South East Coast Ambulance Service
NHS Trust

Annual Report and Accounts 2007/08

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Foreword from the Chairman

South East Coast Ambulance Service NHS Trust's (SECAmb) first full financial year as an organisation, following the merger of Surrey, Sussex and Kent ambulance services in July 2006, has seen the Trust continue to grow, develop and change to further improve patient care.

This Annual Report reflects some of the many achievements and challenges of 2007/08 including not only meeting, but exceeding, all of the national performance standards, the start of a significant recruitment drive for frontline staff, roll out of new clinical practices and equipment as well as the further development of new specialist paramedic roles – all of which help us to deliver better outcomes for patients.

SECAmb's achievements in the last 12 months are tribute to the ongoing hard work, commitment and drive of all of our staff – both frontline clinicians and those that work in support roles.

I am extremely proud of all of our staff for their continuous hard work to improve patient care. Through times of inevitable and continuous change and challenge, our staff consistently deliver a high quality service to the communities of the South East Coast region; something that all SECAmb staff should be very proud of, and something for which I thank them all.

Looking ahead, there will of course be further challenges, and indeed opportunities, during 2008/09 and beyond. These include developing SECAmb's role in the delivery of urgent and unscheduled care, playing an increasingly proactive role in improving public health and reducing health inequalities, progressing towards Foundation Trust status and achieving Call Connect; the new performance standard for all ambulance trusts.

Of course, these objectives cannot be achieved in isolation and we look forward to further developing our partnerships both within and outside of the NHS family.

I have no doubt that 2008/09 will be yet another year packed full of achievements and accomplishments – all of which will signal better care for patients which is, after all, exactly what we're here for.

Martin Kitchen
Chairman, South East Coast Ambulance Service NHS Trust

Introduction from the Chief Executive

South East Coast Ambulance Service NHS Trust (SECAmb) is passionate about improving outcomes and experience for patients.

Through developing the skills of our staff, embracing and adopting innovation, working more efficiently and ensuring we turn every pound into the maximum benefit for patients we provide, and will continue to provide, even better care for the patients of the South East Coast region, responding to their changing needs and delivering a high quality, responsive service.

SECAmb has identified four priority areas where we know we can make a real difference to patients. These are:

- Coronary Heart Disease (CHD)
- Stroke
- Trauma
- Urgent and unscheduled care

International evidence suggests that more could, and therefore should, be done for patients suffering from conditions in these four areas.

During 2007/08 SECAmb has made progress in improving outcomes for patients in each of these areas through the development of new specialist roles, the roll out of new innovative clinical techniques, the formation of alternative care pathways, as well as ground breaking technology to aid better partnership working across all areas of health and social care.

This Annual Report will look in detail at the achievements SECAmb has made in each of these areas, and others, during 2007/08, and what we will be doing over the next year and beyond to ensure that we continue to improve outcomes for these patients (see pages 23 - 26).

Not only have we made progress in improving outcomes for patients over the last year by doing more of the right thing, we have also done so by doing less of the wrong thing. Patient safety is critical for the entire NHS and the ambulance service is no exception. Through bolstering our infection control practices, improving and standardising equipment used by frontline clinicians, as well getting smarter at how we clean, prepare and stock emergency vehicles, SECAmb has made considerable improvements to both staff and patient environments.

2008/09 will see this proactive, progressive approach to improving patient safety continue. More details of this can be found on page 27.

Whilst SECAmb believes that performance indicators need to move beyond response times towards measurement of patient outcomes as these are the only true indicator of success, it is important to recognise the improvements made by the Trust in response times during 2007/08. This is because getting to the patient quickly so that treatment can commence is one of the

Introduction from the Chief Executive *(cont.)*

vital components to improving outcomes. It is also key to improving the patient experience, whatever is wrong and wherever patients are, rural or urban, nobody dials 999 and says 'take your time'.

The progress made by SECAmb over the last 12 months in improving our response times should not be underestimated; despite a 4.83 per cent increase in demand during 2007/08 we have improved upon our performance in 2006/07 and exceeded all of the national performance standards.

2008/09 sees the start of Call Connect – a new performance standard for all ambulance trusts (see page 21). This creates new challenges for SECAmb, however, significant work has already commenced to ensure that we are on track to meet this new target in 2008/09.

Whilst reflecting upon the achievements made in the last year, it is important not to forget the vital role that SECAmb's patient transport service (PTS) plays in supporting the delivery of healthcare across the region. For patients using this service, the planned transports we provide to and from hospital and clinic appointments, day centres and other health and social care facilities are a key life-line upon which they are very reliant. For many people our PTS staff are the only people they see each week and to many they represent the entire NHS. During 2007/08 we undertook a staggering 439,857 PTS journeys.

The last 12 months have been challenging; the pace of change has been rapid, and the scope of change has been vast. SECAmb has embraced these challenges and seized opportunities allowing us to really improve the care we deliver to all patients.

I would like to thank all SECAmb staff for their commitment and enthusiasm during 2007/08. It is only because of their hard work and dedication that SECAmb is continuing to deliver an excellent service to patients.

I look forward to leading SECAmb into the year ahead that promises challenges to overcome and accomplishments to be made, as we continue to improve outcomes for the patients of the South East Coast region.

Paul Sutton
Chief Executive , South East Coast Ambulance Service NHS Trust

Our vision and values

To ensure that we deliver a quality service for all, we have developed a vision and values which support the vision. The vision has five key components which reflect what we aspire to be as an ambulance service;

Clinically focused	Putting the patient at the heart of everything we do; being responsive to their changing needs.
Innovative	Spotting the technologies and techniques of the future and fast-tracking them into practice so patients feel the benefits sooner.
Team based	Identifying and practising the factors that create a team environment which ensures maximum patient safety.
High performing	Delivering continuous improvement in patient outcomes by converting every pound we receive into maximum improvement in patient care.
Matching and exceeding international excellence	Competing with the best; ensuring that we are implementing best practice models and improving upon them to ensure world class outcomes for patients.

In addition, we have adopted five principal values that support our vision and are integral to our day-to-day work:

To be the best	Embrace challenge, be innovative and pursue excellence.
To value difference	Be inclusive, ensure engagement and value diversity.
To know our business	Be patient centred, ensure value for money and understand the wider environment.
To be professional	Encourage leadership at all levels of the organisation, value and promote team working, be professional, be ethical and encourage disciplined thought and action.
To be open	Welcome challenge, be accountable for our actions, ensure objectivity, promote rational and open debate, uphold the truth, ensure openness and transparency, be supportive and provide mutual respect.

Our strategy - delivering our vision and values

During 2007/08 our key work programmes have focused on achieving our vision and in particular becoming a high performing ambulance trust. The concept of high performance is intrinsically linked with the other four elements of the Trust's vision as it provides the foundations upon which to ultimately deliver the broader vision.

There are four key indicators of high performance; delivering on these will enable us to continually improve outcomes for patients by converting every pound we receive into maximum improvement in patient care. The four key indicators are:

Response time reliability	getting to the patient quickly.
Clinical effectiveness	making patients better, or taking them to someone who can.
Customer satisfaction	treating patients with dignity and respect, and dealing with their problem.
Economic efficiency	turning every pound available into maximum benefit for patients.

We have identified a set of strategic objectives to guide the Trust's key work programmes over the next five years. These are:

1. We will deliver excellence in leadership and development
2. We will continuously improve access and outcomes to match international best practice
3. We will continuously improve satisfaction and experience for all stakeholders
4. We will be an organisation that people seek to join and are proud to work for
5. We will continuously improve on the Trust's performance standards and reduce variation
6. We will convert all available pounds / resources into maximum / optimum patient benefit
7. We will embrace our social and environmental responsibilities

To ensure these objectives are met we have developed strategic output measures, to be delivered on a three to five year timescale; stemming from these are annual output measures which will be agreed each year. For further details of the strategic output measures and the annual output measures that we intend to deliver during 2008/09 see Appendix B. They are also outlined in detail in the Trust's 2008/09 Business Plan.

Principle risks that could prevent delivery of the strategic objectives mentioned above, if not managed effectively, have been identified and plans are already in place to mitigate them. Further details of the Trust's risk management arrangements, including details of the directors' policy for managing the principle risks of the Trust, are provided in the Statement on Internal Control on pages 67 and 68.

Our strategy - delivering our vision and values *(cont.)*

On 21 June 2007 the Department of Health announced that ambulance trusts will be eligible to apply for Foundation Trust (FT) status from 1 April 2009. We believe that this is a logical progression for SECAmb and fits with our aspiration of becoming a high performing ambulance trust. We view the journey towards Foundation Trust status as core to the organisation, rather than a stand alone project.

There is a significant amount of work required to prepare for the application process involving both cultural and structural change. We are confident that the approach outlined in the Trust's 2008/09 Business Plan will place us in a strong position to achieve Foundation Trust status.

To obtain a copy of SECAmb's 2008/09 Business Plan:

Email: communications@secamb.nhs.uk

Visit: www.secamb.nhs.uk

Call: 01737 363 838

Operating and Financial Review

About the Trust – who we are what we do

South East Coast Ambulance Service NHS Trust (SECAmb) was formed on 1 July 2006 when the three ambulance services covering Surrey, Kent and Sussex merged.

The Trust employs approximately 3,000 members of staff, with the operational workforce equating to roughly 85 per cent of this figure. We provide care to 4.5 million people living in the South East Coast region, which includes Surrey, Kent and Sussex, and parts of North East Hampshire.

This is a diverse geographical area of 3,500 square miles, and includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

We operate from 63 ambulance stations, three emergency dispatch centres where 999 calls are received, as well as numerous other administrative, fleet, equipment and training bases.

SECAmb responds to 999 calls from the public, urgent calls from healthcare professionals and in Kent and Sussex provides non-emergency patient transport services (pre-booked patient journeys to and from healthcare facilities). Our patients range from the critically ill and injured who need specialist treatment, to those with minor healthcare needs who can be treated at home or in the community.

In 2007/08 we received 544,790 emergency and urgent calls; this equates to approximately one call every minute. This resulted in an increase of 4.8 per cent from 2006/07 in the number of incidents we attended. The table below shows the total number of emergency and urgent incidents attended for 2007/08 and 2006/07.

Call category	Incidents attended 2007/08	Incidents attended 2006/07
Category A calls are prioritised as immediately life threatening. All ambulance trusts aim to respond to 75 per cent of category A calls within eight minutes or less, and within 19 minutes, 95 per cent of the time.	152,122	142,376
Category B calls are serious but not immediately life threatening. The ambulance service aims to respond to category B calls within 19 minutes.	200,536	191,677
Category C calls are neither serious or life threatening. Standards for handling these calls are set locally. SECAmb aims to reach 95 per cent of Category C calls within 60 minutes.	150,726	146,132
Total*	**503,384**	**480,185**

*The difference between total calls received and total incidents attended takes into account that a number of patients are treated over the phone and therefore a response is not sent, as well as the fact that we can receive multiple calls for the same incident e.g. in the case of a road traffic collision.

Operating and Financial Review *(cont.)*

The first point of contact for most patients is with one of the three emergency dispatch centres where the dedicated staff receive over 500,000 calls every year. We use the Advanced Medical Priority Dispatch System (AMPDS) to determine the condition of the patient and the most appropriate response for their clinical need. The EDCs also have Clinical Desks that are staffed by clinically qualified staff, who use a special type of medical triaging software called PSIAM to manage Category C calls more effectively – again ensuring the most appropriate response for the patient's need.

The second point of contact (face to face) for many patients is with our clinicians. We employ a range of clinical staff and operate a variety of different vehicles.

Emergency Care Assistant

An Emergency Care Assistant (ECA) drives an ambulance under emergency conditions and supports the work of qualified ambulance technicians and paramedics.

Technician

Technicians respond to accident and emergency calls, as well as a range of planned and unplanned non-emergency cases. They usually support a paramedic during the assessment, diagnosis and treatment of patients, and during the journey to hospital.

Paramedic

Paramedics deal with medical emergencies, as well as complex non-emergency hospital admissions, discharges and transfers. They work as part of a rapid response unit, usually with support from an ambulance technician or emergency care assistant. Their primary goal is to meet people's needs for immediate care or treatment.

Paramedic Practitioner (PP)

PPs are paramedics who are educated and equipped with greater patient assessment and management skills and are able to diagnose and treat minor medical conditions or injuries, as well as referring patients on to other healthcare professionals.

Critical Care Paramedic (CCP)

CCPs are qualified paramedics who have undergone additional specialist training and education to work in a critical care environment. Working alongside doctors, CCPs are able to treat patients suffering from critical illness or injury, providing intensive support and therapy, and ensuring that they are taken rapidly and safely to a hospital that is able to treat their complex conditions.

Operating and Financial Review *(cont.)*

In addition to the groups of staff who are employed by the Trust, in differing situations we may also task either a community responder, or emergency medical support.

Community responders

Community responders are volunteering members of the public, members of partner emergency services or off duty members of SECAmb staff who are trained and equipped by the ambulance service to provide and deliver time critical life-saving skills in their local areas before the arrival of a SECAmb clinician.

Emergency doctors

In the case of a serious or multi-casualty incident, the skills of a doctor may be required. SECAmb has the support of two emergency medical organisations; Surrey and Sussex Immediate Care Scheme (SIMCAS) and the British Association for Immediate Care (BASICS).

Non-operational staff

SECAmb's operational frontline staff; whether based in the EDC or out on the road, are supported by a number of non-operational staff who work in the organisation's back office functions including, finance, human resources, service development and corporate affairs, information management and technology, education and training, clinical governance and communications.

As at March 2008, the Trust employed:

Funded Establishment (Whole Time Equivalent):	**2717.75**
Headcount:	**2870**

These figures compare to the average number of persons employed of 2740 WTE during 2006/07 in the annual accounts.

Operating and Financial Review *(cont.)*

We use a variety of specialist vehicles to provide emergency care and transport including:

Support Tier Vehicle (STV)
These vehicles are crewed by two staff, usually a technician and ECA, whose predominant role is to convey pre-assessed patients to hospital. STV crews are all trained to provide basic life support if required.

Single Response Vehicle (SRV)
These are usually single crewed by either a paramedic practitioner, paramedic or technician and can be a car, 4x4 vehicle, motorbike or even a bicycle. They are used primarily for making a rapid attendance at an incident and an initial assessment of patients and situations.

Emergency (A&E) ambulance
These are emergency ambulances with a crew of two who respond to the majority of 999 emergencies and GP urgent calls.

Helicopter air support
We benefit from air support from three helicopters that operate across the whole of the region; two are operated by Kent Air Ambulance Trust, the other is operated by Sussex Police. SECAmb dispatches the helicopters and also provides the paramedics that operate on them. They can be utilised to assist at an incident when a patient is located across inaccessible terrain, or where a rapid evacuation to hospital is necessary. A dedicated desk situated in the EDC assesses incoming calls and determines the suitability of using one of the helicopters.

Patient Transport Service (PTS)
We also provide non-emergency patient transport services to take patients to and from NHS facilities for treatment. Journeys include inpatient admissions, outpatients and day patients from the patient's place of residence, including nursing homes, to NHS facilities and non urgent transfers between hospitals and discharges from hospitals to home.

Voluntary car service
In addition, SECAmb also operates an ambulance car service using volunteers in their own vehicles who transport patients to and from hospital to attend an appointment or clinic.

Operating and Financial Review *(cont.)*

The Trust and the local health economy

Within the South East Coast region there are eight primary care trusts (PCTs), 13 acute hospital trusts (three of which are foundation trusts), and four mental health and specialist trusts. In addition we provide services to a defined population within the north east of Hampshire. The map below shows the PCTs across the South East Coast region:

Other partners across the region include four county councils, two unitary authorities and many borough, district and parish councils. These links are vital, particularly when planning services and looking at integrated transport solutions and economic or environmental issues.

Operating and Financial Review *(cont.)*

Key factors driving demand

Demand for our service continues to increase – this is in line with the national trend for all ambulance trusts. During 2007/08 demand for SECAmb's services increased, leading to a 4.83 per cent increase in the number of incidents attended from 2006/07, and we anticipate activity to increase each year by 4–5 per cent moving forwards.

There are a number of factors driving this increase in demand including changes in the type of patients accessing our services, growth in the local population and transformation of local NHS services.

Increased demand is predominantly driven by an increase in patients with primary care needs - patients with minor illness or injury that can often be treated at home or in the community - accessing healthcare via 999. The range of patient need that we are now seeing is broader and more diverse than ever before.

In addition, changes to the population can also have an impact on demand. Significant economic development and growth is planned for the South East of England, in particular the economic development and regeneration of the Thames Gateway corridor, which will have implications for the population served by the Trust.

There is also evidence of an increase in migrant workers across the region, which is set to continue; this also has the potential to impact on the demand for our services.

SECAmb has robust plans in place to respond to the changing needs of patients and the increased demands placed upon our service. During 2007/08 we:

- Developed and implemented new specialist clinical roles including the paramedic practitioner and the critical care paramedic to enable us to better treat the diverse and complex needs of our patients;
- Linked to the development of specialist roles, we have also made substantial progress in the development of alternative care pathways to ensure patients receive the most appropriate care for their need – this doesn't always mean the closest A&E department;
- Developed and implemented a flexible deployment plan ensuring all of our frontline resources are best placed to match patient demand – this ensures we are reaching patients as quickly as possible and that our resources are placed where they are most likely to be required.

These initiatives will be developed further during 2008/09 and future years to ensure we continue to meet the demands placed upon our service with the most appropriate response for the patient's need. What is key is remaining consistently aware through regular analysis of what the needs of our patients are and ensuring we best meet these through adopting change where change is needed, fast-tracking innovations into practice and developing the skills of our staff to enable us to provide world class care for all of our patients - no matter how serious their condition.

Operating and Financial Review *(cont.)*

Major changes in the external environment

SECAmb operates in an environment that is continually changing and developing. During 2007/08 we were actively involved in the discussions and large-scale public consultations taking place in the local health economy around the configuration of hospital services.

"Fit for the Future" looked at the way acute hospital services are provided across the region and proposed centralising specialist services and providing less specialist care in the community nearer to patients' homes. The changes reflect the need to keep pace with the latest advances in medicine and technology, and to work and provide services in different ways to provide the best care for patients.

Changes already underway in SECAmb, including the development of critical care paramedics to provide specialist care to the critically ill and injured (taking patients to the right hospital for treatment which is not always the nearest hospital), and paramedic practitioners, to provide care for patients in the community, support these proposals.

We continue to remain engaged in the Fit for the Future discussions across the region; working closely with our PCT and acute partners to ensure that SECAmb is adequately resourced and supported to allow us to continue to provide a safe and high quality service to patients.

Operating and Financial Review *(cont.)*

International development

The Trust formally appointed a dedicated International Development Manager in 2007, following which strategic alliances have been formed with the UK Trade and Investment (UKTI), Department of Health International, the Foreign and Commonwealth Office (FCO); Association of British Healthcare Industries (ABHI) and other Non-Government Organisations (NGO's) both nationally and internationally.

We have developed strong collaborative partnerships with Kingston University and St George's, University of London, to assist with the development of international commercial ventures. In addition, significant progress has been achieved with many countries and includes close working with the Egyptian Health Ministry; the Dubai Ambulance Service supported by the Foreign and Commonwealth Office (FCO); the Tanzanian Ambulance Service; and the B.P. Koirala Institute of Health Sciences in Dharan (Nepal) in partnership with senior clinicians and consultants from North Middlesex Hospital in London.

The work undertaken through 2007/08 has focused upon the development of pre-hospital care systems, including training and education, estates and logistics, emergency preparedness and major incident management, and management of command and control systems. This work will continue into 2008/09.

Furthermore, the Trust does not underestimate the potential impact of European Union (EU) policy upon how the ambulance service, and indeed the whole NHS, operates at a domestic level. To this end, during 2008/09, SECAmb will be further developing its relationships with organisations such as the NHS Confederation's European Office, to ensure that we are closely monitoring developments in EU policy, and where appropriate helping to shape EU policy to ensure it supports what is right for the patients and public we serve now and in the future.

The year in focus - key achievements from 2007/08

Some of our key achievements for 2007/08 are highlighted in this section. They describe:

Our performance against national targets

Our performance against the targets we have set as an organisation and how we responded to the challenges we faced

Our plans for continued improvement in 2008/09 and beyond*.

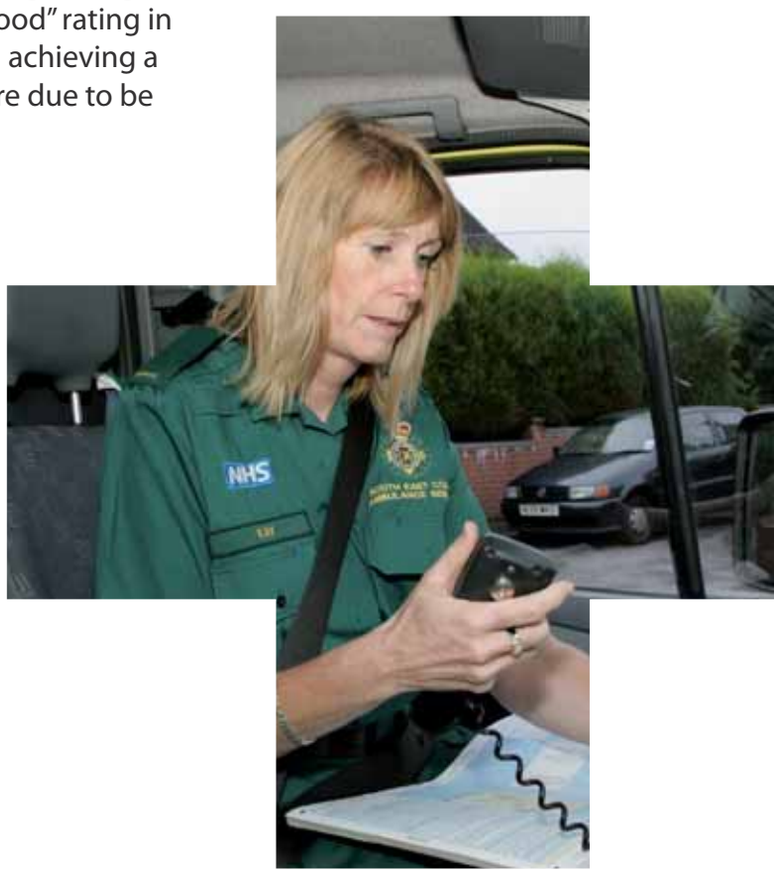
* Full details can be found in our 2008/09 Business Plan. Details of how to obtain a copy can be found on page 10 of this report.

Healthcare Commission's Annual Health Check rating

In 2006/07 we were rated as "fair" in the Healthcare Commission's Annual Health Check assessment for both the quality of the service we provided and in the use of our resources.

The scoring for use of our resources is determined through an Auditors' Local Evaluation (ALE) assessment. In 2006/07 we achieved a level two score for all five components of the ALE assessment, leading to a score of "fair" overall.

We have worked hard to improve on this rating during the past 12 months, and aim to achieve a "good" rating in both categories for 2007/08 – this will mean achieving a level three in our ALE assessment. Ratings are due to be published in October 2008.



The year in focus - key achievements from 2007/08 *(cont.)*

Meeting national targets

We are monitored on a number of key indicators against national targets. During 2007/08 SECAmb exceeded all of these targets.

Indicator	National Target	SECAmb performance in 2007/08	SECAmb performance in 2006/07
Category A Life threatening conditions where speed of response may be critical in saving life or improving the outcome for the patient , for example - heart attack, trauma, serious bleeding	75 per cent of all category A patients must be reached in 8 minutes	77.17 per cent	75.08 per cent
	95 per cent of all category A patients must be reached within 19 minutes	98.56 per cent	97.4 per cent
Category B Conditions which need to be attended quickly, but which are not immediately life-threatening	95 per cent of all category B patients must be reached within 19 minutes	95.50 per cent	93.4 per cent
Call to needle thrombolysis – 60 minutes from the time we receive a 999 call for a patient suffering a heart attack to the patient receiving thrombolysis (clot busting drugs), where this is the preferred local treatment	An absolute performance of 68 per cent	72.0 per cent	62.26 per cent

In addition to exceeding the performance standards outlined above, the Trust has also worked hard towards the New National Targets of infection control, participation in audits, obesity, stroke and compliance with guidelines around self-harm, all of which contribute towards the Annual Health Check's quality of services rating. The focus for the year ahead includes further development of the care pathways that are in place for stroke patients, as well as working in partnership with local A&E departments and mental health trusts to consider alternative care pathways to A&E departments for adults who have self-harmed.

The year in focus - key achievements from 2007/08 *(cont.)*

Call Connect – the challenge

A new standard – Call Connect – came into operation on 1 April 2008 and will change the way our performance is measured when responding to 999 calls. As soon as the call is connected to our Trust's switchboard the clock will start as opposed to previously when the clock began after information - the caller's address and reason for calling - had been obtained.

For many patients, reaching them as quickly as possible so that treatment can commence is vital. Bringing the clock start forward means our staff will be delivering care to patients even earlier. However, to achieve the best outcomes for patients we recognise that getting to patients quickly is only one part of the picture; what is equally important is sending the most appropriate response for their need and delivering high quality clinical care.

Our response

During 2007/08 we have prepared for Call Connect in a number of ways including:

- Improving our information technology infrastructure, planning for the move from three computer aided dispatch (CAD) systems for 999 calls (one from each trust prior to the merger) to a single integrated system. The new single CAD system will be in place in 2008/09. The benefits of a single integrated system are increased usability, increased speed of dispatch as well as improved cross boundary working – all of which will improve performance and therefore the care we deliver to patients;
- The recruitment of 149 additional frontline ambulance technicians and 54 EDC staff (combination of call takers and dispatchers) to increase SECAmb's capacity to respond to our patients;
- In line with the key performance indicators set for 2007/08 we have developed an integrated deployment plan which has led to a review of staff rotas across the whole region to ensure the availability of frontline resources best meet the needs of patients;
- Development and expansion of our community responder schemes across the region;
- Moving towards a single telephony system which links all three emergency dispatch centres. This will not only mean a faster, direct response to 999 calls, but will also provide increased capacity as staff in any of the centres will take calls from anywhere in the SECAmb area. It will also allow us to divert 999 calls between centres if one is handling a major emergency, therefore ensuring increased resilience in the event of a major incident or peaks in demand;
- Digital radios will be introduced across SECAmb in 2008/09 as part of a national programme. This technology will increase reliability and improve communications between all three emergency services (police, fire and ambulance services);
- Further work on our deployment plan will continue in 2008/09 to ensure that our frontline resources are in the places they need to be, and at the time they need to be to best meet the demands of patients.

The year in focus - key achievements from 2007/08 *(cont.)*

In 2007/08 we became the first ambulance trust to implement the latest version of the software system which staff use to triage 999 calls (AMPDS). The new software provides more sophisticated technology to screen 999 calls. This helps staff determine whether the call needs an emergency response or if another response, for example a visit from a paramedic practitioner, is more appropriate.

During 2008/09 we have been chosen as the ambulance trust which will pilot the next version AMPDS.

Organisational development – the challenge

When SECAmb was formed in July 2006 it brought three former ambulance trusts into a single new organisation. Much work has been needed to integrate the three legacy organisations.

Our response

- Development and implementation of an organisational development strategy which focuses on developing the culture of SECAmb; engaging with and empowering staff during significant change and moving forwards
- Improving upon existing, and implementing new internal communications mechanisms to ensure all staff are kept informed of the issues that matter to them, and furthermore are able to feedback their views on key work programmes
- Roll out of web-based email for all staff that can be accessed from any computer with an internet connection
- Integration of three legacy IT systems to create a single IT network that is accessible from any SECAmb site as well as remotely
- Development of online reporting to provide access to key performance and clinical data from any Trust computer. Making this information available to all SECAmb employees empowers staff and creates transparency and openness within the Trust.

In 2008/09 the implementation of the organisational development strategy will continue. One of the key aims of this is ensuring that every single member of staff has entered the appraisal process by the end of the year.

A review of internal communications will also take place during the year to ensure that we continue to communicate and engage with staff in the ways that work for them – a challenge in an organisation that is 24/7 and spread over a number of different sites.

Further improvements to our IT infrastructure are also planned for 2008/09 including new computers and printers for each ambulance station; faster and more user friendly access to information as well as the recruitment of local IT staff champions to deal with IT queries at a local level.

The year in focus - key achievements from 2007/08 *(cont.)*

Clinical improvements – the challenge

SECAmb is committed to improving patient outcomes and as such has identified four priority areas where we know we can make a real difference to patients as an ambulance service. This is because international evidence suggests that more could, and therefore should, be done for patients suffering from conditions in these four areas. They are:

- Coronary Heart Disease (CHD)
- Stroke
- Trauma

Coronary heart disease (CHD) – the challenge

Two of the most serious conditions that arise in patients suffering from CHD are cardiac arrest and heart attacks.

For every minute which passes without resuscitation of a patient in cardiac arrest there is more than a 20 per cent increase in mortality. In Stavanga, Oslo and Seattle the survival to discharge rates of patients suffering a witnessed out of hospital cardiac arrest is approximately 15 per cent; in the UK it is not more than five per cent.

Research states that for the first three hours after onset of symptoms, every minute of delay in receiving clot busting drugs for heart attack patients costs on average 11 days of life.

Our response

Cardiac arrest

- We were the first ambulance trust to pioneer a new method of resuscitating patients - Protocol C – which places a new emphasis on the chest compressions for resuscitation. During 2007/08 there has been an improvement in survival rates for patients where Protocol C has been used. Data analysis generated from the Brighton area has demonstrated that the implementation of Protocol C has improved survival to hospital several fold.
- We have further developed the number of community responder schemes; members of the public who have been trained and equipped by the ambulance service to use defibrillators and provide basic life support. During 2007/08 we have increased the number of community responders who are trained and equipped to deliver basic life support before the arrival of an ambulance clinician. This has been achieved through a large recruitment drive in ten priority areas across the region. Further expansion is anticipated for 2008/09.
- During 2008/09 we are planning a public education initiative across Surrey, Kent and Sussex to raise awareness about coronary heart disease and what to do if someone has a cardiac arrest. We want to encourage as many people as possible to learn basic life-saving skills and more volunteers to come forward to be trained as community responders. This

The year in focus - key achievements from 2007/08 *(cont.)*

is because cardiac arrest is a community problem – people don't go to hospital to have a cardiac arrest; it happens in the community. SECAmb recognises that a vital component of improving outcomes for these patients is community engagement and education – providing the citizens of the South East Coast region with the skills they need to save a life.

Heart attacks

- Until 2003, patients could only receive thrombolysis (life saving clot busting drugs) when they reached hospital. Since then, a growing number of paramedics are able to administer thrombolysis in a pre-hospital environment. In 2007/08 320 patients benefited from this advance.
- Thrombolysis is a vitally important treatment that saves lives and indeed more lives are saved the earlier the drug is given. The delivery of pre-hospital thrombolysis contributes to the overarching national Call to Needle target which stipulates that these patients must receive thrombolysis within 60 minutes of their first call for help. In 2007/08 the Trust exceeded this national target (see page 20).
- In 2008/09 we aim to continue to exceed the national target, therefore improving outcomes for patients.

Trauma - the challenge

In 2000 the Royal College of Surgeons published a report called *Better care for the severely injured* that stated one third of patients suffering from trauma die unnecessarily. In 2007 the report *Trauma: who cares?* was published by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) which stated that nearly half of severely ill and injured patients do not receive good quality care.

Our response

- SECAmb has pioneered the role of the critical care paramedic (CCP). CCPs are qualified paramedics who have undergone additional training and education to equip them to work in a critical care environment. They can assess, stabilise and rapidly transport critically ill and injured patents to specialist centres for secondary care.
- Twelve critical care paramedics will graduate from their rigorous training course and be fully operational by November 2008.
- Our aim is to train 12 CCPs each year, so there will be 60 critical care paramedics in place by 2012.
- We have also procured critical hemorrhage kits to enable ambulance crews to better manage severe bleeding in trauma patients. These will be rolled out to all vehicles in early 2008/09.

The year in focus - key achievements from 2007/08 *(cont.)*

Stroke - the challenge

Every five minutes someone in the UK has a stroke; it is the third biggest killer and leading cause of severe adult disability in the UK (Stroke Association, 2008). Early treatment saves lives and increases the chance of recovery.

Our response

- During 2007/08 SECAmb appointed a dedicated Paramedic Stroke Care Development Lead to progress this important agenda
- We have developed the FASTrack stroke pathway which means that eligible patients who have had a stroke are rapidly transferred to the appropriate stroke centres for treatment, with a pre-alert message passed from ambulance crews so that the stroke teams at the hospital are prepared. Rapid transport to specialist treatment is vital in improving outcomes for stroke patients.
- The FASTrack stroke pathway is now in place in all 10 hospitals that provide stroke services across the South East Coast region; before Summer 2007 no pathways were in place.
- The pathway was a regional finalist in the 2007/08 South East Coast's Best of Health awards for improving access to NHS services.
- In 2008/9 we plan to work on three research projects to evaluate stroke diagnosis and treatment by paramedics:
  1. A pre-hospital study looking at the use of a Brain Acoustic Monitor to provide early differential diagnosis of hemorrhagic and ischaemic stroke;
  2. Stroke Oxygen Study Questionnaire - planning for a national pre-hospital study in the administration of oxygen in acute stroke;
  3. The development and validation of an improved version of the FAS (Face Arms Speech) Test, aimed specifically at pre-hospital clinicians, which includes all the attributes of the existing FAS Test and the additional tests for visual disturbance and sensory loss.

The year in focus - key achievements from 2007/08 *(cont.)*

Urgent and unscheduled care – the challenge

It is not just the treatment of patients with life threatening conditions that we can, and should, improve. More and more patients with 'less serious' healthcare needs are accessing the NHS via 999 which means that a large proportion of patients that we treat daily are those with conditions that can be treated in the home or in the community. For example patients who may have fallen in the home or may be suffering from an exacerbation of a long-term condition e.g. diabetes. For these patients we need to ensure that we provide them with the most appropriate treatment.

Our response

- It is important that patients receive the right treatment for their condition - this won't always mean a trip to the local A&E; treatment at home, in a minor injuries unit, urgent care centre or local community hospital may be more appropriate.
- To meet this growing demand for healthcare SECAmb has developed the role of the paramedic practitioner – paramedics with additional education in patient assessment and primary healthcare skills that are able to treat patients in their own home, in the community, or refer them on to other community healthcare professionals such as community nurses, GPs or mental health teams.
- During 2007/08 we trained 24 staff as paramedic practitioners (PPs) to take us up to 45 operational PPs across SECAmb. In 2008/09 our aim is to train a further 60 paramedic practitioners, if funding is secured from the PCTs. The Trust's aim is to have 300 operational PPs across the region in the next three to five years.
- The Directory of Services (DoS) is another cutting edge initiative pioneered by SECAmb that is helping us to provide more appropriate care to patients with less serious conditions. This is an innovative, web-based database designed to support ambulance crews and other health and social care professionals in identifying the availability of alternative care pathways for patients that do not need to go to A&E.
- Over the last 12 months the DoS has been rolled out across East Kent and some areas of Sussex in addition to Surrey, and is held up nationally as an example of best practice.
- We will continue to develop the system in 2008/09, populating the database even further, and training our partner NHS and social care colleagues in how to use the system to the maximum benefit to the patient.
- We will also continue to proactively engage with organisations across the region to increase coverage – with an aim of having the system implemented out across the whole of the South East Coast region following agreement from all of the primary care trusts in the region.
- We have successfully appointed two additional full time members of staff to the Service Development Team to ensure our engagement with the local health economies continues to be expanded.

The year in focus - key achievements from 2007/08 *(cont.)*

Infection control and improving patient safety – the challenge

Patient safety is critical for the NHS - we must do all that we can to improve safety for patients. For the ambulance service this means ensuring we are taking a proactive approach to infection prevention and control in minimising the risk of healthcare associated infections (HCAIs). However, infection control is only one element of patient safety; other key components for the ambulance service include the effectiveness and reliability of the equipment we use in emergency environments, ensuring that our vehicles are stocked with the drugs and equipment that might be needed in any given emergency medical situation, as well as ensuring that our vehicles are regularly serviced and maintained to the highest standards to avoid the risk of breaking down en route to an emergency.

Our response

- During 2007/08 we introduced "Make Ready" - a new approach to vehicle cleaning and preparation which is based on a quality-assured vehicles and preparation programme, designed to minimise cross infection and maximise patient safety.
- Vehicles are cleaned to a prescribed standard between each shift to ensure that staff receive a fully prepared and clean vehicle at the commencement of their duty. Periodically, and in line with the vehicle maintenance schedule, vehicles are emptied of all their contents and deep cleaned to a stated standard. A random 10 per cent of all vehicles are subject to independent laboratory swab testing for the presence of micro-organisms including C Diff and MRSA.
- All of the vehicle preparation is undertaken by specially-trained, non-clinical staff, allowing ambulance clinicians to focus on the delivery of high quality patient care. All vehicles will be re-stocked to the same agreed standards, minimising the risk of missing equipment or equipment not working when it is needed.
- Large depot-style centres are required to centralise all of the support services required including fleet, cleaning and maintenance, and to provide cost-effective support to a greater number of vehicles and staff.
- The first depot has been created in Chertsey, Surrey – this has been the pilot site for the Make Ready initative which has been 'live' since January 2008. The next depot will be in Hastings, Sussex and is due to open in June 2008.
- Make Ready will be continued to be rolled our across the region in 2008/09 with two more depots planned to go live within the year subject to the identification of suitable depot locations.
- Further to the Make Ready initiative, SECAmb also completed a rigorous deep cleaning programme of all vehicles and ambulance stations in 2007/08. All emergency vehicles (ambulances and rapid response vehicles) are deep cleaned every six weeks – this will continue into 2008/09.

The year in focus - key achievements from 2007/08 *(cont.)*

- Extra funding for reducing healthcare associated infections (HCAIs) was awarded by the strategic health authority and has been used to purchase extra infection prevention and control training equipment and materials to be used by our Education & Development Department around the Trust.
- In 2007/08 SECAmb was one of only two English ambulance trusts to be chosen as early implementers of the National Patient Safety Agency's 'CleanYourHands' campaign.
- The Trust is represented on the National Ambulance Service Infection Control Network to ensure SECAmb is involved in the shaping of national policy and implementation thereof.
- We have also funded two new posts to support the infection control manager with an infection control advisor and an administrator, so that the Trust can be more proactive in its approach to infection prevention and control using evidence based practice.

The year in focus - key achievements from 2007/08 *(cont.)*

Improving communications – the challenge

SECAmb serves a population of 4.5 million people covering a geographical area of 3,500 square miles. The number of media outlets, MPs, councillors, health and social care organisations, emergency services, community groups, campaign groups and charities within the region is extremely vast.

We employ around 3,000 staff who are located in a number of sites across the region. Furthermore, we provide a 24 hour service, every single day of the year. The majority of our staff are mobile and therefore not office based.

All of the above creates massive challenges with regards to communicating effectively with staff and external stakeholders.

Our response

- During 2007/08 the Trust appointed to the new role of Head of Communications who is responsible for the delivery of strategic, effective communications both internally and externally.
- A five year Communications Strategy was developed in 2007/08 and was approved by the Trust Board on 31 March 2008.
- There has been significant development of all internal communications channels. Building upon the weekly SECAmb Bulletin which goes out to each member of staff, a number of new special bulletins have been developed including a fortnightly roundup from the Chief Executive which focuses on key strategic issues in the Trust and at a national level.
- A regular programme of station visits by the Chief Executive has been established, allowing staff to come along to open forums with the Chief Executive to ask about the issues that matter to them. This feedback is then collated and Executive Team meetings are held to discuss what actions are needed – the results of which are fed back to staff to demonstrate that changes are made as a result of their feedback. This work will continue into 2008/09 and beyond.
- Also in 2008/09 we will be developing a quarterly staff magazine as well as redesigning the Trust's internal intranet to make it more user friendly and interactive for staff.
- Externally, we have bolstered our media relations which has resulted in an increase in positive coverage for the Trust. We have also participated in a number of campaigns with various partner organisations on issues such as infection control and security management. A series of sessions with MPs, hosted by SECAmb's chief executive and chairman, have also proved successful in 2007/08 in developing the Trust's relationship with these key stakeholders.
- In 2008/09 SECAmb plans to build upon the work undertaken over the last year to improve its proactive engagement with the communities it serves. This will be through various initiatives including open days, focus groups and public education and information campaigns.
- The Trust also plans to redevelop its external website during 2008/09 to improve access for all groups to information about the services we provide.

The year in focus - key achievements from 2007/08 *(cont.)*

Understanding our impact on the environment – the challenge

Global warming and the impact of this upon climate change is becoming an ever increasing challenge for the world at large. The NHS has a duty and responsibility to the patients and public that it serves to take a proactive approach to tackling this global issue; not least of all because of the potential impact that climate change will have upon the health of the populations we serve.

We recognise that how we behave - as an employer, a purchaser of goods and services, a manager of transport, energy, waste and water, as a landholder and commissioner of building work and as an influential neighbour in many communities - can make a big difference to people's health and to the wellbeing of the communities we serve, the economy and the environment.

Our response

SECAmb is committed to developing as a sustainable organisation, and as such is exploring how, through embracing new ways of working, we can reduce our impact on the environment.

- A draft environmental policy is to be finalised by the Trust Board in 2008/09.
- SECAmb has commissioned two surveys; one from the Carbon Trust looking at our estates and another from The Energy Savings Trust looking at our fleet, in order to assess, as a starting point, the impact our estate and fleet make upon the environment, and furthermore what changes need to be made to reduce our carbon footprint. The results of these surveys will be available in 2008/09 and we will use them as a basis for improving our sustainability in the future.
- We have also taken positive steps to reduce the carbon emissions of our staff lease car scheme by limiting vehicles that may be procured under the scheme to an upper limit for CO2 emissions that will reduce each year in line with government targets. Above this level the Trust will not fund lease cars.
- Our fleet strategy recognises that the promotion of clean, energy-efficient vehicles can contribute to reduced fuel consumption, climate protection and improved air quality, which will, in turn lead to important benefits for the environment and health. Through the strategy we will:
  - Examine the need to look at alternative sources of fuel and are working with colleagues nationally to explore this issue.
  - Support work to determine the vehicle operational life time costs of energy consumption – the "well to wheel" cost.
- During 2008/09 we will continue to develop the work that we have started in 2007/08, and we will also be engaging more proactively with our staff, and the communities we serve, on the issue of SECAmb's impact on the environment. To ensure this issue remains a key priority, of the seven strategic objectives that the Trust will be delivering over the next five years, one is specifically dedicated to focusing on the Trust's social and environmental responsibilities.

The year in focus - key achievements from 2007/08 *(cont.)*

Emergency preparedness – the challenge

In light of events such as the London bombings, all emergency services and NHS organisations have to be even more prepared to deal with a broad range of major incidents that may involve a large number of casualties and/or chemical, biological or nuclear threats to health.

Our response

- The Trust continues to fill its obligations with regard to emergency preparedness and meets its duties under the Civil Contingencies Act 2004, as well as maintaining active engagement with, and contribution to, the Local Resilience Forums across the region. SECAmb is also the national ambulance service lead for emergency preparedness;
- During 2007/08 we developed a SECAmb wide Major Incident plan. This is regularly reviewed and rehearsed with all emergency services and NHS partners;
- Significant training was undertaken in 2007/08 to equip staff with the knowledge and skills needed when dealing with CBRN incidents (chemical, biological, radiological and nuclear). We also procured specialist equipment and clothing for use in CBRN incidents.
- During 2007/08 SECAmb regularly participated in specialist exercises to test preparedness for specific types of incidents, for example pandemic flu and terrorist threats.
- In 2008/09 we will develop 24/7 on call teams to carry out decontamination in CBRN incidents. Every member of frontline staff will be trained and issued with electronic personal dosimeters that detect the presence of ionising radiation, as well as EH20 escape hoods that offer respiratory protection to frontline staff should they attend a CBRN incident.
- We will also standardise the six legacy chemical decontamination units - these will be on call 24/7 throughout SECAmb.

Valuing our staff

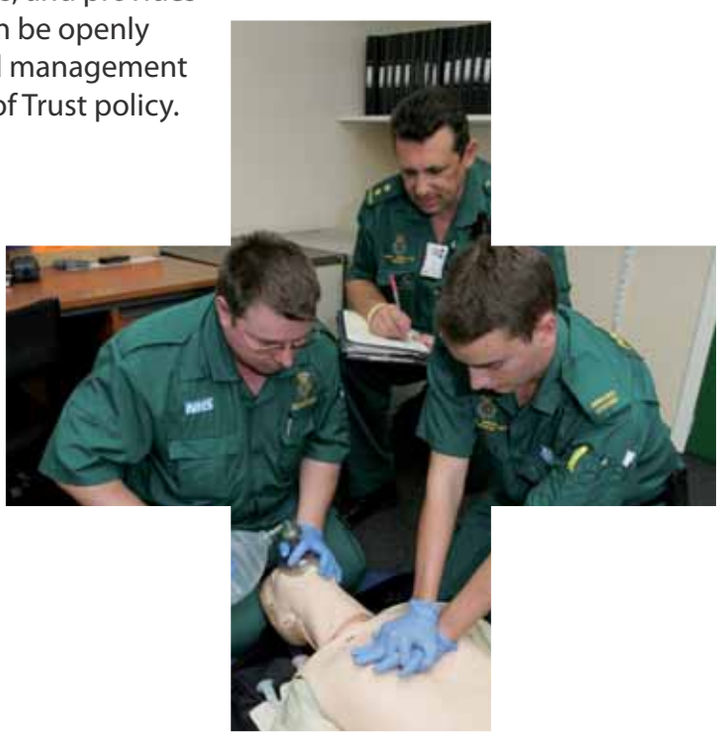
Staff are our ambassadors – our greatest asset. We rely on their skills, professionalism and team work to deliver a consistently high standard of care to patients. As such we are committed to providing the necessary training, education, development and support to all staff, whether operational or in support roles, and ensuring they maintain a healthy work life balance.

As a result, we have established a number of tools to achieve this such as the Workforce Plan, Single Equalities Scheme, an integrated training plan as well as the Organisational Development (OD) Strategy. In addition, we are also keen to ensure that we support staff by developing support mechanisms to improve their working lives.

Working in consultation with our staff

We are committed to involving our representatives from recognised trade unions and staff organisations in decision making throughout the organisation to ensure that the views of staff are considered in the formation of policies, procedures and practices. The lead staffside coordinator attends the Trust Board meetings and is also a member of the HR and OD Working Group as well as the Equality and Diversity Steering Group. Other staffside representatives sit on many other committees and working groups ensuring staff views are contributed to all key workstreams.

In addition, we are also keen to ensure a formal process of consultation and negotiation, and this is achieved through the Joint Partnership Forum, which aims to provide effective partnership working. This forum helps to align the distinct, but complementary, roles of both Trust management and staffside representatives, and provides an environment in which policies and issues can be openly discussed and debated, ensuring both staff and management perspectives are reflected in the development of Trust policy.



Valuing our staff *(cont.)*

Offering support

Our staff have to cope in a stressful and demanding environment, so it is important that we offer a range of services to support them professionally and emotionally.

Listening scheme – over 60 staff across the Trust have trained as Listeners. Listeners are based at each ambulance station and area office, providing support to colleagues on professional and personal issues. Listeners receive two days training and quarterly briefings. We are planning to increase the number of staff qualified as Listeners to 125 during 2008/09. The Trust has also established a whistle blowing policy which clearly outlines to all staff the mechanisms for reporting any concerns that they may have – this has been widely publicised.

Counselling service - we are establishing a counselling service for staff in 2008/09. All staff and members of their families will be able to access a trained counsellor through a help line 24 hours a day, 365 days a year.

Welfare representatives – each ambulance station also has a trained welfare representative who provides information and advice on Trust policies and procedures, for example on issues like retirement.

Occupational health – we provide a comprehensive service to staff, and during the year have focused on developing a service which is provides the same level of support across the whole trust.

Sickness absence policy – The Trust has been proactive in the last 12 months around managing sickness absence. Following approval of the Managing Sickness Absence Policy during the year, measures have been put in place to publicise and promote the new policy and to train managers in partnership with staff side representatives. Work is undertaken on an ongoing basis to minimise sickness absence and staff turnover, and a HR Manager has been nominated to lead on a Trust-wide approach to addressing cases of high and / or intermittent sickness absence.

Valuing our staff *(cont.)*

Training and development

During 2007/08 we have continued to develop our links with Higher Education and now have over 150 staff attending university on a variety of programmes. New education programmes for the paramedic practitioner and critical care paramedic have also been developed with cohorts of both starting their university courses during 2007/08.

We have also continued to deliver clinical updates to our staff, and in addition to these have also trained staff in the use of new equipment and clinical techniques throughout the year. During 2007/08 SECAmb has also trained 149 new staff in preparation for the national change in ambulance response times – Call Connect (see page 21).

In 2008/09 our training and education department will be bolstered to support the delivery of increased training and education throughout the year and beyond including: continuing to deliver clinical updates to all staff;

- introduction of a new training programme for Emergency Care Support Workers (a new type of ambulance personnel) into the Trust as a key part of our workforce development programme;
- delivery of specific training programmes around new vehicles and equipment;
- delivery of training programmes designed to enhance the skills of our staff when dealing with stroke and obstetric emergencies.
- SECAmb also recognises the importance of delivering training and support to staff to help them in their personal development and, where applicable, development of management skills.

In 2007/08 we supported staff in a range of training and learning events in subjects including facilitation of meetings, project management and interview skills. In addition, some staff also started degree courses in practice development and leadership. We also ran update sessions for staff providing an awareness of equality and diversity, bullying and harassment, whistle blowing and 'customer relations'.

Our aim in 2008/09 is to increase access to personal development opportunities for all staff, especially around the development of a standardised appraisal scheme for all staff, focusing on the knowledge and skills required to support SECAmb's vision and values (see page 4).

In addition to the training and development of existing staff, it is equally important that all new staff understand our vision, values and are educated about all of the services that we provide as an organisation. During 2007/08 we established an induction process for all new staff which includes a DVD about the Trust, a new staff handbook and where possible a presentation from the Chief Executive or an Executive Director. This will continue to be developed in 2008/09.

Valuing our staff *(cont.)*

Equal opportunities – valuing equality and diversity

We value diversity, equal access for patients, and equality of opportunity for staff. We aim to create the best possible quality of life for those we serve by delivering a high quality service to all members of our community.

As a service provider we are committed to providing a service which is accessible to everyone regardless of age, disability, gender, ethnicity, sexuality or religion/faith. As an employer we will ensure all our employees work in an environment which respects and includes everyone and is free from discrimination, harassment and unequal treatment.

In 2007/08 we produced our first Single Equalities Scheme, which combines all of the key strands of equality: race, disability and gender and additionally includes age, sexuality and religion/faith. It will be monitored, reviewed and developed in line with our organisational vision, values and continued contributions from staff and stakeholders. There is a supporting action plan to take forward this agenda over the next three years.

The Trust's Disability Equality Scheme now forms part of the SECAmb Single Equalities Scheme which can be found on the Trust's website at www.secamb.nhs.uk or by calling 01737 353 333.

In considering the ethnicity of our workforce, the percentage of staff classified as non white British has increased from 12.86 per cent to 13.50 per cent compared to the same point in the previous year. We are keen to attract staff from diverse backgrounds that are representative of the population we serve, and seek to raise our profile as a potential employer.

The appointment of a lead for Equality and Diversity and also a PPI (Equality and Diversity) Manager are an essential part of taking this work forward into 2008/09. Some of the key actions for the next 12 months include increased proactive engagement with marginalised, hard to reach and BME communities, the establishment of staff groups focusing on the equalities strands to ensure ownership and support for this agenda is championed in all areas of the Trust, at all levels, as well as the redevelopment of the Trust's website to improve access to information about the services we provide.

Valuing our staff *(cont.)*

Protecting our staff from violence and aggression

The Trust has a dedicated Local Security Management Specialist who is directly employed by the Trust and works closely with the NHS Counter Fraud and Security Management Service. He is responsible for implementing measures to tackle violence and aggression against our staff and general security management issues.

During the last 12 months the Trust has been proactive in implementing new measures to support our staff including local road-shows to raise awareness and to encourage the increased reporting of incidents of violence and abuse - most of which have been investigated by the police. The Trust has however achieved one private prosecution which would not have been achieved without the having the dedicated Local Security Management Specialist.

In partnership with the wider NHS the Trust was selected above all other ambulance trusts to join in the National 'Your Choice of Treatment' campaign to tackle violence and aggression against staff working in the NHS.

Recruitment and retention

Staff turnover within SECAmb is below six per cent, and many of our staff have worked for the ambulance service for many years. Changes over the last 10-15 years mean that opportunities for professional progression in the service have increased dramatically with a large number of career pathways open to staff including critical care paramedics and paramedic practitioners.

Listening to and involving patients and the public

We are committed to engaging our patients and the wider public who may need our services in the future, and committed to involving them in the development of our plans and services.

We also believe that it is important to involve other stakeholders in shaping the strategic direction of our Trust such as our staff, other NHS and emergency services, the newly-established Local Involvement Networks (LINks) - which have replaced PPI (patient and public involvement) forums - community groups, voluntary sector organisations, as well as MPs and local authorities.

In 2007/08 we established patient/public representative places on most groups and sub-committees of the Trust, including the Trust Board. In addition, we introduced a mechanism whereby all papers going to the Trust Board for approval must now evidence patient and public involvement (PPI), as well as a section in all Trust job descriptions which states that all staff have PPI responsibilities.

Our patient/public groups – the Public Opinion Group in Sussex and the Patient Reference Group in Kent – have continued to thrive during 2007/08 and plans are now afoot to create a similar group in Surrey, giving patients and members of the public from across the patch equal opportunity to be involved in the development of the Trust and its services in this way.

Our PPI Forum Liaison Group was originally established before SECAmb's creation to provide a platform for a two-way exchange of information about the Trusts' and the forums' merger progress. The group was found to be so beneficial, both by PPIF members and the Trust, that it has continued beyond its original remit, meeting on a bimonthly basis to share Trust news, ideas and information, and as a valuable additional vehicle for PPI. It will continue to meet following the demise of PPI Forums as the PPI Liaison Group, at least until such times as LINks are established.

LINks will replace PPI Forums from 1 April 2008 and there will be six LINks within the SECAmb patch. The Trust has been actively engaged in the development of LINks via national CPPIH (Commission for Patient and Public Involvement in Health) workshops, where it has endeavoured to raise awareness of the unique position of ambulance services; the large geographical areas they cover means they will have several LINks with which to engage, and the Trust has been keen to promote the potential for joint working between LINks and hosts wherever possible in order to minimise any risk of confusion and duplication of effort. The Trust has also played an active role on the East Sussex LINk steering group.

Listening to and involving patients and the public *(cont.)*

Shaping the future of SECAmb

In 2007/08 we held several "Shaping the Future of SECAmb" events, and invited staff, patients, members of the public and colleagues within the local health economy to discuss their views on the future of SECAmb. The feedback from these events has helped to develop our five year Business Plan (see page 10 for how to obtain a copy of the Business Plan) and will therefore ultimately shape the strategic direction of the Trust. The engagement events also provided an invaluable insight into the views and perceptions held by different stakeholder groups. In 2008/09 we intend to hold a number of similar events across the region to engage the public and our patients as we look to the future.

Improving satisfaction and experience for patients and the public

We are undertaking a comprehensive survey of patients and the public across the South East Coast region looking at their satisfaction with the Trust and the services we are providing to patients and the public. This survey, which is being undertaken by Ipsos MORI on SECAmb's behalf, will also look at people's perceptions of the Trust and understanding of the range of services that we provide. Results from this survey will be published in the summer of 2008. The survey will be repeated annually so improvement in satisfaction levels can be tracked.

In 2008/09 we will also be taking a much more proactive role in improving the public health of the communities we serve. Knowing when to call for help, what to do in a medical emergency, as well as taking preventative action whenever possible, are all vital in contributing to the best possible outcomes for patients.

This will involve greater engagement with all sectors of the community, including marginalised and diverse groups, to raise awareness through education and information campaigns about the role that every member of the community can play in saving lives and improving outcomes.

Patient Advice and Liaison Service (PALS)

PALS provides confidential support and information to patients and members of the public. During 2007/08 our PALS service had 804 contacts with the public. Information gathered from PALS is important in identifying trends and helps us make our service more responsive to people's needs.

Listening to and involving patients and the public *(cont.)*

Compliments, comments and complaints

People who have contact with SECAmb are, in general, very satisfied with the service we provide. In 2007/08 we received 283 compliments from patients and members of the public.

We do also receive some complaints from patients and the public. We take each complaint we receive very seriously, taking swift action to investigate and provide a resolution for the complainant.

In 2007/08 we received 113 formal complaints from dissatisfied patients or their representatives, compared to 114 during the previous year. This equates to one complaint per 8,427 patient contacts. Following investigation, 72 were found to be either justified or justified in part.

Any patient who is not satisfied with the outcome of an investigation into their complaint has the right to appeal to the Healthcare Commission (HCC). The HCC is independent of the NHS and Government and undertakes to review complaints where the complainants remain dissatisfied. During 2007/08 four complainants from the legacy trusts, and two from SECAmb, appealed to the HCC. Recommendations were made on ways the Trust could improve services on the four complaints involving the legacy trusts. The HCC concluded that the Trust had taken appropriate actions to try and resolve the SECAmb complaints and they were not upheld.

The table below shows the reasons for complaints per 1,000 patient contacts. This includes complaints received regarding A&E, PTS and the three Emergency Dispatch Centres.

Reason for complaint	Number of Complaints	Number of complaints per 1,000 patient contacts*
Administration	1	0.0011
Communication	5	0.0053
Miscellaneous	2	0.0021
Patient care	38	0.0399
Complaints about staff	44	0.0462
Timeliness	19	0.0200
Transport	4	0.0042
Total	**113**	**0.1188**

*Patient contacts determined as emergency and urgent incidents attended (503,384) plus non urgent patient journeys (448,818) as per KA34 return 2007/08.

Listening to and involving patients and the public *(cont.)*

The two highest totals are for complaints regarding staff and patient care. The Professional Standards Department works closely with the Complaints Manager, the Patient Advice and Liaison Service (PALS) and the Risk Management Department to ensure lessons from incidents they have identified are learnt by all staff.

The learning process is disseminated in a number of ways. Educational staff work directly with crews through clinical case reviews and reflective practice, these are followed up with internal circulars such as training circulars. The Trust's weekly staff newsletter The Bulletin is also used to highlight learning issues taken directly from complaints.

During 2007/08 SECAmb's professional standards department launched a newsletter for staff called Reflections. This features complaints and concerns and aims to share good practice and learning from any untoward incidents as part of our continuous professional development of staff. This publication has received excellent feedback from staff. It will continue to be published during 2008/09 and beyond.

Operational staff attend two Key Skills training days a year. These days are used to provide additional training to our staff when our audits of complaints/incidents show that there is a trend in a specific area. For example, during the year training was provided on the assessment of headaches and improving diagnosis and assessment skills generally. This arose because three incidents identified weaknesses in this specific area.

There were no Serious Untoward Incidents (SUIs) relevant to information governance or confidentiality breaches that require disclosure in 2007/08.

Listening to and involving patients and the public *(cont.)*

Principles for Remedy

The Trust is fully aware of the Parliamentary and Health Service Ombudsman Principles for Remedy. The six principles form the basis of the way in which the Trust handles complaints as follows:

1. **Getting it right:**
   97 per cent of complaints are acknowledged within two working days. Steps are taken to help ensure that all complaints reach the complaints department immediately. 98 per cent of complaints are responded to within 25 working days. We aim to ensure complainants are kept fully briefed of progress regarding the investigation of their complaint. Complainants are sent a copy of the ICAS leaflet with their acknowledgement letter and our range of complaints documents (policies, procedures, information leaflet and contact details) are on the Trust's website.

2. **Being customer focused:**
   The Chief Executive or, on rare occasions his deputy, personally signs every final response letter. Complainants may write, telephone or e-mail their complaints to the Trust's dedicated complaints manager, ensuring there is a single point of contact. An information sheet is given to every complainant at the acknowledgement stage so that they are fully aware of what they can expect to happen as their complaint is progressed.

   Complainants are visited at an early stage by the investigating officer in most cases. Follow up meetings are sometimes arranged with complainants after they have received the response letter.

3. **Being open and accountable:**
   Managers who investigate complaints are trained in root cause analysis techniques to try to establish the underlying reason as to why the incident occurred. Weekly reports are issued to directors and senior managers on progress of complaints and bi-monthly reports are given to the Trust's Risk Management and Clinical Governance Sub-Committee (RMCGSC) which includes representation from the Trust Board as well as patient / public representatives.

   If a complainant is seeking financial redress this is managed through the Risk, Health and Safety Department.

4. **Acting fairly and proportionately:**
   When requests for financial redress are made each case is considered on an individual basis and to the circumstances prevailing in terms of damage and loss caused by the Trust, an example may be damage to a patients property to allow immediate entry of clinical staff. Every attempt is made to ensure remedies are fair and proportionate.

5. **Putting things right:**
   Complainants are given a full explanation of why things went wrong and what will be done to prevent it happening again. The Trust takes responsibility, admits failure and gives full apologies where appropriate

Listening to and involving patients and the public *(cont.)*

6. **Seeking continuous improvement:** Complainants are advised of changes to services as a result of their complaint and, where appropriate, amended copies of policies and procedures, copies of training advice etc. is given to complainants. An action plan showing all recommendations arising from complaints are sent to all managers on a monthly basis.

   The Reflections newsletter is distributed to all staff giving examples of complaints/incidents/near misses so that everyone can learn from what has happened. A full report is presented twice a year to the Trust's Risk Management Clinical Governance Sub-Committee showing actions taken on complaints. The Trust has established an Incident Review Group which looks at serious issues and the investigations makes any additional recommendations and reports to the RMCGSC.

Working with our commissioners

We have worked effectively with our commissioners (primary care trusts) during 2007/08; in particular around the development of our service level agreement (SLA). We have also developed a specification which allows all of our commissioners access to our information systems via an online reporting system.

We have jointly developed and undertaken a work programme which reflects the core requirements of the service level agreement and takes account of the needs of the local health economies.

SECAmb meets on a monthly basis with its commissioners and on a quarterly basis with the SHA to discuss commissioning and performance issues. In addition to these formal meetings there are also many informal meetings and discussions with our commissioning partners.

We have a dedicated service development team that works locally with each primary care trust as well as other health and social care organisations to take forward local service development initiatives that reflect the changing needs of local patients; for example the development and implementation of paramedic practitioners and critical care paramedics (see page 12) and the roll out of the Directory of Services (see page 27).

Listening to and involving patients and the public *(cont.)*

Freedom of information requests

The Freedom of Information Act 2000 (FOIA) promotes a culture of openness and transparency amongst public authorities. It creates a general right of access to all types of recorded information held by such organisations, subject only to certain prescribed conditions and exemptions set out in Part II of the Act (sections 21-44).

Requests for information have to be made in writing, describe the information sought and provide a name and address to which the response may be sent. Generally, the applicant has the right to be informed whether the information is held, and if so, to have that information disclosed. The Trust has to provide a written response within 20 working days of the request's receipt.

During 2007/08 we received 82 requests, compared with 61 in the nine month period commencing 1 July 2006 (ending 31 March 2007) when the Trust was formed. The Trust has recently appointed an Information Governance Officer whose focus will be maintenance of the Trust's Publication Scheme; management of requests for information and provision of expert advice to managers on the application of the Freedom of Information Act.

A review of our financial performance

The financial performance of all NHS trusts is reviewed annually against a range of statutory duties and performance standards. SECAmb has again been successful in achieving all of the key financial duties and targets; these are outlined below. This section also includes some of the key financial achievements in 2007/08. A full set of the Trust's accounts for 2007/08 can be found in Appendix A on page 61.

The first statutory duty achieved is to breakeven on the income and expenditure account. The Trust has recorded a modest surplus of £0.6 million, representing less than 0.5 per cent of the Trust's turnover.

The Trust met the External Financing Limit (EFL) which restricts the amount that we can borrow. We had an EFL target inflow of £3.0 million in 2007/08 and actually generated cash inflow of £9.0 million resulting in an undershoot of £6.0 million. This undershoot represents the under-spend against this year's capital plan and the accounting treatment of this has been agreed with the Strategic Health Authority (SHA) and Department of Health.

SECAmb also met the Capital Resource Limit (CRL) which is the maximum sum that can be spent in the financial year on capital assets. Our net capital expenditure was £3.8 million against the CRL of £10.0 million; an under-spend of £6.2 million which is available and already committed to satisfy the Trust's capital plan for 2008/09 following agreement with the Strategic Health Authority and Department of Health to carry forward this internally generated capital funds.

The Trust has made available £12.0 million to invest in capital expenditure during 2008/09. Following approved Estate and Fleet strategies plans are in place to invest £8.5 million on new vehicles, £0.7 million on a Computer Assisted Dispatch system, £0.6 million on the estate, with the balance planned for further replacement of medical equipment and to upgrade the vehicle communication.

The measure of capital absorption rate ensures the Trust recognises the cost of maintaining the organisation's capital asset base and is required to absorb the capital costs in full through the public dividend payable via the Department of Health to the HM Treasury. During 2007/08 we achieved this target by delivering a capital absorption rate of 3.5 per cent which is within the target range of between 3 per cent and 4 per cent.

The Trust is also required to comply with the CBI's (Confederation of British Industries) Better Payment Practice Code, which is the public sector guidance on paying suppliers promptly. During 2007/08 we paid 85 per cent of valid non-NHS trade creditor invoices and 61 per cent of valid NHS trade creditor invoices within 30 days of receipt.

From 1 April 2007 SECAmb implemented a new Trustwide accounting system, operated by NHS Shared Business Services, merging the accounting systems of the three former legacy ambulance services.

As part of the business planning process the Trust has now introduced a rolling five year planning model linked to our strategic objectives to ensure financial viability as we progress with our plans to apply for Foundation Trust status.

A review of our financial performance

(cont.)

SECAmb continues to explore where improvements can be made in our internal control systems and ensuring value for money is delivered to stakeholders. This is demonstrated by the level of 'significant assurance' provided from our Head of Internal Audit opinion (refer to the Statement on Internal Control on page 49 and the provisional Auditors Local Evaluation (ALE) scores where the Trust anticipates improvements in all areas achieving an assessment of three – 'Good' for 2007/08. Value for money improvements are also demonstrated in this assessment along with an improved reference costs index achieving 109 in 2006/07 (compared to scores ranging from 110 to 115 for the three legacy ambulance services in 2005/06).

Income and expenditure

The total income for 2007/08 was £134.9 million; this exceeded 2006/07 income levels by £7.2 million (5.7 per cent). The majority of this income is from one key A&E service level agreement (SLA) with the region's PCTs which totals £116.2 million.

The Trust also received a significant proportion of 2007/08's income from 24 individual PTS SLAs providing non-emergency patient transport services to take patients to and from NHS facilities for treatment. These SLAs generated income totalling £9.7 million and have all been agreed with PCTs, hospital and mental health trusts throughout the South East Coast region.

Operating expenses of £132.8 million increased by £10.2 million (8.3 per cent) on 2006/07 levels, this was primarily due to the 4.83 per cent increase in demand and call volume.

The Trust's most significant operating expense is on staff costs, which totalled £95.5 million, an increase of £7.0 million (7.9 per cent) on 2006/07 arising from an increased establishment to deliver patient care and the annual pay award equating to 1.9 per cent over the financial year (£2.9 million). The average number of employees during the year were 2,776 whole time equivalents (wte) (2,740 wte in 2006/07); this increase is required to satisfy the 4.83 per cent demand increase and preparing for the changes to A&E performance target of responding to 75 per cent of category A (potentially life threatening calls) within 8 minutes of the call being connected to the emergency dispatch centre. 2007/08 staff costs also include £2.7 million for the in-year increase to the agenda for change (AfC) back pay provision.

The AfC pay banding for ambulance technician and paramedic staff groups are still being considered in accordance with a nationally agreed protocol. This has resulted in the Trust continuing to maintain a provision for the potential payment of a significant amount of back pay pending the outcome.

The Trust participates in the NHS pension scheme, which is a defined benefit scheme for all NHS employers and further disclosure is included in the Remuneration Report on page 43.

There was one claim for interest payable under the late payment of Commercial Debts (Interest) Act 1999 relating to the late payment of a credit card invoice.

The Trust's management costs are subject to public and Department of Health scrutiny, as defined by the Audit Commission, and for 2007/08 represent 6.5 per cent of income received in the year.

There were no compensation payments for early termination of employment contracts.

A review of our financial performance

(cont.)

Balance sheet

As at 31 March 2008, the Trust had total assets employed of £75.5 million, an increase of £1.4 million on the previous year.

Fixed assets total £70.6 million, an increase of £1.3 million on 2006/07 with additions and indexation being offset by the asset amortisation charge. During 2007/08 the Trust spent £3.8 million on capital schemes, which primarily included vehicle replacements along with investment in the estates infrastructure and frontline operational and IT equipment. The under-spend against the Trust's CRL will be carried forward and utilised in the 2008/09 capital plan.

Provisions include previous pension commitments for former staff retired prior to March 1995 and the AfC provision for the potential back pay that could arise.

The most significant factors that have affected the Trust's business and the structure of the Trust's balance sheet at 31 March 2008 have been its ability to carry significant amounts of cash, primarily due to the high level of provisions held (including AfC back-pay) and the unspent cash arising from the carry forward into 2008/09 of a major part of the capital spend originally planned for 2007/08.

The Trust's Treasury Policy has allowed the Trust to invest this surplus cash prudently generating a total of £1.2m interest receivable in the year to 31 March 2008. The amount generated in this way is expected to decrease during 2008/09 as the cash at bank will reduce as the capital plan is progressed and the outstanding AfC back-pay matters are resolved. It is not anticipated that interest receivable will be significantly affected by interest rate changes. The rate of interest paid on the Trust's assets as part of its overall capital charges liability is also not expected to change.

The other main factor arising that could influence the Trust's future financing structure is the NHS adoption of International Accounting Standards, in particular IAS 17, which deals with leasing arrangements. At present all the Trust's leased vehicles are being treated as being held under operating leases and excluded from its balance sheet. The terms of IAS 17 vary the basis on which leases are deemed to be treated as operating or finance leases, and respectively excluded or included on the balance sheet.

The Trust's accounting policies are shown as note one to the full accounts commencing on page 61 with the pension scheme outlined at note 1.11.

A review of our financial performance

(cont.)

Financial Risk

The most significant financial risk the Trust is managing is around the AfC pay banding of ambulance technician and paramedic staff groups. The Trust continues to maintain a significant provision in the accounts representing 50 per cent of the potential back pay costs for this staff group relating back to October 2004 when AfC pay banding was introduced into the NHS.

External Audit

The Trust's external auditors are the Audit Commission and the cost of their work in 2007/08 was £171,000. The Audit Commission has not provided any other services to the Trust during 2007/08. .

Disclosure of Information

As far as the Board members are aware there is no relevant audit information of which the Trust's auditors are unaware. They have taken all the steps that ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the South East Coast Ambulance Service NHS Trust's auditors are aware of that information.

Board membership

The Trust Board is responsible for setting the overall strategic direction of the Trust and includes the Chairman, five non-executive directors, the Chief Executive and four executive directors. The Chief Executive and directors are responsible for the day to day management of the Trust and implementation of our strategy. During 2007/08 the Trust Board formally met seven times. The register of directors' interests is available for inspection during office hours please contact the Corporate Affairs Office in Coxheath on **01622 7407010**.

Martin Kitchen – Chairman

Appointed July 2006

Martin was previously Chair of East Surrey Primary Care Trust. He previously worked as a fire service officer in London Fire Brigade, before moving to Surrey County Council as Chief Fire Officer and Director of Community Safety, where he remained for 12 years. During this time, he was actively involved in the development of national operational fire service procedures and charitable organisations.

He is a Fellow of the Chartered Management Institute and also holds a ministerial appointment as non-executive director of Firebuy, a fire service national procurement company, for which he receives remuneration of £4,000pa. He has declared no political activity in the last five years.

Paul Sutton - Chief Executive

Appointed July 2006

Prior to his appointment as Chief Executive of South East Coast Ambulance Service NHS Trust in July 2006, Paul Sutton was Chief Executive of Sussex Ambulance Service NHS Trust. Previously, Paul was the Director of Operations at East Anglian Ambulance Service NHS Trust.

Paul began his career in the ambulance service in 1990 when he joined Staffordshire Ambulance Service as a Care Assistant. He progressed quickly at Staffordshire - Technician and Paramedic (1992-96); Paramedic Dispatch Officer (1996-7); Distribution Manager (1997-8) and Director of Operations from 1998 until joining the East Anglia Ambulance Service in 2000.

Paul has adopted a very innovative approach to improving ambulance services in England, with a desire to emulate and exceed international best practice. This has involved re-engineering traditional systems and processes, as well as embracing new technology and innovative ways of working to improve the care provided to patients. The success of Paul's approach has been highly dependent on strong clinical leadership, as well as an aggressive focus on what the patient needs from the service and the tools staff require to meet this need.

Christine Barwell - Non-executive Director

Appointed July 2006

Christine lives in East Grinstead in West Sussex and has enjoyed wide community involvement covering children and elderly services, social care, overseas charities and voluntary services; Christine was formerly Chairman of a primary care trust in Sussex.

Board membership *(cont.)*

John Jackson – Non-executive Director **Appointed May 2006**

John was previously the Chief Executive of Cable and Wireless SpA, Italy, and has a wealth of experience at board level in the public and private sector. He now runs his own international management consultancy company working with a number of clients. John, who lives in Lewes, East Sussex, believes that being customer focused is the key to an organisation's success.

Mike McSweeney – Non-executive Director **Appointed May 2007**

Mike has worked at board level in both the financial and healthcare computing markets. He spent 17 years with Reuters, the international news agency, prior to establishing his own software company, I-Deal Data Systems Limited. Mike brings skills in business management and a strong background in the implementation of information technologies to the Board.

Nigel Penny – Non-executive Director **Appointed July 2006**

Nigel Penny lives in Godalming in Surrey and most recently worked as a Project Leader with Shell International. In past roles, he has concentrated on finance management, strategic planning and business performance appraisal and has a proven track record in change initiation and implementation. He is a fellow of the Association of Chartered Certified Accountants.

There is currently a vacancy for a non-executive board member following the resignation of David McCallum on 31/03/08.

The following Executive Directors, along with the Chief Executive, are voting members of the Board:

Janet Brierley – Director of Human Resources & Organisational Development **Appointed July 2006**

Janet has a long and varied career and experience in the field of Human Resources. She was previously Director of Human Resources for the former Kent Ambulance Service.

Colin Farmer – Director of Finance **Appointed April 2007**

Before joining SECAmb Colin worked for the NHS Logistics Authority for over 10 years in a variety of financial management roles, including Director of Finance. Prior to joining the Health Service, he spent nine years in private sector logistics, primarily with United Parcel Service. Colin is a fellow of the Association of Chartered Certified Accountants.

Board membership *(cont.)*

Sue Harris – Director of Operations & Performance

Appointed September 2006

Sue has a wide and varied range of NHS operational and strategic experience, in particular, in both emergency care and in developing alternative models of service provision.

In her most recent role with the former Sussex Ambulance Service, Sue actively led the discussions and developments of innovative service models to meet the needs of the local population. Sue also has previous experience and first-hand knowledge of managing operational service within the acute sector.

Andy Newton - Clinical Director & Consultant Paramedic

Appointed July 2006

Andy was appointed in September 2005 as the first consultant paramedic in the country for Sussex Ambulance Service. He has worked in many ambulance services and joined Sussex from the University of Hertfordshire where he was a senior lecturer.

At a national level Andy has been responsible for many of the initiatives adopted into the UK ambulance service over the last 15 years. Having started as a paramedic in London and the first paramedic on the London Helicopter Emergency Medical Service (HEMS), he then introduced the groundbreaking Medical Priority Dispatch System (MPDS) to services which had previously had no call triage software in operation. Andy is responsible for anglicising the software and is the only European member on the International Academy of Emergency Medical Dispatchers. He has key roles in the Health Professions Council (HPC) and many other groups, and has spent the last five years or so developing educational programmes for paramedics including working on the critical care paramedic and paramedic practitioner programmes.

The following directors and non-voting members of the Trust Board:

Ian Arbuthnot – Director of Information Management & Technology

Appointed December 2006

Ian's most recent post was Head of IT in East Anglia Ambulance Service having started with them as an ambulance technician after leaving Loughborough University where he studied mechanical engineering. Ian then joined the IT team and went back to university to gain a computer science degree. Ian is clinically qualified as a technician.

Board membership *(cont.)*

Geoff Catling – Director of Technical Services & Logistics

Appointed September 2007

Geoff joined SECAmb from Staffordshire Ambulance Service where he had held a similar role as Director of Production since 1994.

Prior to this Geoff was a Lt Colonel in an Infantry Unit in the British Army. He has a wealth of experience and expertise in both logistics and high performance ambulance services.

Geraint Davies – Director of Corporate Affairs & Service Development

Appointed December 2007

Geraint has held senior positions within the NHS and related organisations for over 20 years, ranging from operational and strategic roles, and holds an MA in Embodying Leadership. He brings a breadth of knowledge and skills to complement the team as well as his extensive experience of commissioning/service improvement and development.

Committee membership

Integrated Governance Committee* (constituted and operates as the Trust's Audit Committee)

David McCallum	Non-Executive Director and Committee Chairman (until September 2007)
John Jackson	Non-Executive Director and Committee Chairman (from October 2007)
Christine Barwell	Non-Executive Director
Nigel Penny	Non-Executive Director
Mike McSweeney	Non-Executive Director

Remuneration and Terms of Service Committee*

Martin Kitchen	Chairman
Christine Barwell	Non-Executive Director
Nigel Penny	Non-Executive Director

Risk Management & Clinical Governance Sub-Committee

Geraint Davies	Director of Corporate Affairs and Service Development and Sub-Committee Chairman (until July 2007)
David McCallum	Non-Executive Director and Sub-Committee Chairman (September 2007 – February 2008)
Christine Barwell	Non-Executive Director and Sub-Committee Chairman (from March 2008)
Nigel Penny	Non-Executive Director
Paul Sutton	Chief Executive
Andy Newton	Clinical Director
Janet Brierley	Director of Human Resources & Organisational Development
Sue Harris	Director of Operations & Performance
Ian Arbuthnot	Director of IM&T
Colin Farmer	Director of Finance
Geoff Catling	Director of Logistics and Technical Services
Martin Lewis	Head of Clinical Governance
Sarah Azhashemi	Head of Information Governance
Annie Traynor	Assistant Director of Corporate Affairs and Service Development
Steve Blane	Risk Health and Safety Manager
Brian Pullen	Infection Control Manager
Andy Parr	Head of Emergency Preparedness
Brian Russell	Patient Forum Representative
Kevin Hedges	Staff Representative (Partnership Forum)

Committee membership *(cont.)*

Financial Audit Sub-Committee *

Nigel Penny	Non-Executive Director and Sub-Committee Chairman
John Jackson	Non-Executive Director

* Directors and Senior Managers attend these Committees as required

Remuneration Report

The Trust's Remuneration and Terms of Service Committee consists of the Chairman and two Non Executive Directors of the Trust. The Chief Executive and Director of Human Resources and Organisational Development may be asked to attend in an advisory capacity. The Committee oversees the remuneration and conditions of service for directors (including the Chief Executive Officer). All other managers are now covered by the national Agenda for Change arrangements.

The Chief Executive and all directors have been appointed on the terms and conditions, including pay, for Very Senior Managers within the NHS. For those individuals appointed prior to the local agreement on salary points being reached, this was backdated to the date of their appointment. Pay rates were uplifted with effect from 1 April 2007, in accordance with the national guidance for Very Senior Managers from the Department of Health. Whilst the Remuneration Committee formally acknowledged the contribution and the hard work carried out by the Executive Team since their appointment during the course of the year and the achievement of the Trust's principal targets for 2006/7, no performance bonuses in 2007/8 were awarded. Director posts may be reviewed individually in the light of the changes in their responsibilities, in market factors, pay relativities or other relevant circumstances.

Objectives for the directors are determined annually by the Chief Executive reflecting the strategic objectives agreed by the Board. Performance is reviewed at year end by the Chief Executive who reports to the Committee should there be any areas of concern.

Contracts of employment are in accordance with standard NHS Very Senior Managers Contracts and include specified restrictions on, for example, exclusivity of service. All contracts are permanent and are proportionate to the needs of the Trust ensuring business continuity where voluntary resignation occurs (six months from the Trust and six months from the Chief Executive and for other directors six months from the Trust and three months from individuals).

Paul Sutton, Chief Executive **Date:** 17 June 2008

Remuneration Report *(cont.)*

Salary and Pension Entitlements of Senior Managers

Remuneration

Name and title		2007-08			2006-07		
		Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £00)	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £00)
M Kitchen	Chairman (1/7/06)*	15-20			10-15	0	n/a
C Barwell	Non Executive Director (1/7/06)*	5-10			0-5	0	n/a
M McSweeney	Non Executive Director (1/5/07)*	5-10					
J Jackson	Non Executive Director (1/5/07)*	5-10			0-5	0	n/a
N Penny	Non Executive Director (1/7/06)*	5-10			0-5	0	n/a
D McCallum	Non Executive Director (31/03/08)**	5-10			0-5		
P Sutton	Chief Executive Officer	165-170***	0-5	17	85-90	10-15	20
C Farmer	Director of Finance (2/4/07)*	90-95		41			
A Newton	Clinical Director/Consultant Paramedic	95-100***		0	70-75	0	0
S Harris	Director of Operations and Performance (1/9/06)*	105-110***		10	30-35	0	0
GF Catling	Director of Logistics & Technical Services (1/9/07)*	45-50		20			
G Davis	Director of Corporate Affairs and Service Development (1/10/06)*	90-95***			30-35	0	0
I Arbuthnot	Director of Information Management and Technology	85-90***		59	25-30	0	0
J Brierley	Director of Human Resources and Organisation Development	105-110***			55-60	0	0

* Date Appointed

** Date left

*** Director's salary includes pay arrears paid during 2007/08 relating to 2006/07.

This statement is consistent with the accounting requirements of the remuneration report for non-executive, executive directors and senior managers. The term 'senior managers' refers to those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust.

Benefits in kind are the assessed value of provision of a lease car as per the Inland Revenue P11d calculations. Benefits in kind are stated in hundreds.

Remuneration Report *(cont.)*

Pension Benefits

Name and title		Real increase in pension at age 60 (bands of £2500) £000	Real increase in pension lump sum at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2007 (bands of £2500) £000	Lump sum at age 60 related to accrued pension at 31 March 2007 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2007 £000	Cash Equivalent Transfer Value at 31 March 2008 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension £00
P Sutton	Chief Executive	5-7.5	10-12.5	20-22.5	65-70	196	253	52	0
C Farmer	Director of Finance	12.5-15	40-42.5	12.5-15	40-45	-	159	159	0
A Newton*	Clinical Director/Consultant Paramedic	7.5-10	25-27.5	32.5-35	100-105	379	536	148	0
S Harris	Director of Operations and Performance	2.5-5	10-12.5	5-7.5	15-20	17	65	48	0
GF Catling	Director of Logistics & Tech Services	7.5-10	25-27.5	12.5-15	35-40	-	-	-	0
G Davis	Director of Corporate Affairs & Service Development	5-7.5	20-22.5	22.5-25	65-70	187	294	101	0
I Arbuthnot	Director of Information Management and Technology	2.5-5	12.5-15	13.5-15	35-40	77	132	52	0
J Brierley	Director of Human Resources and Organisation Development	10-12.5	30-32.5	20-22.5	65-70	168	343	170	0

* includes effect of transfer from previous (non NHS) pension scheme

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed 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 the disclosure applies. The CETV figures, and from 2004-05 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 pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Statement of responsibilities

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of accountable officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum, issued by the Department of Health. To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Paul Sutton, Chief Executive **Date:** 17 June 2008

Statement of the directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- Apply, on a consistent basis, accounting policies laid down by the Secretary of State, with the approval of the Treasury;
- Make judgments and estimate which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the financial statements comply with the requirements outlined in the above-mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

Paul Sutton, Chief Executive
Date: 17 June 2008

Colin Farmer, Director of Finance
Date: 17 June 2008

Statement on Internal Control 2007/08

Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets, for which I am personally responsible, as set out in the Accountable Officer Memorandum.

This statement describes the framework for internal control that has been in place for the period 1 April 2007 to 31 March 2008. During this period governance arrangements, structures and related systems and processes have been put in place to assure the Board of our continued progress against the objective to be a mobile healthcare provider that is:

Clinically focused – putting the patient at the heart of everything we do: being responsive to their changing needs;

Innovative – spotting the technologies and techniques of the future and fast-tracking them into practice;

Team based – identifying the factors that create a team environment which ensures patient safety;

High performing – adopting processes and mechanisms that allow the most efficient use of time and resources;

Matching and exceeding international excellence – competing with the best; ensuring that we are implementing best practice models and improving upon them.

The Trust's Standing Orders outline the accountability arrangements and scope of responsibility of the Board.

The Executive Team and Board have been fully involved in agreeing the strategic priorities for the Trust, with the most critical priorities being those set out in the Trust's Business Plan 2007/08. The following corporate objectives were identified as priorities during 2007/08:

- To perform against the Healthcare Commission Standards for Better Health assessment;
- To ensure that appropriate arrangements are in place to meet Communications and Patient and Public Involvement requirements;
- To ensure robust arrangements are in place to manage risk across the organisation;
- To deliver an environment which protects all employees and patients from incidents of violence and abuse and protects the physical assets of the organisation;
- To prepare for achieving Foundation Trust status;
- To deliver cost effective services while achieving all financial targets, including break even;

Statement on Internal Control 2007/08

(cont.)

- To consolidate and standardise procurement, contracts and supply chain practices for SECAmb to ensure that the Trust implements lean systems, to support the development of clinical delivery and excellence;
- To support the development of a single model for unscheduled care within local health communities;
- To support provision of appropriate patient care outside of hospital within the local health economy;
- To support the development of Research and Development across the Trust by establishing SECAmb as an active participant in NHS research whilst ensuring full adherence to the principles of research governance, and in line with Department of Health strategy "Best Research for Best Health";
- To achieve and exceed national performance targets;
- To educate and develop 60 paramedics to Critical Care Paramedic level to support the development surrounding Fit for the Future;
- To educate and develop 300 paramedics to Paramedic Practitioner level to support the development surrounding Fit for the Future;
- To ensure arrangements are in place to comply with the Civil Contingencies Act, and in accordance with the National NHS Emergency Planning Guidance 2005, as well as ensuring National requirements with regard to CBRN regulations are met;
- To agree strategic direction regarding the Patient Transport Service and define the part it plays in becoming a more mobile healthcare provider in the future;
- To achieve national objectives;
- To build an effective organisation;
- To develop the people who work for the Trust;
- To improve the working lives of the people who work for the Trust;
- To implement the Ambulance Radio Replacement Programme, in line with national standards;
- To provide an integrated CAD system throughout SECAmb;
- To implement the Electronic Patient Record system for SECAmb, in line with national standards.

The Trust's Assurance Framework has been in place for the year. In line with national guidance it is structured around the high level risks which were deemed to be the most significant risks to prevent delivery of the corporate objectives set out in the Trust's Business Plan 2007/08. It is reviewed by the senior management team, who also consider the risks on the risk register and the Trusts Service Delivery Plan (SDP) on a regular basis. The Assurance Framework has been reviewed by the Board and the Audit Committee (known as the Integrated Governance Committee) throughout the year. It has been cross referenced to the Healthcare Commission Core Standards. Much work has been undertaken to improve the specificity of gaps in control and assurances for each item (which is covered in further detail in section 4).

Statement on Internal Control 2007/08

(cont.)

A significant challenge for the Trust during this year has been achievement of the Call Connect target by 1 April 2008 which has required major service redesign and the recruitment and training of over 150 staff. A dedicated programme board has been in place for the majority of the year for which the Director of Operations and Performance is responsible, it provides regular reports to the Board on its work and the progress being made towards achievement of the target.

The Trust's Service Delivery Plan (SDP) was developed to ensure implementation of the corporate objectives set out in the Trust's Business Plan 2007/08. The SDP was reviewed on a monthly basis and progress was reported to the Board via the committee structure on a number of occasions throughout the year. The areas that were at risk of failing to be delivered were highlighted through this review process and appropriately addressed. The Board delegates authority primarily to the following committees:

- Remuneration and Terms of Service Committee;
- Integrated Governance (constituted as the Trust's Audit Committee);
- Risk Management and Clinical Governance Sub Committee (which is a sub committee of the Integrated Governance Committee);
- Financial Audit Sub Committee (which is a sub committee of the Integrated Governance Committee).

The Board receives regular minutes and reports from each of its committees, and in turn the sub-committees report to their parent committee which maintains an effective flow of information to the Board. A review of the Trust's governance arrangements was undertaken during the year, using the Integrated Governance Committee Handbook 'Maturity Matrix', this assessment led to a detailed review of the Trust's Standing Orders, in conjunction with the Trust's solicitors, to take account of the changes brought about by the NHS Act 2006. The terms of reference for the committees were also fully reviewed and updated in conjunction to ensure the governance arrangements continue to be fit for purpose.

The Board has approved the Trust's Risk Management Policy which is reviewed and updated annually. In addition the Board has approved a Code of Professional Conduct Policy and every member of staff has been written to personally, to highlight its importance. The Board has adopted the Nolan Principles of Standards in Public Life as well as board and committee etiquette principles which will apply to all meetings of the organisation in the year ahead. A range of other policies and procedures have been produced or updated during the year to ensure the Trust provides appropriate guidance to staff and is compliant with relevant legislation.

All directors report to me through the fortnightly Executive Team meetings in addition to fortnightly one to one meetings.

Collaborative working with other NHS organisations within our local health

Statement on Internal Control 2007/08

(cont.)

economy has continued throughout the year, particularly focusing on the developments surrounding the Fit for the Future Programme. In addition, senior managers have worked with PCTs across the Strategic Health Authority area to further develop commissioning arrangements for the ambulance service which has been led by our lead commissioners; the Specialised Commissioning Team, hosted by West Kent PCT.

I also attend the Strategic Health Authority Chief Executive's Forum, have one-to-one meetings with the SHA Chief Executive and inform the Strategic Health Authority of any relevant strategic or performance issues. In addition, my Director of Operations and Performance has regular one-to-one meetings with the SHA director with responsibility for performance.

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 organisation's policies, aims and objectives;

Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in South East Coast Ambulance Service NHS Trust for the whole year ended 31 March 2008 and up to the date of approval of the annual report and accounts.

Statement on Internal Control 2007/08

(cont.)

Capacity to handle risk

Risk Management is a corporate responsibility and, accordingly, the Trust Board has ultimate responsibility for ensuring that effective processes are in place. The Board is committed to the continuous development of a framework to manage risks in a structured and focused way in order to protect the Trust from losses, damage to its reputation or harm to its patients, staff, public and other stakeholders. This enables employees to manage and control risks in accordance with agreed procedures. I am accountable for the management of risk within the Trust. The Director of Corporate Affairs and Service Development has been designated as the Director Lead responsible for risk management. However, elements of responsibility also lie with employees of the Trust and the structure of the organisation ensures there is adequate capacity to fulfil these responsibilities. The Trust is committed to supporting its staff in exercising their roles and responsibilities with regard to health and safety risks and all other forms of risk. This implementation requires varying levels of training across the Trust.

The Trust's Risk Management and Clinical Governance Sub Committee oversees the management of all areas of risk in the organisation, it is chaired by a Non-Executive Director and is attended regularly by Directors and senior managers. Reporting lines to the Board are maintained through the aforementioned committee structures.

The Trust has two dedicated Risk, Health and Safety Managers one of which is qualified to NEBOSH (National Examination Board in Occupational Safety and Health) Diploma level and is a chartered member of the Institute of Occupational Safety and Health, the other is qualified to NEBOSH certificate level. A range of other managers have risk or health and safety related qualifications relevant to their posts.

Trust representatives attend the National Risk and Safety Forum and are members of local health economy groups to support learning from incidents. In addition, the Trust attends the SHA wide Clinical Governance Forum, and other local and National events hosted by the Institution of Occupational Safety and Health to ensure the Trust's learns from best practice and keeps abreast of new developments.

Statement on Internal Control 2007/08

(cont.)

The risk and control framework

The Integrated Governance Strategy, including the Risk Management Policy and associated procedures, set out the framework and systems for implementation of risk and governance in the Trust. These processes are evidenced within the Healthcare Commission Core Standards declaration.

The Risk Management and Clinical Governance Sub Committee agenda reflects the organisation's core business. The Trust seeks to learn from issues raised and implement good practice at all levels. The Board, via the Integrated Governance Committee receives regular reports from the Risk Management and Clinical Governance Sub Committee, including trends analysis and benchmarking (e.g. Healthcare Commission core standards). Serious Untoward Incidents are reviewed, investigated, analysed and reported back throughout the organisation.

The Trust has a fully developed, maintained and comprehensive Risk Register; it is one of the key elements of the Trust's risk management strategy and for future business and strategic planning. This Risk Register is a Trust-wide database recording corporate risks identified from whatever source, the assessed level of current risk and details of control measures or an action plan to reduce the risk to the lowest practicable level or to a level determined as acceptable by the Board (or its committees).

The Trust was required to submit a final declaration, by 30 April 2008, as to its compliance with the Healthcare Commission core standards self assessment for the year ended 31 March 2008. The Trust involved all Trust directors and a cross section of senior managers to undertake the final assessment. The Trust Board reached agreement on these recommendations and the final declaration identifying compliance with all standards, with the exception of C5b and C7e, where currently there is insufficient assurance, was signed off at the Public Board Meeting on 31 March 2008. There are detailed plans are in place to ensure the Trust has the systems and processes in place to provide itself with assurance of compliance with C5b and C7e by June 2008 and further details are outlined below:

CS 5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership	
Declared Position	Insufficient Assurance
Start date	01/04/2007
End date	30/06/2008
Reason	The Trust has agreed a clinical peer review procedure which it is able to evidence has been used, however it cannot evidence that this has been implemented in a robust way due to other organisational commitments. The Trust needs to adopt a programme of work to ensure that there are clinicians trained in delivering these reviews, a mechanism for undertaking them and a process to ensure lessons learned are disseminated in an effective way throughout the Trust.

Statement on Internal Control 2007/08

(cont.)

CS 5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership	
Action	The Scope of Practice Policy has been approved. Revisions to the policy are due to be approved by the Joint Partnership Forum by the end of May. The Clinical Peer Review Procedure has been approved and promotion for this is ongoing, but will be completed by the end of March. The Education, Training and Development Working Group are to devise a programme of work to identify and deliver training to reviewers for each discipline. This is expected to be undertaken by the end of June 2v Group reflect the group's responsibility for ensuring learning events are cascaded appropriately throughout the Trust.

CS 7e: Healthcare organisations challenge discrimination, promote equality and respect human rights	
Declared Position	Insufficient Assurance
Start date	01/04/2007
End date	30/03/2008
Reason	Since the merger, SECAmb's equality and diversity programme has become fragmented and in need of better co-ordination. Whilst progress has been made in areas such as the Race and Disability Equality Schemes, harassment, bullying and diversity working groups; the work streams need reviewing to ensure a joined up approach across SECAmb, under pinned with a corporate vision and direction.
Action	The measures taken since October 2007 have ensured the gaps in its programme are on course to be filled. A consultant has written a Single Equality Scheme which the Trust formally adopted in January 2008. The Scheme is legally compliant with the Race. Gender and Disability duties. It has an inclusive action plan, with objectives arrived at through internal and external consultation The objectives cut across all SECAmb's business to ensure mainstreaming. SECAmb has established a programme of equality impact assessing its policies. It is confident that this process will be complete by the end of March 2008. It is planned to train staff to do their own equality impact assessment in the future. An equality and diversity specialist on secondment from Kent Police has assisted SECAmb to set up corporate structures for delivery. Since December 2007, a strategic steering group has been formed headed by the HR Director with terms of reference. The steering group now plan to set up tactical action groups across each of the 5 Operational Dispatch Areas. SECAmb is part of the BME Network. To support local staff, a BME Staff Support Group is being set up. The first meeting is planned for 25th March. This will provide a forum for informal support, networking and mentoring for BME employees. Additional support groups are planned for disabled and gay employees. The OD manager is working with Kent Police to set up a bespoke diversity training course for supervisors and managers to be delivered in the next financial year. SECAmb has appointed two full time people to take the equality and diversity programme forward from April 2008.The lead post and will focus on internal structures and workplace monitoring; the other will focus on external consultative mechanisms.

Statement on Internal Control 2007/08

(cont.)

The adoption of the Integrated Governance Strategy, Risk Management Policy, Risk Register and the Assurance Framework has fully embedded risk management into the activities of the organisation. Directors and managers have been required to identify risks within their areas of responsibility and to establish, in conjunction with the relevant managers, effective control measures and/or systems. The Risk Register has been in place for the year and has involved Board members and staff in its development to ensure it represents an accurate assessment of the risks facing the organisation.

The following actions have been taken to address gaps in Control and Assurance identified in the Assurance Framework:

Gap	Action
Recurrent funding for Call Connect not secured	Ongoing meetings with commissioners have resulted in a signed Service Level Agreement and funding for Call Connect
Potentially insufficient staff to meet the needs of PCTs commissioning requirements	Roadshows undertaken and improved promotion of the PP and CCP programmes; Ongoing negotiations with PCTs
Vacancies in structures	Director of Technical Services and Logistics recruited; Assistant Director of Operations and Performance (West) recruited; Head of Non Emergency Services recruited; IM&T structure approved and filled; Technical
Excessive number of 5-year corporate objectives could hinder delivery	Business Plan 2008 – 2009 has been developed in partnership with stakeholders to ensure it is more strategically focused.
The Trust identified a lack of assurance of compliance against core standards 1a and 21	Action plans have been put in place and have been monitored through the Service Delivery Plan to close the gaps in assurance of compliance with C1a and C21.
Capacity of Service Development team given the magnitude of the area and changes in the Local Health Economy	New resources identified to increase capacity in the Service Development team.

Statement on Internal Control 2007/08

(cont.)

Gap	Action
PPI Strategy needs greater focus on membership development; No Trust lead for membership development	Plans in place to review and update PPI Strategy in 2008; Funding identified to appoint Head of Patient Experience to lead PPI / PALS and membership development.
No Risk Trainer in place through year – highlighted through SDP updates	Appoint Risk Trainer; Expand e-learning arrangements.
Single Equalities Scheme developed and requires approval	Approved by the Board on 31 March 2008.
Further capacity required within the Infection Control team	Funding for Infection Control Advisor and Infection Control Administrator posts identified and posts now filled.
Further work regarding service modelling required	Call Connect Programme Board to review work on service modelling post April 2008.

The Assurance Framework linked the main elements and aims of the Trust's internal control and governance policies. The Framework comprises the following key elements:

- Principal Risks: the risk management policies sought to identify the main risks which might impede the Trust in achieving its objectives and to keep these under review by the Trust Board.
- Key Controls: these were the mechanisms for controlling the risks that have been identified.
- Board Assurance: the Board gained assurance that the Trust's objectives were being achieved and the risks controlled through a variety of assurance processes, including performance reports with high level KPIs, audit (internal and external), assessments by regulatory and monitoring agencies (e.g. Healthcare Commission, NHSLA, Health and Safety) and reports from its assurance sub committees.

It has been reviewed throughout the year by directors and senior managers in the Trust and reported regularly through the Trust's governance structures to the Board. All Board members received training during the year on the purpose of the Assurance Framework and how they should use it to assist them in their work.

The Trust has continued to work closely with the SECAmb Patient and Public Involvement Forum throughout the year, in the main to plan and implement interim arrangements once the Forum was disbanded on 31 March 2008. In particular the Trust has continued to facilitate the SECAmb / PPI Forum Liaison Group to ensure communication is effective. In addition, the Trust engages with the public and service users through various other local patient and public involvement groups, workshops, events, PALS enquiries and complaints. During the year all working groups in the Trust

Statement on Internal Control 2007/08

(cont.)

have allocated one place on their membership to a public or patient representative. A large number of patients and the public were involved in three stakeholder events held during the summer to support the development of the Trust's Business Plan for 2008/09.

The Chief Executive, Executive Team and senior managers also have close relationships with other stakeholders in the local community to improve the delivery of health care in the area. The main forums for the transaction of these relationships were:

- Regular South East Coast NHS Chief Executives Forum;
- Regular South East Coast Directors of Finance Forum;
- Regular South East Coast Human Resources Directors Forum;
- Regular commissioning meetings with our Lead Commissioners and other Primary Care Trusts;
- Regular Fit for the Future Programme Boards in each of the local health economies.
- Regular one to one meetings with SHA and PCT counter parts

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 in to 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.

The Trust has an Information Governance (IG) team comprising five staff trained in their area of expertise plus administrative support. The team establishment increased by two posts in 2008 to include dedicated Information Security and Freedom of Information leads.

The Information Governance Working Group (IGWG) meets every 4 – 6 weeks and includes representatives from each Directorate. It reports to the Risk Management and Clinical Governance Sub Committee and its Terms of Reference include the identification of information related risks. Two way communication links to the risk and incident register are in place and issues that arise are reviewed at IGWG.

Since December 2007, the Trust has undertaken a comprehensive information flow mapping exercise; reviewed its storage and transportation arrangements for patient clinical records to improve security; raised awareness of information security risks and best practice through regular articles in the weekly staff bulletin; developed a number of related policies and revised its induction and refresher training. The Trust achieved 83 per cent in the Information Security Assurance element of the IG Toolkit assessment in 2007/08.

The Trust takes the security of its cross-site communication very seriously and encrypts all data using the latest industry standard techniques, even data sent across N3.

Statement on Internal Control 2007/08

(cont.)

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with the evidence that the effectiveness of the controls that manage the risks to the organisation achieving its principal objectives have been reviewed. Work undertaken by the External Auditors in the areas of:

- Audit of the financial statements (in progress)
- Auditors Local Evaluation
- Review of governance arrangements (in progress)
- SHA wide review of sustainable financial recovery

Work undertaken by the Internal Auditors in the areas of:

- The Assurance Framework and Risk Management
- Healthcare Commission Core Standards for Better Health
- Call Connect Programme
- Ambulance Radio Replacement Project
- Project Management of Computer Aided Design
- The Integration of Computer Aided Design
- IT Project Management of Mobile Data Terminals
- Kent and Medway Health Informatics Service SLA for IM&T Services
- Follow-Up of 2006/07 audits of the Local IT Implementation of the Radio Replacement Project
- Balances Brought Forward in the Ledger on Transfer to Shared Business Services
- Client Controls over the Processing of Financial Transactions by Shared Business Services
- Client Controls over the Processing of Electronic Staff Records
- The Nominal Ledger (the main accounting system)
- Budgetary Control
- Payroll & Expenses
- Creditors' Ledger (the accounts payable)
- Debtors' Ledger (the accounts receivable)
- Treasury Management
- Fixed Assets – Verification.

Statement on Internal Control 2007/08

(cont.)

In addition the Head of Internal Audit opinion which states:

"Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and inconsistent application of controls, put the achievement of particular objectives at risk".

A robust assessment process has this year been implemented to enable the Board to reach its declaration against the core standards including a workshop for all responsible managers involving a representative from the Healthcare Commission, the establishment of the Compliance and Assurance Working Group to oversee all external agency assessments (including the core standards declaration) and the involvement of the Internal Auditors throughout the entire process. In addition, the Executive Team and subsequently the Integrated Governance Committee finalised the proposed declaration before the Board signed off the declaration on 31 March 2008.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by a number of internal mechanisms including the work of the Board, the Executive team, the Integrated Governance Committee, the Financial Audit Sub Committee and the Risk Management and Clinical Governance Sub Committee. In addition reports from other key groups such as the Call Connect Programme Board, the Health and Safety Committee and the Infection Control Working Group. A plan is in place to address weaknesses and ensure continuous improvement of the system is in place.

The processes adopted to maintain and review the effectiveness of the system of internal control include:

- Bi-monthly Board operational performance and financial performance reports;
- Internal and External audit reports including the 2007/08 Head of Internal Audit Opinion;
- Healthcare Commission core standards declaration and the ongoing monitoring of progress against those areas with insufficient assurance throughout the year;
- SHA and lead commissioner performance reviews;
- Commissioning meetings and monitoring the delivery of the 'Vital Signs' Service Level Agreement;
- Minutes of committees meetings including the Integrated Governance Committee looking at issues such as monitoring the Trust's progress with regard to infection control and the delivery of key performance targets;
- Ongoing update and approval of the Assurance Framework at the Integrated Governance Committee, to ensure effective controls and assurance are in place to manage the principal risks of the Trust and where necessary giving due consideration to appropriateness of the risks identified throughout the year;

Statement on Internal Control 2007/08

(cont.)

- Regular review and reports on the position of the Risk Register and ensuring that action is taken to resolve key risks at the appropriate level and assign the necessary resources where required;
- Regular reviews and bimonthly reports on progress against the organisation's objectives through the Trust's Service Delivery Plan;
- Review of the Trust's governance arrangements and monitoring implementation of the recommendations;
- Feedback from the Auditors Local Evaluation assessment process.

As described above in section 4, the Trust declared insufficient assurance for two of the core standards (C5b and C7e) and therefore is required to declare this as a significant control issue. These gaps are clearly understood by the organisation and there are plans in place to ensure that the Trust will be compliant by June 2008.

Signed **Date:** 17 June 2007

Paul Sutton

Chief Executive Officer (On behalf of the Trust Board)

Independent Auditor's Report

Independent Auditor's Report to the directors of the Board of SECAmb

Opinion on the financial statements

I have audited the financial statements of South East Coast Ambulance Service NHS Trust for the year ended 31 March 2008 under the Audit Commission Act 1998. The financial statements comprise the Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement, the Statement of Total Recognised Gains and Losses and the related notes. These financial statements have been prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service set out within them. I have also audited the information in the Remuneration Report that is described as having been audited.

This report is made solely to the Board of Directors of South East Coast Ambulance Service NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of Directors and auditor

The directors' responsibilities for preparing the financial statements in accordance with directions made by the Secretary of State are set out in the Statement of Directors' Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England. I report whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England. I also report to you whether, in my opinion, the information which comprises the commentary on the financial performance included within the Operational and Financial Review, included in the Annual Report, is consistent with the financial statements.

I review whether the directors' Statement on Internal Control reflects compliance with the Department of Health's requirements, set out in 'The Statement on Internal Control 2003/04' issued on 15 September 2003 and the further guidance relating to that Statement issued on 7 April 2006, 2 April 2007, 7 April 2008 and 20 May 2008. I report if it does not meet the requirements specified by the Department of Health or if the statement is misleading or inconsistent with other information I am aware of from my audit of the financial statements.

Independent Auditor's Report *(cont.)*

I am not required to consider, nor have I considered, whether the directors' Statement on Internal Control covers all risks and controls. Neither am I required to form an opinion on the effectiveness of the Trust's corporate governance procedures or its risk and control procedures.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. This other information comprises the Foreword from the Chairman, the Introduction from the Chief Executive, the unaudited part of the Remuneration Report, and the remaining elements of the Operating and Financial Review. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

Basis of audit opinion

I conducted my audit in accordance with the Audit Commission Act 1998, the Code of Audit Practice issued by the Audit Commission and International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Trust's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that:

- the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error; and
- the financial statements and the part of the Remuneration Report to be audited have been properly prepared.

In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

Independent Auditor's Report *(cont.)*

Opinion

In my opinion:

- the financial statements give a true and fair view, in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England, of the state of the Trust's affairs as at 31 March 2008 and of its income and expenditure for the year then ended;
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England; and
- information which comprises the commentary on the financial performance included within the Operational and Financial Review,included within the Annual Report, is consistent with the financial statements.

Conclusion on arrangements for securing economy, efficiency and effectiveness in the use of resources

Directors' Responsibilities

The directors are 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 regularly to review the adequacy and effectiveness of these arrangements.

Auditor's Responsibilities

I am required by the Audit Commission Act 1998 to be satisfied that proper arrangements have been made by the Trust for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires me to report to you my conclusion in relation to proper arrangements, having regard to the criteria for NHS bodies specified by the Audit Commission. I report if significant matters have come to my attention which prevent me from concluding that the Trust has made such proper arrangements. I am not required to consider, nor have I considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Conclusion

I have undertaken my audit in accordance with the Code of Audit Practice and having regard to the criteria for NHS bodies specified by the Audit Commission and published in December 2006, I am satisfied that, in all significant respects, South East Coast Ambulance Service NHS Trust made proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2008.

Certificate

I certify that I have completed the audit of the accounts in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Lindsey Mallors, Appointed Auditor **Date:** 17 June 2008

16 South Park, Sevenoaks, Kent TN13 1AN

Appendix A – Full accounts for 2007/08

Related Party Transactions

During the year none of the Board Members or members of the key management staff or parties related to them have undertaken any material transactions with the Trust.

The following pages document South East Coast Ambulance Service NHS Trust's full accounts for 2007/08.

Appendix A – Full accounts for 2007/08

(cont.)

Income and expenditure account for the year ended - 31 March 2008

	NOTE	2007/08 £000	2006/07 £000
Income from activities	3	**132,574**	126,073
Other operating income	4	**2,300**	1,574
Operating expenses	5	**(132,776)**	(122,570)
OPERATING SURPLUS/(DEFICIT)		**2,098**	5,077
Cost of fundamental reorganisation/restructuring		**0**	0
Profit/(loss) on disposal of fixed assets	8	**(41)**	(465)
SURPLUS/(DEFICIT) BEFORE INTEREST		**2,057**	4,612
Interest receivable		**1,162**	507
Interest payable	9	**(1)**	0
Other finance costs - unwinding of discount	16	**(106)**	(66)
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		**3,112**	5,053
Public Dividend Capital dividends payable		**(2,471)**	(2,003)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR		**641**	3,050

The notes on pages 77 to 124 form part of these accounts.
All income and expenditure is derived from continuing operations.

Appendix A – Full accounts for 2007/08

(cont.)

Balance sheet as at - 31 March 2008

	NOTE	31 March 2008 £000	31 March 2007 £000
FIXED ASSETS			
Intangible assets	10	**247**	409
Tangible assets	11	**70,383**	68,950
Investments	14.1	**0**	0
		70,630	69,359
CURRENT ASSETS			
Stocks and work in progress	12	**1,120**	884
Debtors	13	**20,367**	19,591
Investments	14.2	**0**	0
Cash at bank and in hand	18.3	**6,374**	1,243
		27,861	21,718
CREDITORS: Amounts falling due within one year	15	**(8,904)**	(5,246)
NET CURRENT ASSETS/(LIABILITIES)		**18,957**	16,472
TOTAL ASSETS LESS CURRENT LIABILITIES		**89,587**	85,831
CREDITORS: Amounts falling due after more than one year	15	**0**	0
PROVISIONS FOR LIABILITIES AND CHARGES	16	**(14,125)**	(11,688)
TOTAL ASSETS EMPLOYED		**75,462**	74,143
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital	22	**66,722**	69,774
Revaluation reserve	17	**3,551**	33
Donated asset reserve	17	**1,232**	1,328
Government grant reserve	17	**0**	0
Other reserves	17	**0**	0
Income and expenditure reserve	17	**3,957**	3,008
TOTAL TAXPAYERS' EQUITY		**75,462**	74,143

The financial statements on pages 77 to 124 were approved by the Board on 17th June 2008 and signed on its behalf by:

Signed:  (Chief Executive) **Date**: 17 June 2008

Appendix A – Full accounts for 2007/08

(cont.)

Statement of total recognised gains and losses for the year ended - 31 March 2008

	2007/08 £000	2006/07 £000
Surplus/(deficit) for the financial year before dividend payments	**3,112**	5,053
Fixed asset impairment losses	**(35)**	(5)
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	**3,946**	3,666
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	**0**	0
Defined benefit scheme actuarial gains/(losses)		
Additions/(reductions) in "other reserves"	**0**	0
Total recognised gains and losses for the financial year	**7,023**	8,714
Prior period adjustment	**0**	0
Total gains and losses recognised in the financial year	**7,023**	8,714

Appendix A – Full accounts for 2007/08

(cont.)

Cash flow statement for the year ended - 31 March 2008

	NOTE	2007/08 £000	2006/07 £000
OPERATING ACTIVITIES			
Net cash inflow/(outflow) from operating activities	18.1	**13,953**	491
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:			
Interest received		**1,162**	510
Interest paid		**(1)**	0
Interest element of finance leases		**0**	0
Net cash inflow/(outflow) from returns on investments and servicing of finance		**1,161**	510
CAPITAL EXPENDITURE			
(Payments) to acquire tangible fixed assets		**(3,540)**	(6,665)
Receipts from sale of tangible fixed assets		**38**	323
(Payments) to acquire intangible assets		**(63)**	(113)
Receipts from sale of intangible assets		**0**	0
(Payments to acquire)/receipts from sale of fixed asset investments		**0**	0
Net cash inflow/(outflow) from capital expenditure		**(3,565)**	(6,455)
DIVIDENDS PAID		**(2,471)**	(2,003)
Net cash inflow/(outflow) before management of liquid resources and financing		**9,078**	(7,457)

Appendix A – Full accounts for 2007/08

(cont.)

Cash flow statement for the year ended - 31 March 2008 *(cont.)*

	NOTE	2007/08 £000	2006/07 £000
MANAGEMENT OF LIQUID RESOURCES			
(Purchase) of investments with DH		**0**	0
(Purchase) of other current asset investments		**0**	0
Sale of investments with DH		**0**	0
Sale of other current asset investments		**0**	0
Net cash inflow/(outflow) from management of liquid resources		**0**	0
Net cash inflow/(outflow) before financing		**9,078**	(7,457)
FINANCING			
Public dividend capital received		**0**	7,457
Public dividend capital repaid (not previously accrued)		**(3,052)**	0
Loans received from DH		**0**	0
Other loans received		**0**	0
Loans repaid to DH		**0**	0
Other loans repaid		**0**	0
Other capital receipts		**0**	0
Capital element of finance lease rental payments		**0**	0
Cash transferred (to)/from other NHS bodies*		**0**	0
Net cash inflow/(outflow) from financing		**(3,052)**	7,457
Increase/(decrease) in cash		**6,026**	0

Appendix A – Full accounts for 2007/08

(cont.)

Notes To The Accounts

1 Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS trusts shall meet the accounting requirements of the NHS Trust Manual for Accounts which shall be agreed with HM Treasury. The accounting policies contained in that manual follow UK generally accepted accounting practice and HM Treasury's Government Financial Reporting Manual to the extent that they are meaningful and appropriate to the NHS. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of fixed assets at their value to the business by reference to their current costs. NHS Trusts are not required to provide a reconciliation between current cost and historical cost surpluses and deficits.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are acquired from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Income Recognition

Income is accounted for applying the accruals convention. The main source of income for the Trust is from commissioners in respect of healthcare services provided under local agreements. Income is recognised in the period in which services are provided. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Appendix A – Full accounts for 2007/08

(cont.)

1.5 Tangible fixed assets

Capitalisation

Tangible assets are capitalised if they are capable of being used for a period which exceeds one year and they:

- individually have a cost of at least £5,000; or

- collectively have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

- form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

Valuation

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. They are restated to current value each year. The carrying values of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

All land and buildings are restated to current value using professional valuations in ccordance with FRS15 every five years and in the intervening years by the use of indices. The buildings index is based on the All in Tender Price Index published by the Building Cost Information Service (BCIS). The land index is based on the residential building land values reported in the Property Market Report published by the Valuation Office.

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(cont.)

Professional valuations are carried out by the District Valuers of the Revenue and Customs Government Department. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Department of Health and HM Treasury. In accordance with the requirements of the Department of Health, the last asset valuations were undertaken in 2004 as at the prospective valuation date of 1 April 2005 and were applied on the 31 March 2005.

The valuations are carried out primarily on the basis of Depreciated Replacement Cost for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Additional alternative Open Market Value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

All adjustments arising from indexation and five-yearly revaluations are taken to the Revaluation Reserve. Falls in value when newly constructed assets are brought into use are also charged there. These falls in value result from the adoption of ideal conditions as the basis for depreciated replacement cost valuations.

Assets in the course of construction are valued at current cost using the indexes as for land and buildings, as above. These assets include any existing land or buildings under the control of a contractor.

Residual interests in off-balance sheet Private Finance Initiative properties are included in tangible fixed assets as 'assets under construction and payments on account' where the PFI contract specifies the amount, or nil value at which the assets will be transferred to the Trust at the end of the contract. The residual interest is built up, on an actuarial basis, during the life of the contract by capitalising part of the unitary charge so that at the end of the contract the balance sheet value of the residual value plus the specified amount equal the expected fair value of the residual asset at the end of the contract. The estimated fair value of the asset on reversion is determined by the District Valuer based on Department of Health guidance. The District Valuer should provide an estimate of the anticipated fair value of the assets on the same basis as the District Valuer values the NHS Trust's estate.

Operational equipment other than IT equipment, which is considered to have nil inflation, is valued at net current replacement cost through annual uplift by the change in the value of the GDP deflator. Equipment surplus to requirements is valued at net recoverable amount.

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(cont.)

Depreciation, amortisation and impairments

Tangible fixed assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. No depreciation is provided on freehold land and assets surplus to requirements.

Assets in the course of construction and residual interests in off-balance sheet PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as advised by the District Valuer. Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on current cost evenly over the estimated life of the asset.

Impairment losses resulting from short-term changes in price that are considered to be recoverable in the longer term are taken in full to the revaluation reserve. These include impairments resulting from the revaluation of fixed assets from their cost to their value in existing use when they become operational. This may lead to a negative revaluation reserve in certain instances.

Where, under Financial Reporting Standard 11, a fixed asset impairment is charged to the Income and Expenditure Account, offsetting income may be paid by the Trust's main commissioner using funding provided by the NHS Bank.

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(cont.)

1.6 Donated fixed assets

Donated fixed assets are capitalised at their current value on receipt and this value is credited to the Donated Asset Reserve. Donated fixed assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations are also taken to the Donated Asset Reserve and, each year, an amount equal to the depreciation charge on the asset is released from the Donated Asset Reserve to the Income and Expenditure account. Similarly, any impairment on donated assets charged to the Income and Expenditure Account is matched by a transfer from the Donated Asset Reserve. On sale of donated assets, the value of the sale proceeds is transferred from the Donated Asset Reserve to the Income and Expenditure Reserve.

1.7 Private Finance Initiative (PFI) transactions

The NHS follows HM Treasury's Technical Note 1 (Revised) "How to Account for PFI transactions" which provides practical guidance for the application of the Application Note F to FRS 5 and the guidance 'Land and Buildings in PFI schemes Version 2'.

Where the balance of the risks and rewards of ownership of the PFI property are borne by the PFI operator, the PFI obligations are recorded as an operating expense. Where the trust has contributed assets, a prepayment for their fair value is recognised and amortised over the life of the PFI contract by charge to the Income and Expenditure Account. Where, at the end of the PFI contract, a property reverts to the Trust, the difference between the expected fair value of the residual on reversion and any agreed payment on reversion is built up over the life of the contract by capitalising part of the unitary charge each year, as a tangible fixed asset.

Where the balance of risks and rewards of ownership of the PFI property are borne by the Trust, it is recognised as a fixed asset along with the liability to pay for it which is accounted for as a finance lease. Contract payments are apportioned between an imputed finance lease charge and a service charge.

1.8 Stocks and work-in-progress

Stocks and work-in-progress are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to current cost due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.9 Research and development

Expenditure on research is not capitalised. Expenditure on development is capitalised if it meets the following criteria:

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(cont.)

- there is a clearly defined project;
- the related expenditure is separately identifiable;
- the outcome of the project has been assessed with reasonable certainty as to:
- its technical feasibility;
    - its resulting in a product or service which will eventually be brought into use;
- adequate resources exist, or are reasonably expected to be available, to enable the project to be completed and to provide any consequential increases in working capital.

Expenditure so deferred is limited to the value of future benefits expected and is amortised through the income and expenditure account on a systematic basis over the period expected to benefit from the project. It is revalued on the basis of current cost. The amortisation charge is calculated on the same basis as used for depreciation i.e. on a quarterly basis. Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. NHS Trusts are unable to disclose the total amount of research and development expenditure charged in the income and expenditure account because some research and development activity cannot be separated from patient care activity.

Fixed assets acquired for use in research and development are amortised over the life of the associated project.

1.10 Provisions

The Trust provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is material, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 2.2% in real terms.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 16.

Since financial responsibility for clinical negligence cases transferred to the NHSLA at 1 April 2002, the only charge to operating expenditure in relation to clinical negligence in 2006/07 relates to the Trust's contribution to the Clinical Negligence Scheme for Trusts.

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(cont.)

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority 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 as and when they become due.

1.11 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying Scheme assets and liabilities. Therefore, the Scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the Scheme is taken as equal to the contributions payable to the Scheme for the accounting period.

The Scheme is subject to a full valuation for FRS 17 purposes every four years. The last valuation on this basis took place as at 31 March 2003 however, the revaluation is to be aligned with the full valuation and will take palce in 2008. The scheme is also subject to a full valuation by the Government Actuary to assess the scheme's assets and liabilities to allow a review of the employer's contribution rates, this valuation took place as at 31 March 2004 and has yet to be finalised. The last published valuation on which contributions are based covered the period 1 April 1994 to 31 March 1999. Between valuations, the Government Actuary provides an update of the scheme liabilities. The latest assessment of the liabilities of the Scheme is contained in the Scheme Actuary report, which forms part of the NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the Business Service Authority - Pensions Division website at www.nhspa.gov.uk. Copies can also be obtained from The Stationery Office.

The conclusion of the 1999 valuation was that the scheme continues to operate on a sound financial basis and the notional surplus of the scheme is £1.1 billion. It was recommended that employers' contributions are set at 14% of pensionable pay from 1 April 2003. On advice from the actuary the contribution may be varied from time to time to reflect changes in the scheme's liabilities. Employees pay contributions of 6% (manual staff 5%) of their pensionable pay.

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th of the best of the last 3 years pensionable pay for each year of service. A lump sum normally equivalent to 3 years pension is payable on retirement. Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on

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changes in retail prices in the twelve months ending 30 September in the previous calendar year. On death, a pension of 50% of the member's pension is normally payable to the surviving spouse.

Early payment of a pension, with enhancement, is available to members of the Scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final years pensionable pay for death in service, and up to five times their annual pension for death after retirement, less pensions already paid, subject to a maximum amount equal to twice the member's final years pensionable pay less their retirement lump sum for those who die after retirement is payable.

Additional pension liabilities arising from early retirement are not funded by the scheme except where the retirement is due to ill-health. For early retirements not funded by the scheme, the full amount of the liability for the additional costs is charged to the Income and Expenditure account at the time the NHS Trust commits itself to the retirement, regardless of the method of payment.

The Scheme provides the opportunity to members to increase their benefits through money purchase Additional Voluntary Contributions (AVCs) provided by an approved panel of life companies. Under the arrangement the employee/member can make contributions to enhance an employee's pension benefits. The benefits payable relate directly to the value of the investments made.

1.12 Liquid resources

Deposits and other investments that are readily convertible into known amounts of cash at or close to their carrying amounts are treated as liquid resources in the cashflow statement. The Trust does not hold any investments with maturity dates exceeding one year from the date of purchase.

1.13 Value Added Tax

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

1.14 Foreign Exchange

Transactions that are denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the Income and Expenditure Account.

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1.15 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 28 to the accounts.

1.16 Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Trust, the asset is recorded as a tangible fixed asset and a debt is recorded to the lessor of the minimum lease payments discounted by the interest rate implicit in the lease. The interest element of the finance lease payment is charged to the Income and Expenditure Account over the period of the lease at a constant rate in relation to the balance outstanding. Other leases are regarded as operating leases and the rentals are charged to the Income and Expenditure Account on a straight-line basis over the term of the lease.

1.17 Public Dividend Capital (PDC) and PDC Dividend

Public Dividend Capital represents the outstanding public debt of an NHS Trust. At any time the Secretary of State can issue new PDC to, and require repayments of PDC from, the NHS Trust.

A charge, reflecting the forecast cost of capital utilised by the NHS Trust, is paid over as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the forecast average carrying amount of all assets less liabilities, except for donated assets and cash with the Office of the Paymaster General. The average carrying amount of assets is calulated as a simple average of opening and closing relevant net assets. A note to the accounts discloses the rate that the dividend represents as a percentage of the actual average carrying amount of assets less liabilities in the year.

1.18 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 each individual case is handled.

Losses and Special Payments are charged to the relevant functional headings in the Income and Expenditure Account on an accruals basis, including losses which would have been made good through insurance cover had NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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2 Segmental Analysis

The following information segments the results of the NHS Trust by:
- Healthcare activities, and
- Other activities, being all the other activities of the NHS Trust

	Healthcare Activity £000		Other Activity £000		Total £000	
	2007/08	2006/07	**2007/08**	2006/07	**2007/08**	2006/07
INCOME	**132,574**	126,073	**2,300**	1,574	**134,874**	127,647
SURPLUS/(DEFICIT)						
Segment surplus/(deficit)	**2,022**	4,555	**35**	57	**2,057**	4,612
Common costs						
Surplus/(deficit) before interest	**2,022**	4,555	**35**	60	**2,057**	4,612
NET ASSETS:						
Segment net assets	**68,574**	64,217	**1,190**	802	**69,764**	65,019

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(cont.)

3. Income from Activities

	2007/08 £000	2006/07 £000
Strategic Health Authorities	**0**	64
NHS Trusts	**8,768**	8,942
Primary Care Trusts	**121,987**	114,290
Foundation Trusts	**769**	1,100
Local Authorities	**117**	13
Department of Health	**234**	13
NHS Other	**0**	129
Non NHS:		
- Private patients e.g police custody suite contract	**588**	1,411
- Overseas patients (non-reciprocal)	**0**	0
- Road Traffic Act	**-**	0
- Injury cost recovery	**53**	0
- Other	**58**	111
	132,574	126,073

4. Other Operating Income

	2007/08 2007/08 £000	2006/07 2006/07 £000
Education, training and research	**896**	263
Charitable and other contributions to expenditure	**0**	22
Transfers from donated asset reserve	**181**	207
Transfers from government grant reserve	**0**	0
Non-patient care services to other bodies	**1**	0
Income Generation e.g. private events	**724**	678
Other income	**498**	404
	2,300	1,574

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(cont.)

5. Operating Expenses

5.1 Operating expenses comprise:

	2007/08 £000	2006/07 £000
Services from other NHS Trusts	**18**	232
Services from PCTs	**0**	
Services from other NHS bodies	**70**	501
Services from Foundation Trusts	**0**	0
Purchase of healthcare from non NHS bodies	**958**	479
Directors' costs	**1,079**	3,067
Staff costs	**94,445**	85,561
Supplies and services - clinical	**4,802**	3,410
Supplies and services - general	**947**	2,333
Consultancy services	**601**	534
Establishment	**5,257**	3,425
Transport	**10,636**	10,607
Premises	**5,949**	4,189
Bad debts	**0**	5
Depreciation	**5,925**	5,262
Amortisation	**225**	113
Fixed asset impairments and reversals	**265**	58
Audit fees	**171**	250
Other auditor's remuneration	**139**	26
Clinical negligence	**12**	185
Redundancy costs	**290**	159
Other*	**987**	2,174
	132,776	122,570

* 2007/08 consists of outsourced services.

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(cont.)

5.2 Operating Leases

5.2.1 Operating expenses include:

	2007/08 £000	2006/07 £000
Hire of plant and machinery	**15**	2,136
Other operating lease rentals	**2,953**	2,280
	2,968	4,416

5.2.2 Annual commitments under non - cancellable operating leases are:

	Land and buildings		Other leases	
	2007/08 £000	2006/07 £000	**2007/08 £000**	2006/07 £000
Operating leases which expire:				
Within 1 year	**40**	0	**1,618**	1,012
Between 1 and 5 years	**5**	14	**1,370**	2,355
After 5 years	**538**	573	**0**	0
	583	587	**2,988**	3,367

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6. Staff costs and numbers

6.1 Staff costs

	2007/08			2006/07
	Total	**Permanently Employed**	**Other**	
	£000	**£000**	**£000**	£000
Salaries and wages	**82,706**	81,971	735	74,060
Social Security Costs	**5,159**	5,117	42	5,747
Employer contributions to NHS Pension Scheme	**7,660**	7,660	0	8,734
Other pension costs	**0**	0	0	0
	95,525	**94,748**	**777**	**88,541**

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(cont.)

6.2 Average number of persons employed

	2007/08			2006/07
	Total Number	**Permanently Employed Number**	**Other Number**	Number
Medical and dental	**0**	0	0	0
Ambulance staff	**2,187**	2,187	0	2,229
Administration and estates	**542**	518	24	466
Healthcare assistants and other support staff	**4**	4	0	5
Nursing, midwifery and health visiting staff	**0**	0	0	1
Nursing, midwifery and health visiting learners	**0**	0	0	0
Scientific, therapeutic and technical staff	**0**	0	0	0
Social care staff	**0**	0	0	0
Other	**43**	43	0	40
Total	**2,776**	**2,752**	**24**	**2,741**

The above 2007/08 staff group classifications are produced on a consistent SECAmb wide basis, which cannot easily be compared to 2006/07 which is a consolidation of three legacy systems.

Overall average staff numbers have increased due to the increased call demand and preparing for the changes to the A&E response performance target (Call Connect refer to page 21) resulting in the recruitment of an additional 149 frontline ambulance technicians and 54 EDC staff (shown as administration and estates).

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6.3 Employee benefits

The trust pays no employee benefits

6.4 Management costs

	2007/08 £000	2006/07 £000
Management costs	**8,318**	7,097
Income	**134,874**	127,647

Management costs are defined as those on the management costs website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en..

6.5 Retirements due to ill-health

During 2007/08 there were 6 (2006/07, 6) early retirements from the NHS Trust on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £235k (£569k). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

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7. Better Payment Practice Code

7.1 Better Payment Practice Code - measure of compliance

	2007/08	
	Number	£000
Total Non-NHS trade invoices paid in the year	33,759	29,176
Total Non NHS trade invoices paid within target	28,532	24,057
Percentage of Non-NHS trade invoices paid within target	85%	83%
Total NHS trade invoices paid in the year	680	4,359
Total NHS trade invoices paid within target	414	3,210
Percentage of NHS trade invoices paid within target	61%	74%

7.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2007/08	2006/07
	£000	£000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	**1**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0

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8. Profit/(Loss) on Disposal of Fixed Assets

Profit/(loss) on the disposal of fixed assets is made up as follows:

	2007/08 £000	2006/07 £000
Profit on disposal of fixed asset investments	**0**	0
(Loss) on disposal of fixed asset investments	**0**	0
Profit on disposal of intangible fixed assets	**0**	0
(Loss) on disposal of intangible fixed assets	**0**	0
Profit on disposal of land and buildings	**0**	1
(Loss) on disposal of land and buildings	**0**	0
Profits on disposal of plant and equipment	**2**	46
(Loss) on disposal of plant and equipment	**(43)**	(512)
	(41)	(465)

9. Interest Payable

	2007/08 £000	2006/07 £000
Finance leases	**0**	0
Late payment of commercial debt	**1**	0
Loans	**0**	0
Other	**0**	0
	1	0

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10. Intangible Fixed Assets

	Software licences	Licenses and trademarks	Patents	Development expenditure	Total
	£000	£000	£000	£000	£000
Gross cost at 1 April 2007	988	0	0	0	988
Indexation				0	0
Impairments	0	0	0	0	0
Reclassifications	0	0	0	0	0
Revaluation	0	0	0	0	0
Additions purchased	63	0	0	0	63
Additions donated	0	0	0	0	0
Additions government granted	0	0	0	0	0
Disposals	0	0	0	0	0
Gross cost at 31 March 2008	**1,051**	**0**	**0**	**0**	**1,051**
Amortisation at 1 April 2007	579	0	0	0	579
Indexation				0	0
Impairments	0	0	0	0	0
Reversal of impairments	0	0	0	0	0
Reclassifications	0	0	0	0	0
Revaluation	0	0	0	0	0
Charged during the year	225	0	0	0	225
Disposals	0	0	0	0	0
Amortisation at 31 March 2008	**804**	**0**	**0**	**0**	**804**
Net book value					
- Purchased at 1 April 2007	409	0	0	0	409
- Donated at 1 April 2007	0	0	0	0	0
- Government granted at 1 April 2007	0	0	0	0	0
- Total at 1 April 2007	**409**	**0**	**0**	**0**	**409**
- Purchased at 31 March 2008	247	0	0	0	247
- Donated at 31 March 2008	0	0	0	0	0
- Government granted at 31 March 2008	0	0	0	0	0
- Total at 31 March 2008	**247**	**0**	**0**	**0**	**247**

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(cont.)

11. Tangible Fixed Assets

11.1 Tangible fixed assets at the balance sheet date comprise the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account*	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2007	24,582	26,361	0	1,134	8,539	23,410	6,492	427	90,945
Additions purchased	0	364	0	2,858	569	0	0	0	3,791
Additions donated	0	0	0	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0	0	0	0
Impairments	(35)	0	0	0	0	0	0	0	(35)
Reclassifications	0	98	0	(294)	0	196	0	0	0
Indexation	1,329	2,197	0	31	205	628	0	12	4,402
Revaluation	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	(687)	0	0	(687)
Cost or Valuation at 31 March 2008	**25,876**	**29,020**	**0**	**3,729**	**9,313**	**23,547**	**6,492**	**439**	**98,416**
Depreciation at 1 April 2007					7,536	10,131	4,086	242	21,995
Charged during the year	0	1,288	0		556	3,073	983	25	5,925
Impairments	265	0	0	0	0	0	0	0	265
Reversal of Impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0		0	0	0	0	0
Indexation	0	0	0		178	271		7	456
Revaluation					0	0	0	0	0
Disposals	0	0	0		0	(608)	0	0	(608)
Depreciation at 31 March 2008	**265**	**1,288**	**0**	**0**	**8,270**	**12,867**	**5,069**	**274**	**28,033**
Net book value									
- Purchased at 1 April 2007	24,275	25,559	0	1,134	839	13,233	2,397	185	67,622
- Donated at 1 April 2007	307	802	0	0	164	46	9	0	1,328
- Government granted at 1 April 2007	0	0	0	0	0	0	0	0	0
- Total at 1 April 2007	**24,582**	**26,361**	**0**	**1,134**	**1,003**	**13,279**	**2,406**	**185**	**68,950**
- Purchased at 31 March 2008	25,287	26,883	0	3,729	1,026	10,644	1,417	165	69,151
- Donated at 31 March 2008	324	849	0	0	17	36	6	0	1,232
- Government granted at 31 March 2008	0	0	0	0	0	0	0	0	0
- Total at 31 March 2008	**25,611**	**27,732**	**0**	**3,729**	**1,043**	**10,680**	**1,423**	**165**	**70,383**

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(cont.)

11.1 Tangible Fixed Assets (*cont.*)

Of the totals at 31 March 2008, £nil related to land valued at open market value and £nil related to buildings valued at open market value and £nil related to dwellings valued at open market value.
The net book value of assets held under finance leases and hire purchase contracts at the balance sheet date are as follows:

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 31 March 2008	878	1,861	0	0	0	0	0	0	**2,739**
At 31 March 2007	833	1,762	0	0	0	0	0	0	**2,595**

The total amount of depreciation charged to the income and expenditure in respect of assets held under finance leases and hire purchase contracts:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Depreciation 31 March 2008	0	48	0	0	0	0	0	0	**48**
Depreciation 31 March 2007	0	44	0	0	0	0	0	0	**44**

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11.2 The net book value of land, buildings and dwellings at 31 March 2008 comprises

	31 March 2008 £000	31 March 2007 £000
Freehold	**46,519**	44,310
Long leasehold	**6,824**	6,633
Short leasehold	**0**	0
TOTAL	**53,343**	50,943

12. Stocks and Work in Progress

	31 March 2008 £000	31 March 2007 £000
Raw materials and consumables	**1,120**	884
Work-in-progress	**0**	0
Finished goods	**0**	0
TOTAL	**1,120**	884

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13. Debtors

	31 March 2008 £000	31 March 2007 £000
Amounts falling due within one year:		
NHS debtors	**12,733**	12,240
Provision for irrecoverable debts	**(90)**	(61)
Other prepayments and accrued income	**3,482**	3,549
Other debtors	**1,612**	811
Sub Total	**17,737**	16,539
Amounts falling due after more than one year:		
NHS debtors	**2,630**	3,052
Provision for irrecoverable debts	**0**	0
Other prepayments and accrued income	**0**	0
Other debtors	**0**	0
Sub Total	**2,630**	3,052
TOTAL	**20,367**	19,591

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(cont.)

14. Investments

14.1 Fixed Asset Investments

	Description £000	Description £000	Other £000	**Total £000**
Balance at 1 April 2007	0	0	0	**0**
Additions	0	0	0	**0**
Disposals	0	0	0	**0**
Revaluations	0	0	0	**0**
Balance at 31 March 2008	**0**	**0**	**0**	**0**

14.2 Current Asset Investments

	EU emissions trading scheme £000	Department of Health £000	Other £000	**Total £000**
Balance at 1 April 2007	0	0	0	**0**
Additions	0	0	0	**0**
Disposals	0	0	0	**0**
Revaluations	0	0	0	**0**
Balance at 31 March 2008	**0**	**0**	**0**	**0**

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15. Creditors

15.1 Creditors at the balance sheet date are made up of:

	31 March 2008 £000	31 March 2007 £000
Amounts falling due within one year:		
Bank overdrafts	**0**	895
Current installments due on loans	**0**	0
Interest payable	**0**	0
Payments received on account	**0**	10
NHS creditors	**419**	437
Non - NHS trade creditors - revenue	**2,421**	170
Non - NHS trade creditors - capital	**516**	265
Tax	**0**	27
Social security costs	**0**	0
Obligations under finance leases and hire purchase contracts	**0**	0
Other creditors	**250**	114
Accruals and deferred income	**5,298**	3,328
Sub Total	**8,904**	5,246
Amounts falling due after more than one year:		
Long - term loans	**0**	0
Obligations under finance leases and hire purchase contracts	**0**	0
NHS creditors	**0**	0
Other	**0**	0
Sub Total	**0**	0
TOTAL	**8,904**	5,246

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15.2 Loans [and other long-term financial liabilities]

	31 March 2008 £000	31 March 2007 £000
Amounts falling due:		
In one year or less	**0**	0
Between one and two years	**0**	0
Between two and five years	**0**	0
Over 5 years	**0**	0
TOTAL	**0**	0

	31 March 2008 £000	31 March 2007 £000
Wholly repayable within five years	**0**	0
Wholly repayable after five years, not by instalments	**0**	0
Wholly or partially repayable after five years, by instalments	**0**	0
TOTAL	**0**	0

Total repayable after five years by instalments

Loans [and long-term financial liabilities] wholly or partially repayable after five years:

	Interest rate %	**31 March 2008 Value outstanding £000**	31 March 2007 Value outstanding £000
Terms of payment			

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15.3 Finance lease obligations

	31 March 2008 £000	31 March 2007 £000
Payable:		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
	0	0
Less finance charges allocated to future periods	**0**	0
	0	0

15.4 Finance Lease Commitments

There are no finance lease commitments

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16. Provisions for liabilities and charges

	Pensions relating to former directors	Pensions relating to other staff	Legal claims	Restruc-turings	Other	**Total**
	£000	£000	£000	£000	£000	**£000**
At 1 April 2007	0	4,505	95	0	7,088	**11,688**
Arising during the year	0	229	400	0	2,670	**3,299**
Utilised during the year	0	(279)	(10)	0	(162)	**(451)**
Reversed unused	0	(298)	(28)	0	(191)	**(517)**
Unwinding of discount	0	92	0	0	14	**106**
At 31 March 2008	**0**	**4,249**	**457**	**0**	**9,419**	**14,125**
Expected timing of cashflows:						
Within one year	0	287	457	0	8,659	**9,403**
Between one and five years	0	1,105	0	0	212	**1,317**
After five years	0	2,857	0	0	548	3,405

The Pension provision of £4,249k represents the organisations pension liability for pre 1995 reorganisations (31 March 2007 £4,505k).

Legal claims are the member provision for personal injury claims being handled by the NHS Litigation Authority. A further £1,096 is included in the provisions of the NHS Litigation Authority at 31 march 2008 (not in these accounts) in respect of clinical negligence liabilities of the trust (31 March 2007 £1,606k).

Other provisions include £8,472k in respect of potential Agenda for Change pay costs of which £7,471k represents 50% of the total back pay liability for a specific staff group, which is pending the outcome of a national pay review. The 50% that is not provided in these accounts is shown in note 21 as a contingent liability.

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17. Movements on Reserves

Movements on reserves in the year comprised the following:

	Revaluation Reserve	Donated Asset Reserve	Govern-ment Grant Reserve	Other Reserves	Income and Expenditure Reserve	**Total**
	£000	£000	£000	£000	£000	**£000**
At 1 April 2007 as previously stated	33	1,328	0	0	3,008	**4,369**
Prior Period Adjustments	0	0	0	0	0	**0**
At 1 April 2007 as restated	33	1,328	0	0	3,008	**4,369**
Transfer from the income and expenditure account					641	**641**
Fixed asset impairments	(35)	0	0			**(35)**
Surplus/(defict) on other revaluations/indexation of fixed/current assets	3,861	85	0			**3,946**
Transfer of realised profits/ (losses) to the income and expenditure reserve	0	0	0		0	**0**
Receipt of donated/ government granted assets		0	0			**0**
Transfers to the income and expenditure account for depreciation, impairment, and disposal of donated/ government granted assets		(181)	0			**(181)**
Other transfers between reserves	(308)	0	0	0	308	**0**
Other movements on reserves [specify]				0		**0**
Reserves eliminated on dissolution	0	0	0	0	0	**0**
At 31 March 2008	**3,551**	**1,232**	**0**	**0**	**3,957**	**8,740**

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18. Notes to the cash flow Statement

18. 1 Reconciliation of operating surplus to net cash flow from operating activities:

	2007/08 £000	2006/07 £000
Total operating surplus/(deficit)	**2,098**	5,077
Depreciation and amortisation charge	**6,150**	5,375
Fixed asset impairments and reversals	**265**	58
Transfer from donated asset reserve	**(181)**	(207)
Transfer from the government grant reserve	**0**	0
(Increase)/decrease in stocks	**(236)**	167
(Increase)/decrease in debtors	**(776)**	(7,567)
Increase/(decrease) in creditors	**4,302**	(1,391)
Increase/(decrease) in provisions	**2,331**	(1,021)
Net cash inflow/(outflow) from operating activities before restructuring costs	**13,953**	491
Payments in respect of fundamental reorganisation/restructuring	**0**	0
Net cash inflow from operating activities	**13,953**	491

18.2 Reconciliation of net cash flow to movement in net debt

	2007/08 £000	2006/07 £000
Increase/(decrease) in cash in the period	**6,026**	0
Cash (inflow) from new debt	**0**	0
Cash outflow from debt repaid and finance lease capital payments	**0**	0
Cash (inflow)/outflow from (decrease)/increase in liquid resources	**0**	0
Change in net debt resulting from cash flows	**6,026**	0
Non - cash changes in debt	**0**	0
Net debt at 1 April 2007	**348**	348
Net debt at 31 March 2008	**6,374**	348

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18.3 Analysis of changes in net debt

	At 1 April 2007	Cash Transferred (to)/ from other NHS bodies	Other cash changes in year	Non-cash changes in year	**At 31 March 2008**
	£000	£000	£000	£000	**£000**
OPG cash at bank	1,209	0	5,134		**6,343**
Commercial cash at bank and in hand	34	0	(3)		**31**
Bank overdraft	(895)	0	895		**0**
Loan from DH due within one year	0	0	0	0	**0**
Other debt due within one year	0	0	0	0	**0**
Loan from DH due after one year	0	0	0	0	**0**
Other debt due after one year	0	0	0	0	**0**
Finance leases	0	0	0	0	**0**
Current asset investments	0	0	0	0	**0**
	348	**0**	**6,026**	**0**	**6,374**

19. Capital Commitments

Commitments under capital expenditure contracts at 31 March 2008 were £3,614k (31 March 2007 £342k)

20. Post Balance Sheet Events

There are no post balance sheet events

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21. Contingencies

	2007/08 £000	2006/07 £000
Contingent liabilities	**(7,586)**	(4,934)
Amounts recoverable against contingent liabilities	**0**	0
Net value of contingent liabiliies	**(7,586)**	(4,934)

The Trust faces a contingent liability of £7,471,000 (2006/07 £4,819,000) in respect of the costs of a change to the assimilation of a specific staff group on Agenda for Change terms and conditions. At the balance sheet date, the outcome had not been determined and this represents 50% of the potential back pay liability not provided (see note 16). The balance relates to the value of potential liabilities under the Employers Liability scheme operated by the National Health Service Litigation Authority.

22. Movement in Public Dividend Capital

	2007/08 £000	2006/07 £000
Public Dividend Capital as at 1 April 2007	**69,774**	28,480
New Public Dividend Capital received (including transfers from dissolved NHS Trusts)	**0**	7,457
Public Dividend Capital repaid in year	**(3,052)**	0
Public Dividend Capital written off	**0**	0
Public Dividend Capital issued as originating capital on new establishment	**0**	33,837
Public Dividend Capital transferred to Foundation Trust	**0**	-
Other movements in Public Dividend Capital in year	**0**	0
Public Dividend Capital as at 31 March 2008	**66,722**	**69,774**

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23. Financial Performance Targets

23.1 Breakeven Performance

The trust's breakeven performance for 2007/08 is as follows:

	2003/04 £000	2004/05 £000	2005/06 £000	2006/07 £000	2007/08 £000
Turnover	90,852	104,231	128,002	127,647	134,874
Retained surplus/(deficit) for the year	(223)	334	832	3,050	641
Adjustment for:					
- Timing/non-cash impacting distortions					
- Use of pre - 1.4.97 surpluses [FDL(97)24 Agreements]	0	0	0	0	0
- 2004/05 Prior Period Adjustment (relating to 1997/98 to 2003/04)	0				
- 2005/06 Prior Period Adjustment (relating to 1997/98 to 2004/05)	0	0			
- 2006/07 Prior Period Adjustment (relating to 1997/98 to 2005/06)	0	0	0		
- 2007/08 Prior Period Adjustment (relating to 197/98 to 2006/07)	0	0	0	0	
- Other agreed adjustments	0	0	0	0	0
Break-even in-year position	(223)	334	832	3,050	641
Break-even cumulative position	(129)	205	1,037	4,087	4,728
Materiality test (I.e. is it equal to or less than 0.5%):					
- Break-even in-year position as a percentage of turnover	-0.25%	0.32%	0.65%	2.39%	0.48%
- Break-even cumulative position as a percentage of turnover	(0.14%)	0.20%	0.81%	3.20%	3.51%

23.2 Capital cost absorption rate

The Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital, totalling £2471k, bears to the average relevant net assets of £69,764k, that is 3.5%.

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23.3 External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	£000	**2007/08 £000**	2006/07 £000
External financing limit		**(3,052)**	7,457
Cash flow financing	(9,078)		7,457
Finance leases taken out in the year	0		0
Other capital receipts	0		0
External financing requirement		**(9,078)**	7,457
Undershoot/(overshoot)		**6,026**	0

23.4 Capital Resource Limit

The Trust is given a capital resource limit which it is not permitted to overspend

	2007/08 £000	2006/07 £000
Gross capital expenditure	**3,854**	6,395
Less: book value of assets disposed of	**(79)**	(878)
Plus: loss on disposal of donated assets	**45**	0
Less: capital grants	**0**	0
Less: donations towards the acquisition of fixed assets	**0**	0
Charge against the capital resource limit	**3,820**	5,517
Capital resource limit	**10,035**	5,717
(Over)/Underspend against the capital resource limit	**6,215**	200

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24. Related Party Transactions

South East Coast Ambulance Service NHS Trust is a body corporate established by order of the Secretary of State for Health.

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 East Coast Ambulance Service NHS Trust.

The Department of Health is regarded as a related party. During the year South East Coast Ambulance Service NHS 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:

BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST
EAST SUSSEX HOSPITALS NHS TRUST
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST
LONDON AMBULANCE SERVICE NHS TRUST
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST
MEDWAY NHS TRUST
PORTSMOUTH HOSPITALS NHS TRUST
ROYAL SURREY COUNTY HOSPITAL NHS TRUST
ROYAL WEST SUSSEX NHS TRUST
SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST
SOUTH DOWNS HEALTH NHS TRUST
SURREY AND SUSSEX HEALTHCARE NHS TRUST
SUSSEX PARTNERSHIP NHS TRUST
WORTHING AND SOUTHLANDS HOSPITALS NHS TRUST
EAST SUSSEX DOWNS AND WEALD PCT
EASTERN AND COASTAL KENT PCT
HAMPSHIRE PCT
HASTINGS AND ROTHER PCT
MEDWAY PCT
SURREY PCT
WEST KENT PCT
WEST SUSSEX PCT
THE QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST
THE ROYAL MARSDEN NHS FOUNDATION TRUST
UNIVERSITY COLLEGE LONDON NHS FOUNDATION TRUST
NHS LITIGATION AUTHORITY
NHS PURCHASING AND SUPPLY AGENCY

In addition, the Trust has had a number of transactions with other Government Departments and other central and local Government bodies.

The Trust has also received revenue payments from a charitable fund, the Trustee for which is the South East Coast Ambulance Service NHS Trust.

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25. Private Finance Transactions

25.1 PFI schemes deemed to be off-balance sheet

	2007/08 £000	2006/07 £000
Amounts included within operating expenses in respect of PFI transactions deemed to be off-balance sheet - gross	**481**	478
Amortisation of PFI deferred asset	**0**	(35)
Net charge to operating expenses	**481**	443

The NHS Trust is committed to make the following payments during the next year.

PFI scheme which expires;		
Within one year	**119**	0
2nd to 5th years (inclusive)	**0**	491
6th to 10th years (inclusive)	**0**	0
11th to 15th years (inclusive)	**0**	0
16th to 20th years (inclusive)	**0**	0
21st to 25th years (inclusive)	**0**	0
26th to 30th years (inclusive)	**0**	0
31st to 35th years (inclusive)	**0**	0

	£000	£000
Estimated capital value of the PFI scheme	1,400	1,400
Contract Start date:		
Contract End date:		

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25.2 'Service' element of PFI schemes deemed to be on-balance sheet

	2007/08 £000	2006/07 £000
Amounts included within operating expenses in respect of the 'service' element of PFI schemes deemed to be on-balance sheet	0	0
Amortisation of PFI deferred asset	0	0
Net charge to operating expenses	0	0

Imputed finance lease obligations comprise;

	2007/08 £000	2006/07 £000
Rentals due within 1 year	0	0
Rentals due within 2 to 5 years	0	0
Rentals due after 5 years	0	0
Sub total	0	0
Less: interest element	0	0
TOTAL	0	0

The Trust is committed to make the following service payments during the next year.

	£000	£000
PFI scheme which expires;		
Within one year	0	0
2nd to 5th years (inclusive)	0	0
6th to 10th years (inclusive)	0	0
11th to 15th years (inclusive)	0	0
16th to 20th years (inclusive)	0	0
21st to 25th years (inclusive)	0	0
26th to 30th years (inclusive)	0	0
31st to 35th years (inclusive)	0	0

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26 Pooled Budget

South East Coast Ambulance Service NHS Trust had no pooled budget arrangements in 2007 or 2008.

27 Financial Instruments

FRS 13, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with local Primary Care Trusts and the way those Primary Care Trusts are financed, the NHS 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 the listed companies to which FRS 13 mainly applies. The NHS 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 NHS Trust in undertaking its activities.

As allowed by FRS 13, debtors and creditors that are due to mature or become payable within 12 months from the balance sheet date have been omitted from all disclosures other than the currency profile. Provisions should be shown gross. Any amount expected in reimbursement against a provision (and included in debtors) should be separately disclosed.

Liquidity risk

The NHS Trust's net operating costs are incurred under annual service agreements with local Primary Care Trusts, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from funds made available from Government under an agreed borrowing limit. South East Coast Ambulance Service NHS Trust is not, therefore, exposed to significant liquidity risks.

Interest-Rate Risk

29% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Although a material portion of the assets are exposed to interest-rate risk, the risk itself is not considered to be significant as it relates to cash deposits held with the Bank of England. The following two tables show the interest rate profiles of the Trust's financial assets and liabilities:

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27.1 Financial Assets

Currency	Total	Floating rate	Fixed rate	Non-interest bearing	Fixed rate		Non-interest bearing
					Weighted average interest rate	Weighted average period for which fixed	Weighted average term
	£000	£000	£000	£000	%	Years	Years
At 31 March 2008							
Sterling	9,004	6,374	2,630	0	2.20%	19	8
Other	0	0	0	0	0.00%	0	0
Gross financial assets	**9,004**	**6,374**	**2,630**	**0**			
At 31 March 2007							
Sterling	4,294	1,242	3,052	0	2.20%	20	0
Other	0	0	0	0	0.00%	0	0
Gross financial assets	**4,294**	**1,242**	**3,052**	**0**			

27.2 Financial Liabilities

Currency	Total	Floating rate	Fixed rate	Non-interest bearing	Fixed rate		Non-interest bearing
					Weighted average interest rate	Weighted average period for which fixed	Weighted average term
	£000	£000	£000	£000	%	Years	Years
At 31 March 2008							
Sterling	(13,043)	0	(4,110)	(8,933)	2.20%	28	1
Other	0	0	0	0	0.00%	0	0
Gross financial liabilities	**(13,043)**	**0**	**(4,110)**	**(8,933)**			
At 31 March 2007							
Sterling	(12,163)	(895)	(2,323)	(8,945)	2.20%	29	1
Other	0	0	0	0	0.00%	0	0
Gross financial liabilities	**(12,163)**	**(895)**	**(2,323)**	**(8,945)**			

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Foreign Currency Risk

The Trust has no/negligible foreign currency income or expenditure.

27.3 Fair Values

Set out below is a comparison, by category, of book values and fair values of the NHS Trust's financial assets and liabilities as at 31 March 2008.

	Book Value £000	Fair Value £000	Basis of fair valuation
Financial assets			
Cash	6,374	6,374	
Debtors over 1 year:			
- Agreements with commissioners to cover creditors and provisions	2,630	2,630	Note a
Investments	0	0	
Total	9,004	9,004	
Financial liabilities			
Overdraft	0	0	
Creditors over 1 year:			
- Finance leases	0	0	Note b
Provisions under contract	(13,043)	(13,043)	Note c
Loans	0	0	
Total	(13,043)	(13,043)	

Notes

a These debtors reflect agreements with commissioners to cover creditors over 1 year for early retirements and provisions under contract, and their related interest charge/unwinding of discount.

b To obtain fair value, cash flows have been discounted at prevailing market interest rates for finance leases for a similar term.

c Fair value is not significantly different from book value since, in the calculation of book value, the expected cash flows have been discounted by the Treasury discount rate of 2.2% in real terms.

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28 Third Party Assets

At 31st March 2008 and 31st March 2007 the Trust held no assets on behalf of third parties.

29 Intra-Government and Other Balances

	Debtors: amounts falling due within one year	Debtors: amounts falling due after more than one year	Creditors: amounts falling due within one year	Creditors: amounts falling due after more than one year
	£000	£000	£000	£000
Balances with other Central Government Bodies	11,387	2,630	108	0
Balances with Local Authorities	0	0	26	0
Balances with NHS Trusts and Foundation Trusts	1,311	0	311	0
Balances with Public Corporations and Trading Funds	0	0	0	0
Balances with bodies external to government	5,039	0	8,459	0
At 31 March 2008	**17,737**	**2,630**	**8,904**	**0**
Balances with other Central Government Bodies	41	0	1,555	0
Balances with Local Authorities	392	0	1	0
Balances with NHS Trusts and Foundation Trusts	12,240	3,052	364	0
Balances with Public Corporations and Trading Funds	0	0	0	0
Balances with bodies external to government	3,866	0	3,326	0
At 31 March 2007	**16,539**	**3,052**	**5,246**	**0**

30 Losses and Special Payments

There were 1092 cases of losses and special payments (2006/07: 271 cases) totalling £229,589 (2006/07: £327,385) paid during 2007/08.

There were no cases exceeding £250,000.

Appendix B – SECAmb's strategic objectives and output measures

Vision, strategic objectives and output measures

Pillar	Strategic Objective	Strategic Output Measure	Annual Output Measure
Clinical Effectiveness	We will deliver excellence in leadership and development	To become a leading ambulance trust in R&D	Conduct a review of the Trust's R&D policies, procedures and programme to enable identification of R&D priorities and resources required
			Commence a programme of formal research
			Commence a SECAmb-wide programme of audit
		Become a teaching ambulance trust	Develop a pathway to become a teaching ambulance trust
			Develop a SECAmb career framework that reflects the high performance structure
			Review education and training skills required to deliver a professional workforce and develop a plan and programme
			Develop and implement a clinical supervision system
			Develop and implement a single scannable Patient Report Form
			Assess infrastructure required to support implementation of a learning environment and produce a plan
		Development of clinical systems and pathways that meet the needs of the local population	Establish a process for reviewing local health needs across South East Coast through development of a Public Health programme
			Roll out Hub for Health, CMS and Directory of Services on a trust-wide basis
			Complete appraisal of CMS and Directory of Services

Appendix B – SECAmb's strategic objectives and output measures *(cont.)*

Pillar	Strategic Objective	Strategic Output Measure	Annual Output Measure
Clinical Effectiveness	We will deliver excellence in leadership and development	Development and progression of new roles in line with the NHS Career Framework	Develop and implement a harmonised ECSW role
			Deliver 12 CCPs in accordance with the workforce plan
			Deliver 60 PPs in accordance with the workforce plan
	We will continuously improve access and outcomes to match international best practice	Achieve an "excellent" rating within the Healthcare Commission's Annual Health Check	Deliver full compliance with core standards, identifying and focussing on priority areas and achieve a good rating
			Achieve and exceed new national targets, focussing on priority areas
			Exceed existing national targets (A8, A19, B19)
			To achieve a level 4 in ALE
		Improve outcomes for key groups through innovative care and reducing health inequalities	Develop mechanisms for effective measurements of clinical outcomes (Trauma; CHD; Stroke)
			Demonstrate a 5% in year increase in ROSC rates (Cardiac)
			Increase number of patients using stroke pathways by 5%
			Develop and implement a system that will capture appropriate clinical information
		Continue to develop services within the Urgent and Emergency care environment that meet patient needs	Roll out the Directory of Services across SECAmb
			Reduce inappropriate conveyance to A&E by 5%

Appendix B – SECAmb's strategic objectives and output measures *(cont.)*

Pillar	Strategic Objective	Strategic Output Measure	Annual Output Measure
Customer Satisfaction	We will continuously improve satisfaction and experience for all stakeholders	Improve public health through community education and engagement	Develop and deliver a community education programme e.g. BLS skills
			Develop and implement a public information programme in relation to care provided
		Meet needs of stakeholders in accordance with the Single Equalities Scheme	Deliver the Single Equalities Scheme Action Plan
			Identify the marginalised diverse communities served by the Trust
			Develop and implement a programme of engagement to increase the patient and public involvement from marginalised communities
		Improved stakeholder experiences and satisfaction	To undertake the second annual stakeholder satisfaction surveys
			Identify a benchmark for satisfaction levels, and develop a plan to improve these
		Ensure engagement with patients, public, and patient representatives to inform and shape our services	Develop and implement a membership and involvement strategy
			Identify specific communities and groups to engage in service delivery and development
			To demonstrate increased engagement with specific communities and groups
	We will be an organisation that people seek to join and are proud to work for	Provision of education, training and development targeted to meet the needs of patients, staff and the organisation	Provision of education, training and development targeted to meet the needs of patients, staff and the organisation
			Ensure new staff are properly inducted at corporate and local levels
			Ensure all staff receive statutory and mandatory training, appropriate to their role

Appendix B – SECAmb's strategic objectives and output measures *(cont.)*

Pillar	Strategic Objective	Strategic Output Measure	Annual Output Measure
Customer Satisfaction	We will be an organisation that people seek to join and are proud to work for	Development of career pathways for both clinical and non-clinical staff in line with the NHS Career Framework, service requirements and the Trust's vision	All staff to have entered into the appraisal process
			All staff have KSF outlines and Personal Development Plans
			Explore and implement increased use of NVQs
			Develop partnership contracts with Higher Education Institutes
		Achieve demonstrable leadership / management qualities to deliver the Trust's aims and objectives	Develop and implement a leadership / management development strategy
		Improve staff satisfaction to be in the upper quartile of ambulance trusts nationally	Demonstrate improvements to service delivery from staff feedback surveys
			Develop and implement a staff communications strategy
			Standardise SECAmb policies and implement review process
			Standardise Trust counselling service
Response Time Reliability	We will continuously improve on the Trust's performance standards and reduce variation	Deliver an integrated IM&T system	Implementation of a single CAD in line with key project milestones
			Implementation of a single MDT in line with key project milestones
			Implementation of ARP in line with key project milestones
			Implementation of ePRF in line with key project milestones

Appendix B – SECAmb's strategic objectives and output measures *(cont.)*

Pillar	Strategic Objective	Strategic Output Measure	Annual Output Measure
Response Time Reliability	We will continuously improve on the Trust's performance standards and reduce variation	Reduce variation in geographical and temporal service delivery	Implementation of a single CAD in line with key project milestones
			Implementation of a single MDT in line with key project milestones
			Increase number of responder schemes in priority locations
			Introduce demand led rotas
			Standardisation of equipment in line with clinical requirements
		Exceed national and Trust-set performance targets	Implementation of a single CAD in line with key project milestones
			Implementation of a single MDT in line with key project milestones
			Increase number of responder schemes in priority locations
			Introduce demand led rotas
			Standardisation of equipment in line with clinical requirements
			Continuous review of the operational system status plan (SSP) [When new CAD is live in each EDC, aim to refresh SSP on a quarterly basis]
		Deliver a front loaded service delivery model	Develop an action plan to deliver the front loaded service delivery model
Economic Efficiency	We will convert all available pounds / resources into maximum / optimum patient benefit	Achieve a year on year 3% efficiency saving that produces a quality unit hour of acceptable productivity and cost	Improve productivity of front line staff by demonstrating a 2.9% increase in UHU
			Increase the number of make ready depots

Appendix B – SECAmb's strategic objectives and output measures *(cont.)*

Pillar	Strategic Objective	Strategic Output Measure	Annual Output Measure
Economic Efficiency	We will convert all available pounds / resources into maximum / optimum patient benefit	Effective management of the Trust's assets	Delivery of a capital programme in line with 5 year capital plan
		To have a commissioning process that secures the required income to deliver the Trust's vision to be a high performing organisation	Run local Payment by Results shadow in line with Payment by Results Project Initiation Document milestones
			Agree local use of the national contract for shadow implementation during 2009 / 2010
			Implement a SECAmb education plan in relation to high performance for the local health economy
			Develop a PTS strategy
		Effectively manage fleet and estates in line with the high performance model	Produce a Fleet strategy and replacement programme
			Produce an Estates strategy
			Increase the number of make ready depots
			Procure new Trust vehicles, based upon the 5 year fleet replacement policy which reflects the front loaded service delivery model
	We will embrace our social and environmental responsibilities	Increased involvement with local community groups and education providers	Develop and implement an improvement plan delivering value for money, in consultation with local community and disadvantaged groups
		Reduced environmental impact of the Trust	Review compliance to environmental impact regulations and prioritise an implementation plan to address shortfalls and report on these

South East Coast Ambulance Service
NHS Trust

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