NHS
South Central Ambulance Service
NHS Foundation Trust

2021/22

Annual Report & Accounts

SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST
ANNUAL REPORT AND ACCOUNTS 2021/22

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

It had been our hope that the last year would see us leaving the pandemic far behind us but this was not to be case. Remarkably, as a consequence our staff and volunteers continued to push themselves even further in going above and beyond to ensure that we hold true to our values and deliver the best possible care for people who need us when they are most vulnerable. I was pleased to be the Board nominated Well-being Guardian which enabled me to retain oversight of the suite of measures we were putting in place to support our people, as well as to continue to raise the well-being agenda at board level. It is my sincere hope that our people will continue to make their well-being a priority and find opportunities to restore and recharge.

I also want to pay tribute to Professor Helen Young, her team and all of those people who have played such an important role in designing and delivering the national Covid Response Services, which relied heavily on partners and other providers and enabled us to step up our capabilities at short notice. Jane Campbell took on the role of Acting Director of Patient Care in order to maintain our resilience and Dr John Black, our Medical Director, led on vital innovations such as pulse oximetry at home. Their contributions and efforts played a significant role in managing the pandemic and keeping people as safe as they could be within extremely challenging circumstances, many well outside the scope of our control. Our pandemic response has been the hallmark of what South Central Ambulance Service (SCAS) does extremely well, that is being innovative, a problem solver and a partner of choice.

The CQC inspection in November 2021 highlighted many positive aspects of the Trust's performance, but also highlighted concerns about how we were managing some safeguarding issues. An action plan was put in place to tackle these concerns, and we continue to work to ensure that all these issues are fully addressed.

We continued to play an active part in the evolution of system working across the counties that we serve and contributed nationally to shaping future working. This was achieved through my role as Chair of the Council of the Association of Ambulance Chief Executives, as well as through the leadership of Chief Executive, Will Hancock who led nationally on the mental health agenda and Equality Diversity and Inclusion (EDI), and through HR Director Melanie Saunders who coordinated the voice of HR Directors across the sector.

Despite working through a critical incident, operationally and capably led by Paul Kempster and which experienced great pressure, under the aegis of Mike Murphy, we were able to evolve a new strategy that resonated with nationally led changes underway within health and care. This strategy will help us to meet the new opportunities that this new way of working brings for transforming care for citizens and patients, as well as eroding health inequalities. All of this of course was only possible through the careful financial stewardship of the Director of Finance, Charles Porter.

The ongoing pandemic and national infection prevention guidance meant that we needed to continue to work and meet remotely which we managed to do very successfully. I thank the governors for their ongoing support and understanding, as well as for the wisdom they brought with their insights. They, led by our Lead Governor Barry Wood, have played a significant role in helping the organisation on its journey towards creating and perpetuating a culture that enables seeking assurance in a way that is underpinned by the values of the organisation. Our staff governors have played an active part in shaping the governance conversation and making a tangible difference to what we do and how we do it.

I want to thank each of our Non-Executive Directors (NEDs). Each of them stepped up to take on additional duties throughout the year bringing greater resilience and support when it was needed most: Anne Stebbing joined the Covid Response Service Board, Nigel Chapman led on the strategy discussions, Sumit Biswas provided helpful oversight for our digital transformation projects, Mike Hawker oversaw a new strategy for our Fleet Services, Ian Green supported our safeguarding improvement plan and Les Broude supported the recruitment of my successor Professor Sir Keith Willett; and as we waved goodbye to Priya Singh, the recruitment of her replacement, Dr. Henrietta Hughes.

This is my last annual report statement for SCAS as I move to take on the substantive role of Chair of Hampshire and IOW Integrated Care System and its Integrated Care Board. It has been an enormous privilege to work for an organisation so dedicated to people, to transforming lives for the better and which strives for excellence. I have been superbly supported by my Executive Assistant Jayne Waller, and by Steve Garside and Louisa Humphrey who ensure the smooth running of the Board and Council of Governors.

My thanks also go to colleagues I have had the pleasure of working with over more than five years, and to colleagues such as Simon Holbrook who has increased our awareness of the importance of the Speaking Up agenda and to Gillian Hodgetts, Michelle Archer and Matt Watts whose passion for showcasing SCAS shines through. Thanks also to Margaret Eaglestone for her fantastic work on developing membership and engagement with the Governors.

SCAS is the sum total of its people, front of house and behind the scenes, all worthy of thanks and recognition. I leave the organisation not only in safe hands but with people who genuinely care and remain determined to make any improvements that are needed.

Lena Samuels
Chair

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

The past year was again a very difficult one for the ambulance service, the NHS and the country as a whole. We have experienced another round of challenges and hardships and have managed the most severe demand and resource pressures in living memory. I again need to start by paying tribute to the people who work for and support SCAS for their dedication and commitment to providing excellent service to our patients and colleagues.

Delivering for our Patients

During 2021/22 our services in 999, NHS 111, Patient Transport Services (PTS) and Clinical Coordination Centres (CCCs) have faced unprecedented challenges from high demand and the impact of the ongoing pandemic on both patients and our staff. We have continued to respond very well and maintained the best level of service possible in the circumstances we have faced.

Staff absences have continued to run at a high level due to the impact of COVID-19, especially in our CCCs, and we have continued to focus very heavily on recruitment to mitigate these impacts.

The incredible dedication of staff and volunteers from right across SCAS to provide services to our patients in these circumstances has again been tremendous.

The performance of all those who work and volunteer for SCAS was recognised during the year by nominations for various national and regional awards. At the Health Service Journal (HSJ) Awards 2021 SCAS was shortlisted for four awards, including the 'Trust of the Year' and 'Military and Civilian Health Partnership' awards.

The **'Trust of the Year'** entry highlighted the contribution made by SCAS to regional, national and global healthcare, while the **'Military and Civilian Health Partnership'** recognised the work of Military Co-Responders who work with SCAS clinicians to respond to emergencies in their communities.

The Hampshire and Isle of Wight NHS 111 Mental Health Crisis Pathway – delivered by SCAS, Southern Health and other local NHS organisations – was named one of the top seven Mental Health Innovations of the Year. The innovative use of technology to transfer patient notes between SCAS and the emergency department at Queen Alexandra Hospital was one of eight projects to make the final of the Driving Efficiency through Technology Award.

SCAS was also shortlisted for the **'Best Healthcare Analytics Project for the NHS'**, at the HSJ Partnership Awards 2022 for the Anaplan Project for Integrated Demand & Capacity Planning, and the SCAS Communications Team was shortlisted for a national CIPR Excellence Award 2021 in the 'In-House PR Team of the Year' category.

The Care Quality Commission (CQC) inspection in November 2021 highlighted areas relating to the Trust's safeguarding arrangements which identified a number of areas that required further strengthening or improvement. In response we established a task force and improvement action plan, which is comprised of both immediate and longer term actions, and progress against this is reviewed by the Executive Team and Quality and Safety Committee.

Supporting our Staff

This year those who work for us and with us have again needed our support both in terms of their physical and mental well-being, which includes those who are recovering personally from illness or grieving for family members, friends and work colleagues.

In 2021/22, we introduced a weekly pulse survey called the Tivian Vibe. This gave people a regular channel to feedback the daily reality of working through the pandemic and allowed resources to be focused on improvements that would bring the most value. For example, exceptionally high demand had led to an increase in emergency crews responding to calls significantly beyond their scheduled working hours, raising concerns over patient and staff safety. Earlier this year, Tivian feedback contributed to a review of our approach ensuring that crews could get enough rest between shifts whilst also maximising patient safety.

Building on our journey in compassionate leadership, we have started to embed a Restorative Just & Learning Culture when managing situations that haven't gone as well as we would have liked. In the last 6 months of 2021, over 120 of our people managers attended our bespoke, two-day programme learning how to respond with compassion when things go wrong and to ensure a move from hurt to heal for all parties involved.

The annual NHS Staff Survey results were published at the end of March and, once again, re-iterate the extraordinary dedication, determination and resilience of our workforce during this pandemic period. National results have seen significant changes from 2020 to 2021, and so it is with considerable pride, gratitude and humility that we see SCAS continuing to be among the best in the ambulance sector, and even now competing with other sectors, for critical measures such as compassionate leadership, inclusion, immediate line management and teamwork.

Patient safety must always be our greatest priority and, the survey shows that, even under the extreme conditions of the past twelve months, our willingness to speak up about any clinical safety concerns has continued the upward trend we have seen for the past four years.

However, we also know there is more to do and going forward, we will be focussing on pandemic recovery with regards to re-establishing regular, individual support and development, building on our diversity and inclusion work and creating greater opportunities for people to impact change in their area of work.

Modernisation and Improvements

As an organisation we are always looking for ways to improve what we do, to modernise and innovate, and this year we have introduced many significant developments in SCAS.

2021 saw the official opening of a significant new base in Milton Keynes, as part of a **'Blue Light hub'** with colleagues from the local fire and police services. SCAS staff from 999, PTS and Make Ready Teams previously based at Milton Keynes Hospital and Bletchley Resource Centres moved into the new, purpose-built facility which is a great improvement on the older resource centres.

We have made significant investments in new vehicles, including van conversion ambulances which are lighter and more efficient than previous models, and 14 electric vehicles to trial across our front-line services. We are also involved in the national development and trial of prototypes as part of the 999 ambulance move to alternative fuel vehicles.

NHS England and Improvement launched a project in 2021 to provide frontline ambulance staff with better digital connectivity with a view to making the 'ambulance' more paperless. The SCAS Ambulance Portable Access Devices (aPADs) project empowers SCAS frontline staff through better digital connectivity, delivering a mix of the right device for the right role, including laptops, iPads and mobile computers. It will provide staff with access to the resources they need whilst on the move, communicate important information more easily and also make management and welfare support more accessible when and where they need it.

In March 2021, SCAS was awarded funding from NHS England and NHS Improvement to participate in a national pilot for body worn cameras, aimed at reducing the number of incidents involving violence and aggression towards ambulance staff. Two SCAS resource centres successfully trialled the body worn cameras from July 2021, and they are now being rolled out across the Trust.

The new telephony system was rolled out across the Trust, including at our Clinical Coordination Centres and call centres handling 999, 111 and PTS calls. It will make working from home easier and give us the ability to develop new features in the future.

Education and Development

We opened a new education centre for staff and students in Hampshire and the surrounding areas which includes state-of-the-art simulation facilities. Whiteley Education Centre, near Fareham, boasts an immersive interactive suite and mock-up ambulance vehicles which provide real-life training environments. It also includes six large classrooms, tutorial rooms, rest areas and office space, with all classrooms having the capability for filming and recording of sessions for immediate review and group learning, and eight 'mobile vehicle' classrooms means driver training can also be delivered at the site.

In SCAS we are really excited to be expanding our apprenticeship provision, helping us to grow our talented and engaged workforce through new and innovative programmes. We have continued to run apprenticeship schemes for Emergency Care Assistants (ECAs) and Paramedics.

Since January 2021, SCAS have welcomed 33 new Apprentice ECAs across five cohorts. We have made some changes to the programme and continue to listen to AECA feedback to improve the apprenticeship where possible to offer the best educational experience. We have also run six successful cohorts for the Paramedic apprenticeship.

In 2022 we intend to implement a new apprenticeship scheme for Associate Ambulance Practitioners.

In May 2021 SCAS received an Ofsted New Provider Monitoring Visit (NPMV) in relation to our Apprentice ECA programme. The inspectors spent two days thoroughly examining our apprenticeship and associated documentation and processes paying particular attention to:

- → **Leadership & Management:** How well are our leaders embedded in the delivery, leadership and management of our apprenticeship?
- → **Quality of Education:** How good is our syllabus and how well do we teach it?
- → **Safeguarding of Learners:** How are we keeping our apprentices safe and protecting them from harm whilst at work and in training?

As this is an initial monitoring visit for a new provider there is no overall grade to be awarded, but we were extremely pleased to be awarded with the overall progress judgement of Significant Progress in all three measured areas.

Due to the outcome we achieved in our monitoring visit, we are now expecting a 5-day full inspection from Ofsted to take place within 24 months of the publication of the monitoring visit.

I would like to conclude by once again offering my personal thanks and admiration for the extraordinary way in every staff member and volunteer has responded to yet another extremely challenging year.

Will Hancock
Chief Executive

22 April 2022

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 4,490 staff who, together with over 1,100 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
- 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
- Provide the Integrated Urgent Care service for the Thames Valley and for Hampshire

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 services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

1.3 Our Strategy

SCAS, as with the entire ambulance sector across the United Kingdom, is much more than a traditional ambulance service and we have a pivotal role in local care systems, especially with the increasing focus on delivering care remotely or at home.

Our goals are to simplify access to care, to save lives, to support more people at home and to integrate care. Working with partners, we also aim to identify and address any inequity of access or unwarranted variation in outcomes.

Our five-year strategy which ends in 2022 provides a roadmap for the development of our major service lines:

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

There are significant changes in health and care, with the recent introduction of Integrated Care Systems and the associated new legislation, commissioning mergers, new models of care, the NHS People Plan and changes to performance metrics. SCAS is adapting to these changes and working with partners to achieve the triple aims: better health and wellbeing for everyone, better quality of health services for all, and sustainable use of NHS resources.

SCAS provides a variety of services across six Integrated Care Systems:

- **Buckinghamshire, Oxfordshire & West Berkshire (BOB)**
- **Bedfordshire, Luton & Milton Keynes (BLMK)**
- **Hampshire & Isle of Wight (HIOW)**
- **Surrey Heartlands**
- **Frimley**
- **Sussex Health & Care Partnership**

Some of our key strengths and potential contributions as an ICS partner include: our 24/7 model, our virtual and mobile workforce, our digital infrastructure with hosted partners, our real-time data and analysis, plus our local and regional oversight.

We are continually developing and enhancing the care that we offer. Over the coming year, we will continue to ensure that our services fully align with the emerging new provider selection criteria (quality and innovation; value; integration and collaboration; access, inequalities and choice; plus service sustainability and social value).

Transforming SCAS - Fit for the Future

We have an ambitious transformation programme that is designed to deliver against our 2017-2022 strategy and ensure that SCAS is fit for the future. COVID-19 has continued to be a catalyst for change across all areas of the organisation and the backlog of work from the past two years means that the ambition for strategic change in 2022/23 continues to be significant.

2021/22 has seen the further development of the programme governance approach which has supported improved decision making and management change, whilst ensuring that the organisation balances its ambition for improvement with the need to deliver business as usual. This continues to be a priority into 2022/23.

Our focus for transformation projects in 2022/23 will include:

PROVIDER OF CHOICE

- **National ESMCP** - upgrading our mobile communications as part of national programme
- **GoodSam Out of Hospital Cardiac Arrest** - Reaching heart attacks in the community quicker, improving outcomes
- **Mental Health Triage, Telephone and Response** - Coordinating mental health provision for populations
- **Single Virtual Contact Centre** - Working with the national and regional teams to deliver resilience within our contact centres
- **IP** - Developing intelligent routing of calls between our 999 and 111 services

PARTNER OF CHOICE

- **National Pandemic Flu Service** - Providing the national NFPS contract
- **SCAS/OW Partnership** - Developing the ongoing partnership with the IOW
- **Clinical Pathways** - Providing the right care in the right place at the right time working with system partners
- **NHS Digital Book and Refer beta programme** - National programme enhancing the ability to book and refer patients directly to set pathways of care

EMPLOYER OF CHOICE

- **HR Transformation** - reviewing the HR function to improve outcomes, processes and reputation
- **Organisational Development** - Developing the organisational culture
- **Recruitment and Retention** - Improving R&R across the organisation
- **Clinicians Homeworking** - Enabling clinicians to work flexibly from home
- **Global Paramedic** - Recruiting paramedics from Australia to support the delivery of our workforce targets, especially within the North
- **Improved career pathways** - Developing career development pathways to enhance retention

SUSTAINABLE & DYNAMIC

- **Workforce, Workplace Futures** - Enabling hybrid working practices across the organisation to support future working models
- **MO Tool** - Software to provide enhanced decision making, visibility and reporting of organisational change
- **Live Links** - Improving ability for call handlers to access video of patient on scene
- **Body Worn Cameras** - Pilot to improve safety for front line staff
- **Pad Roll out** - Provision of personal devices for front-line staff across the organisation
- **Contract Management Module** - Improving management of contracts across the organisation, improving efficiency and delivery

Our new strategy for 2022-2027 will be launched early in the financial year and supports and showcases our plans.

1.4 Key Issues and Risks

The Trust has a 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 a biennial basis and approved by the Trust Board. It is published and made available to the public and stakeholders via the Trust's website. In 2022/23 we will continue to review and make improvements to our risk management process.

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
- Carry out suitable and sufficient risk assessments as an integral part of everyday activity, becoming a pre-emptive approach to reducing accidents and adverse incidents rather than being reactive.

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, the Quality and Safety Committee and provided to the Board for oversight to enable the trust to have an organisation wide view of the risks it is exposed to and how they are managed.

The Trust's principal risks have been identified as:

- Ensuring that the Trust has a robust system of clinical governance to provide assurance that patients receive safe and quality care
- Managing demand in all services (999, NHS 111, PTS) and difficulty in predicting demand as services are changing across the health network following the COVID-19 pandemic
- Having sufficient fleet resources, in the right places, at the right time to meet demand and response targets, especially to Category 3 and 4 calls
- Taking advantage of digital opportunities within the Trust and across the health network
- Patient handover timescales being higher than expected reducing the availability of resources to meet demand
- Being able to sufficiently influence local health economies to ensure current operations are not affected and new opportunities are not missed
- Being able to secure sufficient financial resources to meet all the strategic aims
- Being able to recruit sufficient volume of people in the right roles, with the right skills to provide high quality and safe care, as well as increasing opportunities for paramedics to work elsewhere in the local health networks
- Sufficient senior manager and subject matter expert resource to sustain continued change at pace
- Ability to deliver commercial contracts on a profitable basis across all nodes and retaining contracts up for renewal
- Having sufficient resilience from internal and external threats, to ensure critical systems and services remain available to maintain service
- Ability for the trust to meet its regulatory requirements.

1.5 Quality Account Priorities

The Quality Accounts are published nationally, on our website and NHS Choices in June each year and are delivered through local clinical leadership, monitoring processes such as audit and surveys and analysis of incidents/complaints/claims as well as other performance measures.

Below we have set out our Quality Account priorities for 2021/22 and our progress against them. The COVID-19 pandemic, and resultant organisational pressure and demand has made some impact on our progress on the 2021/22 quality priorities.

1. Patient Safety

1a Learning from deaths resulting in recommendations and changes to practice – year 3

In year 3 (2021/22) our aim was to develop and embed our established process. This includes reporting on and reviewing the mandated groups:

- Mental Health
- Maternal and Neonates
- Paediatric mortality via Child Death Overview Panels
- Learning DisabilitiesMortality Review Programme
- Deaths in Custody

This priority was delivered in 2021/22.

1b Assurance that all deaths of patients identified as having a learning disability are robustly reviewed

When patients are treated by urgent care, the patient history may not always include the record of a learning disability. Due to patients living with a learning disability statistically having a reduced life expectancy due to potentially treatable causes, it is important to review every death to check for learning.

Although we are involved in the LeDeR process (a service improvement programme for people with a learning disability and autistic people) we are enhancing our internal process.

Current service pressures and an escalation of Safeguarding work have prevented the formulation of a template, but this remains a priority for the Safeguarding team.

1c Review the process for ensuring that the discharge of patients at scene is safe

Although it is desirable for patients to be seen and treated at home, without needing to attend an Emergency Department (ED) or another NHS service, we must ensure that the service we have provided is safe for patients. Our duty to learn from incidents, includes those involving discharge at scene where patients have subsequently required additional assessment and treatment. This will allow us to make changes in systems and processes to keep patients and staff safe.

The clinical team has been supporting the Trust by reviewing all long waits, both those patients held at a hospital and those waiting in the community. This has been the overarching patient safety priority during quarters 1, 2 and 3. The audit of observations has not been undertaken to date.

Although this Quality Priority has not progressed as planned, the Structured Judgement Review (SJR) process has been developed during the COVID-19 pandemic. This has included robust reviews and follow-ups of patients that have been attended previously, and feedback has been given to crews.

2. Clinical Effectiveness

2a Expansion of mental health telephone triage

The Trust has played a lead role in the development of the new mental health (MH) framework within the Ambulance Response Programme. Patients in mental health crisis need the right care at the right time, therefore we need to have the appropriate resources and people to ensure this happens.

The transformational and system approach will enable the most appropriate resource to be directed to those patients experiencing life-threatening or changing incidents. We will ensure that mental health is given parity of esteem with physical health.

Individual working groups exist in both the North and South with Southern Health and Oxford Health NHS Trusts. A separate wider external transformation group has been established and is chaired by SCAS mental health lead. Berkshire East and Milton Keynes are progressing with their 24/7 all age 111 cover either remotely via the Clinical Assessment Service (CAS) or as "trusted assessor" option.

Service specifications have been designed and adapted to ensure continuity from a SCAS perspective across whole footprint.

A data set for key performance indicators has been developed with the support of the Business Intelligence team and clinical governance leads. Key aspects of the data set will include patient safety, patient experience and operational performance. The system benefits of improving pathways, reducing ED attendance, and reducing S136 detentions will be captured in the data. This is monitored internally through the mental health steering group and, externally through the Mental Health ICS boards escalation and assurance processes.

A provider collaborative clinical governance forum exists in Oxford Health and is being developed in Southern Health footprint. This is a forum for monitoring the service specification against patient safety and experience. Escalation processes, governance and assurance are reported through the SCAS Mental Health Steering Group (MHSG) and as part of the Trust led provider collaborative expert reference group.

Business Intelligence provide Data on all 111/999/HCP data to MHSG including activity are driven through Thames Valley Police as alternative to S136 where available. The Healthcare Professional (HCP) line is available to out of hours GPs, SCAS and Police on-scene are identified in partner service specifications.

2b Development of a universal compliance system to provide assurance on externally regulated standards, where there is overlap between departments and requirements

Audit and compliance checks occur regularly across the estate, often undertaken by staff from

various departments. In the interest of efficiency and to reduce the duplication of effort this can be consolidated so that observational checks can be recorded by any auditor.

This has been achieved with the engagement of teams that undertake various compliance checks. Development of a compliance tool has been delayed due to capacity within the Infection Prevention and Control (IPC) team being affected by activity levels.

Pharmacy premises developments have continued, after the completion and review of the Safe and Secure Handling of Medicines audit. This will continue to be worked up into a plan to include security upgrades.

2c NHSi – mandated indicators

- **Category 1 emergency response** (mean times)
- **Category 2 emergency response** (mean times)
- **Category 3 emergency response**
- **Category 4 emergency response**

Service pressures and staff absences exacerbated by COVID-19 have impacted on our ability to deliver against emergency response targets. This has been the case for all ambulance Trusts. Handover delays at hospitals have also had a very high impact on performance.

To mitigate this pressure as far as possible we have:

- Maintained Resource Escalation Action Plan (REAP) 4 actions for a significant part of the year
- Requested and received Military and Fire Service support
- Worked closely with acute trusts to mitigate impact of handover delays
- Overtime incentives in place for operational staff
- Appointed a Tactical Performance cell with EOC leads
- Deployed a second Ops Commander role in each node to provide additional support to staff

NHSi – mandated indicators

- Stroke and ST-Elevation Myocardial Infarction (STEMI) care bundles.

To report on heart attack (STEMI) and stroke care bundles (benchmarked nationally), and implement stroke Ambulance Response Programme (ARP) measures.

SCAS is now auditing and reporting care bundles in line with latest Ambulance Clinical Quality Indicators (ACQI) technical guidance. SCAS are progressing work to develop ACQI scorecard requirements to show validated ACQI data by Trust, Area, Team, Individual and Private Provider. This has commenced with a staged move of clinical audit functions to a new auditing system, which is in development for the cardiac arrest indicators and will progress to include the Stroke and STEMI care bundles.

We have demonstrated positive Stroke Call to Hospital Arrival measures when benchmarked nationally through operational planning and resourcing actions. Stroke care has moved above the average when benchmarked nationally.

We have also implemented a move to the "Ambulance Data Set" as a pilot Trust, which included design and approval of new ACQI data searches to ensure eligible records are pulled into the ACQI audits.

3. Patient Experience

3a Ensuring that patient's rights to privacy and dignity is respected across all services

Maintaining a patient's privacy and dignity is a requirement of the fundamental standards (HSCA, 2014). This priority aims to increase staff awareness of the importance of privacy and dignity through the development of 'champions' that have undertaken additional training.

Seven dignity champions have been recruited to date on a voluntary basis and representatives from frontline, EOC and Patient Transport Service (PTS) have been appointed for the project. Hospital Liaison Officer (HLO) Dignity Champions training sessions were completed. Educational resources for the Privacy and Dignity representatives have been provided.

The process of creating and maintaining a contact register with external data was reviewed and it was decided to use the existing PTS (HLO) network to share the key messages with the Acute Trusts.

DIGNITY ON DISCHARGE

An awareness communication statement was added to the Mobility Guide for the PTS service which is communicated to all PTS staff and service users that make journey bookings with the strapline **'Dignity on Discharge'**.

3b Survey of patients accessing outpatient clinics to identify the impact of long waits and patient perceptions of safety

Patients using PTS need a timely and quality service where they always feel safe. We acknowledge that a long wait may have a significant impact on the patient themselves and on the running of an outpatient clinic for our system partners. The feedback from a survey undertaken with this patient group will enable us to better define their priorities and make changes to better meet the need.

A report is now produced on the number of PTS **'long waits'** from being collected following an outpatient appointment (over 2 hours from KPI as KPI's differ in each PTS Contract).

An online survey was created with 13 questions including Friends and Family test plus three equality and diversity questions, and 50 outbound calls are now made each month to PTS patients to understand their experiences.

The responses to these surveys have been collated and themes and trends identified in a report.

3c Survey seeking feedback from mental health service users to identify improvements to patient experience

To ensure SCAS capture the views and experiences of patients to improve their experience and develop our service, and to learn from patient experiences of care to develop compassionate and safe services for patients in mental health crisis. SCAS will engage with patients directly to understand their individual experience across the mental health system.

We engaged with the patient experience lead at Southern Health (SH) to map themes around patient experience of SCAS control room and operational response and establish relationships between the two patient experience teams. Thematic reviews were presented through the Mental Health Steering Group (MHSG).

Themes related to SCAS were taken from the SH annual report to share compliments and complaints, and a joint investigation process was agreed within service specification for SH and Oxford Health (OH).

It was agreed that outbound calls to patients is not best platform of capturing patient experience and may lead to emotional distress recalling a crisis experience. This will be measured through thematic review of incident reports, text response patient experience plans, clinical governance forums and service redesign.

System provider governance groups were set up in Oxford Health for Northern House and with Southern Health in Southern House to provide information on trends and key themes related to Trusted assessor provider collaborative.

PERFORMANCE ANALYSIS

2.1 PERFORMANCE OF KEY SERVICES

999 Operations

As a proactive ambulance service, we have continued to adapt how we deliver our services through a combined and integrated approach with our wider system partners, as well as responding to emergency 999 and urgent and unscheduled care workload.

Throughout this last financial year, we have continued to respond and flex to the ever-changing profile of the COVID-19 pandemic. Through our response to the pandemic we have seen our services both in Operations, NHS 111 and Clinical Coordination Centres (CCC) respond as we have never seen before.

As our service has seen increased demand in terms of our 999-emergency service we, through the implementation of a strategically co-ordinated response allowing for a local delivery, continue to place the needs of our patients across Thames Valley and Hampshire at the forefront of all we do. Our CCCs have continued to dispatch our specialised teams under difficult and challenging circumstances as our continued response to the pandemic progressed.

As a Trust across all of our service lines, we continue to keep the Health and Wellbeing of our workforce as a key priority and as such we have maintained a safe and COVID secure environment for workforce and patients alike.

In accordance with the national ambulance response programme, we continued to ensure that:

- We prioritise those patients with the highest need to get the fastest response.
- We prioritise our responses on the clinical need and acuity of the patient.
- We monitor and address the needs patients with a long wait or long lie.

Performance against national ambulance service response targets 2021/22

Standard	Measure	Target	2021/22
Cat 1	Mean	7 mins	0:08:13
	90th %ile	15 mins	0:15:16
Cat 2	Mean	18 mins	0:28:04
	90th %ile	40 mins	0:57:42
Cat 3	90th %ile	2 hours	4:11:57
Cat 4	90th %ile	3 hours	5:13:05

Our emergency operations directorate has again responded to the challenges that this past year has bought them both in terms of demand and the impact of the virus on its workforce. Even though our staff have continued to work in full PPE and challenging circumstances they have continued to meet the needs of our patients and each other which is a credit to their professionalism and dedication.

The pandemic has again seen our staff work closer with our community and fire responders as well as our Military co-responders through our Military Aid to Civilian Authorities (MACA) programme, and this has assisted our workforce to deliver in every aspect of our work profile, which has seen a return to our core business such as trauma, heart attacks and paediatrics as well as Omicron-B. As a directorate we are proud of our direct and indirect workforce in all that they deliver every day in response to our patients' needs.

Over the last 12 months we have also:

- Delivered enhanced working with our military and fire service colleagues to meet the COVID-19 demand and case load
- Our Demand management team have continued to work with high intensity users and the development of Urgent Care Pathways
- We have delivered a COVID-19 safe working environment for all our staff groups
- We have worked closely with our Local Resilience Forum (LRF) partners to deliver on the combined responses to the Eu-Exit as well as COVID-19

999 Call Centre Performance

In 2021-22, we were offered 808,364 calls to our public facing and Healthcare Professional (HCP) lines, up from 581,685 on 2020-21. This represents a 39% increase in calls year on year. We answered 757,207 calls, with an abandonment rate of 6.3%, up from 0.3% in 2020-21.

Our mean call answer time was 41 seconds, with a 90th percentile of 2 minutes 25 seconds.

	2021/22	2020/21	Change
Calls Offered	808,364	581,685	39% increase
Calls Answered	757,208	580,117	30% increase
Abandonment Rate	6.33%	0.27%	

The increase in inbound call volumes presented a challenge with workforce numbers. We launched a robust recruitment, training and retention campaign to increase our Emergency Call Taker (ECT) numbers and have seen a 25% uplift due to this which continues.

We have worked collaboratively with the Isle of Wight (IOW) ambulance service who have recruited ECTs located on the IOW to answer SCAS 999 calls. This has never been done before and continues to work extremely well with clear benefits to patient clinical outcome and experience. The first IOW member of staff who answered a SCAS 999 calls managed a call for a 16 year-old patient who was in cardiac arrest, and this patient recovered.

2021/22 Research & Trials

'Research Car' Initiative

Ambulance delays in Cat 3 responses affected patient enrolment into clinical trials by not meeting the time-sensitive window for administration of trial medication. 'Research car' initiative took over the enrolment (pilot in Hampshire only) which is co-sponsors by the Wessex and TVSM Clinical Research Networks (CRNs) and the Clinical Randomisation of an Anti-fibrinolytic in Symptomatic mild Head injury (CRASH) research Sponsor.

- A fleet of 6 rapid response vehicles are staffed with research-trained paramedics attending 'cases of research interest' and Business as Usual (BAU) incidents.
- The fleet effectively has been increasing the number of patients who were offered investigative trial medication (CRASH4 trial) or procedure (PARAMEDIC 3 trial) within a tight randomisation enrolment window in times of extreme service pressures.
- The fleet contributes to addressing/preventing BAU ambulance response times/ breaches.
- The research paramedic workforce successfully increased research engagement of the trust workforce and continues to promote a research culture via the 'research advocates' initiative Trust wide.

Currently opened research projects undertaken within the trust (2021-22)

- Pre-hospitAl RAndomised trial of MEDICation route in out-of-hospital cardiac arrest (PARAMEDIC-3), is looking at the most effective way to treat out of hospital cardiac arrest patients by giving resuscitation medication intravenously (I.V) or intraosseously (I.O). Answering this question will help to improve future outcomes.
- Clinical Randomisation of an Anti-fibrinolytic in Symptomatic Mild Head Injury in Older Adults (CRASH-4), is looking to provide reliable evidence about the effects of early intramuscular tranexamic acid medication on intracranial haemorrhage, disability, death, and dementia in older adults with symptomatic mild head injury.
- Prehospital Optimal Shock Energy for Defibrillation (POSED) is looking to establish what defibrillation energy is the most effective in out of hospital cardiac arrest.

Completed research projects (2021-22)

- Female ambulanCE staff experienceS of menopAuse TransItiON (CESSATION) was looking to identify the current menopause guidance, policies and support offered by

UK ambulance services; understand the work and personal impacts of the menopause on female ambulance staff; and identify service developments and interventions that may best support female ambulance staff during the menopause transition.

- Remote COVID-19 Assessment in Primary Care (RECAP) developed a tool to assist primary care providers in the identification of those COVID-19 patients at risk of becoming severe, in order to facilitate the rapid escalation of their treatment and increase the chances of better outcomes. Published paper available in MedRxiv: **Remote Covid Assessment in Primary Care (RECAP) risk prediction tool: derivation and real-world validation studies | medRxiv**

- Platform Randomised trial of INterventions against COVID-19 In older peoPLE (PRINCIPLE) looked to assess effectiveness of trial treatments in reducing the need for hospital admission or death, for patients aged ≥50 years with serious comorbidity, and aged ≥65 with or without comorbidity and suspected COVID-19 infection during time of prevalent COVID-19 infection.

- The United Kingdom Research study into Ethnicity And COVID-19 outcomes in Healthcare workers (UK-REACH) aimed to provide novel evidence on COVID-19 outcomes among ethnic minority healthcare workers to inform the development of risk reduction and support programmes through increased understanding of risk as well physical and mental health outcomes. Ultimately, this will reduce health inequalities and improve the long-term health outcomes of healthcare workers.

- Community First Responders' (CFRs) role in the current and future rural health and care workforce (CRF study) aimed to describe the contribution of CFRs.

In set-up research projects (2022-23):

- Bystander availability and Automated External Defibrillator (AED) acceptability during out-of-hospital cardiac arrest (BYSTANDER) aims to listen to cardiac arrest 999 calls to identify how a bystander responds if they are asked to fetch a defibrillation device such as an AED. By doing this, we will be able to work out how often an AED could be used, and the understanding of the general public about defibrillation. We will also be able to find out the reasons why people might have difficulty fetching or using an AED. This will help researchers to plan AED deployment and help target future public education campaigns.

2021/22 Healthcare Innovation

Urgent Care Pathways Development

Established in 2019, the Urgent Care Pathways project is a pioneering initiative designed by SCAS helping patients receive the right treatment more quickly and avoid unnecessary transfers to hospital emergency departments. It sees ambulance service clinicians take a leading role in assessing and treating patients over the phone or in their homes when handling 111 or 999 calls and determining their next destination for ongoing care.

It has led to many patients being treated at home, referred onto their GP, transported to a treatment centre or admitted directly into a specialist hospital service covering medical, surgical, paediatric, respiratory, frailty or mental health needs. The system has significantly improved patient experience by reducing delays accessing the care they need and has made a significant contribution to reducing pressures on emergency departments in hospitals.

It also proved an invaluable asset during the COVID-19 pandemic for managing residents in care homes and avoiding the need for hospital admissions through treatment at home, referral to community services or by-passing emergency departments.

Ambulance staff are supported to assess patients at home and take a lead role in working with GPs and consultants in hospitals to determine a patient's next steps. In addition, an online directory – SCAS Connect – was developed to categorise all the urgent care options available across Berkshire, Buckinghamshire, Hampshire and Oxfordshire to assist staff with locating clinical and support services and making the right clinical decision in the community.

More than 30,000 patients to-date who would previously have been conveyed to busy emergency departments for further assessment and investigations have had their journeys changed. The project focuses on moderately unwell patients with medical conditions, older patients who are frail with chronic conditions who are at risk of falls, those with respiratory conditions such as COPD and asthma, people in mental health crises or children who require a specialist paediatric assessment. We have produced a programme which is truly changing how we care for patients by enhancing the skills of our paramedics, ensuring patients get the right care as quickly as possible and reducing the burden on emergency departments. By empowering staff to be confident in decision-making, ensuring the options available for patients are clear to our clinicians and moving away from a default approach of transfer to emergency departments, we are seeing the delivery of better care and a more integrated system.

Part of this project has involved a pilot study paramedic-led blood testing at the bedside on frail patients which saw more than half (52%) avoid hospital admission as a result of more comprehensive assessments in the community. It was also extended as part of the pandemic when SCAS became the first ambulance service in the country to supply COVID-19 patients with home oxygen monitoring kits if they didn't require immediate admission to hospital but were at higher risk of complications.

Following closely behind that rollout saw the Trust introduce COVID-19 testing of all 999 patients visited at home – including those without symptoms – if they required transfer to hospital to speed up handovers and release crews more quickly. This demonstrates how the initiative can be adapted at pace and make a significant positive impact.

We will continue developing the project within SCAS, share findings and learning with system partners and nationally, secure additional funding and research grants and push for a national rollout of the scheme.

Resilience and Specialist Operations

The department has continued to respond to the COVID-19 pandemic whilst maintaining all our Specialist and Interoperable Capabilities. This has included response to a number of Critical and Major Incidents, continuing to provide 24/7 cover for our specialist assets including our Hazardous Area Response Team (HART) and our Chemical, Biological, Radiological, Nuclear Explosives (CBRNe) and Marauding Terrorist Attack (MTA) teams.

Training has continued throughout to ensure that our staff are suitably trained and equipped to respond to these types of incidents. We have also been through a national review of our capabilities with a number of items of national best practice being identified and recognised.

Our HART response has undergone team and rota changes to increase the number of staff recruitment to this and the Special Operations Response Team (SORT), the new name for MTA and CBRNe response, is continuing. A new specialist training facility has opened in Berkshire to allow this specialist training to be delivered more cohesively.

The Resilience Department continues to ensure that SCAS has appropriate plans, training and equipment in place to respond to Major, Critical and Business Continuity incidents.

INTEGRATED URGENT CARE AND NHS 111

In 2021/22 SCAS continued to deliver the NHS 111 service to Hampshire and Surrey Heath (HSH) and Thames Valley Integrated Urgent Care (IUC) Service. This has been another challenging year with the COVID-19 pandemic having a significant impact on the demand in NHS 111 and the integrated urgent care services. We have also supported the national Covid Response Team with technical support and staffing from the NHS 111 staff locally. Despite all these challenges, we have seen several projects taking shape within the IUC and worked with our partners to ensure these developments were implemented during the year.

SCAS was awarded a new HSH NHS 111/IUC contract on 1 June 2021. This followed several years entering a co-design process with our commissioners and local Clinical Assessment Service (CAS) providers.

This has led to a 5-year contract, under which SCAS, as lead IUC provider, is responsible for:

- Delivering the core NHS 111 service (whole footprint);
- Delivering some aspects of the telephone CAS;
- Management of two sub-contractors, North Hampshire Urgent Care (NHUC) and Partnering Health Limited (PHL), that deliver IUC services (including CAS, face-to-face urgent care, and home visiting);
- Leading the overarching governance and performance frameworks (whole footprint); and
- Coordinating national reports and submissions (whole footprint).

This work has supported the development of the CAS within HSH with all CAS providers and 111 clinicians operating on the same technical platform to support the 111 First initiative. This is the clinical validation of ED and Category 3 & 4 ambulance dispositions.

We have also set up a Paediatric Service Desk, designed specifically for assessment and healthcare for children. This service is part of the sub-contract with one of the providers who employ specialist paediatric nurses as part of the clinical workforce within the CAS.

In this year we also had a further two-year extension on the Thames Valley Integrated Urgent Care service (TVIUC) contract. This has initiated a piece of work with our commissioners and Thames Valley Alliance partners to review existing services and specialist clinical provision within the TVIUC.

The work in TVIUC is ongoing but will further deliver improved benefits and enhancements of the TVIUC and will continue to transform over the next 12 months delivering further benefits to the clinical outcomes of our patients. The IUC service continues to enable wider access to healthcare for patients in Berkshire, Buckinghamshire and Oxfordshire.

Further CAS Developments Across SCAS

SCAS continues to work within our two main 111/IUC contracts to deliver the main benefits of an IUC for patients, providing a healthcare model that delivers a consult and complete approach, thus improving both the patient's experience and their clinical outcome. We have continued to expand on a variety of clinical specialities forming a CAS which includes GPs, mental health practitioners, pharmacists and paediatric nurses.

We have worked with our specialist mental health service in Thames Valley (TV) to further expand the 24/7 mental health access within the CAS. This provides support from subject matter experts in mental health and provides advice to the Police, frontline ambulance clinicians, 999/111 call handlers and clinicians. Patients are referred to this service for assessment and onward referral if required.

We work with a number of CAS providers who provide the GPs within the IUC under a number of internal and external contract arrangements. With the winter money we were able to set up and secure additional GP provision from a CAS provider within the TVIUC. We also worked with the South Central and West Commissioning Support Unit (SCWCSU) to secure additional GPs. This clinical workforce was deployed to support the 111 First initiative and overall IUC contracts, with the focus on clinical validation of emergency department (ED) and low acuity (category 3 & 4) ambulance dispositions.

We have continued with this additional GP clinician recourse across the SCAS NHS 111 and IUC service to ensure that patients receive the care they need that is appropriate to their clinical needs. Patients who have been reassessed by a clinician have received better care outcomes and signposting to a more suitable care pathway, such as primary care, other local services, and home management.

We also have 111 Online being directed into the CAS across HSH and TVIUC. This enables patients to self-assess their condition or concern and be signposted to the appropriate service, including the CAS, for a call back from a clinician or a GP for a further consultation. We have seen this increase month on month and on average are receiving 12,000 cases a month into the IUC.

The Hampshire Dental Service forms part of the CAS within HSH and continues to see high demand due to the pandemic and access to dental services. The dental service offers booking appointments to patients, but this has been restricted due to the pandemic, restricting access for patients and creating additional work for the staff. We have increased our staffing within this service due to the current demand and service provision. The service covers Hampshire and Dorset within the Wessex area for dental patients.

We continue to see our booking referrals increase across all services. Health and clinical advisors, including GPs, can book patients slots into emergency departments, urgent treatment centres, minor injuries units, GP practices and dental practices. On average we are booking well over 6,000 patients a week into these services.

New Telephony System

The NHS 111 Service also replaced the telephony system as part of the Trust's overall telephony infrastructure across all of its three main service lines. This new technology will provide improved reporting and resilience.

Supporting the National Clinical Assessment Service

The NHS 111 Service has also supported the Covid Clinical Assessment Service (CCAS). This service was set up to support the pandemic and although put into dormancy for most of the year, the service was stood up again in December until March to support the high infection rates throughout the winter. The 111 team supported the service with team leaders and health advisors to support the GPs and the patients within the CCAS. These staff have now returned to their roles within the 111 service.

NHS 111 Performance

The NHS 111 Service has been under significant pressure over the last 12 months due to the pandemic and we have seen the demand increase in the 'in hours' period due to pressures within primary care and other services. Demand was up by 16% compared to the previous year. Due to the increase in demand, we have reviewed our modelling and rosters process to meet the current demand with the aim to achieve performance. A considerable amount of work has been undertaken this year to address some long-standing difficulties that impact on the Trust's ability to meet all its key performance targets, most notably recruitment of call handlers and clinicians. That said, the Trust has a robust Integrated Workforce Plan (IWP) in place to try and mitigate workforce challenges as our experience in delivering the service builds year-on-year, and we have a greater depth and breadth of knowledge of patient needs and historical call trends. However, this year, we have seen significant variabilities in demand, and when peak demand reaches levels of calls that are beyond our capacity, this places pressure on our service delivery.

NHS 111	Number	
Total calls offered	1,693,199	
Total calls answered	1,350,837	
Calls answered within 60 seconds	576,878	42.7% (Target 95%)
Calls abandoned	341,229	20.1% (Target less than 5%)
Referrals to 999	533,352	
Transfers to clinicians	149,895	

Integrated Urgent Care Key Performance Indicators

The Integrated Urgent Care (IUC) Key Performance Indicators (KPI) have been in place since 1 April 2021. Some of these measures are aspirational and therefore will take time to develop. in general, the KPIs measure the patient journey through the IUC journey and monitors the quality and outcomes.

There has been a significant amount of work over the last 12 months to introduce these KPIs across the IUC. We have worked closely with our CAS providers to ensure we have the rightinformation to feed into the reporting of these KPIs. There has also been a lot of work within 111 operations and the Business Intelligence Team to ensure we have the right processes and system in place to support the accurate reporting. There are areas that need further work andwe are working with our systems partners to improve the gaps identified.

Below the KPIs are split by contract, and show the variance in performance; this is due to the contracts and operational processes within each IUC area. We are working with providers and commissioners to improve the performance within these areas.

Since the inception of these KPIs, we have seen a significant improvement and we have also provided the national average against each standard for which SCAS is looking favourable in some areas.

KPI	Title	Standard	HSH FY 2021	TV FY 2021
1	Proportion of calls abandoned	<3%	19.4%	20.8%
2	Average speed to answer calls	<20 Secs	544	611
4	Proportion of calls assessed by a clinician or Clinical Advisor	>50%	52.4%	31.8%
5a	Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes	>90%	39.4%	25.8%
5b	Number of callers offered a call back within a timeframe over 20 minutes and up to 1 hour inclusive, who received a call back within 1 hour	>90%	55.5%	5.3%
5c	Number of callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe	>90%	63.0%	57.5%
6	Proportion of callers recommended self-care at the end of clinical input	>15%	25.8%	13.1%
7	Proportion of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	>50%	46.1%	34.3%
8	Proportion of calls initially given an ED disposition that are validated	>50%	68.8%	66.1%
11	Proportion of calls where the caller was booked into a GP practice or GP access hub	>75%	20.5%	29.6%
12	Proportion of calls where the caller was booked into an IUC Treatment Centre or home residence	>70%	13.4%	39.4%
13	Proportion of calls where the caller was booked into a UTC	>70%	60.6%	81.7%
14	Proportion of calls where caller given a booked time slot with an Emergency Department	>75%	61.4%	65.2%
15	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	N/A	0.0%	2.0%

*PLEASE NOTE - Data for KPI2 is only from Q2 onwards due to issues reaching a total call answer time under the old telephony system.

COMMERCIAL DIVISION (PATIENT TRANSPORT SERVICE AND LOGISTICS)

Patient Transport Service

South Central Ambulance Service NHS Foundation Trust non-emergency Patient Transport Service (PTS) has provided patient transport across Buckinghamshire, Berkshire, Hampshire and Oxfordshire since July 2006. In addition, since April 2017 the Trust have also provided the service across Surrey and Sussex. The service provides an end-to-end experience for patients, covering everything from call handling, planning and dispatch supporting patients to attend essential hospital appointments for radiotherapy, chemotherapy and renal dialysis, as well as transfers, discharges and other outpatient appointments.

Alongside the operational resources there are also five contact centres based at Otterbourne, Durrington, Dorking, Eastbourne and Bicester hosting our call handling, planning and dispatch functions supporting both PTS and Logistics. Our call handling platform answers half a million calls a year and dispatch 500 vehicles daily across all our business areas, operating 24/7. We also host an online booking system for PTS.

In August 2021, NHS England and NHS Improvement published its review of PTS services nationally, setting out a new framework for PTS to support Trusts in becoming consistently more responsive, fair and sustainable. The framework has five components: more consistent eligibility; improved wider transport support; greater transparency on performance; a path to net zero carbon emissions; and improved procurement and contracting.

To support this national review SCAS PTS was chosen in 2021/22 to be one of only three pathfinder PTS operators trialling some of the innovations from the review regarding eligibility and interaction with social transport. These pilots are being run in our Sussex contract area.

PTS has over 850 team members operating approximately 500 vehicles a day. Since PTS provision was de-regulated in 2002, the PTS market share held by ambulance trusts has reduced from 100% of the market to an estimated 50%.

Normally over a year PTS would convey more than 1 million journeys but due to the pandemic this volume reduced over 2021/22 to around 900k journeys. Current challenges facing PTS include demand returning to 2019 (pre-COVID-19) levels but with social distancing still meaning only one patient can be carried on a vehicle. In addition, high call volumes and reduced resources to meet demand have continued throughout 2021/22.

The CQC report published in February 2021, rated the Trust's PTS service as 'Good', a testament to the hard work, dedication and commitment shown by the staff and volunteers working in PTS.

Logistics Services

Within our logistics business we service two contracts, Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust. Our Logistic teams have operated complying to Covid-safe guidance during 2201/22 including wearing level 2 Personal Protective Equipment (PPE) when on collections due to patient contact within surgeries etc.

We deliver and collect on a day-to-day basis to acute hospitals, community hospitals, mental health sites, GP surgeries, county councils, dentists, opticians, pharmacies providing the following collection and delivery services:

- pathology specimens
- internal mail
- pharmacy items
- patient medical records
- laundry
- bulk items between sites
- IT items
- transfer of staff across hospital sites
- Ad hoc requirements.

Overall logistical activity continues to rise year-on-year to meet the ever-increasing demand and SCAS continually reviews digital improvements and how they can improve logistics service delivery.

PTS and Logistics areas of coverage

COVID-19 Restrictions

Throughout the pandemic SCAS has complied with national guidance regarding operations and over 2021/22 this national guidance has changed several times; however, the main principle of the guidance is ensuring patients and team members remain safe. This means reduction in patients per vehicle and increased journey times due to the wearing and removal of PPE and increased cleaning regimes of vehicles, all these factors have reduced PTS capacity by around 30%.

Other COVID-19 influencers on provision:

- Work effectiveness – reduced training numbers on courses due to social distancing, restricted recruitment
- COVID Swabbing – wait & return increase
- Renal 'hot' & 'cold' sites and short notice changes
- Inability to have Hospital Liaison Officers (HLOs) based on hospital sites
- Reduction in alternative transport options – increased activity
- Reduction of volunteers
- National Guidance – anybody with CV+ eligible for a period of time
- Increase in travel alone due to mask exemption
- Delay on wards due to PPE
- Short notice staff absence across both SCAS staff and Private Providers due to COVID-19 contact

Over 2021/22 guidance was introduced nationally regarding access to care homes by healthcare professionals in two parts; firstly, that all team members had to evidence a negative lateral flow test (LFT) on arrival and then from 11 November 2021 access was only allowed for team members who could evidence being double vaccinated. This proved challenging for PTS due to the percentage of staff non-vaccinated, system changes had to be introduced to ensure only vaccinated staff were allocated care home activity, again impacting further on available resources. The double vaccinated requirement was rescinded along with the NHS vaccination requirement in March 2022, but the LFT evidence is still required.

To support the management of these restrictions the SCAS PTS team introduced a pioneering modelling system, using historic data and factoring in staff COVID-19 absences, the reduced cohorting of patients in vehicles and extended journey times. The model calculates the ability of the service to cope with expected demand on any given day.

As well as providing invaluable information to keep the service running and patients receiving essential treatments, the modelling also enabled the service to provide vital information, predominantly to Clinical Commissioning Groups (CCGs), to highlight demand pressures and improve understanding of the challenges the service faced.

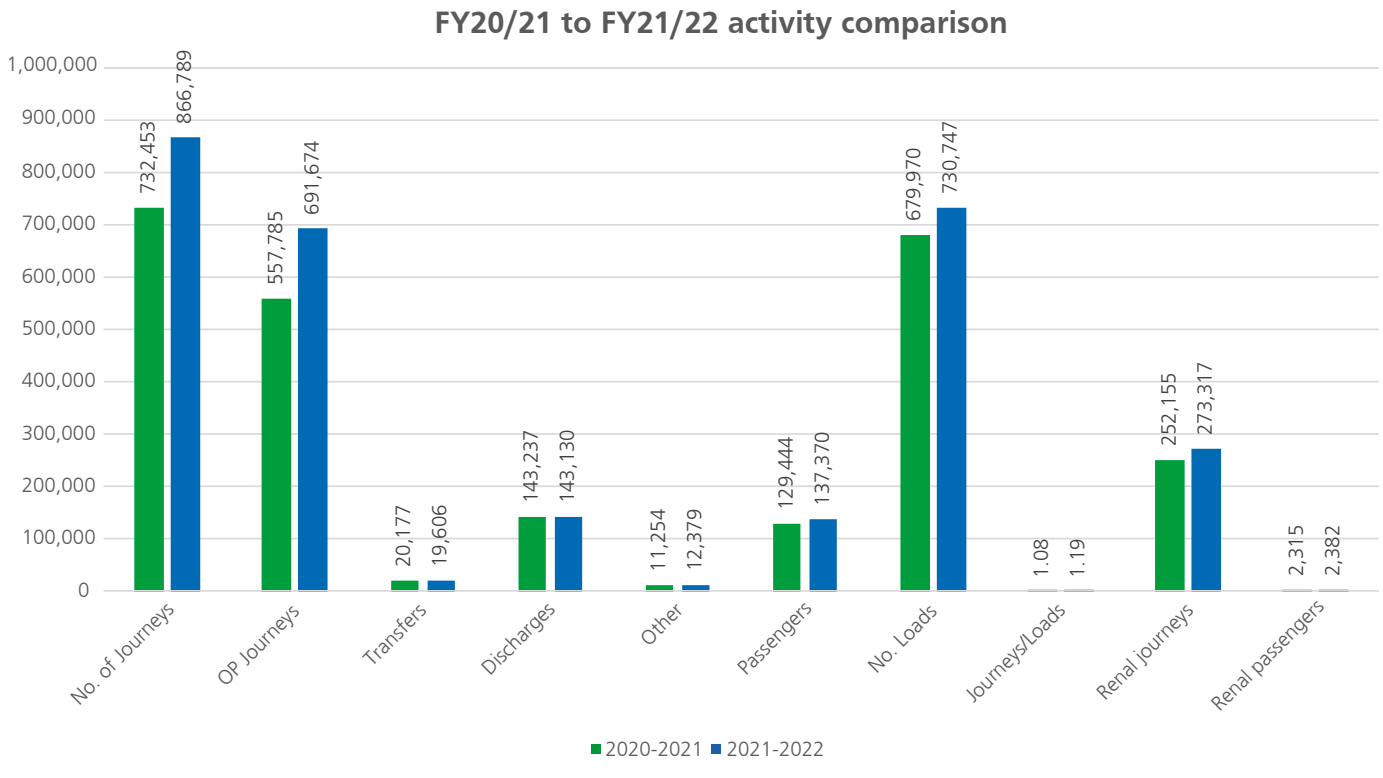
PTS Case Mix & Performance Summary 2021/22

There has been a continual increase of activity over 2021/22. This activity has been challenging due to COVID-19 restrictions regarding the cohorting of patients. The team have also had to work very closely with the renal units across all areas throughout the pandemic as renal units set up COVID and non-COVID clinics, so patients had to be constantly replanned to meet their essential needs (renal patients are conveyed for treatment 3 times a week).

Due to the number of PTS contracts SCAS provides and the variances of KPI the following charts section shows an aggregated performance picture for PTS, it must also be borne in mind that PTS is a non-blue light services and various factors impact on provision daily, such as:

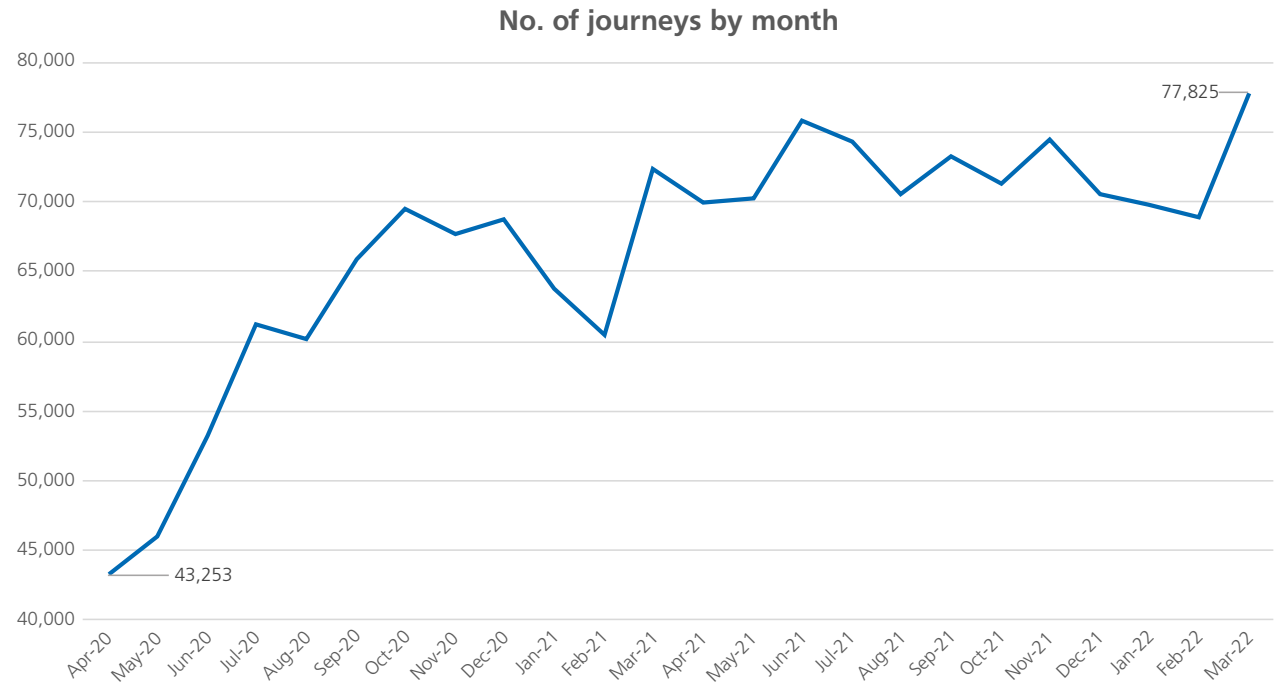
- On-the-day absence and on-the-day COVID-19 absence
- Crews supporting patients who on pick up are found to require 999 support, e.g. falls
- Traffic delays
- Appointment times in clinics not running to plan
- Portering times in acutes increased due to clinic changes

Outpatients make up most journeys, however, the national COVID-19 guidance placed a focussed KPI on discharges of 2 hours from booking to pick up so resourcing had to be adjusted over 2021/22 to meet that KPI. This supported system flow and ensured handover delays due to PTS discharges was kept to a minimum.



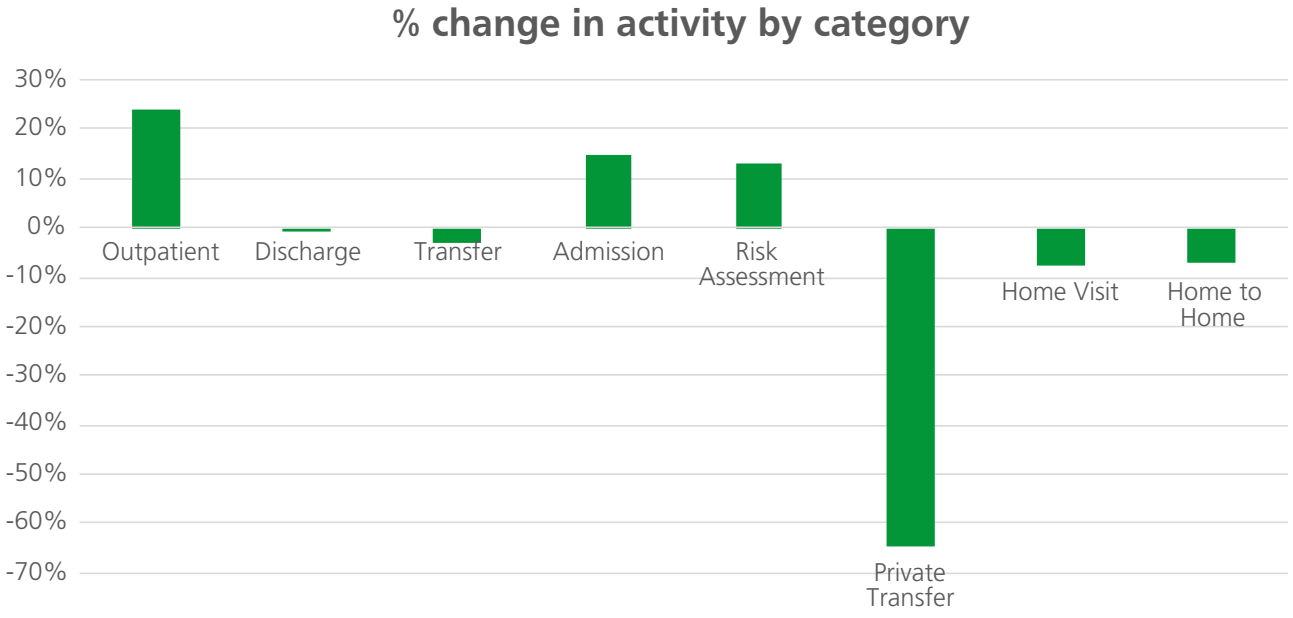
Increase in Activity

PTS activity has increased from 2020/21 to year 2021/22, and the impact of the second lock down on activity from November 2020 through to February 2021 is shown below. From that lift activity has steadily increased month on month and for the year is aggregated at around 95% of pre-COVID-19 levels.



Activity by Category

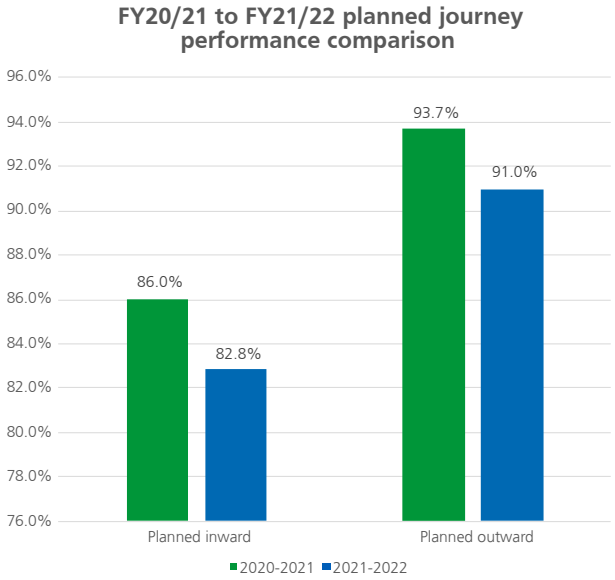
There was a 24% increase in outpatient volumes, a 15% rise in admissions over 2021/22, and 13% rise in risk assessments. Patient safety risk assessments are required for a variety of reasons including the patient's mobility or access to their property etc. that could impact on the conveyance of a patient. To ensure that SCAS offers a safe and effective service these risk assessments are carried out by experienced operational staff in a formalised manner, recorded and reported on, with findings and associated information given in a way that is routinely accessible to all staff involved. Thus, keeping our patients and team members as safe as possible.



Planned Journey Performance

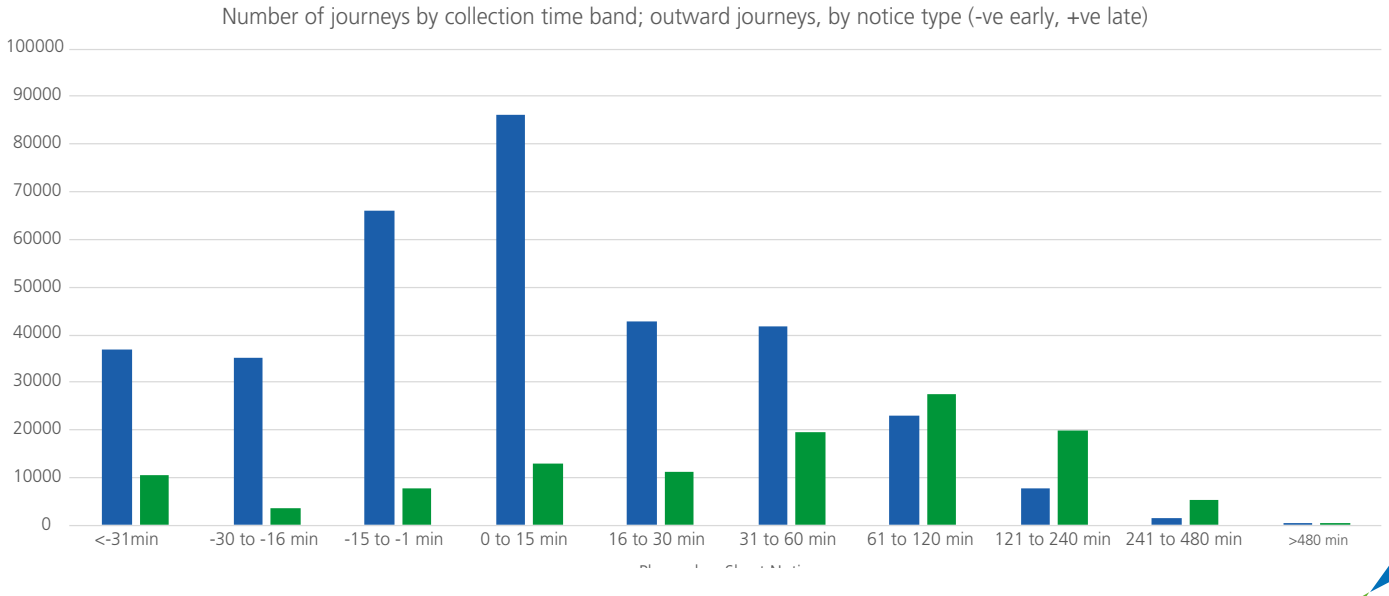
Planned journey performance for inwards and outwards conveyances at an aggregated performance target of 90% is shown below. Even with a 24% year on year increase in outpatient journey demand, performance has been maintained. It should also be noted that some of journeys that fall outside of KPI for inwards will be due to the journey arriving too early.

PTS has in addition had to comply with the national COVID-19 discharge KPI for discharges of pick up within 2 hours from booking, for some contracts this is a more stringent KPI than contractual which has meant various process changes to accommodate and impacted further on resourcing availability.



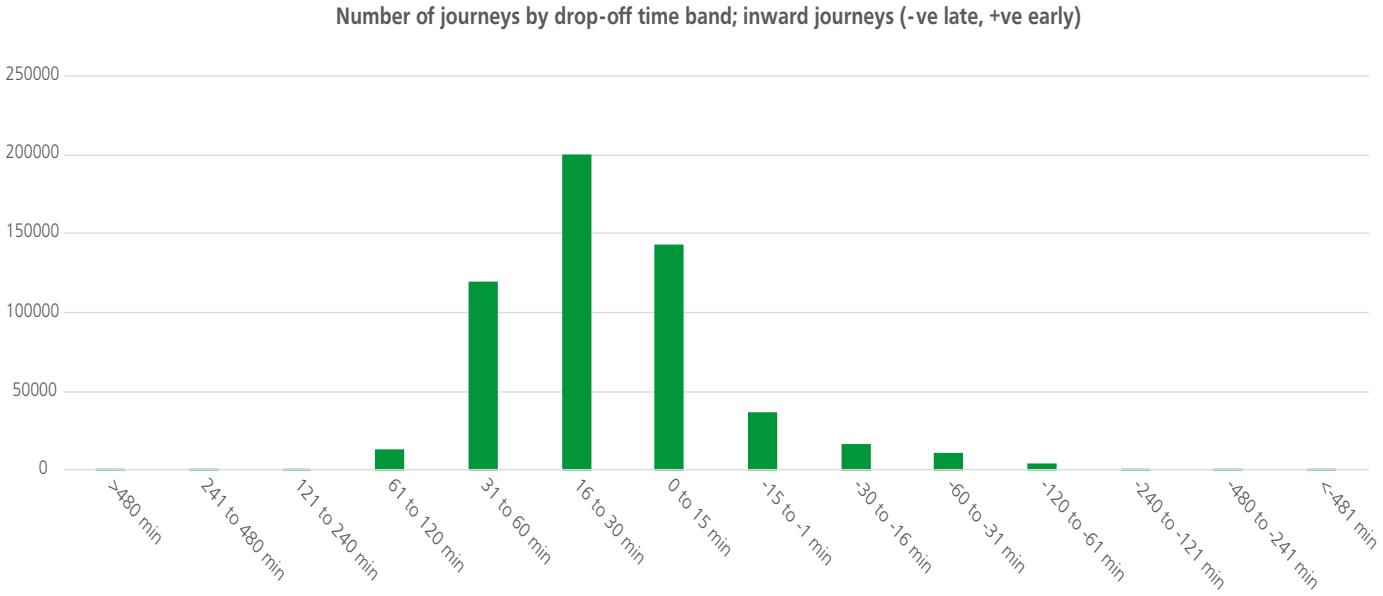
Collection Time by Band

This shows that most patients travelling outward from hospital waited no more than 15 minutes after their booked appointment time to be collected. It can also be seen how pre-booking the appointment (blue bars) tends to lead to a prompter collection. Although PTS is predominantly a pre-planned service the move through the pandemic has been to short notice to support system flow with patients, this trend is likely to carry on and the service is reviewing resourcing and processes to enable this further.



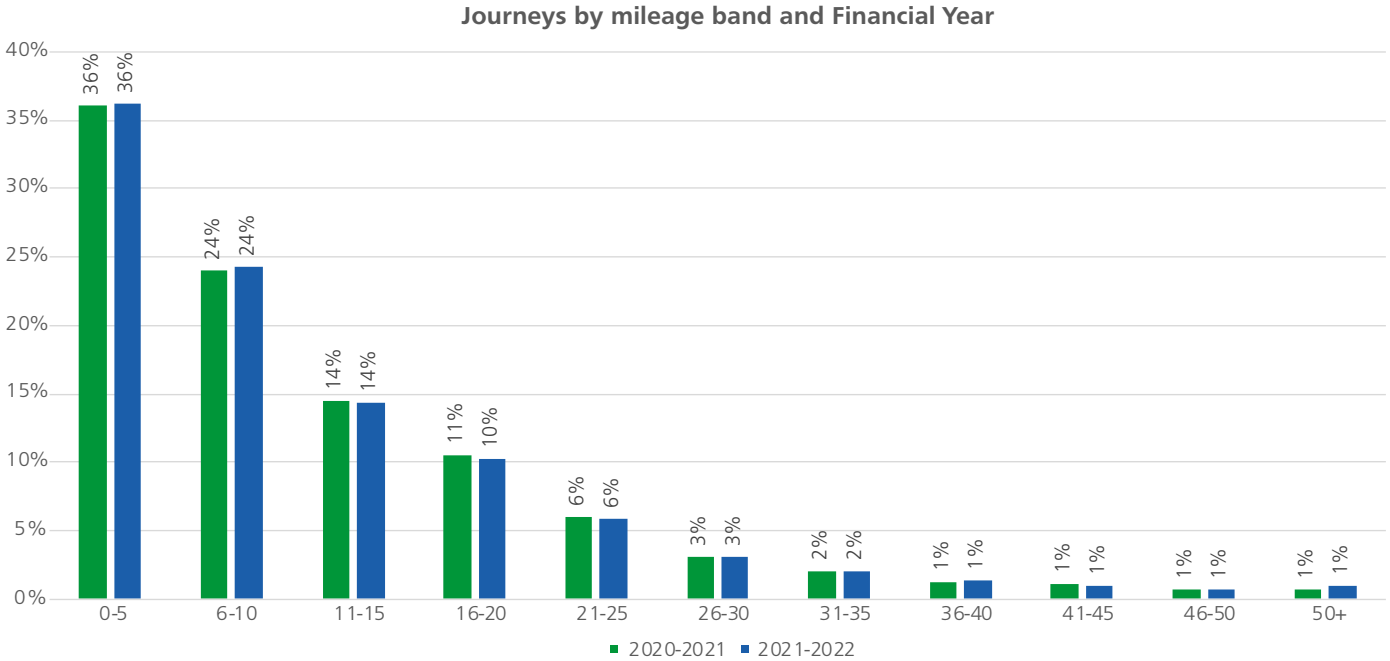
Drop Off Time by Band

This shows that 63% of patients are dropped off on time or up to 30 minutes before their appointment, it should be noted that 87% of patients are dropped off before their appointment. Some PTS contracts allow a buffer KPI of 15 minutes post appointment for patients to arrive and with that consideration 94% fall in to that KPI.



Journeys by Mileage Band

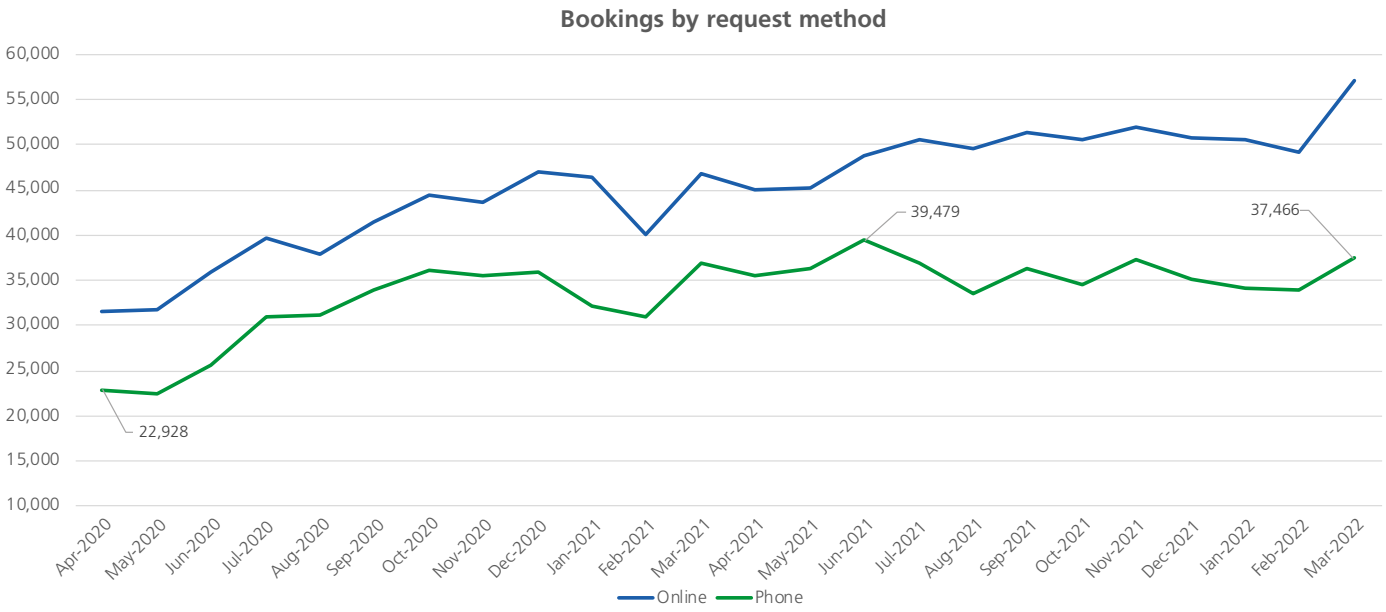
The mileage profile of our journeys was more or less identical to the previous year 20/21, with 60% of passengers travelling 10 miles or less. Normally this percentage of short mileage distances would enable cohorting of patient's and high utilisation of vehicles, however, with cohorting being restricted short notice journeys required a high percentage of resources to accommodate them.



Also note this graph shows individual journeys distances, it does not account for extra passenger pickups/drop offs.

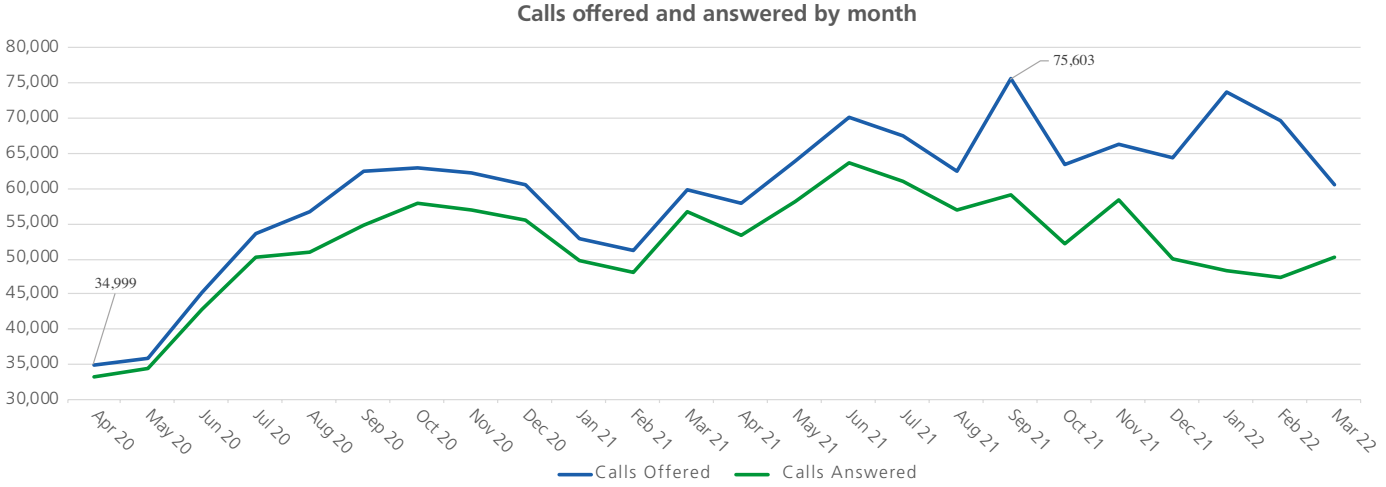
Booking Methods

The number of bookings rose from April 2020 up to March 2022, aligned to the increase in overall activity. Journeys booked by phone peaked at 39.5k in Jun 2021. PTS continues to promote online as the preferrable booking option and hosts online training sessions weekly for service users. Please note this is not all calls in to our contact centres, that volume is significantly higher due to requests for estimated arrival times, journey confirmations and all calls to clinics and units discussing conveyances and patient needs.



Calls Offered and Answered

The PTS contact centres have experienced high COVID-19 absence throughout 2021/22 which has impacted on performance. Considering this the team have done a fantastic job to maintain levels as high as they are. PTS is not an emergency service but still has call performance targets aligned to our 111 colleagues. It should also be noted that the team transferred over to a new telephony platform named eSuites in 2021/22 and this did impact service delivery for a short time but is now considered as business as usual.



PTS Fleet, Quality and Workforce

To maintain SCAS as the provider of choice we constantly strive for high standards and over 2021/22 PTS have retained ISO 9001 accreditation, this followed external audits in which the team demonstrated the high quality of the auditing of our operational and management processes and the capture, tracking and resolving of non-conformities.

SCAS PTS has the following CQC ratings, and the full report can be found on the CQC website:

	CQC ratings	
PTS overall rating		**Good**
Safe		**Good**
Effective		**Requires improvement**
Caring		**Good**
Responsive		**Good**
Well-led		**Good**

SCAS PTS continues to have significant recruitment activity across all areas but unfortunately attrition has increased over 2021/22. Some of this attrition is due to PTS being the first step for a career within the ambulance service. This results in our staff moving on as part a well-trodden career development path into our frontline 999 service and other roles. Although this is a positive feature for the organisation, providing clear career progression for new staff coming into the Trust, it provides operational challenges to our PTS management teams to ensure sufficient in-house resources to deliver the service. To manage these workforce challenges the Commercial Division manages an Integrated Workforce Plan (IWP) which takes in to account attrition rates and workforce requirement figures.

Vacancy rates for Call handler, Ambulance Care Assistant's and Team Leaders remain high and the Commercial team continue to work with Recruitment to look at further options to improve SCAS being the employer of choice. Pay has been identified as an influencing factor as a Band 2 role falls below the £20k threshold that is often used by potential candidates to search for jobs. The uplift in minimum wage due to come into effect in April 2022, represents a further risk, as Band 2 hourly rates will fall below this. Options are being explored and include the cost / benefit of increasing the rate to support improved recruitment and retention and a corresponding reduction in private provider provision. A similar exercise is also being conducted for Team Leaders to encourage progression into this role and so more effectively manage performance of processes and individuals.

We have clinical quality leads within PTS who work with the Trust Medical Director ensuring PTS maintains the clinical standards required. Over 2021/22 we have introduced various quality innovations to improve patient experience such as new procedures around end-of-life patients and management of wheelchairs.

PTS has also introduced a working partnership with 999 colleagues whereby PTS supports with HCP type calls due to the increasing demand on our 999 services. Whilst the number of patients moved has been relatively low, the trial itself has been considered a success as it has provided a clear pathway on how to progress and has resulted in greater engagement and understanding between the two services. A bridging role between the two control rooms was introduced and we continue to review options to bring in additional dedicated capacity.

The Fleet remains a significant risk for PTS, with some areas experiencing over 2021/22 more than 25% Vehicles Off Road (VOR) due to contracts being rolled over due to COVID-19 resulting in aged PTS Fleet. PTS has struggled to get new fleet in over 2021/22 due to COVID-19 impacting the motor industry generally. However, PTS has introduced a trial of electric vehicles with the vision being a completely green fleet within the next 2 years.

Finances

SCAS Commercial directorate have numerous PTS and Logistic contracts, all are managed in a commercially competitive environment with different contractual KPI's, and incomes attached. However, over 2021/22 all NHS contracts have been managed under block arrangements.

2.2 Sustainability

SCAS has a Sustainability Strategy and Green Plan which was approved by the Board in February 2020. This sets out how it will deliver on its target to reduce emissions by 50% from the 2018/19 baseline by 2030. SCAS has plans in place which take account of the key elements of 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust tracks progress on this plan through its Sustainability Committee.

The 2018/19 carbon emissions from vehicles was 13,297 tonnes and from energy was 2,211 tonnes, so greater than 80% of the emissions come from its operational fleet with the main other element being our estate. 90% of the carbon reduction is expected to come from moving to lower carbon vehicles. In the medium term this will be achieved by the move to electric vehicles. The main other elements relate to more efficient driving and minimising the carbon of our estate from more efficient buildings.

The Trust is a member of the National Strategic Vehicle Group, which is working together across all UK ambulance trusts. It agreed a common specification for ambulance vehicles, in part to minimise carbon output. The Trust has been investing heavily in these new vehicles over the last three years and is purchasing vehicles which are van conversions and thus lighter and more efficient than the previous models. All new vehicles will be fitted with telematics to monitor and improve driving habits to reduce fuel consumption.

The move to electric vehicles is a major part of the Sustainability Strategy. The key achievements are as follows:

- ➔ The Trust has now introduced 6 LEVC electric taxi style ambulances for our Patient Transport Service.

- 43 hybrid Ford Tourneo wheelchair access vehicles for our Patient Transport Service will arrive by the end of May.
- We are converting a Fiat E-Ducato ambulance for our Patient Transport service which will be trialled in the service.
- We have introduced 3 Kia Niro all electric vehicles piloting different uses within our 999 service.
- We have ordered a further 9 Kia EV6 electric and 5 Skoda Superb hybrid vehicles for our 999 service.
- We have secured funding as part of NHS Pathfinder programme for 2 Electric Mercedes E Vito Mental health vehicles, which have been delivered and 1 electric Community Crisis support vehicle
- Prototypes being developed and trialed nationally as part of the 999 ambulance move to alternative fuel vehicles.
- We have introduced three Electric vehicles for our education team.
- We have introduced a change to our car leasing policy to encourage the move to promote Zero and Ultra-Low Emission Vehicles. We now have 19 electric and 41 hybrid cars as part of this scheme. Furthermore, we have 29 electric cars as part of our Salary Sacrifice scheme and a further 12 hybrid vehicles.

In addition to the electrification of vehicles we have achieved the following in the year:

- We purchase 100% renewable electricity
- Our 999 Hear and treat percentage has increased from 6% in 2018/19 to an average of 13.3% in 2021/22.
- We have banned the funding of domestic flights.
- We continue to use Microsoft Teams for video meetings which has reduced travelling significantly
- Business miles are currently 49% of our 2018/19 baseline period.

2.3 Community Resilience

SCAS continues to excel in providing healthcare and allied health services to the communities we serve. The Trust has further committed to investing in our local areas to help build a better, more resilient society. 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.

SCAS currently has 777 active Community First Responders (CFRs) and Co-Responders. We have seen a gradual decrease over the past two years due to several factors, including the COVID-19 pandemic, volunteers' circumstances changing due to economic changes and those who could no longer commit their time us. We also saw a reduction in our recruitment as we had to use social media with no face-to-face engagement, which was compounded with reduced training numbers on our courses due to Infection Prevention Control (IPC) guidelines which meant we could train fewer responders.

Our responders helped to utilise 552 call signs (response kits), usually responding within a three-mile radius of their scheme location or deploy themselves to cover an area within SCAS on a dynamic response vehicle (scheme vehicle) where our clinical coordination centres need them. Together, our CFRs and Co-Responders from the military, police and fire and rescue services have attended 33,732 emergency 999 incidents for the Trust in 2021/22.

Community first responders	26,874
Fire Co-Responders	5,126
Military and police Co-Responders	4,035
Total Incidents	**36,035***

* The total figure includes incidents where multiple responders were on scene to the same incident**.**

These volunteers have been trained to respond to specific life-threatening emergencies where patients may be suffering from a cardiac arrest, chest pains, 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 patient outcome as well as the overall performance of the Trust in the past twelve months in terms of key Ambulance Quality Indicators, such as Return of Spontaneous Circulation (ROSC) in cardiac arrests, stroke care and out-of-hospital cardiac arrest survival to discharge.

Any new responder joining the Trust undertakes a Level 3 Award in Ambulance First Responder on Scene, and we continue to train experienced responders to enable them to attend our non-injury falls and concern for welfare incidents. This group of responders are sent to calls which have been clinically assessed by paramedics, or nurses on our Clinical Support Desk (CSD) or Urgent Care Desk (UCD) within our 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 2021 to 31 March 2022, those trained attended 1500 non-injury falls incidents and only 502 of those patients needed to be conveyed to hospital; over the same period, they attended 1117 concern for welfare incidents and only 246 of those patients needed to be conveyed to hospital. This deployment model assists the Trust and patient by only sending a frontline resource, if necessary, to enable this we have 52 responder vehicles equipped to attend these lower acuity calls. Evidence and research shows that 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 mobilised off the floor. This is particularly beneficial not just because it ensures more clinically crewed 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/or elderly patient is left on the floor without medical intervention.

This year saw the introduction of SCASs first Volunteer Strategy which will see the growth of volunteering and the opportunities available to those who volunteer increase. We continue to support our local communities with growing the numbers of publicly accessible defibrillators (PADs), as well as providing familiarisation to members of the public in how to perform cardiopulmonary resuscitation (CPR) or chest compressions, and how to use a defibrillator.

The introduction of **"The Circuit"** which is a national defibrillator network sponsored by the British Heart Foundation (BHF) that connects defibrillators that are registered by members of the public to NHS ambulance services across the UK so that in those crucial moments after a cardiac arrest, they can be accessed quickly to help save lives. SCAS now has 2654 PADs in Berkshire, Buckinghamshire, Hampshire and Oxfordshire, and these had been assigned on 89 occasions. We also had 2613 occasions where CPR was in progress prior to the arrival of an ambulance which continues to assist in improving Out of Hospital Cardiac Arrest (OHCA).

We received NHSE to support our volunteer development and recruited over 40 Welfare volunteers who provide refreshments from one of five vehicles to our staff at hospitals when capacity issues mean we cannot hand over patients as quickly as we would like.

During the pandemic we continued to support World Restart a Heart Day which was on 16th October 2021 all be it we had to deliver this virtually. We ran various events across many of our social media platforms, and this proved to be another very successful year with over 250,000 people viewing across the week. We are hopeful that 2022 will see some face-to-face training with schools in improving these all-important numbers of people being trained in CPR.

We were delighted that the Community Engagement & Training team and the SCAS Charity won the 2021 Outstanding Volunteer Team of the Year. This was announced live on Twitter by the Helpforce Founder and Chairman, Sir Thomas Hughes Hallett who outlined the many initiatives that our volunteers have been involved in this past year in addition to the emergency patient response.

This award recognises the enormous contribution that each and every one of our CFRs and Co-Responders has made, not just over the last year but every year. We know the last year has provided many new and different challenges, but it also demonstrates the dedication, loyalty, resilience and passion our volunteers have.

South Central Ambulance Charity

The Charity continued to face the challenges of fundraising during the pandemic this year. Unrestricted income has again dropped with the continued loss of community engagement and events. The Charity has however, been able to access considerable grant funding from NHS Charities Together, the umbrella membership organisation for NHS charities. Thanks to the support of our supporters, volunteers and funders we have raised much needed funds, in particular to ensure the continued

activity of our Community First Responders. This year we have also been fortunate to receive almost £100,000 in legacy income. Over the next couple of years the Charity will be seeking to rebuild its unrestricted income levels to ensure the continued funding of important projects across the Trust.

NHS Charities Together have provided grant funding for three key projects that will help support patient care, reduce unnecessary hospital admissions and decrease the waiting times for patients in emergency situations. Enhanced Responders will be able to support non-injury fallers with an increase in the number of lifting cushions and chairs now in use. They will also be able to take further diagnostics through the provision of specialist equipment, relaying their findings to the clinical support desk. Where appropriate, patients can then be re-triaged according to their need including referral to their GP or community medical centre when conveyance to hospital is not necessary. The Out of Hospital Cardiac Arrest project has enabled the Charity to support SCAS with funding for seventeen new LUCAS 3 mechanical CPR devices. Additional funding from other sources enabled the Charity to hand over 25 of these devices in total during the year. The project will continue with the introduction of the GoodSAM application to alert volunteers and staff to cardiac arrests. The residential homes project has seen the Community Engagement Teamwork with homes to train staff in assessing a deteriorating patient and accessing alternative care pathways.

The Charity continued to fund our Community First Responder volunteers providing equipment, uniform, and vehicles to enable them to respond to frontline emergencies. We were also able to support the health and wellbeing of staff and volunteers through the distribution of seasonal hampers, grants to individual staff teams and a contribution towards the new uniform jackets for staff.

The SCAS Charity worked alongside the Community Engagement Team and Patient Transport Services to create a new volunteer strategy which will see an increase in volunteer opportunities across the Trust. We look forward to welcoming our first Volunteer Manager to lead on the implementation of the strategy in April.

2.4 International Operations

Through the course of the year, we have consolidated and strengthened our International Operations provision. As part of this evolving area of the Trust we have joined the International Special Interest Group of NHS Confederation, and our Clinical International Liaison Officer presented our pioneering work in India at the NHS Confederation Conference in June 2021.

We have strengthened our current partnership with Aurobindo Pharma Foundation through our representatives in country, UIPL, and supported our consortium organisation in continuing to provide 'free at point of contact' 108 Emergency Medical Services (equivalent of UK 999 ambulance service) and 104 Mobile Medical Unit Services (equivalent to a UK NHS 111 visiting service) to the approximate 80 plus million general population of state of Andhra Pradesh which is spread over 106,204 square miles.

The services in India have faced multiple challenges throughout the year, the greatest being the COVID-19 pandemic. Despite these challenges the 108 service has seen over 1.1 million patients in

the year, with over 50,000 of these patients being confirmed as testing positive for COVID-19 and the 104 service has seen over 9.8 million patients in the year.

We hosted a clinical round table in April 2021 supported by our Medical Director, Executive Director of Patient Care and interim Director of Patient Care with the clinical teams from Aurobindo Emergency Medical Services. We provided specific clinical advice and support throughout the COVID-19 pandemic extremes in India. We are pleased to announce that our supported services were one of the only services not to run out of oxygen and be able to continue to provide safe and effective services throughout the worst of the peaks of demand.

Following the lifting of travel restrictions, a team from the UK went to India in November 2021. Our itinerary included visiting their updated clinical training facilities in Hyderabad and being introduced to their new 'soft skills' training programme introducing human factors and communication skills to create a patient-centred culture across the organisation. We joined their first ever annual conference with all the district and senior leaders, celebrating their success from the launch of the service in July 2020 and looking forward to the planned improvements for patients through 2022.

Our Clinical International Liaison Officer observed the services being provided and met with patients and staff throughout the visit. He was truly humbled by the appreciation of the patients he met, especially in the 104 service where some of these patients were accessing modern medicine for the first time, and others were showing such clear improvements to their daily lives through the interventions of these precious teams.

2.5 Equality and Diversity

We are committed to demonstrating our regard to the Public Sector Equality Duty (general duty) to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups. There are various ways we meet our statutory, NHS and organisational obligations. More detail can be found on our website to meet our specific duty under the Equality Act 2010 to publish the information.

We provide **'due regard'** to the impact of our polices/services or functions (including service delivery) by ensuring that we carry out an *Equality Impact Analysis*, a tool that helps us meet requirements the Equality Act 2010, section 149 set out below:

Public sector equality duty

1. A public authority must, in the exercise of its functions, have due regard to the need to:

    a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act

    b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

    c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

We have also developed two service delivery Equality Objectives, which will form part of our Equality Strategy to be introduced in 2022:

- → Objective 1: Better Health Outcomes and Improved Patient Access
- → Objective 2: Improved Patient Experience

Our Patient Experience team captures data in our surveys which allows us to produce reports analysing results by protected characteristics if required.

Details of our application of Equality and Diversity policies within the Trust can be found in the Accountability Report section 6.5 on page 82.

2.6 Performance Report Sign-off

I sign-off this performance report in my capacity as Accounting Officer.

Will Hancock
Chief Executive

22 April 2022

ACCOUNTABILITY REPORT

3. DIRECTORS' REPORT

Background

The Trust's Board of Directors (the "Board") held six Board meetings 'in public' between 1 April 2021 and 31 March 2022. All meetings were held virtually due to the COVID-19 pandemic, with the Trust's Governors able to participate as well as members of the public. The agendas, papers and minutes of Board meetings are available on the Trust's website.

Board Meetings | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

COVID-19

The key aspects of our COVID-19 governance arrangements during 2021/22 have been:

- We have, at all times, applied the governance requirements and guidance set by NHS England/Improvement; for example, in relation to the delivery of Board business
- Our aim has been to continue to maintain robust Board and Corporate Governance arrangements whilst taking a pragmatic and flexible approach in order to reduce the burden to the Executive Team, maximise the resources available to respond to COVID-19 and the wider operational challenges, and support our patients and staff

Further details of our governance arrangements are disclosed in the 2021/22 Annual Governance Statement included within this Annual Report.

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 England/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 directors have a responsibility for preparing 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 SCAS performance, business model 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 2021/22 with eight non-executive directors (NEDs), including the Chair, and seven executive directors (EDs), including the Chief Executive.

The changes to the composition of the Board during 2021/22 were as follows:

- Professor Helen Young remained in her interim role of SRO for NHS 111 COVID Response Services and Jane Campbell (Assistant Director of Quality) continued to take interim responsibility for the Board-level Director of Patient Care role; this remained the case for the whole of 2021/22.

- Following a competitive recruitment process, overseen by the Trust's Governors, Dr Henrietta Hughes OBE joined the Board on 1 February 2022, as a NED, replacing Dr Priya Singh who left the Trust in December 2021.

In light of the fact that, for a very small period of time (one month), there was not an excess of NEDs over EDs on the Board, provision was made for the Chair to have a second/casting vote for any decisions requiring a vote of the Board of Directors (although this was not needed).

This means the Board ended the year with eight NEDs, including the Chair, and seven executive directors, including the Chief Executive.

In October 2021, Lena Samuels, Chair, advised that she would be leaving the Trust at the end of March 2022. A comprehensive recruitment process was undertaken, with Professor Sir Keith Willett CBE

being appointed as Chair from 1 April 2022.

All fifteen 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 2021/22 there have been a number of reviews with direct implications for the Board, including:

- The Trust, as with all other NHS providers, is assessed on an ongoing basis by NHS Improvement as part of its regulatory approach. Between May 2017 and October 2021 (i.e., the first half of 2021/22), NHS Improvement continuously assessed the Trust as being a segment 1 provider under its Single Oversight Framework regulatory assessment. The assessment considered five key themes - quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability – and segment 1 was the best possible category that could be awarded

- Ofsted carried out a New Provider Monitoring Visit of the Trust's apprenticeship training provision in May 2021. As a result, the Trust was assessed as having made significant progress in the three areas that it explored:

    - Progress in leadership and management
    - Providing a high quality of education/training
    - Progress towards ensuring effective safeguarding arrangements

- In October 2021, we were informed that we had been assigned to segment 2 of the new System Oversight Framework, which replaced the aforementioned Single Oversight Framework. This assessment considers six key themes – quality of care, access and outcomes; preventing ill-health and reducing health inequalities; finance and use of resources; people; leadership and capability; and local strategic priorities – and segment 2 is where the majority of NHS providers have been assigned. This rating reflects the fact that, whilst the Trust has a number of operational and performance challenges, NHS Improvement considers that we have plans in place to address these challenges and have the support of system partners

The Care Quality Commission (CQC) carried out an inspection of the Trust's safeguarding arrangements in November 2021, which identified a number of areas that required further strengthening/improvement. As a result, a Board level 'taskforce' was established and an improvement action plan created. Progress with implementing the action plan is being reviewed by the Executive Team and Quality and Safety Committee

- The NHS England Well-Led Framework provides a structure for the Trust to assess their arrangements for effective leadership and governance. The Annual Governance Statement contains a review of how the organisations performance and control framework. The CQC carried out a Well-Lead review in May 2022 and are expected to give their assessment later this year. The key improvement areas that the Trust is

focused on in addition to safeguarding relate to the management of serious incidents, speaking up, risk management and the governance of equipment.

- Details of the NHS England well-led framework can be found at **https://www.england.nhs.uk/well-led-framework/**

- The Council of Governors' Nominations Committee, supported by the Chair, Director of Corporate Governance and Company Secretary, and Director of Human Resources and Organisational Development continues to review the NED element of the Board as part of a formal succession planning process. Relevant decisions in this respect during 2021/22 included:

    - the appointment of Professor Sir Keith Willett CBE as Trust Chair from 1 April 2022 (see above)
    - the appointment of Dr Henrietta Hughes OBE (see above)
    - re-appointing Sumit Biswas and Nigel Chapman for third terms of office
    - extending Mike Hawker's third and final term for an additional six months

In addition to the processes outlined above, the Board has a systematic and robust approach to assessing its collective performance, including through the performance appraisal system. As an example, the 2021/22 appraisals of the Chair and NEDs included comprehensive feedback from the Trust's Governors and Board members through a survey approach.

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

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

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 2021/22, with one exception. As mentioned previously, the departure of Priya Singh resulted in the Trust not having an excess of non-executive directors over executive directors from 1 January to 31 January 2022. A recruitment exercise took place between October and January, overseen by the Council of Governors, and Dr Henrietta Hughes' appointment from 1 February addressed this particular issue.

The Trust was compliant with its Constitution at all times during 2021/22.

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

Executive Board Directors | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

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

Non-executive directors (NEDs) are members of the Board of Directors. 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 the non-executive directors 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 2021/22 the Trust had eight serving and voting non-executive directors, all of whom are independent:

NED	Date appointed to FT Board	Current term of office	Term
Lena Samuels (Chair)	1 January 2017	N/A	Second
Sumit Biswas	1 July 2016	30 June 2022	Second
Les Broude	1 February 2018	31 January 2024	Second
Nigel Chapman	1 March 2022	28 February 2025	Third
Ian Green	1 July 2020	30 June 2023	First
Mike Hawker	1 January 2014	30 December 2022	Third
Dr Henrietta Hughes	1 February 2022	31 January 2025	First
Priya Singh	1 April 2018	N/A	Second
Anne Stebbing	1 April 2018	31 March 2024	Second

Details of each non-executive director Board member, including any declared interests, can be seen on the Trust's website at **SCAS Board Members – scas.nhs.uk**

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.

At the end of the 2021/22 financial year there were seven voting executive directors on the Trust Board:

Executive Director	Position
Will Hancock	Chief Executive
John Black	Medical Director
Jane Campbell	Acting Director of Patient Care
Paul Kempster	Chief Operating Officer
Mike Murphy	Director of Strategy and Business Development
Charles Porter	Director of Finance
Melanie Saunders	Director of Human Resources and Organisational Development

Professor Helen Young remained in her interim role as SRO for NHS 111 COVID Response Services. She continued, however, to attend Trust Board meetings, whilst Jane Campbell acted up into the Board-level Director of Patient Care role.

Details of each 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/scas-board-members/**

Board committees

The Board has four committees: Audit, Quality and Safety, Remuneration, and Charitable Funds. The four committees have continued to hold regular meetings throughout the COVID-19 pandemic, with all meetings being held virtually.

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 2021/22 were Mike Hawker (Chair), Sumit Biswas, Les Broude and Henrietta Hughes, and five meetings were held during 2021/22.

The main focus of the Quality and Safety Committee is to enhance Board oversight of quality performance, and probe quality and care issues. During the COVID-19 pandemic, the Committee also oversaw the governance of the national Covid Response services. Its members at the end of 2021/22 were Anne Stebbing (Chair), Sumit Biswas, Nigel Chapman and Henrietta Hughes. Four regular meetings and two extra-ordinary meetings were held during 2021/22.

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 2021/22 were Sumit Biswas (Chair), Ian Green, Lena Samuels and Anne Stebbing and five meetings were held during 2021/22.

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 2021/22 were Nigel Chapman (Chair), Les Broude, Ian Green and Mike Hawker. Five meetings were held during 2021/22.

Attendance at meetings during 2020/21

The attendance at meetings during 2021/22 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	6	5	5
NON-EXECUTIVE DIRECTORS					
Lena Samuels	6/6	N/A	N/A	5/5	N/A
Sumit Biswas	6/6	5/5	6/6	5/5	N/A
Les Broude	6/6	5/5	N/A	N/A	5/5
Nigel Chapman	6/6	N/A	5/6	N/A	5/5
Ian Green	6/6	N/A	N/A	4/4	5/5
Mike Hawker	6/6	5/5	N/A	N/A	5/5
Henrietta Hughes	1/1	0/0	1/1	N/A	N/A
Priya Singh	4/4	4/5	3/3	N/A	N/A
Anne Stebbing	6/6	N/A	6/6	4/5	N/A

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

The table includes attendance by the executive director at Board committees for which they are the Lead Director.

Professor Helen Young attended all meetings in her role as SRO for NHS 111 COVID Response Services.

4. 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 2021 to 31 March 2022 therefore represented the tenth full year of working for the SCAS CoG.

The COVID-19 pandemic continued to impact on the manner in which the CoG carried out its business during 2021/22. Meetings were held virtually and the focus on member and public engagement continued via virtual and digital platforms. Despite this, the CoG continued to deliver its statutory duties and retain its focus on strong governance and accountability.

Membership and meetings

Membership of the CoG

The CoG is chaired by the Trust Chair, in accordance with the Foundation Trust Code of Governance, and now has a full composition of twenty-eight Governors, as follows:

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

Barry Wood served his first year as Lead Governor, having been elected for a two year period until the end of February 2023. Mark Davis served his third year as Deputy Lead Governor, having been re-elected into the post for a further two years from 1 March 2021.

The CoG started the year with twenty-six of the maximum twenty-eight Governors in place; the vacancies at this point related to a Clinical Commissioning Group Partner Governor and a Staff Governor to represent Corporate and Support Staff.

The CoG ended the year with twenty-four of the maximum twenty-eight Governors in place, and therefore four vacancies (two Public Governors (representing Buckinghamshire), a Clinical Commissioning Group Partner Governor and a Staff Governor representing Corporate and Support Staff).

During the year the CoG approved a constitutional amendment to increase the number of Public Governor constituencies from four to five. The new constituency will cover 'Rest of England and Wales' and will take effect from 1 March 2023, with elections for the associated Governor position due to be held in autumn 2022.

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

Meet our Governors | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

Formal meetings of the CoG

Four formal meetings of the CoG were held during 2021/22: in April 2021, July 2021, October 2021, and January 2022. All four meetings were 'held in public' (virtually due to COVID-19), and in accordance with the Trust's Constitution (i.e. were 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:

Council of Governors meetings | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

In addition to the formal meetings, three working meetings were held:

- In June 2021, the CoG/Board considered the Trust's future mission and vision, as well as the key future strategic goals for the next three to five years
- The October 2021 joint CoG/NED workshop considered system working and the implications for, and future role of, the Governors
- In February 2022, the CoG/Board Annual Strategy workshop facilitated by SCAS' Director of Strategy and Business Development, provided an update on progress with the development of the Trust's new Strategic Plan and the high-level priorities for each of the Executive Directors in 2022/23.

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

Duties and functions

Delivery of specific statutory duties

The Governors have a range of specific statutory duties, and all of the statutory duties relevant to 2020/21 were satisfactorily discharged.

Duty		Comments
Receive annual accounts, auditor's report and annual report	✓	The annual accounts and reports were received at the CoG meeting in public held in July 2021.
Appoint and, if appropriate, remove the external auditor	✓	The CoG approved a new external auditor (Azets) for an initial three year period at the meeting in January 2022. This was supported by a task and finish group consisting of three Governors who were involved with the recruitment and selection process in its entirety.
Directors must have regard to Governors' views when preparing the forward plan	✓	The CoG and Board have held three strategy sessions, including the annual joint strategy workshop at which the Trust's future plans were discussed.
Appoint and, if appropriate, remove the Chair	✓	Further to the resignation of Lena Samuels as Trust Chair, Governors appointed a new Chair, Professor Sir Keith Willett CBE, at the meeting in January 2022. In addition, Governors were extensively involved in the appraisal of the Chair.
Appoint and, if appropriate, remove the other Non-Executive Directors (NEDs)	✓	In 2021/22, two NEDs were reappointed for a third term of three years (Sumit Biswas and Nigel Chapman). The CoG also approved an extension of six months to Mike Hawker's third and final term. Following the resignation of Dr Priya Singh, in January 2022 the CoG appointed Dr Henrietta Hughes OBE for a term of three years beginning on 1 February 2022. In addition, Governors were extensively involved in the appraisal of the NEDs.

Duty		Comments
Decide remuneration and terms of conditions for Chair and other NEDs	N/A	No changes to the terms and conditions for the Chair and other NEDs were made in 2021/22. An updated SCAS Chair / NED remuneration policy is due to be reviewed by the Nominations Committee in the Spring of 2022.
Approve appointment of Chief Executive	N/A	No new appointment was made in 2021/22.
Approve significant transactions	N/A	No significant transactions required approval in 2021/22.
Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution	N/A	No such applications occurred in 2021/22.
Decide whether the Trust's non-NHS work would significantly interfere with its 'principal purpose'	N/A	This was not required during 2021/22.
Approve amendments to the Constitution	✓	The CoG approved an amendment to the constitution to increase the number of public constituencies from four to five.

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 peak periods of COVID-19, Governors have received a fortnightly written briefing designed to keep them fully updated on key Trust issues

- in 2021/22, a six-monthly Governor/NED Q&A session was introduced to provide a further opportunity for the Governors to ask questions and seek assurance.

During 2021/22, most of the Trust's Governors attended at least one of the Board meetings in public (meetings were continued to be held virtually due to the COVID-19 pandemic).

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. Engaging with the public has been particularly challenging during the COVID-19 pandemic, with technology being utilised to increase opportunities for engagement with Trust members and members of the public in order to ascertain their views on the Trust.

CoG Sub-Committees

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.

Nominations Committee

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

The Nominations Committee met four times during 2021/22 and the attendance of members at this meeting can be seen at Appendix A.

At these meetings the Nominations Committee:

- progressed and oversaw a round of Chair and NED recruitment, including longlisting, shortlisting and interviewing of candidates. The recommendations were subsequently approved by the full CoG.

- considered the reappointment of two NEDs (Sumit Biswas and Nigel Chapman) for a third term of office, making recommendations which were subsequently approved by the full CoG.

- considered a six month extension to Mike Hawker's third and final term of office; the recommendation was subsequently approved by the full CoG.

- considered arrangements for the 2021/22 Chair and NED appraisal process, which were subsequently approved by the full CoG.

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 six Public Governors, one CFR Governor, one Staff Governor and one appointed Partner Governor.

The Membership and Engagement Committee met on three occasions during 2021/22; meeting attendance levels can be seen at Appendix A.

During the year, the Membership and Engagement Committee has:

- discussed and put forward a proposal to the CoG (which was subsequently approved) in regard to postal and electronic communication with Trust members

- discussed and put forward a proposal to the CoG (which was subsequently approved) in regard to creating a new 'Out of Area' public constituency, with its own elected Public Governor to represent the views of members residing outside of the four main counties served by SCAS

- continued to review the approach for engaging with Trust members, including through social media and Governor-led films on key topics

- considered the future strategy for SCAS membership engagement, in particular post the COVID-19 pandemic and with those groups that are under-represented.

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 opportunities for Governors to develop their understanding of the work of the Trust and its NEDs, including attendance at Board committee meetings

- provided access to relevant external training (e.g. NHS Providers etc.)

- arranged four briefing sessions to enhance Governors understanding of certain aspects of the Trust, these sessions looked at; the Trust's Digital Strategy, the Ambulance Response Programme (ARP), Ambulance Clinical Quality Indicators (ACQI) and leadership development

- arranged two briefing sessions in response to the CQC safeguarding report published in February 2022. These sessions were aimed at providing assurance to the CoG around the actions being taken by the Trust to address the recommendations made by the CQC

- issued regular briefings and bulletins on SCAS, COVID-19 and the wider NHS

In January 2022, a comprehensive survey was issued to both Governors and NEDs to obtain feedback on numerous aspects associated with the functioning of the CoG including; CoG meetings, training and development, and engagement. The results from the survey acknowledged some limitations from being constrained to working entirely virtually, but overall were extremely positive and an action plan has been created to continue the work to further develop and improve the functioning of CoG.

Conclusions and priorities for 2022/2023

Conclusions

The CoG has overseen some major achievements during a very challenging 2021/22 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 and appointing a new Chair and Non-Executive Director.

The results from the Annual Governors Survey confirmed that the CoG continues to have 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, in particular with the development of its strategic review and work on a new Strategic Plan.

Priorities for 2022/2023

The CoG has identified the following priorities for 2022/2023:

1) ***Engagement*** - developing arrangements further for engaging in a meaningful way with the Trust's membership (public and staff) and ensuring that the interests of both members and the public are suitably represented and their views brought to the attention of the Trust. In 2022/23 this will include:

    - continuing to focus on engaging more effectively with younger people and 'seldom heard' groups. As the Trust emerges from the COVID-19 pandemic, this will include a hybrid approach to engagement to utilise technology and to reach a wider audience,

whilst also providing opportunities to hold events in-person

- ➔ ensuring that the Trust's representation and engagement work takes account of the changing NHS landscape (e.g. Integrated Care Systems) and effectively conveys the strategic themes and ambitions of the Trust over the coming year

- ➔ creating a proactive campaign to raise awareness of the public, staff and CFR elections being held in autumn 2022.

2) ***Holding to Account*** - as Integrated Care Systems come into force, ensuring that Governors are kept informed of progress over the delivery of system-wide priorities, and the Trust's contribution to this. This will enable Governors to maintain a strong focus on holding the Board to account, via the NEDs, for the performance of the Trust.

3) ***Working Effectively*** – implementing the 2022/23 CoG Development Action Plan, including acting on the feedback from the Governors Annual Survey undertaken in January 2022. 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 delivered.

Appendix A: Attendance at meetings for all Governors who served during 2021/22 (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	1/3/2021 – 29/2/2024	4/4	N/A	N/A	2/3
Loren Bennett	Staff - PTS	1/3/2021 – 29/2/2024	3/4	N/A	N/A	1/3
Stephen Bromhall	Public – Bucks	1/3/2021 – 29/2/2024	4/4	N/A	N/A	3/3
Laurence Chacksfield	Public – Berkshire	1/3/2021 – 29/2/2024	3/4	N/A	N/A	2/3
Sabrina Chetcuti (4)	Partner – CCG	1/7/2019 – 30/6/2022	3/4	N/A	N/A	3/3
Mathew Clark (5)	Public – Bucks	1/3/2021 – 29/2/2024	2/2	1/1	N/A	0/1
Rachael Cook	Staff – 999 EOC	1/3/2021 – 29/2/2024	4/4	N/A	N/A	3/3
Anne Crampton	Partner – LA	1/4/2021 – 31/3/2024	3/4	N/A	4/4	2/3
Mark Davis	Public – Berkshire / Deputy Lead Governor	1/3/2020 – 28/2/2023	2/4	2/3	N/A	1/3
Claire Dobbs	Partner – Charity	1/10/2020–30/09/2023	3/4	2/3	N/A	2/3
Frank Epstein	Public – Berkshire	1/3/2020 – 28/2/2023	3/4	1/1	N/A	3/3
Hilary Foley	Public – Hampshire	1/3/2020 – 28/2/2023	3/4	N/A	N/A	3/3
Sherri Green	Staff – NHS111	1/3/2021 – 29/2/2024	0/4	N/A	N/A	0/3
Graeme Hoskin	Partner - LA	1/3/2021 – 29/2/2024	3/4	N/A	N/A	1/3
Loretta Light	Public – Oxfordshire	1/3/2021 – 29/2/2024	4/4	3/3	N/A	3/3
David Luckett	Public – Hampshire	1/3/2021 – 29/2/2024	3/4	1/1	N/A	1/3
Charles McGill	Public – Hampshire	1/3/2021 – 29/2/2024	4/4	3/3	N/A	3/3

Governor	Constituency	Current term of office	Formal CoG meetings (2)	Membership and Engagement Committee	Nominations Committee	Workshops with Board of Directors (3)
Tony Nicholson	Public – Hampshire	1/3/2021 – 29/2/2024	4/4	1/1	4/4	3/3
MayBeth Pardey	Staff – 999 South	1/3/2021 – 29/2/2024	0/4	N/A	N/A	0/3
Mark Perryman	Public – Hampshire	1/3/2021 – 29/2/2024	3/4	3/3	N/A	0/3
Helen Ramsay	Public – Oxfordshire	1/3/2020 – 28/2/2023	4/4	N/A	N/A	3/3
Ken Roberts (6)	Public – Bucks	1/3/2020 – 28/2/2023	3/3	N/A	N/A	0/2
David Ross	CFR Governor	1/3/2020 – 28/2/2023	3/4	2/3	3/4	3/3
Ian Sayer	Staff – 999 North	1/3/2021 – 29/2/2024	3/4	1/3	3/4	3/3
David Wesson	Public – Oxfordshire	1/3/2021 – 29/2/2024	3/4	1/3	N/A	1/3
Barry Wood	Partner – LA	1/7/2019 – 30/6/2022	4/4	N/A	4/4	2/3

KEY

(1) this is a full record of the governors who served during 2021/22. Those highlighted in bold were in post at the end of the 2021/22 year (i.e. on 31 March 2022)
(2) formal meetings in public were held virtually on 1 April 2021, 28 July 2021, 7 October 2021, 11 January 2022
(3) workshops in private held jointly with the Board of Directors on 7 June 2021, 13 October 2021 and 16 February 2022
(4) resigned with effect from 31 March 2022 (term of office was until 30 June 2022)
(5) resigned on 4 October 2021 (term of office was until 29 February 2024)
(6) resigned on 25 October 2021 (term of office was until 28 February 2023)

5. MEMBERSHIP AND PUBLIC ENGAGEMENT

NHS foundation trusts (FTs) were created in 2004 with the objective of working more closely with their local communities to ensure services meet the needs of current and future patients. SCAS NHS FT was established in March 2012 and our membership continues to be an asset for the organisation in ensuring that the voices of our local communities are heard and reflected in how SCAS is run and services are delivered.

Our membership can be hugely beneficial to the Trust, in particular by being advocates for the Trust in their engagement with the wider health system, other organisations and the public. They can provide a pool of committed individuals who can offer feedback and advice to the Trust on how well it is doing and how it could improve and strengthen the legitimacy of governors through competitive elections and by holding them to account for their responsibilities and actions.

The Trust is committed to continue to engage with its public and staff members, provide opportunities for Governors to communicate with members and the public as a whole and to understand their views and improve diversity in its membership representation.

SCAS FT members

SCAS has a total membership of 9,143 members as of 31 March 2022, broken down as follows:

- Public: 4,573
- Staff: 4,570

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 2022 is shown below.

Age	
0 – 16	5
17 – 21	132
22 – 29	434
30 – 39	661
40 – 49	834
50 – 59	935
60 – 74	1002
75 +	435
Not Stated	55

Gender	
Male	1876
Female	2617
Unspecified	79

Ethnicity	
White - English, Welsh, Scottish, Northern Irish, British	3644
White - Irish	47
White - Gypsy or Irish Traveller	2
White - Other	113
Mixed - White and Black Caribbean	10
Mixed - White and Black African	11
Mixed - White and Asian	22
Mixed - Other Mixed	13
Asian or Asian British - Indian	80
Asian or Asian British - Pakistani	61
Asian or Asian British - Bangladeshi	11
Asian or Asian British - Chinese	14
Asian or Asian British - Other Asian	25
Black or Black British - African	62
Black or Black British - Caribbean	33
Black or Black British - Other Black	11
Other Ethnic Group - Arab	2
Other Ethnic Group - Any Other Ethnic Group	22
Not stated	389

Acorn Socio-Economic Group	
Lavish Lifestyles [A]	67
Executive Wealth [B]	994
Mature Money [C]	523
City Sophisticates [D]	22
Career Climbers [E]	441
Countryside Communities [F]	81
Successful Suburbs [G]	389
Steady Neighbourhoods [H]	433
Comfortable Seniors [I]	56
Starting Out [J]	266
Student Life [K]	71
Modest Means [L]	170
Striving Families [M]	481
Poorer Pensioners [N]	89
Young Hardship [O]	121
Struggling Estates [P]	159
Difficult Circumstances [Q]	152
Not Private Households [R]	42
Not available [NA]	15

Postal Members

With approval of the Council of Governors and the Membership and Engagement Committee (MEC) we contacted 6360 postal members (i.e. those who hadn't provided an email address) in October 2021. We wrote to them asking them to confirm that they wished to remain members and to provide an email if possible. We received 24 responses from members who want to remain postal members, 24 cancellations and sadly 1 deceased. We have written back to those members who responded and have agreed to produce a postal newsletter for them which will be low cost due to the small number of members involved.

In January 2022 6091 public members were deleted. The first postal newsletter was sent out in March 2022, and these will be sent out to postal members twice a year.

Public engagement

The Trust has continued to communicate and engage with our membership and the wider public during the pandemic. We have had to innovate as some of our usual methods have not been possible due to COVID, when we have not been able to meet in person.

At the start of the pandemic, we explored and implemented alternative communication and engagement channels to continue to effectively engage and communicate with members and the public, which ensured we could continue to meet our objectives set out in the SCAS Communications Strategy. We have continued to use these channels throughout the pandemic.

We use a customer relationship management (CRM) system which holds our membership data and enables us to analyse and monitor our membership and send out communications. We work to ensure that our membership is as representative as possible of the communities we serve and focus on engagement with under-represented groups.

This year we sent out another letter (we had sent one in the previous year) to our postal members to ask for their email address to improve communication during the pandemic and to reduce costs. We removed postal members from the CRM who didn't confirm ongoing interest in SCAS and have designed a dedicated newsletter which will be sent out to members who want to keep in touch but are not online. We send out an e-bulletin each month to our members, which links to a dedicated page on the SCAS website. This is part of our engagement strategy to develop a more active and meaningful membership, which involves removing members who are inactive. We want to encourage a two-way conversation with our members and the public so that we can share information on SCAS and receive feedback to support innovation and service delivery improvements.

Instead of running public talks in person, which have not been possible, we have made a series of short films on topics and themes suggested by our Governors, who represent their members. These films are posted on social media to encourage social listening, linked to the e-bulletin, posted on the SCAS website and shared with stakeholders and partner organisations.

We support our governors with training and resources available on a dedicated platform. Governors have raised awareness of SCAS and public health campaigns across their networks engaging with their members and the wider public.

Whilst we have not been able to attend events, we have shared digital resources with stakeholders and participated in virtual events when possible. Instead of school visits, we have shared digital resources including activity packs, films, presentations, and links to the SCAS Kids and SCAS Youth websites. Between April 2021 – March 2022 SCAS Kids has been views 3,418 time and SCAS Youth has been viewed 4,995. We have also attended online events with Get Inspired, an organisation which provides interactive careers fairs to help young people find out about different careers through activities provided by businesses.

We continue to engage with our internal and external stakeholders including NHS partners, Healthwatch, local authorities, community and voluntary sector and multi-faith organisations to share information about SCAS and receive feedback on service improvement as we move into system working.

Health inequalities such as deprivation, low income and poor housing have always meant poorer health, reduced quality of life and early death for many people. The COVID pandemic has shown how these existing inequalities - and the interconnections between them such as race, gender or geography, are associated with an increased risk of becoming ill with a disease such as COVID. We want to engage with our members and the public at large from under-represented communities to ensure that we are reaching out to meet the needs of the people we serve.

This year, we have collaborated with non-emergency patient transport services (NEPTS), Healthwatch Sussex and the Clinical Commissioning Group (CCG), Sussex, to deliver online engagement session to patients, their families and carers. We also delivered an online engagement session with bariatric nurses in Sussex, to find out the best way to engage with their patients. This has led to 1-1 on-line feedback sessions between their patients and NEPT to support the improvement of our services. We are exploring engagement opportunities with renal patients in Sussex.

We are engaging with learning disability communities across the south-central area to find out what resources are needed to help people with learning disabilities learn about the ambulance service and access our services.

We are collaborating with SCAS driving standards to engage with deaf communities across the south-central area to raise awareness about SCAS and what to do, for example, when a blue light approaches.

We are collaborating with the north-east node to support recruitment and retention across BAME communities.

We sent out a survey to our public and staff members to get feedback on our communications and engagement with them over the year. We have had to innovate during the pandemic whilst we have not been able to meet in person and this has meant exploration into online engagement platforms and rapid adoption of digital communication. We want to make sure that we find the best way possible to keep in touch with our members and the public at large.

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 365000

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

6. STAFF REPORT

6.1 Our Workforce

The Coronavirus pandemic continued to present challenges to the recruitment and training of new staff during 2021/22. With smaller class sizes, changes to selection processes and increases in patient demand across all areas of the Trust, SCAS employed 950 new employees in 2021/22. We were also able to help advance 150 employees into new positions within the Trust as part of our internal development programmes. The post-coronavirus labour market conditions across the SCAS region have become extremely competitive / challenging, with more vacancies than unemployment levels. This has placed further pressures on recruitment activity. The Trust will continue to develop recruitment strategies to increase staffing levels across all areas in 2022/23.

999 Front-Line

The ongoing development of our workforce and the recruitment of additional resources within our 999 front-line services continued to be a key challenge for SCAS during 2021/22. Over the past 12 months, SCAS has welcomed a total of 250 new 999 frontline recruits. Attrition amongst 999 frontline services as at 31 March 2022 stands at 15% (9% 31 March 2021); the vacancy rate in 999 is currently at 12% (14% 31 March 2021).

Emergency Operations Centre (EOC)

Maintaining an effective emergency contact centre environment during the Coronavirus pandemic and increased demand on the service has been the key challenge for SCAS during 2021/22. Over the

past 12 months, SCAS has welcomed a total of 145 EOC recruits. Attrition in EOC as at 31 March 2022 stands at 50% (26% 31 March 2021); the vacancy rate in EOC is currently at 17% (1% 31 March 2021).

NHS 111

High demand on the NHS 111 service has continued throughout the Coronavirus pandemic, with significant increases in demand on the service. Over the past 12 months, SCAS has welcomed a total of 390 111 recruits. Attrition in 111 as at 31 March 2022 stands at 70% (49% 31 March 2021); the vacancy rate in 111 is currently at 16% (2% 31 March 2021).

Patient Transport Service (PTS)

Maintaining service levels in PTS, whilst operating under Coronavirus restrictions was the key challenge for SCAS during 2021/22. Over the past 12 months, SCAS has welcomed a total of 180 PTS recruits. Attrition in PTS as at 31 March 2022 stands at 30% (20% 31 March 2021); the vacancy rate in PTS is currently at 16% (2% 31 March 2021).

NHS Workforce Statistics

Data for NHS workforce, including broken down by Trusts, can be found at:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

Workforce – Diversity and Inclusion

The following tables show a breakdown of the Trust's workforce by service area.

The following tables show a breakdown of the Trust's workforce by age, ethnicity and gender, as well as disability information, for 2020/21 and 2021/22 respectively.

Organisation	Headcount	
	31/03/2021	31/03/2022
999 Frontline	2023	1999
EOC	349	367
NHS 111	622	581
Operational Support Services	209	118
Patient Transport Services	910	829
Commercial Logistics	48	49
Corporate Support Services	390	469
Total	**4,551**	**4,412**

Ethnic Group	Headcount	%	Headcount	%
	31/03/2021		31/03/2022	
A	3842	84%	3762	85%
B-C	234	5%	215	5%
D-G	53	1%	62	1%
H-L	89	2%	76	2%
M-P	73	2%	59	1%
R-S	17	0%	15	0%
Z	243	5%	223	5%
Total	**4,551**		**4,412**	

Ethnicity codes			
A	White- British	J	Asian or Asian British - Indian
B	White- Irish	L	Asian or Asian British - Any other Asian background
C	Any other White background	M	Black or Black British - Caribbean
D	Mixed - White and Black Caribbean	N	Black or Black British - African
E	Mixed - White and Black African	P	Black Nigerian or Black British
F	Mixed - White and Asian	Q	Chinese
G	Mixed - Any other Mixed background	R	Other specified
H	Asian or Asian British - Indian	Z	Not stated

Age Profile	Headcount	%	Headcount	%
	31/03/2021		31/03/2022	
<20	63	1.4%	62	1.4%
20-30	1124	24.7%	1093	24.8%
31-40	1060	23.3%	1035	23.5%
41-50	1092	24.0%	994	22.5%
51-60	940	20.7%	932	21.1%
61-70	260	5.7%	282	6.4%
71+	12	0.3%	14	0.3%
Total	**4,551**		**4,412**	

Gender	Headcount	%	Headcount	%
	31/03/2021		31/03/2022	
Female	2111	46.0%	2376	54.0%
Male	2440	54.0%	2036	46.0%
Total	**4,551**		**4,412**	

The gender split of Non-Executive Directors at end of 2021/22 was:

Female:
3 (43%)

Male:
4 (67%)

The gender split of Executive Directors at end of 2021/22 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%)

Disability	Headcount	%	Headcount	%
	31/03/2021		31/03/2022	
Yes	245	5.0%	240	5.4%
No	3721	82.0%	3668	83.1%
Not declared	585	13.0%	504	11.4%
Total	**4,551**		**4,412**	

Sickness absence

Sickness absence in 2021/22 has been impacted by Coronavirus, with increased overall sickness rates, staff shielding, and other absence episodes recorded as part of the pandemic. To reflect this, sickness absence has been split into 'Standard' and 'COVID-19' sickness. To benchmark against the 2020/21 annual report, the following statement excludes COVID-19 sickness, but does identify them in the table below.

Organisation	% Sickness Rate		
	Standard	COVID-19	Total
999 Frontline	10.0%	1.9%	11.9%
EOC	8.8%	1.5%	10.3%
NHS 111	11.0%	1.9%	12.9%
Operational Support Services	5.3%	0.1%	5.5%
Patient Transport Services	8.9%	1.2%	10.1%
Commercial Logistics	5.4%	0.3%	5.7%
Corporate Support Services	2.9%	0.5%	3.4%
Trust Total	**9.6%**	**1.4%**	**11.0%**

The overall standard sickness rate for the Trust for 2021/22 was 9.6% (6.6% in 2020/21) which equated to 23 days lost per person (15 days lost in 2020/21).

The Long-Term Sickness Rate for 2021/22 was 4.7%, with the Short-Term Rate also being 4.8%. The highest reason for sickness is illness due to mental health (which includes both work and personal-related mental ill health), followed by MSK (musculoskeletal). Improving attendance at work will remain our focus for the coming year.

6.2 Staff Costs

Staff costs (Audited)

	Permanent £000	Other £000	2021/22 Total £000	2020/21 Total £000
Salaries and wages	149,569		149,569	162,283
Social security costs	15,515		15,515	15,510
Apprenticeship levy	769		769	778
Pension cost – employer contribution to NHS pension scheme	27,037		27,037	26,882
Temporary staff – agency/contract staff		10,800	10,800	5,966
TOTAL GROSS STAFF COSTS	**192,890**	**10,800**	**203,690**	**211,419**
Included within:				
Costs capitalised as part of assets	-	-	-	-

Average Number of Employees (WTE basis) (Audited)

	2021/22		2020/21	
	Permanent number	Other number	Permanent number	Other number
Medical and dental	-	-	-	-
Ambulance staff	2,805	-	2,334	-
Administration and estates	1,357	29	1,380	29
Healthcare assistants and other support staff	155	4	607	4
Nursing, midwifery and health visiting staff	116	5	117	9
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	15	-	-	-
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	-	-	-	-
Total average numbers	4,448	38	4,438	42

Expenditure on consultancy was £252k (2020/21 £382k) which was mainly attributed to planning and scheduling (see Note 5.1 in the Accounts section).

Reporting of Compensation Schemes

The Group had nil compensation packages in 2021/22 (2020/21: nil)

The Group had no other non-compulsory departure costs in 2021/22 (2020/21: nil).

Payments to past senior managers

The Group had not payments to past senior managers in 2021/22 (2020/21: nil)

Payments for loss of office

The Group had no payments for loss of office in 2021/22 (2020/21: nil)

6.3 Staff Policies and Actions

HR Policies & Procedures

2021-22 was another challenging operational year with extreme demands on our services. The Trust is proud of its workforce and wants to ensure the health, safety and welfare of all staff and workers and any other people who may be affected by its activities including patients, visitors, and suppliers.

We recognise that we will only be a successful organisation if we attract and retain skilled, highly motivated people who share our values. We want staff to enjoy coming to work, feel valued and encouraged to do their best.

During 2021 we commenced a review of all our Human Resource policies which are being updated to reflect a new approach to managing our workforce within a Just and Learning Culture. The policies have been developed in partnership and together we hope they are clear, simple and fair, as well as being transparent about what is expected of staff and how they will be managed.

This is a significant piece of work which will continue, and these advancements are supported by training and developments opportunities being delivered across the Trust, mainly online such as SCAS Leader and Essential Skills for People Management.

Job Evaluation

The high level of demands on our services meant that the availability of trained job evaluation staff has been limited. However, due to a limited number of trained staff giving additional time to this work it has continued in partnership, in line with the NHS Job Evaluation handbook although panels have moved to be online.

An average of 9 roles per month went through the job evaluation process between April 2021 – March 2022. Prior to the pandemic, more staff were to be trained in the job evaluation scheme, but this training was stopped because of the national situation. However, recently a few of our staff have been trained and as soon as operational levels allow, they will a welcome addition to the regular panels.

Policies Relating to Disabled Persons

No new policies were implemented in this financial year. All HR policies are mindful of the importance of people with disabilities applying for roles within the Trust and this continues throughout their employment. We have successfully completed the self-assessment around two themes that are required to be a Level 2 Disability Confident Employer. These are, 'getting the right people for your business' and 'keeping and developing your people'.

We have a working group that are currently developing a Disability in Employment policy, which we expect to be introduced during 2022.

Our Education Department has guidance on making reasonable adjustments during training, although there are limitations to what SCAS can do due to qualifications being awarded from external bodies and therefore we have to abide by their requirements.

This guidance states that assessments must be a fair test of learner's knowledge, skills and understanding, but for some learners the usual form of assessment may not be suitable. SCAS will ensure that the education, training and assessment that we deliver does not prevent staff from accessing learning and development courses.

To ensure that access to fair assessment can be maintained, SCAS puts provision in place for reasonable adjustments and special consideration so that learners can receive the recognition they deserve as long as achievements are valid, reliable and can be assured.

Consultation with Staff and Their Representatives

SCAS values the positive contribution a constructive and genuine partnership approach to providing services can bring, and the Trust and our recognised Trade Unions share a common objective in ensuring the effective delivery of health services.

To assist in achieving our goals staff representatives are engaged in the operation and decision making within SCAS and are active participants in a numerous committees and sub committees including:

- Joint Consultative Committee
- Operations Partnership Forum
- PTS Partnership Forum
- NHS 111 Partnership Forum
- Operations Policy Review Group
- HR Policy Review Group
- Health & Safety Committee
- Health and Wellbeing Forum

In addition to the standing committees and ad hoc committees established to respond to business needs staff representatives have worked in successful partnership on the implementation of national, sector and local initiatives and issues over the last 12 months, including the introduction of compassionate leadership and a just and learning culture.

Quarterly reports from our Freedom to Speak Up (FTSU) Guardian and their activity is presented to and discussed at SCAS Board public meetings, and 'So What Have We Leant?' information is shared on the SCAS intranet site. The SCAS FTSU annual report includes data on closure surveys, and we apply the latest iteration of the Leaders / Managers guidance which is based on the Francis recommendations and contemporary evidence.

Our FTSU Guardian and Equality, Diversity & Inclusion (EDI) Lead continue to work closely together

We use the AACE 'National Ambulance Network for FTSU' framework form which includes feedback prompts, and this is in line with the Francis recommendations and National Guardian Office best practice guidance.

Leadership, Training and Culture Development

Essential Skills for People Managers (ESPM)

Prior to the pandemic HR delivered policy training for line managers and team leaders via a face to face forum. This training compromised of investigations and disciplinaries, appraisal, absence and performance management and a series of online workshops which included training on issues such as managing return to work interviews and flexible working.

Whilst generally well-received this training required changing for a number of reasons, specifically:

- it was too "policy focused" encouraging managers to follow the steps in a policy rather than using the policy as a guide to inform decision making
- attendance was not prioritised as managers would often cancel their place on the training at the last minute
- learning needs were sometimes unmet as evidenced by repeat attendees on the same course or managers requiring significant HR support to manage an employee relations issue after attending the relevant course
- it was costly for the Trust (e.g. rooms, travel expenses to training location)

As such the HR development offer has been redesigned and is now in alignment with SCAS's cultural shift towards compassionate leadership, the principles of a restorative Just Culture and the NHS People Plan.

The 2-day online program is called Essential Skills for People Managers (ESPM) and consists of the following:

- Introduction to a Just Culture
- Civility Matters
- Critical Thinking
- The NHS People Plan
- Employment Law Essentials – ACAS Online learning
- Know Your HR policies
- Is it HR or is it You?
- Critical thinking in action

The program commenced in May 2021 but was then put on hold due to REAP levels. It resumed in November and to date 145 SCAS managers have participated and a further 135 are booked to attend. ESPM will be delivered twice monthly until all managers in SCAS with line management responsibility (approximately 365) have attended.

SCAS Leader

Our leadership development programme for all line managers, SCAS Leader, was suspended in March 2020 due to the COVID-19 pandemic and was refreshed and redesigned for virtual delivery in October 2020. Due to extreme and sustained operational demand, it had to be suspended once again in May 2021 and was restarted in April 2022.

Now well-established as a virtual programme, it remains a 6-day, 3 module programme with mixed cohorts and a strong emphasis on interactive, experiential learning. Feedback is consistently excellent with participants pleased to access it from home irrespective of geography. Following a consultation in 2021, it was clear that the benefits of virtual delivery outweigh face-to-face delivery and the intention is for this programme to remain virtual.

A new cohort of 18 begins each month and courses become fully booked as soon as they are advertised even at short notice. Eligibility includes all people managers and other influential leadership roles, e.g. clinical educators, project managers and HR advisors. Effective virtual delivery is highly skilled and very intense, so facilitators are carefully recruited and trained to ensure delivery remains consistently high quality and sustainable for every cohort.

Team development

We continue to support a number of teams across SCAS to focus on areas of development pertinent to them. For example, supporting the regeneration of two specialist teams following a difficult incident, some group coaching for an operational leadership team and some partnership coaching between senior leads to ensure they maximise their joint strengths.

In addition, managers and individuals regularly seek 1:1 advice, support and coaching on situations within their areas or with their own career progression.

360 feedback

Regular 360 feedback sessions are facilitated as an optional follow up to SCAS Leader or as a stand-alone leadership development exercise. We have a number of facilitators within SCAS and a license to train further cohorts which we did in 2021 and have planned for 2022, both within SCAS and across the ICS system. In 2022 we will also be assisting with trialling the new 360 tool for Executive Leaders, the ELHAC 360.

Coaching

In 2021, we commissioned our second cohort of ILM Level 5 coaches and are now recruiting to a third cohort for 2022. In every cohort, we offer spaces to ICS and/or ambulance partners, which has been welcomed. This supports the creation of a coaching culture and a specific coaching resource for our own staff in addition to contributing to the wider system.

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 NHSE/I. COVID-19 has impacted the timescales for the CALNAS agenda, but work continues specifically to develop a leadership framework for the ambulance sector to which SCAS is actively contributing.

Reverse mentoring

An initiative prioritised by the CALNAS conference in January 2020, SCAS launched its first cohort of reverse mentoring in March 2021. The cohort comprised seven mentor/mentee pairs where the mentors were SCAS staff identifying as Black or Asian (BAME) and the mentees were senior managers identifying as White. The pairs met 3-4 times over the six months from March to August where the mentors shared their daily experience of being a person of colour in SCAS.

In light of Black Lives Matter and the disproportionate impact of COVID-19 on people of colour in the UK, it was appropriate that the first cohort should focus on the BAME staff network which was launched in August 2020. Learning and evaluation after this cohort was encouraging and is hoped will lead to further cohorts with staff networks or minority groups in 2022/23.

Managers' Hearing and Listening

In 2022/23 we intend to develop new and/or existing programmes to focus on hearing and listening skills amongst our managers, building on exiting initiatives and implementing new ones if appropriate.

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 of these policies are currently in date as at the 31 March 2022.

Due to the global COVID-19 pandemic, the Joint Health and Safety Inspection Plan and programme whereby all Trust premises are inspected by a member of the Risk Team and a Staff Side representative was put on hold until 2022. Currently a new plan and programme to carry out these joint inspections over the next 18 months is being devised with the Staff Side representatives. The plan and programme will be shared for information with the Trust's Health, Safety and Risk Group.

Managers and Teams leaders within the Trust continue to revise on a quarterly basis the 'Safe workplaces; prevent staff from contracting COVID-19 risk assessment' for their respective areas.

Likewise, the Risk Team working with the Infection Control Team continue to revise the 'task' based risk assessments about preventing frontline Operational staff (999; Non-emergency Patient Transport Service and Community First responders) from contracting COVID-19 when attending to patients whilst wearing level 2 and level 3 Personal Protective Equipment (PPE).

In 2021/22, The Risk Team completed 26 individual risk assessments on specific items of personal protective equipment (PPE) by frontline operational 999 staff and Patient transport staff and these were reviewed in December 2021.

In 2021/22, a total of 989 Display Screen Equipment (DSE) risk assessments were completed in the Trust. This consisted of 377 office-based DSE risk assessments and 612 DSE homeworking assessments. Of the latter, 97 were office-based DSE assessments and four were DSE homeworking assessments for Team Leaders in Operations.

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. Likewise, all of the Patient Transport Service 'task' based risk assessments have been completed.

In 2021/22, the Risk Team started a project to revise all of the generic Control of Substances Hazardous to Health (COSHH) risk assessments and devise specific COSHH risk assessments for 20 premises in Operations and the Patient Transport Service respectively. This work is currently on-going.

In 2021/22, the Head of Risk and Security delivered and presented to managers and staff:

- 10 training sessions on 'How to carry out a 'task' based risk assessment'
- 10 training sessions on 'How to carry out a stress risk assessment'
- Four training sessions on 'How to carry out a display screen equipment risk assessment'

Overall, 409 managers and staff have been trained in how to carry out a task-based risk assessment, and 387 managers and staff trained in how to carry out a stress risk assessment. The Trust also has 183 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 2021/22 the total number of incidents reported was 7,257 (previously the total number of incidents reported has been: in 2020/21:

7,203; 2019/20: 6,750 incidents; 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.

In Spring 2021, the Trust successfully secured £765K from NHS England and NHS Improvement to undertake a body worn cameras pilot. All Ambulance Trusts will be taking part in this pilot which, at SCAS will start in May 2021 and will be three years in duration. The Trust has purchased 950 body worn cameras and these have issued to frontline 999 Operations staff in 28 Operations premises.

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
65	**60.4**

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%	**24**
1-50%	**39**
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.

Provide the total cost of facility time	**£185,014**
Provide the total pay bill	**£178,119,756**
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.1039%**

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	**18%**

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 RSM. 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.

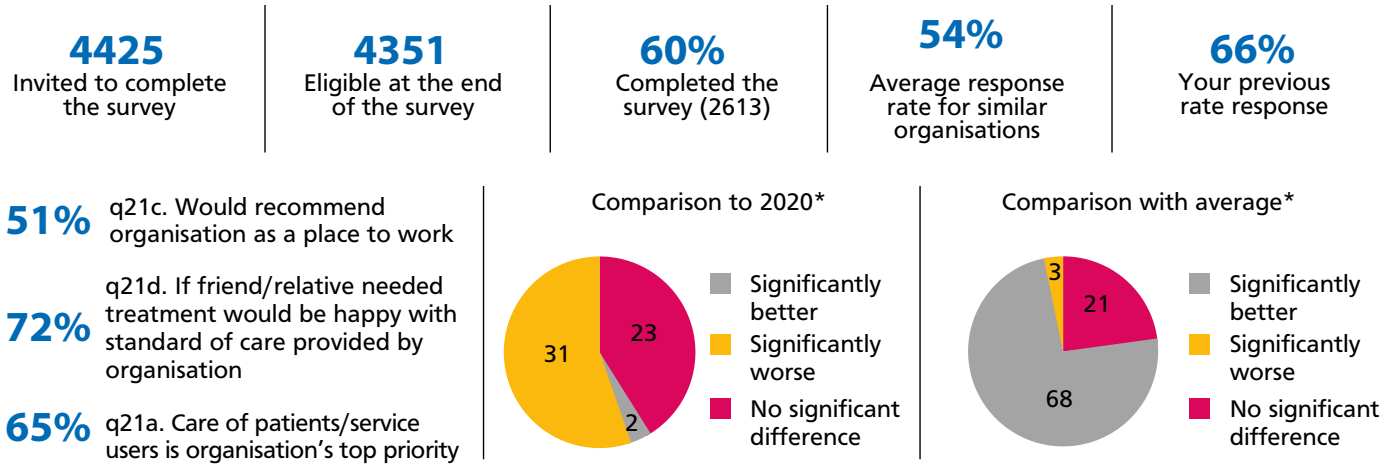
There have been no significant fraud issues or threats in the year affecting the Trust. The Trust's Local Counter Fraud Specialist continues to work closely with the Trust in making them aware of risk areas to the Trust so that the Trust can make arrangements to reduce that risk.

6.4 Annual NHS Staff Survey

In many ways, 2021 was an even more challenging pandemic year for our extraordinary and dedicated workforce than 2020 and yet 2613 (60%[1]) staff took the opportunity to have their voices heard in the NHS Staff Survey thereby ensuring that we can continue to develop as an organisation and improve the employee experience. Importantly, and in line with the national picture, SCAS results reflect the impact of the extreme and relentless demand on all our people throughout the year and the high sickness/absence rates associated with COVID-19.

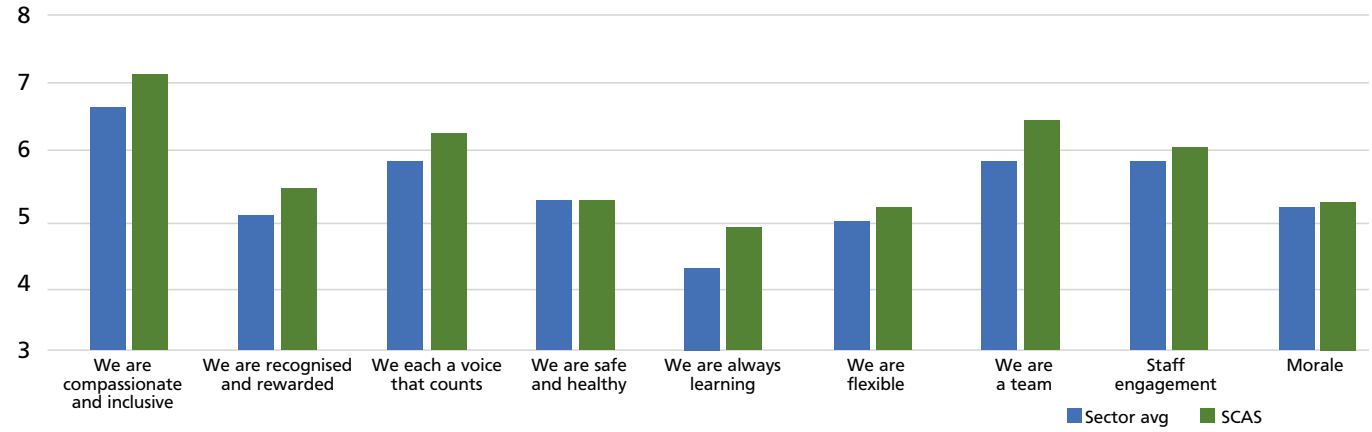
Despite many scores falling compared to 2020 (Fig. 1), SCAS nonetheless performed significantly better than the sector average in 74% (68/92) of 2021 measures and was best in class in important areas such as compassionate leadership, inclusion, immediate line management and teamwork.

Figure 1: Summary of results profile



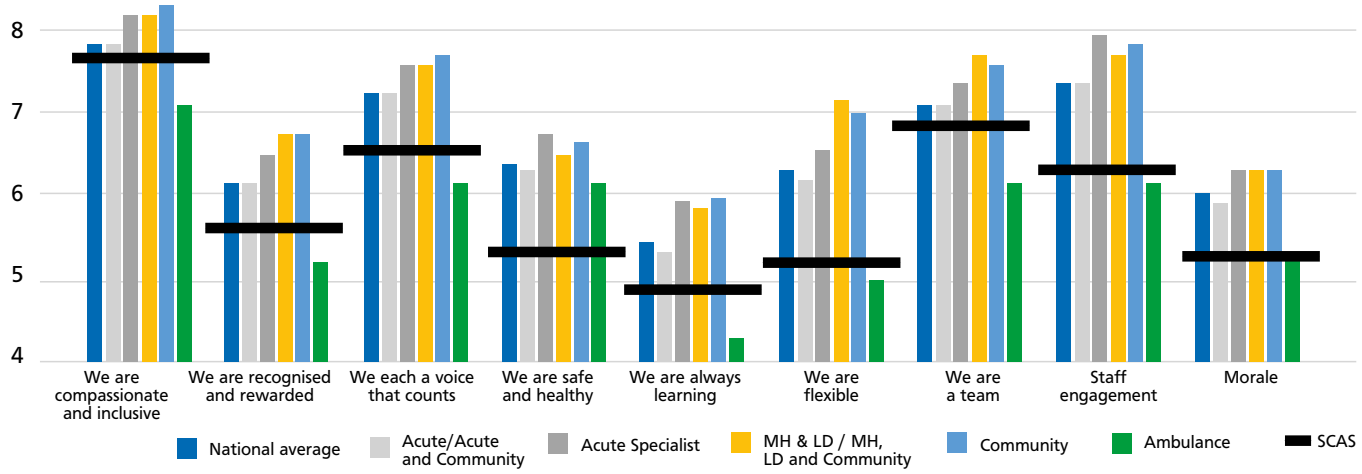
Encouragingly, Figure 2 and 3 show SCAS performing not only within the ambulance sector (Figure 2) but also starting to compare with our acute partners (Figure 3 orange column) particularly in compassionate leadership and teamwork which is a new observation for this year.

Figure 2: Comparison of SCAS to ambulance sector averages



1. 2020/21: 66% response rate. 2021/22 had the greater number of responses due to workforce expansion

Figure 3: Comparison of SCAS to all sector averages



These illustrations also highlight the new approach to analysis adopted in 2021 against the seven elements of the People Promise and the two additional themes of Staff engagement and Morale. All previous themes have been removed, several new questions were introduced, and a number of old ones were discontinued. In some instances, this has made trends and comparisons difficult, but the new approach aligns much better with the NHS People Plan and, consequently, our new People Strategy.

For comparison, Table 1 illustrates SCAS' comparison within the ambulance sector for the past two years against the themes in use at that time. As the approach to analysis has changed during 2021, these results cannot be directly compared to 2021/22 but are included for completeness and as part of the NHSE/I requirement.

Figure 4: Comparison of SCAS to ambulance sector averages 2019 & 2020

	2020/21		2019/20	
	Trust score	Ambulance average	Trust score	Ambulance average
Response rate	66%	56%	65%	55%
Equality, diversity & inclusion	8.8	8.5	8.8	8.6
Health & wellbeing	5.5	5.5	5.2	5.1
Immediate managers	7.0	6.4	6.8	6.3
Morale	6.0	6.0	5.8	5.7
Quality of appraisals	n/a in 2020/21		5.4	4.8
Quality of care	7.5	7.5	7.3	7.4
Safe environment – bullying & harassment	7.5	7.4	7.5	7.4
Safe environment – violence	8.8	8.8	9.0	8.9
Safety culture	6.6	6.4	6.5	6.3
Staff engagement	6.5	6.3	6.4	6.3
Teamwork	6.1	5.2	5.9	5.4

In addition to being best in class for the four important elements named above, there are also some key improvements on previous scores in the following areas:

No physical violence from patients, relatives, or other members of public
Not experienced harassment, bullying or abuse from managers
No pressure from manager to work when not feeling well enough
Would feel secure raising concerns about unsafe clinical practice
Last experience of physical violence reported

Given the extremely challenging working conditions throughout 2021, it is reassuring to see that scores have increased year on year in people feeling secure to raise concerns about unsafe clinical practice. Evidence that this plays out in practice have been seen in the weekly Tivian Vibe feedback and in other sources of People Voice where concerns have been actively and appropriately raised.

Actions following 2021 results

We recognise that the annual NHS staff survey, whilst valuable, takes several months to be analysed and released so, in 2022/23, we are developing the People Voice portfolio which combines and cross-references feedback from many, more immediate, feedback channels. Sources include the monthly People Pulse, Freedom to Speak Up, student placement feedback, joiners and leavers surveys and themes from HR cases. We are establishing the process for the themes from these combined channels to be fed back to local managers via a 'Team Brief' for sharing with their teams on a monthly basis.

People Voice reports will be reported to the Board as part of the new People and Culture Committee and we have a new quarterly People Voice Community of Learning group which brings together key functions such as HR, Education, OD, FTSU and Diversity & Inclusion to share and learn from the arising themes. This development allows the annual NHS staff survey to become a pulse check of progress against ongoing workstreams already in train rather than being seen as a starter gun for new action plans each year.

In summary, arising from the staff survey data and other People Voice sources, there are four key areas of focus for 2022/23 and around which workstreams are already underway. They are as follows:

Day to day experience of discrimination and incivility

Developing People Voice and the opportunities for people to affect change

Recovery & re-engagement alongside continuing high demand

Refreshing appraisals including wellbeing, access to development opportunities and clear objectives as part of our annual planning cycle

6.5 Diversity and Inclusion

We are committed to demonstrating our 'due regard' to the Public Sector Equality Duty (general duty) to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups. There are various ways we meet our statutory, NHS and organisational obligations. Our Annual Report provides a summary, and more detail can be found on our website to meet our specific duty under the Equality Act 2010 to publish the information.

Overview of the requirements of the PSED and the General Duty

The Equality Act 2010 defines the Public Sector Equality Duty (PSED) which has two parts: General Duty and Specific Duty. The *General Duty* has three aims:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct
- Advance equality of opportunity
- Foster good relations

The *Specific Duty* places a requirement on the Trust to publish:

- Equality objectives, at least every four years EDI strategy
- Information to demonstrate compliance with the equality duty, annually

Key Achievements

- We are monitoring cases looking at BAME staff and those who consider themselves to have a disability in the quarterly board reports. This helps us identify any patterns of behaviours that we may need to provide additional support or reasonable adjustment to before staff enter disciplinary or capability processes.
- We are enabling an inclusive, fair, and equitable Hybrid workplace, that can benefit staff with long-term health conditions and caring responsibilities, and disabled staff. Working safely and securely at home can positively impact on the performance and reduce capability and disciplinary issues
- We rolled out recruitment skills training and are currently providing this online.
- We rolled out Unconscious Bias training course for anyone in a supervisor / leadership / management role.
- We now have a targeted job advertisement campaign (print and web) in Asian media group
- We organised a national Ambulance service Equality Impact Analysis (EQIA) through the Association of Ambulance Chief Executives (AACE) regarding the vaccination as a condition of service and its implications to our own and ambulance staff in general.

- We have revived the Equality & Diversity steering group
- We have produced our draft EDI Strategy and draft Equality Objectives
- We have published our Annual Workforce Race Equality Standard (WRES) and Workforce Disability standard reports (WDES)
- We have published our Gender Pay report
- We held a weeklong celebration for International Women's Day, with keynote speakers and several events
- We redesigned documents to meet the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018

Response to COVID-19

Despite our achievements over the past year, we still need to acknowledge the impact the pandemic has had on our staff and the patients we serve. We have had carry out risk assessments, prepare staff to be redeployed and be stretched, working under the highest Resource Escalation Action Plan (REAP) level. This report is a testament to our staff who have been able to achieve in such conditions and understand the importance of Equality, Diversity & Inclusion to ourselves and the service we provide.

We continue to support staff through:

- Finding temporary alternative duties away from patient facing duties
- Identifying duties that could be carried out remotely (homework if necessary) and ensuring any equipment needed was available
- Safe areas within our contact centres
- Social distancing and protective screens within office area

Workforce profile

As of 31 March 2022, the Trust employed a total of 4412 staff of those:

- 54% of our workforce are women (Table 1 male & female (declared) headcount)
- 9% of our staff are from Black, Asian, or Ethnic (BAME) and mixed heritage backgrounds (Table 2)
- 27.8% of our staff are over fifty-one years of age (Table 3)
- 5.4% of our staff declare a disability at the point of recruitment (Table 4)
- 6.7% of our staff are Lesbian, Gay, Bisexual, Transsexual (LGBT+) (Table 5)
- 55.3% of staff follow a religion/belief (excluding atheism) (Table 6)

Gender (male/female)

Table 1 breakdown of staff in the Trust by Male & Female

Gender	Headcount	%	Headcount	%
	31/03/2021		31/03/2022	
Female	2111	46.0%	2376	54.0%
Male	2440	54.0%	2036	46.0%
Total	**4,551**		**4,412**	

What is worth noting is the proportion of female workforce has gradually increased and has exceeded the proportion of males for the first time from 2020.

Ethnicity

Table 2 Breakdown of staff in the Trust by Ethnicity

Ethnic Group	Headcount	%	Headcount	%
	31/03/2021		31/03/2022	
A White - British	3842	84%	3762	85%
B White - Irish C White - Any other White background	234	5%	215	5%
D Mixed - White & Black Caribbean E Mixed - White & Black African F Mixed - White & Asian G Mixed - Any other mixed background	53	1%	62	1%
H Asian or Asian British - Indian J Asian or Asian British - Pakistani K Asian or Asian British - Bangladeshi L Asian or Asian British - Any other Asian background	89	2%	76	2%
M Black or Black British - Caribbean N Black or Black British - African P Black or Black British - Any other Black background	73	2%	59	1%
R Chinese S Any Other Ethnic Group	17	0%	15	0%
Z Not Stated	243	5%	223	5%
Total	**4,551**		**4,412**	

Our staff populations have been reduced by 139 overall from 2021 to 2022 which had a negligible impact but for a 1% reduction for the Black groups (M-P)

Age

Table 3 Age profile of staff in the Trust

Age Profile	Headcount	%	Headcount	%
	31/03/2021		31/03/2022	
<20	63	1.4%	62	1.4%
20-30	1124	24.7%	1093	24.8%
31-40	1060	23.3%	1035	23.5%
41-50	1092	24.0%	994	22.5%
51-60	940	20.7%	932	21.1%
61-70	260	5.7%	282	6.4%
71+	12	0.3%	14	0.3%
Total	**4,551**		**4,412**	

Most of our staff (72%) are aged between 20-50

Disability

Table 4 breakdown of staff in the Trust by Disability

Disability	Headcount	%	Headcount	%
	31/03/2021		31/03/2022	
Yes	245	5.0%	240	5.4%
No	3721	82.0%	3668	83.1%
Not declared	585	13.0%	504	11.4%
Grand Total	**4,551**		**4,412**	

The declaration rate for those with a disability has increased albeit by 0.4% but non declaration has been positively reduced by 1.6%

Sexual orientation

Table 5 breakdown of staff by sexual orientation

Sexual Orientation	Total	% Staff
Heterosexual or Straight	3546	80.4%
LGB	296	6.7%
Not stated	570	12.9%
Grand Total	**4412**	

The majority of staff are heterosexual/straight (80.4%), although a considerable number of people have not stated their sexual orientation (12.9%)

Religion & Belief

Table 6 breakdown of the most held religions/belief at the Trust

Religious Belief	Total	% Staff
Christianity	1930	43.7%
Atheism	1134	25.7%
Islam	29	0.7%
Hinduism	20	0.5%
Other	458	10.4%
Not stated	841	19.1%
Grand Total	**4412**	

44.9% of staff follow the 3 largest religions (Christianity, Islam & Hinduism)

Gender Pay analysis

As at 31 March 2021 there were 5294 staff in post, the gender split is 46% (2442 staff) were Male and 54% (2852 Staff) were Female as shown in Table 1 below.

Table 1-Total headcount and percentage

Gender	Headcount	Percentage of workforce (rounded)
Male	2442	46%
Female	2852	54%

What is worth noting is the proportion of female workforce has gradually increased over the last four years and has exceeded the proportion of males from 2020.

Table 2 – Mean & Median pay gap (hourly rate)

	Male	Female	% Gap
Mean Gender Pay Gap (hourly rate)	£19.49	£21.38	-9.70%
Median Gender Pay Gap (hourly rate)	£13.72	£14.02	-2.19%

The table above shows that the Mean and Median gap is negative for Men in this auditing period. This is the first time that the gender pay gap has been negative for men over the last four years, as the data Table 3 (below) shows.

Table 3 (Mean & Median pay gap over 4-year period)

	2018	2019	2020	2021
Mean	3.98	2.7	0.74	-9.7
Median	1.43	0.72	0.22	-2.19

Staff Networks

The main aims of our staff Networks are to: Provide a safe space for discussion of issues. Help to raise awareness of issues within the wider organisation. Provide a source of support for individual staff who may be facing challenges at work. We have 4 active Staff Networks:

1. The LGBT Staff Network
2. The Disability Inclusion Network
3. The Multi-faith Staff Network
4. The BME Staff Network

Next steps

Over next twelve months, will focus on the following key actions:

- To more frequently monitor BAME in the disciplinary process and deep dive into data to assess any patterns
- Undertake analysis to better understand the data particularly access to learning and development by BAME staff
- Implement Operation Cavell to publicise zero tolerance of bullying and harassment and abuse from patients and the public
- Develop and embed an Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture.
- Embed the Just & Learning culture and the culture of Civility to enhance the Trust's approach to reporting of bullying, harassment, and abuse at work, ensuring that processes are transparent, and set out the key routes to reporting incidents
- To create Board Champions that are aligned to the Protected Characteristic and be ambassadors for the Staff Networks
- To publish the Trust's Equality, Diversity and Inclusion Strategy aligned to the NHS People Plan with defined equality objectives
- Work towards obtaining level 3 Disability Confident leader status
- To improve disability (and other staff) declaration rates on ESR
- Develop a 'Disability in Employment' policy to define a pathway/flowchart and provide specific guidance on reasonable adjustments
- Training staff as mental health first aiders and on REACT MH (Mental Health)
- Publicise and implement the mental health continuum
- Develop our approach to flexible & remote (Hybrid) working

7. REGULATORY RATING

NHS System Oversight Framework

NHS Improvement's System 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 2. 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 2021. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website: ***https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/***.

8. Disclosures set out in the NHS Foundation Trust Code of Governance

Requirements under the code for disclosure

The Trust discloses compliance with the Code of Governance where annual disclosure in the Annual Report is required. Those marked 'additional' are not in the Code but are added by the Annual Reporting Manual to supplement the requirements. Additional information has also been included as appropriate, to provide further detail on the Trust's compliance with the Code.

Reference	Summary of requirement	Disclosure / Additional Information
A.1.1	How Board and Council operate, and which decisions they take; and what decisions are delegated to management	The Trust's Constitution, standing orders, standing financial instructions and a scheme of delegation outline how the Board and Council of Governors operate and make decisions. The Board and Council of Governors have a Policy for Engagement between the Trust Board and the Council of Governors which outlines the approach for joint working between the two bodies. This has been effectively implemented and is regularly reviewed by the Trust Board and Council of Governors.
A.1.2	Details of the Board of Directors and their attendance at Board and committee meetings	Details of the Trust's Board of Directors and their attendance at meetings during the year are included in the Directors' Report.
A.5.3	Details of the Council of Governors, constituencies and nominated Lead Governor	This information is held in the section titled Council of Governors and on the Trust website.
Additional	Attendance at Council of Governors meetings	Attendance by individual governors is outlined in the section titled Council of Governors.
B.1.1	Independence of Non-Executive Directors	This is outlined in the Directors' Report.
B.1.4	Description of each Director's skills, expertise and experience. Statement as to Board's balance, completeness and appropriateness for the FT	This detail is outlined in the Directors' Report and on the Trust website.

Additional	Brief description of length of NED appointments, and how they may be terminated	NED appointments are made for an initial period of three years, at which point they are subject to re-appointment by the Council of Governors. The SCAS Council of Governors has agreed that a NED would serve for a maximum of no more than nine years, with two terms of three years being seen as the norm (subject to re-appointment by the Council of Governors at the end of each approved term.) The terms of office of the Trust's current NEDs are outlined in the Directors' Report. It is outlined in the Trust's Constitution that NEDs (including the Chair) may be appointed or removed with the agreement of three quarters of the Council of Governors.
B.2.10	Separate section to describe work of Nominations Committee	This is outlined in the section titled Council of Governors.
Additional	Explanation if either external search consultancy nor open advert is used to appoint Chair or NED	An external search consultancy was used in 2021/22 for the recruitment of a new Chairperson and a new NED.
B.3.1	Other significant commitments of the Chairman	A register of interests for Board members, including the Chairpersons, is available on the Trust website, as outlined in the Directors' Report.
B.5.6	Council of Governors involvement in the Trust's Forward Plan and Strategy	Governors were involved in the Trust's Strategy refresh. They are updated on the Forward Plan annually. The situation was impacted by the pandemic in 2021/22 but the Governors were kept updated and involved.

Additional	Council of Governors and whether they have formally requested attendance of directors at governor meeting in relation to Trust performance	Governors have not exercised this power during the year. The Chief Executive and members of the Executive team attend all meetings of the Council of Governors to provide an update on performance and other key matters.
B.6.1	Evaluation of the Board	This is outlined in the Directors' Report.
B.6.2	External evaluation of the Board and/or governance of the Trust	During 2019/2020, an independent external well-led review of the Trust was delivered by Carnall Farrar, who have no connection with the Trust.
C.1.1	Directors' responsibility for preparing the Annual Report and approach to quality governance	This is included Directors' Report and the Annual Governance Statement.
C.2.1	Review of the effectiveness of internal controls	This is outlined in the Annual Governance Statement.
C.2.2	Details of internal audit function	This is outlined in the Annual Governance Statement.
C.3.5	Council of Governors' position on appointment, reappointment or removal of external auditor	Governors are actively involved in the appointment of the Trust's external auditors and exercised this power in 2021/22 by appointing a new external auditor.
C.3.9	Detail on the work of the Audit Committee	See The Report of the Audit Committee section.
D.1.3	Statement on whether Executive Directors released to other positions retain the fees/ earnings	Not applicable in 2021/22
E.1.5	Board of Directors' understanding of the views of governors and members	See Council of Governors section of this report.
E.1.6	Representativeness of the Trust's membership and the level of effective member engagement in place	This is outlined in the Membership section of the Annual Report.

E.1.4	Contact procedures for governors	These are outlined on the Trust's website and in the Council of Governors section of this Annual Report.
Additional	Membership eligibility and details of members and membership strategy	This is outlined in the Membership section of the Annual Report.
Additional	Register of interests for governors and directors	A register of interests for Board members is available on the Trust website, as outlined in the Directors' Report. A register of interests for the Council of Governors is on the Trust website, as outlined in the Council of Governors section.

The Board of Directors confirms that in relation to those provisions within the Code of Governance for which the Trust is required to 'comply or explain', the Trust was compliant throughout the year to 31 March 2022 in respect of those provisions of the code which had effect during that time, save exceptions and explanations outlined in the table above.

9. STATEMENT OF THE RESPONSIBILITIES OF THE ACCOUNTING OFFICER

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*.

Signed 

Name Will Hancock

Job title Chief Executive

Date 22 April 2022

10. ANNUAL GOVERNANCE STATEMENT

Background to 2021/2022 Annual Governance Statement

2021/22 was another challenging year, both for SCAS and the wider NHS, given the challenges of continuing to respond to a global pandemic, COVID-19. The Trust recognised at the outset of the pandemic that maintaining appropriate and effective governance was of paramount importance, and the arrangements were kept under continuous review by the Trust Board.

The key aspects of our COVID-19 governance arrangements during 2021/22 have been:

- We have, at all times, applied the governance requirements and guidance set by NHS England/Improvement; for example, in relation to the delivery of Board business
- Our aim has been to continue to maintain robust Board and Corporate Governance arrangements whilst taking a pragmatic and flexible approach in order to reduce burden on the executive, maximise the resources available to respond to COVID-19, and support our patients and staff
- As well as the Executive Management Committee, two specific executive groups continued to oversee our response to COVID-19; the National COVID-19 Response Service (CRS) Board took responsibility for the oversight of our involvement in the delivery of the various national services (including CRS, CCAS, Vaccination Helpline and Booking, Vaccination Data Resolution Service) and the COVID Operations Board led on our own SCAS specific response to COVID-19. There was reporting from both groups through to the Board, and both the Trust Chair and Chair of the Quality and Safety Committee attended meetings of the CRS Board throughout 2021/22
- The Board continued to meet as planned throughout 2021/22, on a virtual basis, making all decisions required under the Scheme of Delegation, and fully in accordance with our Standing Orders.
- Our Board committees continued to meet in order to discharge the duties set out in their respective terms of references. In addition, the Quality and Safety Committee held additional meetings throughout 2021/22 in order for the Non-Executive Directors to not only seek further assurance over the quality and safety aspects of our COVID-19 response but also in relation to our 'business as usual' activities
- In recognition of the fact that the Council of Governors plays a key role in the governance of the Trust, formal meetings ('in public' and 'in private') continued fully as planned throughout 2021/22. In addition, Governors received regular briefings keeping them updated on key matters in the Trust, including the response to COVID-19, and a number of supplementary 'question and answer' sessions were held between the Governors and Non-Executive Directors

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 2022 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. The Director of Patient Care and Service Transformation is supported by a designated Corporate Risk Manager who works in the Patient Care Directorate and supports the Executive Team with risk management and reporting, and the maintenance of the Board Assurance Framework and Corporate Risk Register

- 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 (including South Central Fleet Services Limited), 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, as well as the SCAS Charity

- during 2021/22, and as part of the support SCAS has been providing nationally, the SRO for NHS 111 COVID Response Services has been responsible for managing the risks associated with the delivery of these particular services

- the Board, with overall responsibility for governance, considers the risks faced by the Trust on a regular basis. For example, it receives the latest version of the Board Assurance Framework at all 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, from time to time, 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 risk and control framework

Strategy

The Trust has a Risk Management Strategy which is reviewed periodically and updated where required. It was last reviewed in March 2020, and a number of minor amendments were made.

The key elements of our core risk management 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 Patient Safety Incidents/SIRIs
- review of adverse incidents and accident reports
- review of Freedom to Speak-Up referrals
- quarterly reviews of claims and complaints
- workforce engagement and leadership walkarounds
- annual fire safety inspections
- health and safety risk assessments, including COVID-19 risk assessments
- working safely guidance

- RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)
- self-assessments against the Care Quality Commission essential standards of quality and safety
- discussions and reflections at key meetings; for example, the Board, Board committees, Executive Team, COVID Operations Board, National CRS Board etc.

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 content of the Board Assurance Framework (BAF) at its meetings in public, the Board also considers the format of the BAF on an ongoing basis. Consequently, revisions were made to the style and format of the BAF during 2021/2022.

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, and indeed during a pandemic). 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. This was particularly seen as an important concept during 2021/22 when SCAS took on new/additional responsibilities in relation to the delivery of national COVID-19 related services.

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.

The Board has plans in place to revisit its appetite for risk during 2022/23, acknowledging that appetite varies dependent on the type of risks involved (e.g. safety, financial, innovation, reputation etc.).

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 processes in place to ensure the quality of performance data. These include a review of the monthly Integrated Performance Report by the Executive Team prior to being presented to the Board. There is a quality governance structure of committees and upward reporting on all key elements of quality (effectiveness, safety and experience data, reviews, analysis and learning.

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 2021/22.

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 2021/2022 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 as lockdown eases and NHS returns to 'business as usual' with the potential to result in long waits, delays, poor patient experience, safety issues and inability to meet targets and expectations (25/25)

- 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 (20/25)

- If an external threat affects national structures and processes; then there is a risk of disruption to the local health economy including but not limited to increased morbidity and mortality, supply chains (including fleet repair and procurement) and changes in demand in services. Resulting in unmitigated challenges to the smooth running of SCAS operations (20/25)

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 license, and reports to the Board accordingly. No risks have been identified in 2021/2022, and an annual declaration is reviewed and signed-off by the Board (most recently at the May 2022 Board meeting in public).

In terms of condition 4 – FT governance, the Trust has undertaken a number of steps during 2021/2022 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 recommended by NHS England/Improvement are considered and signed off by the Board each June.

Involvement of public stakeholders

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 England/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 (IWP) Group 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 Service Delivery Board 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

At the time of writing, the Foundation Trust is compliant with the registration requirements of the Care Quality Commission (CQC), and its current overall CQC rating is 'good'.

A CQC inspection of SCAS took place in November 2021 and focused on safeguarding. Nine 'must do' recommendations were made as a result of the inspection, and some progress has been made in terms of addressing these recommendations and implementing a wider improvement plan.

In early 2022/23 the CQC carried out an inspection of the Trust's 999 and Emergency Operations Centre, and also a 'well-led' inspection. We are, at the time of writing, awaiting a draft inspection report following these reviews, but have received a letter on 26 May 2022 highlighting a range of concerns that the CQC want us to take immediate action on. The CQC will refer to the letter as part of their published report.

'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 2022/2023), and a register is maintained on the Trust's public website. SCAS Board Members Register of Interests

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 (SDMP) during 2019/2020 (approved by the Board in February 2020) and has been focusing on implementation over the course of the last two years. The SDMP Group, chaired by the Director of Finance, monitors progress.

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, aiming to cut 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 2021/2022 the Trust again delivered savings in excess of £5.5m. Robust arrangements are in place to ensure that cost improvement programmes in no way compromise the quality of services

- the Trust's bi-weekly Service Delivery Board is 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 2021/2022; 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 2021/2022.

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 2020/21 assessment, originally scheduled for submission on or before 31 March 2021 but postponed by NHS Digital due to the COVID-19 challenges facing NHS organisations, was submitted ahead of a revised submission date of 30 June 2021. The Trust declared 13 areas of non-compliance, which have all been addressed by the end of March 2022 except for two which are the revised standard for information governance training and updated patches for control room switches. We expect both items to be compliant in the first half of 2022/23.

The 2021/22 assessment needs to be submitted on or before 30 June 2022. Details of that submission will be reported in the 2022/23 Annual Governance Statement.

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 2021/2022 has/will also be informed by:

- Internal and External Audit reports
- the Annual Audit/Management Letter (expected in Summer 2022)
- the Head of Internal Audit Opinion/Annual Statement of Assurance (expected in May 2022)

- 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 and 'pulse check' surveys
- Care Quality Commission reports, including that following an inspection of safeguarding in November 2021 and a follow-up inspection in early 2022/23
- the Quality Accounts and Annual Report

Taking into account the internal control framework described above, there have been a range of both internal and external key sources of external assurance for me in 2021/2022:

a) Between May 2017 and October 2021 (i.e., the first half of 2021/22), the regulator NHS Improvement continuously assessed the Trust as being a segment 1 provider under its *Single Oversight Framework* regulatory assessment. The assessment considered five key themes - quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability – and segment 1 was the best possible category that could be awarded. In October 2021, we were informed that we had been assigned to segment 2 of the new *System Oversight Framework*, which replaced the aforementioned Single Oversight Framework. This assessment considers six key themes – quality of care, access and outcomes; preventing ill-health and reducing health inequalities; finance and use of resources; people; leadership and capability; and local strategic priorities – and segment 2 is where the majority of NHS providers have been assigned. This rating reflects the fact that, whilst the Trust has a number of operational and performance challenges, NHS Improvement considers that we have plans in place to address these challenges and have the support of system partners

b) The Annual Head of Internal Audit Opinion for 2020/21 was issued during the course of 2021/22 (May 2021) and included reference to some internal audit reports issued during the early stages of 2021/22. The Opinion was one 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". The Audit Committee has been advised verbally that the Annual Head of Internal Audit Opinion for 2021/22 will be based on a "moderate assurance" opinion

c) Individual audit reports have provided me with levels of assurance throughout the year. For example, the audit report reviewing our arrangements for complaints and lessons learnt (a key aspect of our internal governance) delivered a 'substantial' audit opinion both in terms of the design and effectiveness of the internal controls

d) The 2021 Staff Survey results were generally very positive and based on a good response rate from our staff. A number of questions covered areas relating to our internal control framework – for example, team working and line management – and scored very positively, giving me a good degree of assurance

e) The Council of Governors is a key aspect of our governance and accountability model, particularly if it is operating effectively. The survey of our Governors in January 2022 was extremely positive in terms of a whole range of areas associated with its functioning, including: CoG and Board meetings, training and development, relationships with Non-Executive Directors, and communications from the Trust's Company Secretariat

f) The CQC inspection of safeguarding, and the final report, provided assurance insofar as confirming that we needed to take action to strengthen aspects of our safeguarding arrangements (see 'conclusion' below). This reflects the fact that the scope and number of services provided by SCAS has continued to increase significantly over the last few years.

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.

One 'significant internal control issue' has been identified in relation to the 2021/2022 financial year, applying the examples presented by NHS England/Improvement in the Annual Reporting Manual. The control issue relates to our CQC inspection of safeguarding in November 2021, which made nine **'must do'** recommendations covering leadership, governance and resourcing (although the CQC concluded that patients using SCAS services were safeguarded and referrals were appropriate).

The Board subsequently approved an action/improvement plan to address the concerns raised by the CQC and we have made some progress in terms of implementation. However, the CQC has confirmed that they are not sufficiently assured by the pace of our progress and issued the Trust with a letter on 26 May 2022. Making these improvements, and addressing any other concerns raised by the CQC, will be a significant priority for SCAS in the first half of 2022/23.

Signed 

Name Will Hancock

Job title Chief Executive

Date 8 June 2022

11. 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 and Priya Singh.

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 Azets as its external auditors, following a competitive tender process, for the 2021/22 financial statements for an initial period of three years with an option to extend for a further two years. The previous auditors Grant Thornton attended every committee up to and including December 2021 reporting on progress and developments that were likely to impact on the final accounts. Azets have subsequently commenced attendance from April 2022. Azets will be invited to attend Council of Governor meetings from time to time. The value of statutory audit work undertaken was £95,820 (2020/21: £53,900) which is inclusive of the quality report audit fee.

SIGNIFICANT ISSUES

At its meeting on 5 May 2022, the Audit Committee considered matters relating to the 2021/22 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

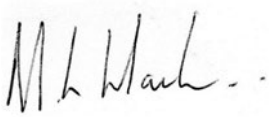
The Audit Committee were advised that a desktop review was conducted in line with the Trust policy, as a quinquennial valuation was only completed three years prior, and that the accounts had been adjusted accordingly.

Adoption of New Standards

The Audit Committee were advised that although there were no changes to the SCAS Group accounting policies for 2021-22 that the Trust would be adopting IFRS16 in line with NHS guidance from 1st April 2022.

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.

Signed 

Name Mike Hawker

Job title Audit Committee Chairman

Date 5 May 2022

12. OPERATIONAL AND FINANCIAL REVIEW

The Group, which includes the results of the Trust and South Central Fleet Services Ltd reported a surplus in 2021/22 of £0.296m.

Summary of Financial Performance

On Income and Expenditure the Group reported a continuing operations surplus of £0.296m for the year.

Earnings Before Interest, Tax, Depreciation and Amortisation (EBITDA) of £12.4m represented 3.7% of turnover which is £5.1m below last year.

Capital expenditure was £5.7m (£10.2m in 2020/21) with a move to the leasing of ambulances accounting for the reduction over the prior year.

The year-end cash balance was £60.9m which was an increased by £10.2m when compared to the previous year. The main increases in cash were capital payments lower than depreciation by £1.9m, Public Dividend Capital (PDC) of £0.5m towards capital expenditure, disposal proceeds £0.3m and a movement in working capital £7.3m.

Despite the continuing impact of the COVID-19 pandemic the Trust has still managed to achieve £5.8m of cost improvements in 2021/22.

Total revenue income to meet pay and other day-to-day running costs was £331.5m 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 £70.2m (£74.7m in 2020/21).

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 £24k for the year ending 31 March 2022.

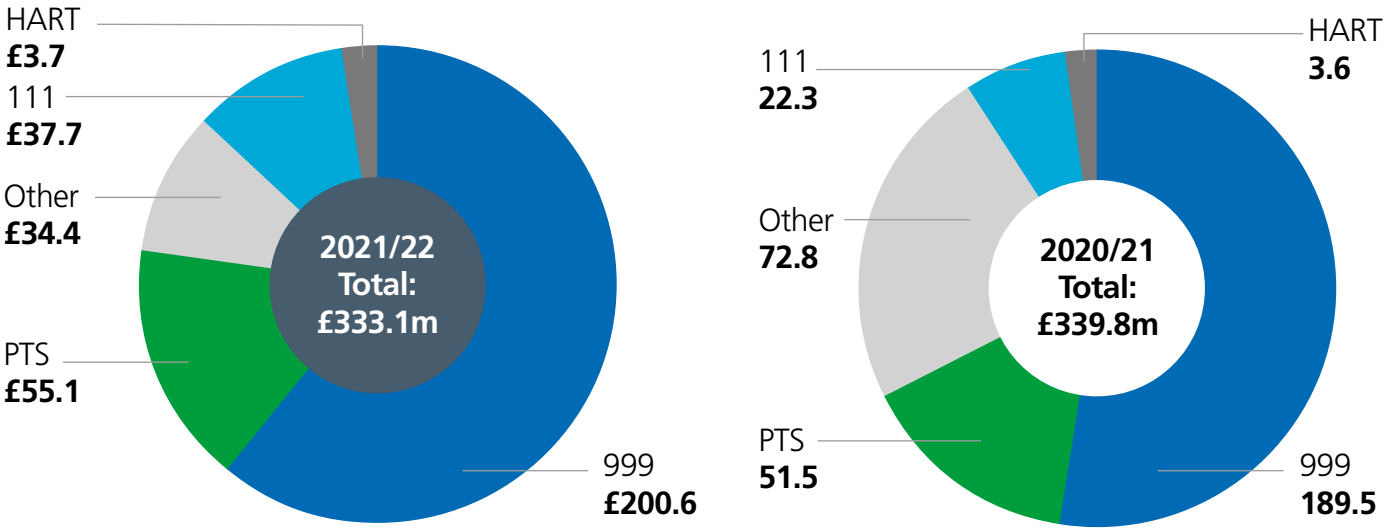
Analysis of Income

The Trust's reported income was £331.5 million for the year end 31 March 2022 (2020/21: £339.7 million). The reduction of 2.4% was due mainly to a decrease in the additional services the Trust established to support the national COVID-19 response offset by an increase in income due to new Hampshire Integrated Urgent Care contract.

The Trust's principal source of income is from local NHS commissioning contracts for the provision of the emergency service. This income totalled £200.6 million (£189.5 million in 2020/21) which represented 60.5% of the Trust turnover (2020/21: 55.7%).

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 2021/22 was £322.2m representing 97.2% of total income.

Trust income £m

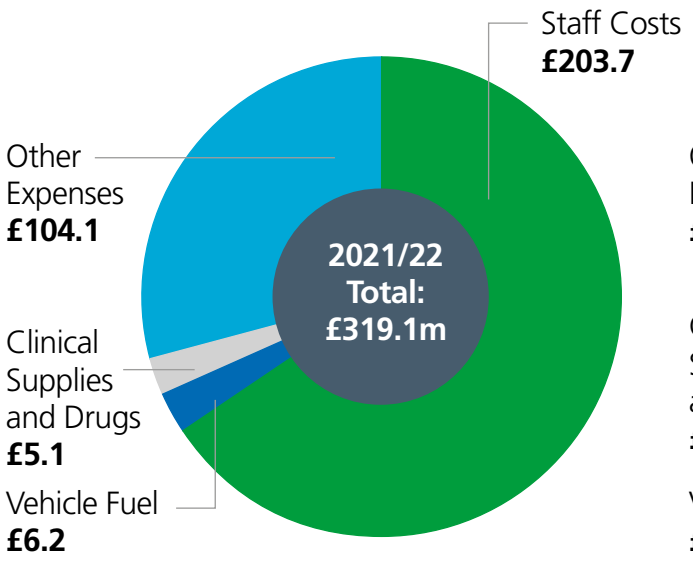


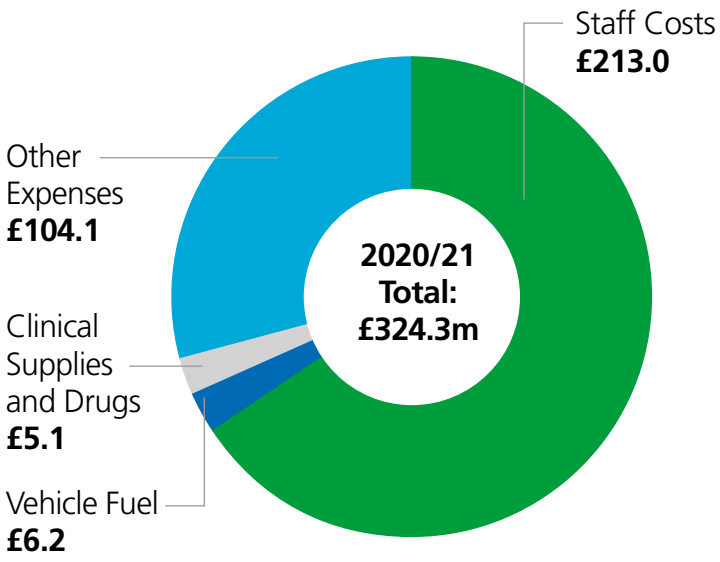
Analysis of operating expenditure

Total operating expenditure for the Group (excluding depreciation, amortisation and impairments) was £319.1 million for the year ended 31 March 2022 (2020/21: £324.3 million). The reduced of 1.6% was mainly due to the decrease in national COVID-19 related services provided by the Trust.

Staff costs represent 65.7% of total operating expenditure (2019/20: 65.4%).

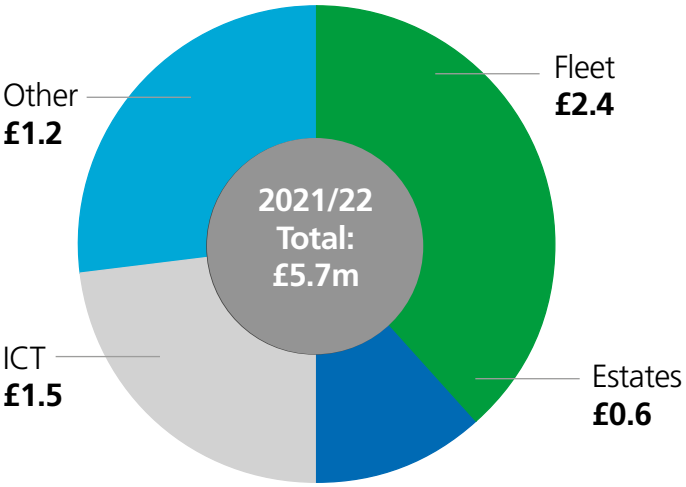
Trust expenditure £m

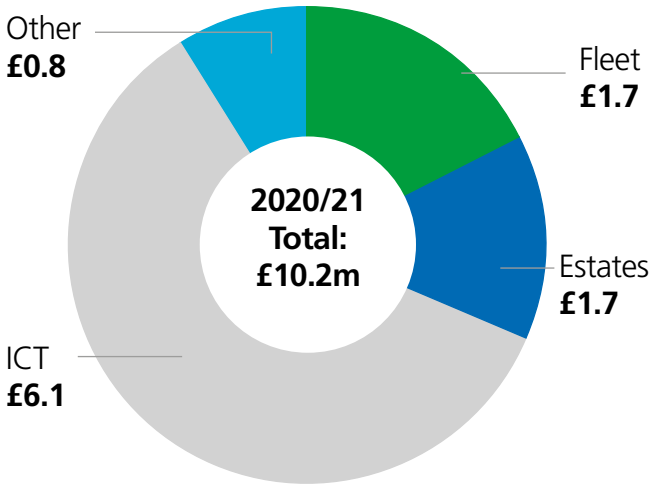




Capital Investment

Investment in capital resources for 2021/22 was £5.7 million (2020/21: £10.2 million). This amount includes ambulance equipment, replacement of the electronic patient record tablets the MK Emergency Services Hub and the IT equipment for all frontline staff.





Internal Audit Function

The Trust's internal audit function for the past eight years has been undertaken by BDO who were reappointed for a further three years from 2021/22 following a competitive tendering process. 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 Azets, 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 the services provided by South Central Ambulance NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

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.

13. REMUNERATION REPORT

ANNUAL STATEMENT ON REMUNERATION, 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 2020 with minor amendments made. From April 2021 – March 2022, five 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 Ian Green as members.

Committee work programme 2021/2022

- Director salaries and bonus review
- IR35/Agency regulations/Off-payroll staff
- Gender Pay Gap report year ending 31st March 2021
- NHS Annual Leave Calculation Settlement

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 transfer of a new Director of Corporate Governance & Company Secretary (from NHS Agenda for Pay Terms and Conditions) (non-board member) and the pay and performance bonuses to Executive Directors and eligible Very Senior Manager contract holders for 2020/21.

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 Trust 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

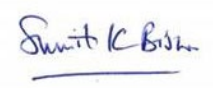
The Committee appropriately oversees Chief Executive and Executive Director appointments. There were no new appointments during 2021/2022.

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.

Signed 

Name Sumit Biswas

Job title Remuneration Committee Chair

Date April 2022

Approved by:

Signed 

Name Will Hancock

Job title Chief Executive

Date April 2022

Remuneration Committee – Attendance List 2021/2022

	Committee members				In attendance	
Date	Sumit Biswas	Anne Stebbing	Lena Samuels	Ian Green	Melanie Saunders	Will Hancock
10th June 2021	Yes	Yes	Yes	Yes	Yes	Yes
22nd June 2021	Yes	Yes	Yes	Yes	Yes	Yes
28th September	Yes	Yes	Yes	yes	Yes	No
24th January 2022	Yes	No	Yes	Yes (partial)	Yes	Yes
24th March 2022	Yes	Yes	Yes	Yes	Yes	Yes

SCAS SENIOR MANAGER 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/

This policy was developed taking into account national guidance in force at that time, along with pay and conditions of employees, and was implemented before 2015 following a process of consultation with employees.

ANNUAL REPORT ON REMUNERATION - Directors Salaries and Benefits for The Year Ended 31 March 2022 (Audited)

	2021/22						2020/21						Notes
Name and title	Salary (bands of £5k) £000	Expense payments (taxable to nearest £100	Performance pay and bonuses (bands of £5k)	Long term performance pay and bonuses (bands of £5k)	All pension related benefits (bands of £2.5k)	Total in bands of £5k	Salary (bands of £5k) £000	Expense payments (taxable to nearest £100	Performance pay and bonuses (bands of £5k)	Long term performance pay and bonuses (bands of £5k)	All pension related benefits (bands of £2.5k)	Total in bands of £5k	
Lena Samuels (Chair)	75-80						50-55						
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						15-20						
Sumit Biswas (Non-Executive Director)	10-15						10-15						
Priya Singh (Non-Executive Director)	5-10						10-15						Note 4
Dr Anne Stebbing (Non-Executive Director)	15-20						15-20						
Ian Green (Non-Executive Director)	10-15						5-10						
Dr Henrietta Hughes OBE (Non-Executive Director)	0-5												Note 4
Will Hancock (Chief Executive)	185-190	5600	10-15		52.2-55	255-260	185-190	5600	5-10		42.5-45	235-240	Note 1
Charles Porter (Director of Finance)	130-135		5-10		32.5-35	170-175	130-135		5-10		22.5-25	160-165	Note 1
Michael Murphy (Director of Strategy and Business Development)	120-125		5-10		30-32.5	160-165	120-125				52.5-55	175-180	Note 1
Melanie Saunders (Director of Human Resources and Organisational Development)	115-120		5-10		25-27.5	115-120	115-120	1100	0-5		12.5-15	130-135	Note 1
John Black (Medical Director)	135-140						135-140						Note 2
Professor Helen Young (Director of Patient Care)	165-170	5500	5-10		22.5-25	195-200	125-130		0-5		10-12.5	135-140	Note 1
Paul Kempster (Chief Operating Officer)	125-130		5-10		62.5-65	195-200	70-75				27.5-30	100-105	Note 1
Jane Campbell (Acting Director of Patient Care)	95-100					105-100							Note 3
Mid Point Band of highest paid Director's Total						**197.5**						**187.5**	
Median Total Remuneration (£000)						26.3						25.1	
Highest paid Director as a proportion of the median						7.51						7.47	

Notes

1. William Hancock, Charles Porter, Mike Murphy, Helen Young, Paul Kempster and Melanie Saunders were awarded an annual bonus based on individual performance against objectives, overall contribution to organisational performance, and their leadership.

2. Dr John Black is a recharge from the Oxford University Hospitals NHS Foundation Trust.

3. Jane Campbell is acting as the Director of Patient Care whilst Professor Helen Young focuses on the national COVID-19 Services.

4. Priya Singh left her post as Non Executive Director in December 2021 and was replaced by Dr Henrietta Hughes OBE in February 2022.

Fair Pay Disclosure

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

The banded remuneration of the highest-paid director in the organisation in the financial year 2021-22 was £200-205k (2020-21, £200-205k). This is a change between years of 0.4%.

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

For employees of the Trust as a whole, the range of remuneration in 2021-22 was from £17k to £205k (2020-21 £14k to £255k). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 22% reduction. 0 employees received annualised remuneration in excess of the highest-paid director in 2021-22 (2020-21 16 employees received annualised remuneration in excess of the highest-paid director).

The 22% reduction in average annualised renumeration is a consequence of the National Covid Services that were taken on by the Trust in 2020-21. A large number of GP's were paid by the Trust as part of these services whose salaries were above the average salaries and accounted for all 16 employees above the highest-paid director. These services were significantly reduced during 2021-22 reducing the impact upon the Trusts average salary calculation.

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

2021/22	25th percentile	Median	75th percentile
Salary component of pay	£24,354	£29,934	£42,735
Total pay and benefits excluding pension benefits	£24,354	£29,934	£42,735
Pay and benefits excluding pension: pay ratio for highest paid Director	8:1	7:1	5:1

2020/21	25th percentile	Median	75th percentile
Salary component of pay	£24,736	£31,013	£45,753
Total pay and benefits excluding pension benefits	£24,736	£31,013	£45,753
Pay and benefits excluding pension: pay ratio for highest paid Director	8:1	7:1	4:1

The changes seen in the median and 75th percentile were as a result of the reduction in the National Covid Services provided by the Trust which included GPs with a higher than median salary.

PENSIONS FOR THE YEAR ENDED 31 MARCH 2022 (Audited)

Name and Title	Real increase in pension at pension age (bands of £2.5k)	Real increase in pension lump sum at pension age (bands of £2.5k)	Total accrued pension at pension age at 31 Mar 2022 (bands of £5k)	Lump sum at pension age related to accrued pension at 31 Mar 2022 (bands of £5k)	Cash Equivalent Transfer Value at 31 Mar 2022	Real increase in Cash Equivalent Transfer Value at 31 Mar 2022	Cash Equivalent Transfer Value at 31 Mar 2021	
	£000	£000	£000	£000	£000	£000	£000	£000
Will Hancock (Chief Executive)	2.5-5	0-2.5	75-80	160-165	1452	58	1361	0
Charles Porter (Director of Finance)	2.5-5	0	30-35	40-45	548	27	498	0
Michael Murphy (Director of Strategy and Business Development)	0-2.5	0	20-25	0	347	22	305	0
Melanie Saunders (Director of Human Resources and Organisational Development)	0-2.5	0	40-45	80-85	727	25	682	0
Professor Helen Young (Director of Patient Care)	0-2.5	0	55-60	130-135	1072	31	1017	0
Paul Kempster (Chief Operating Officer)	2.5-5	0	10-15	0	144	28	86	0
Jane Campbell (Acting Director of Patient Care)	0-2.5	0	35-40	75-80	649	22	610	0

NA = comparative information not available

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.

The benefits and related Cash Equivalent Transfer Values (CETVs) have not been adjusted for the potential impact arising from the McCloud judgement.

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:

	2021/22			2020/21		
	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	1	1	26	1	0
Directors	17	12	44	16	0	40

OFF-PAYROLL ENGAGEMENTS

For all off-payroll engagements as of 31 Mar 2022, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2022	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 2021 and 31 March 2022, for more than £245 per day and that last for longer than six months:

Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	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 2021 and 31 March 2022:

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

ACCOUNTS

ACCOUNTS

South Central Ambulance Service NHS Foundation Trust

Annual accounts for the year ended 31 March 2022

Foreword to the accounts

South Central Ambulance Service NHS Foundation Trust

These accounts, for the year ended 31 March 2022, 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 

Name Will Hancock

Job title Chief Executive

Date 22 June 2022

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2021/22	2020/21	2021/22	2020/21
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	322,204	309,986	322,204	309,986
Other operating income	4	9,303	29,734	9,030	29,622
Operating expenses	5	(330,561)	(336,687)	(330,056)	(335,290)
Operating surplus/(deficit) from continuing operations		**946**	**3,033**	**1,178**	**4,318**
Finance income		49	5	49	5
Finance expenses		(11)	56	(11)	56
PDC dividends payable		(960)	(1,011)	(960)	(1,011)
Net finance costs		**(922)**	**(950)**	**(922)**	**(950)**
Other gains / (losses)	10	272	154	66	148
Surplus / (deficit) for the year from continuing operations		**296**	**2,237**	**322**	**3,516**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments		(76)	(250)	(76)	(250)
Revaluations		1,610	3,734	1,737	3,711
Total comprehensive income / (expense) for the period		**1,830**	**5,721**	**1,983**	**6,977**
Surplus/ (deficit) for the period attributable to:					
South Central Ambulance Service NHS Foundation Trust		296	2,237	322	3,516
TOTAL		**296**	**2,237**	**322**	**3,516**
Total comprehensive income/ (expense) for the period attributable to:					
South Central Ambulance Service NHS Foundation Trust		1,830	5,721	1,983	6,977
TOTAL		**1,830**	**5,721**	**1,983**	**6,977**

The notes on pages 127 to 160 form part of these accounts

All income and expenditure is derived from continuing operations.

Statements of Financial Position

		Group		Trust	
	Note	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Non-current assets					
Intangible assets	12	2,110	3,029	2,110	3,029
Property, plant and equipment	13	68,092	71,408	60,515	60,869
Other investments / financial assets	17	-	-	7,254	10,669
Receivables	16	20	-	20	-
Total non-current assets		**70,222**	**74,437**	**69,899**	**74,567**
Current assets					
Inventories	15	1,220	1,142	828	752
Receivables	16	16,306	20,123	16,854	20,678
Other investments / financial assets	17	-	-	2,432	2,748
Cash and cash equivalents	19	60,910	50,714	60,107	49,051
Total current assets		**78,436**	**71,979**	**80,221**	**73,229**
Current liabilities					
Trade and other payables	20	(43,513)	(41,870)	(42,749)	(41,204)
Provisions	21	(9,414)	(9,388)	(9,372)	(9,319)
Total current liabilities		**(52,927)**	**(51,258)**	**(52,121)**	**(50,523)**
Total assets less current liabilities		**95,731**	**95,158**	**97,999**	**97,273**
Non-current liabilities					
Provisions	21	(4,603)	(6,401)	(4,603)	(6,401)
Total non-current liabilities		**(4,603)**	**(6,401)**	**(4,603)**	**(6,401)**
Total assets employed		**91,128**	**88,757**	**93,396**	**90,872**
Financed by					
Public dividend capital		64,758	64,217	64,758	64,217
Revaluation reserve		18,448	16,830	18,448	16,807
Other reserves		(350)	(350)	(350)	(350)
Income and expenditure reserve		8,272	8,060	10,540	10,198
Total taxpayers' equity		**91,128**	**88,757**	**93,396**	**90,872**

The notes on pages 127 to 160 form part of these accounts.

The primary financial statements on pages 122 to 126 and the notes on pages 6 to 40 were approved by the Trust's Board of Directors on 21 June 2022 and signed on its behalf by Will Hancock, Chief Executive Officer.

Name **Will Hancock**
Position **Chief Executive**
Date **21 June 2022**

Consolidated Statement of Changes in Equity for the year ended 31 March 2022

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**64,217**	**16,830**	**(350)**	**8,060**	**88,757**
Surplus/(deficit) for the year	-	-	-	296	**296**
Other transfers between reserves	-	104	-	(104)	-
Impairments	-	(76)	-	-	**(76)**
Revaluations	-	1,610	-	-	**1,610**
Transfer to retained earnings on disposal of assets	-	(20)	-	20	**-**
Public dividend capital received	541	-	-	-	**541**
Taxpayers' and others' equity at 31 March 2022	**64,758**	**18,448**	**(350)**	**8,272**	**91,128**

Consolidated Statement of Changes in Equity for the year ended 31 March 2021

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**59,375**	**13,369**	**(350)**	**5,800**	**78,194**
Surplus/(deficit) for the year	-	-	-	2,237	**2,237**
Impairments	-	(250)	-	-	**(250)**
Revaluations	-	3,734	-	56	**3,734**
Transfer to retained earnings on disposal of assets	-	(23)	-	23	
Public dividend capital received	4,842	-	-	-	**4,842**
Taxpayers' and others' equity at 31 March 2021	**64,217**	**16,830**	**(350)**	**8,060**	**88,757**

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 2022

Trust	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**64,217**	**16,807**	**(350)**	**10,198**	**90,872**
Surplus/(deficit) for the year	-	-	-	322	**322**
Impairments	-	(76)	-	-	**(76)**
Revaluations	-	1,737	-	-	**1,737**
Fair value gains/(losses) on financial assets mandated at fair value	-	(20)	-	20	**-**
Public dividend capital received	541	-	-	-	**541**
Taxpayers' and others' equity at 31 March 2022	**64,758**	**18,448**	**(350)**	**10,540**	**93,396**

Statement of Changes in Equity for the year ended 31 March 2021

Trust	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	59,375	13,369	(350)	6,659	79,053
Surplus/(deficit) for the year	-	-	-	3,516	**3,516**
Impairments	-	(250)	-	-	**(250)**
Revaluations	-	3,711	-	-	**3,711**
Fair value gains/(losses) on financial assets mandated at fair value	-	(23)	-	23	**-**
Public dividend capital received	4,842	-	-	-	**4,842**
Taxpayers' and others' equity at 31 March 2021	**64,217**	**16,807**	**(350)**	**10,198**	**90,872**

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.

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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	
		2021/22	2020/21	2021/22	2020/21
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)		946	3,033	1,178	4,318
Non-cash income and expense:					
Depreciation and amortisation	5	10,608	13,973	7,495	9,322
Net impairments	5	830	517	830	517
(Increase) / decrease in receivables and other assets		3,761	(3,928)	3,768	(4,548)
(Increase) / decrease in inventories		(78)	(180)	(76)	(198)
Increase / (decrease) in payables and other liabilities		5,383	14,085	5,305	14,014
Increase / (decrease) in provisions		(1,783)	3,562	(1,756)	3,493
Net cash flows from / (used in) operating activities		**19,667**	**31,062**	**16,744**	**26,918**
Cash flows from investing activities					
Interest received		30	10	30	5
Movement of inter-company loan balances		-	-	3,731	3,568
Purchase of intangible assets		(370)	(1,820)	(370)	(1,820)
Purchase of Property, Plant & Equipment and investment property		(9,082)	(4,598)	(8,781)	(4,539)
Sales of Property, Plant & Equipment and investment property		315	1,730	66	1,093
Net cash flows from / (used in) investing activities		**(9,107)**	**(4,678)**	**(5,324)**	**(1,693)**
Cash flows from financing activities					
Public dividend capital received		541	4,842	541	4,842
PDC dividend (paid) / refunded		(905)	(1,073)	(905)	(1,073)
Net cash flows from / (used in) financing activities		**(364)**	**3,769**	**(364)**	**3,769**
Increase / (decrease) in cash and cash equivalents		**10,196**	**30,153**	**11,056**	**28,994**
Cash and cash equivalents at 1 April - brought forward		**50,714**	**20,561**	**49,051**	**20,057**
Cash and cash equivalents at 1 April		**50,714**	**20,561**	**49,051**	**20,057**
Cash and cash equivalents at 31 March	19	**60,910**	**50,714**	**60,107**	**49,051**

Notes to the Accounts

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 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the

GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

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. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Consolidation

NHS Charitable Funds

South Central Ambulance NHS Foundation Trust is the Corporate Trustee to South Central Ambulance 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 SCA Charity had total gross assets of £698k as at 31 March 2022 (2020/21: £493k). During the 2021/22 year the Charity received income of £989k (2020/21: £558k) and incurred expenditure of £884k (2020/21: £586k). The results for 31 March 2022 are provisional and unaudited at this stage and are subject to change. During the year South Central Ambulance Service paid the charity £50k for 6 months' lease costs for the charity's Community First responder vehicles. The charity contributed £10k towards the costs of providing Christmas hampers to the staff of the Trust.

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 £10.228m 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. Note 27.

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).

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

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.

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.

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.

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 grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

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

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

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

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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

The Trust has an annual valuation exercise of its owned property (land and buildings) with a valuation date as at 31st March 2022. This was undertaken by an accredited valuer, Bomford Estates Ltd, on a property by property basis.

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 Years	Max life Years
Land	-	-
Buildings, excluding dwellings	20	70
Dwellings	20	70
Plant & machinery	5	15
Transport equipment	5	7
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 previous year the depreciation policy has changed to reduce the useful economic lives of vehicles from a maximum of 9 years to a maximum of 7 years, this policy change was 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 of IFRS 5.

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

	Min life Years	Max life Years
Purchased intangible assets - Software	3	5

Note 1.10 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.

In 2020/21 and 2021/22 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. The value of the deemed income and expenditure was £0.383m (2020/21: £3.724m). See note 15.

Note 1.11 Financial assets and financial liabilities

Recognition

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

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

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.

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.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

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

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 assets gross carrying amount and the present value of estimated future cash flows discounted at the financial assets 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 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee, the Trust doesn't have any finance leases. All other leases are classified as operating leases.

Note 1.12.1 " 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 1.13 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 1.14 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 from 31 March 2022:

		Nominal rate	**Prior year rate**
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
	Exceeding 40 years	0.66%	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 from 31 March 2022:

	Inflation rate	**Prior year rate**
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (2020/21: minus 0.95%).

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 22 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 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 23 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 23, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 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. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC

dividend policy issued by the Department of Health and Social Care. This policy is available at **https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.**

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

The subsidiary company, South Central Fleet Services Limited, is VAT registered.

Note 1.18 Corporation tax

South Central Ambulance NHS Foundation Trust has determined that it has no corporation tax liability as the Trust's profit generated from non - operational income falls below the threshold amount of £50,000.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been adopted early in 2021/22.

Note 1.21 Climate Change Levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 Foreign Exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.23 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard to the existing lease portfolio as well as to subsequent leases. It is estimated that the right of use assets will be £37m and these will be added to the assets of the Trust along with lease liabilities of £37m. The annual depreciation charge on the lease portfolio from 1st April 2023 is estimated to be £5.218m with an interest charge of £0.666m, the reduction in rentals under operating lease of £5.675m. The net impact on net assets is £9.614m and this is due to the recognition of an asset on a peppercorn rent, the standard requires that the peppercorn assets are capitalised with the corresponding credit taken to reserves.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	47,629
Additional lease obligations recognised for existing operating leases	(38,015)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**9,614**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(5,686)
Additional finance costs on lease liabilities	(761)
Lease rentals no longer charged to operating expenditure	6,285
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2022/23	**(162)**
Estimated increase in capital additions for new leases commencing in 2022/23	**26,281**

Note 1.25 Critical accounting estimates and judgements

In the application of the Foundation Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised, if the revision affects only that period or in the period of the revision and future periods if the revision affects both differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods, if the revision affects both current and future periods.

The following are the critical judgements, apart from those involving estimations (see below), that management has made in the process of applying the Foundation Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Charitable Funds - see note 1.3. the Trust is the corporate trustee of the linked charity, South Central Ambulance Charity. The Trust has assessed its relationship under IFRS10 and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund. However, the charitable funds are immaterial in the context of the group and therefore transactions have not been consolidated. Details of the transactions with the charity are included in the related party transactions note (note 27).

Note 1.26 Sources of estimation uncertainty

An impairment review has been carried out on the inter-company loans, the exposure to potential default is £10.228m (2020/21: £13.703m) with vehicles asset values of £5.386m (2020/21: £7.916m), this results in a potential maximum theoretical loss on the loans of £4.842m (2020/21: £5.786m) or 47.3% (2020/21: 42.2%). The probability of default has been calculated at 5.25% (2020/21: 6.5%) based on the EU and UK and Global trailing 12 month speculative grade default rate for vehicles. The theoretical write down of the loans would be 5.25% of the £4.842m which would result in a theoretical write down of £254k (2020/21: £376k), sensitivity analysis is £48k (2020/21: £58k) per 1%. No impairment write down has been provided during this financial year due to the non- material nature of the calculated theoretical default and due to the loan repayments from South Central Fleet Services Limited being repaid on schedule.

Note 2 Operating Segments

Each segment is reported separately in the monthly Board report. Emergency Services include the 999 service, NHS 111 Call Handling, Education and Training, the Hazardous Area Response Team, National Covid -19 Services run by the Trust and the additional to the Trust costs of Covid-19. Non-Emergency Services including Patient Transport Services (NEPTS) and Logistic Services.

Direct costs include employees and non employee costs (staff costs, drugs, medical equipment, vehicle costs etc.) The Trust only reports contribution before overheads by service line reporting to the Trust Board at Public Board meetings.

	Emergency Services	Non Emergency Services	Corporate	Sub-Total	*NHS Pension	Total
	2021/22 £000	2021/22 £000	2021/22 £000	2021/22 £000	2021/22 £000	2021/22 £000
Income	259,054	56,918	7,283	323,295	8,212	331,507
Direct Costs	(212,699)	(49,935)	(7,283)	(269,917)	(8,212)	(278,129)
Contribution Operational Activities	**46,395**	**6,983**	**0**	**53,378**	**0**	**53,378**
Total overheads				(42,474)		(42,474)
Depreciation and amortisation				(10,608)		(10,608)
PSF/FRF Funding (previously known as STF Funding).				0		0
Total Costs Before Dividends and Interest				**(53,082)**		**(53,082)**
Operating Surplus(Deficit)				**296**		**296**

* See Note 3.1 and Note 7.

	Emergency Services	Non Emergency Services	Corporate	Sub-Total	*NHS Pension	Total
	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21
	£0	£0	£0	£0	£0	£0
Income	272,078	53,139	6,403	331,620	8,101	339,721
Direct Costs	(220,350)	(47,294)	(6,403)	(274,047)	(8,101)	(282,148)
Contribution Operational Activities	**51,727**	**5,845**	**0**	**57,572**	**0**	**57,572**
Total overheads				(40,566)		(40,566)
Depreciation and amortisation				(13,974)		(13,974)
PSF/FRF Funding (previously known as STF Funding).				0		0
Total Costs Before Dividends and Interest				**(54,539)**		**(54,539)**
Operating Surplus(Deficit)				**3,033**		**3,033**

* See Note 3.1 and Note 7.

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2021/22 £000	2020/21 £000
Ambulance services		
A & E income *	257,406	249,368
Patient transport services income	55,081	51,528
Other income	1,505	989
All services		
Additional pension contribution central funding**	8,212	8,101
Total income from activities	**322,204**	**309,986**

* As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the 2020/2021 year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. This arrangement continued in 2021/22 with the 2020/21 second half framework being used for the whole of the year.

The Trust continued to operate the Covid Response Service (CRS) during 2021/22 in a mixture of active and dormant states. The Trust also continued to operate the Covid Clinical Assessment Service (CCAS) as well as a number of other related services including Covid Vaccination Helpline, Vaccine Resolution Service and Vaccination Status Service. The income for both CRS, CCAS and the related services are accounted for within A&E income.

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

Note 3.2 Income from patient care activities (by source)	**2021/22**	**2020/21**
Income from patient care activities received from:	**£000**	**£000**
NHS England *	21,008	44,721
Clinical commissioning groups	287,915	249,518
Department of Health and Social Care	535	-
Other NHS providers	4,500	3,431
NHS other **	7,037	11,784
Local authorities	144	69
Injury cost recovery scheme	250	245
Non NHS: other	815	218
Total income from activities	**322,204**	**309,986**

* NHS England income includes £11.0m for the CCAS service and related services (2020/21 £29.0m)

** NHS Other income includes £7.0m for the CRS service (2020/21 £11.9m)

Note 4.1 Other operating income (group)	2021/22	2020/21
	Total	Total
	£000	£000
Education and training	**4,621**	**3,218**
Non-patient care services to other bodies	**1,832**	**1,609**
Reimbursement and top up funding *	**49**	**19,747**
Income in respect of employee benefits accounted on a gross basis	**611**	**-**
Charitable and other contributions to expenditure	**383**	**3,734**
Other income **	**1,807**	**1,426**
Total other operating income	**9,303**	**29,734**
Of which:		
Related to continuing operations	9,303	29,734

* Staff vaccination NHS reimbursement £49k (2020/21: £nil). Comparatives for 2020/2021 contain the reimbursement and top up funding as a result of the Covid-19 pandemic and was formed of three main components; an initial block top up of £4.3m to get the Trust to a breakeven position, reimbursement for Covid-19 expenses in months 1-6 of £11.9m and a compensatory amount for lost income resulting from the pandemic of £2.5m.

**Other income includes £144k (2020/2021: £596k) of income related to ICT system support for Isle of Wight Trust, £233k (2020/2021: £158k) apprenticeship levy, income in respective of call centre services for third parties £765k (2020/2021: £nil) and income from third parties within SCFS Ltd £273k (2020/2021: £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:

	2021/22	2020/21
	£000	£000
Income from services designated as commissioner requested services	257,406	249,368
Income from services not designated as commissioner requested services	56,586	52,517
Total	**313,992**	**301,885**

Note 5.1 Operating expenses (Group)

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,701	850
Purchase of healthcare from non-NHS bodies - Accident & Emergency	12,409	17,377
Purchase of healthcare from non-NHS bodies - Patient Transport	20,879	18,792
Purchase of healthcare from non-NHS bodies - Other**	11,929	-
Staff and executive directors costs	203,690	211,419
Remuneration of non-executive directors	340	311
Supplies and services - clinical (excluding drugs costs)	5,630	5,587
Supplies and services - general	2,186	3,138
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	506	382
Donated Personal Protective Equipment (PPE)	383	3,724
Consultancy costs	252	382
Establishment	4,398	6,135
Premises	6,487	6,435
Information Technology	10,913	8,784
Transport (including business travel)	17,820	15,830
Depreciation on property, plant and equipment	9,319	11,911
Amortisation on intangible assets	1,289	2,062
Net impairments	830	517
Movement in credit loss allowance: contract receivables / contract assets	(84)	(53)
Change in provisions discount rate(s)	100	134
Audit fees payable to the external auditor		
audit services- statutory audit	114	53
other auditor remuneration (external auditor only)	16	13
Internal audit costs	74	78
Clinical negligence	2,638	6,045
Legal fees	108	1,132
Insurance	1,913	2,698
Education and training	3,071	3,357
Rentals under operating leases	8,579	7,764
Hospitality	102	46
*Other services, eg external payroll	1,962	970
Other	1,007	814
Total	**330,561**	**336,687**
Of which:		
Related to continuing operations	330,561	336,687

*Other services includes £872k from 111 managed service contract (2020/21: £652k)

** The purchase of healthcare from non-NHS bodies - Other relates to the subcontractor costs for the Hampshire IUC contract that commenced in June 2021

Note 5.2 Other auditor remuneration (Group)

	2021/22 £000	2020/21 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	16	13
Total	**16**	**13**

Note 5.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1m (2020/21: £2m).

Note 6 Impairment of assets (Group)

	2021/22 £000	2020/21 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	830	517
Total net impairments charged to operating surplus / deficit	**830**	**517**
Impairments charged to the revaluation reserve	76	250
Total net impairments	**906**	**767**

The impairment was in respect of building works rendering the previous building works as obsolete.

Note 7 Employee benefits (Group)

	2021/22 Total £000	2020/21 Total £000
Salaries and wages	149,569	162,283
Social security costs	15,515	15,510
Apprenticeship levy	769	778
Employer's contributions to NHS pensions*	27,037	26,882
Temporary staff (including agency)	10,800	5,966
Total gross staff costs	**203,690**	**211,419**
Recoveries in respect of seconded staff	-	-
Total staff costs	**203,690**	**211,419**

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For both 2020/21 and 2021/22, 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 £8.212m (2020/21: £8.101m) and related £8.212m (2020/21: £8.101m) funding have been recognised in these accounts.

During the year to 31 March 2022 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 2022, seven directors (2021: seven) accrued benefits under a defined benefits pension scheme.

Note 7.1 Retirements due to ill-health (Group)

During 2021/22 there were 2 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £176k (£78k in 2020/21).

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 2021/22.

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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

Defined Contribution Schemes

The company operates a defined contribution retirement benefit schemes for all new employees and existing employees. The scheme is operated by NEST, a scheme established by the government to aid the auto-enrolment process and details can be accessed on the NEST website www.nestpensions.org.uk. The assets of the schemes are held separately from those of the company in an independently administered fund.

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 2021/22 (2020/21: nil).

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

This note discloses costs and commitments incurred in operating lease arrangements where South Central Ambulance Service NHS Foundation Trust is the lessee.

	Group		Trust	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Operating lease expense				
Minimum lease payments	8,579	7,764	8,446	7,630
Total	**8,579**	**7,764**	**8,446**	**7,630**

	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Future minimum lease payments due relating to building leases:				
- not later than one year;	3,557	3,058	3,390	2,892
- later than one year and not later than five years;	12,608	10,847	11,941	10,183
- later than five years.	20,589	9,160	10,589	7,998
Total	**36,754**	**23,065**	**25,920**	**21,073**

	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Future minimum lease payments due relating to other leases:				
- not later than one year;	2,961	3,241	5,289	3,241
- later than one year and not later than five years;	8,454	6,728	14,637	6,728
Total	**11,415**	**9,969**	**19,926**	**9,969**

Note 10 Other gains / (losses) (Group)

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	272	154
Total gains / (losses) on disposal of assets	**272**	**154**

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 - 2021/22

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**10,773**	**2,109**	**12,882**
Additions	184	186	**370**
Reclassifications	1,977	(1,977)	**-**
Valuation / gross cost at 31 March 2022	**12,934**	**318**	**13,252**
Amortisation at 1 April 2021 - brought forward	**9,853**	**-**	**9,853**
Provided during the year	1,289	-	**1,289**
Amortisation at 31 March 2022	**11,142**	**-**	**11,142**
Net book value at 31 March 2022	**1,792**	**318**	**2,110**
Net book value at 1 April 2021	**920**	**2,109**	**3,029**

Note 12.2 Intangible assets - 2019/20

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**10,494**	**606**	**11,100**
Additions	126	1,694	**1,820**
Reclassifications	191	(191)	**-**
Disposals / derecognition	(38)	-	**(38)**
Valuation / gross cost at 31 March 2021	**10,773**	**2,109**	**12,882**
Amortisation at 1 April 2020 - brought forward	**7,829**	**-**	**7,829**
Provided during the year	2,062	-	**2,062**
Disposals / derecognition	(38)	-	**(38)**
Amortisation at 31 March 2021	**9,853**	**-**	**9,853**
Net book value at 31 March 2021	**920**	**2,109**	**3,029**
Net book value at 1 April 2020	**2,665**	**606**	**3,271**

Note 12.3 Intangible assets - 2021/22

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**10,730**	**2,109**	**12,839**
Additions	184	186	**370**
Reclassifications	1,977	(1,977)	**-**
Valuation / gross cost at 31 March 2022	**12,891**	**318**	**13,209**
Amortisation at 1 April 2021 - brought forward	**9,810**	**-**	**9,810**
Provided during the year	1,289	-	**1,289**
Amortisation at 31 March 2022	**11,099**	**-**	**11,099**
Net book value at 31 March 2022	**1,792**	**318**	**2,110**
Net book value at 1 April 2021	**920**	**2,109**	**3,029**

Note 12.4 Intangible assets - 2020/21

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**10,451**	**606**	**11,057**
Additions	126	1,694	**1,820**
Reclassifications	191	(191)	**-**
Disposals / derecognition	(38)	-	**(38)**
Valuation / gross cost at 31 March 2021	**10,730**	**2,109**	**12,839**
Amortisation at 1 April 2020 - as previously stated	**7,786**	**-**	**7,786**
Provided during the year	2,062	-	**2,062**
Disposals / derecognition	(38)	-	**(38)**
Amortisation at 31 March 2021	**9,810**	**-**	**9,810**
Net book value at 31 March 2021	**920**	**2,109**	**3,029**
Net book value at 1 April 2020	**2,665**	**606**	**3,271**

Note 13.1 Property, plant and equipment - 2021/22

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/ gross cost at 1 April 2021 - as previously stated	**9,440**	**49,316**	**7,994**	**15,947**	**33,173**	**5,756**	**1,611**	**123,237**
Additions	-	264	2,728	793	304	1,134	119	**5,342**
Impairments	-	(906)	-	-	-	-	-	**(906)**
Revaluations	50	1,110	-	-	-	-	-	**1,160**
Reclassifications	-	270	(5,213)	739	91	4,053	60	**-**
Disposals / derecognition	-	-	-	(1,725)	(4,661)	-	-	**(6,386)**
Valuation/ gross cost at 31 March 2022	**9,490**	**50,054**	**5,509**	**15,754**	**28,907**	**10,943**	**1,790**	**122,447**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**11,644**	**-**	**9,909**	**24,488**	**4,504**	**1,284**	**51,829**
Provided during the year	-	2,367	-	2,064	3,359	1,365	164	**9,319**
Impairments	-	(554)	-	-	-	-	-	**(554)**
Revaluations	-	-	-	-	104	-	-	**104**
Disposals / derecognition	-	-	-	(1,725)	(4,618)	-	-	**(6,343)**
Accumulated depreciation at 31 March 2021	**-**	**13,457**	**-**	**10,248**	**23,333**	**5,869**	**1,448**	**54,355**
Net book value at 31 March 2022	**9,490**	**36,597**	**5,509**	**5,506**	**5,574**	**5,074**	**342**	**68,092**
Net book value at 1 April 2021	**9,440**	**37,672**	**7,994**	**6,038**	**8,685**	**1,252**	**327**	**71,408**

Note 13.2 Property, plant and equipment - 2020/21

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/ gross cost at 1 April 2020 - as previously stated	**9,277**	**43,594**	**5,954**	**16,364**	**37,625**	**8,632**	**1,552**	**122,998**
Additions	-	1,023	5,133	1,597	59	245	59	**8,116**
Impairments	-	-	-	-	-	-	-	**-**
Revaluations	163	2,456	-	-	-	-	-	**2,619**
Reclassifications	-	2,331	(2,773)	25	165	252	-	**-**
Disposals / derecognition	-	(88)	(320)	(2,039)	(4,676)	(3,373)	-	**(10,496)**
Valuation/ gross cost at 31 March 2021	**9,440**	**49,316**	**7,994**	**15,947**	**33,173**	**5,756**	**1,611**	**123,237**
Accumulated depreciation at 1 April 2020 - as previously stated	**-**	**10,028**	**-**	**10,235**	**21,607**	**7,028**	**1,218**	**50,116**
Provided during the year	-	2,052	-	1,402	7,542	849	66	**11,911**
Impairments	-	767	-	-	-	-	-	**767**
Revaluations	-	(1,115)	-	-	-	-	-	**(1,115)**
Disposals / derecognition	-	(88)	-	(1,728)	(4,661)	(3,373)	-	**(9,850)**
Accumulated depreciation at 31 March 2021	**-**	**11,644**	**-**	**9,909**	**24,488**	**4,504**	**1,284**	**51,829**
Net book value at 31 March 2021	**9,440**	**37,672**	**7,994**	**6,038**	**8,685**	**1,252**	**327**	**71,408**
Net book value at 1 April 2020	**9,277**	**33,566**	**5,954**	**6,129**	**16,018**	**1,604**	**334**	**72,882**

Note 13.3 Property, plant and equipment financing - 2021/22

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022								
Owned - purchased	8,502	35,394	5,509	5,506	5,574	5,074	342	**65,901**
Owned - donated/ granted	988	1,203	-	-	-	-	-	**2,191**
NBV total at 31 March 2022	**9,490**	**36,597**	**5,509**	**5,506**	**5,574**	**5,074**	**342**	**68,092**

Note 13.4 Property, plant and equipment financing - 2020/21

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned - purchased	8,452	36,548	7,994	6,038	8,685	1,252	327	**69,296**
Owned - donated/ granted	988	1,124	-	-	-	-	-	**2,112**
NBV total at 31 March 2021	**9,440**	**37,672**	**7,994**	**6,038**	**8,685**	**1,252**	**327**	**71,408**

Note 13.5 Property, plant and equipment - 2021/22

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**9,440**	**48,630**	**7,994**	**13,367**	**17,523**	**5,489**	**1,611**	**104,054**
Additions	-	264	2,728	776	-	1,134	119	**5,021**
Impairments	-	(906)	-	-	-	-	-	**(906)**
Revaluations	50	1,134	-	-	-	-	-	**1,184**
Reclassifications	-	270	(5,213)	739	91	4,053	60	**-**
Disposals / derecognition	-	-	-	(1,725)	(3,896)	-	-	**(5,621)**
Valuation/gross cost at 31 March 2022	**9,490**	**49,392**	**5,509**	**13,157**	**13,718**	**10,676**	**1,790**	**103,732**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**11,536**	**-**	**9,309**	**16,752**	**4,304**	**1,284**	**43,185**
Provided during the year	-	2,324	-	1,745	674	1,299	164	**6,206**
Revaluations	-	(553)	-	-	-	-	-	**(553)**
Disposals / derecognition	-	-	-	(1,725)	(3,896)	-	-	**(5,621)**
Accumulated depreciation at 31 March 2022	**-**	**13,307**	**-**	**9,329**	**13,530**	**5,603**	**1,448**	**43,217**
Net book value at 31 March 2022	**9,490**	**36,085**	**5,509**	**3,828**	**188**	**5,073**	**342**	**60,515**
Net book value at 1 April 2021	**9,440**	**37,094**	**7,994**	**4,058**	**771**	**1,185**	**327**	**60,869**

Note 13.6 Property, plant and equipment - 2020/21

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 2020 - as previously stated	**9,277**	**42,931**	**5,631**	**13,392**	**22,034**	**8,365**	**1,552**	**103,182**
Additions	-	1,023	5,136	1,596	-	245	59	**8,059**
Impairments	-	-	-	-	-	-	-	**-**
Revaluations	163	2,433	-	-	-	-	-	**2,596**
Reclassifications	-	2,331	(2,773)	25	150	267	-	**-**
Disposals / derecognition	-	(88)	-	(1,646)	(4,661)	(3,388)	-	**(9,783)**
Valuation/gross cost at 31 March 2021	**9,440**	**48,630**	**7,994**	**13,367**	**17,523**	**5,489**	**1,611**	**104,054**
Accumulated depreciation at 1 April 2020 - as previously stated	**-**	**9,963**	**-**	**9,908**	**18,058**	**6,894**	**1,218**	**46,041**
Provided during the year	-	2,009	-	1,047	3,355	783	66	**7,260**
Impairments	-	767	-	-	-	-	-	**767**
Revaluations	-	(1,115)	-	-	-	-	-	**(1,115)**
Disposals / derecognition	-	(88)	-	(1,646)	(4,661)	(3,373)	-	**(9,768)**
Accumulated depreciation at 31 March 2021	**-**	**11,536**	**-**	**9,309**	**16,752**	**4,304**	**1,284**	**43,185**
Net book value at 31 March 2021	**9,440**	**37,094**	**7,994**	**4,058**	**771**	**1,185**	**327**	**60,869**
Net book value at 1 April 2020	**9,277**	**32,968**	**5,631**	**3,484**	**3,976**	**1,471**	**334**	**57,141**

Note 13.7 Property, plant and equipment financing - 2021/22

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022								
Owned - purchased	8,502	34,882	5,509	3,828	188	5,073	342	**58,324**
Owned - donated / granted	988	1,203	-	-	-	-	-	**2,191**
NBV total at 31 March 2022	**9,490**	**36,085**	**5,509**	**3,828**	**188**	**5,073**	**342**	**60,515**

Note 13.8 Property, plant and equipment financing - 2020/21

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned - purchased	8,452	35,970	7,994	4,058	771	1,185	327	**58,757**
Owned - donated / granted	988	1,124	-	-	-	-	-	**2,112**
NBV total at 31 March 2021	**9,440**	**37,094**	**7,994**	**4,058**	**771**	**1,185**	**327**	**60,869**

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 in the 2015/2016 year. 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.

Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation. IFRS16 will not be adopted by the NHS until 2022/23, 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 unaudited 2021/22 accounts will be an amount of £1.422m right of use asset (2020/21 audited: £1.551m) along with a £1.639m lease liability (2020/21 audited: £1.747m), of which £0.112m is due within 1 year (2020/21 audited: £0.108m), £0.507m due within 2 - 5 years (2020/21 audited: £473m) and £1.020m due after 5 years (2020/21 audited : £1.166m). On the profit and loss account will be a £0.129m depreciation charge (2020/21 audited: £0.129m) which is shown in the consolidated accounts as an operating lease expense. The audit of the subsidiary is carried out by Azets Audit Services and is carried out at a later date than these consolidated accounts. The figures stated above for the unaudited 2021/22 accounts are provisional and are subject to change.

Note 15 Inventories

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Consumables	903	959	511	569
Energy	317	183	317	183
Total inventories	**1,220**	**1,142**	**828**	**752**

Group inventories recognised in expenses for the year were £0k (2020/21: £0k). Write-down of group inventories recognised as expenses for the year were £0k (2020/21: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £383k (2020/21: £3,724k) of items purchased by Department of Health and Social Care.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 16.1 Receivables

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Current				
Contract receivables	9,497	14,529	9,324	14,526
Allowance for impaired contract receivables / assets	(297)	(381)	(297)	(381)
Prepayments (non-PFI)	6,350	5,071	6,256	4,970
Interest receivable	19	-	19	-
PDC dividend receivable	240	295	240	295
VAT receivable	-	12	816	673
Other receivables	497	597	496	595
Total current receivables	**16,306**	**20,123**	**16,854**	**20,678**
Non-current				
Other receivables	20	-	20	
Total non-current receivables	**20**	**-**	**20**	**-**
Of which receivable from NHS and DHSC group bodies:				
Current	8,188	13,562	8,188	13,562
Non-current	20	-	20	-

Non-current receivables totalling £20k (2020/21: £nil) are in respect of the 2019/20 Pension Allowance Charge Compensation Scheme (PAACCS).

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 - 2021/22

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2021 - brought forward	**381**	-	**381**	-
Changes in existing allowances	(84)	-	(84)	-
Allowances as at 31 Mar 2022	**297**	**-**	**297**	**-**

Note 16.3 Allowances for credit losses - 2020/21

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2020 - as previously stated	**434**	-	**434**	-
Changes in existing allowances	(53)	-	(53)	-
Allowances as at 31 Mar 2021	**381**	**-**	**381**	**-**

The provision relates to £195k injury cost recovery (2020/21: £190k), £87k trade receivables (2020/21: £99k) and £15k overpaid salaries (2020/21: £92k).

Note 17 Other financial assets

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
Current	£000	£000	£000	£000
Loans and receivables	-	-	2,432	2,748
Total other current assets	**-**	**-**	**2,432**	**2,748**
Non-current				
Share Capital	-	-	441	441
Loans and receivables	-	-	6,813	10,228
Total other non-current assets	**-**	**-**	**7,254**	**10,669**

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 2022 an amount of £10.228m was outstanding (2020/21: £13.703m).

An impairment review has been carried out on the inter-company loans, the exposure to potential default is £10.228m (2020/21: £13.703m) with vehicles asset values of £5.386m (2020/21: £7.916m), this results in a potential maximum theoretical loss on the loans of £4.842m (2020/21: £5.786m) or 47.3% (2020/21: 42.2%). The probability of default has been calculated at 5.25% (2020/21: 6.5%) based on the EU and UK and Global trailing 12 month speculative grade default rate for vehicles. The theoretical write down of the loans would be 5.25% of the £4.842m which would result in a theoretical write down of £254k (2020/21: £376k), sensitivity analysis is £48k (2020/21: £58k) per 1%. No impairment write down has been provided during this financial year due to the non-material nature of the calculated theoretical default and due to the loan repayments from South Central Fleet Services Limited being repaid on schedule.

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

	Group		Trust	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**-**	**930**	**-**	**930**
Assets sold in year	-	(930)	-	(930)
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**-**	**-**	**-**

During 2020/21 land and buildings in Bletchley valued at £930k were disposed of at market value.

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	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
At 1 April	**50,714**	**20,561**	**49,051**	**20,057**
Net change in year	10,196	30,153	11,056	28,994
At 31 March	**60,910**	**50,714**	**60,107**	**49,051**
Broken down into:				
Cash at commercial banks and in hand	803	1,663	-	-
Cash with the Government Banking Service	60,107	49,051	60,107	49,051
Total cash and cash equivalents as in SoFP	**60,910**	**50,714**	**60,107**	**49,051**
Total cash and cash equivalents as in SoCF	**60,910**	**50,714**	**60,107**	**49,051**

Note 20.1 Trade and other payables

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Current				
Trade payables	7,367	2,712	7,256	2,650
Capital payables	775	4,515	755	4,515
Accruals	31,321	30,347	30,873	29,790
Social security costs	2,280	2,444	2,239	2,418
VAT payables	134	-	-	-
Other taxes payable	1,563	1,845	1,553	1,827
Other payables	73	7	73	4
Total current trade and other payables	**43,513**	**41,870**	**42,749**	**41,204**
Of which payables from NHS and DHSC group bodies:				
Current	4,010	1,171	4,010	1,171
Non-current	-	-	-	-

Accruals include £2,519k outstanding pension contributions as at 31 March 2022 (31 March 2021: £2,628k).

Note 20.2 Early retirements in NHS payables above

There were no early retirement payments in the above.

Note 20.3 Better Payment Practice Code

Measure of compliance	March 2022 Number	March 2022 £000	March 2021 Number	March 2021 £000
Non-NHS Payables;				
Total Non-NHS Trade Invoices Paid in the Year	42,366	179,744	48,599	164,813
Total Non-NHS Trade Invoices Paid Within Target	40,349	175,182	45,962	159,202
Percentage of Non-NHS Trade Invoices Paid Within Target	95.2%	97.5%	94.6%	96.6%
NHS Payables;				
Total NHS Trade Invoices Paid in the Year	736	7,454	621	5,923
Total NHS Trade Invoices Paid Within Target	715	7,431	604	5,907
Percentage of NHS Trade Invoices Paid Within Target	97.1%	99.7%	97.3%	99.7%

The Trust will continue to try to pay invoices from its suppliers promptly and will strive to pay all valid invoices by the due date, or within 30 days of receipt of invoice in accordance with the Better Payment Practice Code.

Note 21.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other* £000	Total £000
At 1 April 2021	**2,939**	**72**	**91**	**12,687**	**15,789**
Change in the discount rate	100	-	-	-	**100**
Arising during the year	80	5	58	1,071	**1,214**
Utilised during the year	(178)	(27)	(41)	(2,164)	**(2,410)**
Reversed unused	(135)	-	-	(552)	**(687)**
Unwinding of discount	11	-	-	-	**11**
At 31 March 2022	**2,817**	**50**	**108**	**11,042**	**14,017**
Expected timing of cash flows:					
- not later than one year;	172	23	108	9,111	**9,414**
- later than one year and not later than five years;	607	27	-	422	**1,056**
- later than five years.	2,038	-	-	1,509	**3,547**
Total	2,817	50	108	11,042	**14,017**

*Other provisions include £3,905k (2020/21: £4,684k) ongoing costs arising from the management of closure activities including the retention of clinical records, £4,691k (2020/21: £4,897k) staff related costs, £933k (2020/21: £634k) property dilapidations and £2,038k (2020/21: £1,769k) provision for credit notes.

Note 21.2 Provisions for liabilities and charges analysis (Trust)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other*	Total
	£000	£000	£000	£000	£000
At 1 April 2021	**2,939**	**72**	**91**	**12,618**	**15,720**
Change in the discount rate	100	-	-	-	**100**
Arising during the year	80	5	58	1,071	**1,214**
Utilised during the year	(178)	(27)	(41)	(2,096)	**(2,342)**
Reversed unused	(135)	-	-	(593)	**(728)**
Unwinding of discount	11	-	-	-	**11**
At 31 March 2021	**2,817**	**50**	**108**	**11,000**	**13,975**
Expected timing of cash flows:					
- not later than one year;	172	23	108	9,069	**9,372**
- later than one year and not later than five years;	607	27	-	422	**1,056**
- later than five years.	2,038	-	-	1,509	**3,547**
Total	**2,817**	**50**	**108**	**11,000**	**13,975**

* Other provisions include £3,905k (2020/21: £4,684k) ongoing costs arising from the management of closure activities including the retention of clinical records, £4,650k (2020/21: £4,828k) staff related costs, £933k (2020/21: £634k) property dilapidations and £2,038k (2020/21: £1,769k) provision for credit notes.

Note 22 Clinical negligence liabilities

At 31 March 2022 £81,587k was included in provisions of NHS Resolutions in respect of clinical negligence liabilities of South Central Ambulance Service NHS Foundation Trust (31 March 2021: £42,473k).

Note 23 Contingent assets and liabilities

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities				
NHS Resolution legal claims	(101)	(54)	(101)	(54)
Gross value of contingent liabilities	**(101)**	**(54)**	**(101)**	**(54)**
Net value of contingent liabilities	**(101)**	**(54)**	**(101)**	**(54)**
Net value of contingent assets	-	**-**	-	**-**

Note 24 Contractual capital commitments

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	740	978	740	978
Intangible assets	32	80	32	80
Total	**772**	**1,058**	**772**	**1,058**

Note 25 Financial instruments

Note 25.1 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.

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 2022 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 25.2 Carrying values of financial assets

	Group				Trust			
Carrying values of financial assets as at 31 March 2022	**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**
Trade and other receivables with NHS and DHSC bodies excluding non financial assets	7,946	-	-	**7,946**	7,946	-	-	**7,946**
Trade and other receivables with other bodies excluding non financial assets	1,767	-	-	**1,767**	1,613	-	-	**1,613**
Other Investments	-	-	-	**-**	441	-	-	**441**
Loans With Subsidiaries	-	-	-	**-**	10,227	-	-	**10,227**
Cash and cash equivalents	60,910	-	-	**60,910**	60,107	-	-	**60,107**
Total at 31 March 2022	**70,623**	**-**	**-**	**70,623**	**80,334**	**-**	**-**	**80,334**

	Group				Trust			
Carrying values of financial assets as at 31 March 2021	**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**
Trade and other receivables with NHS and DHSC bodies excluding non financial assets	13,267	-	-	**13,267**	13,267	-	-	**13,267**
Trade and other receivables with other bodies excluding non financial assets	1,478	-	-	**1,478**	1,475	-	-	**1,475**
Other Investments	-	-	-	**-**	441	-	-	**441**
Loans With Subsidiaries	-	-	-	**-**	12,976	-	-	**12,976**
Cash and cash equivalents	50,714	-	-	**50,714**	49,051	-	-	**49,051**
Total at 31 March 2021	**65,459**	**-**	**-**	**65,459**	**77,210**	**-**	**-**	**77,210**

Note 25.3 Carrying values of financial liabilities

	Group			Trust		
Carrying values of financial liabilities as at 31 March 2022	**Held at amortised cost £000**	**Held at fair value through I&E £000**	**Total book value £000**	**Held at amortised cost £000**	**Held at fair value through I&E £000**	**Total book value £000**
Trade and other payables with NHS and DHSC bodies excluding non financial liabilities	4,010	-	**4,010**	4,059	-	**4,059**
Trade and other payables (excluding non financial liabilities) - with other bodies	32,881	-	**32,881**	32,517	-	**32,517**
Provisions under contract	4,167	-	**4,167**	4,167	-	**4,167**
Total at 31 March 2022	**41,058**	**-**	**41,058**	**40,743**	**-**	**40,743**

Carrying values of financial liabilities as at 31 March 2021	Group			Trust		
	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Trade and other payables with NHS and DHSC bodies excluding non financial liabilities	1,171	-	**1,171**	1,171	-	**1,171**
Trade and other payables (excluding non financial liabilities) - with other bodies	30,319	-	**30,319**	31,264	-	**31,264**
Provisions under contract	5,714	-	**5,714**	5,714	-	**5,714**
Total at 31 March 2021	**37,204**	**-**	**37,204**	**38,149**	**-**	**38,149**

Note 25.4 Fair values of financial assets and liabilities

The Group held no non-current financial assets as at 31 March 2022 (31 March 2021: 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 25.5 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 20201 £000
In one year or less	40,292	36,668	39,977	37,359
In more than one year but not more than five years	82	30	82	30
In more than five years	684	506	684	506
Total	**41,058**	**37,204**	**40,743**	**37,895**

Note 26 Losses and special payments

Group and trust	2021/22 Total number of cases Number	2021/22 Total value of cases £000	2020/21 Total number of cases Number	2020/21 Total value of cases £000
Losses				
Bad debts and claims abandoned	74	83	103	85
Stores losses and damage to property	6	2	1	1
Total losses	**80**	**85**	**104**	**86**
Special payments				
Ex-gratia payments	1	2,045	-	-
Total special payments	**1**	**2,045**	**-**	**-**
Total losses and special payments	**81**	**2,130**	**104**	**86**
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.

The ex-gratia payment related payments made to eligible employees following settlement of claims (both actual and potential) in relation to the Flowers v East of England Ambulance Services. This agreement was reached nationally on behalf of English Ambulance Trusts, between NHS Employers and national Trade Unions, the agreement included a period of 'back-pay'. Payments were in recognition of overtime and other regular payments that should be accrued during period of annual leave, as outlined in Section 13.9 of the NHS Agenda for Change Handbook.

Note 27 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

Berkshire Healthcare NHS Foundation Trust

NHS Oxfordshire CCG

NHS Hampshire, Southampton & Isle of Wight CCG

NHS Buckinghamshire CCG

NHS Bedfordshire, Luton & Milton Keynes CCG

NHS Portsmouth CCG

NHS Frimley CCG

NHS Berkshire West CCG

NHS Brighton & Hove CCG

NHS East Sussex CCG

NHS Surrey Heartlands CCG

NHS West Sussex CCG

Isle of Wight NHS Trust

NHS England

Public Health England

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 £10.446m (2020/21: £12.972m).

Receipts from South Central Fleet Services Ltd £0.382m (2020/21: £0.376m).

Amounts owed to South Central Fleet Services Ltd as at 31st March 2022 £0.982m (31st March 2021: £0.727m).

Amounts owed from South Central Fleet Services Ltd as at 31st March 2022 £nil (31st March 2021: £nil).

During the year South Central Ambulance Service loaned South Central Fleet Services Ltd £6.5m with an interest rate of 3.5%, during the year repayments of £9.975m were made. At the end of the year South Central Fleet Services owed South Central Ambulance NHS Foundation Trust £10.228m in outstanding loans (2020/21: £13.703m)

The SCA Charity had total gross assets of £698k as at 31 March 2022 (2020/21: £493k). During the 2021/22 year the Charity received income of £989k (2020/21: £558k) and incurred expenditure of £884k (2020/21: £586k). The results for 31 March 2022 are provisional and unaudited at this stage and are subject to change. During the year South Central Ambulance Service paid the charity £50k for 6 months' lease costs for the charity's Community First responder vehicles. The charity contributed £10k towards the costs of providing Christmas hampers to the staff of the Trust.

Note 28 Events after the reporting date

There were no events after the reporting date.

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 on the financial statements

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 2022, which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Equity, the Statement of Changes in Equity, the Statement 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 in the United Kingdom, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2021 to 2022.

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 2022 and of the Group's and Trust's expenditure and income for the year then ended; and

- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted in the United Kingdom, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2021 to 2022; 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)), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom'. 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 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.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

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.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- The parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and

- The other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Annual Governance Statement

- Under the Code of Audit Practice, we are required to report to you if, in our opinion, the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit.

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

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and 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.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

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.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

We obtain and update our understanding of the entity, its activities, its control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the Trust is complying with that framework. Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the Trust that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;

- Reviewing minutes of meetings of those charged with governance;

- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the Trust's financial statements or the operations of the Trust through enquiry and inspection;

- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations, the National Health Service Act 2006 and other related legislation;

- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias; and

- Other audit procedures responsive to the risk of fraud, non-compliance with laws and regulation or irregularity as appropriate.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulations. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Report on other legal and regulatory matters

Reports in the public interest or to the regulator

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; 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.

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

Under the Code of Audit Practice, we are required to report 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 2022. We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

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 December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;

- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and

- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Certificate of completion of the audit

We certify that we have completed the audit of the financial statements of South Central Ambulance Service NHS Foundation Trust for the year ended 31 March 2022 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.

Chris Brown, Key Audit Partner

for and on behalf of Azets Audit Services, Local Auditor Edinburgh

21 June 2022

GLOSSARY

A&E	Accident and Emergency
AACE	Association of Ambulance Chief Executives
ACA	Ambulance Care Assistant
Acorn	Consumer classification that segments the UK population by analysing demographic data, social factors, population and consumer behaviour
ACQI	Ambulance Clinical Quality Indicators
AED	Automated External Defibrillator
aPADs	Ambulance Portable Access Devices
ARP	Ambulance Response Programme
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BAU	Business as Usual
BHF	British Heart Foundation
BLMK	Bedfordshire, Luton & Milton Keynes
BOB	Buckinghamshire, Oxfordshire & Berkshire
CAT	Category
CAS	Clinical Assessment Service
CALNAS	Culture and Leadership Network for Ambulance Services
CBRNe	Chemical, Biological, Radiological, Nuclear Explosives
CCAS	Covid Clinical Assessment Service
CCC	Clinical Coordination Centre
CCG	Clinical Commissioning Group
CFR	Community First Responder
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
CRM	Customer Relationship Management
CRN	Clinical Research Networks
CRASH	Clinical Randomisation of an Anti-fibrinolytic in Symptomatic mild Head injury
CRS	Covid Response Service

CSD	Clinical Support Desk
DRC	Depreciated Replacement Cost
DSE	Display Screen Equipment
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ECA	Emergency Care Assistant
ECT	Emergency Call Taker
ED	Emergency Department
EDI	Equality Diversity and Inclusion
EDS	Equality Delivery System
EDS2	Equality Delivery System 2
EDs	Executive Directors
EO	Executive Officer
EOC	Emergency Operations Centre
EQIA	Equality Impact Analysis
ESPM	Essential Skills for People Managers
FReM	Financial Reporting Manual
FRF	Financial Recovery Fund
FRICS	Fellow Royal Institution of Chartered Surveyors
FT	Foundation Trust
FTE	Full-Time Equivalent
FTSU	Freedom to Speak Up
GAD	Government Actuary Department
GAM	Group Accounting Manual
GP	General Practitioner
HART	Hazardous Area Response Team
HCP	Healthcare Professional
HIOW	Hampshire & Isle of Wight
HLO	Hospital Liaison Officer
HM	Her Majesty's
HMRC	Her Majesty's Revenue and Customs
HR	Human Resources
HSH	Hampshire and Surrey Heath
HSJ	Health Service Journal
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
IO	Intraosseously
IOW	Isle of Wight
IPC	Infection Prevention and Control

IT	Information Technology
IUC	Integrated Urgent Care
IV	Intravenously
IWP	Integrated Workforce Plan
KPI	Key Performance Indicator
LA	Local Authority
LeDeR	A service improvement programme for people with a learning disability and autistic people
LGBT	Lesbian, Gay, Bisexual, and Transgender.
LFT	Lateral Flow Test
LRF	Local Resilience Forum
MACA	Military Aid to Civilian Authorities
MH	Mental Health
MHSG	Mental Health Steering Group
MK	Milton Keynes
MEA	Modern Equivalent Asset
MEC	Membership and Engagement Committee
MSK	Musculoskeletal
MTA	Marauding Terrorist Attack
NBV	Net Book Value
NED	Non Executive Director
NFPS	National Flu Pandemic Service
NHS	National Health Service
NHSE/I	NHS England/Improvement
NHUC	North Hampshire Urgent Care
NPMV	Ofsted New Provider Monitoring Visit
OCI	Other Comprehensive Income
OH	Oxford Health
OHCA	Out of Hospital Cardiac Arrest
OD	Organisational Development
ONS	Office for National Statistics
PAD	Publicly Accessible Defibrillator
PDC	Public Dividend Capital
PFI	Private Finance Initiative
PHL	Partnering Health Limited
PMO	Project Management Office
POSED	Prehospital Optimal Shock Energy for Defibrillation
PPE	Personal Protective Equipment
PSED	Public Sector Equality Duty
PSF	Provider Sustainability Funding
PTS	Patient Transport Service
RAG	Red Amber Green
REAP	Resource Escalation Action Plan

RECAP	Remote COVID-19 Assessment in Primary Care
RICS	Royal Institute of Chartered Surveyors
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RPI	Retail Prices Index
SCAS	South Central Ambulance Service NHS Foundation Trust
SCWCSU	South Central and West Commissioning Support Unit
SDAT	Sustainable Development Assessment Tool
SDEC	Same Day Emergency Care
SDMP	Sustainable Development Management Plan
SH	Southern Health
SIRI	Serious Incident Requiring Investigation
SJR	Structured Judgement Review
SOCF	Statement of Cash Flow
SOFP	Statement of Financial Position
SORT	Special Operations Response Team
STEMI	Stroke and ST-Elevation Myocardial Infarction
TOT	Terms of Reference
TV	Thames Valley
TVIUC	Thames Valley Integrated Urgent Care
UCD	Urgent Care Desk
UK	United Kingdom
UTC	Urgent Treatment Centre
VAT	Value Added Tax
VOR	Vehicle Off Road
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent

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