South East Coast Ambulance Service NHS Trust

Our plans for becoming a foundation trust

Have your say on the future of your local ambulance service

Consultation document
25 July 2009 – 16 October 2009
We, South East Coast Ambulance Service NHS Trust, have published this document.

If you need a copy of this document in large print, in Braille, on audio or in another language, please contact us at:

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若您需要以另外一种语言书写或其他格式的本文件，请您按以下的联络详情通过电话、电子邮件或书写的方式和我们取得联系。

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Your ambulance service is being transformed. We have changed from a service that transported patients to treatment, to a service that is now bringing more treatment to patients.

Calls to us are increasing – roughly by 5% each year – and the range of conditions we are called for is broader than ever before. It ranges from critically ill and injured patients suffering from conditions such as stroke, trauma and coronary heart disease, to patients who have a less serious need for health care, such as those with minor injuries and illnesses.

We are your ambulance service and we want to adapt to meet the changing needs of everyone who calls for our help – no matter what their condition or what health care they need – and continue to improve to make sure we provide the best possible care to patients across Surrey, Sussex and Kent.

Providing world-class care for patients is what we aim to do – we want to be the best ambulance service, as our patients deserve nothing less. We are confident we will achieve this goal, and becoming a foundation trust will help us. As a foundation trust, we will have the freedom to make the improvements that our patients need and deserve, at a much quicker rate. This will allow us to provide a higher quality of care for everyone.

We believe that, with your help and involvement, we can develop your local ambulance service into the best in the world. These are exciting times for us and we want you to be part of this journey. So, we hope that this consultation document will encourage you to share your views about our plans for the future by answering a few simple questions, and even to become a member of our new foundation trust, which will give you the opportunity to shape today your ambulance service of tomorrow.

Remember... your service, your call!

Martin Kitchen
Chairman

Paul Sutton
Chief Executive

Did you know?

- We cover an area of 3,600 square miles made up of urban and rural areas and stretches of some of the busiest motorways in the country.
- In 2008/2009, we saw a 5.7% increase in emergency 999 calls.
- We employ over 3,000 staff across more than 65 sites, and around 85% of our employees work directly with patients.
- We also provide some services to selected geographic areas within parts of Berkshire and north-east Hampshire on the Surrey county boundary.
- We work closely with eight primary care trusts (PCTs), 12 acute hospital trusts and four mental-health and specialist trusts.

we provide ambulance services to around 4.5 million people living in Kent, Surrey and Sussex. That’s more people than the entire population of New Zealand.

Last year (2008/2009), we received nearly 580,000 emergency calls from members of the public and health-care professionals – that’s roughly one call every minute.
Our vision

‘We will match and exceed international best practice through embracing innovation and putting the patient at the heart of everything we do.’

Our strategy to achieve this is to strengthen and extend our main activities through adopting the principles of high performance.

**Response-time reliability**
getting to the patient quickly.

**Customer satisfaction**
treating people with dignity and respect.

**Clinical effectiveness**
making the patient better, or taking them to someone who can.

**Economic efficiency**
achieving this without it costing more.

Question 1:
Do you agree with our vision?

What is a foundation trust?

NHS foundation trusts are a different type of NHS organisation known as a public-benefit corporation. They are still part of the NHS and continue to provide free care to patients based on their needs. They also still have to meet national government targets as a minimum and are regularly assessed and inspected like other NHS trusts.

The difference is that foundation trusts do not have to answer to the Government through the Department of Health. They are run locally, with members having a say in how they want the trust’s services to be developed.

Local people, patients, staff and representatives from partner organisations can become members. A foundation trust must be clearly accountable to its elected members through its Council of Governors. This means that, as a foundation trust, we would directly answer to and be responsible to local people. For this reason, foundation trusts can be much more focused on meeting the needs of the local communities they serve.

For more information about membership and the Council of Governors, please see pages 13 and 14.

The first foundation trusts were set up in 2004 – initially, only hospital trusts were able to apply to become foundation trusts. In 2007 the Department of Health announced that, from April 2009, ambulance trusts could apply to become foundation trusts, and so our journey began!

Foundation trusts can reinvest funds into the organisation, creating more opportunities to develop new services, increase staff development, upgrade buildings and vehicles or introduce new and modern technology and techniques. Also, foundation trusts have more freedom to borrow funds to support service developments that aim to meet the needs of local people.

Foundation trusts continue to work in partnership with other NHS trusts and other organisations such as local authorities, charities and emergency services.

They are overseen and regularly monitored by an independent regulator called Monitor. Monitor also carries out a thorough assessment process to decide whether an NHS trust is ready to become a foundation trust.

For more information about foundation trusts, visit the Department of Health’s website at [www.dh.gov.uk](http://www.dh.gov.uk), or Monitor’s website at [www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk).
We believe that becoming a foundation trust will help us to achieve our vision of becoming one of the best ambulance services in the world. Being accountable to local people, patients and staff, rather than the Government, means that we really can make sure that the services we provide are meeting the needs of our communities. We are here to serve you and we want to be guided by you more in the future. By becoming a member of our foundation trust, you will have a recognised voice in our decision-making and how we plan future services. As a foundation trust, we will have more freedom, meaning we can improve care much quicker than we are able to as an NHS trust.

**Benefits of becoming a foundation trust**

- You will have a greater say in helping us to develop a service which reflects the needs of local people – designing today the service that you want tomorrow.
- We can increase our investment in new services, upgrading buildings and emergency vehicles as well as developing our staff.
- As a foundation trust, we will have more freedom to introduce new ideas, technology and techniques as we will be able to make decisions much more quickly. We won’t have to get permission from other organisations such as the Department of Health to change and improve our services, which means we can respond better to our patients’ changing needs.
- We will be better able to take into account the varied range of needs within our communities, by making sure our membership represents all the communities we serve.
- There will be more opportunities than ever before for our staff, including more training, education and development, as well as more opportunity for progression.
- There will be improved care for patients. This is because, as a foundation trust, we will be able to introduce new technology and treatments much more quickly, and provide more education, training and development for staff.
- We will be able to work more closely with local communities to provide more advice and education on conditions such as stroke and heart disease, helping local people learn how to save a life.

**Why do we want to become a foundation trust?**

- We believe that becoming a foundation trust will help us to achieve our vision of becoming one of the best ambulance services in the world. Being accountable to local people, patients and staff, rather than the Government, means that we really can make sure that the services we provide are meeting the needs of our communities. We are here to serve you and we want to be guided by you more in the future. By becoming a member of our foundation trust, you will have a recognised voice in our decision-making and how we plan future services. As a foundation trust, we will have more freedom, meaning we can improve care much quicker than we are able to as an NHS trust.
How will we work as a foundation trust?

Becoming a foundation trust will change how we are run and managed. We will develop a new structure for the organisation, which will make sure we are always accountable to our members. We will set up a Council of Governors to represent our members and to work with the Board of Directors on our plans for the future.

Members
Local people, patients, staff and representatives from partner organisations will be able to be more involved and have a greater say in planning for the future by becoming a member of our foundation trust. Our membership will represent all the communities we serve.

Council of Governors
We will set up a Council of Governors to represent our membership. Most of the governors will be elected by members. However, we will also invite representatives from partner organisations such as other NHS trusts, local authorities and charities to become governors, to make sure the Council of Governors represents everyone’s needs. The Council of Governors is responsible for appointing the chairman of our foundation trust, as well as non-executive directors.

Board of Directors
The Board of Directors’ role will be to manage the organisation and work closely with the Council of Governors to develop plans for the future. The Board of Directors will be made up of seven executive directors, including the chief executive, and seven non-executive directors, including the chairman. The chairman will have the casting vote if the voting is tied.

Question 2: Do you agree with our proposals for the Board of Directors?
Becoming a member is very easy – and it’s free! All you need to do is fill in a membership form. When you sign up to become a member, you become a part of the organisation. It becomes ‘your service, your call’.

We understand that not everyone can, or will want to, be involved in everything, so we will make sure that you have the opportunity to be involved as much or as little as you want to be.

What are the benefits of becoming a member?

As a member, you will:

- have a say in how we plan future services;
- be consulted on any significant changes we are planning to make to our services;
- help to promote the work that we do in your local community by learning more about us and what we do;
- be able to attend our open days, meetings and community events, either as an ambassador (someone who promotes our work) or just to learn more about us;
- receive regular updates and information about us and take part in surveys and focus groups, as well as receive invitations to a range of meetings; and
- be able to elect governors to represent your views on the Council of Governors or even stand for election as a governor yourself.

If you would like a membership form, please see our website at www.ysyc.secamb.nhs.uk or contact us – our contact details are on page 2.

How will our membership work?

We are proposing to have two categories of membership – public and staff. You can only belong to one category, but members from both categories will be able to elect representatives to our Council of Governors.

We are proposing that public members can be of any age (those under 16 will need permission from a parent or guardian), and membership will be open to anyone who lives in the area that we cover.

We are proposing that all of our staff will become members automatically unless they choose to opt out. All staff members will have the opportunity to stand to be a governor and, if elected, will be able to sit on the Council of Governors alongside governors from public and partner organisations.

We want a membership that is drawn from our staff, the public, patients and partner organisations, and that represents the communities we serve. We are proposing to divide our public and staff membership into constituencies, and these constituencies will hold elections to select governors to represent them.

Public membership

We are proposing to have six constituencies within our public membership. These will be based on the following local-authority areas that we cover.

1. Brighton and Hove
2. East Sussex
3. Kent
4. Medway
5. Surrey (including the parts of Berkshire and north-east Hampshire that we serve)
6. West Sussex

Staff Membership

We are proposing that staff will automatically become members but will have the choice to opt out. We are proposing to have two staff constituencies.

1. Operational staff – those who deal with patients direct, either face-to-face or over the phone.
2. Non-operational staff – support staff (for example, Human Resources and Finance).

Question 3:
Do you agree that there should not be a minimum age for membership?

Question 4:
Do you agree with the public constituencies we have proposed?

Question 5:
Do you agree with our proposals for staff membership?
We are proposing that there should be 26 governors on our Council of Governors, made up of a mix of 18 elected governors (14 public and four staff) and eight appointed governors. Staff and public members will hold elections to select the governors they want to represent them on the Council of Governors. The length of service for our governors will be staggered, with some standing on the Council of Governors for two years and others for three years. This will avoid us having a complete change of governors at the same time and will mean existing governors can provide support for new governors.

The number of public governors representing each area relates to the percentage of the region’s population living in each of these areas.

### Staff governors (elected) 4
- Operational 3
- Non-operational 1

### Public governors (elected) 14
- Brighton and Hove 1
- East Sussex 2
- Kent 4
- Medway 1
- Surrey (including the parts of Berkshire and north-east Hampshire that we serve) 4
- West Sussex 2

<table>
<thead>
<tr>
<th>Appointed governors</th>
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<td>Primary care trust</td>
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<td>Regional Resilience Forum</td>
<td>1</td>
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<tr>
<td>NHS acute trust</td>
<td>2</td>
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<tr>
<td>NHS mental health or social care trust</td>
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<td>University</td>
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The governors will be expected to:
- work closely with the Board of Directors to plan future services;
- come up with ideas for developing services;
- represent the views of members;
- support the trust’s membership strategy by making sure it continues to represent the communities we serve; and
- recruit new members and encourage people to step forward for election.

The trust is free to decide the total number of governors on the Council of Governors, but by law the elected public governors must be in the majority by at least one seat. We are proposing to make it a condition that governors are at least 16 years of age.

### Who will be on our Council of Governors?

We will choose our appointed governors from the following groups.

- **Primary care trust**
  - NHS Brighton and Hove
  - NHS East Sussex Downs and Weald
  - NHS Eastern and Coastal Kent
  - NHS Hastings and Rother
  - NHS Medway
  - NHS West Kent
  - NHS Surrey
  - NHS West Sussex

- **Local authority**
  - Brighton & Hove City Council
  - East Sussex County Council
  - Kent County Council
  - Medway Council
  - Surrey County Council
  - West Sussex County Council

- **Voluntary organisation or charity**
  We will invite voluntary organisations (for example, British Heart Foundation, MIND, Stroke Association) to nominate themselves.

- **Regional Resilience Forum**
  A group which prepares for major incidents and is formed from various agencies, such as the fire service, police and the ambulance service.

### Question 6: Do you agree that the minimum age of a governor should be 16?

### Question 7: Do you think our proposals for who our Council of Governors should include will make sure that it is able to fairly represent the public, patients, our staff and partner organisations?
• We were ranked as joint second best ambulance service in the country by the Healthcare Commission (now the Care Quality Commission) in last year’s Annual Health Check.

• Last year, we recruited more than 200 new operational staff, as well as extra staff for our emergency dispatch centres (including staff who take emergency calls). We also put 37 new ambulances and 26 new rapid-response vehicles into use – this means more staff and more vehicles to respond to local patients.

• Our innovative stroke care was praised as a ‘beacon of good practice’ by the Stroke Association in a recent report, following the development of our ‘FASTrack stroke pathway’. This is a process that makes sure that patients who are suffering from a stroke are taken as quickly as possible to specialist stroke units for life-saving treatment.

• We led the way in developing two new specialist paramedic roles.
  - Critical care paramedics – paramedics who have had extra training to gain the specialist skills they need to treat critically ill and injured patients.
  - Paramedic practitioners – paramedics who have had extra training to gain the skills they need to treat patients in their own homes or within the community, so avoiding unnecessary trips to accident and emergency departments.

• Last year, we increased the number of our community responders to more than 890. Community responders are volunteer members of the community who are trained to respond to certain local 999 calls and can often reach the scene of an emergency before an ambulance arrives. We also installed more public-access defibrillators (life-saving equipment used to restart the heart) at sites across the region, bringing the total up to 888. Both of these initiatives are vital in improving survival rates for patients who are suffering from a cardiac arrest.

• We are currently developing a community education programme, which will see operational staff educating the public about how to identify conditions that could be life-threatening and what action to take to save lives.

• We have taken action to improve how we control infection and protect patients’ safety by introducing an innovative system called ‘Make Ready’. Under this system, vehicles are cleaned, stocked and maintained by specialist non-clinical staff. This makes sure that the vehicles are cleaned consistently and to a high standard and also that the right equipment is on every vehicle, ready for the next emergency.
Developing, trialling and putting in place new clinical techniques, roles and equipment for life-threatening conditions such as stroke, heart attacks and trauma (people who are critically injured).

Improving the care we provide to patients with less serious health-care needs and providing treatment in the home, so avoiding unnecessary trips to accident and emergency departments. We will do this by increasing the number of specialist paramedics skilled in this area of care.

Introducing trained clinicians in our emergency dispatch centres (where we receive 999 calls) who will be able to give specialist advice over the phone to patients with less serious conditions. These patients may not then need treatment from ambulance clinicians but can be advised over the phone or referred to another health-care professional such as a local GP or community nurse.

Introducing new technology that will mean operational staff can communicate more effectively with each other, with hospital staff and with other emergency services.

Putting a new IT system in place in the three emergency dispatch centres that receive 999 calls. This will improve the way we handle 999 calls and send out an emergency response, and so improve the service we provide to patients.

Improving safety and reducing waste is the basis of ‘Make Ready’. Make Ready is a new approach to cleaning and preparing vehicles. We are creating large depots where specialist non-clinical staff clean, stock and maintain emergency vehicles, and we are introducing this approach across our region. Vehicles are:

- regularly deep-cleaned and swabbed for bacteria such as MRSA and clostridium difficile (C. diff) – to date, all swabs have been clear;
- fully stocked with drugs and equipment that might be needed in a medical emergency; and
- checked by mechanics for mechanical faults and potential problems to reduce the risk of the vehicles breaking down in an emergency situation.

‘Prevention is better than cure’, so a vital part of our service is improving public health by developing and extending public-awareness and education campaigns around major health conditions such as stroke and heart disease. This work is already saving lives and the roadshows we have planned to help us gather your views on our foundation trust proposals will give us another opportunity to spread vital health-care messages across the region.

We will continue to talk to staff, patients and the public and ask them for their views about the development and introduction of these plans, even after the consultation process has finished – ‘your service, your call’.
We will be holding our public consultation from Saturday 25 July to Friday 16 October 2009. This will be your opportunity to have your say on our plans to become a foundation trust.

We will consider all of the responses we receive during the consultation when deciding whether to make changes to our future plans. We will gather together all the responses and put them into a report, which we will publish on our website. We will clearly show how we have considered the feedback and put it into practice, where appropriate.

So, please let us know what you think of our proposals by midnight on Friday 16 October 2009.

You can do this in one of the following ways:

**By post:**
Fill in the pull-out form at the end of this document and return it to our Freepost address which is printed on the form.

**Online:**
www.ysyc.secamb.nhs.uk

**By email:**
foundationtrust@secamb.nhs.uk

**By telephone:**
01737 363 838

**By coming along to one of our roadshow events:**
During August, we will be attending a range of community events and open days. We will also be touring the region providing information and advice on life-threatening health conditions and giving you the opportunity to speak to our foundation trust team about our plans for the future.

For full details, see our website at www.ysyc.secamb.nhs.uk

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**By attending one of our public meetings:**
During September, we will be holding a number of consultation events and meetings. These will give you an opportunity to hear more about, and comment on, our plans and proposals to become a foundation trust.

Our roadshows and public meetings are open to anyone, including patients, the public, our staff, local charities and other NHS organisations.

Please see our website at www.ysyc.secamb.nhs.uk for more information about the venues and times of these events.

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**By inviting us to your community event and / or group:**
If you are a member of a community group and you would like to hear more about our plans, we would be happy to come along to talk to you during the consultation period.
Tell us your views

Please tick one of the options below that is most relevant to you.

I am a member of the public or a patient (or both). [ ]
I am representing an NHS organisation. [ ]
Name of the organisation .................................................................
I am an employee of South East Coast Ambulance Service. [ ]
I am a volunteer for South East Coast Ambulance Service
(for example, a community responder or voluntary car driver). [ ]
I am a member of a health overview and scrutiny committee
or I work for a local authority (or both). [ ]
I am a member of a local involvement network (LINk). [ ]
Other. Please give details. ....................................................................

Question | Yes | No | Don’t know | Comments
--- | --- | --- | --- | ---
Q1. Do you agree with our vision?  |  |  |  |
Q2. Do you agree with our proposals for the Board of Directors? |  |  |  |
Q3. Do you agree that there should not be a minimum age for membership? |  |  |  |
Q4. Do you agree with the public constituencies we have proposed? |  |  |  |
Q5. Do you agree with our proposals for staff membership? |  |  |  |
Q6. Do you agree that the minimum age of a governor should be 16? |  |  |  |
Q7. Do you think our proposals for who our Council of Governors should include will make sure that it is able to fairly represent the public, patients, our staff and partner organisations? |  |  |  |
Do you have any other comments? |  |  |  |

We must receive your response by midnight on Friday 16 October 2009.
This consultation takes into consideration the seven criteria for consulting, as set out in the 'Code of Practice for Consultation' published by the Department for Business Enterprise and Regulatory Reform in 2008.

Plain English Campaign’s Crystal Mark does not apply to the text below.

**Criterion 1 When to consult**
Formal consultation should take place at a stage when there is scope to influence the policy outcome.

**Criterion 2 Duration of consultation exercises**
Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

**Criterion 3 Clarity of scope and impact**
Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

**Criterion 4 Accessibility of consultation exercises**
Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

**Criterion 5 The burden of consultation**
Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees’ buy-in to the process is to be obtained.

**Criterion 6 Responsiveness of consultation exercises**
Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

**Criterion 7 Capacity to consult**
Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you are not happy with the way we have consulted you, or you have comments on the consultation process, please call Marie Clifford on 01273 897803 or email her at marie.clifford@secamb.nhs.uk.