South East Coast Ambulance Service NHS Trust

annual report 2008/09

1,000th patient receives clot busting drug

More than 1,000 heart-attack patients across Sussex, Surrey and Kent have been given a potentially life-saving, clot-busting treatment by SECAmb paramedics. The 1000th patient to receive the treatment was 56-year-old Alison Oliver from Uckfield, East Sussex.

Paramedics have been trained to administer special drugs, (thrombolytic therapy), which dissolves clots in blood vessels and can reduce damage caused by heart attacks to the heart muscle. It is suitable for some but not all patients who suffer a heart attack.

Alison received thrombolysis treatment from Crowborough Paramedic Christopher Thorne who attended the emergency call with ambulance technician Richard Fletcher. After receiving the treatment, Alison was taken to the Princess Royal Hospital in Haywards Heath. She went on to make a full recovery and was discharged home just five days later.

This was the second time Christopher, who is currently training as a Paramedic Practitioner, had delivered the treatment. He said: “I am delighted that SECAmb has been able to treat so many people with thrombolytic drugs. Being able to treat cardiac patients in this way, before they arrive at hospital, is hugely beneficial to their recovery. Being the person who happened to give the 1000th treatment is just luck. It’s the patients who are the winners with this life-saving intervention.”

Alison said: “I’m so thankful for all the treatment I received. I was very scared at the time but remember the ambulance crews were so reassuring and compassionate to both myself and my husband. They were very efficient but at the same time comforting, telling me not to worry. I feel fine now and haven’t required any further hospital treatment. I’d like to thank everyone who was involved in caring for me, right from the moment my husband dialled 999. It’s fantastic that so many heart attack patients have been able to receive this life-saving treatment.” - continued on page 2

Make Ready – maximising patient safety

During 2008/09 we continued to roll out “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 start 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% 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 was created in Chertsey, Surrey in 2007/08, and in June 2008 we developed our second Make Ready depot in Hastings, East Sussex.

Chris Ford, Make Ready Project Manager, said:

“This initiative significantly enhances and improves the service we provide for the community. It minimises the risk of cross-infection, frees up front-line crews who traditionally cleaned and re-stocked ambulances, to spend more time treating patients and keeps vehicles on the road for longer. Make Ready is effective and efficient and is part of

continued on page 2

lead story continued from front page

According to the British Heart Foundation 49,900 men and 39,700 women die from heart attacks each year. It's important, too, that early signs of a heart attack such as chest pain, pain in the arms, unexpected and unexplained shortness of breath or feeling sweaty, are not ignored. Recognising the early symptoms and calling an ambulance can potentially save lives.

SECAmb's Clinical Director and Consultant Paramedic, Andy Newton, added: "Heart disease is the leading cause of death in this country and we know that early treatment saves lives. The sooner heart attack patients receive the right treatment the better the outcome. It's critical that if anyone suffers symptoms such as unexpected or unexplained shortness of breath, chest pain and sweating, that someone calls 999 immediately and asks for an ambulance, as waiting could mean the difference between life and death."

Latest figures show that during 2008/09 SECAmb paramedics diagnosed and gave life-saving clot-busting drugs to more than 80 per cent of patients who suffered a heart attack in the community within 60 minutes of receiving a 999 call in 2008/09 – an eight per cent rise on the previous year.

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SECAmb's continual drive to innovate, modernise and improve patient outcomes."

Make Ready will continue to be rolled our across the region in 2009/10 with two more depots planned to go live within the year subject to the identification of suitable depot locations. It is hoped that SECAmb will have a total of 10 Make Ready depots serving the whole of Kent, Surrey and Sussex in the next five years.

Chairman's overview

Welcome to SECAmb's Annual Report for 2008/09. We hope that you like the new format, which contains a wealth of information about what has been happening over another eventful 12 months.

Following the 2007/08 Annual Report we conducted a survey of patients and members of the public to find out what they thought of it – what they had liked, how they felt we could build upon what was good and how we could make improvements in the areas that weren't so well received.

On the whole people really liked the summary document we produced last year, saying it was "easy to read", "simple and straightforward" and "user friendly". They also said that the full Annual Report was too long. We asked them what they thought about adopting a magazine-style format, incorporating more news articles and stories about SECAmb. They said they would welcome this approach so we decided to run with it for our 2008/09 Annual Report. As a result, this new approach sees the report divided into two distinct sections: a news section first, followed by financial and statutory information.

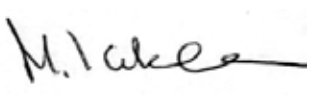
We hope you'll find this magazine-style format a little more exciting, easier to read and generally a more accessible document for all.

I've watched SECAmb go from strength to strength in 2008/09 and I am extremely proud of all of our staff, both frontline clinicians and those that work in support roles, for their consistent hard work and efforts to improve patient care and quality; something for which I thank them all.

Looking ahead there will of course be further challenges, and indeed opportunities, during 2009/10 and beyond. The Trust's Chief Executive and leadership team have made great strides so far, and our next challenge will be to complete the journey to foundation trust status (more on this on page 9). Becoming a foundation trust will see us being increasingly responsive to our patients and the public, maximising quality through ensuring we use the money available to us in the best way possible for patients, playing an increasingly proactive role in improving the health of the communities we serve, through health promotion and accident prevention initiatives and campaigns, as well as improving our performance against national and local targets.

Of course, we cannot seize these opportunities and overcome the inevitable challenges alone and we therefore look forward to further developing our partnerships, both within and outside of the NHS.

I have no doubt that 2009/10 will be yet another exciting 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

Chief Executive's report

The last 12 months have been challenging for all ambulance services in the country as we have worked hard to meet Call Connect – the new Government performance target for ambulance trusts that commenced 1 April 2008 (see page 11).

I am proud to say that despite this much tougher target, and times of significant pressure in terms of increased patient demand – the winter months saw demand rise almost 15% above what we would normally expect at that time of year – we still achieved our target for the year of reaching over 75% of patients with a potentially life-threatening condition within 8 minutes (see more about our performance against national targets on page 10).

We are pleased to have met this challenge while continuing to make significant progress on our other important agendas, since we're not just about targets; our aim is to improve quality, outcomes, experience and safety for all of the patients we serve.

We do this by embracing new clinical techniques, undertaking more education, training and staff development, introducing new equipment, vehicles, systems and processes, and engaging with our patients, the public and our stakeholders in order to understand and meet their needs.

We are continuously driving up quality and improving the service we provide to our patients, by striving for excellence, breaking down barriers and believing in what we can achieve.

We have hit our 75% target this year, but that's just the beginning, not the end. Achieving our targets gives us the freedom to forge ahead and make all of the other improvements necessary to ensure that our patients get the ambulance service they deserve.

So, over the last year the pace of change in SECAmb has been rapid, and the scope of change has been vast. We have embraced the challenges and seized the opportunities allowing us to really improve the care we deliver to all patients.

New care pathways, clinical roles, equipment and clinical procedures have meant more stroke, cardiac and trauma patients have received the specialist care they need to maximise their chance of survival and more patients with less serious conditions have been treated in the community, avoiding an unnecessary trip to A&E.

We've also recruited and trained over 150 front-line clinicians meaning we have more clinically trained ambulance staff caring for patients across Surrey, Sussex and Kent than there were 12 months ago. We've increased our engagement with the communities we serve, including those who are seldom heard, and used their vital feedback to shape our plans for the future, thereby helping to ensure that we are responding to the needs of the patients and public we serve.

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. This is the planned transport we provide to and from hospital and clinic appointments, day centres and other health and social care facilities, and is a lifeline upon which patients using this service are very reliant. During 2008/09 our patient transport service made 445,422 patient journeys.

This Annual Report looks in detail at our achievements, to celebrate what SECAmb staff have accomplished during 2008/09, as well as looking forward to what we will be doing over the next year and beyond to ensure that we continue to improve outcomes for all patients.

I would like to thank all of our staff for their commitment and enthusiasm during 2008/09. It is through 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, which promises challenges to overcome and accomplishments to be made as we head towards foundation trust status and improved outcomes, experience and safety for the patients of the South East Coast region.

Paul Sutton
Chief Executive

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About us

Did you know?

South East Coast Ambulance Service NHS Trust (SECAmb) provides ambulance services to over 4.5 million people living in Kent, Surrey and Sussex. We are one of 11 ambulance trusts in England.

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

We work closely with other organisations across the South East Coast region including eight primary care trusts (PCTs), 12 acute hospital trusts and four mental health and specialist trusts.

SECAmb employs over 3,000 staff across more than 65 sites in Kent, Surrey and Sussex. Around 85 per cent of SECAmb's workforce are operational staff – those working with patients either face to face in the field, or over the phone at one of our three emergency dispatch centres where 999 calls are received.

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.

Last year (2008/09) we received nearly 580,000 emergency calls from members of the public or other healthcare professionals – that's roughly one call every minute.

We saw a 5.7% increase in emergency calls in 2008/09 – nearly one per cent higher than the previous year's (2007/08) increase of 4.83%.

We also provide non-emergency patient transport services (pre-booked patient journeys to and from healthcare facilities) in Kent and Sussex. In 2008/09 our Patient Transport Service made 445,422 patient journeys, a decrease of 643 from 2007/08.

If a patient does require an emergency response, they can expect to see one or more of the following clinicians depending on their condition:

Emergency Care Assistants (ECA) and Emergency Care Support Workers (ECSW) - drive ambulances under emergency conditions and supports the work of qualified ambulance technicians and paramedics.

Technicians - respond to emergency calls as well as a range of planned and unplanned non-emergency cases. They support paramedics during the assessment, diagnosis and treatment of patients and during the journey to hosp ital.

Paramedics – respond to emergency calls and deal with 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 ECA or ECSW. They meet people's need for immediate care or treatment.

Paramedic Practitioners (PP) - paramedics who have undergone additional education and training to equip them with greater patient assessment and management skills. They are able to diagnose and treat minor medical conditions or injuries, as well as refer patients on to other healthcare professionals such as GPs or community nurses.

Critical Care Paramedics (CCP) - paramedics who have undergone additional education and training to work in a critical care environment. Working alongside doctors, they can treat patients suffering from critical illness or injury, providing intensive support and therapy, and ensuring the patient is taken rapidly and safely to a hospital that is able to treat their complex needs.

In addition to our frontline staff we can also call on support from:

Community Responders - volunteers who are 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.

Critical Care Doctors - often provided in partnership with the Kent, Surrey, Sussex Air Ambulance Trust and working in a team which includes a SECAmb CCP are increasingly called to seriously injured patients. There are two of these units based in Marden in Kent and Dunsfold in Surrey. In addition, the Trust also calls upon other charitably provided services such as the Surrey and Sussex Immediate Care Scheme, SIMCAS.

We also provide non-emergency patient transport services (PTS) to take patients to and from NHS facilities for appointments, treatment, and hospital admission. They also carry out non-urgent transfers between hospitals and discharge from hospital to home. All PTS staff are trained in basic life support should one of their patients need emergency care.

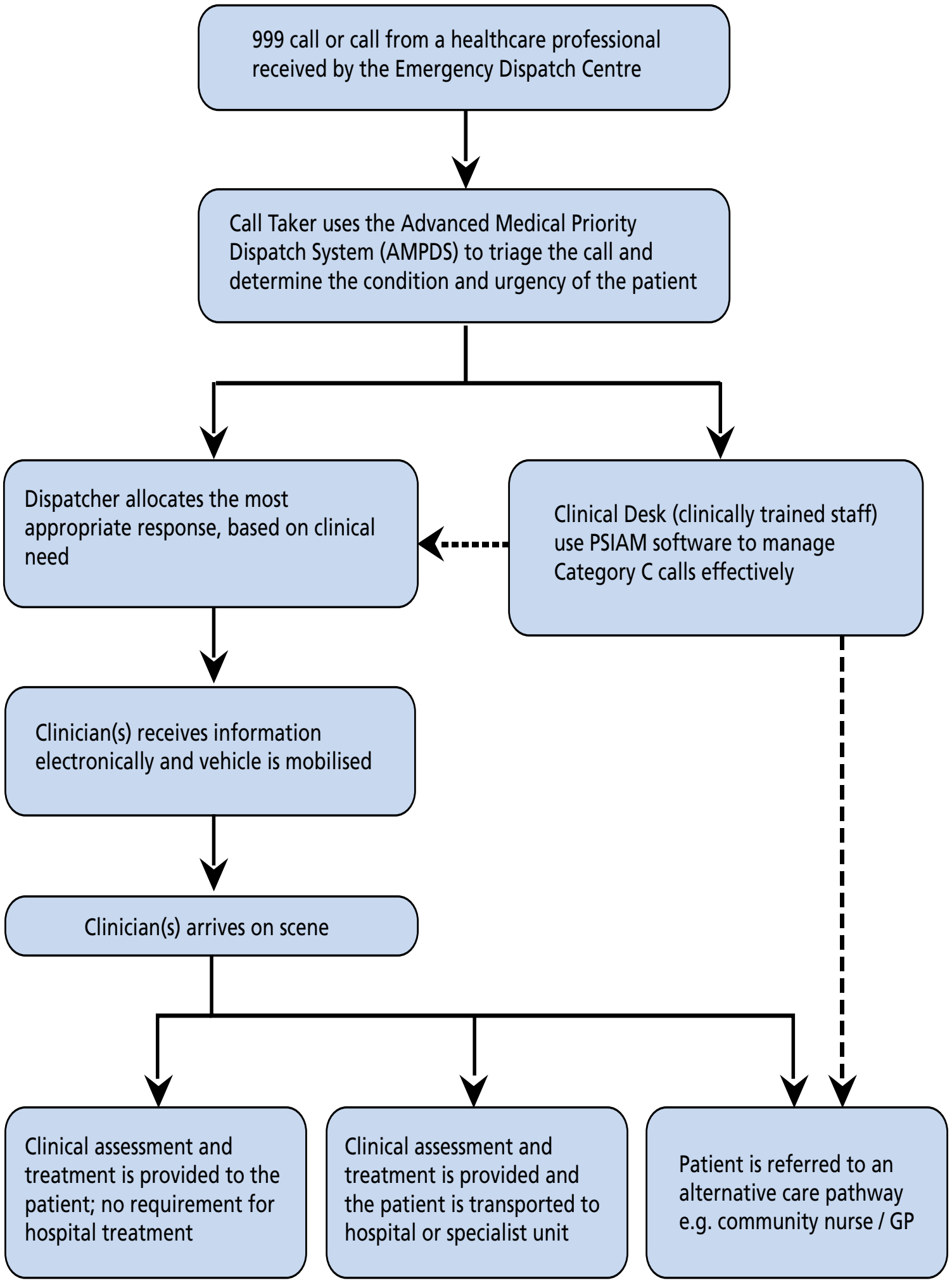
Our operational frontline staff are supported by a number of non-operational staff who work in the Trust's 'back office' functions including finance, human resources, service development and corporate affairs, information management and technology, education and training, technical services and logistics, clinical governance and communications.

Calling 999 – what to expect

The first point of contact for most patients is with one of our three emergency dispatch centres (EDCs) where trained emergency call takers receive nearly 600,000 calls every year. We use a specialist computer triage system (used by all ambulance trusts) called Advanced Medical Priority Dispatch System to determine the condition of the patient so we can send the most appropriate response for their clinical need.

For patients who have minor ailments and therefore do not require an immediate emergency response or may not need an emergency response at all, we have clinically qualified staff in our EDCs who are able to take more details and provide further advice over the phone If necessary they can make referrals to other community healthcare professionals such as GPs or community nurses, ensuring every patient always receives the most appropriate treatment for their need.

The chart below details what happens when we receive an emergency call



About us

Meet our Trust Board

The Trust Board is responsible for setting the strategy and making important decisions about the services which SECAmb provides. It includes the Chairman, five non-executive directors, the Chief Executive and five executive directors.

The Chief Executive and directors are responsible for the day to day management of the Trust and implementation of our strategy. This year the Trust Board met seven times in public.

Non Executive Directors

■ Martin Kitchen – Chairman

Martin was appointed in 2006 and 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. During this time, he was actively involved in the development of national operational fire service procedures and charitable organisations. Martin is also a fellow of the Chartered Management Institute. Martin was appointed in 2006.

● ♦ ■ Christine Barwell

Christine was formerly Chairman of Mid Sussex Primary Care Trus tand has also enjoyed wide community involvement including work with Age Concern, Social Services and the Children's Commissioner, as well as with voluntary groups and charities. Christine was appointed in 2006.

♦ ❖ John Jackson

John was previously the Chief Executive of Cable and Wireless SpA, Italy, and has held a series of operations, sales and general management roles in British Gas, Mercury Communications and Cable and Wireless. John has a wealth of experience at board level in the public and private sector and now runs his own international management consultancy company. John was appointed in 2007.

♦ ● Mike McSweeney

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. Mike brings skills in business management and a strong background in the implementation of information technologies to the Board. Mike was appointed in 2007 and has since left the Trust in June 2009.

■ ♦ ❖ ● Nigel Penny

Nigel most recently worked as a Project Leader with Shell International. In past roles, he has concentrated on strategic planning and business performance appraisal and has a proven track record in change initiation and implementation. Nigel was appointed in 2006.

♦ Isobel Simpson

Isobel has extensive experience of working with leadership teams and boards in major companies including BT, Shell and BP. She had a distinguished career in corporate planning and served as head of strategic planning for BT Global Service. Prior to this she was senior corporate planner for Shell Chemicals international. Isobel was appointed in 2008.

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

Executive Directors

● Paul Sutton – Chief Executive

Paul has been Chief Executive since 2006 and prior to this was Chief Executive of Sussex Ambulance Service. He joined the ambulance service in 1990 and is a qualified paramedic. Paul has adopted an innovative approach to improving ambulance services in England, with a desire to emulate and exceed international best practice. Paul was appointed in 2006.

● Janet Brierley – Director of Human Resources and Organisational Development

Janet has a long and varied career in the field of Human Resourceswith extensive experience at Board level in the ambulance, acute andindependent healthcare sectors. She was previously Director ofHuman Resources for the former Kent Ambulance Service. Janet was appointed in 2006.

● ❖ Colin Farmer – Director of Finance

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 Force. Colin is a fellow of the Association of Chartered Certified Accountants. Colin was appointed in 2007.

● Sue Harris – Director of Operations and Performance

Sue has a wide and varied range of NHS operational and strategic experience in emergency care. She has an extensive NHS career spanning community, mental health, acute and ambulance service sectors. Sue was appointed in 2006.

Key:

The Trust Board has four sub committees dealing with specialised areas. These are:

- ♦ Integrated Governance Committee
- ❖ Financial Audit Sub Committee
- ■ Remuneration and Terms of Service Committee
- ● Risk Management and Clinical Governance Sub-Committee

Membership of these committees is shown by the symbols under each Board member's name.

● Andy Newton - Clinical Director and Consultant Paramedic

Andy was formerly Clinical Director for Sussex Ambulance Service NHS Trust. He has extensive experience in the ambulance service sector. He was appointed in September 2005 as the first consultant paramedic in the country. He has key roles in the Health Professions Council (HPC) and many other groups, and has spent the last five years developing educational programmes for paramedics including the critical care paramedic and paramedic practitioner programmes. Andy was appointed in 2006.

Other directors who complete the team, but are not voting members of the Board, are:

● Ian Arbuthnot – Director of Information Management and Technology

Before joining SECAmb Ian was Head of IT in East Anglian Ambulance Service having started with them as an ambulance technician after leaving Loughborough University where he studied mechanical engineering. Through pioneering innovative new IM&T systems, he has redefined the role of systems technology within SECAmb, as well as ambulance services across England. Ian was appointed in 2006.

● Geoff Catling – Director of Technical Services and Logistics

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. Geoff was appointed in 2007.

● ❖ Geraint Davies – Director of Corporate Affairs and Service Development

Geraint has held senior positions within the NHS and related organisations for over 20 years, ranging from operational to strategic roles. He brings a breadth of knowledge and skills as well as his extensive experience of commissioning and service improvement and development. Geraint was appointed in 2006.

Code of Conduct

The Department of Health's Code of Conduct applies to all Board members. It requires them to declare interests to the Board of which they are member which are relevant and material. Directors are also required to declare if any party related to them has a material transaction with the Trust. Related parties to a Board director would either be members of their immediate family or an entity controlled by them. Interests declared by SECAmb Board members are listed here.

Code of Conduct		
Board Member	Position	Interest
Kitchen M	Chairman	Declared no interests
Barwell, C	Non Executive Director	Declared no interests
Jackson, J	Non Executive Director	Member of Academy of Specialists, Health Skills Consulting Ltd.
McSweeney, M	Non Executive Director	Declared no interests
Penny, N	Non Executive Director	Declared no interests
Simpson, I	Non Executive Director	Occasional advisory work for Health Skills
Sutton, P	Chief Executive	Declared no interests
Arbuthnot, I	Director of Information Management and Technology	Declared no interests
Brierley, J	Director of Human Resources and Organisation Development	Declared no interests
Catling, J	Director of Technical Services and Logistics	Declared no interests
Davies, G	Director of Corporate Affairs and Service Development	Declared no interests
Farmer, C	Director of Finance	50% shareholder in Farmer Financial and Fundraising Services Ltd.
Harris, S	Director of Operations and Performance	Declared no interests
Newton, A	Clinical Director / Consultant Paramedic	Director of British Paramedic Association (BPA) Chair of BPA Education Committee BPA Council Member

Our vision

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

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

Response-time reliability
getting to the patient quickly.

Customer satisfaction
treating people with dignity and respect.

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

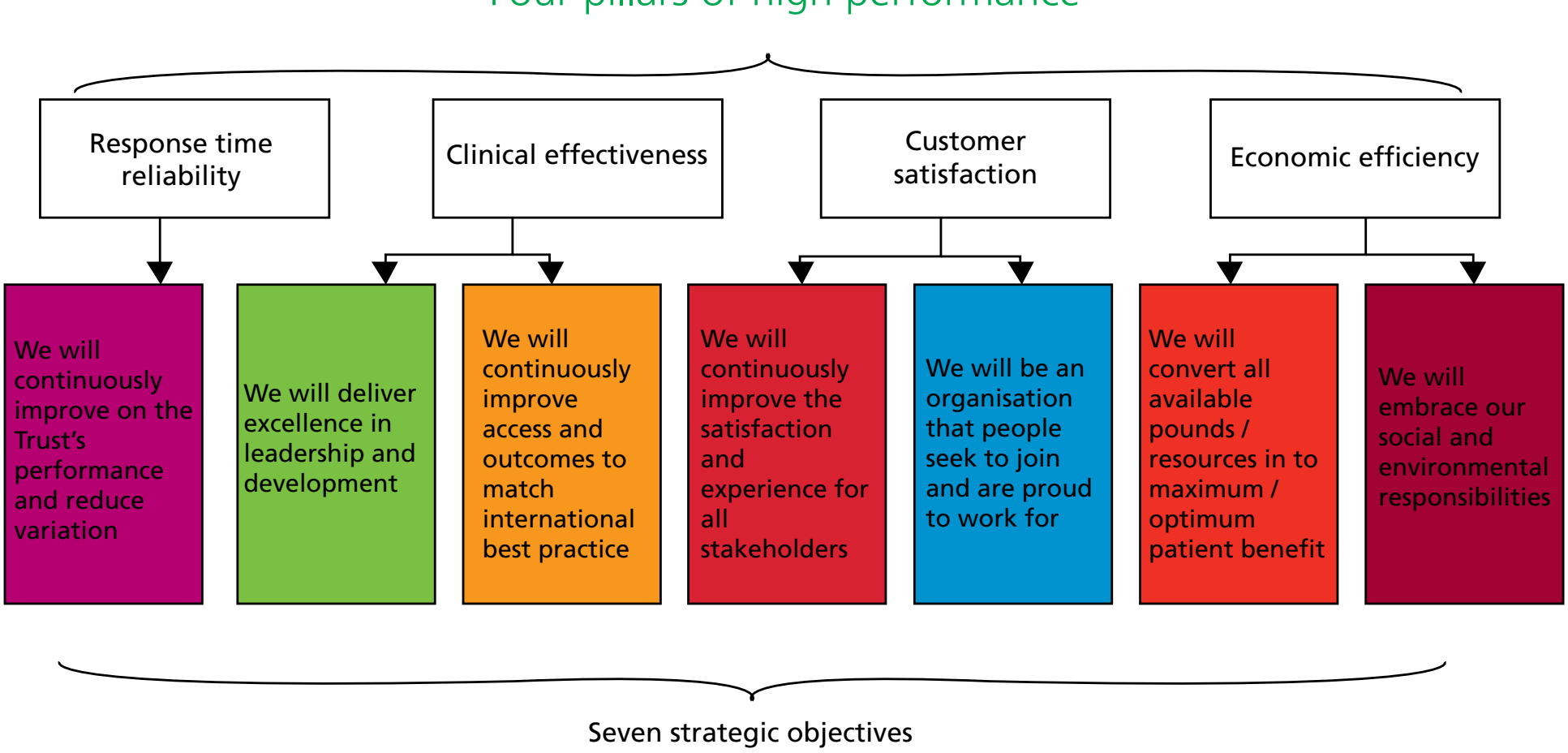
Economic efficiency
achieving this without it costing more.

High performance will allow us to deliver continuous improvement in patient outcomes by converting every pound we receive into maximum improvement in patient care. We are committed to designing a system that allows staff to perform to their maximum capability, to the benefit of patients, whilst being economically efficient; allowing funds to be ploughed into frontline patient care as opposed to being spent on things that do not add the greatest value to the patient.

To ensure the achievement of high performance, and ultimately our vision, we identified a set of five year strategic objectives at the start of 208/09 to guide the Trust’s work programmes. Each year annual implementation measures are set to ensure that work is on track to deliver the five year objectives, and ultimately our Vision.

This annual report highlights the work undertaken by SECAmb in 2008/09 to deliver against our seven strategic objectives and talks about plans for 2009/10 and beyond – each objective has been colour coded (see below) and this colour corresponds to the various pages in Section one of this report.For a more detailed breakdown of the progress we made in 2008/09 – did we do what we said we would? – see page 34 in Section two of this report.

Four pillars of high performance



Moving towards foundation trust status - your service, your call

During the year SECAmb began the preparations needed to become an NHS foundation trust by 2010/11. Foundation trusts are still part of the NHS, providing free care and treatment to patients but they are free from central government control and decision making and are run with much greater involvement from local people and staff, who as members or governors have a much bigger say in the way services are provided.

We believe that becoming a foundation trust will give us the freedom to shape our future and will mean:

- Greater public, patient and staff involvement helping us to develop a service which reflects the needs of local people; designing the service today that patients want tomorrow. By working with local communities we will be able to provide more advice and education on conditions like stroke and heart disease and involve more people in saving lives in the community.
- We will have greater financial freedom and be able to keep and invest any money we generate into new services, equipment and fleet.
- We can be more innovative, using new technologies and treatments and providing more education training and development for staff.
- Quicker decision making - as we won't have to get agreement from other organisations like the Department of Heath to change and improve our services, so we can be more innovative in the services we provide and how we provide them.

The way foundation trusts work

NHS foundation trusts are run differently to traditionalNHS services. Local people, patients, staff and partner organisations can become members and get more involved in the planning and delivery of services that reflect local needs.

As a member you can be elected on to a 'Council of Governors' which represents the interests and views of patients, local people, staff and partner organisations. An independent regulator called 'Monitor' has the final say on whether an NHS trust becomes a foundation trust.

Once an organisation becomes a foundation trust they are checked regularly by Monitor and the Care Quality Commission (formerly the Healthcare Commission) to make sure they meet performance standards and regulations.

If you would like to know more about membership or the Council of Governors, please contact us on 01273 897840 or email membership@secamb.nhs.uk .

Improving performance and reducing variation

We strive to improve our performance year on year to provide better care for everyone living in the South East Coast area. Each year brings new challenges; in meeting the existing targets and meeting new national and local targets. The NHS as a whole is constantly revising and raising its standards and we are determined to meet and exceed standards wherever possible as part of our aspiration to be the best. Here's a brief outline of how we performed against our key targets for 2008/09.

Improved rating from the Healthcare Commission – SECAmb ranked jointly as second best ambulance trust in the country

We significantly improved upon our Annual Health Check ratings in 2007 – 2008, moving from a 'fair / fair' to a 'good / good' (see below for details) - this ranked us jointly as the second best ambulance service in the country. This achievement follows 12 months of hard work by all staff to drive up standards and improve overall performance by introducing a range of clinical innovations, new ways of caring for patients and groundbreaking new roles for ambulance staff.

The Annual Health Check is the Care Quality Commission's (formerly Healthcare Commission) method of assessing the performance of all NHS organisations. Ambulance trusts are monitored against standards in four key areas:

- Core standards
- Existing commitments
- National priorities
- Use of resources

The assessment is then summarised under two performance measures;

- Quality of services
- Quality of financial management (formerly Use of resources)

The Commission then awards one of the following ratings for each of the above two measures: excellent, good, fair, weak.

SECAmb's latest annual health check, which was published in October 2008, gave the organisation a good rating for both categories, improving on its rating of fair for 2006/07.

Paul Sutton, Chief Executive said:
"We were delighted with the improved scores which are a tribute to staff who have worked so hard to enhance and improve services right across SECAmb. The ratings show that as well as performing well financially, the Trust is improving outcomes for patients through its innovative approach to life-threatening conditions like cardiac arrest, trauma and stroke and that is what's really important.

"Although our Annual Health Check scores are important, we don't think they should be the only measure of our performance. How patients survive and thrive following treatment by SECAmb staff is the most reliable indicator or our success. This is, after all, what matters to our staff and patients.

"We are continually striving to become the best and we know we can't afford to rest on our laurels despite the improvements we have made. We know that each year improving performance against the Annual Health Check is even more challenging as the bar is being raised all the time, so organisations have to improve just to maintain their ratings. Moving to an excellent rating will demand even more from us as an organisation but it's a challenge I know our staff are ready to rise to."

How we did against our existing commitments in 2008/09

Indicator	National Target	SECAmb performance
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	We met the target reaching 75.15 per cent patients in 8 minutes
	95 per cent of all category A patients must be reached within 19 minutes	We met the target reaching 96.91 per cent of patients in 19 minutes
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	We just missed the target, reaching 94.57 per cent of patients
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	Achievement of 07/08 performance – for SECAmb this was 72 per cent	We exceeded the target with 80.7 per cent of patients thrombolysed

The impact of Call Connect

A new standard, Call Connect, came into operation on 1 April 2008 which changed the way ambulance performance is measured when responding to 999 calls. As soon as the call is connected to our switchboard the clock starts. Previously the clock started after information, including 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 and meeting this new standard means our staff are 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 when we get there.

Call Connect was a challenge for SECAmb, as it was for all ambulance trusts in England. The graph below shows how in 2008/09 we reached 75.15% of patients with potentially life threatening conditions within 8 minutes.

A lot of work went into achieving this target for the year including:

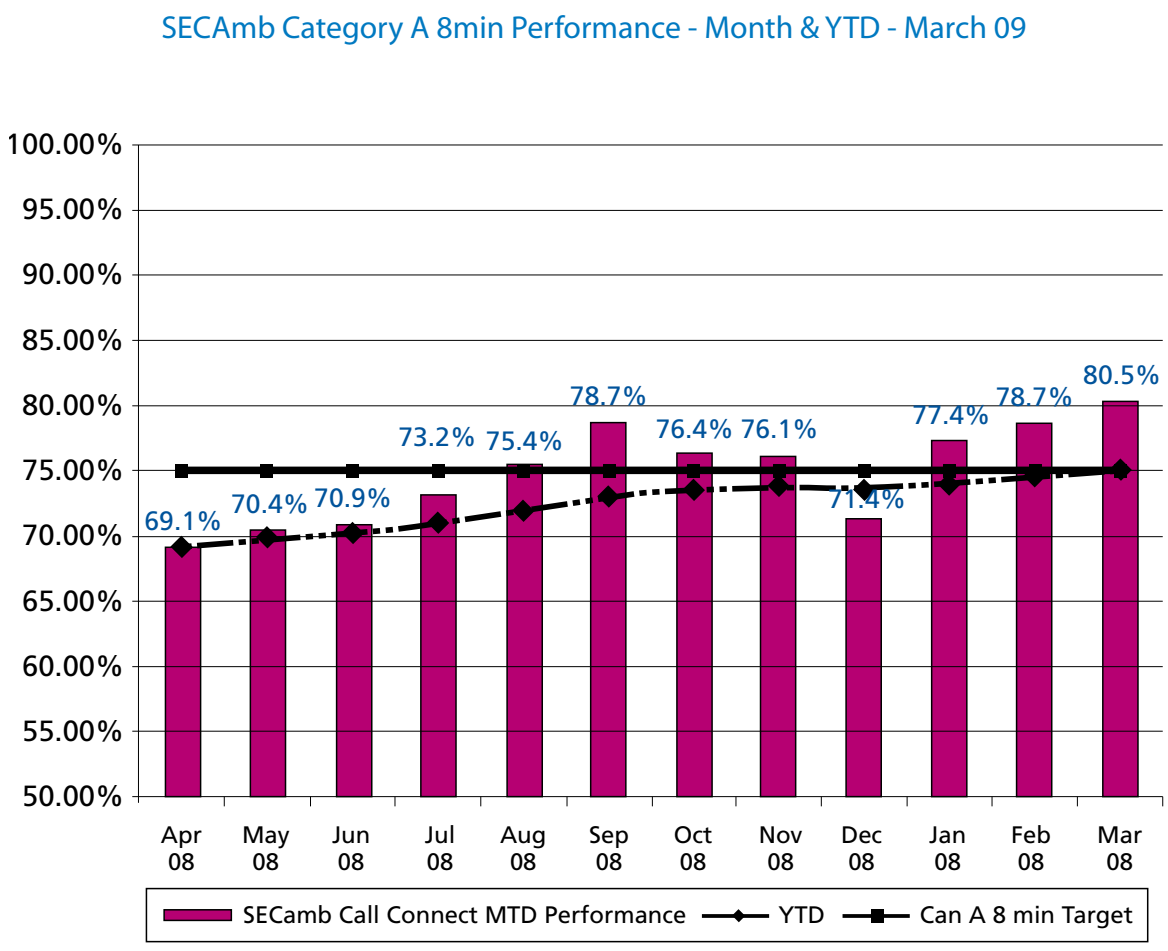
• The recruitment of 200 new front line operational staff as well as additional emergency dispatch centre staff including emergency call takers.

• A complete review of all operational rotas to ensure that they best meet demand and that our emergency resources are where our patients need them, and when they need them.

• Working with all PCTs and hospitals across the region to improve hospital handover and turnaround times – the time it takes for ambulance staff to hand over a patient to the hospital and become 'clear' for the next emergency call.

• Using all clinically qualified managers that usually work in non-frontline roles to provide additional operational cover at peaks of high demand (e.g. winter and severe snow) – this included the chief executive and various directors.

SECAmb catagory A performance - month and year to date



• Real time access to information via an online data warehouse called 'info.secamb' for all staff - this helped to inform decision making and increased retrospective analysis of operational performance, ensuring changes and improvements were based on evidence, not anecdote.

• The roll-out of 37 new ambulances and 26 new rapid response vehicles. A similar number of both will be rolled out in 2009/10.

Sue Harris, Director of Operations and Performance, said: "Call Connect has been a challenge for SECAmb, but we've worked hard over the last year to rise to that challenge and achieve the target to the benefit of patients across the region.

"We'll be building upon the improvements made in 2008/09 moving forwards, reaching more patients more quickly than ever before."

Improving performance and reducing variation

Race against the clock

The quicker we get there, the more lives we save

We know that the quicker a patient in cardiac arrest receives basic life support, the greater their chance of survival. Research shows that for every minute a patient in cardiac arrest does not receive basic life support, their chance of survival falls by 20%.

This is why we're committed to increasing the number of public access defibrillators (PADs) and community responders across our region.

Last year we increased the number of SECAmb community and off-duty staff responders to more than 890, and installed more public access defibrillators (PAD) at sites across the region, bringing the grand total up to 888. Both achievements will have a direct impact on improving outcomes.

Our average ROSC (return of spontaneous circulation) rate for the year equates to 24% of the number of resuscitations we attempted (see table below).

Moving forwards to 2009/10 we will be implementing measures to better capture and audit our ROSC rate, along with all other ambulance trusts, meaning that we will be able to benchmark our performance against other trusts to really get an idea of the difference we're making here in the South East Coast area.

Meeting increased patient demand

Demand for our services continues to increase – this is in line with the national trend for all ambulance trusts. During 2008/09 demand for SECAmb's services increased by 5.7 per cent compared to an increase of 4.8 per cent for 2007/08. This increase in demand is a trend seen across all ambulance services in the country and is set to continue, so it is vital that we have plans in place to handle this increase whilst continuing to improve the service we provide to patients.

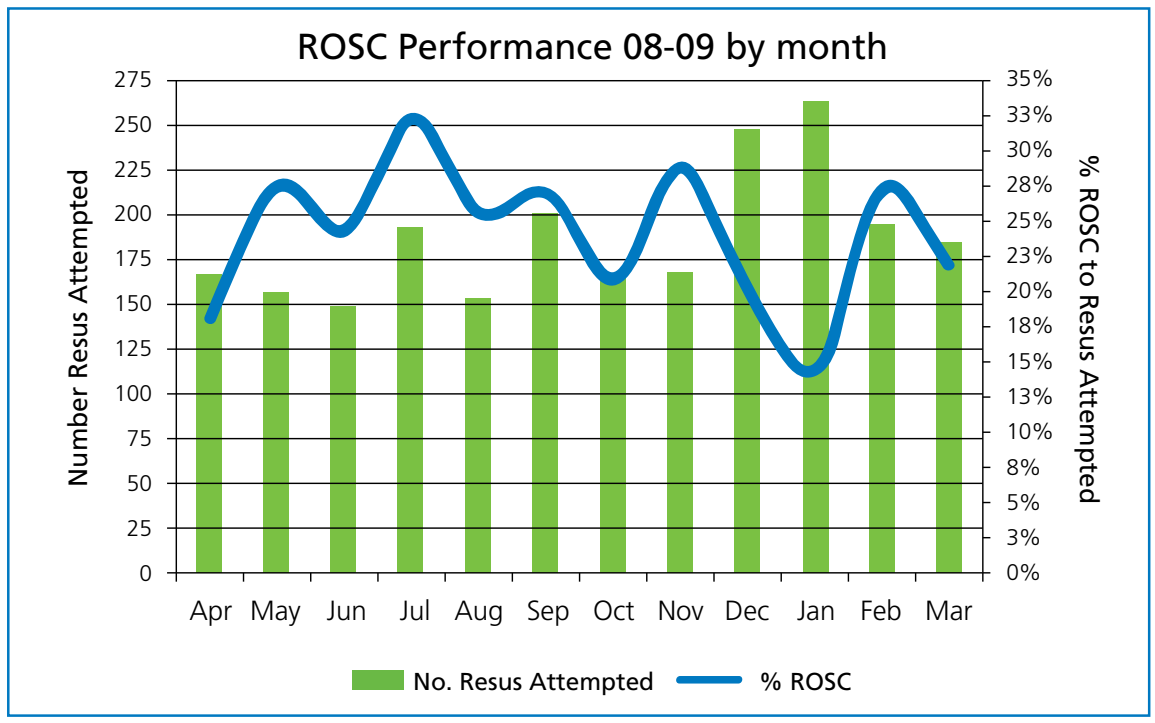
+ Why is demand increasing?

The picture is complex and there are a range of reasons including: an increase in patients who have healthcare needs which could be handled in their own home or through a GP surgery or clinic who are dialling 999, a growing local and elderly population and changing NHS services. In addition to these broader trends, specific issues like spells of bad weather and increased widespread outbreaks of illnesses like flu and norovirus during the winter months lead to an increase in 999 calls.

+ What have we done over the last year?

We are managing the increase in demand in a number of ways:
By developing new roles for staff including paramedic practitioners and critical care paramedics who have a range of specialist skills and can treat patients who have more complex healthcare needs more effectively (see pages 13 for more details). We have also increased the number of clinically trained staff from 1,899 in 2007/08 to 2,004 in 2008/09 to allow us to continue to deliver a safe and rapid response to patients. At times of very high demand we also call upon the services of support organisations such as St John Ambulance.

We plan our resources to reflect the projected demand by area, month, day and hour. However, whilst this activity profiling is essential, it is not able to predict the random serious outbreaks of illness, such as occurred in December 2008. While there is a general increase in activity of around five per cent, during the four-week period in December, SECAamb experienced variances in activity of up to 22% over the same period for the previous year. We were able to achieve our category A8 and A19 minute targets for 2008/09 (see table on previous page), unfortunately the pressures experienced over winter impacted on our ability to achieve our category B target.



Improving access and patient outcomes

We want to provide the best possible treatment for all of the patients who call upon us for help so that they have the best chance of making a full recovery. This involves working with other NHS organisations to tackle the major causes of ill health and reducing premature death and disablement. SECAmb is developing 'care pathways' – basically how, where and by whom treatment is provided - to get the best outcome for patients in key areas like coronary heart disease, stroke and trauma; this requires working in partnership with others, being innovative and finding new cutting edge solutions to longstanding problems.

Changing treatment for heart attack sufferers

Currently, the treatment for patients in the South East Coast area who are having a heart attack is to give them thrombolytic or clot-busting drugs, and all of our paramedics are trained in how to administer this treatment on scene. This approach has saved many lives over recent years and SECAmb has been very successful in meeting national targets set for thrombolysis, and thrombolysed our 1000th patient last year.

However, the latest research based on a 12-month pilot study at seven locations in the UK now suggests that a different approach should be considered for patients suffering a heart attack, which will give them an even better chance of survival – this is called percutaneous coronary intervention (PCI) or angioplasty.

In October 2008 the Department of Health published a report which showed that a greater number of patients fared better if they received this treatment (whereby a small device incorporating a tiny balloon is introduced through an artery at the top of leg or wrist which is then inflated at the site of the clot, destroying it) within three hours of the onset of chest pain. The report recommends this treatment should be made available to a large number of patients. Where this is not possible, thrombolysis can still be given within an hour of the onset of a heart attack as it is still a very reliable and effective treatment.

Since October 2008 SECAmb has been working hard with hospitals where the treatment can be provided to put plans in place which will enable the local NHS to respond to this major change.

Clive Butler, SECAmb's Clinical Pathways Manager who has been appointed to lead this work on behalf of the Trust, said: "We are developing a protocol locally working to a timescale of less than two hours from the time we receive the 999 call to when the patient receives angioplasty treatment in hospital.

"This means radically changing the system, and we are likely to start the initiative in the Kent area in 2009/10. Currently a number of hospitals in Kent provide angioplastytreatment to patients but not all on a 24/7 basis. The plan is to provide this service in a smaller number of hospitals on a 24/7 basis.

"When this service is fully operational, ambulance staff will reduce the use of thrombolysis but will continue to provide morphine, aspirin, and a new drug called clopidogrel, which has been shown to improve long-term survival rates. By 2010 all SECAmb ambulances will be fitted with standardised 12-lead electrocardiograph machines and telemetry. This means that a crew can take an ECG and transmit this information to the receiving hospital so they can have everything ready for the patient on arrival, which will also help to speed up treatment. "

Clive added: "It is important that people are aware of this new approach to care. Thrombolysis has made a big difference, saving many lives, and providing angioplasty around the clock should save even more. But people should be assured that until the new services are all in place that ambulance staff will continue to treat patients with clotbusting drugs."

Tackling trauma – better care for the critically ill and injured

Trauma is the biggest cause of death in the under 40s and national studies have shown that, in this country, a third of trauma patients die unnecessarily because the standard of care is not what it should be. SECAmb is bucking this trend.

One of the biggest breakthroughs we've made in terms of trauma care over the last 12 months has been the 'go live' of our first cohort of qualified Critical Care Paramedics.

Critical care paramedics (CCPs) are paramedics who have undergone further education and training, as well as practical placements in critical care units, to equip them with the skills needed to:

• treat patients suffering from critical illness or serious injury/major trauma, paediatric and obstetric emergencies;

• provide specialist transfers for the critically ill (level 2 and 3) between Intensive Care Units (ICUs) and A&E departments in hospitals;

• provide intensive pre-hospital care and support, and ensure patients are takenrapidly and safely to a hospital that is able to support their complex conditions – as we know, not always the closest.

SECAmb has worked really hard over the last few years to get this new specialist paramedic role up and running despite a number of barriers – working closely with the University of Hertfordshire to develop a university accredited programme.

In January 2009 our first cohort of 12 CPPs became operational in West Sussex making us the first trust in the country to implement a university accredited, integrated ground and air CCP unit.

Despite some inevitable resistance from some parts of the organisation, similar to when the first paramedics were introduced, this is a great achievement for SECAmb – and a real milestone in improving the care we can provide to critically ill and injured patients.

John Wilderspin, Chief Executive of West Sussex PCT, which has worked with SECAmb to get this first unit of CCPs in the region up and running, said:

"CCPs are going to make a big difference for many people in West Sussex. We are committed to doing all we can to save lives and ensure a safe and healthy recovery for all in West Sussex, and this is an important step towards achieving that."

A further 12 CCPs are currently in training and will go operational in the East Kent area of the region during 2009/10. We're in discussion with the other six PCTs in the region about them commissioning this new role and the improved outcomes it will bring for critically ill and injured patients in their areas. The plan is to eventually have 90 CCPs in total that will provide cover to the whole of the South East Coast region.

Real life patient story from Dr Jane Patemen, SECAmb Medical Advisor

I was called at 3 am to attend a single vehicle RTC in Shoreham. The report was of 2 persons trapped.

As well as myself and the local crew, the CCP vehicle had been tasked, and they arrived at about the same time as myself. It was immediately very clear that both the patients, a young male driver and his female passenger, were extremely seriously injured. Access to the patients was initially very difficult, but the female patient had severe facial injuries and her airway was compromised by bleeding.

The crew on scene were doing their best to keep her airway clear. The young man was deeply unconscious and barely breathing, so treating these patients rapidly was crucial.

Mark (the CCP) was superb, assisting the crew in the management of the young girl so I could focus on the male initially, and also preparing the area and equipment for emergency anaesthesia – the "dump" area. After the male was extricated, he was clearly close to stopping breathing, and I focused on managing him, knowing that the girl would probably be in a similar condition when she was extricated. This was quite challenging, but made much better knowing Mark was there.

Together we managed to resuscitate and intubate her successfully, with Mark using his extra skills to assist this process run smoothly. Both patients survived to hospital, when initially, it appeared likely that neither might do so.The male sadly had an overwhelming brain injury, and was declared brain dead a couple of days later, but the really good news is that the girl, although initially thought unlikely to survive either, is now able to recognise her family, and will hopefully continue to make a good recovery. We couldn't have done it without working as a team throughout.

SECAmb hailed as a ‘beacon of good practice’ for its innovative stroke care

Every five minutes someone in the UK has a stroke, when the blood supply to the brain is disrupted, caused either by a blood clot or bleeding from a burst blood vessel. Of the 150,000 people each year who have a stroke 50,000 will die. Stroke is the third biggest killer and the single greatest cause of disability in the UK. And stroke doesn’t just affect older people; 10,000 strokes each year affect people who are under 50 and 1,000 affect people under 30, including children. People from black and minority ethnic groups are twice as likely to suffer a stroke. Immediate and long-term care for patients who have had a stoke costs the NHS £2.8bn each year.

We know that approximately 80% of strokes are caused by a clot which can be treated by administering thrombolytics (clot busting drugs) – but they have to be administered within three hours of the onset of symptoms for the best possible outcome for the patient. Therefore the quicker we can get to a unit that is specially equipped to treat their condition the better.

This is why we developed the FAS Track stroke pathway – a process that ensures patients suffering from stroke are taken as quickly as possible to stroke specialist units. We have now implemented the FAS Track pathway in 19 acute stroke units across the region; before May 2007 we had no pathways in place.

And how do we know this pathway is making a difference to patients?

Last year (1 April 08 to 31 March 09) we saw an 18% increase in the number of calls that potentially related to a patient suffering from a stroke or mini-stroke (TIA) – see the table below

Early data coming out of the audit work that our stroke team are undertaking shows that on average we are FASTracking around 25% of stroke / TIA patients. That means that over the last year more than 2,500 stroke / TIA patients received the best care possible for their condition, saving thousands more lives and reducing or preventing more longterm disability than we were able to only a few years ago.

This is a massive achievement – one that is directly improving outcomes and experience for stroke and TIA patients – but one we need to improve upon significantly in 2009/10 and beyond. The FASTrack pathway has made such a different to patients that it has been hailed as a ‘beacon of good practice’ by the Stroke Association in their Getting Better report published in February 2009.

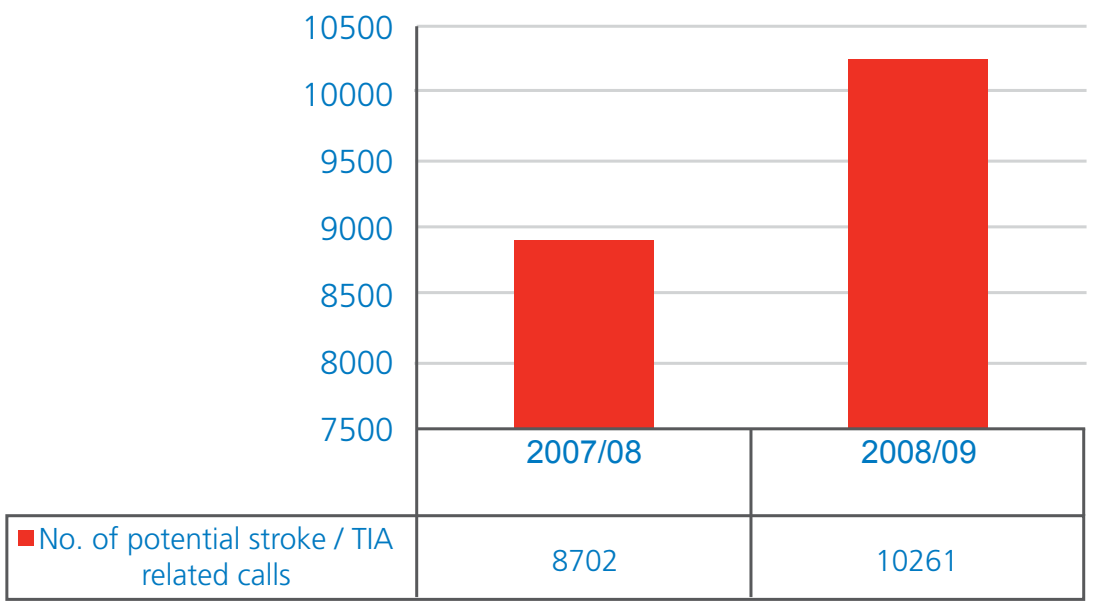
Moving forwards, we need to increase the number of FASTrack pathways across our patch and work with the acute sector to ensure as many of these as possible operate 24 hours a day, seven days a week, so that no matter where a patient lives, or what time of the day or day of the week they call, if they are having a stroke they’ll be guaranteed the best care possible for their condition – increasing their chance of survival and reducing the risk of long-term disability.

Image taken from Department of Health’s ACTFAST campaign

In 2009/10 we will be launching our own stroke awareness campaign targeted at areas across the region where risk of stroke is high, either due to the ethnicity or age of the population. This campaign follows the national awareness campaign that was launched by the Department of Health in February 2009, and for which our very own Stroke Lead David Davis was the paramedic spokesperson for the campaign.

Talking about the impact of the campaign he said: “The public FAST campaign has really raised awareness of stroke and encouraged people who are experiencing symptoms of a stroke or TIA to call 999 for help. On average, we received over 100 more stroke / TIA related 999 calls each week during March 2009 following the campaign launch than in March 2008.”

No. of potential stroke / TIA related calls - year comparison



Improving access and patient outcomes

Innovative practice - saving lives and improving experience

SECAmb is determined to seek out innovative new treatments which improve patient outcomes, safety and experience, so much so that we have established an Innovations Group that is given £200,000 at the start of each year to spend on piloting innovations that have been spotted as international best practice or have been suggested by staff as potential solutions to the problems they face every day when treating patients.

Here are just two of the examples of cutting edge technology or new approaches to treatment which have either made a difference already or are undergoing trials in the SECAmb area.

Tackling severe bleeding

Evidence suggests that 30%-40% of early deaths following severe injury are due to uncontrolled bleeding or haemorrhage. In addition, the drop in blood pressure associated with haemorrhage is a factor in secondary brain injury too.

Historically, ambulance crews have had limited equipment to stop severe bleeding, so a new kit designed and specified by staff at SECAmb has been developed to help treat patients more effectively. The kits, which were developed and rolled out during 2008/09 using funding from the Innovations Group, contain specialist tourniquets and pressure dressings, developed for the armed forces, chest seals and specialist splints.

Maintaining oxygen levels

When patients have suffered a cardiac arrest, it is important that their airway is kept open so that their body can carry on receiving oxygen. If they don't, they can suffer severe irreversible brain damage very quickly.

One of the ways paramedics get oxygen to a patient is by passing a tube down their windpipe. But it can be very difficult to tell, particularly if they have to introduce the tube when the patient is in a confined space, if it is placed correctly. The tubes can also become dislodged during the ambulance trip to hospital.

SECAmb is the first ambulance service in Europe to be using a device known as an End Tidal Capnometer. The device, which is slightly larger than a matchbox, fits onto the tube delivering the oxygen. It works by measuring carbon dioxide which is expelled by the patient. This doesn't happen if the tube is not correctly placed. It is very sensitive and detects any fall in carbon dioxide levels so that paramedics can take immediate action and reposition the tube. It also helps to confirm when the heart has started beating again because the level of carbon dioxide increases.

Paul Trevains, who is a paramedic and a clinical tutor, has already used the device on a number of patients. He said:

"These small devices really help to increase a patient's chances of survival and will save lives. They give you real confidence that the tube is correctly positioned when inserted, each time you have to move the patient, and on the journey to hospital.

The device has been successfully trialed in the Chertsey area during 2008/09 and we have therefore committed to investing £300,000 in 2009/10 to make it available to all ambulance crews throughout SECAmb.

Improving care for less seriously ill patients

In terms of improving the care we provide to patients with less serious health needs – defined as urgent or unscheduled care needs and constituting a huge proportion of our activity – we have made good progress too in 2008/09.

Paramedic practitioners play a vital role in improving the care we can provide to these types of patients. Over the last year we have recruited and educated 48 paramedic practitioners, and once we have completed the recruitment and education for 2009/10, we will have over 140 paramedic practitioners who are delivering enhanced care closer to home.

Paramedic practitioners (PPs) are really making a difference in the communities in which they work – their advanced skills mean that they are able to treat patients at the scene, in the home, or in a community setting (such as a GP surgery) therefore reducing the number of patients we take to A&E unnecessarily. On average, PPs have a nonconveyance rate of approximately 60% - this means that roughly 60% of the patients they see are not taken to A&E departments for onward treatment, this is compared to around a 30% non-conveyance rate for other paramedics.

This isn't a poor reflection on our paramedics, but rather highlights a difference in skill set between these two roles. Paramedics are trained to recognise life threatening emergencies and to provide high quality care at the scene of an incident and en-route to hospital. The further education given to paramedic practitioners means they are able to apply holistic, in-depth assessments to patients with chronic and complex needs. Once assessed, the PPs can also provide treatment in the home or in the community which often means avoiding an unnecessary trip to A&E.

In addition to the further development and roll out of the PP programme, we have been invited to form part of a system wide pilot to trial the use of a single number for urgent care that will sit alongside 999 – the aim is to improve access for urgent care patients and ensure they are routed down pathways appropriate for their need. It's very early days in the project which is being led by Eastern and Coastal Kent PCT on behalf of the whole South East Coast region. We'll be working with Eastern and Coastal Kent PCT and the rest of the South East Coast NHS on this project in 2009/10 and beyond.

Real life story from Andy Collen, Paramedic Practitioner

I was contacted by my colleagues to discuss a patient they had been called to as a 999 call. Their patient was an elderly lady who had suffered a fall in the home following recent discharge from hospital. The lady had sustained a head wound which would need closure. I made sure over the phone that her observations were normal and made sure that her recent discharge wasn't the immediate cause of the fall. I accepted the referral and asked the crew to stand down, as the patients' son was able to look after her until my arrival.

When I arrived, I had found that the crew had done a thorough assessment and had cleaned the wound and covered it with a temporary dressing. I made another brief check of her vital signs to make sure she hadn't deteriorated. I also checked the cause of the fall, which turned out to be a simple slip on a loose mat. Although the wound was on her head, there were no signs of an internal head injury – the patient was "neurologically intact". I injected local anaesthetic around the wound and then cleaned the wound again before closing the wound with stitches. I made sure that the patient had a supply of pain killers and that her son knew what to do in the event of the patient feeling unwell later. I left her with some advice cards and then popped round to her GP surgery to hand in a copy of my Patient Clinical Record and to book a follow-up with the District Nurses to remove the stitched in a few days.

I called the crew later to update them on the patient and to thank them for the referral. They were pleased that they had signposted the correct care for the patient. They also told me that within 5 minutes of becoming available, they were called to a cardiac arrest only half a mile from where they were. The patient was resuscitated successfully and was discharged from hospital some weeks later.

Excellence in leadership and development

At SECAmb we are committed to providing ongoing development, education and training for all our staff because this is not only vital to ensure we provide safe clinical services that deliver excellent outcomes and experience for patients, but that we develop and move forward as an organisation and have a motivated and informed workforce.

Developing our staff and developing as an organisation

We provide a wide range of training and development in house for clinical and nonclinical staff.

Personal development opportunities for all staff

Full induction courses take place for all new staff, so that everyone understands our vision and values. We also provide personal development opportunities for individual staff to ensure they can progress in their career. There are a wide range of courses open to clinical and non-clinical staff, including: interviewing skills, improving interpersonal skills, mentoring skills (helping staff to support other colleagues in their development) and stress awareness. In addition to these development opportunities we also deliver mandatory personal skills updates to clinical and non-clinical staff – theses specific workshops focus on bullying, harassment and equality and diversity awareness training as well as managing patient / customer expectations.

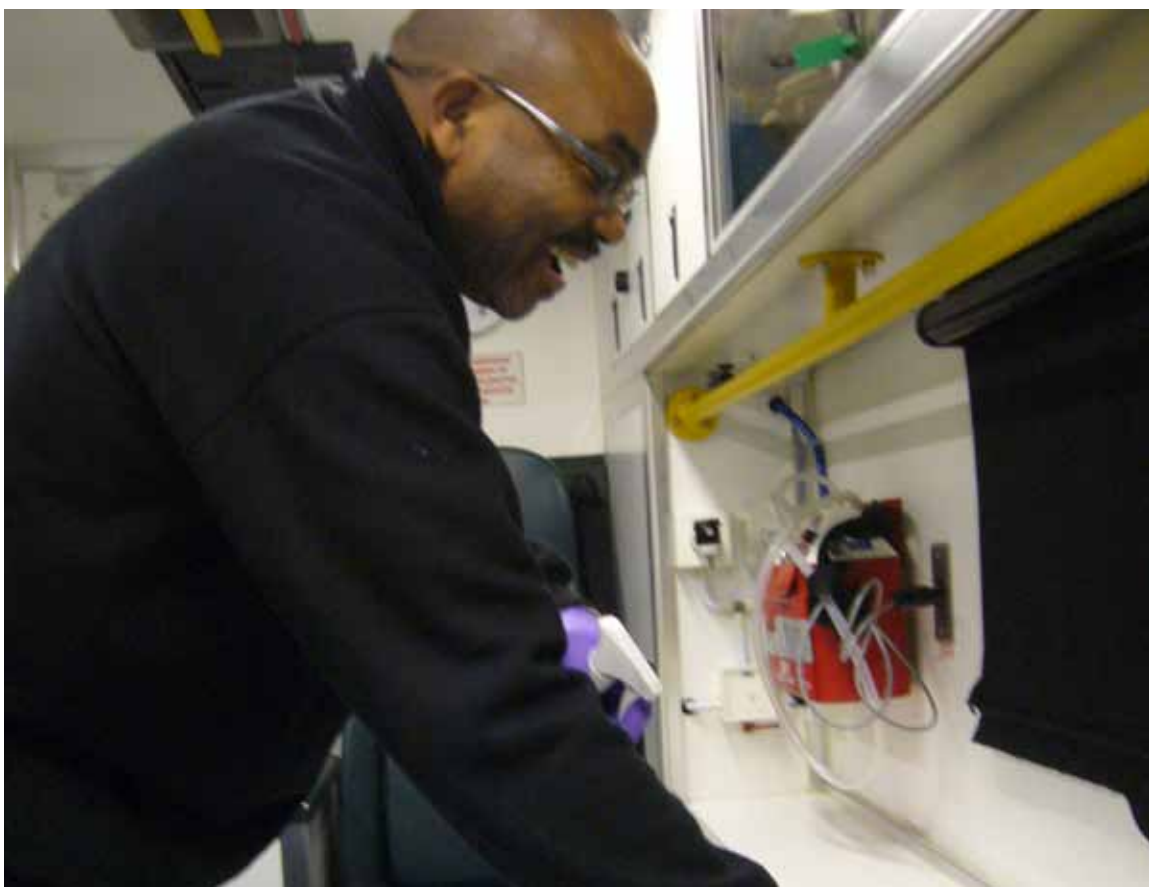
More than 25% of our staff – over 750 - attended personal development sessions in 2008/09.

Developing key skills for clinical staff

All our clinical staff must keep up their basic training which is a mandatory requirement. A team of specialist tutors within the Trust provide this training, which ensures that all SECAmb staff maintain their core skills and are fit to practice. These skills include manual handling, infection control, resuscitation and new patient assessment skills.

Since March 2007 over 80% [to be validated] of clinical staff have undergone the Key Skills Programme and during 2009/10 we have ensured that each member of our clinical staff has five days a year set aside for basic training – this is almost double the training that we have been able to provide in previous years.

In addition to key skills, some clinical staff undertake further specialist training, for example to qualify as a Paramedic Practitioner or a Critical Care Paramedic. These courses have been developed by SECAmb in partnership with universities and colleges including St George's Medical School in London and the University of Hertfordshire (see pages 13 for more information on these two specialist paramedic roles).



Excellence in leadership and development

Supporting our staff

Working in the ambulance service can be stressful, and at SECAmb we believe it's important to provide opportunities for staff to receive emotional support and practical advice to achieve the right work/life balance. During the year we have expanded a number of successful staff schemes across the organisation.

SECAmb now has 34 welfare reps who are specially trained members of staff who are able to provide practical information and support to colleagues and are able to direct them to the appropriate services to get advice, this might include information on childcare or pensions. They are also there to resolve some of the small niggles at a local level which might be anything from station repairs to rotas and flexible working. Welfare reps are drawn from clinical and non-clinical staff and receive specialist training which they keep updated during the year.

In a summing up at a welfare rep event it was stated that 'a welfare rep is someone who knows or knows someone who knows'.

A sentiment shared by Ambulance Technician Luke McConnell based at Dover:

"It's a nice feeling knowing that I'm there for people if they need me for whatever reason. If I realise I don't have the information, I know I can get hold of it easily from the welfare team or from other welfare reps."

Always a friendly ear…

Recognising that many of our staff face very difficult situations each and every day SECAmb has invested in training a number of staff as 'Listeners' who do just that!

Eighty three members of staff, of which 24 were introduced in 2008/09, have now received specialist training so that they can help a colleague work through the root cause of their problem, and can provide information on a whole range of issues and have a detailed knowledge of the range of support that is on offer.

Graham Smith, a paramedic based at Herne Bay who has been a Listener since 1999, says: "It was pointed out to me that I was acting as a Listener already. I'm naturally drawn to people out of concern if they are suffering in some way. It could be anything – financial, relationships, work, things that may seem insignificant to others but are really significant to that person. It seemed a natural step to be a Listener.

"To me a Listener is someone who is available, approachable and compassionate. You must have compassion. You need to be able to empathise with others. It helps to be able to talk in a calm relaxed manner, but most of all to let them talk."

Developing staff appraisals

One of our key targets for 2008/09 was to put in place a new appraisal system, which has been devised with input from SECAmb staff. Having an effective appraisal system is important as it gives each member of staff the opportunity to discuss their own performance, their training needs and other aspects of their role including the way they work as part of the team and how they interact with patients and colleagues.

Almost a quarter of SECAmb staff had received an appraisal by March 2009, but implementing the new system has been very challenging. There have been a number of reasons for this including the suitability of the system for frontline staff, as well as their needs and availability. So, during 2009/10 our priority will be to adapt the current system to make it more streamlined and flexible for everyone.

Embracing our communities and caring for the environment

At SECAmb we are committed to meeting the needs of everyone living in Kent, Surrey and Sussex. We aim to deliver a high quality service to all members of our community and are committed to providing a service that's accessible to everyone regardless of age, disability, gender, ethnicity, sexuality or religion/faith. To do this we need to involve our local communities, listen to their views and be responsive to their needs so that we can tackle health inequalities effectively. This includes building relationships with some key groups so that we can help improve their healthcare. We are also aware of our need to work in a sustainable way to reduce our impact on the environment, as this in turn has an impact on the health of the population. It affects the way we manage the organisation from the things we purchase to the way we organise our transport, energy and waste. We are committed to finding initiatives which will reduce our carbon footprint as much as possible.

The importance of equality and diversity

As an organisation SECAmb values diversity, equal access for patients and equality of opportunity for our staff.

In 2008/09 we published our Single Equalities Scheme which outlines how we will work to support equality and diversity both with local communities and our staff. This includes undertaking Equality Impact Assessments (EIAs). EIAs help organisations like SECAmb to improve the quality of services by looking at the likely impact our work may have on different communities and groups we serve. During 2008/09 we started working with specific local groups to achieve this. We have also appointed two dedicated equality and diversity staff whose role is to support us in taking the work forward (see spotlight box on p.22)

SECAmb was also the first ambulance trust in the country to be awarded Equality and Diversity Lead Site status by NHS Employers in 2008/09 following a rigorous selection process. As a lead site we will be at the forefront of developing equality, diversity and human rights.

Transport going green

As a major user of transport, SECAmb has a vested interest in reducing harmful CO2 emissions. The front line fleet of A&E service ambulances and rapid response cars cover some 10 million miles each year responding to patient incidents, so we want to do all we can to reduce the effect of harmful emissions whilst, at the same time, ensuring that patient safety is not compromised.

During 2008/09 we looked at a variety of innovative ways that we could change or adapt our fleet over time to make them more environmentally friendly. Van manufactures will be required to publish vehicle emissions data soon which will be helpful when choosing new vehicles, although we know that they are getting cleaner year-on-year.

Reducing the weight of vehicles is another way to cut emissions, so we have been working with the vehicle converters who fit out our ambulances and have achieved a 2.5 per cent weight reduction in our latest batch of ambulances. We have 67 new ambulances in the pipeline, and have phased out 65 older ambulances which were not as efficient from an emissions perspective.

A further 30 new vehicles are due to be ordered in 2009/10 so that SECAmb will have updated 41% of its frontline A&E ambulance fleet in three years, with lighter and cleaner vehicles.

For our rapid response cars we have chosen vehicles with a good power/weight/emissions ratio. Twenty-six new vehicles were introduced in 2008/09, with a further 31 on the way in 2009/10. This also fits with our policy of sending the most appropriate response to the patient, as this may be a single clinician in a car, rather than an ambulance and crew. The new vehicles will replace a number of older petrol and diesel cars that will be phased out of service. Over the life cycle of these new vehicles we estimate that we will see a 78 metric tonne reduction in CO2 emissions.

In addition, in 2008/09 we introduced a new lease car policy which aims to reduce CO2 emissions by setting an upper limit for CO2 emissions that will reduce in line with government targets. The scheme is already meeting expectations; of the 27 lease car applications processed by March 2009, the scheme is already showing a 13.1 metric tonne saving in annual CO2 emissions by comparison with the previous leased vehicles.

Working with the Carbon Trust

One of our targets for 2008/09 was to undertake an external audit of the Trust's estates carbon footprint and provide targets for reduction. The Carbon Trust was commissioned to undertake the audit and their team visited a cross section of SECAmb facilities in June 2008. They made a number of recommendations to reduce energy costs and the Trust's carbon footprint and these will be included in the on-going estates maintenance plans for 2009/10.

More bright ideas

When it comes to the environment, SECAmb is also keen to pilot new ideas. There is already a clever battery management system installed on most ambulances, low-powered blue lights and automatic sensors which switch off the lights when no one is in the back of a vehicle. However, Ray Newton, Head of Fleet is always looking for further ways to reduce the impact of the fleet on the environment. He said

"We have introduced solar panels on two of our vehicles to trial how effectively they can be linked into the battery management system that is installed on most ambulances, the aim is to reduce vehicle running time when on scene. Results from this trial will be available in 2009/10."

Video conferencing cuts down on travel time

A high-tech approach to meetings has been adopted by the Trust during the year. Over 250 managers and team leaders were issued with laptop computers in 2008/09 that are kitted out with web cameras. This means that instead of driving considerable distances for meetings staff can speak to each other from any location via the internet.

Ian Arbuthnot, Director of Information Management and Technology, said:

"This is another way we can reduce our carbon footprint as well as the impact traveling has on staff time and productivity. Because the cameras are fitted to laptops it makes the whole thing much more flexible; we're not tied to using a video conferencing suite which needs to be booked in advance. It's already proving to be a really popular and effective way of communicating."

Shaping the future of your ambulance service

In 2007 we developed an engagement initiative called "Shaping the future of your ambulance service" – a series of day long events to which we invited staff, patients, local people, patient and community group representatives and NHS partners to discuss their views on the future of SECAmb.

During 2008/09 we developed these events further, following evaluation and feedback from the 2007/08 events, improving the format of the day to make it even more interactive and engaging.

During September and October 2008 we ran three events, one each in Kent, Surrey and Sussex, where patients, the public, staff and partner organisations were able to ask a panel of directors and senior managers any question they wanted to. In the afternoon we held a 'creative conversation' where a number of themed tables discussed various different topics relevant to SECAmb's future including improving care pathways, increasing community education, improving patient experience and many more. We asked people to note down there thoughts on the table cloths as they discussed each issue.

Evaluation forms completed by delegates at the end of each of the days showed that, overall, the events were enjoyed by those who attended and people found them "informative", "inspiring" and were left feeling "enthusiastic".

Here are a few comments from some of the people that attended one of the Shaping the Future events during 2008/09

"Especially enjoyed the 'Creative Conversation' bit – very good indeed"

"Good to discuss issues with patient groups"

"Commitment to Patient and Public Involvement demonstrated well today"

"Feel much better informed"

"Helps us to inform other people"

"I feel a genuine effort is made to solicit the opinions of all who attend"

The outputs of these events have been directly fed into our business planning process, and therefore have helped to shape the strategic direction of the Trust, and our latest business plan (see www.secamb.nhs.uk for more details).

The Shaping the Future engagement events will be further improved by incorporating feedback from those who have attended previous events, and will form part of our wider engagement in 2009/10 around our aspirations to become a foundation trust.

Setting the pace for change

During 2008/09 we were awarded £30,000 from the Department of Health Pacesetters Programme, with a further £20,000 allocated for 2009/10, this funding is intended to support our Equality and Diversity project work around reducing health inequalities.

Pacesetters is a national initiative that aims to improve tackle health inequalities experienced by certain groups and communities. We are one of 18 'pacesetters' (the only ambulance trust in the second wave of the scheme) that have been selected to develop with innovative new ways of working in partnership with communities, to improve health outcomes for all.

We have committed to working on three pilot projects as part of the Pacesetters programme, these focus on:

• Increasing Black and Minority Ethnic (BME) representation in the workforce; our aim is to ensure that we better reflect the diversity of the communities that we serve.

• Identifying ways we can improve end of life care for cancer patients from within the Sikh community in Kent.

• Exploring ways we can improve stroke rehabilitation for BME communities living in the Crawley area.

Work will continue to be implemented in 2009/10 and beyond, with formal project evaluation happening until 2011.

By creating change through community engagement, using staff ideas to shape our work and promoting innovation we will deliver better services for all the communities we serve.

Spotlight on – Angela Rayner, SECAmb's Patient and Public Involvement Manager for Equality and Diversity

"My role is to ensure all the diverse groups served by SECAmb are involved in the development of plans and services, especially in relation to the core strands: age, disability, ethnicity, gender, religion, sexual orientation, gender identity and human rights.

We aim to do this by:

• ensuring equality and diversity is embedded into our culture;

• establishing excellent partnerships with a wide range of stakeholders;

• establishing honest, open and transparent relationships;

• developing an understanding of the full diversity of community need, ensuring its perspectives are included in our work;

• providing people with the opportunity, including any support necessary, to be involved in the way they choose to be;

• developing culturally appropriate forms of engagement, not relying on people having to find ways to reach us; and

• allowing people to be free to be themselves, using their talents to contribute to providing culturally competent care.

We have to work to develop a real understanding and appreciation of the lives, needs and circumstances of our communities. By understanding how our diverse communities work, we will be able to engage at a level that will ensure the sustained involvement of seldom heard or involved groups.

Evidence shows that involvement in planning and major decisions - a two way process with equal interactions - will improve quality of life. It improves accessibility and moves us towards a more socially inclusive culture that values diversity and builds relationships on trust and respect for all. Everyone can help by demonstrating a non-discriminatory approach that embraces values, beliefs and attitudes, and encourages challenge when necessary.

I am in the Patient Experience Team, work closely with Alex Ankrah, Head of Equalities and Diversity, and am involved in the exciting new Pacesetters projects (see above). Please feel free to contact me for advice on any aspect of community engagement."

Angela Rayner, Patient and Public Involvement Manager, Equality & Diversity Email: angela.rayner@secamb.nhs.uk;
Tel: 01737 363858

Improving satisfaction and experience for everyone

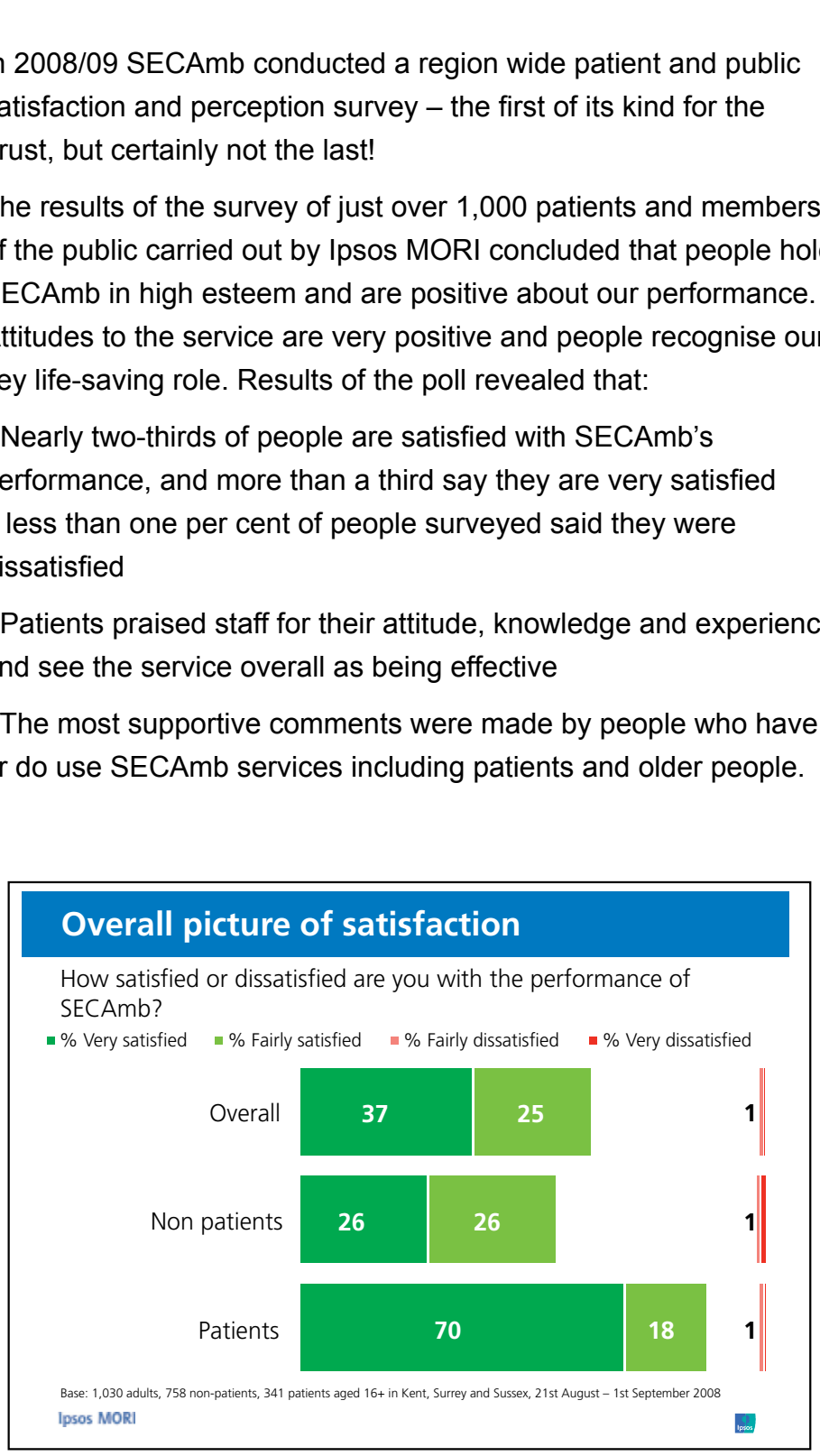
We are committed to continually improving the way we deliver services and provide patient care and to do this effectively it's important that we know what patients and local people really think. We use a whole range of different mechanisms to gather views and opinions, which in 2008/09 included an independent poll conducted by Ipsos MORI. We take what you tell us very seriously and the information gathered during the year is fed back into the way we plan our services and we have changed some of our plans based on what you have said.

What you told us – results of MORI poll

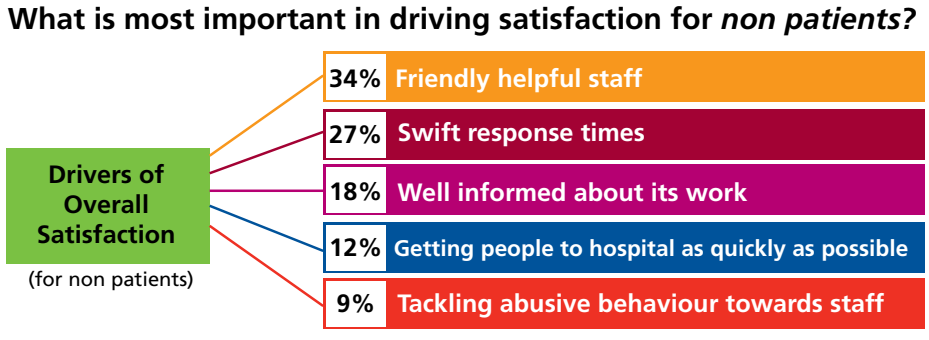
In 2008/09 SECAmb conducted a region wide patient and public satisfaction and perception survey – the first of its kind for the Trust, but certainly not the last!

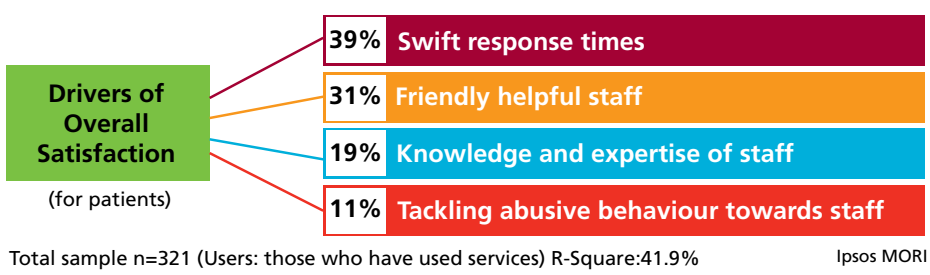
The results of the survey of just over 1,000 patients and members of the public carried out by Ipsos MORI concluded that people hold SECAmb in high esteem and are positive about our performance. Attitudes to the service are very positive and people recognise our key life-saving role. Results of the poll revealed that:

- Nearly two-thirds of people are satisfied with SECAmb's performance, and more than a third say they are very satisfied – less than one per cent of people surveyed said they were dissatisfied
- Patients praised staff for their attitude, knowledge and experience and see the service overall as being effective
- The most supportive comments were made by people who have or do use SECAmb services including patients and older people.



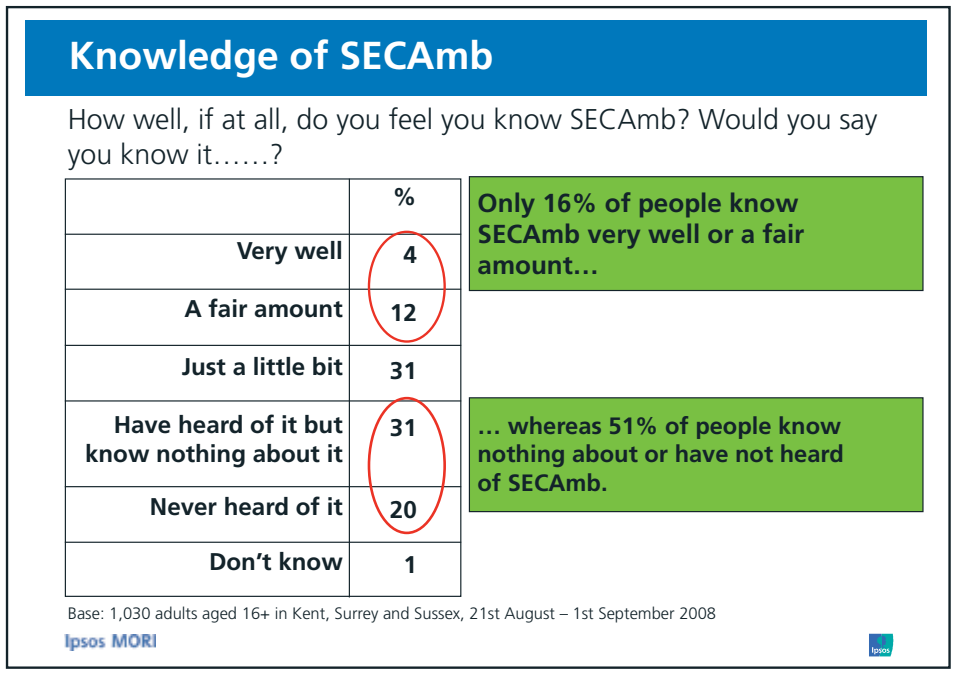
Patients and the public believe that the most important measures of a good ambulance service are well trained staff who are friendly and swift response times – no one calls 999 and asks us to take our time.





The survey also revealed areas where we need to improve to raise satisfaction. People said they felt that ambulances and equipment can be uncomfortable and that staff aren't always protected enough from abusive members of the public. We take these comments very seriously and we are currently introducing new ambulances to our fleet. Our zero tolerance policy on violence against staff, and supporting campaign that was rolled out during 2008/09 is aimed at reducing violence against staff. We have also set specific actions in our plans for 2009/10 to address these issues.

One of the key issues coming out of the survey was a lack of awareness about SECAmb – people on the whole do not know who we are.



We will be addressing this issue in 2009/10 by increasing our engagement with the communities we serve, as well as raising awareness about who we are and what we do; part of which is developing a strong SECAmb brand.

NB: The survey included 1030 adults (758 non-patients and 341 patients aged 16+) based in Kent, Surrey and Sussex.

Improving satisfaction and experience for Everyone

Involving local people

The Patient and Public Involvement Liaison Group is one way that local voices are heard and make a difference. Mo Reece, who is Chair of the Group said:"The Group acts very much as a critical friend. We have 12 members who meet every couple of months with senior representatives of SECAmb. It's an opportunity for us to learn more about some of the issues and plans affecting the Trust and provide a positive contribution.

"We feel that SECAmb is very innovative and forward thinking in the way that it involves the Group. Our comments are taken seriously and really can make a difference."

As Chair of the Liaison Group, Mo also attends SECAmb Board meetings and has speaking rights, so can provide ideas and comments from a public/patient perspective to the Board.

PPI Liaison Group members also sit on some of SECAmb's internal groups including information governance, risk management, rota review and equality and diversity steering groups.

Geraint Davies, Director of Corporate Affairs and Service Development for SECAmb, said: "We decided to take this approach as it is important that we hear firsthand what the public and users of the service have to say and can build this into the way we plan our services."

Just one example of how our PPI representatives made a difference in 2008/09 is in the development of Patient Advice Cards, designed to be given to patients who have been treated by a paramedic practitioner. These cards are similar to those given out in A&E departments and Walk in Centres and give advice about ongoing care. We wanted to be absolutely sure that the cards were easy to read and understand, so we worked closely with a PPI representative to ensure the cards met their expectations. We also made sure these cards were free from jargon and used only plain language. Public input was invaluable in the development of these cards.

Public Opinion Groups

Building on the success of its Sussex and Kent public opinion groups (known as POGs), the Trust last year established the Surrey POG. POGs are made up of patients, carers and members of the public, as well as some voluntary sector representatives. The groups each meet three times a year and at these meetings the Trust is able to update members on its progress and to discuss any ideas and plans for service development and improvement. There is also usually a SECAmb guest speaker who will talk to the group about topical issues, such as the Mental Capacity Act, the Paramedic Practitioner role, safeguarding children and vulnerable adults, etc.

More importantly, though, the meetings provide an opportunity for POG members to raise any general queries, questions or issues that they or their neighbours, friends and family may have. These queries often prompt interest from other group members, leading to a presentation on the subject at a subsequent meeting.

In addition to these regular POG meetings, POG members are invited to take part in the various ad hoc workshops and events held by the Trust throughout the year and also have an opportunity to act as patient/public representatives on Trust working groups and sub-committees.

Louise Hutchinson, Head of Patient Experience, said: "Our public opinion groups provide us with an invaluable opportunity

to listen to the views and experiences of real people and to hear their ideas and suggestions as to how they feel we can continue to improve the way we respond to the needs of local people."

Taking expert advice

One way to make sure that we me et people's needs, particularly if they have a disability, is to work with people who really know what the issues are and make sure that what we do is user-led.

Ted Pottage has a severe hearing impairment and is involved with a whole range of local groups in Surrey. Ted has been involved with SECAmb since soon after the merger in 2006 and has been advising us on how we can make sure that we meet the needs of people who have a hearing disability.

This has included providing advice and training to SECAmb staff on the best way to set up hearing loops for people who have a hearing disability who come to our events both on our own premises and at other public venues.

Ted gets involved because he "wants to feel empowered and valued and, as someone who is retired, is still contributing to society." He has helped SECAmb source a hearing loop system for training rooms in our headquarters in Banstead. Ted has also visited some public venues on our behalf before an event to check the loop system because, as he says, '"from experience, you cannot rely on advice from the venue about their accessibility provisions." He adds that "being asked to visit a place ahead of time shows that the user experience is important", and of his own experience he says, "it's nice to be told that you're valued and that you're helping."

Improving satisfaction and experience for everyone

Join our 'People's Panel'

SECAmb believes its services should be designed and developed with the specific needs of patients and the public in mind, and is committed to involving patients and the public in every aspect of its work to achieve this. To further this work, last year we established our 'People's Panel' – a bank of people interested and willing to be involved in the development of the Trust or just to know more about it.

SECAmb is applying to become a Foundation Trust (see page 7), so our People's Panel will eventually become our 'membership'. We should therefore like to invite anyone interested to become a member of our People's Panel/Foundation Trust. Membership is free, flexible and doesn't have to be time consuming – people can participate as much or as little as they want to and in ways that suits them. And for those who would like to be even more involved, members over 16 years of age will be eligible to stand as public governors of the Foundation Trust.

If you would like to know more, please call our Membership Development Manager on 01273 897840 or email membership@secamb.nhs.uk .

Compliments, queries and complaints

Each year we receive a large number of compliments from patients and members of the public for the work we do and a small number of formal complaints. We take all complaints very seriously and we always want to hear from patients or members of the public who feel unhappy with any aspect of our service so that we can make sure we improve things where there has been a problem.

We have systems in place which aim to resolve issues quickly. During 2008/09 we received 129 formal complaints, which equates to one complaint per 7,600 emergency responses and PTS journeys. Of these, we acknowledged 98% within two working days and investigated and responded to 88% of all complaints within the nationally agreed time frame of 25 working days.

Complaints we received this year led many improvements being made. Here are just two examples of how we learnt from a complaint and implemented change as a result during 2008/09:

1. A complaint was received in December 2008 from the mother of a 23-year -old patient who died shortly after being taken to hospital by an ambulance crew. The mother of the patient asked several questions regarding the clinical treatment provided by the crew. She also mentioned that she felt the crew ignored her. The investigating manager made several recommendations, one of which was that training in end of life care should be included in future update courses for operational staff. Arrangements have been made for this to be taught to all clinicians as part of their key skills training from March 2009.

2. Following the death of a nine-year-old boy, the Trust was asked why the crew took him direct to a children's ward and not to the nearest A&E department. Investigation showed that the crew acted appropriately in line with an existing agreement with the hospital trust. The family asked for a copy of the agreement but, whilst crews and Emergency Dispatch Centre staff were all aware of the procedure, a written copy of the agreement could not be found. A meeting was held with the hospital trust and a protocol, setting out the existing arrangements with some minor improvements, was formally agreed and is now registered as a SECAmb procedural document.

When we receive a formal complaint we appoint a manager to investigate, who will make arrangements to speak personally to everyone concerned, visiting complainants at home in many cases. Once their enquiries are complete, a full explanation, along with an apology where appropriate, is sent by the Chief Executive to the complainant.

However the majority of people who contact us "don't want to make a fuss", and their concerns can be dealt with more quickly and less formally, though no less thoroughly, by our PALS team. PALS provides a friendly, listening ear to those who don't necessarily want to make a complaint but have a query, concern or just a need for information. And, if further to their enquiry a person does want to make a formal complaint, PALS can support them in doing this, explaining the process and helping to define their expectations and their desired outcome.

Complaints and PALS concerns help us to identify areas where improvements to quality and services can be made. We place great importance on learning from complaints and, wherever possible, steps are taken to make improvements to the service provided.

We feel our complaints and PALS systems work well, but does the public? In order to ensure people are happy with the way we handle their complaints, concerns and queries, and to find out how we can improve if they are not, towards the end of 2008/09 we introduced satisfaction questionnaires. These short questionnaires are sent out to most complainants and enquirers to assess how well they felt their issue was dealt with, and results will be assessed and reported on a regular basis.

During 2008/09 PALS handled 1,711 enquiries, among them 301 about lost property, 340 general information requests, and 338 compliments.

We record all of the compliments we receive, be they letters, cards or phone calls, and members of staff who receive plaudits from patients and the public then receive a letter of thanks from Chief Executive Paul Sutton.

Paul Sutton said: "I think it is very important that senior managers and I are kept informed about the exemplary work staff carry out each day so that we are able to thank them too."

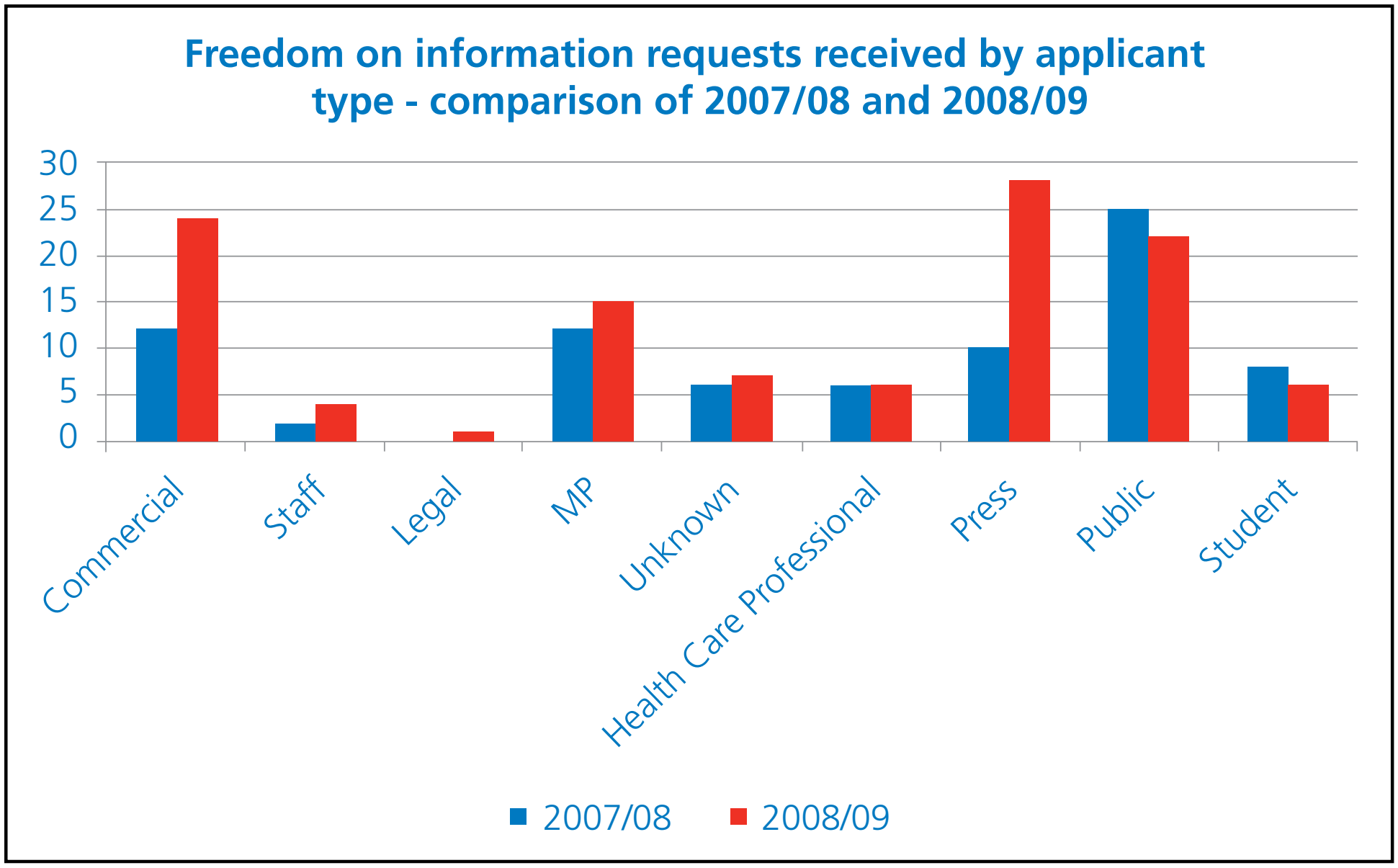
If you have any comments, complaints or compliments you can contact our PALS team on 01273 897888 or pals@secamb.nhs.uk. The SECAmb PALS team provides a free and confidential advice service and aims to resolve issues quickly and informally where possible.

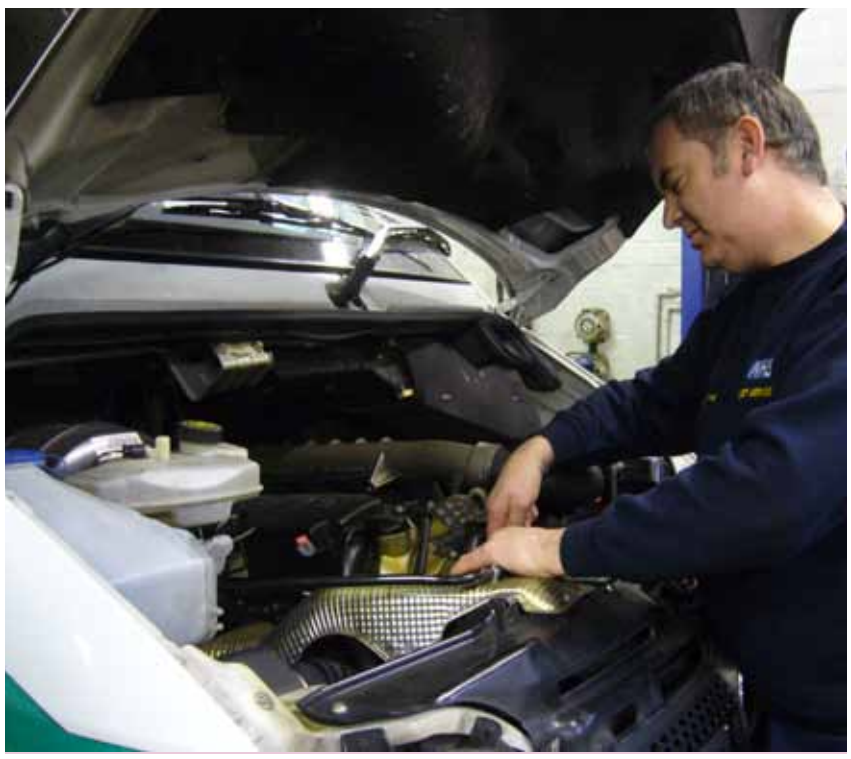
Freedom of Information (FOI) requests

The Freedom of Information Act 2000 is designed to promote a culture of openness and transparency amongst public authorities. It gives members of the public a general right of access to all types of recorded information that organisations like SECAmb may hold with the exception of certain types of information (and the Act is explicit about these).

During 2008/09, SECAmb received 113 FOI requests, compared with 81 for 2007/08. Of the 113 requests, we responded to 95% within 20 working days – the target set by Government; this compares to a compliance rate of 43% for 2007/08, so represents a significant improvement. Themes for requests this year have included information on response time performance and the use of public money on consultancy and agency staff.

Over the last year we have seen an increase in FOI requests from the media and MPs, but a reduction in requests from members of the public – see graph below.





Proud to work for SECAmb

Our role as an employer

We want to build a reputation for excellence; an organisation that staff are proud to work for. Staff are our greatest asset and indeed ambassadors. We value their dedication and professionalism, and we are committed to supporting staff and celebrating their achievements.

Our workforce

We remain a popular local employer and people are keen to join us - most of our vacancies are oversubscribed. As at the end of March 2009 we employed a total of 3,213 staff (79.15% of these are full-time roles). We routinely monitor our turnover and sickness and absence rates against agreed performance targets for the Trust. We also review the makeup of our workforce in relation to equal opportunities, considering the age, gender and ethnicity profile for both our operational and non-operational staff because it is important that we reflect the local population we serve.

We review the profile of our workforce on an ongoing basis, and this is reported to the Trust Board twice yearly, and we make sure that information on our workforce is available on our website.

There is more detailed information on the profile of our workforce including age and ethnicity in section two on page 39.

View from a new recruit

Megan Kembery joined SECAmb as an emergency call taker in October 2008 after a long wait:

“I had wanted to join for a long time, six or seven years, but my father had a stroke and as he lives 400 miles away, I decided not to apply. However, I used to work for BT and enjoy working on phones, so decided to apply again early in 2008. I started my course in March but just before I was due to sit my exam my father had a heart attack and I had to postpone my training. SECAmb were very understanding and supportive and were happy for me to postpone my training until I could concentrate better. Part of the course was, of course, covering cardiac arrest, which made me think of my father. In fact, my father is now fighting fit and although at first I wondered if I should continue with the course, the situation with my father made me realise the important role the emergency services play. My father also encouraged me to re-start the course and gave me the strength and determination to come back.

“So I came back in October 2008 to do the six weeks training. The first part of the course was very intense covering a lot of the clinical terms and was classroom based but I found it better than the first course I’d been on in March as there was a lot of group work and activities. I really enjoyed the training, it was very thorough and covered things in more depth than the previous course, I also felt really supported. The last two weeks were spent in the control room with a mentor.

“Now that I’ve been in the job a while I can honestly say I really enjoy it. I learn something new every day, and it’s a lot more involved than people would think. It’s a very friendly place to work and I always feel that there are people around to help, and I feel valued. It’s good to come home at the end of a shift and feel like you’ve made a difference. I like knowing I’m giving something back to the community, it’s a rewarding job and it’s definitely worth getting up in the morning for!”

SECAmb record recruitment drive

During 2008/09 SECAmb recruited more than 200 front line and emergency dispatch centre staff. Chief Executive Paul Sutton said:

“I cannot think of another time in my ambulance service career when any Trust has recruited such a large number of staff during such a short period of time. But it means that we can meet and respond to the challenges of increasing demand and the introduction of Call Connect and ensure that the organisation has the right number of staff available at the right time to respond to patient need as quickly as possible.

“Although such a big recruitment drive has had its challenges, particularly getting all the staff trained, we needed such a big injection of new staff into the system. When we have seen some areas, like Medway, almost double the number of staff on station and yet still be busy all of the time, this could only have been the right move to make.”

What our staff tell us

What our staff think about working for SECAmb is very important – we’re constantly seeking feedback to improve working lives.

As part of our Healthcare Commission Annual Check we take part in the National NHS Staff Survey - a staff opinion survey that every NHS trust takes part in. Over 1,500 SECAmb staff took part in this year’s survey providing us with valuable information about what they enjoy about working for SECAmb and what we need to look to improve.The survey has highlighted that staff at South East Coast Ambulance Service recognise and value the difference their work makes to patients across Sussex, Surrey and Kent.

• Ninety-one per cent of SECAmb staff believe their role makes a difference to patients

• Almost two-thirds (66%) feel satisfied with the quality of their work and patient care they deliver

• Most staff (86%) believe they have an interesting job. These three findings are above the average results for ambulance services nationwide

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Proud to work for SECAmb

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and complement the results of the patient and public satisfaction survey, carried out for SECAmb by Ipsos MORI in the summer of 2008, which revealed a high level of patient satisfaction with the Trust's services.

However, the NHS staff survey also highlighted some areas where SECAmb could be doing better – such as personal development through structured appraisals, team working and communication between managers and staff and reducing assaults and abuse by patients and the public as staff carry out their jobs.

Janet Brierley, Director of Human Resources & Organisation Development, said: "It's really positive to see that the majority of our staff, both those working with patients as well as those working in support services, understand how their role makes a difference to patients. After all, this is why we're all here – to improve the care we provide to the communities we serve.

"Despite the positives shown in our results, it's important that we do not become complacent – we can always do better. We recognise that there are areas which need addressing and we are already working hard to make these improvements. This latest survey gives us an opportunity to further focus on priorities which will improve conditions for our staff who, because of the nature of the job, often work in very challenging environments."

Building strong foundations - staff have their say, and are heard

In an effort to increase engagement with staff, and ensure more staff have a say in shaping the future of SECAmb, we established the Foundation Council in 2008/09 to do just that.

What is the Foundation Council (FC)?

The Foundation Council is a group of people representing staff from all levels and areas within the Trust looking at current issues impacting on the service, and the future of the service.

Why set up a Foundation Council?

We are all working in SECAmb to achieve the same goal - providing the best possible appropriate care to patients. As the ambulance service nationally changes and develops all staff need to know what is happening, and be involved in planning new ways of working.

The Foundation Council:

• ensures that there is effective communication and consultation with staff;
• provides a forum for discussion, critical review and analysis; and
• gives staff at all levels in the organisation direct access (through local representatives) to the Executive Team.

What does the Foundation Council do?

The purpose of the FC is to provide a way for all

staff to be involved in exploring a wide range of subjects, particularly those which have strategic implications traditionally reserved for senior management discussion. Members are able to learn from and influence these discussions, feeding back what they have learnt to colleagues.

They are also in a position to pick up on the issues that are of general interest to staff, or are causing concern, and bring these to the FC. It is definitely a two-way communication channel.

Here are some example discussions already highlighted at the FC:

• Team based working
• Becoming a Foundation Trust
• Clinical focus, and clinical innovations
• Training, education and learning
• Staff rights and responsibilities
• National vision/role of the ambulance service
• Future of pre-hospital clinicians
• Accessing staff ideas and suggestions

The FC cannot be used to veto decisions that are the responsibility of another group or individual. However, the group members may lobby another group or individual on behalf of colleagues, or make recommendations on how things could be taken forward.

"Be the change you want to see in the world", the words of Gandhi, was something that my Bapuji (Gujarati for 'Dad') encouraged me to believe in. Gandhi, who, like me, came from India, firmly believed in dignity and respect, values that SECAmb is working hard to place at the heart of what it does.

Earlier this year I got the opportunity to become part of the change. I was elected Chair of the National Black and Ethnic Minority Committee of the Ambulance Service Network. It was a daunting task to take on, especially since I was the first Asian woman chair. I felt I was taking on a huge responsibility. But I've now reached the end of my chairmanship and looking back it was an exciting time.

SECAmb hosted a national seminar on health inequalities in Epsom in October 2008, attended by local clinicians including Dr Tim Ojo, a Psychiatrist and Mr Nick Anim, a Consultant Obstetrician, both with world class reputations, who have worked on improving the health outcomes for our local BME communities.

I have to admit, before I became a member of ASPIRE (SECAmb's BME staff network), I was not aware that the health outcomes for some of our communities were so different. I was shocked to hear that some BME women are six times more likely to die in pregnancy. The bigger shock was that this was linked to lack of cultural understanding or poor language interpretation.I knew that Asian people were far more likely to develop diabetes, but I found out that this was generally at a lower body weight than other people with diabetes. This means large sections of the local Asian community are not being diagnosed and are untreated; something we, as an emergency and urgent care provider, need to be on the lookout for.

Our workforce needs to better refl ect the communities we serve so we can pick up on these types of health inequalities. And SECAmb has just been awarded money from Pacesetters Department of Health funding (see page 17) to build on our good work in equality of care. Through this work I hope that we can all ASPIRE to be part of the change we need.

Leela Solanki, Clinical Scheduling Manager and member of ASPIRE

Valuing difference - improving equality and diversity in the workplace

As an employer it's important that we encourage diversity, so that our workforce is representative of the people we serve. We also want all our employees to work in an environment which respects and includes everyone and is free from discrimination, harassment and unequal treatment. SECAmb recognises that equality and diversity is best addressed not as a separate issue but through everything we do.

We value the experience and expertise of our staff and this is why during 2008/09 we developed three equality and diversity staff action groups:

- Pride in SECAmb – this group provides support for lesbian, gay, bisexual and transgender staff and is working to promote dignity and respect for all staff
- ASPIRE– this group is working with and for black and minority ethnic (BME) staff, as well as staff from minority faith and religious backgrounds.
- Making Diversity Happen – this group aims to provide support to staff who are disabled.

Celebrating staff success and rewarding achievement

Every year we hold two Award Ceremonies to honour the many achievements of staff. The Chief Executive's Commendations are awarded to staff who go above and beyond the call of duty. Here are some examples of achievements for 2008/09.

Walton-on-Thames paramedic Paul Wylie overcame his fear of heights on holiday in the Lake District to reach a woman who had fallen 1,000 feet down a steep hillside, He immobilised her and used his own kit to splint her neck and continued to provide care until she was airlifted to hospital.

Haslemere technician Sandy Mayle was off duty after working a night shift when she received a call from her brother who was at the scene of a serious accident a few minutes away from her home. Sandy managed actions at the scene, provided care and liaised with the emergency dispatch centre whilst waiting for help to arrive.

Farnborough paramedic Roy Gaskin interrupted his annual leave to come to the aid of colleagues attending an 18-year-old girl who had suffered a cardiac arrest near his home. Roy responded without hesitation and helped with the resuscitation attempt.

Newhaven PTS staff member and volunteer community responder Richard Alden was called to an unconscious man who had suffered an epileptic fit. Richard's decision to move the patient and protect his airway, knowing the risks this presented to the patient's neck injury, was probably responsible for saving his life.

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Proud to work for SECAmb

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Sevenoaks based paramedic Murray Filnton broke into the cab window of a seven tonne forklift truck which had collided with a car. He treated the driver, who had severe crush injuries to his legs, in an extremely confined and dangerous area. He set up good lines of communications whilst waiting for assistance to arrive from the air ambulance and Kent Fire and Rescue Service, and stayed with the patient until he was freed from his vehicle.

Cranbrook Paramedic Adriano Serrecchia and Technician David Beeken were praised by the Health Protection Agency when they flagged up a possible case of highly infectious Serious Acute Respiratory Syndrome (SARS). Their quick thinking allowed the William Harvey Hospital to take precautions and save up to 50 members of hospital staff and numerous patients from having to receive preventative treatment.

Eastbourne paramedic, Caroline Flack continued to work during a particularly difficult year in which she has battled through two bouts of major surgery and a course of chemotherapy and continued to put her patients and colleagues first.

Crawley technician Nicolle Wyatt was first on the scene after an elderly lady had been struck by a train. She went under the train to treat the patient and demonstrated a high level of professionalism and leadership.

Staff who received an award for over 30 years are:

Brian Allen	Rodney Moodley
Peter Blanchard	Trevor Adams
Carol Boakes	Kevin McAuley
George Buswell	Terence Short
Terry Daubney	Christopher Pentecost
Ian Dunlop	Robert Miles
James Eaton	Robin Williams
Dave Fletcher	John Wye
Michael Harding	Roger Hutty
Philip Hyland	Kenneth Davies
Craig Marriott	Stuart Turk
James McSweeney	Barry Edwards
Andrew Parr	Les Gilling
Nigel Pollitt	Alexander Clarke
Robert Read	Russell Harris
John Gough	Brian Mannooch
Michael Jordan	Michael Farmer
David Fletcher	Graham Andrews
John Mercer	Frank Stocks
Richard English	Martin Putland
David Titcombe	Paul Doody
Graham Wilson	David McKenzie
Trevor Peirce	Roger Renwick
Arthur Dunmall	Bryan Moore
Brian Busby	Michael Gower
Philip Lyons	Chantal Page
Paul Rush	Graham Palmer
Roger Packer	Ross Parsons

Paul Sutton said:

"The fact that we are able to work with frontline staff on shifts means that we keep a real perspective on what's happening at the sharp end of the service – something that is crucial in any effective leadership team."

Fifty-four staff were awarded the Queen's Long Service and Good Conduct Medal for 20 years service. These are:

Steve Andrews	Anthony Brooks	Andrew Chalmers-Hunt
Andrew Day	Richard Greasley	Tim Gorringe
Mark Lilley	Mark Parsons	Katrina Vickery
Christopher Britton	Steve Carpenter	Philip Coles
Malcolm Finn	Graham Lelliott	Neil Monery
Alan Scrace	Mark Watts	Robert Hunt
Glenn Borthwick	Ray Callow	Andrew Cashman
Pauline Cheeseman	Kelvin Dixon	Stephen Drowley
Guy Emery	Paul Everest	Mary Gardner
Nigel Langley	Jane Lupton	Timothy Martin
Stuart Martindale	Steve Maxted	David Monk
James Morgan	Mark Newman	Paul Owen
Stephen Perry	Martin Read	Karen Singleton
Andrew Smith	Roy Sumner	Graham Smith
Michael Taylor	Mandy Taylor	Philip Wadey
Michael Taylor	Stephen Wood	Thomas Whiteside
Jane Rose	Neil Monery	Mark Lilley
Philip Maiden	Stephen Drowley	Mark Parsons

In addition four members of staff, Alan Hurst, Barry Smith, Barry Johnson and Michael Jordan were awarded long service medals for 40 years service.

Communicating with Staff

Communicating and engaging with all staff is something which is taken very seriously at SECAmb and can be a real challenge with over 3,000 staff spread across such a wide geographical area, providing a 24/7 service.

Amy Day, Head of Communications, said: "It's very important that we maintain strong communication links so that our staff always feel a part of not only their local team but of the wider organisation. Keeping staff up to date with developments in the Trust, sharing ideas and best practice is vital and we are always looking for new and innovative ways to do this."

One initiative is the new SECAmb quarterly staff magazine STAR, which was launched in 2008/09. This was the result of feedback from staff that they were very keen to have a hard copy magazine (in addition to the weekly electronic newsletter and fortnightly Chief Executive roundup) as another way of keeping them up to date, and the first two issues have been very popular.

Face to face communication with staff is also seen as a real priority so there are regular station visits by the Chief Executive and the senior management team, where staff have the opportunity to discuss issues and ideas. And because three members of the executive team, including the Chief Executive Paul Sutton, are clinically qualified they also regularly work shifts with frontline staff.

Using our resources effectively

At SECAmb we are committed to converting every pound we receive into maximum improvement in patient care. This means effectively managing our all of our resources and finding innovative ways to use technology, systems and processes to help us work more productively ensuring maximum value for money.

Make Ready – maximising patient safety

During 2008/09 we continued to roll out "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 start 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% 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 was created in Chertsey, Surrey in 2007/08, and in June 2008 we developed our second Make Ready depot in Hastings, East Sussex.

Chris Ford, Make Ready Project Manager, said:

"This initiative significantly enhances and improves the service we provide for the community. It minimises the risk of cross-infection, frees up front-line crews who traditionally cleaned and re-stocked ambulances, to spend more time treating patients and keeps vehicles on the road for longer. Make Ready is effective and efficient and is part of SECAmb's continual drive to innovate, modernise and improve patient outcomes."

Make Ready will continue to be rolled our across the region in 2009/10 with two more depots planned to go live within the year subject to the identification of suitable depot locations. It is hoped that SECAmb will have a total of 10 Make Ready depots serving the whole of Kent, Surrey and Sussex in the next five years.

Using information technology effectively

Information technology plays a big part in supporting the work that we do, helping us to be faster, more productive and empowering and informing our staff as well providing effective channels of communication. The systems that we have developed over the last 12 months can now provide evidence and data in real time, informing the decisions that we make. Our whole approach to IT is to make sure that it enables our staff to do things and doesn't become a hurdle.

Here are just some of the benefits that the developments we have made in IT during 2008/09 have brought to specific areas of our work:

Fast access to information to improve performance

SECAmb has developed and implemented a system over the last two years which means that staff can access information through one single online portal (or point of entry) and look at all the data that the Trust holds – both clinical and response time related - in real time. This has huge advantages in terms of decision making as Ian Arbuthnot, Director of Information Management and Technology, explains:

"Staff can call up information immediately on any aspect of our work, for instance from how many vehicles are on the road at any one time, the number of 999 calls received that day, whether patient activity is increasing, to how many patients with asthma have been treated with a nebuliser or how may patients have been given clot busting drugs.

"It is a very powerful way to assist staff either with immediate decision-making or longterm planning. Some sensitive information including personal patient details cannot be accessed by all due to patient confidentiality, but anything to do with our overall performance and Trust activity is accessible to every single member of SECAmb staff.

"This has had a dramatic effect on the way we

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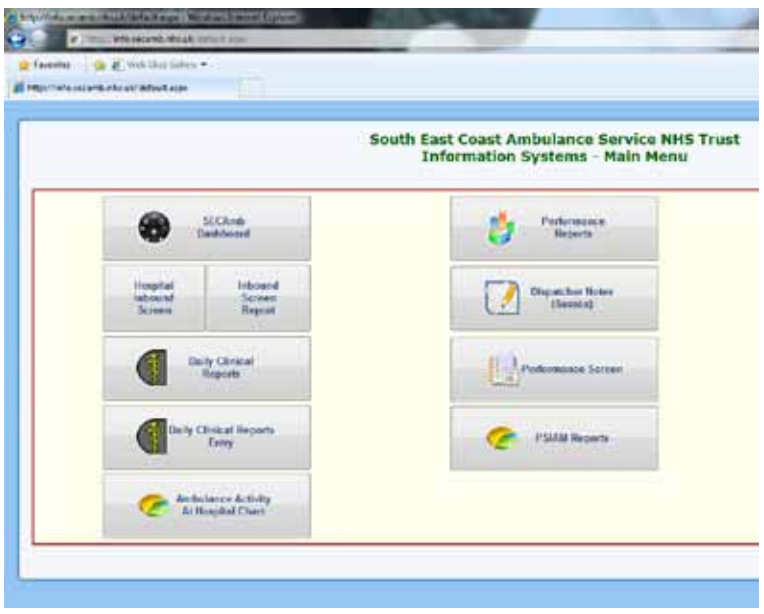

Using our resources effectively

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work because all staff feel they can now get instant access to the information they need to do their job and don't have to get colleagues to do this on their behalf. Our philosophy in IT is very much to push the power to all staff so they can source information, rather than the traditional approach where a limited number of staff have access to information at any one time and therefore accessing this information is never in real time as there is always a bottleneck in responding to requests."

Team-based reporting

During 2008/09 SECAmb has also been piloting an online team-based reporting system in the Brighton area. This means that information can be collected on performance of teams and individuals against a whole range of clinical measures, including how quickly teams are mobilised for 999 calls, how many patients have been given a specific treatment and how this has affected their recovery.

Ian added: "It's a really powerful way of looking at the way we work, both as teams and individuals, and is a way of highlighting best practice, sharing learning and ultimately improving patient care. Staff taking part in the pilot have been able to look at their own performance against that of a group of colleagues (who are anonymised) in a similar role. They've found this information a really useful way to look at how they are performing as individuals, what they are doing well and where they think they can improve, and team leaders have been able to look at this information in relation to their teams, so that those team members that are doing well are recognised and commended, and those that aren't doing so well are given the support they need to improve. It's also playing a part in the staff appraisal system and gives real data rather than just anecdotal evidence. " Team based reporting will be rolled out across the whole Trust during 2009/10.

Keeping us connected

One of the big challenges to SECAmb as an organisation is keeping our 3000 plus staff based on our 65 plus sites all informed. We now have a single network and email system which means that staff can log on and email colleagues or access information from any of our sites. This has made a real difference, improving productivity because staff can access information quickly and everyone has access to information meaning that everyone is empowered.

This may seem like a simple thing, but before two years ago some of our staff didn't have access to email at all, and a year ago we weren't able to share files between counties unless it was done over email. This meant that if a member of staff saved a file at a SECAmb site in Surrey, they couldn't access that file if they went to a Kent or Sussex site unless they emailed it to themselves. The single wireless network which has been rolled out in 2008/09 now means that staff can access files from any of the 65 plus sites and are connected to all of the information they need, wirelessly.

Looking ahead, we will strive to keep SECAmb's IM&T infrastructure on the cutting edge of the latest emerging technology and we are aiming to secure this by becoming partners with Microsoft on their Technical Adoption Programme (TAP).

Performance and Accounts

Introduction

This section of the 2008/09 Annual Report outlines in more detail our performance against objectives set for 2008/09; provides a detailed review of our financial activity during 2008/09 as well as a full breakdown of the annual accounts. It also includes information that we are required to report on in our Annual Report.

Performance and accounts

Performance against key objectives set for 2008/09

In April 2008 we published our comprehensive Business Plan for 2008-2013, which details our strategic objectives for key areas of our work over a five year period that will support the delivery of our vision. We made the development of the Business Plan as inclusive a process as possible involving staff and gathering views from patients and members of the public, whose ideas and views have helped to shape the Plan. This engagement continued and strengthened last year and further feedback has helped redefine our plans moving forwards as outlined in the revised Business Plan which can be viewed at www.secamb.nhs.uk.

The Business Plan is divided into seven overarching five year objectives. Each year annual implementation measures are set to ensure progress is made on delivering the five year objective. Here is a summary of our progress against these in 2008/09:

Our Objective	What we said we would need to do	Did we achieve this?
Delivering excellence in leadership and development	Develop and implement a new staff appraisal system – roll out to all staff by 31 March 2009.	Over 25% of staff had received their first appraisal by March 2009 but implementing the new system has been very challenging. There have been a number of reasons for this including adapting it to the needs and availability of frontline staff. During 2009/10 our priority will be to adapt the current system so it's more streamlined and flexible and roll this out to all staff.
	To recruit 12 critical care paramedics and 60 paramedic practitioners	By the end of January 09 the Trust had 12 CCPs operational and a further 11 in training to go live in 2009/10. There are a total of 91 PPs at various stages of the programme, with 45 commencing the programme in 2008/09. Currently it is planned to start another 60 students on the PP programme in 2009/10 dependent on funding.
	As the national ambulance service lead for Emergency Preparedness, we were keen to take the lead and set the best example in achieving our Emergency Preparedness responsibilities.	We have developed flu plans, which have received national recognition and been used as a source for best practice for other organisations. We have supported the development of individual Emergency Preparedness team members to gain professional qualifications in this specialist area. We have established a CBRN (chemical, biological, radioactive, nuclear) and specialist Emergency Preparedness on-call system which guarantees 24/7 access to the specialist teams. We have shaped the development of HART (hazardous area response team) teams at a national level.
	To develop and implement a harmonised Emergency Care Support Worker (ECSW) role.	In the absence of a nationally agreed ECSW role, SECAmb has worked hard in partnership with staffside representatives to agree a local model for ECSWs which supports the implementation of best care to patients. We recruited and trained 66 ECSWs during 2008/09.
	Develop clinical systems and pathways to meet the needs of the local population	This was and continues to be a very substantial piece of work which is supported by the SHA. A trauma pathway is being developed with Commissioners and other participants, alongside the case for cardiac diseases management and stroke, which the Trust is dealing with on a daily basis. Stroke pathway further developed and rolled out to additional acute sites. New PCI pathways being developed for heart attack patients. (see page 13 for more detail) In 2009/10 there will be a real drive for improved clinical quality in the field with evaluation of specialist roles such as ECSWs, PPs, CCPs, as well as the development and implementation of strategies for stroke, cardiac, trauma and urgent care.

Continuously improving access to care and outcomes for patients to match international best practice	Achieve a “good” rating for the Healthcare Commission’s Annual Health Check. You can find our annual health check for 2008 on the Healthcare Commission website at http://2008ratings.healthcarecommission.org.uk	Our ratings for 2008 were ‘good’ in both categories, an improvement on 2007 when we received ‘fair’ in both categories. We are aiming to maintain our performance of ‘good’ in 2009 and aspire to ’excellent’ for 2010. (see page 10 for more detail)
	Achieve and exceed national targets: A8, A19 and B19.	Our ratings for 2008 were ‘good’ in both categories, an improvement on 2007 when we received ‘fair’ in both categories. We are aiming to maintain our performance of ‘good’ in 2009 and aspire to ’excellent’ for 2010. (see page 10 for more detail)
	Increase the number of staff community and co-responder schemes, together with PAD sites, across SECAmb.	Last year we increased the number of SECAmb community and off duty staff responders to more than 890 and we installed more PAD sites across the region, bringing the grand total up to 888. (See page 12 for more detail)
	Continue to develop services within urgent and emergency care to meet patient need.	We have developed pilots in Brighton and East Sussex for the implementation of alternative pathways for falls p atients and these will be cascaded across SECAmb. We continue to pilot the Directory of Services within the Eastern and Coastal Kent PCT’s Urgent Care Exemplar Programme.
Continuously improve satisfaction and experience for all stakeholders	Demonstrate our commitment to diversity and meeting the needs of everyone living in Kent, Surrey and Sussex, delivering a high quality service to all members of our communities regardless of age, disability, gender, ethnicity, sexuality or religion/faith.	We published our Single Equalities Scheme and Action Plans which outline how we will work to support equality and diversity, both with local communities and our staff. We have undertaken and published Equality Impact Assessments (with patient and public involvement) and workforce information in compliance with our statutory duties.
	Address issues impacting on delayed hospital turnarounds with all key stakeholders and improve systems to manage these issues.	As demand for urgent and emergency NHS services has increased, so too have the challenges around hospital turnaround. We have worked hard in 2008/09 to implement a series of system-wide mechanisms and initiatives, in partnership with the SHA, PCTs and acute trusts across the region, to support the effective management of hospital turnarounds. These include system wide weekly reporting of turnaround delays, regular conference calls to evaluate these delays and identify action needed to reduce them and the production of guidance for SECAmb staff to manage delays at hospital sites.
	Engage with different communities and groups which we serve to increase the patient and public involvement, especially with seldom heard communities	We appointed two dedicated equality and diversity staff whose role has been to support us in taking forward this work and especially working with specific local groups to ensure that they are involved in the development of our plans and services. We have listened to their views which is assisting us in the development of plans and services that are responsive to their needs. This will ultimately help to improve their health and welfare. Work in this area will continue and develop in 2009/10.

	Improve the engagement of our staff, especially those from minority groups	Three staff action groups have been established during 2008/9: ASPIRE for Black and Minority Ethnic Staff (BME); Pride in SECAmb for Lesbian, Gay, Bisexual and Transgender Staff, and Making Diversity Happen for disabled staff and carers. We have been awarded DH Pacesetters funding to help us increase the representation of BME staff in the workforce. We have also become a member of Stonewall and have retained the Two Ticks award. We have been awarded Positively Diverse Lead Site status by NHS Employers. As a lead site we will be at the forefront of developing equality, diversity and human rights.
	Conduct a patient and public satisfaction survey	Survey completed – over 1,000 patients and members of the public took part. Overall satisfaction very high (over 60% very or fairly satisfied, less than one per cent dissatisfied). This will be used as a benchmark for annual surveys to track improvement. See page 18 for more detail.
	Develop/deliver a community education programme around key conditions such as cardiac arrest / stroke.	Stakeholder relations manager appointed in Jan 2009 to work forward. Stroke awareness campaign planned for implementation in May 2009. Accident prevention campaigns also rolled out in Surrey and Sussex.
Be an organisation that people seek to join and are proud to work for	We are committed to the ongoing development education and training for all our staff.	A wide range of training and development opportunities have been provided in-house for both clinical and our non-clinical staff. A three-day key skills training update for clinical staff was introduced, one day of which included organisation development training in bullying and harassment, equality and diversity as well as managing patient/ customer expectations.
	Leadership development is crucial to the success of the Trust and we are committed to this for all levels of management.	The Board, Director and Assistant Director development programmes have continued during 2008/9. A Leadership Development Plan has been approved to cascade this development to Senior, Middle and First-Line Managers in the Trust in 2009/10.
	Review, revise and implement the contents of the SECAmb education, training and development programmes, ensuring delivery of statutory and mandatory training supported by a robust training records database. Identify existing position with regards use of NVQs and partnership contracts with	Training and education aligned to the Trust Strategy, with a review of delivery of mandatory and statutory training from annual to a more realistic bi-annual basis. Key Skills training delivered to over 80% of clinical staff. Three training databases were merged into one, to further improve standardisation of quality reports.
	Further develop relationships with Higher Education Institutes	Existing relationships were maintained in year with Kingston, Portsmouth and Hertfordshire Universities, whilst developing relationships with Universities of Surrey and Brighton. There is also an early stage of work with Greenwich University.

	We recognise that induction marks the beginning of a relationship between the Trust and a new member of staff, and is of fundamental importance in setting standards and patterns of behaviour for the future.	We have introduced a new corporate induction course for all members of staff: non-clinical and clinical, as well as local induction at station and department level.
	We have sought to improve the support mechanisms available to our staff in recognition of the fact that ambulance work can be very stressful, both emotionally and physically.	We introduced a new counseling service across the Trust which is available to staff 24/7. We have increased the number of Welfare Representatives, Bullying and Harassment Advisers and also Station/Department Listeners, so that all members of staff can have access to one of these individuals for help, support and guidance. We also offer 'Fast Track' access to physiotherapy services and other physical therapies for our staff
Continuously improve on the Trust performance standards and reduce variation	Standardisation of equipment in line with clinical requirements	During the year SECAmb continued to standardise equipment across the Trust, with the completion of the roll-out of a standard Automatic External Defibrillator and the agreement to purchase a standard 12-lead defibrillator.
	Deliver an integrated IM&T system	The Trust now operates a single network using the most modern and secure Cisco infrastructure. We have introduced some of the latest Microsoft tools to allow staff to operate seamlessly from anywhere within our operational area by using live information from a single portal, video conferencing integrated into laptops and a whole host of other technologies designed to allow the IT systems to support the operational needs of the organisation. During 2008/09 the Trust Board also signed off three major IM&T Projects – a single Computer Aided Dispatch System (CAD), a single Mobile Data System (MDT) and the roll out of a signal Digital Radio System. These three projects, coupled with the existing IM&T systems will support a more effective and efficient operational workforce, ultimately saving more lives. Implementation of these three key projects will commence in 2009/10, and will allow us to embed some of the Cost Improvement Programmes planned for 09/10
We will convert all available pounds/ resources into maximum patient benefit.	Increase the number of Make Ready depots.	Building on the lessons leant from Chertsey, the second depot was successfully commissioned and implemented at Hastings in June 2008 (see page 1 for more detail).
	Produce a Fleet Strategy and replacement programme	The Fleet Strategy was agreed by the Board in November 2008 and set out the vehicle replacement programme for the next 5 years. The strategy reflects The Trust Clinical Strategy and the need to change the balance of the fleet between ambulances and single responder vehicles as the trust moves toward the front loaded service delivery model.
	Produce an Estates Strategy	The Trust Estates Strategy was agreed by the Trust Board in May 2008. The Strategy complements the Trust vision by setting out a strategy for the development of strategically sited Make Ready depots over the next five years.

	Develop a unit hour utilisation (UHU) for the Trust. This is a measure of efficiency for high performing ambulance services and is aimed at helping us increase productivity.	We developed a system that monitored Unit Hour Utilisation (UHU) at Trust and Operational Dispatch Area level and further developed this to use in forecasting both our anticipated overall emergency activity and the number of patients we take to hospital. This monitoring mechanism has enabled us to target and measure efficiency improvements throughout our dispatch areas that will be implemented during 2009/10 and beyond.
	Effective management of Trust assets - five-year Capital expenditure plan	We have produced a rolling five year capital plan which is driven by our strategic priorities. During 2008/09 we delivered this plan and spent over £12 million on Capital assets including £10 million on our vehicle fleet and equipment, along with £2 million on developing our IM&T infrastructure.
	Centralise Clinical Scheduling	We have established a centralised Clinical Scheduling team who plan and deliver the correct number of unit hours across all operational dispatch areas for the Trust. We have moved to an electronic system of rostering Trust-wide and have been the first Trust in the country to be asked to pilot a brand new system to support this process.
We will embrace our social and environmental responsibilities	Review compliance to environmental impact regulations and prioritise an implementation plan to address shortfalls and report on these	During the year the Trust commissioned a report by the Carbon Trust and the recommendations from this have been built into the Estates programme for 2009/10. The Trust also implemented a lease car policy that sets out a year-on-year reduction in harmful vehicle emissions. During 2008/09 this policy saw a reduction in lease car C02 emissions of some 20 metric tonnes annually.
	Design, develop and implement a training programme for Gold, Silver and Bronze on-call managers to support major incidents	Bronze and Silver training packs designed and Business Continuity Schedules being drafted. In 2009/10 we will develop a Trust-wide approach for emergency preparedness and MIMIS training.
	Undertake a review of BASICS, SIMCAS and HEMS* models of care and ensure adequate governance arrangements are in place. * British Association for Immediate Care Surrey and Sussex Immediate Care Scheme Helicopter Emergency Medical Service	Provisional work has commenced on the governance review of BASICS, SIMCAS and HEMS, and will be further developed in 2009/10.

Workforce profile

Age

In terms of age profile, 270 members of staff (14%) of the operational workforce are overs51 years of age. Of these, it is anticipated that 110 staff will retire during the next five years. Fifty per cent of these are technicians whose posts will be replaced by Emergency Care Support Workers (ECSWs) when they become vacant.

The age profile for Critical Care Paramedics and Paramedic Practitioners tends to be younger than for other post-holders within ambulance trusts, with 87% being between the ages of 31 and 50. All the indications are that the Trust is attracting a younger age range into the workforce and that this trend will continue in the future.

Age	A&E	PTS	EDC	Support	Total	%
16-20	7	1	18	8	34	1.09
21-25	105	21	59	29	214	6.85
26-30	242	36	58	36	372	11.91
31-35	388	37	51	39	515	16.49
36-40	359	55	46	58	518	16.59
41-45	312	55	33	71	471	15.08
46-50	245	43	35	74	397	12.71
51-55	157	33	21	67	278	8.90
56-60	68	40	19	70	197	6.32
61-65	41	27	3	29	100	3.20
66-70	4	7	0	14	25	0.80
71-75	0	0	0	1	1	0.03
76+	0	0	0	1	1	0.03
TOTAL	1928	355	343	497	3123	100.00

Gender

The gender profile compares favourably with other ambulance trusts; we have a 57:43 ratio of male to female staff. This represents a one per cent increase in the number of women joining the service in the last year. SECAmb aims to increase the numbers of women over the next five years to achieve a 50/50 gender split.

	Male		Female		Total	
	No.	%age	No.	%age	No.	%age
Operational	1520	58.35	1106	41.65	2626	84.09
Support	240	48.47	257	51.53	497	15.91
TOTAL	1760	56.88	1363	43.12	3123	100.00

Ethnicity

In considering the ethnicity of our workforce, there has been a gradual increase in the number of staff classified as Non White British during 2008/09. In November 2006, the percentage of Non White British staff represented 2.25 per cent of the workforce, (63 staff). This percentage increased to 3.47 per cent in November 2007 (100 staff) and has risen again to 3.97 per cent in November 2008 (124 staff). The actual number of staff from Black and Minority Ethnic groups has almost doubled in the past two years. 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 of choice.

Description	A&E	PTS	EDC	Support	Total	%
White British	1707	269	285	402	2663	85.27
White Irish	10	1	1	2	14	0.45
White, other background	21	11	4	12	48	1.54
White unspecified	17	0	1	2	20	0.64
Mixed White & Black Caribbean	3	0	0	0	3	0.10
Mixed White & Black African	2	0	0	0	2	0.06
Mixed White & Asian	5	0	1	0	6	0.19
Mixed, any other background	6	1	1	1	9	0.29
Asian or Asian Indian	1	0	0	5	6	0.19
Asian or Asian Pakistan	1	0	0	0	1	0.03
Asian or Asian Indian / Bangladesh	0	0	1	0	1	0.03
Asian or Asian British, any other Asian	0	1	2	2	5	0.16
Black other or Caribbean	2	2	0	1	5	0.16
Black other or African	1	0	3	0	4	0.13
Any other background	0	0	0	0	0	0.00
Not stated	176	46	45	68	336	10.76
TOTAL	1952	331	344	495	3123	100.00

Sickness

Following a recent audit of sickness absence management in the Trust, a robust action plan has been put in place, led by the HR directorate, to proactively manage sickness absence and to ensure that staff are treated fairly and consistently throughout the Trust in the application of the Trust's 'Management of Sickness Absence' Policy. This plan initially focused on staff with high levels of intermittent absence (four episodes or more absence in a rolling 12-month period) and staff with long-term sickness absence, (absence in excess of 28 days). The 'Management of Sickness Absence' Policy has been revised to take account of recent legislative changes and changes in terms and conditions and to take account of the increased role being adopted by HR Managers with the aim of reducing sickness absence and thereby increasing productivity of our staff.

	Sickness absence (%) for previous 12 months (at 30 November 2008)	Turnover (%) for previous 12 months (at 31 December 2008)
Operational	6.62	4.57
Non operational	3.02	11.31
Total	6.14	5.47

Principles of 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:

Ninety-eight per cent of complaints were acknowledged within two working days. Steps are taken to help ensure that all complaints reach the complaints department immediately. Eighty-eight per cent of complaints were 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 together with the Trust's information leaflet with their acknowledgement letter and our range of complaints documents (policy, procedure, information leaflet and contact details) is 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 manager 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 the progress of complaints and bimonthly reports are provided 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, with due regard to the circumstances prevailing in terms of damage and loss caused by the Trust; an example may be damage to a patient's 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 as to why things went wrong, where relevant, and what will be done to prevent the same thing happening again. The Trust takes responsibility, admits failure and gives full apologies where appropriate.

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 is sent to all operational 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 these. A full report is presented twice a year to the Trust's Risk Management and Clinical Governance Sub-Committee showing actions taken on complaints. The Trust has also established an Incident Review Group which looks at serious issues and investigations and makes any additional recommendations and reports to the RMCGSC.

A review of our financial performance

The financial performance of all NHS trusts is reviewed annually against a range of statutory duties and performance targets. 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 2008/09. A full set of the Trust's accounts for 2008/09 can be obtained by contacting enquiries@secamb.nhs.uk or calling 01737 363838.

The first statutory duty achieved is to breakeven on the income and expenditure account. The Trust has recorded a modest surplus of £0.7 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 a positive EFL target of £6.1 million cash outflow in 2008/09 and actually generated cash inflow of £5.5 million resulting in an undershoot of £11.6 million.

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 £12.3 million against the CRL of £12.6 million, resulting in an under-spend of £0.3 million.

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 2008/09 we achieved this target by delivering a capital absorption rate of 3.9 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.

Better Payment Practice Code - measure of compliance 2008/09		
	Number	£000
Total Non-NHS trade invoices paid in the year	39,443	50,120
Total Non NHS trade invoices paid within target	34,291	44,770
Percentage of Non-NHS trade invoices paid within target	87%	89%
Total NHS trade invoices paid in the year	725	2,664
Total NHS trade invoices paid within target	456	1,934
Percentage of NHS trade invoices paid within target	63%	73%
The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.		

As part of the business planning process the Trust has 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.

As a Foundation Trust we aim to significantly improve the services provided, tailored to the population served through local accountability. It will also enable the Trust to generate the financial capacity to invest in its infrastructure by developing clinical skills and innovating through new technologies and treatments. We are currently progressing with our FT application aiming to be licensed as a Foundation Trust by Spring 2010. This is a very rigorous review and approval process to demonstrate strong financial stability and governance arrangements.

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 34 and the provisional Auditors Local Evaluation (ALE) scores where the Trust anticipates further improvement, achieving an assessment of three – 'Good' - for 2008/09. Value for money improvements are also demonstrated in this assessment.

Our reference cost index for 2007/08 have now been published by the Department of Health showing an improved score of 104 (109 in 2006/07).

Income and expenditure

The total income for 2008/09 was £148.9 million; this exceeded 2007/08 income levels by £1.1 million (10.4%). The majority of this in come is from one key A&E service level agreement (SLA) with the region's PCTs which totals £128.4 million.

The Trust also received a significant proportion of 2008/09's income from 19 individual PTS SLAs providing non-emergency patient transport services to take patients to and from NHS facilities for treatment. These SLA's generated income totalling £10 million and have all been agreed with PCTs, hospital and mental health trusts throughout the South East Coast region. Operating expenses of £146.3 million increased by £13.5 million (10.2%) on 2007/08 levels, this was primarily due to the 5.7 per cent increase in demand and call volume.

The Trust's most significant operating expense is on staff costs, which totaled £105.1 million, an increase of £9.5 million (10%) on 2007/08 arising from an increased establishment to deliver patient care and the annual pay award equating to 2.75 per cent over the financial year (£3.3 million). The average number of employees during the year were 2,912 whole time equivalents (wte) (2,776 wte in 2007/08); this increase is required to satisfy the 5.7 per cent demand increase and 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 despatch centre. 2008/09 staff costs also include £2.8 million for the in-year increase to the agenda for change (AfC) back pay provision.

The AfC pay banding for ambulance technician staff group is 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 employees and further disclosure is included in the Remuneration Report on page 44.

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 2008/09 represent 6.6 per cent of income received in the year.

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

Balance sheet

As at 31 March 2009, the Trust had total assets employed of £67.7 million, a decrease of £7.7 million on the previous year.

Fixed assets total £69 million, a decrease of £1.6 million on 2007/08 with additions of £12.7 million offset by the asset amortisation and revaluation charge. Following guidance issued by the Department of Health, the Trust applied a revaluation charge of £8.6 million to its land and buildings to reflect the short term downturn in the economy.

During 2008/09 the Trust spent £12.7 million on capital schemes, which primarily included vehicle replacements along with investment in the estates infrastructure and frontline operational and IT equipment. The £0.3 million under-spend against the Trust's CRL will be carried forward and utilised in the 2009/10 capital plan.

Provisions include previous pension commitments to 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 2009 have been its ability to carry significant amounts of cash, primarily due to the high level of provisions held (including AfC backpay).

The Trust's Treasury Policy has allowed the Trust to invest this surplus cash prudently, generating a total of £0.8m revenue in the year to 31 March 2009. The amount generated in this way is expected to decrease during 2009/10 as the cash at bank will reduce as the outstanding AfC back-pay matters are resolved. It is therefore 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 Trust will submit its 2009/10 accounts under International Financial Reporting Standards (IFRS). The main change to the Trust is around the methodology used to value its Estates. A full revaluation of the Estates will commence in mid 2009 using a Modern Equivalent Asset Value methodology.

Financial Risk

The most significant financial risk the Trust is managing is around the AfC pay banding of the ambulance technician staff group. 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 2008/09 was £117,000. The Audit Commission has not provided any other services to the Trust during 2008/09.

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 they 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.

Directors' Disclosure of Audit 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 been 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.

Disclosure of incidents involving personal data loss

Department of Health guidance provides for the classification of personal data related incidents in terms of severity on a scale of 0-5 in terms of either/both risk to reputation and risk to individuals. Incidents classified at a severity rating of 3-5 are deemed Serious Untoward Incidents and are required to be disclosed in the Trust's Annual Report and Statement on Internal Control. The Trust has no personal data related incidents classified at 3-5 for the year 2008/09. Those incidents classified at a severity rating of 1-2 are not deemed to be Serious Untoward Incidents but are disclosed in aggregate form in the table below.

Summary of other personal data related incidents in 2008/09		
Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	4
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	4
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	0
V	Other	0

Performance and accounts

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 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 2008, in accordance with the national guidance for Very Senior Managers notified from the Department of Health. The Remuneration Committee acknowledged the contribution and the hard work carried out by the Executive Team over the course of the year and the achievement of the Trust's principal targets for 2008/09. No performance bonuses were awarded in 2007/8. Director posts may be reviewed individually in the light of 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: 9 June 2009**

Salary and pension entitlements of senior management

		2008 – 09			2007 – 08		
Name and Title		Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100
Chairman Martin Kitchen		20-25	-	-	15-20	-	-
Non Executive Directors							
Christine Barwell		5-10	-	-	5-10	-	-
Mike McSweeny		5-10	-	-	5-10	-	-
Isobel Simpson		0-5	-	-	0-5	-	-
John Jackson		5-10	-	-	5-10	-	-
Nigel Penny		5-10	-	-	5-10	-	-
Chief Executive Paul Sutton		130-135	-	9.00	165-170	0-5	17.00
Executive Directors							
Andy Newton	Clinical Director / Consultant Paramedic	85-90	-	9.00	95-100	-	Nil
Sue Harris	Director of Operations and Performance	85-90		35.00	105-110		10.00
Geraint Davies	Director of Corporate Affairs	80-85	-	Nil	90-95	-	Nil
C Farmer	Director of Finance	90-95	0-5	39.00	90-95	-	41.00
Ian Arbuthnot	Director of Infomation Management and Technology	80-85	-	9.00	85-90	-	59.00
Janet Brierley	Director of Human Resources	85-90	-	Nil	105-110	-	Nil
GF Catling	Director of Logistics & Technical Services	80-85	-	38.00	45-50	-	20.00

Pension benefits

	Real increase in Pension at age 60	Real increase in Pension lump sum at age 60	Total accrued Pension at age 60	Lump sum at age 60	Cash equivalen Transfer 31 March 2008	Cash equivalen Transfer 31 March 2009	Real increase in cash equivalent transfer value
Paul Sutton	0-2.5	5-7.5	22.5-25	70-75	252.73	352.71	93.67
Colin Farmer	0-2.5	2.5-5	15-17.5	45-50	158.91	219.84	56.95
Andy Newton	0-2.5	5-7.5	32.5-35	95-100	536.32	642.54	92.82
Geraint Davies	0-2.5	2.5-5	22.5-25	60-65	293.61	356.17	55.22
Ian Arbuthnot	0-2.5	0-2.5	13.5-15	40-45	131.78	171.23	36.15
Geoff Catling	0-2.5	5-7.5	15-17.5	45-50	-	-	-
Janet Brierley	2-5.5	7.5-10	20-22.5	55-60	342.76	397.31	45.99
Sue harris	0-2.5	0-2.5	5-7.5	15-20	65.05	83.56	16.89

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

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

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 abovementioned 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

Colin Farmer, Director of Finance

Statement on Internal Control 2008/09

1. 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 2008 to 31 March 2009. During this period governance arrangements, structures and related systems and processes have been in place to assure the Board of the Trust's continued progress towards it's vision 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.

In line with national guidance the Trust's Assurance Framework is structured around the Trusts principal objectives and the most significant risks that may prevent delivery of those objectives. The Assurance Framework has been reviewed and approved by the Board and the Integrated Governance Committee (constituted as the Audit Committee) throughout the year. The Trust operates a framework that supports compliance with the Standards for Better Health and is designed to assure the Board in making its annual declaration to the Healthcare Commission. The Executive Team and Board have been fully involved in agreeing the strategic priorities for the Trust in the Trust's Business Plan 2008-2013 and the in-year objectives set out in its annual Service Delivery Plan. Risks identified in the Assurance Framework were regularly reviewed by the senior management team, who also considered risks reported on the corporate risk register and via recurrent updates on progress against the Trust's Service Delivery Plan. Areas that were at risk of failing to be delivered were highlighted through these processes and appropriate actions were taken to address the risks.

The Board delegates authority primarily to the following committees:

• Remuneration and Terms of Service Committee;

• Integrated Governance Committee (constituted as the Trust's Audit Committee);

• Risk Management and Clinical Governance Sub Committee (a sub committee of the Integrated Governance Committee);

• Financial Audit Sub Committee (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. The Trust's Standing Orders outline the accountability arrangements and scope of responsibility of the Board and have been reviewed with professional advice from the Trust's solicitors. The terms of reference for committees have been reviewed to ensure that governance arrangements continue to be fit for purpose. The Board has approved the annually reviewed Risk Management Policy of the Trust. I am assured by the Trusts successful achievement of the National Health Service Litigation Authority Risk Management Standards for Ambulance Trusts Level 1 accreditation in November 2008. The Trust operates under a Board approved 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 etiquette principles. 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. Serious Untoward Incidents (SUIs) are monitored by the Risk Management and Clinical Governance Committee. Any trends in SUIs are reported and recommendations of the reviews of SUIs and notifiable incidents are communicated to ensure reflective

learning and improvement.

All directors report to me through the fortnightly Executive Team meetings in addition to fortnightly one to one meetings. There is effective joint working with staff and staff representatives to ensure their involvement and input. Collaborative working with other NHS organisations within our local health economy has continued throughout the year. In addition, senior managers have worked with PCTs across the Strategic Health Authority area to continue the development of 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.

2. 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 2009 and up to the date of approval of the annual report and accounts.

3. 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 committee structure. The Trust's Head of Risk Management is a Graduate Member of the Institute of Occupational Safety and Health (Grad IOSH) and is supported by the Risk, Health and Safety Manager who is a Chartered Member (CMIOSH). The Trust's Infection Control Manager has a BSc in Health Protection. A range of other managers have risk or health and safety related qualifications relevant to their posts and Trust representatives attend the National Risk and Safety Forum and are members of local health economy groups to support learning from incidents.

4. The risk and control framework

The Standing Orders and policies of the Trust, including the Risk Management Policy and associated procedures, set out the framework and systems for implementation of risk and governance in the Trust. The risk management arrangements and associated policies of the Trust were assessed by the NHS Litigation Authority in November 2008. 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. 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 has an established process by which it involved senior managers and Trust Directors in reviewing its compliance with Standards for Better Health throughout the year. This enabled the Trust Board to agree its annual declaration to the Healthcare Commission at its public Board meeting on 31 March 2009. The Board approved compliance with standards that were declared as 'Insufficient Assurance' in 2007/08. Standard C5b was approved as compliant on the basis of sufficient evidence being available for the full year 2008/09. Standard C7e was approved as compliant due to the completion of action plans by the end of 2007/08. The Trust is fully compliant with the Core Standards for Better Health.

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 principal objectives and to keep these under review by the Trust Board.

• Key Controls: these were the mechanisms for controlling the risks 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 key performance indicators, audit (internal and external), assessments by regulatory and monitoring agencies (e.g. Healthcare Commission, NHS Litigation Authority, Health and Safety Executive) and reports from its assurance sub committees.

The Assurance Framework 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. The Integrated Governance Committee received the Assurance Framework at each of its bi-monthly meetings in order to review the controls in place for mitigating risks to the strategic objectives of the organisation and identify further sources of assurance.

The assurance framework has identified in detail the gaps in control and gaps in assurance identified by the Trust. These are described in generic terms below. TheTrust Board through the Integrated Governance Committee have ensured that actions are in place within the assurance framework to address these gaps and none have been identified for escalation as significant issues.

• The trust has experienced capacity issues whilst working to meet its 2008/09 performance targets. This has impacted on the Trust's ability to deliver broader objectives in control for example in staff training and best practice. The Board has ensured that management actions are in place to provide enough capacity to meet performance targets and to continue to meet the full spectrum of the trusts objectives.

• The Trust identified gaps in control and assurance in its responsibilities under the equality and diversity agenda and has put in place actions to control these gaps.

• The deployment and career framework for new staff designations were identified as control gaps and funding for these as control and assurance gaps. Actions have been put in place as described in the assurance framework.

• The Board identified the need for further controls in the form of high level plans and key milestones for some of its strategies, for example the High Performance project and the Front Loaded Model of Care. The trust has put in place actions to address this need.

• Actions have been put in place in response to a perceived gap in control in communicating the Trusts activities and responsibilities for reducing harm to the environment.

• Staff capacity to deliver objectives for research was identified as a gap in assurance and actions have been put in place to address this.

• A gap in assurance was identified with regards to funding high service demand and the trust has put in place actions to address this.

• A gap in control was identified in sickness absence management across the trust and actions arising from audit recommendations are being put in place to effectively implement Trust policy including trigger points for control and return to work interviews.

• Not being in the upper quartile of the NHS staff satisfaction survey was identified as a gap in control and the trust is addressing this through staff performance and development review.

• The need to refine and improve the monitoring of reference costs was identified as a gap in control and this is being addressed by identifying and influencing key cost drivers.

The Trust has continued to work closely with Patient and Public Involvement representatives throughout the year. In order to ensure the Trust involves patients and the public in the planning and delivery of its services, the Trust has continued to facilitate the SECAmb Patient and Public Involvement Liaison Group (which comprises former PPI forum members) and has three Public Opinion Groups. In addition, the Trust engages with the public and patients through various other mechanisms for example, LINks (Local Involvement Networks) and specific SECAmb workshops and events. The Trust has endeavoured to include a public or patient representative on each of its working groups. A large number of patients and the public were involved in three 'Shaping the Future of Your Ambulance Service' events held during the autumn to support the development of the Trust's Business Plan for 2009/10. Patient experience data is also captured by the Trust's Patient Advice and Liaison Service and formal complaints system. 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:

• South East Coast NHS Chief Executives Forum;

• South East Coast Directors of Finance Forum;

• South East Coast Human Resources Directors Forum;

• Commissioning meetings with our Lead Commissioners and other Primary Care Trusts;

• One to one meetings with SHA and PCT counterparts

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.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust operates a Single Equalities Scheme and has an Equality and Diversity Group linked to the Trusts Human Resources and Organisation Development Working Group which reports directly to the Risk Management and Clinical Governance Sub Committee.

The Director of Corporate Affairs and Service Development has assumed the role of Senior Information Risk Officer in order to bring high level leadership to the control of information security risks.

The Trust has an Information Governance 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. The Trust takes the security of its cross-site communication very seriously and encrypts all data using the latest industry standard techniques. No incidents involving personal data have occurred where the severity classification would require their disclosure in this document.

The Trust has gained assurances in regard to risks associated with using shared service providers through a report prepared by Ernst Young LLP, acting as service auditors, about the control practices of the Electronic Staff Record Project, Department of Health (ESR) and those business processes related to the information technology general controls performed over the ESR service, for the period 1 April 2008 to 31 March 2009. The trust has also addressed payroll risks by tendering for supply of payroll services in 2008/09 and appointing a new supplier. For financial services a report has been conducted by Ernst Young LLP, acting as service auditors, about the control practices of NHS Shared Business Services Ltd., and those business processes related to the application and information technology general controls operated at the Bristol, Wakefield and Pune locations, and by its supplier iSOFT at its Letchworth and Prestwich locations for the period 1 April 2008 to 31 March 2009.

5. 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 evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by work undertaken by the External Auditors in the areas of:

• Audit of the financial statements (in progress)

• Auditors Local Evaluation

Work undertaken by the Internal Auditors in the areas of:

• The Assurance Framework and Risk Management

• Core Standards for Better Health

• The Nominal Ledger (the main accounting system) and a range of audits designed to assure the effectiveness of financial management and control.

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.”

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 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 performance and exception reports to the Board;

• Internal and External audit reports including the 2008/09 Head of Internal Audit Opinion;

• Core Standards for Better Health declaration and the ongoing system of self assessment and assurance throughout the year;

• SHA and lead commissioner performance reviews;

• Commissioning meetings and monitoring the delivery of the service level agreements;

• 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 assurances 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;

• 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 reports on progress against the organisation’s objectives through the Trust’s Service Delivery Plan;

• Feedback from the Auditors Local Evaluation assessment process.

I am assured that the Trust’s process of internal control has been effective in managing risk to a reasonable level.

Paul Sutton, Chief Executive **Date: 9 June 2009**

(On behalf of the Trust Board)

Independent auditor's statement to the Board of Directors of South East Coast Ambulance Service NHS Trust

I have examined the summary financial statement starting on page 51[1]. 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 are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

I conducted my work in accordance with Bulletin 2008/3 'The auditors' statement on the summary financial statement in the United Kingdom' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009.

Paul Grady
Officer of the Audit Commission

1st Floor MLS Business Centre
Crossweys
28-30 High Street
Guildford
GU1 3HY

[1] Reports of bodies that do not publish their summary financial statement on a website or publish it using PDF format may continue to refer to the summary financial statement by reference to page numbers.

SUMMARY FINANCIAL STATEMENTS 2008/09

Please note these are a summary of the Trust's accounts and therefore may not contain sufficient explanation for a full understanding of the Trust's financial position and performance. A full version of the Trust's accounts can be requested by contacting us at enquiries@secamb.nhs.uk or by calling 01737 636838.

Trust name:	South East Coast Ambulance Service NHS Trust
This year	2008/09
Last year	2007/08
This year ended	31 March 2009
Last year ended	31 March 2008
This year beginning	1 April 2008

Income and Expenditure Account

FOR THE YEAR ENDED 31 March 2009

	2008/09 £000	2007/08 £000
Income from activities	144,519	132,574
Other operating income	4,422	2,300
Operating expenses	(146,322)	(132,776)
OPERATING SURPLUS/(DEFICIT)	2,619	2,098
Cost of fundamental reorganisation/ reconstruction	0	0
Profit/(loss) on disposal of fixed assets	(93)	(41)
SURPLUS/(DEFICIT) BEFORE INTEREST	2,526	2,057
Interest receivable	785	1,162
Interest payable	0	(1)
Other finance costs - unwinding of discount	(105)	(106)
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	3,206	3,112
Public dividend capital dividends payable	(2,548)	(2,471)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	658	641

Balance Sheet

as at 31 March 2009

	31 March 2009 £000	31 March 2008 £000
FIXE		
Intangible assets	174	247
Tangible assets	68,816	70,383
TOTAL FIXED ASSETS	68,990	70,630
CURRENT ASSETS		
Stocks and work in progress	667	1,120
Debtors	9,412	20,367
Cash at bank and in hand	12,151	6,374
TOTAL CURRENT ASSETS	22,230	27,861
CREDITORS: Amounts falling due within one year	(6,282)	(8,904)
NET CURRENT ASSETS/(LIABILITIES)	15,948	18,957
TOTAL ASSETS LESS CURRENT LIABILITIES	84,938	89,587
PROVISIONS FOR LIABILITIES AND CHARGES	(17,218)	(14,125)
TOTAL ASSETS EMPLOYED	67,720	75,462
TAXPAYERS' EQUITY		
Public dividend capital	67,015	66,722
Revaluation reserve	(5,056)	3,551
Donated asset reserve	1,047	1,232
Income and expenditure reserve	4,714	3,957
TOTAL TAXPAYERS' EQUITY	67,720	75,462

Paul Sutton, Chief Executive **Date: 9 June 2009**

Statement of Total Recognised Gains and Losses for the Year Ended 31 March 2009

	2008/09 £000	2007/08 £000
Surplus/(deficit) for the financial year before dividend payments	3,206	3,112
Fixed asset impairment losses	0	(35)
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	(8,647)	3,946
Total recognised gains and losses for the financial year	(5,441)	7,023
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	(5,441)	7,023

Cash Flow Statement for the year ended 31 March 2009

	2008/09	2007/08
	£000	£000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	19,849	13,953
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	785	1,162
Interest paid	0	(1)
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	785	1,161
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(12,896)	(3,540)
Receipts from sale of tangible fixed assets	298	38
(Payments) to acquire intangible assets	(4)	(63)
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	-	0
(Payments to acquire)/receipts from sale of financial instruments	0	-
Net cash inflow/(outflow) from capital expenditure	(12,602)	(3,565)
DIVIDENDS PAID	(2,548)	(2,471)
Net cash inflow/(outflow) before management of liquid resources and financing	5,484	9,078
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of finacial assets with the Department of Health	0	0
(Purchase) of other current financial assets	0	0
Sale of financial assets with the Department of Health	0	0
Sale of other current financial asset	0	0
	0	0
Net cash inflow/(outflow) before financing	5,484	9,078
FINANCING		
Public dividend capital received	293	0
Public dividend capital repaid	0	(3,052)
Loans received from the Department of Health	0	0
Other loans received	0	0
Loans repaid to the Department of Health	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	293	(3,052)
Increase/(decrease) in cash	5,777	6,026

Management costs*	2008/09	2007/08
	£000	£000
Management costs	9,884	8,318
Income	148,941	134,874

Better Payment Practice Code

Better Payment Practice Code - measure of compliance

	2008/09	
	Number	£000
Total Non-NHS trade invoices paid in the year	39,443	50,120
Total Non NHS trade invoices paid within target	34,291	44,770
Percentage of Non-NHS trade invoices paid within target	87%	89%
Total NHS trade invoices paid in the year	725	2,664
	456	1,934
	63%	73%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

*Management costs for the purposes of this disclosure consist of 100% of the pay costs of Board and Corporate Management, 25% of the pay costs of Clinical and Operational Management and the non-pay cost of management services contracted out

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 £2,548, bears to the average relevant net assets of £65,549 that is 3.9%. The variance from 3.5% is within the Department of Health's materiality range of 3.0% to 4.0%.

External financing

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

		2008/09	2007/08
	£000	£000	£000
External financing limit		6,085	(3,052)
Cash flow financing	(5,484)		(9,078)
Finance leases taken out in the year	0		0
Other capital receipts	0		0
External financing requirement		(5,484)	(9,078)
Undershoot/(overshoot)		11,569	6,026

Capital Resource Limit

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

	2008/09	2007/08
	£000	£000
Gross capital expenditure	12,679	3,854
Less: book value of assets disposed of	(391)	(79)
Plus: loss on disposal of donated assets	0	45
Less: capital grants	0	0
Less: donations towards the acquisition of fixed assets	0	0
	12,288	3,820
	12,593	10,035
(Over)/Underspend against the capital resource limit	305	6,215

Notes

We, South East Coast Ambulance Service NHS Trust, have published this document.

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Aby otrzymać niniejszy dokument w innej wersji językowej lub w innym formacie, prosimy o kontakt z nami pod poniższym numerem telefonu lub adresem.

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

यदि तपाईंलाई यो कागजात कुनै अर्को भाषा वा स्वरुपमा चाहिएमा, कृपया फोन वा ईमेलद्वारा अथवा निम्न ठेगानामा पत्राचारद्वारा हामीसित सम्पर्क गर्नुहोस्।

اگر آپ کو یہ دستاویز کسی دوسری زبان یا شکل میں درکار ہے تو براہ کرم ہم سے بذریعہ فون، ای میل رابطہ کریں یا اس پتے پر لکھیں۔

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Notes

Notes

South East Coast Ambulance Service
NHS Trust

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