarter 3 of 2019/20, all eligible staff were invited to complete the annual NHS Staff Survey. The overall response rate was 65%, with 2,480 staff completing their survey. This was our highest ever response rate, continuing a seven-year upward trend.

Key Findings

A total of 90 questions were asked in the survey. Compared to our 2018 results, SCAS is:

- Significantly better on 14 questions
- Significantly worse on 7 questions
- No significant difference on 69 questions

In comparison to other 'picker' ambulance trusts, SCAS compares:

- Significantly better than average on 41 questions
- Significantly worse than average on 6 of the 90 questions
- Scores are average on 43 questions

The 2019 NHS Staff Survey results indicate a continuing improvement on the last two annual survey results, demonstrating that the Trust's ongoing organisation development agenda is continuing to benefit staff and their working lives. SCAS was the 2nd highest ranked 'picker' ambulance trust for positive scores in the survey.

<div>3909</div> <div>Invited to complete the survey</div>	<div>3833</div> <div>Eligible at the end of the survey</div>	<div>65%</div> <div>Completed the survey (2480)</div>	<div>54%</div> <div>Average response rate for similar organisations</div>	<div>63%</div> <div>Your previous response rate</div>
<div><div>59%</div><div>Q21c. Would recommend organisation as place to work</div></div> <div><div>75%</div><div>Q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation</div></div> <div><div>64%</div><div>Q21a. Care of patients/service users is organisation's top priority</div></div>		<div>Historical comparison*</div> <div><div><div><div>69</div></div><div><div>14</div></div><div><div></div></div></div><div><div>Significantly better</div><div>Significantly worse</div><div>No significant difference</div></div></div>	<div>Comparison with average*</div> <div><div><div><div>43</div></div><div><div>41</div></div><div><div></div></div></div><div><div>Significantly better</div><div>Significantly worse</div><div>No significant difference</div></div></div>	

Key improvements since 2018

Working relationships at SCAS are good
Patient/service user feedback is collected in SCAS
I would recommend SCAS as place to work
I am not planning on leaving SCAS
SCAS acts fairly on career progression

Top five results compared to other ambulance trusts

Team members often meet to discuss the team's effectiveness
Disability: SCAS make adequate adjustment(s) to enable me to carry out work
Immediate managers encourage me at work
Immediate managers give clear feedback on my work
Immediate managers take a positive interest in my health & well-being

The Staff Survey result showed that the continued investment in our team leaders and the development of a teamworking environment has made a significant impact at the Trust. The Survey showed positive scores in teamworking, leadership and line management.

NHS England Theme Report

The Staff Survey groups the 90 questions into 10 key themes. SCAS performed well compared to the other 10 ambulance trusts, leading the sector in two key themes and being above average in seven. The only area the Trust scored poorly was in staff health and wellbeing, which will be a key focus in 2019/20.

Survey Theme	Comparison to Ambulance Sector	Change since 2018 Survey
Equality, diversity & inclusion	Above Average	Improvement
Health & wellbeing	Average	Improvement
Immediate managers	Leading Trust	No Change
Morale	Average	No Change
Quality of appraisals	Leading Trust	Improvement
Quality of care	Average	No Change
Safe environment - Bullying & harassment	Average	Improvement
Safe environment - Violence	Average	No Change
Safety Culture	Leading Trust	No Change
Staff Engagement	Above Average	No Change
Team Working	Above Average	No Change

Action plans following 2019 results

From the initial Trust-wide and directorate level analysis, we have identified the areas of continued focus for 2020 and beyond. We are now conducting a deep dive to gather staff stories and lived experience behind the key themes in order to prioritise & strategise actions that could really make a difference. The annual National Staff Survey will then be used as a pulse check of progress against these themes.

5.5 DIVERSITY AND INCLUSION

Equality and Diversity

Equality Delivery System 2

The Equality Delivery System (EDS) was designed to be used by all NHS organisations in England, both providers of services and their commissioners. At the heart of the EDS is a set of 18 equality outcomes grouped into four goals. These outcomes focus on the issues providing most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The EDS2 requires NHS organisations to engage with local communities and organisations with an interest in health issues to determine performance through a grading exercise. As part of the EDS process South Central Ambulance Service NHS Foundation Trust identified local stakeholders including patient, staff, communities and partnership groups who were consulted and engaged to review evidence on the four goals and produce a grading of performance.

SCAS is now at the end of a four-year EDS action plan, with the RAG rating showing 100% achievement.

SCAS also has workforce Race Equality standard and a Workforce Disability Equality Standard action plans in place and will publish the results in July 2020.

The CQC rated SCAS well-led as 'Good' in its last inspection because:

- Staff felt respected, supported and valued
- The Trust's strategy, vision and values underpinned a culture which was patient centred.
- Staff felt positive and proud about working for the Trust and their team.
- Staff felt equality and diversity was promoted in their day to day work and when looking at opportunities for career progression.

Gender Pay Gap

South Central Ambulance Service NHS Foundation Trust has utilised the standard NHS Gender Pay Report provided as part of the NHS Business Intelligence Tool. This ensures that information is accurate, reliable and easily contrastable and comparable with other healthcare partners and wider employers.

Our data

At the data collection date, 31 March 2017, SCAS employed 3,372 employees on contracted hours (not bank workers). The split between male and female employees was:

Gender	Number	%
Male	1,926	50.35%
Female	1,899	49.65%

	Male	Female	% Gap
Mean gender pay gap (hourly rate)	£13.37	£13.01	2.70%
Median gender pay gap (hourly rate)	£11.71	£11.62	0.72%
Mean bonus gender pay gap	£5,132.87	£4,040.00	21.29%
Median bonus gender pay gap	£4770.00	£4,040.00	15.30%
Proportion of males/females receiving performance related pay element	0.21%	0.05%	
Proportion of males/females in pay quartile 1	51.78%	48.22%	
Proportion of males/females in pay quartile 2	48.54%	51.46%	
Proportion of males/females in pay quartile 3	49.15%	50.85%	
Proportion of males/females in pay quartile 4	51.90%	48.10%	

Analysis

Our gender pay gap is now 2.7%. This means that women in SCAS, on average (mean), earn 36p less than men in SCAS. This shows a continuing considerable improvement on our results from the previous 2 years analysis.

Some contributory actions we have taken to achieve this positive improvement include, although not exhaustively:

- A focused approach to flexibility within our working practices to ensure that all employees can achieve their potential, including the operations rota transformation project.
- Continuing work focusing on employee health and wellbeing, to ensure our working relationships are mutually productive and sustainable.

Based upon currently available data (as at October 2019) we continue to compare positively with:

- The National Gender Pay Gap (18.1%)
- The Local Gender Pay Gap (13.22%)
- Other NHS Ambulance Services (5.05%)

6. REGULATORY RATING

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

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

Segmentation

South Central Ambulance NHS Foundation Trust is in segment 1. The Trust continues to be one of the best performing ambulance services achieving a 'Good' CQC rating. This segmentation information is the Trust's position as at 31 March 2020. 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 five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

<u>Use of Resources Risk Rating Summary</u>	
Capital Service Cover Rating	1
Liquidity Rating	1
I and E Margin Rating	2
I and E Margin distance from financial plan	1
Updated Agency Rating	1
Overall Risk Rating	1

7. 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 South Central Ambulance Service NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that South Central Ambulance Service 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 Central Ambulance Service NHS Foundation Trust (SCAS), 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 SCAS for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust's Risk Management Strategy comprehensively sets out arrangements in respect of the accountability for risk management in SCAS.

Leadership

As Chief Executive and Accounting Officer I have overall accountability for ensuring that the organisation has effective risk management systems in place. I have delegated specific areas of risk management activity to each of the Executive Directors; for example, as follows:

- the Director of Patient Care and Service Transformation has day-to-day responsibility for managing the strategic development and implementation of organisational risk management, clinical effectiveness and clinical governance. This includes acting as the designated lead for a range of responsibilities such as health and safety, security management, and infection prevention and control. During the course of 2019/2020 the Trust appointed a new Corporate Risk Manager who works in the Patient Care Directorate
- the Medical Director has responsibility for the management and development of clinical standards
- the Director of Finance has responsibility for financial risk management and, in the role of Senior Information Risk Owner, for risks relating to information.

- the Chief Operating Officer has responsibility for managing the strategic development and implementation of clinical and non-clinical risk management (operational risks) associated with the provision of emergency ambulance services, NHS111/Integrated Urgent Care and fleet management, as well as being the lead for emergency planning and business continuity activities
- the Director of Strategy and Business Development has responsibility for managing the risks associated with the provision of non-emergency ambulance services, including patient transport services
- the Board, with overall responsibility for governance, considers the risks faced by the Trust on a regular basis. For example, it receives the Board Assurance Framework at most Board meetings in public
- the Quality and Safety Committee, with delegated authority from the Board, monitors and reviews the Trust's clinical governance arrangements
- the Audit Committee, also with delegated authority from the Board, receives the Board Assurance Framework and strategic risk register at every meeting, with the purpose of seeking assurance that effective risk management practice is in place. It also carries out deep-dive reviews into specific individual risks included on the Board Assurance Framework
- the Executive Team, underpinned by the work of its various sub-committees, receives and reviews updates from all directorates relating to risk management, as well as the Trust's Board Assurance Framework and strategic risk register
- the Executive Team has also established a Risk, Assurance and Compliance Committee. This committee, comprising the Executive Directors of the Trust and the Company Secretary, carries out a deep-dive review of the Trust's biggest risks and ensures that appropriate mechanisms are in place to provide assurance over the management of those risks

Training

Officers involved in leading the Trust's risk management processes (e.g. Assistant Director of Patient Care, Corporate Risk Manager, Clinical and Non-Clinical Risk Managers etc.) are suitably qualified and experienced governance and risk management professionals. A wide range of training has been delivered to staff to enable them to manage identified clinical and non-clinical risks effectively. This training has been informed by a detailed training needs analysis based on external training requirements outlined by the NHS Resolution and CQC, in addition to training needs identified internally by the Trust. Our corporate induction training programme for new staff covers health and safety, awareness of risk, and incident reporting.

The Trust has a very positive culture of incident reporting. The team structure in place enables immediate raising of concerns with on duty team supervisors who are able to directly support the reporting of incidents and the actual investigation and can apply actions to mitigate. Incidents are monitored and reviewed at different levels of the organisation, including by a Serious Incidents Requiring Investigation Review (SIRI) Group, to ensure trends and patterns are identified and responded to where appropriate.

The risk and control framework

Strategy

The Trust has a comprehensive Risk Management Strategy which is reviewed periodically (e.g. annually) and updated where required. It was last reviewed in March 2020, and a number of minor amendments are due to be presented to the Board for approval in due course (subject to the impact of COVID-19).

The key elements of our strategy are to:

- integrate risk management into the Trust's culture and everyday management practice by clearly defining the Trust's approach and commitment to risk management, by raising staff awareness, and building knowledge and skills
- provide clearly documented responsibilities and structure for managing risk to ensure a coordinated, standard methodology is adopted by every directorate/department
- encourage and support incident reporting in a culture to ensure that the Chief Executive and Board are provided with evidence that risks are being appropriately identified, assessed, addressed and monitored
- adopt an integrated approach to risk management, whether the risk relates to clinical, organisational, health and safety or financial risk, through the processes and structures detailed in the Trust's Risk Management Strategy
- accept that whilst the provision of health care is not risk free, the Trust will aim to minimise the adverse effects of any risks through management of risk via the Quality and Safety Committee and Audit Committee both of which are sub committees of the Board

Identification of risk

A range of tools are used to identify and control risks, including:

- the monthly Integrated Performance Report, including SIRIs
- review of adverse incidents and accident reports
- quarterly reviews of claims and complaints
- workforce engagement and leadership walkarounds
- annual fire safety inspections
- health and safety risk assessments
- self-assessments against the Care Quality Commission essential standards of quality and safety

The risks are identified through careful triangulation of the themes across the above reporting mechanisms, recognising issues that affect patient safety, treatment and experience as the most reliable indicators. The intention is to identify risks through a balance of top-down and bottom-up processes.

As well as reviewing the Board Assurance Framework at its meetings in public, the Board held two seminar discussions on the BAF/risk during 2019/2020. At the most recent of these Board seminars (February 2020) a new style/format for the BAF was agreed and this will be used during 2020/2021.

Appetite for risk

The Trust acknowledges that delivery of healthcare and, in particular, the provision of ambulance services, will always involve a degree of risk (potentially heightened during periods of demand and change management). However, the Trust is fully committed to taking all necessary actions to ensure that risk is both minimised and mitigated. We adopt a positive approach to risk management and are particularly cautious on matters affecting our reputation.

Equally, it is considered that risk is a component of change and improvement, and therefore the Trust does not expect or consider the absence of risk as a necessarily positive position, as all change involves risk in order to adapt and improve.

The Trust has the greatest risk appetite in pursuit of innovation and challenging current working practices to improve patient care, access to services and reputational risk in terms of its willingness to take opportunities where positive gains can be realised, within the constraints of the regulatory environment. The Trust has the lowest level of risk appetite in relation to risks with direct implications for the quality and safety of patient services. The Trust endeavours to mitigate these risks fully; however, it should be noted that there are a number of risks in the current Board Assurance Framework relating to the quality and safety of patient services which are the subject of further planned action and mitigation.

Quality governance arrangements

The key elements of our quality governance arrangements are set out in the periodic self-assessments we undertake against the Care Quality Commission's essential standards and well-led assessment framework, and report to the Board. Performance information is key to ensuring delivery of quality, and we have rigorous processes in place to ensure the quality of performance data. These include internal checking mechanisms, internal and external audit reviews, and a comprehensive review of the monthly Integrated Performance Report by the Executive Team prior to being presented to the Board.

Data security risks

We take an active approach to managing risks associated with data security. For example, all new staff are required to undertake on-line Information Governance (IG) training within the first three months of their employment within the Trust, and existing staff are required to undergo IG training on an annual basis. We also have a suite of policies in place which help shape our approach to ensuring good data security.

Any incidents related to breaches in the Trust's information security processes would be reported via the Trust's incident reporting system. Incidents would be reviewed by the Information Governance Steering Group, which is chaired by the Trust's Senior Information Risk Officer. No major incidents were reported during 2019/20.

As part of our approach to continuous improvement, we commissioned an external and detailed review of our data security and cyber crime operational readiness arrangements during 2019/20. The report following this work is due to be considered by the Board in June 2020.

Key strategic risks

We have a range of key strategic risks, which we have identified and are proactively managing; for example, through action plans with named leads, and with monitoring of progress by the Risk, Assurance and Compliance Committee. The Board considers the Board Assurance Framework at most of its Board meetings in public, and the final BAF of 2019/2020 identified the Trust's current biggest strategic risks (all with mitigating actions in place) as follows:

- Managing demand in all services due to growing demand and changing patterns with the potential to result in long waits, delays, poor patient experience, safety issues and inability to meet targets and expectations.
- Inability to secure sufficient resources (fleet) in the right numbers, right locations at the right time resulting in the potential for insufficient numbers of vehicles to deliver high quality and safe care.
- Lack of IT resilience leads to poor operational and clinical performance and a risk to patients. ii) Insufficient progress in progressing the Digital agenda leading to not taking advantage of Digital opportunities, falling behind other Trusts, leading to not winning opportunities, less delivery of efficiencies, poor patient experience.
- Sustaining sufficient and stable financial resources, including achieving planned cost savings.
- Inability to secure sufficient resources (people) in the right numbers, right roles at the right time resulting in the potential for insufficient numbers of staff to deliver high quality and safe care.
- Insufficient Paramedics and/or Clinicians available to SCAS as other partners utilise the paramedic and urgent care workforce to supplement new and existing services in other parts of our system (e.g. primary care).
- Inefficient and non-effective contract management in Commercial Services (NHS 111 and PTS) resulting in an inability to retain contracts on a profitable basis, with associated loss of reputation, income and regulatory scrutiny.

During 2019/2020, an independent external well-led review of the Trust was delivered by Carnall Farrar. This was a comprehensive review but concluded, in terms of risk management, that "it is clear that risk management has been and continues to be an area of focus for the Trust and we can see improvements in the BAF and how risk and mitigations are considered".

Future risks are identified through a range of mechanisms, including during meetings of the Risk, Assurance and Compliance Committee, and through Board discussions (for example, strategy sessions).

NHS Foundation Trust licence condition 4 – FT Governance

The Trust undertakes periodic reviews of its position against all of the conditions contained within its provider licence, and reports to the Board accordingly. No risks have been identified in 2019/2020, and an annual declaration is reviewed and signed-off by the Board (most recently at the May 2020 Board meeting in public).

In terms of condition 4 – FT governance, the Trust has undertaken a number of steps during 2019/2020 to identify any potential risks. These included carrying out a high-level review of the Trust's corporate governance arrangements against the Code of Governance, including a review of the Board's sub-committees and Non-Executive Director responsibilities (a number of changes have been made). The Corporate Governance Statement declarations required by NHS Improvement are considered and signed off by the Board each June.

NHS Foundation Trust licence condition 4 – FT Governance

Public stakeholders are involved in the management of risks which impact on them through the work of the governors, public meetings of the Board, and our attendance at Health Overview and Scrutiny Committee meetings. Our engagement with our stakeholders produces an additional layer of scrutiny and challenge from broad representative areas of our population groups and therefore enables SCAS to remain grounded and responsive to the communities we serve.

Workforce and workforce safeguards

The Trust has short and long-term workforce plans in place for all of its services, as well as a range of policies and procedures to support staff. The high-level plans include the Annual Operating Plan and the Integrated Workforce Plan, covering all of the Trust's services. The Trust is aware of NHS Improvement's Developing Workforce Safeguards recommendations. Most of these are embedded in current Trust practice, which includes:

Forecasting demand

Overall demand forecasts for our services are based on recent historic trends and adjusted for short term and longer term expected changes, including any known external factors. These demand forecasts are then converted into hours required, using a unit hour utilisation linked to performance delivery. The work-effective hours available from Trust staff, are calculated for each week of the year, utilising the Integrated Workforce Plan and Education Plan alongside budgeted abstraction levels. The gap between work-effective staff hours and the needs of the demand forecast is then quantified, and cover planned from private providers, bank and agency staff.

Developing an integrated workforce plan

The Trust undertakes an integrated approach to workforce planning across all core areas, i.e. 999, NHS111/IUC and PTS. Our Integrated Workforce Planning Group (IWP) includes stakeholders from Workforce, Recruitment, Education, Operations and Finance. In developing our workforce plan, the IWP Group work together to:

- Ensure recruitment and education plans are aligned with the strategic direction of SCAS
- Phase new recruits into the Trust, ensuring all new recruits are adequately supervised
- Ensure all recruitment streams offer value for money.

Monitoring delivery of agreed workforce plans

The Workforce Development Board and Executive Performance Review monitor progress against agreed workforce plans on a monthly basis. Workforce updates (including escalation of identified risks) are provided via the Trust's Quality and Safety Committee (which is a sub-committee of the Board). Progress, issues and risks are also reported through to the Risk, Assurance and Compliance Committee, as part of the Board Assurance Framework. Quality, workforce and financial indicators are reported monthly via the Integrated Performance Report to the Board of Directors.

Compliance with CQC registration requirements

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). The last CQC inspection of SCAS took place in February 2020 and focused on Patient Transport Services (PTS). This was due to be followed by a 'well-led' inspection in March 2020, which was postponed due to the outbreak of COVID-19. The final CQC report on PTS was received in June 2020 and awarded the Trust a 'good' rating (see *Review of Effectiveness* section below for further details).

'Managing Conflicts of Interest in the NHS' guidance

The Foundation Trust has published an up-to-date register of interests for key decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. The Trust has initially determined decision-making staff to be members of the Board of Directors (although this may be extended in 2020/2021), and a register is maintained on the Trust's public website. <https://www.scas.nhs.uk/wp-content/uploads/Board-members-register-of-interests-1-March-2020-1.pdf>

At each May Board meeting in public a record of interests, gifts and hospitality is presented.

Compliance with NHS Pension Scheme Regulations

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.

Compliance with equality, diversity and human rights legislation

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Reports on the Trust's position in relation to equality and diversity are regularly considered by the Board in public. The Trust recognises that there is further work to undertake in order to ensure that the profile of the workforce from an equality and diversity perspective reflects the population we are serving.

Equality impact assessments are integrated into core SCAS business; for example, being completed for each new major policy introduced into the Trust.

Compliance with Climate Change Adaptation reporting to meet the requirements under the Climate Change Act

SCAS updated its Sustainable Development Management Plan during 2019/2020 and this was approved by the Board in February 2020.

SCAS' current performance has been assessed using the NHS' Sustainable Development Assessment Tool (SDAT) in order help to prioritise actions and agree targets for the coming few years.

The Board has set challenging actions and targets to reduce our carbon footprint. These targets have been set in consultation with SCAS staff, but it is recognised that a culture of sustainability takes time to establish and this plan promotes concrete actions which we know will make things better. To that end, the SCAS Board will set an example, measuring and reducing our carbon footprint, reviewing the way we do business from the papers we read, to the travel we undertake, to the decisions we make. Our activities will be led by the Board and will be embedded in Trust strategy, cutting carbon by 50% by 2030.

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

There are a number of key processes in place to ensure that resources are used economically, efficiently and effectively, which include:

- the Board has regularly reviewed the economy, efficiency and effectiveness of resources through the regular performance management reports (the Integrated Performance Report, finance reports, and quality and safety reports) considered at each meeting
- savings targets are set annually in the form of cost improvement programmes, and the Trust has a very strong track record in terms of delivering annual savings targets. In 2019/2020 the Trust again delivered savings in excess of £7m. Robust arrangements are in place to ensure that cost improvement programmes in no way compromise the quality of services
- the Trust's bi-weekly Executive Performance Review meetings are designed to review performance against key financial, operational, clinical and workforce targets as agreed at the start of the year.

- the Trust routinely carries out benchmarking reviews of its performance and efficiency levels with other NHS bodies. Most recently this has included through the Ambulance Response Programme sector performance reports issued by NHS England, the NHS wide corporate benchmarking data produced by NHS Improvement, and the outcomes of the Lord Carter Review. SCAS also benchmarks sickness and recruitment and retention rates.
- the Trust continued to implement its new Estates Strategy during 2019/2020; this aims to ensure that the organisation makes the most efficient and effective utilisation of its available estate
- the Trust has in place governance and financial policies which include standing financial instructions, standing orders and a scheme of delegation. These policies prescribe the Trust's policy for the effective procurement of goods and services within the Trust.
- an annual programme of internal audits, monitored closely by the Audit Committee, allows further assurance to be given to the Board on the use of its resources.

Information governance

There have been no reportable information security breaches during 2019/2020.

The Trust carries out an annual assessment of its position against the Data Security and Protection Standards published by the Department of Health and Social Care. The most recent review which was originally scheduled for submission on or before 31 March 2020 has been postponed by NHS Digital due to the COVID-19 challenges facing NHS organisations. The Trust is working towards compliance for the new submission date of 30 September 2020.

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 SCAS who have responsibility for the development and maintenance of the internal control framework.

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, the Quality and Safety Committee, and the Risk, Assurance and Compliance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review during 2019/2020 has also been informed by:

- Internal and External Audit reports
- the Annual Audit/Management Letter
- the Head of Internal Audit Opinion/Annual Statement of Assurance
- reports to the Board from the Audit Committee, Quality and Safety Committee, Remuneration Committee and Charitable Funds Committee
- reviews of Serious Incidents Requiring Investigation and the associated learning from these
- reports to the Executive Management Committee from its relevant sub-committees, as well as the work of the Risk, Assurance and Compliance Committee
- the monthly Integrated Performance Report, which covers clinical, operational, financial and human resources
- staff satisfaction surveys
- Care Quality Commission reports
- the Quality Accounts and Annual Report

Taking into account the internal control framework described above, there have been four particular key sources of external assurance for me in 2019/2020:

- a) An independent external 'well-led' review was undertaken by Carnall Farrar in late 2019, with the findings reported in January 2020. This was a comprehensive review assessing the Trust's governance arrangements and leadership capability. The review concluded that *"we observed many areas of strength throughout our work. These are significant and they are the result of a group of committed senior leaders working together effectively and consistently to deliver high performance. The Board and executive leadership team show exemplary standards of integrity and their commitment to leading an open culture which reinforces Trust values can be seen in all that they do"*.

Recommendations for further improvement were made and the Board agreed a Trust action plan at its meeting in February 2020.

- b) Since May 2017 the regulator NHS Improvement has assessed the Trust as being a segment 1 provider under its *Single Oversight Framework* regulatory assessment. The assessment considers five key themes - quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability – and segment 1 is the best possible category that can be awarded
- c) The CQC carried out an inspection of SCAS during 2019/2020. This focused on PTS and saw the Trust awarded an overall 'good' rating. Very positive comments were made about leadership and governance in PTS, although there remains scope for further improvement in terms of the 'requires improvement' rating we received for the safety domain. This relates specifically to aspects of infection prevention and control, and we will be developing and implementing an action plan to ensure that the required improvements are delivered.

d) We received an annual Head of Internal Audit Opinion for 2019/2020 of “moderate assurance”, defined as “generally a sound system of internal control designed to meet the Trust’s objectives and that controls are being applied consistently”.

- Internal and External Audit reports
- the Annual Audit/Management Letter
- the Head of Internal Audit Opinion/Annual Statement of Assurance
- reports to the Board from the Audit Committee, Quality and Safety Committee, Remuneration Committee and Charitable Funds Committee
- reviews of Serious Incidents Requiring Investigation and the associated learning from these
- reports to the Executive Management Committee from its relevant sub-committees, as well as the work of the Risk, Assurance and Compliance Committee
- the monthly Integrated Performance Report, which covers clinical, operational, financial and human resources
- staff satisfaction surveys
- Care Quality Commission reports
- the Quality Accounts and Annual Report

Taking into account the internal control framework described above, there have been four particular key sources of external assurance for me in 2019/2020:

e) An independent external ‘well-led’ review was undertaken by Carnall Farrar in late 2019, with the findings reported in January 2020. This was a comprehensive review assessing the Trust’s governance arrangements and leadership capability. The review concluded that *“we observed many areas of strength throughout our work. These are significant and they are the result of a group of committed senior leaders working together effectively and consistently to deliver high performance. The Board and executive leadership team show exemplary standards of integrity and their commitment to leading an open culture which reinforces Trust values can be seen in all that they do”*.

Recommendations for further improvement were made and the Board agreed a Trust action plan at its meeting in February 2020.

f) Since May 2017 the regulator NHS Improvement has assessed the Trust as being a segment 1 provider under its *Single Oversight Framework* regulatory assessment. The assessment considers five key themes - quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability – and segment 1 is the best possible category that can be awarded

g) The CQC carried out an inspection of SCAS during 2019/2020. This focused on PTS and, although a written final report is awaited, very positive feedback about the service and its staff was received at the end of the inspection.

h) We received an annual Head of Internal Audit Opinion for 2019/2020 of “moderate assurance”, defined as “generally a sound system of internal control designed to meet the Trust’s objectives and that controls are being applied consistently”.

Conclusion

My review confirms that South Central Ambulance Service NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

No significant internal control issues have been identified in relation to the 2019/2020 financial year, applying the examples presented by NHS Improvement in the Annual Reporting Manual.

Finally, I would like to conclude my statement by outlining that the Trust, in common with other NHS providers, began its response to the outbreak of COVID-19 in the final quarter of 2019/2020. Governance was a key element of our response, being one of the main workstreams operating under our Pandemic Board, as well as underpinning all other aspects of our arrangements (for example, through maintenance of a COVID-19 risk register). Arrangements for decision-making were reviewed and refined not only in order to support our response to the pandemic but also to retain the principles of good governance. Further details will be disclosed in the 2020/2021 Annual Governance Statement.



Will Hancock

Chief Executive

18 June 2020

8. QUALITY REPORT

Following the guidance in the NHS Foundation Trust Annual Reporting Manual 2019/20 (April 2020 version) the Quality Report and Accounts are not included in this document. They will be published separately later in 2020.

Amongst the areas that will be covered in the Quality Report when published are:

- Reports arising from CQC planned and responsive reviews of SCAS, and any consequent action plans developed by SCAS
- Descriptions of how SCAS is using its FT status to develop its services and improve patient care
- Performance against key healthcare targets
- Arrangements for monitoring improvements in the quality of healthcare and progress towards meeting any national and local targets, incorporating CQC assessments and reviews and the SCAS response to any recommendations made
- Progress towards targets as agreed with local commissioners together with details of other key quality improvements
- Service improvements following staff or patient surveys/comments and CQC reports
- Consultation with local groups and organisations, including the overview and scrutiny committees of local authorities covering the membership areas
- The 'Freedom to Speak Up' programme, activity and achievements in 2019/20

9. REPORT OF THE AUDIT COMMITTEE

The Audit Committee is a statutory committee of the Board comprising non-executive directors of the Trust, all of whom are considered independent. Members of the Audit Committee were Mike Hawker (Chair), Sumit Biswas, Les Broude, Priya Singh and Ilona Blue (who resigned from the Trust in September 2019).

Other managers are regular attendees of the Audit Committee which includes the Director of Finance, Director of Patient Care and Service Transformation and the Company Secretary. Representatives of External Audit, Internal Audit and the Counter Fraud Team are also in regular attendance. Other managers also attend the Audit Committee on an irregular basis.

The Audit Committee's responsibilities include:

- Review the Trust's draft accounts and make recommendations with regard to their approval to the Board
- Provide assurance to the Board as to the effectiveness of internal controls and the risk management processes that underpin them
- Agree the annual plans for external audit, internal audit and counter fraud
- Make recommendations to the Council of Governors regarding the appointment of the External Auditors
- In discharging its responsibilities, the Committee reviews and takes account of the Board Assurance Framework, the Trust's Risk Registers and the work of other Board Committees such as the Quality and Safety Committee

EXTERNAL AND INTERNAL AUDIT

The effectiveness of internal and external audit is reviewed on a regular basis by the Audit Committee. The Trust appointed Grant Thornton as its external auditors, following a competitive tender process, for the 2017/18 financial statements for an initial period of three years with an option to extend for a further two years. Grant Thornton attend every committee reporting on progress and developments that are likely to impact on the final accounts. Grant Thornton will be invited to attend Council of Governor meetings from time to time. The value of statutory audit work undertaken was £46,400 (2018/19: £42,000) which is inclusive of the quality report audit fee.

SIGNIFICANT ISSUES

At its meeting on 13 May 2020, the Audit Committee considered matters relating to the 2019/20 accounts which included the following:

Accounting for South Central Fleet Services Ltd

The Audit Committee was requested to note that the Trust Accounts included the results of South Central Fleet Services Ltd which is a wholly owned subsidiary of SCAS. The accounting statements included the results of the Group which include the Trust and the Company, and the results of the Trust excluding the Company.

Land and Buildings

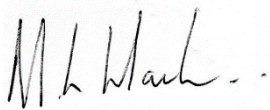
The Audit Committee were appraised of the decision not to revalue its properties in the accounts. It was explained that the Trust had instructed an independent valuer to complete a desk top review in February 2020 however this review did not incorporate the challenges and uncertainties resulting from the Covid-19 pandemic. The Committee were satisfied with this decision.

Accounting Policies

The Audit Committee was asked to note changes to the depreciation policy where the useful economic life of a vehicle had reduced from a maximum of 10 years to a maximum of 9 years, as a result of the recommendations of the Carter Report.

Going Concern

The Committee discussed going concern and agreed that they could recommend to the Board that they could adopt the accounts on the basis that the Trust remained a going concern.

A handwritten signature in black ink, appearing to read 'M. Hawker', with a small flourish at the end.

Mike Hawker

Audit Committee Chairman

13 May 2020

10. OPERATIONAL AND FINANCIAL REVIEW

The Group, which includes the results of the Trust and South Central Fleet Services Ltd reported a surplus in 2019/20 of £0.009m.

The NHS Improvement measure of financial performance and sustainability, using the use of resources metric, was a one for the Trust, which is the highest attainable rating.

Summary of Financial Performance

On Income and Expenditure the Group reported a continuing operations surplus of £0.009m for the year.

Earnings Before Interest, Tax, Depreciation and Amortisation (EBITDA) of £11.0m represented 4.4% of turnover which is £0.2m above last year.

Capital expenditure was £13.4m (£9.5m in 2018/19) with a higher number of ambulances being purchased in the year accounting for the increase over the prior year.

The year-end cash balance was £20.6m which was a decrease of £2.0m when compared to the previous year. The main decreases in cash were capital payments exceeding of depreciation £3.7m and loan repayments £1.4m offset by a movements in working capital £3.0m.

The Trust has faced significant financial and operational challenges in the year but we still managed to achieve £7.3m of cost improvements in 2019/20.

Total revenue income to meet pay and other day-to-day running costs reached £250.3m of which the majority was secured through various service level agreements with clinical care commissioning groups and NHS trusts.

The accounts are stated in accordance with International Financial Reporting Standards. Total fixed assets (land, buildings and capital equipment) of the Trust were valued at £76.2m (£73.5m in 2018/19).

The Trust formed a subsidiary company (South Central Fleet Services Ltd) to provide fleet services which was incorporated in September 2015 and commenced trading on 1 November 2015. The results of the activities of the company are included in the group results with the company recording a deficit of £562k for the year ending 31 March 2020.

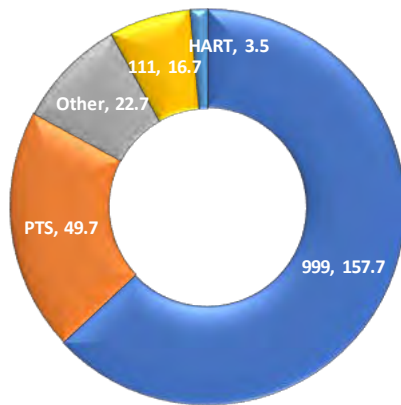
Analysis of Income

The Trust's reported income was £250.3 million for the year end 31 March 2020 (2018/19: £226.0 million). The increase of 7.5% was due to higher base contractual income in Emergency, the NHS 111 services, as well as funding for the impact of Covid-19 and the additional services the Trust established to support the national Covid-19 response.

The Trust's principal source of income is from local NHS commissioning contracts for the provision of the emergency service. This income totalled £157.7 million (£145.6 million in 2018/19) which represented 62.7% of the Trust turnover (2018/19: 62.7%).

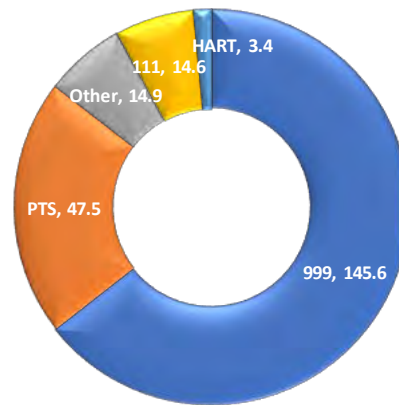
The Trust confirms that the NHS income it receives for the provision of healthcare exceeds its income that it receives for any other purpose in accordance with the requirements of the Health and Social Care Act 2012. The amount of income that the Trust received in this regard for 2019/20 was £239.3m representing 95.6% of total income.

Trust Income £m 2019/20



Total: £250.3m

Trust Income £m 2018/19



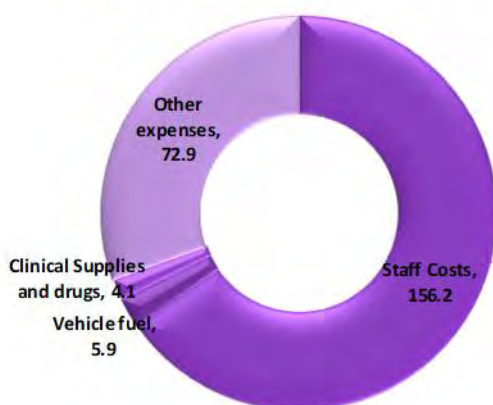
Total £226.0m

Analysis of operating expenditure

Total operating expenditure for the Group (excluding depreciation, amortisation and impairments) was £239.1 million for the year ended 31 March 2020 (2018/19: £215.2 million). The increase of 11.1% was mainly due to increased activity in 999 and 111 services, the impact of Covid-19 and national Covid related services provided by the Trust.

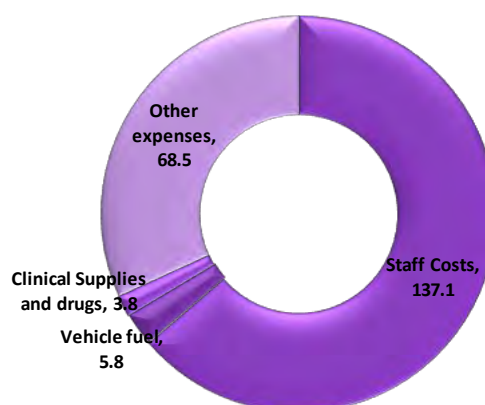
Staff costs represent 65.4% of total operating expenditure (2018/19: 63.8%).

Trust Expenditure £m 2019/20



Total: £239.1m

Trust Expenditure £m 2018/19

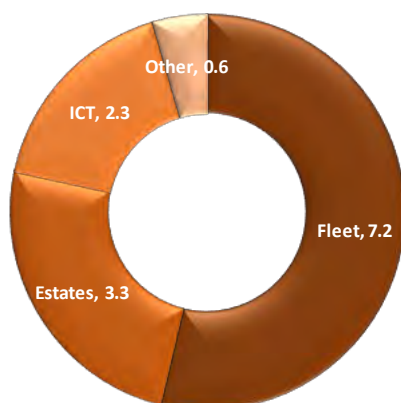


Total £215.2m

Capital Investment

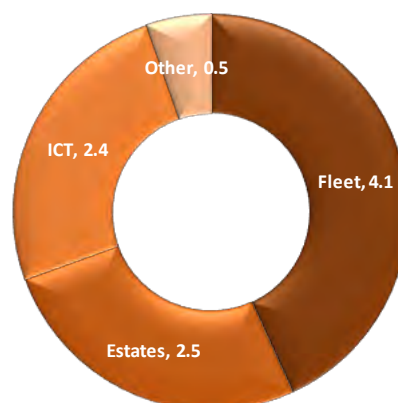
Investment in capital resources for 2019/20 was £13.4 million (2018/19: £9.5 million). This amount includes 999 ambulance replacements and the MK Emergency Services Hub and the telephony upgrade.

Capital Investment £m 2019/20



Total: £13.4m

Capital Investment £m 2018/19



Total £9.5m

Internal Audit Function

The Trust's internal audit function for the past seven years has been undertaken by BDO who were appointed for a further three years from 2018/19. BDO work to a pre-agreed internal audit plan which is signed off annually by the Audit Committee. They play an important role in the Trust's annual governance process providing assurance on the working of the Trust's internal controls through their Head of Internal Audit Opinion and liaising with other external agencies, including Grant Thornton, the Trust's appointed external auditor. Internal Audit has a standing invitation to all of the Trust's Audit Committees.

Going Concern

After making enquiries, the directors have a reasonable expectation that South Central Ambulance 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.

Disclosure of Information to the Auditors

So far as each of the directors is aware, there is no relevant audit information of which the South Central Ambulance NHS Foundation Trust's auditor is unaware.

Each director has taken all the steps that they ought to have taken to make themselves of any relevant audit information and to establish that South Central Ambulance NHS Foundation Trust's auditor is aware of that information.

Cost Allocation and Charging

South Central Ambulance Service NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector information guidance.

Statement of the chief executive's responsibilities as the accounting officer of South Central 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 Central 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 Central Ambulance Service NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

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

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS

foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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



Will Hancock
Chief Executive
May 2020

11. REMUNERATION REPORT

ANNUAL STATEMENT FROM CHAIR OF REMUNERATION COMMITTEE

Composition, attendance, establishment and duties

The Remuneration, Nomination and Terms of Service Committee's self-assessment is that it is performing competently across the range of its duties. The Committee's Terms of Reference (TOR) were last revised in June 2019 with minor amendments made. From April 2019 – March 2020, seven meetings (including virtual and extra-ordinary meetings) were held; attendance is shown in the table below. The Committee Chair has been Sumit Biswas, with Anne Stebbing, Lena Samuels and Ilona Blue (to July 2019) as members.

Committee work programme 2019/2020

- Director salaries and bonus review
- IR35/Agency regulations/Off-payroll staff
- Review of executive and senior team succession plan
- Review effectiveness of VSM remuneration policy including the reconsideration of inclusion of direct reports to executive directors
- Equal pay

Governance issues

The Committee's self-assessment is that it is generally performing competently across all areas. During the year the Committee has been required to spend time reviewing and agreeing the Trust's position with respect to redundancy business cases, individual employment tribunal and employment-related legal claims, agency 'spend caps', IR35 application and off-payroll arrangements.

The Committee has overseen operation of the Trust Remuneration Policy, including appointments of a new executive director, a new Digital Director (non-board member) and the pay and performance bonuses to executive directors for 2018/19.

The Committee has ensured compliance with statutory requirements, including the CQC Regulations for 'Fit and Proper Person' and the return of staff receiving severance payment to the NHS, and HMRC Regulation relating to off-payroll employment arrangements (including IR35) for senior public sector employees.

Setting performance objectives

The Committee has worked with the Chair and Chief Executive to ensure appropriate oversight, approval and review of the Executive's annual performance objectives and in particular the quality of these.

Appointments

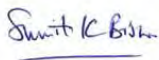
The Committee appropriately oversees Chief Executive and Executive Director appointments. There was one executive appointment in 2019/2020 requiring the Committee's approval, namely the Chief Operating Officer.

Administration

The Committee's self-assessment is that it is performing competently across these areas. It is well supported and advised by the Director of Human Resources and Organisational Development.

Summary of key development issues

The Committee will provide continuous oversight of the quality, relevance and clarity of chief executive, executive director and senior management objective setting and review processes. The Committee will continue to review and refine the Trust Remuneration Policy, including performance bonuses. The Committee will continue to monitor the value of extending its oversight of annual performance objectives and review to the next level of Trust senior management in discussion with the Chief Executive and as part of the Trust development of its 'Talent Management' programme. The Committee will continue to seek assurance of compliance with statutory requirements as it relates to the employment of the Chief Executive, executive directors and senior management. The Committee will continue to maintain an oversight of key recent statutory and NHS Improvement requirements relating to Trust workforce including agency spend caps, IR35 applications and any off-payroll contractor arrangements.



Sumit Biswas

Remuneration Committee Chairman
April 2020

Approved by:



Will Hancock

Chief Executive
April 2020

Remuneration Committee – Attendance List 2019/2020

Date	Sumit Biswas	Anne Stebbing	Lena Samuels	Ilona Blue	Melanie Saunders	Will Hancock
11 April 2019 (EO)	Yes	No	Yes	No	No	No
13 May 2019 (EO)	Yes	Yes	Yes	Yes	Yes	Yes
12 June 2019	Yes	No	Yes	Yes	Yes	Yes
27 June 2019 (EO)	Yes	Yes	Yes	No	Yes	Yes
17 October 2019	Yes	Yes	Yes	N/A	Yes	Yes
12 December 2019	Yes	Yes	Yes	N/A	Yes	Yes
17 February 2020	Yes	Yes	Yes	N/A	Yes	Yes

SCAS Remuneration Policy

SCAS has a published policy for determining the remuneration of senior trust staff, which is available as a separate document on the SCAS website:

<https://www.scas.nhs.uk/policy-for-determining-the-remuneration-of-senior-trust-staff/>

ANNUAL REPORT ON REMUNERATION- Directors Salaries and Benefits For The Year Ended 31 March 2020 (AUDITED)

	2019/20					2018/19				
Name and Title	Salary (bands of £5,000) £000	Taxable Benefits £s, to the nearest £100	Annual Performance related bonuses in	All pension related benefits (bands of £2,500)	Total in bands of £5,000	Salary (bands of £5,000) £000	Taxable Benefits £s, to the nearest £100	Annual Performance related bonuses in	All pension related benefits (bands of £2,500)	Total in bands of £5,000
Lena Samuels (Chairman)	50-55					40-45				
Ilona Blue (Non - Executive Director)	0					0				
Les Broude (Non - Executive Director)	10-15					10-15				
Mike Hawker (Non - Executive Director)	15-20					15-20				
Nigel Chapman (Non - Executive Director)	15-20					10-15				
Sumit Biswas (Non - Executive Director)	10-15					10-15				
Priya Singh (Non - Executive Director)	10-15					10-15				
Dr Anne Stebbing (Non - Executive Director)	15-20									

Note 1

	2019/20					2018/19					
Name and Title	Salary (bands of £5,000) £000	Taxable Benefits £s, to the nearest £100	Annual Performance related bonuses in	All pension related benefits (bands of £2,500)	Total in bands of £5,000	Salary (bands of £5,000) £000	Taxable Benefits £s, to the nearest £100	Annual Performance related bonuses in	All pension related benefits (bands of £2,500)	Total in bands of £5,000	
William Hancock (Chief Executive)	185-190	6800	5-10	42.5-45	235-240	180-185	6400	5-10	70-72.5	265-270	Note 2
Charles Porter (Director of Finance)	130-135		5-10	22.5-25	160-165	125-130		5-10	50-52.5	180-185	Note 2
Philip Astle (Chief Operating Officer)	50-55		0-5	47.5-50	100-105	120-125		5-10	30-32.5	155-160	Notes 2,3
James Underhay (Director of Strategy and Business Development)	0				0	35-40	1700	0-5	40-42.5	85-90	
Michael Murphy (Director of Strategy and Business Development)	120-125			50-52.5	175-180	50 -55			NA	50-55	
Melanie Saunders (Director of Human Resources and Organisational Development)	115-120	1100	0 -5	12.5-15	130-135	110-115	3000	0 -5	80-82.5	200-205	
John Black (Medical Director)	135-140		0-5			110-115				110-115	Note 4
Professor Helen Young (Director of Patient Care)	125-130		0-5	10-12.5	135-140	120-125			90-95	215-220	
Paul Kempster (Chief Operating Officer)	70-75			35-37.5	110-115						Note 5

Name and Title	Salary (bands of £5,000) £000	Taxable Benefits £s, to the nearest £100	Annual Performance related bonuses in bands of £5,000	All pension related benefits (bands of £2,500)	Total in bands of £5,000	Salary (bands of £5,000) £000	Taxable Benefits £s, to the nearest £100	Annual Performance related bonuses in bands of £5,000	All pension related benefits (bands of £2,500)	Total in bands of £5,000
Mid-Point Band of highest paid Director's Total					187.5					182.5
Median Total Remuneration (£000)					25.1					25.2
Highest Paid Director as a proportion of the median					7.47					7.13

Notes

1. Ilona Blue left her non-executive position on 31 August 2019
2. William Hancock, Charles Porter, Philip Astle, Helen Young, John Black and Melanie Saunders were awarded an annual bonus based on individual performance against objectives, overall contribution to organisational performance, and their leadership
3. Philip Astle left his executive post on 31 August 2019
4. Dr John Black is a recharge from the Oxford University Hospitals NHS Foundation Trust
5. Paul Kempster joined the Trust on 27 August 2019

Pensions for The Year Ended 31 March 2020 (AUDITED)

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 2020 (bands of £5,000)	Lump sum at aged 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Cash Equivalent Transfer Value at 31 March 2019	Real Increase in Cash Equivalent Transfer Value 31 March 2020	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
William Hancock (Chief Executive)	2.5-5	0	65-70	155-160	1255	1156	44	0
Charles Porter (Director of Finance)	0-2.5	0	25-30	35-40	443	397	17	0
Philip Astle (Chief Operating Officer)	0-2.5	0	10-15	0	148	102	36	0
Michael Murphy (Director of Strategy and Business Development)	2.5-5	0	15-20	0	216	168	27	0
Melanie Saunders (Director of Human Resources and Organisational Development)	0-2.5	0	35-40	75-80	625	583	11	0
Professor Helen Young (Director of Patient Care)	0-2.5	0	45-50	130-135	943	886	18	0
Mr Paul Kempster (Chief Operating Officer)	0-2.5	0	0-5	0	27	0	17	0

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially completed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

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

Government Actuary Department (GAD) factors for the calculation of CETVs assume that benefits are indexed in line with CPI which is expected to be lower than RPI which was used previously and hence will tend to produce lower transfer values.

Expenses

Details of number and value of expenses claimed by governors and directors are detailed below:

	2019/20			2018/19		
	Total Number in Office	Total Number Receiving Expenses	Aggregate Sum of Expenses paid (£00)	Total Number in Office	Total Number Receiving Expenses	Aggregate Sum of Expenses paid (£00)
Governors	26	10	49	25	12	53
Directors	14	12	153	14	13	179

Off-Payroll Engagements

For all off-payroll engagements as of 31 Mar 2020, for more than £220 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2020	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £220 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:	
Number assessed as within scope of IR35	0
Number assessed as not within 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

For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020:

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

2019/20 ACCOUNTS

FOREWORD TO THE ACCOUNTS

South Central Ambulance Service NHS Foundation Trust

These accounts, for the year ended 31 March 2020, have been prepared by South Central 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 black ink, appearing to read 'Will Hancock', followed by a horizontal line.

Will Hancock
Chief Executive
18 June 2020

Consolidated Statement of Comprehensive Income

	Note	Group		Trust	
		2019/20 £000	2018/19 £000	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	240,601	215,727	240,601	215,727
Other operating income	4	9,701	10,263	9,550	10,215
Operating expenses	5	(248,730)	(222,927)	(248,017)	(222,938)
Operating surplus/(deficit) from continuing operations		1,572	3,063	2,134	3,004
Finance income		161	136	161	136
Finance expenses		(27)	(15)	(27)	(15)
PDC dividends payable		(1,724)	(1,650)	(1,724)	(1,650)
Net finance costs		(1,590)	(1,529)	(1,590)	(1,529)
Other gains / (losses)	10	27	(47)	27	(51)
Surplus / (deficit) for the year from continuing operations		9	1,487	571	1,424
Gain/ (loss) from absorption and discontinuance of operations		-	-	-	-
Surplus / (deficit) for the year		9	1,487	571	1,424
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Revaluations		(111)	3,261	(111)	3,261
Surplus / (deficit) for the year		(102)	4,748	460	4,685
Surplus/ (deficit) for the period attributable to:					
Non-controlling interest, and		-	-	-	-
South Central Ambulance Service NHS Foundation Trust		9	1,487	571	1,424
TOTAL		9	1,487	571	1,424
Total comprehensive income/ (expense) for the period attributable to:					
Non-controlling interest, and		-	-	-	-
South Central Ambulance Service NHS Foundation Trust		(102)	4,748	460	4,685
TOTAL		(102)	4,748	460	4,685

Statements of Financial Position

		Group		Trust	
		31 March 2020	31 March 2019	31 March 2020	31 March 2019
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	12	3,271	2,947	3,271	2,947
Property, plant and equipment	13	72,882	70,552	57,141	58,728
Other investments / financial assets	17	-	-	14,143	11,292
Total non-current assets		76,153	73,499	74,555	72,967
Current assets					
Inventories	15	962	962	554	626
Receivables	16	16,138	13,381	16,068	13,328
Other investments / financial assets	17	-	-	2,842	1,497
Non-current assets held for sale	18	930	-	930	-
Cash and cash equivalents	19	20,561	22,574	20,057	22,302
Total current assets		38,591	36,917	40,451	37,753
Current liabilities					
Trade and other payables	20	(24,264)	(19,338)	(23,667)	(19,485)
Borrowings	21	-	(1,407)	-	(1,407)
Provisions	22	(7,232)	(6,300)	(7,232)	(6,160)
Total current liabilities		(31,496)	(27,045)	(30,899)	(27,052)
Total assets less current liabilities		83,248	83,371	84,107	83,668
Non-current liabilities					
Trade and other payables	20	(3)	(6)	(3)	(6)
Provisions	22	(5,051)	(5,160)	(5,051)	(5,160)
Total non-current liabilities		(5,054)	(5,166)	(5,054)	(5,166)
Total assets employed		78,194	78,205	79,053	78,502
Financed by					
Public dividend capital		59,375	59,284	59,375	59,284
Revaluation reserve		13,369	13,536	13,369	13,536
Other reserves		(350)	(350)	(350)	(350)
Income and expenditure reserve		5,800	5,735	6,659	6,032
Total taxpayers' equity		78,194	78,205	79,053	78,502

The financial statements on pages 92 to 96 were approved by the Board on 18 June 2020 and signed on its behalf by;



Name: Will Hancock
Position: Chief Executive
Date 18 June 2020

**Consolidated Statement of Changes in Equity for the year ended 31 March
2020**

Group	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	59,284	13,536	(350)	5,735	78,205
Surplus/(deficit) for the year	-	-	-	9	9
Revaluations	-	(111)	-	-	(111)
Transfer to retained earnings on disposal of assets	-	(56)	-	56	-
Public dividend capital received	91	-	-	-	91
Taxpayers' and others' equity at 31 March 2020	59,375	13,369	(350)	5,800	78,194

**Consolidated Statement of Changes in Equity for the year ended 31 March
2019**

Group	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	58,199	10,669	(350)	3,869	72,387
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	(15)	(15)
Surplus/(deficit) for the year	-	-	-	1,487	1,487
Revaluations	-	3,261	-	-	3,261
Transfer to retained earnings on disposal of assets	-	(394)	-	394	-
Public dividend capital received	1,085	-	-	-	1,085
Taxpayers' and others' equity at 31 March 2019	59,284	13,536	(350)	5,735	78,205

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care 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.

Other reserves

Other reserves was a residual balance that was required in 2006 when the Trust was formed. The reserve was created from the opening net assets with taxpayer's equity from the predecessor trust.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Changes in Equity for the year ended 31 March
2020

Trust	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	59,284	13,536	(350)	6,032	78,502
Surplus/(deficit) for the year	-	-	-	571	571
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(56)	-	56	-
Revaluations	-	(111)	-	-	(111)
Transfer to retained earnings on disposal of assets	-	-	-	-	-
Public dividend capital received	91	-	-	-	91
Public dividend capital written off	-	-	-	-	-
Taxpayers' and others' equity at 31 March 2020	59,375	13,369	(350)	6,659	79,053

Statement of Changes in Equity for the year ended 31 March
2019

Trust	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	58,199	10,669	(350)	4,229	72,747
Impact of implementing IFRS 15 on 1 April 2018					-
Impact of implementing IFRS 9 on 1 April 2018				(15)	(15)
Surplus/(deficit) for the year				1,424	1,424
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits					-
Revaluations		3,261			3,261
Transfer to retained earnings on disposal of assets		(394)		394	-
Public dividend capital received	1,085				1,085
Public dividend capital written off					-
Taxpayers' and others' equity at 31 March 2019	59,284	13,536	(350)	6,032	78,502

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care 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.

Other reserves

Other reserves was a residual balance that was required in 2006 when the Trust was formed. The reserve was created from the opening net assets with taxpayer's equity from the predecessor trust.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statements of Cash Flows

	Group		Trust	
	2019/20 £000	2018/19 £000	2019/20 £000	2018/19 £000
Cash flows from operating activities				
Operating surplus / (deficit)	1,572	3,063	2,134	3,004
Non-cash income and expense:				
Depreciation and amortisation	9,472	8,294	7,231	7,102
Impairment and Reversals	145	(580)	145	(580)
(Increase) / decrease in receivables and other assets	(2,628)	(304)	(2,616)	(918)
(Increase) / decrease in inventories	-	(52)	72	(57)
Increase / (decrease) in payables and other liabilities	4,852	1,927	4,063	2,109
Increase / (decrease) in provisions	804	1,269	944	1,500
Net cash flows from / (used in) operating activities	14,217	13,617	11,973	12,160
Cash flows from investing activities				
Interest received	170	129	175	129
Purchase of intangible assets	(1,395)	(689)	(1,395)	(689)
Purchase of Property Plant & Equipment and investment property	(11,934)	(8,444)	(5,643)	(3,344)
Sales of Property, Plant & Equipment and investment property	172	2,608	84	2,449
Net cash flows from / (used in) investing activities	(12,987)	(6,396)	(6,779)	(1,455)
Cash flows from financing activities				
Public dividend capital received	91	1,085	91	1,085
Public dividend capital repaid	-	-	-	-
Movement on loans from DHSC	(1,400)	(1,740)	(1,400)	(1,740)
Interest on loans	(7)	(45)	(7)	(45)
PDC dividend (paid) / refunded	(1,927)	(1,579)	(1,927)	(1,579)
Cash flows from (used in) other financing activities	-	-	(4,196)	(3,653)
Net cash flows from / (used in) financing activities	(3,243)	(2,279)	(7,439)	(5,932)
Increase / (decrease) in cash and cash equivalents	(2,013)	4,942	(2,245)	4,773
Cash and cash equivalents at 1 April - brought forward	22,574	17,632	22,302	17,529
Cash and cash equivalents at 31 March	20,561	22,574	20,057	22,302

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

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 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards, to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust, for the purpose of giving a true and fair view, has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts. Where the statements show Group, this includes the results for both the NHS Foundation Trust and its wholly owned subsidiary, South Central Fleet Services Ltd.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. This means that the Trust expects to operate into the future and that the Statement of Financial Position (SOFP) reflects the ongoing nature of the Trust's activities. The Trust Board of Directors have considered and declared that "after making enquiries, the Board of Directors has 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.

Note 1.3 Consolidation

NHS Charitable Funds

South Central Ambulance NHS Foundation Trust is the Corporate Trustee to South Central Ambulance Service (SCAS) NHS Charity. South Central Ambulance NHS Foundation Trust has considered the materiality of the current annual value of transactions and as a result has not consolidated the charitable fund results in to the Trust accounts.

The SCAS Charity had total assets of £445k as at 31 March 2020 (2018/19: £634k). During the 2019/20 year the Charity received income of £209k (2018/19: £347k) and incurred expenditure of £398k (2018/19: £442k). The results for 31 March 2020 are provisional and unaudited at this stage and are subject to change. In the previous year's Trust's consolidated accounts the total assets were recorded as £618k, income as £373k and expenditure of £484k, these figures were amended in the Charity accounts to £634k, £347k and £442k respectively.

Other subsidiaries

On 5 September 2015 the Trust established a wholly owned subsidiary company 'South Central Fleet Services Ltd'. The accounts show results for the Group and the Trust. The company began trading on 1 November 2015 and provides a range of fleet services to the Trust. The Trust's investment in the company is £441,310 of share capital and £16.544m of outstanding loans.

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the unaudited draft financial statements of the subsidiary for the year.

Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation. IFRS16 has not been adopted by the NHS until 2021/22, however the subsidiary company is required to report on an IFRS basis with the IFRS16 adjustments reversed out on consolidation. Included within the subsidiary company's accounts will be an amount of £2.16m right of use asset along with a £2.16m lease liability, of which £0.166m is due within 1 year, £0.664m due within 2 - 5 years and £1.330m due after 5 years. On the profit and loss account will be a £0.166m depreciation charge which is shown in the consolidated accounts as an operating lease expense.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS)

As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018). Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable.

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.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

South Central Ambulance Service NHS Foundation Trust

Annual Accounts 2019/20

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners in respect of healthcare services. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where income is received for a specific activity, which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

NHS injury cost recovery scheme

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

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

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.

Note 1.6 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

NHS Pension Scheme

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. 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.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Note 1.8.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year and the cost of the item can be measured reliably
- the item has a cost of at least £5,000 or collectively a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous disposal dates and are under single managerial control
- items form part of the initial equipping and setting-up cost of a new building, 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, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Note 1.8.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at valuation. Land and buildings, used for the Trust's services, or for administrative purposes, are stated in the Statement of Financial Position at their revalued amounts, being the current value at the date of revaluation less any impairment. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

The Trust has undertaken a full quinquennial valuation exercise of its owned property (land and buildings) with a valuation date as at 31st March 2019. This was undertaken by an accredited valuer, Bomford Estates Ltd, on a property by property basis.

A desktop valuation exercise was carried out in February 2020 with a valuation date of 31 March 2020 by Bomford Estates Limited. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020, the valuer has declared a large valuation uncertainty in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this large valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

In making these judgements, the Trust is aware that the Royal Institute of Chartered Surveyors (RICS) has issued a valuation practice notice which gives guidance to valuers where a valuer declares a materiality uncertainty attached to a valuation in light of the impact of COVID-19 on markets. As explained above, the Trust has not obtained a full valuation report for 2019/20 but it should be noted that there may now be greater uncertainty in markets on which the valuation obtained in February 2020 and reflected in these financial statements is based. Given the judgements explained above in preparing these 2019/20 financial statements, the Trust has not deviated from its existing accounting policy by obtaining an additional valuation to which a materiality uncertainty might be attached.

As a result of the uncertainty the Trust has chosen not to adjust the values from the quinquennial valuation carried out in March 2019. The carrying amount in the accounts is £30.623m, the impact on the Trust's accounts is as follows; a 1% change in the valuation would have £0.306m (Land £0.093m and Buildings £0.213m) impact on the statement of financial position with a £0.011m impact on the PDC dividend due to be paid next year and accrued in these financial statements.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

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.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

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 that arises from a clear consumption of economic benefit or of 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 expenditure 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.

Note 1.8.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.8.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.8.5 Useful Economic lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	20	70
Dwellings	20	70
Plant & machinery	5	15
Transport equipment	5	9
Information technology	3	5
Furniture & fittings	5	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust 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. During the year the depreciation policy has changed to reduce the useful economic lives of vehicles from a maximum of 10 years to a maximum of 9 years, this policy change is in line with the recommendations of the Carter Report for ambulance trusts to reduce the useful economic lives of ambulances.

Note 1.9 Intangible assets

Note 1.9.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

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 capitalised as an intangible asset.

Note 1.9.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus, with no plan to bring it back into use, is valued at fair value under IFRS 13 if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.9.3 Useful economic life of intangible assets

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
Purchased intangible assets - Software	3	5

Note 1.10 Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure.

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation to fair value due to high turnover of stocks. A review is made where necessary for obsolete, slow moving and defective stocks and written off where considered appropriate.

Note 1.12 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, i.e. when receipt or delivery of the goods or services is made.

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 or liabilities are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

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 as 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.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise cash and cash equivalents, NHS receivables, accrued income and "other receivables".

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 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.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through income and expenditure are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are 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 cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

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

Note 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.13.1 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of South Central Ambulance Foundation Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 23 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to 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.

Note 3 Operating income from patient care activities (Group)

All income from patient care activities is derived from the Trust

Note 3.1 Income from patient care activities (by nature)	2019/20	2018/19
	£000	£000
Ambulance services		
A & E income	183,049	162,988
Patient transport services income	49,703	47,535
Other income	1,395	2,101
All services		
Agenda for Change pay award central funding*	-	3,103
Additional pension contribution central funding**	6,454	-
Total income from activities	240,601	215,727

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2019/20	2018/19
	£000	£000
Income from patient care activities received from:		
NHS England***	10,463	285
Clinical commissioning groups	222,798	207,872
Other NHS providers	3,440	3,326
NHS other	2,622	3,425
Local authorities	15	9
Injury cost recovery scheme	337	378
Non NHS: other	926	432
Total income from activities	240,601	215,727
Of which:		
Related to continuing operations	240,601	215,727

Injury cost recovery income for impairment of receivables of 21.79% of all claims to reflect the percentage probability of not receiving the income. This is in line with the advice issued by the compensation recovery unit for 2019/20 as instructed by the GAM.

*** Includes £6.454m pension contribution described above.

Note 4.1 Other operating income (Group)

	2019/20	2018/19
	Total £000	Total £000
Education and training	2,711	1,311
Non-patient care services to other bodies	2,548	1,950
Provider sustainability fund (PSF)	1,764	3,170
Financial recovery fund (FRF)	375	-
Income in respect of employee benefits accounted on a gross basis	900	1,424
Other income*	1,403	2,408
Total other operating income	9,701	10,263
Of which:		
Related to continuing operations	9,701	10,263
Related to discontinued operations	-	-

*Other income includes £222k radio mast income (2018/19: £236k), £379k private event income (2018/19: £335k) and in 2018/19 a grant of £800k from Milton Keynes Development Corporation to assist in financing the Milton Keynes Fire and Ambulance Hub due for completion in 2019/20 (2019/20: £nil)

Note 4.2 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2019/20 £000	2018/19 £000
Income from services designated as commissioner requested services	183,049	162,988
Income from services not designated as commissioner requested services	51,098	52,739
Total	234,147	215,727

Note 5.1 Operating expenses (Group)

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	521	493
Purchase of healthcare from non-NHS bodies - Accident & Emergency	13,610	15,430
Purchase of healthcare from non-NHS bodies - Patient Transport	15,108	13,457
Staff and executive directors costs	156,271	137,088
Remuneration of non-executive directors	291	212
Supplies and services - clinical (excluding drugs costs)	3,764	3,524
Supplies and services - general	1,287	1,098
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	291	317
Consultancy costs	328	262
Establishment	4,245	3,297
Premises	4,070	3,825
Information Technology	6,110	4,037
Transport (including patient travel)	16,893	18,337
Depreciation on property, plant and equipment	8,401	7,185
Amortisation on intangible assets	1,071	1,109
Net impairments	145	(580)
Increase/(decrease) in provision for impairment of receivables	57	28
Change in provisions discount rate(s)	209	-
Audit fees payable to the external auditor		
audit services- statutory audit	46	32
other auditor remuneration (external auditor only)	9	27
Internal audit costs	67	79
Clinical negligence	1,983	1,526
Legal fees	325	91
Insurance	1,400	1,173
Education and training	1,473	999
Rentals under operating leases	7,410	7,069
Hospitality	13	15
Other services, eg external payroll*	2,551	2,508
Other	781	289
Total	248,730	222,927
Of which:		
Related to continuing operations	248,730	222,927

*Other services includes £2,390k from 111 managed service contract (2018/19: £2,346k)

Note 5.2 Other auditor remuneration (Group)

	2019/20 £000	2018/19 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	9	8
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	19
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	9	27

The £9k audit for South Central Fleet Services Limited will be undertaken by an audit firm other than Grant Thornton.

Note 5.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2m (2018/19: £2m).

Note 6 Impairment of assets (Group)

There were impairments in 2019/20 of £145k (2018/19 £193k and reversal of impairments of £773k which had been previously charged through I&E).

Note 7 Employee benefits (Group)

	2019/20	2018/19
	Total	Total
	£000	£000
Salaries and wages	120,515	109,952
Social security costs	11,353	10,385
Apprenticeship levy	529	523
Employer's contributions to NHS pensions *	21,345	13,462
Temporary staff (including agency)	2,529	2,766
Total gross staff costs	156,271	137,088
Recoveries in respect of seconded staff	-	-
Total staff costs	156,271	137,088
Of which		
Costs capitalised as part of assets	-	-

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost of £6.454m and related £6.454m funding have been recognised in these accounts.

During the year to 31 March 2020 the highest paid director was the Chief Executive who was paid a salary between £185k and £190k and was assessed as in receipt of benefit in kind of £7k.

In the year ended 31 March 2020, seven directors (2019: seven) accrued benefits under a defined benefits pension scheme.

Note 7.1 Retirements due to ill-health (Group)

During 2019/20 there were 2 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £117k (£90k in 2018/19).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Further details of directors' remuneration can be found in the remuneration report which is included in the Trust Annual Report 2019/20.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 9 Operating leases (Group)

Note 9.1 South Central Ambulance Service NHS Foundation Trust as a lessor

The Group had no operating lease income in 2019/20 (2018/19: nil).

Note 9.2 South Central Ambulance Service NHS Foundation Trust as a lessee

	Group		Trust	
	31	31	31	31
	March	March	March	March
	2020	2019	2020	2019
	£000	£000	£000	£000
Operating lease expense				
Minimum lease payments	7,410	7,069	7,263	7,069
Less sublease payments received	-	-	-	-
Total	7,410	7,069	7,263	7,069
	31	31	31	31
	March	March	March	March
	2020	2019	2020	2019
	£000	£000	£000	£000
Future minimum lease payments due relating to building leases:				
- not later than one year;	2,867	2,373	2,701	2,373
- later than one year and not later than five years;	10,984	8,507	10,320	8,507
				11,42
- later than five years.	11,074	11,420	9,744	0
Total	24,925	22,300	22,765	22,300
	31	31	31	31
	March	March	March	March
	2020	2019	2020	2019
	£000	£000	£000	£000
Future minimum lease payments due relating to other leases:				
- not later than one year;	3,536	2,407	3,536	2,407
- later than one year and not later than five years;	6,791	2,949	6,791	2,949
- later than five years.	57	-	57	-
Total	10,384	5,356	10,384	5,356

Note 10 Other gains / (losses) (Group)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets	27	-
Losses on disposal of assets	-	(47)
Total gains / (losses) on disposal of assets	<u>27</u>	<u>(47)</u>

Note 11 Corporation Tax

The Trust has determined that it has no corporation tax liability from its subsidiary, South Central Fleet Services Ltd, in the qualifying period. The Trust does not have any other qualifying income from any of its other activities.

Note 12.1 Intangible assets - 2019/20

Group	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	9,509	285	9,794
Additions	757	638	1,395
Reclassifications	317	(317)	-
Disposals / derecognition	(89)	-	(89)
Valuation / gross cost at 31 March 2020	10,494	606	11,100
Amortisation at 1 April 2019 - brought forward	6,847	-	6,847
Provided during the year	1,071	-	1,071
Disposals / derecognition	(89)	-	(89)
Amortisation at 31 March 2020	7,829	-	7,829
Net book value at 31 March 2020	2,665	606	3,271
Net book value at 1 April 2019	2,662	285	2,947

Note 12.2 Intangible assets - 2018/19

Group	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	8,579	1,307	9,886
Additions	299	390	689
Reclassifications	1,412	(1,412)	-
Disposals / derecognition	(781)	-	(781)
Valuation / gross cost at 31 March 2019	9,509	285	9,794
Amortisation at 1 April 2018 - as previously stated	6,513	-	6,513
Provided during the year	1,109	-	1,109
Disposals / derecognition	(775)	-	(775)
Amortisation at 31 March 2019	6,847	-	6,847
Net book value at 31 March 2019	2,662	285	2,947
Net book value at 1 April 2018	2,066	1,307	3,373

Note 12.3 Intangible assets - 2019/20

Trust	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	9,377	285	9,662
Additions	757	638	1,395
Reclassifications	317	(317)	-
Disposals / derecognition	-	-	-
Valuation / gross cost at 31 March 2020	10,451	606	11,057
Amortisation at 1 April 2019 - brought forward	6,715	-	6,715
Provided during the year	1,071	-	1,071
Disposals / derecognition	-	-	-
Amortisation at 31 March 2020	7,786	-	7,786
Net book value at 31 March 2020	2,665	606	3,271
Net book value at 1 April 2019	2,662	285	2,947

Note 12.4 Intangible assets - 2018/19

Trust	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	8,447	1,307	9,754
Additions	299	390	689
Reclassifications	1,412	(1,412)	-
Disposals / derecognition	(781)	-	(781)
Valuation / gross cost at 31 March 2019	9,377	285	9,662
Amortisation at 1 April 2018 - as previously stated	6,389	-	6,389
Provided during the year	1,102	-	1,102
Disposals / derecognition	(776)	-	(776)
Amortisation at 31 March 2019	6,715	-	6,715
Net book value at 31 March 2019	2,662	285	2,947
Net book value at 1 April 2018	2,058	1,307	3,365

**Note 13.1 Property, plant and equipment -
2019/20**

Group	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2019 - brought forward	10,099	43,031	3,010	13,665	36,008	7,916	1,481	115,210
Additions	-	287	4,287	2,775	4,254	360	42	12,005
Impairments	-	(145)	-	-	-	-	-	(145)
Revaluations	(2)	(109)	-	-	-	-	-	(111)
Reclassifications	-	792	(1,343)	81	85	356	29	-
Transfers to / from assets held for sale	(820)	(136)	-	-	-	-	-	(956)
Disposals / derecognition	-	(126)	-	(157)	(2,722)	-	-	(3,005)
Valuation/gross cost at 31 March 2020	9,277	43,594	5,954	16,364	37,625	8,632	1,552	122,998
Accumulated depreciation at 1 April 2019 - brought forward	-	8,253	-	9,258	19,667	6,371	1,109	44,658
Provided during the year	-	1,927	-	1,134	4,574	657	109	8,401
Transfers to / from assets held for sale	-	(26)	-	-	-	-	-	(26)
Disposals / derecognition	-	(126)	-	(157)	(2,634)	-	-	(2,917)
Accumulated depreciation at 31 March 2020	-	10,028	-	10,235	21,607	7,028	1,218	50,116
Net book value at 31 March 2020	9,277	33,566	5,954	6,129	16,018	1,604	334	72,882
Net book value at 1 April 2019	10,099	34,778	3,010	4,407	16,341	1,545	372	70,552

For land and buildings the Trust uses a qualified professional valuer FRICS independent of the Trust provided by Bomford Estates. They provide on an annual basis indices for use in valuing land and buildings. The Trust undertakes a valuation exercise every year. The carrying value of land under the cost model is £9.277m, the carrying value of buildings under the cost model is £33.566m.

Note 13.2 Property, plant and equipment - 2018/19

Group	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	9,139	40,549	1,946	14,378	43,372	8,521	1,437	119,342
Additions	-	1,230	2,497	892	3,870	275	15	8,779
Reversals of impairments	524	(524)	-	-	-	-	-	-
Revaluations	436	421	-	-	-	-	-	857
Reclassifications	-	1,404	(1,433)	5	197	366	41	580
Disposals / derecognition	-	(49)	-	(1,610)	(11,431)	(1,246)	(12)	(14,348)
Valuation/gross cost at 31 March 2019	10,099	43,031	3,010	13,665	36,008	7,916	1,481	115,210
Accumulated depreciation at 1 April 2018 - as previously stated	-	8,828	-	9,711	27,550	6,912	1,019	54,020
Provided during the year	-	1,852	-	1,124	3,404	704	101	7,185
Impairments	-	192	-	-	-	-	-	192
Reversals of impairments	-	(772)	-	-	-	-	-	(772)
Revaluations	-	(2,404)	-	-	-	-	-	(2,404)
Reclassifications	-	580	-	-	-	-	-	580
Disposals / derecognition	-	(23)	-	(1,577)	(11,287)	(1,245)	(11)	(14,143)
Accumulated depreciation at 31 March 2019	-	8,253	-	9,258	19,667	6,371	1,109	44,658
Net book value at 31 March 2019	10,099	34,778	3,010	4,407	16,341	1,545	372	70,552
Net book value at 1 April 2018	9,139	31,721	1,946	4,667	15,822	1,609	418	65,322

**Note 13.3 Property, plant and equipment financing -
2019/20**

Group	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2020								
Owned - purchased	8,289	32,579	5,954	6,129	16,018	1,604	334	70,907
Owned - donated	988	987	-	-	-	-	-	1,975
NBV total at 31 March 2020	9,277	33,566	5,954	6,129	16,018	1,604	334	72,882

**Note 13.4 Property, plant and equipment financing -
2018/19**

Group	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019								
Owned - purchased	9,111	33,773	3,010	4,407	16,341	1,545	372	68,559
Owned - donated	988	1,005	-	-	-	-	-	1,993
NBV total at 31 March 2019	10,099	34,778	3,010	4,407	16,341	1,545	372	70,552

**Note 13.5 Property, plant and equipment -
2019/20**

Trust	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2019 - brought forward	10,099	42,369	2,924	12,362	24,645	7,649	1,481	101,529
Additions	-	286	3,965	1,106	-	360	42	5,759
Impairments		(145)						(145)
Revaluations	(2)	(109)	-	-	-	-	-	(111)
Reclassifications	-	792	(1,258)	81	-	356	29	-
Transfers to / from assets held for sale	(820)	(136)						(956)
Disposals / derecognition	-	(126)	-	(157)	(2,611)	-	-	(2,894)
Valuation/gross cost at 31 March 2020	9,277	42,931	5,631	13,392	22,034	8,365	1,552	103,182
Accumulated depreciation at 1 April 2019 - brought forward	-	8,231	-	9,091	18,066	6,304	1,109	42,801
Provided during the year	-	1,884	-	974	2,603	590	109	6,160
Transfers to / from assets held for sale		(26)						(26)
Disposals / derecognition	-	(126)	-	(157)	(2,611)	-	-	(2,894)
Accumulated depreciation at 31 March 2020	-	9,963	-	9,908	18,058	6,894	1,218	46,041
Net book value at 31 March 2020	9,277	32,968	5,631	3,484	3,976	1,471	334	57,141
Net book value at 1 April 2019	10,099	34,138	2,924	3,271	6,579	1,345	372	58,728

For land and buildings the Trust uses a qualified professional valuer FRICS independent of the Trust provided by Bomford Estates. They provide on an annual basis indices for use in valuing land and buildings. The Trust undertakes a valuation exercise every year. The carrying value of land under the cost model is £9.277m, the carrying value of buildings under the cost model is £32.968m.

Note 13.6 Property, plant and equipment - 2018/19

Trust	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	9,139	40,549	1,669	13,871	37,639	8,254	1,437	112,558
Additions		619	2,440	308	55	275	15	3,712
Reversals of impairments	524	56						580
Revaluations	436	421						857
Reclassifications		773	(1,185)	5	-	366	41	-
Disposals / derecognition		(49)		(1,578)	(11,320)	(1,246)	(12)	(14,205)
Valuation/gross cost at 31 March 2019	10,099	42,369	2,924	12,362	24,645	7,649	1,481	101,529
Accumulated depreciation at 1 April 2018 - as previously stated		8,828		9,870	28,682	6,912	1,019	55,311
Provided during the year		1,830		1,035	2,397	637	101	6,000
Impairments								-
Reversals of impairments								-
Revaluations		(2,404)						(2,404)
Reclassifications								-
Disposals / derecognition		(23)		(1,570)	(11,284)	(1,245)	(11)	(14,133)
Accumulated depreciation at 31 March 2019	-	8,231	-	9,091	18,066	6,304	1,109	42,801
Net book value at 31 March 2019	10,099	34,138	2,924	3,271	6,579	1,345	372	58,728
Net book value at 1 April 2018	9,139	31,721	1,669	4,001	8,957	1,342	418	57,247

**Note 13.7 Property, plant and equipment financing -
2019/20**

Trust	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2020								
Owned - purchased	8,289	31,981	5,631	3,484	3,976	1,471	334	55,166
Owned - donated	988	987	-	-	-	-	-	1,975
NBV total at 31 March 2020	9,277	32,968	5,631	3,484	3,976	1,471	334	57,141

**Note 13.8 Property, plant and equipment financing -
2018/19**
Trust

Trust	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019								
Owned - purchased	9,111	33,133	2,924	3,271	6,579	1,345	372	56,735
Owned - donated	988	1,005	-	-	-	-	-	1,993
NBV total at 31 March 2019	10,099	34,138	2,924	3,271	6,579	1,345	372	58,728

Note 14 Investments in subsidiaries

South Central Ambulance Service NHS Foundation Trust purchased 441,310 ordinary shares of £1 each in South Central Fleet Services Ltd. This represents a 100% direct ownership of South Central Fleet Services Ltd which is incorporated in England and Wales. This subsidiary company is included in the consolidation.

Note 15 Inventories

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Consumables	821	825	413	489
Energy	141	137	141	137
Total inventories	962	962	554	626

Group inventories recognised in expenses for the year were £0k (2018/19: £0k). Write-down of group inventories recognised as expenses for the year were £0k (2018/19: £52k).

Note 16.1 Receivables

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Current				
Contract receivables	11,207	8,437	11,207	8,425
Capital receivables (including accrued capital related income)	-	65	-	65
Allowance for impaired contract receivables / assets	(434)	(377)	(434)	(377)
Capital deposit in advance	-	270	-	270
Prepayments (non-PFI)	3,922	3,216	3,830	3,166
Interest receivable	5	14	-	14
PDC dividend receivable	233	30	233	30
VAT receivable	447	554	485	575
Other receivables	758	1,172	747	1,160
Total current receivables	16,138	13,381	16,068	13,328
Of which receivable from NHS and DHSC group bodies:				
Current	9,492	6,972	9,492	6,972
Non-current	-	-	-	-

Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

The Trust had no non-current trade or other receivables.

The majority of trade receivables are due from clinical commissioning groups, as commissioners for NHS patient care services. As clinical commissioning groups are funded by Government no credit scoring of them is considered necessary.

**Note 16.2 Allowances for credit
losses - 2019/20**

	Group		Trust	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2019 - brought forward	377	-	377	-
New allowances arising	68	-	68	-
Changes in existing allowances	(11)	-	(11)	-
Allowances as at 31 Mar 2020	434	-	434	-

The provision relates to £206k injury cost recovery (2018/19: £217k), £84k trade receivables (2018/19: £60k) and £144k overpaid salaries (2018/19: £100k).

Note 17 Other financial assets

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Current				
Loans and receivables	-	-	2,842	1,497
Total other current assets	-	-	2,842	1,497
Non-current				
Share Capital	-	-	441	441
Loans and receivables	-	-	13,702	10,851
Total other non-current assets	-	-	14,143	11,292

Other financial assets represent 9 loans made to South Central Fleet Services Ltd to purchase ambulances and 1 for the refurbishment of the Milton Park premises.

The Trust have made a total of 10 loans of £22.070m which range from 5 to 10 years, all attracting interest of 3.5%, at 31 March 2020 an amount of £16.985m was outstanding (2018/19: £12.789m).

**Note 18 Non-current assets held for sale and assets in disposal
groups**

	Group		Trust	
	2019/20 £000	2018/19 £000	2019/20 £000	2018/19 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	-	-	-
Assets classified as available for sale in the year	930	-	930	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	930	-	930	-

Note 19 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2019/20	2018/19	2019/20	2018/19
	£000	£000	£000	£000
At 1 April	22,574	17,632	22,302	17,529
Net change in year	(2,013)	4,942	(2,245)	4,773
At 31 March	20,561	22,574	20,057	22,302
Broken down into:				
Cash at commercial banks and in hand	504	272	-	-
Cash with the Government Banking Service	20,057	22,302	20,057	22,302
Total cash and cash equivalents as in SoFP	20,561	22,574	20,057	22,302
Total cash and cash equivalents as in SoCF	20,561	22,574	20,057	22,302

Note 20.1 Trade and other payables

	Group			Trust
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Current				
Trade payables	3,737	1,661	3,413	2,506
Capital payables	997	926	995	879
	16,56	14,04	16,33	
Accruals	3	4	1	13,435
Social security costs	1,790	1,618	1,768	1,598
Other taxes payable	1,140	1,065	1,123	1,041
Other payables	37	24	37	26
	<u>24,26</u>	<u>19,33</u>	<u>23,66</u>	
Total current trade and other payables	<u>4</u>	<u>8</u>	<u>7</u>	<u>19,485</u>
Non-current				
Other payables	3	6	3	6
Total non-current trade and other payables	<u>3</u>	<u>6</u>	<u>3</u>	<u>6</u>
Of which payables from NHS and DHSC group bodies:				
Current	1,122	903	1,122	903
Non-current	-	-	-	-

Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 24. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Accruals include £2,021k outstanding pension contributions as at 31 March 2020 (31 March 2019: £1,795k).

Note 20.2 Early retirements in NHS payables above

There were no early retirement payments in the above.

Note 21.1 Borrowings

	Group			Trust
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Current				
Loans from DHSC	-	1,407	-	1,407
Total current borrowings	-	1,407	-	1,407

The Trust had one capital loan of £7,000k (payable over 5 years) taken out in 2014/15 at an interest rate of 1.48%. This loan has now been fully repaid.

Note 21.2 Reconciliation of liabilities arising from financing activities

	Group			Trust
	Loans from DHSC £000	Total £000	Loans from DHSC £000	Total £000
Carrying value at 1 April 2019	1,407	1,407	1,407	1,407
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,400)	(1,400)	(1,400)	(1,400)
Financing cash flows - payments of interest	(7)	(7)	(7)	(7)
Carrying value at 31 March 2020	-	-	-	-

Note 22.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Re- structuring £000	Other* £000	Total £000
At 1 April 2019	3,186	112	80	140	7,942	11,460
Change in the discount rate	207	2	-	-	-	209
Arising during the year	8	6	12	-	2,952	2,978
Utilised during the year	(159)	(37)	-	(69)	(700)	(965)
Reversed unused	(10)	-	-	(71)	(1,337)	(1,418)
Unwinding of discount	19	-	-	-	-	19
At 31 March 2020	3,251	83	92	-	8,857	12,283
Expected timing of cash flows:						
- not later than one year;	221	22	92	-	6,897	7,232
- later than one year and not later than five years;	691	61	-	-	560	1,312
- later than five years.	2,339	-	-	-	1,400	3,739
Total	3,251	83	92	-	8,857	12,283

* Other provisions include £1,576k (2018/19: £1,918k) ongoing costs arising from the management of closure activities including the retention of clinical records, £6,280k (2018/19: £4,632k) staff related costs, £556k (2018/19: £494k) property dilapidations and £445k (2018/19: £898k) provision for credit notes.

Note 22.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Re- structuring £000	Other* £000	Total £000
At 1 April 2019	3,186	112	80		7,942	11,320
Change in the discount rate	207	2	-	-	-	209
Arising during the year	8	6	12	-	2,952	2,978
Utilised during the year	(180)	(16)	-	-	(700)	(896)
Reversed unused	(10)	-	-	-	(1,337)	(1,347)
Unwinding of discount	19	-	-	-	-	19
At 31 March 2020	3,230	104	92	-	8,857	12,283
Expected timing of cash flows:						
- not later than one year;	221	22	92	-	6,897	7,232
- later than one year and not later than five years;	691	61	-	-	560	1,312
- later than five years.	2,318	21	-	-	1,400	3,739
Total	3,230	104	92	-	8,857	12,283

* Other provisions include £1,576k (2018/19: £1,918k) ongoing costs arising from the management of closure activities including the retention of clinical records, £6,280k (2018/19: £4,632k) staff related costs, £556k (2018/19: £494k) property dilapidations and £445k (2018/19: £898k) provision for credit notes.

Note 23 Clinical negligence liabilities

At 31 March 2020 £36,548k was included in provisions of NHS Resolutions in respect of clinical negligence liabilities of South Central Ambulance Service NHS Foundation Trust (31 March 2019: £39,089k).

Note 24 Contingent assets and liabilities

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities				
NHS Resolution legal claims	(54)	(84)	(54)	(84)
Employment tribunal and other employee related litigation	-	-	-	-
Gross value of contingent liabilities	(54)	(84)	(54)	(84)
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	(54)	(84)	(54)	(84)

Note 25 Contractual capital commitments

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	3,183	462	2,603	462
Intangible assets	135	333	135	333
Total	3,318	795	2,738	795

Note 26 Financial instruments

Note 26.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Foundation Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial standards mainly apply. The Foundation 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 Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Foundation Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Foundation Trust treasury activity is subject to review by the Trust's internal auditors.

Currency Risk

The Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Foundation Trust has no overseas operations. The Foundation Trust has low exposure to currency rate fluctuations.

Interest Rate Risk

The Foundations Trust's borrowings are from Government, the borrowings are for 1 to 10 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Foundation Trust therefore has low exposure to interest rate fluctuations.

Credit Risk

Because the majority of the Foundation Trust's income comes from contracts with other public sector bodies, the Foundation Trust has low exposure to credit risk. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in the trade and other receivables note. The Trust's procurement process is robust and the Trust restricts prepayments to suppliers. The Foundation Trust is not exposed to significant liquidity risks.

Note 26.2 Carrying values of financial assets

Note 26.2 Carrying values of financial assets				Trust				
	Held at amortised cost £000	Group Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Assets as per SoFP as at 31 March 2020								
Trade and other receivables with NHS and DHSC bodies excluding non financial assets	9,259	-	-	9,259	9,259	-	-	9,259
Trade and other receivables with other bodies excluding non financial assets	2,277	-	-	2,277	2,264	-	-	2,264
Other Investments	-	-	-	-	441	-	-	441
Loans with subsidiaries	-	-	-	-	17,178	-	-	17,178
Cash and cash equivalents	20,561	-	-	20,561	20,057	-	-	20,057
Total at 31 March 2020	32,097	-	-	32,097	49,199	-	-	49,199
	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Assets as per SoFP as at 31 March 2019								
Trade and other receivables with NHS and DHSC bodies excluding non financial assets	6,942	-	-	6,942	6,942	-	-	6,942
Trade and other receivables with other bodies excluding non financial assets	2,369	-	-	2,369	2,169	-	-	2,169
Other Investments	-	-	-	-	441	-	-	441
Cash and cash equivalents	22,574	-	-	22,574	22,302	-	-	22,302
Total at 31 March 2019	31,885	-	-	31,885	31,854	-	-	31,854

Note 26.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Group			Trust		
	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2020						
Borrowings excluding finance lease and PFI liabilities	-	-	-	-	-	-
Trade and other payables with NHS and DHSC bodies excluding non financial liabilities	1,122	-	1,122	1,122	-	1,122
Trade and other payables with other bodies excluding non financial liabilities	19,960	-	19,960	19,339	-	19,339
Provisions under contract	2,130	-	2,130	2,130	-	2,130
Total at 31 March 2020	23,212	-	23,212	22,591	-	22,591

	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2019						
Borrowings excluding finance lease and PFI liabilities	1,407	-	1,407	1,407	-	1,407
Trade and other payables with NHS and DHSC bodies excluding non financial liabilities	903	-	903	903	-	903
Trade and other payables with other bodies excluding non financial liabilities	15,563	-	15,563	15,759	-	15,759
Provisions under contract	2,411	-	2,411	2,411	-	2,411
Total at 31 March 2019	20,284	-	20,284	20,480	-	20,480

Note 26.4 Fair values of financial assets and liabilities

The Group held no non-current financial assets as at 31 March 2020 (31 March 2019: nil).

The carrying amount of the following financial assets and liabilities is considered a reasonable approximation of fair value:

- Cash and cash equivalents
- Trade and other receivables
- Trade and other payables

Note 26.5 Maturity of financial liabilities

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
In one year or less	21,313	18,182	20,692	18,378
In more than one year but not more than two years	165	259	165	259
In more than two years but not more than five years	351	387	351	387
In more than five years	1,383	1,456	1,383	1,456
Total	23,212	20,284	22,591	20,480

Note 27 Losses and special payments

	2019/20		2018/19	
Group and Trust	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Stores losses and damage to property	2	1	2	140
Total losses	2	1	2	140
Special payments				
Ex-gratia payments	-	-	-	-
Total special payments	-	-	-	-
Total losses and special payments	2	1	2	140
Compensation payments received	-	-	-	-

All losses are derived from the Trust.

Note: All losses and special payments are on an accruals basis but exclude provision for future losses.

Note 28 Prior period adjustments

There were no prior period adjustments.

Note 29 Events after the reporting date

The UK Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21. While these allocations may be subject to minor revision as a result of the COVID-19 financial framework, the guidance has been clarified to inform CCGs that they will be provided with sufficient funding for the year. Providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned. While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this. For the period April 2020 to July 2020 the Trust is receiving income via block contract lump sums.

South Central Ambulance Service NHS Foundation Trust

Annual Accounts 2019/20

Note 30 Related Parties

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with South Central Ambulance Service NHS Foundation Trust.

The Department of Health and Social Care is regarded as a related party. During the year South Central Ambulance Service NHS Foundation 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

Health Education England

Oxford University Hospital NHS Foundation Trust

Buckinghamshire Healthcare NHS Trust

NHS Oxfordshire CCG

NHS West Hampshire CCG

NHS Buckinghamshire CCG

NHS Southampton CCG

NHS Milton Keynes CCG

NHS Fareham & Gosport CCG

NHS Portsmouth CCG

NHS South Eastern Hampshire CCG

NHS North Hampshire CCG

NHS Berkshire West CCG

NHS East Berkshire CCG

NHS North West Surrey CCG

NHS North East Hampshire & Farnham CCG

NHS High Weald Lewes Havens CCG

NHS Brighton & Hove CCG

NHS Hastings & Rother CCG

NHS Coastal West Sussex CCG

NHS Crawley CCG

NHS Horsham & Mid Sussex CCG

NHS Eastbourne, Hailsham & Seaford CCG

Isle of Wight NHS Trust

South Central Ambulance Service NHS Foundation Trust entered into the following transactions during the year with its wholly owned subsidiary, South Central Fleet Services Ltd;

Payments to South Central Fleet Services Ltd £9.267m (2018/19: £8.126m).

Receipts from South Central Fleet Services Ltd £0.602m (2018/19: £0.393m).

Amounts owed to South Central Fleet Services Ltd as at 31st March 2020 £0.633m (2018/19: £0.383m).

Amounts owed from South Central Fleet Services Ltd as at 31st March 2020 £nil (2018/19: £nil).

During the year South Central Ambulance Service loaned South Central Fleet Services Ltd £7.4m with an interest rate of 3.5%. At the end of the year South Central Fleet Services owed South Central Ambulance NHS Foundation Trust £16.985m in outstanding loans (2018/19: £12.789m)

The SCAS Charity had total assets of £445k as at 31 March 2020 (2018/19: £634k). During the 2019/20 year the Charity received income of £209k (2018/19: £347k) and incurred expenditure of £398k (2018/19: £442k). The results for 31 March 2020 are provisional and unaudited at this stage and are subject to change. In the previous year's Trust's consolidated accounts the total assets were recorded as £618k, income as £373k and expenditure of £484k, these figures were amended in the Charity accounts to £634k, £347k and £442k respectively.

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed



Will Hancock
Chief Executive
18 June 2020

Independent auditor's report to the Council of Governors of South Central Ambulance Service NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of South Central Ambulance Service NHS Foundation Trust (the 'Trust') and its subsidiary (the 'group') for the year ended 31 March 2020 which comprise the Trust and group Statements of Comprehensive Income, the Trust and group Statements of Financial Position, the group Statement of Changes in Equity, the Trust Statement of Changes in Equity, the Trust and group Statements of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2020 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accounting Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the Trust's financial statements shall be prepared on a going concern basis, we considered the risks associated with the group and Trust's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the Trust's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

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.



Grant Thornton

Overview of our audit approach

Financial statements audit

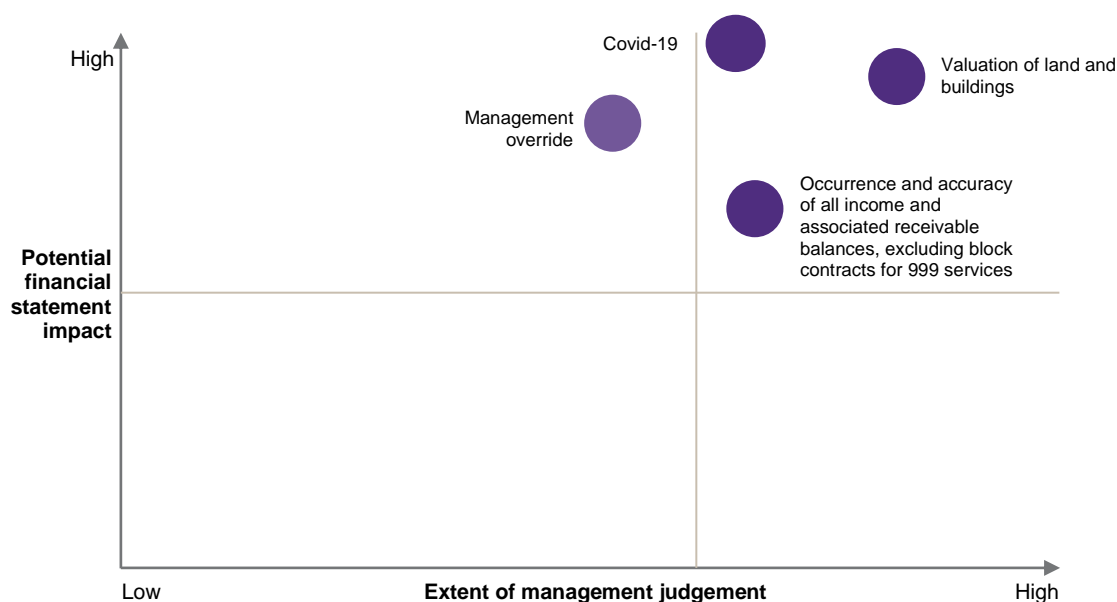
- Overall materiality: £4,458,000, which represents 1.79% of the group's gross operating costs (consisting of operating expenses and finance expenses);
- Key audit matters were identified as:
 - Valuation of land and buildings
 - Occurrence and accuracy of all income and associated receivable balances, excluding block contracts for 999 services
 - Covid-19
- The group consists of two components – the Trust and its wholly-owned subsidiary company, South Central Fleet Services Ltd.
- Audit testing was performed on classes of transactions, account balances, or disclosures relating to the subsidiary which were material to the group position. There have been no changes in the scope of the group audit from the prior year.
- 100% of group income, 99% of group expenditure and 95% of group assets and liabilities were subject to testing during the audit.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We identified one significant risk in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (see Report on other legal and regulatory requirements section).

Key audit matters

The graph below depicts the financial statement audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter – Trust and Group	How the matter was addressed in the audit – Group
<p>Risk 1 – Valuation of land and buildings</p> <p>The Trust revalues its land and buildings on a five-yearly basis to ensure the carrying value in the Trust and group financial statements is not materially different from current value at the financial statements date.</p> <p>In the intervening years, such as 2019/20, the Trust requests a desktop valuation from its valuation expert. This valuation represents a significant estimate by management in the financial statements.</p> <p>The effects of the COVID-19 virus will affect the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore been considering whether a material uncertainty declaration is now appropriate in their reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuation experts and the scope of their work Evaluating the competence, capabilities and objectivity of the valuation expert Writing to the valuer to confirm the basis on which the valuations were carried out Challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding Testing, on a sample basis, revaluations made during the year to ensure they were recorded accurately in the Trust's asset register <p>The group's accounting policy on valuation of land and buildings is shown in note 1.8.2 to the</p>

Key Audit Matter – Trust and Group

In their 2019/20 valuation report the Trust's valuer, Bomford Estates, included a material uncertainty and this was disclosed in note 1.24 to the financial statements.

We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.

Risk 2 – Occurrence and accuracy of all income and associated receivable balances, excluding block contracts for 999 services

The group's significant income streams are operating income from patient care activities and other operating income.

Approximately 96% of the Trust income is from patient care activities and contracts with NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust.

The Trust recognises income from patient care activity based on the completion of these activities. This includes the block contract, which is agreed in advance at a fixed price, and contract variations.

Patient care activities provided that are additional to those incorporated in these contracts (contract variations) are subject to verification and agreement by commissioners. As such, there is a risk that income is recognised in the financial statements for these additional services that is not subsequently agreed to by the commissioners.

How the matter was addressed in the audit – Group

financial statements and related disclosures are included in note 13.1.

Key observations

As, disclosed in note 1.24 to the financial statements, the outbreak of Covid-19 has caused uncertainties in markets. As a result, the Trust's valuer has declared a 'material valuation uncertainty' in their valuation report which was carried out in February 2020 with a valuation date of 31 March 2020.

The Trust has disclosed the estimation uncertainty related to the year-end valuations of land and buildings in note 1.24 to the financial statements. As a result of this uncertainty, the Trust has not updated the financial statements to reflect the results of the desktop valuation exercise undertaken. The net valuation increase arising from the exercise was not material, therefore we are satisfied that this has not led to a material misstatement.

The Trust is planning to commission a further desktop valuation exercise in 2020/21 to keep the valuation of the property under frequent review.

The Trust's valuer prepared their valuations in accordance with the RICS Valuation – Global Standards using the information that was available to them at the valuation date in deriving their estimates. We obtained sufficient audit assurance to conclude that:

- the basis of the valuation of land and buildings was appropriate, and
- the assumptions and processes used by management in determining the estimate of valuation of property were reasonable;
- the valuation of land and buildings disclosed in the financial statements is reasonable.

Our audit work included, but was not restricted to:

- Evaluating the Trust's accounting policies for recognition of income for appropriateness and compliance with the Department of Health and Social Care (DHSC) group accounting manual 2019-20;
- Updating our understanding of the group's system for accounting for income, and evaluating the design of the associated controls;

In respect of patient care income:

- Using the DHSC mismatch report that details differences in reported income and expenditure and receivables and payables between NHS bodies, investigating unmatched income and receivable balances over £300,000, corroborating the unmatched balances to supporting information;

Key Audit Matter – Trust and Group

The Trust also receive other operating income which is not derived from block contract agreements and represents a material class of transactions in the statement of comprehensive income.

Due to the nature of block contracts for 999 calls we have not identified a significant risk of material misstatement in relation to these block contracts.

We therefore identified occurrence and accuracy of all income and associated receivable balances, excluding those related to block contracts for 999 calls as a significant risk, which was one of the most significant assessed risks of material misstatement.

How the matter was addressed in the audit – Group

- Agreeing, on a sample basis, income from contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from commissioners
- Evaluating the estimates and the judgments made by management with regard to corroborating evidence in order to arrive at the total income from sources other than block contracts for 999 services recorded in the financial statements.

In respect of other operating income:

- Agreeing, on a sample basis, income and year end receivables to invoices and cash receipts, or other supporting evidence
- Agreeing income from the Provider Sustainability Fund to notifications from NHS Improvement and cash receipts.

The group's accounting policy on income recognition is shown in note 1.4 to the financial statements and related disclosures are included in notes 3 and 4.

Key observations

We obtained sufficient audit evidence to conclude that:

- the Trust's accounting policies for income recognition are in accordance with the Department of Health and Social Care group accounting manual 2019-20 and have been properly applied; and
- non-block contract patient care income and other operating income and associated receivable balances are not materially misstated.

Risk 3 – Covid-19

The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to;

- Remote working arrangements and redeployment of staff to critical front line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation
- Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates

Our audit work included, but was not restricted to:

- Documenting and understanding the implications that the Covid-19 pandemic has on the Trust's ability to prepare the financial statements and updates to financial forecasts
- Liaison with other audit suppliers, regulators, and government departments to co-ordinate practical cross sector responses to issues as and when they arise

We have evaluated:

- the adequacy of the disclosures in the financial statements relating to the impact of the Covid-19 pandemic.
- whether sufficient audit evidence can be obtained in the absence of physical verification of assets through remote technology
- whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset

Key Audit Matter – Trust and Group	How the matter was addressed in the audit – Group
<ul style="list-style-type: none"> - Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties for a period of at least 12 months from the anticipated date of approval of the audited financial statements have arisen; and - Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1, particularly in relation to material uncertainties. <p>We therefore identified the global outbreak of the Covid-19 virus as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>valuations and recovery of receivable balances</p> <ul style="list-style-type: none"> • management's assumptions that underpin the revised financial forecasts and the impact on management's going concern assessment and • we have reviewed the Trust's Corporate Risk Register, for risks identified from COVID-19, <p>Key observations</p> <p>We obtained sufficient audit assurance to conclude that:</p> <ul style="list-style-type: none"> • The Trust's disclosures are in line with the DHSC guidance relating to the impact of the COVID-19 pandemic • Financial forecasts and the cashflow analysis of the Trust supports the ability for the Trust to prepare the accounts on a going concern basis and • The inclusion of a material uncertainty disclosure regarding the valuation of the Trust's property, plant and equipment has been emphasised in a Key Audit Matter as detailed in risk 1 above.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

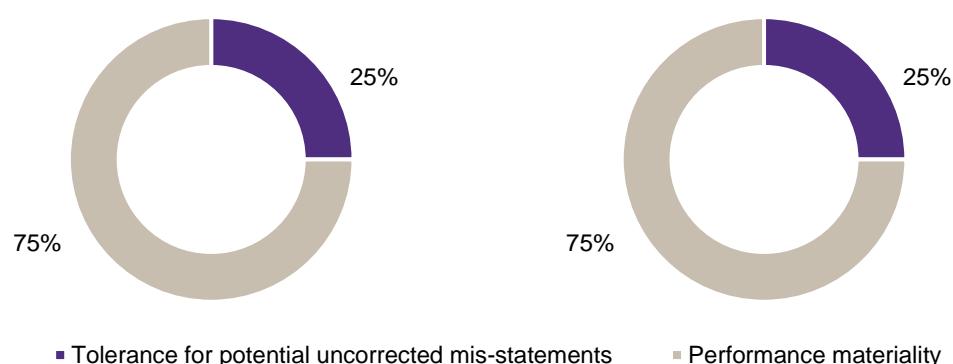
Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	<p>£4,458,000 which is 1.79% of the group's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the group has expended its revenue and other funding.</p> <p>Materiality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2019 as we did not identify any significant changes in the group or the environment in which it operates.</p>	<p>£4,400,000 which is 1.77% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding.</p> <p>Materiality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2019 as we did not identify any significant changes in the Trust or the environment in which it operates.</p>
Performance materiality used to drive the extent of our testing	75% of financial statement materiality	75% of financial statement materiality
Communication of misstatements to the Audit Committee	£220,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£220,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality – Group

Overall materiality – Trust



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the group's business, its environment and risk profile and in particular included:

- Evaluation by the group audit team of identified components to assess the significance of that component and to determine the planned audit response based on a measure of materiality. For example, significance as a percentage of the group's gross costs based on qualitative factors, such as specific use or concerns over specific components;
- The group audit was undertaken entirely at the premises of the Trust for the planning and interim phases and remotely for the final audit phase. Audit testing was performed on classes of transactions, account balances, or disclosures relating to the subsidiary which were material to the group position to the group financial statements
- We completed a full scope statutory audit of the Trust, including completing audit procedures on 100% of total revenues, 99% of operating costs and 95% of assets and liabilities';
- The audit fieldwork was conducted in three phases. A planning visit was undertaken during November 2019 which included an evaluation of the group's internal controls environment including its IT systems and controls; an interim audit visit was undertaken during February 2020 which included testing of transactions recorded in the first nine months of the year; the final audit fieldwork was undertaken remotely during May and June 2020 and comprised completion of testing of transactions recorded in the final three months of the year and testing of year-end balances and disclosures;
- There were no changes in the scope of the current year audit from the scope of the prior year.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable set out on page 28 in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- Audit committee reporting set out on page 84 in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee is materially inconsistent with our knowledge obtained in the audit.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2019/20 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2019/20 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2019/20, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and 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 the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in respect of the above matter.

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole and, in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risks

How the matter was addressed in the audit

Risk 1 – Financial Outturn and Sustainability

Before the start of each financial year the Trust agrees to a control total set by NHS Improvement (NHSI) which determines the target financial performance for the financial year. Achievement of the control total also ensures the Trust receives additional Provider Sustainability Funding (PSF).

Following a number of years of relatively stable financial performance in challenging circumstances, for 2019/20 the Trust was required to meet a break-even budget prior to allocation of PSF monies to meet its control total for the year.

The Trust set ambitious Cost Improvement Programmes to help it to streamline its business and meet required savings targets to be able to service forecast demand over the medium term.

Our audit work included, but was not restricted to:

- review of the Trust's 2019/20 financial outturn and achievement of cost improvement programmes;
- review of Audit Committee and Board papers;
- discussions with management around the Trust's financial outturn and forward financial plans; and
- review of the Trust's financial plans and scenario planning for 2020/21, 2021/22 and 2022/21, taking into account the suspension of the usual financial planning process for NHS providers as a result of the Covid-19 pandemic.

Key findings

We obtained sufficient audit evidence to conclude that:

- the Trust had adequate arrangements in place during the year in respect of sustainable resource deployment to ensure financial sustainability.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, 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. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of South Central Ambulance Service NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Grady

Paul Grady

Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

18 June 2020

GLOSSARY

A&E	Accident and Emergency
AACE	Association of Ambulance Chief Executives
Acorn	Consumer classification that segments the UK population by analysing demographic data, social factors, population and consumer behaviour
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BBC	British Broadcasting Corporation
CAT	Category
CALNAS	Culture and Leadership Network for Ambulance Services
CCC	Clinical Coordination Centre
CCG	Clinical Commissioning Group
CEF	Community Engagement Forum
CETV	Cash Equivalent Transfer Value
COVID-19	Coronavirus
CFR	Community First Responder
CoG	Council of Governors
COSHH	Control of Substances Hazardous to Health
CPI	Consumer Prices Index
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRS	Covid Response Service
CSD	Clinical Support Desk
DAS	Digital Apprenticeship Service
DHSC	Department of Health and Social Care
DRC	Depreciated Replacement Cost
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ED	Emergency Department
EDS	Equality Delivery System
EDS2	Equality Delivery System 2
EDs	Executive Directors
EO	Executive Officer
EOC	Emergency Operations Centre
FIFO	First in, First out method
FReM	Financial Reporting Manual
FRF	Financial Recovery Fund
FRICS	Fellow Royal Institution of Chartered Surveyors
FT	Foundation Trust
FTE	Full-Time Equivalent
GAD	Government Actuary Department
GAM	Group Accounting Manual
GP	General Practitioner
HM	Her Majesty's
HMRC	Her Majesty's Revenue and Customs
HR	Human Resources
HSWA	Health and Safety at Work Act
IAS	International Accounting Standard

ICS	Integrated Care System
ICP	Integrated Care Partnerships
IFRS	International Financial Reporting Standards
I&E	Income and Expenditure
IG	Information Governance
IT	Information Technology
IUC	Integrated Urgent Care
IWP	Integrated Workforce Plan
KPI	Key Performance Indicator
LA	Local Authority
MK	Milton Keynes
MEA	Modern Equivalent Asset
MSK	Musculoskeletal
NBV	Net Book Value
NED	Non Executive Director
NHS	National Health Service
NHSI	NHS Improvement
OCI	Other Comprehensive Income
OHCA	Out of Hospital Cardiac Arrest
OD	Organisational Development
ONS	Office for National Statistics
PAD	Publically Accessible Defibrillator
PCN	Primary Care Networks
PDC	Public Dividend Capital
PFI	Private Finance Initiative
PPE	Property, Plant and Equipment
PSF	Provider Sustainability Funding
PTS	Patient Transport Service
RAF	Royal Air Force
RAG	Red Amber Green
RICS	Royal Institute of Chartered Surveyors
ROSC	Return of Spontaneous Circulation
RPI	Retail Prices Index
SCAS	South Central Ambulance Service NHS Foundation Trust
SDAT	Sustainable Development Assessment Tool
SHiP	Southampton, Hampshire, Isle of Wight and Portsmouth
SIRI	Serious Incident Requiring Investigation
SOCF	Statement of Cash Flow
SOPF	Statement of Financial Position
Teams	Microsoft Teams
UCD	Urgent Care Desk
UK	United Kingdom
VAT	Value Added Tax
VSM	Very Senior Manager
WHO	World Health Organization
WTE	Whole Time Equivalent



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