South East Coast Ambulance Service
NHS Trust

Annual Report & Financial Accounts 2010/11

Your service, your call

Contents

Part one

Part two

Chairman's introduction

Welcome to SECAmb's Annual Report and Accounts for 2010/11.

This is a slightly unusual report as it actually covers the eleven month period from 1 April 2010 until 28 February 2011, when we were operating as an NHS Trust. This is because our application to become a Foundation Trust was approved by Monitor on 1 March 2011, making us one of the first ambulance Foundation Trusts nationally.

For much of the year, we have been working extremely hard to realize this ambition, as well as on progressing our strategic objectives and it undoubtedly marks a significant step forwards in helping us to achieve our goals of delivering the very best care for our patients. You can read more later on in the report about our achievement in becoming a Foundation Trust and the benefits we believe this will deliver for our patients, our staff and the communities we serve.

As well as our journey towards becoming a Foundation Trust, this year has also been packed with challenges, opportunities and developments. On many occasions, I have been reminded of the tremendous dedication and commitment shown by our staff, regardless of their job role.

This year, once again, our region was severely affected by adverse weather conditions, which put massive pressures on our staff, both in terms of the practicalities of responding to patients and even in simply getting into work! As in previous years, our staff again responded magnificently to this challenge – pulling together to ensure our patients continued to receive the best service possible.

I was also extremely proud to meet with many of our staff during the Trust's two annual award ceremonies, which took place during October and November of last year. These events provide the Trust with a valuable opportunity to recognise the achievements of our staff in a number of areas – long service, clinical excellence and those who have simply gone "beyond the call of duty", as well as meeting some of the patients they have helped. They were two extremely enjoyable evenings that in many ways captured the very essence of SECAmb.

Whilst looking back on the year, I would also like to take this opportunity to pay tribute to my predecessor as Chairman, Martin Kitchen, who left the Trust at the end of September 2010. I know that his support and advice had been greatly valued by all members of the Trust Board during his time as Chairman and he left behind a valuable legacy of stewardship.

Looking forwards, the coming year will undoubtedly present us with some challenges - a difficult financial climate and an evolving NHS being just two of them – but at the same time, they also bring opportunities for us to re-examine

what we do and ensure we are doing the very best for our patients in the most efficient and effective way.

I am confident that, through working with our staff, as well as our partners both within and outside of the NHS, we will be able to build on the successes of previous years and our new status as a Foundation Trust and continue to develop and grow, remaining focussed on our goal to provide the very best care to our patients.

Mike Harris, Interim Chairman

Chief Executive's report

Last year, once again, saw no let-up in the pace of change for the NHS, both locally and nationally, combined with an extremely challenging financial climate. Within SECAmb, we worked hard to ensure we could continue to improve the quality of the care we provide, whilst maximising efficiency and effectiveness.

Despite a number of challenges, including periods of extremely bad weather, we managed to exceed the national target of responding to 75% of life-threatened patients within eight minutes, reaching 76.02% of patients. This means we arrived with more than 135,000 critically-ill or injured patients within eight minutes during 2010/11 – a fantastic achievement!

But, within SECAmb, we have always recognised that response time targets should only be a part of how we are measured – it is the quality of clinical care provided and subsequent patient outcomes that are the true measure of the services we provide.

So moving forwards, we warmly welcome the new range of national clinical quality indicators that will measure the performance of all ambulance services from 1 April 2011 onwards. These will focus on a number of key areas, including two of the biggest killers in the UK today – stroke and cardiac arrest – as well as attempting to measure "patient experience" in a number of ways.

I am confident that, for SECAmb, the new indicators will reiterate the quality of the care our staff provide every day to the people of Kent, Surrey and Sussex. As you will read later on in the report, during the previous year, we have continued to make significant strides forwards in developing both new clinical pathways for our patients and new clinical roles, which will build on and expand the clinical skills and expertise of our staff.

A key factor in the quality of the care we provide is the initial contact with the Emergency Dispatch Centres (EDCs), who manage the triaging of 999 calls, as well the dispatching of the appropriate response to meet the patient's needs. This is an area that has and will continue to see significant changes in the part it plays in the patient's journey, with far greater emphasis on clinical in-put and advice and the move to NHS Pathways.

Alongside the emergency services we provide, I would not want to overlook the important contribution made to patient care by our Patient Transport Services. These staff provide planned (non-emergency) transport to and from hospital and clinic appointments, day centres and other health and social care facilities and are heavily relied on by many thousands of people across our region. During 2010/11, we undertook a staggering 402,944 patient transport journeys.

I spoke above about the increasing importance of maximising the quality of the clinical care we provide within a difficult financial climate. Providing value for taxpayer's money means we must examine every area of our service delivery to ensure it is carried out in the best way.

During the year, we have made a public commitment to protecting our front-line services. This means we need to focus our efforts into a number of key projects which will help us to deliver efficiencies, whilst also improving the services we provide, including:

- The continuing development and roll-out of our Make Ready programme, which sees vehicles cleaned and re-stocked at central depots by specially-trained, non-clinical staff, allowing ambulance clinicians to focus on the delivery of high quality patient care
- Becoming more sophisticated at matching the availability of our staff to the needs of our patients – by time of the day, day of the week and month of the year – recognising that there will be big variations, so we need to have the flexibility within the system to maximise availability to match the peaks in demand
- By reviewing all of our support and management functions – during the year we undertook a review and re-structure of these areas, which saw us reduce the number of non front-line posts by approximately ninety. As challenging as this is to undertake, we will need to continue to ensure we are as efficient in these areas as possible.

Looking ahead to the coming year, we will undoubtedly face more challenges and opportunities in what is a changing and in many ways, unknown, climate. But I am confident that we have the plans and systems in place to meet these challenges, together with our committed and dedicated staff.

I look forward to leading the organisation during the coming year, striving to deliver clinical excellence and improved patient outcomes and experience to our communities.

Paul Sutton, Chief Executive

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 which includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

- We serve a number of key transport hubs within our region including Gatwick Airport, the Channel Tunnel and ports at Dover and Folkestone

- 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.

- We have over 2,800 staff working across 70 sites in Kent, Surrey and Sussex. Around 85 per cent of our workforce is made up of operational staff – those caring for patients either face to face in the field, or over the phone at one of our three emergency dispatch centres where we receive 999 calls.

- Last year (2010/11) we received more than 653,000 emergency calls from members of the public or other healthcare professionals – that's more than one call every minute.

- There was an overall increase of 5.6 per cent in emergency calls received in 2010/11 over calls received in 2009/10.

- We also provide non-emergency patient transport services (pre-booked patient journeys to and from healthcare facilities) in Kent and Sussex. In 2010/11 our Patient Transport Service undertook 402,944 patient journeys.

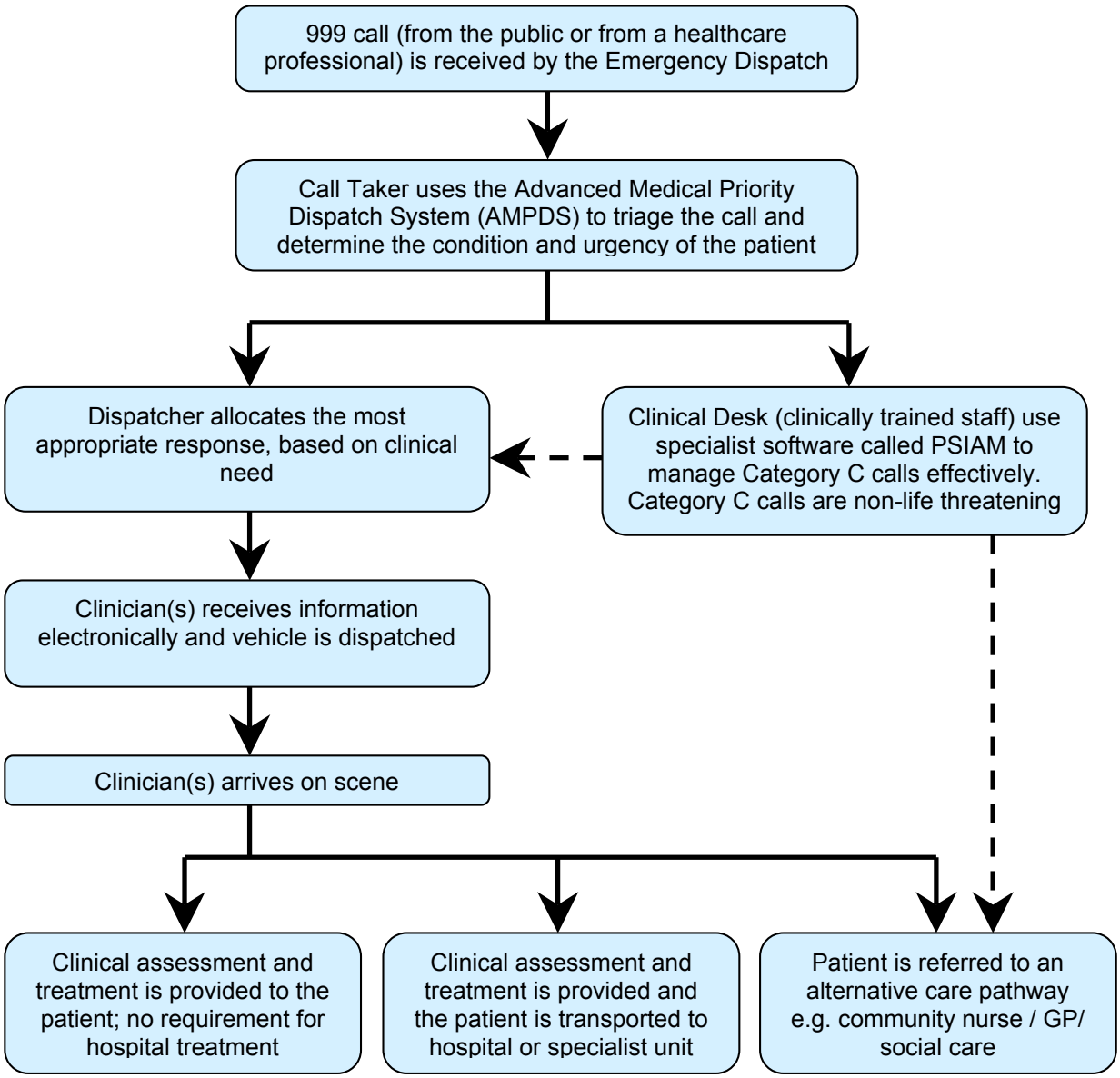
- Our community responders (who are trained volunteer members of the public) provided a first response to 13,843 calls in 2010/11 and were then backed up by SECAmb clinicians.

What happens when you dial 999?

When you ring 999 your call goes through to one of our three emergency dispatch centres (EDCs). Our trained emergency call takers receive more than 650,000 calls every year. During 2010/11, we used a specialist computer system (used by all ambulance trusts) called Advanced Medical Priority Dispatch System to determine the condition of the patient (this is known as triaging a patient) so we can provide the most appropriate response based on their clinical need. This might be an ambulance, a single responder paramedic or advice from a trained clinician working within the EDC.

Some patients who have minor ailments 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, or to social care professionals, ensuring every patient always receives the most appropriate treatment for their need.

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



During the year, lots of work went on in preparation for moving to a new call handling and triage system called NHS Pathways in 2011/12, to replace AMPDS. You can read more about this later on in the report.

If a patient needs an emergency response, they can expect to come into contact with one or more of our clinicians depending on their condition:

Emergency Care Assistants (ECAs) and Emergency Care Support Workers (ECSWs) - drive ambulances under emergency conditions and support the work of qualified ambulance technicians and paramedics. We have 187 Emergency Care Support Workers (ECSWs).

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 hospital. We have 934 technicians.

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. We have 505 paramedics.

Paramedic Practitioners (PPs) - are paramedics who have undergone additional education and training to equip them with greater patient assessment and management skills. They are able to diagnose a wide range of conditions and are skilled to treat many minor injuries and illnesses. PPs are also able to "signpost" care – referring patients to specialists in the community such as GPs, community nurses or social care professionals. They can also refer patients to hospital specialists, thus avoiding the need to be seen in A&E first. We currently have 115 PPs, including some in education.

Critical Care Paramedics (CCPs) - are paramedics who have undergone additional education and training to work in the critical care environment, both pre-hospitally and by undertaking Intensive Care transfers between hospitals. Often working alongside doctors at the scene, 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. They are able to assess and diagnose illness and injuries and treat patients using more powerful drugs and use equipment on scene that up to now was only used in hospital. We have 25 qualified CCPs (including seven seconded to the Air Ambulance Trust) and a further eight student CCPs who are due to become operational later this year.

Emergency Dispatch Centre staff – more than 350 staff work in the Trust's three Emergency Dispatch Centres in a variety of roles including Emergency Call

Operators, Dispatchers, Duty Dispatch Managers and Clinical Desk staff. These staff are responsible for receiving every one of the emergency calls made to the Trust, providing support and clinical advice to callers as needed and co-ordinating the most appropriate response to send to the patient.

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

Community Responders – are volunteers who are members of the public, members of partner emergency services or off-duty members of SECAmb staff. They are all 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. We now have more than 900 community responders working in networks across Kent, Surrey and Sussex.

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 treat seriously injured patients. There are two of these units; Marden in Kent and Dunsfold in Surrey. In addition, the Trust also calls upon other services provided by charities including 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 over 400 non-clinical staff who work in the Trust's support and management 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.

Our Vision – world class service for patients

'We will match and exceed international excellence 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 core activities.

To implement our strategy, we have identified six strategic objectives underpinned by business implementation measures and key service developments. Our six strategic objectives are:

- Improve on the Trust's performance standards and reduce variation
- Deliver excellence in leadership and development
- Improve access and outcomes to match international best practice
- Improve satisfaction and experience for all stakeholders
- Be an organisation that people seek to join and are proud to be a part of
- Convert all available pounds / resources to maximise patient benefit.

In our Annual Report for 2010/11, we highlight the work we have undertaken during the year and how successful we have been in delivering against each of our strategic objectives - did we do what we said we would do. We also talk about our plans for 2011 and beyond. Each strategic objective is given a different colour to make it easier for the reader to differentiate between the six.

Meet the Trust Board

Our Trust Board is responsible for setting our strategy and making important decisions about the services which we provide. The Trust Board includes the Chairman, five Non-Executive Directors and an Advisor to the Trust Board, the Chief Executive and six 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 six times in public.

The Trust Board is supported by five standing committees, each dealing with a specialist area. These are:

♦	Finance & Business Development Committee
❖	Audit Committee
■	Appointments and Remuneration Committee
●	Risk Management and Clinical Governance Committee
▶	Workforce Development Committee

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

Mike Harris – Interim Chairman (from October 2010)

Mike was appointed as Interim Chair of SECAmb in October 2010 and will see the organisation through to Foundation Trust status. Previously, Mike was Chair of NHS West Sussex for nearly three years and prior to this gained over 25 years' experience at Board level in a range of industrial companies including C & J Clark and Redland plc. At Redland, Mike was responsible for the Asia-Americas Roofing Division. Mike has also been Chairman of two private companies and is a magistrate sitting on the North Sussex Bench.

Martin Kitchen - Chairman (until September 2010)

Martin was appointed in 2006 and was formerly 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.

Non-Executive Directors

Christine Barwell ●❖▶

Christine was formerly Chairman of Mid Sussex Primary Care Trust. Christine has undertaken a wide range of community involvement work with Age Concern, Social Services and the Children's Commissioner, as well as with voluntary groups and charities. Christine was reappointed in 2008 until 2012.

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 until 2011.

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 until 2013.

Dr 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 until June 2012

Trevor Willington ❖■●♦

Trevor has extensive experience working in local government. Most recently he was the Strategic Director-Resources at Elmbridge Borough Council, overseeing financial management, accountancy and exchequer, internal audit, information and communication systems, local taxation, cashiers, legal estates and property services. He is a non-executive director of Orbit South Housing Association and a member of the Surrey Parent Carers' Advisory Board. Trevor was appointed in January 2010 until December 2013, having previously been an advisor to the Board.

Advisor to the Board

Tim Howe ■ ▶❖

Tim has varied experience working in the private sector as a senior Human Resources Executive. He was previously International Vice President, Human Resources at United International Pictures and Group Human Resources Director of The Rank Group Plc. Tim is a trained mediator and a member of the Management Committee for East Surrey Community Mediation Service. He was appointed as an Advisor to the Trust Board in January 2010 until December 2013.

Executive Directors

Paul Sutton – Chief Executive (De facto member of ♦●▶)

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.

Colin Perry – Interim Director of Finance ♦

Colin has experience in management consultancy and as an interim finance director in seven acute Trusts and mental health trusts during the last two years. He was formerly a director at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trusts, including director of finance and IT and acting chief executive and chief operating officer. Colin previously worked in the water industry, local government and the private sector.

Dr Jane Pateman – Medical Director ●

Jane is a consultant anaesthetist at Brighton and Sussex University Hospital NHS Trust, and formerly associate postgraduate dean at the London Deanery. She has wide experience in education and managerial posts in clinical medicine and is a specialist in the areas of cardiac resuscitation and major trauma.

Sue Harris – Director of Operations ● ▶

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.

Professor Andy Newton – Director of Professional Standards and Innovation/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.

Geraint Davies – Director of Business 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.

Kath Start – Director of Workforce Development ▶
Kath, a registered nurse and nursing tutor, has held a number of senior nursing and education roles throughout the NHS, including Head of Nursing at Kingston University and Deputy Dean at St George's, where she developed the first Paramedic Practitioner course. Kath was appointed in October 2009.

Directors who are members of the executive team but are not voting members of the Board

Ian Arbuthnot, Director of Information Management and Technology (until November 2010)
Before joining SECAmb Ian was Head of IT in the 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, and left in November 2010.

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.

Code of Conduct

Board Member	Position	Interest
Harris, M	Interim Chairman (from October 2010)	• Non-Executive Chair, Stewart Signs Ltd. • Non-Executive Director, Mid-Sussex GP Commissioning Group • Magistrate, North Sussex
Kitchen, M	Chairman (until September 2010)	• Independent Member, Surrey Police Authority
Sutton, P	Chief Executive	• Declared no interests
Barwell, C	Non-Executive Director	• Declared no interests
Howe, T	Advisor to the Trust Board	• Director of Komoka Ltd • Director of Human Resource Centre • Sister works for SECAmb within PTS
Jackson, J	Non-Executive Director	• Director of Sunny Spells Ltd
Penny, N	Non-Executive Director/Deputy Chairman	• Declared no interests
Simpson, I	Non-Executive Director	• Occasional advisory work for Health Skills Ltd.
Willington, T	Non-Executive Director	• Non-Executive Director of Orbit South Housing Association • Member of Surrey Parent Carer Advisory Board
Harris, S	Director of Operations and Performance	• Declared no interests
Davies, G	Director of Business Development	• Declared no interests
Newton, A	Director of Professional Standards & Innovation/Consultant Paramedic	• Chair, College of Paramedics
Pateman, J	Medical Director	• Consultant Anaesthetist BSUH NHS Trust
Perry, C	Interim Director of Finance	• Director of Management Solutions - Healthcare Ltd. • Governor for Anglo European College of Chiropractic
Start, K	Director of Workforce and Development	• Declared no interests

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.

Improve performance standards and reduce variation

Every year we aim to improve our performance so that we provide the best care possible for everyone living in the South East Coast area. This can be very challenging, as year on year the NHS is revising and raising its standards. At SECAmb we aspire to be the best and we are determined to meet and exceed these standards whenever possible. Here is a brief summary of how we performed against some of our key targets in 20010/11:

We said we would …	And we would achieve it…	How did we do?
Deliver an integrated IM&T system	By implementing new Computer Aided Dispatch (CAD) and Mobile Data Transmission (MDT) systems throughout the Trust and completing the roll out of Airwave digital radio, all of which help to improve the care we are able to deliver to patients. By procuring and implementing a new 999 telephony system	The new regional CAD system went live in the Lewes, Banstead and Coxheath Emergency Dispatch Centres during late 2010 (see below), although some residual operational issues remain to be corrected on the Lewes CAD. During the year, the MDT systems were up-dated in 90% of the operational vehicles. The successful rollout of the new Airwave digital radio system was completed by August 2010. A new telephony system design was completed and procurement undertaken by January 2011, although the new system will not be installed until later in 2011.
Ensure the delivery of operational performance standards	By meeting and exceeding performance targets	During the year we exceeded two out of three response time performance targets; we fell slightly below on our Category B 19 minute performance. We will continue to address this area of performance during the year, although the

		Category B 19 minute target will be replaced from 1 April 2011 onwards by a range of new clinical quality indicators (see below).
Develop effective relationships with partners across the region to improve working relationships and ultimately the care provided to patients	By working locally to improve hospital turnaround and handover procedures across the health economy. By reviewing operational arrangements with local Police forces.	During the year, we formed a much closer working relationships with our colleagues in local acute Trusts by attending regular operational meetings and targeting potential "hot spot" issues early on. Although there have been some improvements, we need to continue to address this year during the year. During the year, we also reviewed the specific custody contract in place with Surrey Police to ensure it was effective for both parties moving forwards.

HIGHLIGHT Improving response times – getting to more patients within eight minutes than ever

Our performance against national standards for response times during 2010/11 was:

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 76.02 per cent of patients in 8 minutes
	95 per cent of all category A patients must be reached within 19 minutes	We met the target, reaching 97.68 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 did not meet this target, reaching 94.29 per cent of patients in 19 minutes

As the above table shows, the Trust has met both its category A response times during the year, although fell slightly short of the 95 per cent target for reaching category B calls within 19 minutes.

The Trust has worked hard focusing on improving Category B performance during the last year. Actions taken have included:

- Working more closely with the voluntary sector, including St John Ambulance and the Red Cross, to maximise support from trained volunteers to help us to meet peaks in demand
- A continuous review of all operational rotas to ensure that they best meet demand
- Introducing a new regional Computer Aided Dispatch (CAD) system across all three EDCs to ensure improved cross-boundary working (see below)
- Close and on-day monitoring of “hot spots” within the health economy
- Working with all PCTs and acute trusts to improve hospital handover systems
- Introducing dedicated additional response cars, in key areas
- Using some of the flex within the Patient Transport Services to support peaks in A&E activity

Significant improvement has been made and the Board were keen to ensure that the response to and care of patients who have the greatest clinical need was not compromised in any way.

Care Quality Commission registration

From 1 April 2010 all NHS Trusts were required to be registered with the Care Quality Commission (CQC) in accordance with the requirements of the Health & Social Care Act 2008.

This registration replaced the previous Annual Health Check process, which had monitored the quality of clinical services provided, as well as financial performance.

For SECAmb, we received confirmation of registration without conditions in the following areas:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely
- Diagnostic or screening procedures

New clinical quality indicators moving forwards

From 1 April 2011 onwards, a suite of new national clinical quality indicators will replace the previous Category A and Category B response times – a move which is welcomed by SECAmb for its increased emphasis on quality.

The introduction of these new indicators will mean that, in future, ambulance trusts will not simply be measured on time alone but on how we treated patients and the outcomes of the treatment.

What will this change mean to response targets?

- Category A – the Category A eight-minute response and 19-minute response target remain the same. Calls requiring a defibrillator will be classed as Red 1 and all other life-threatening emergencies as Red 2
- Category B – The Category B 19-minute target will no longer exist. The Department of Health has agreed the replacement of this target with a wider set of clinical quality indicators (see below)
- Category C – All existing Category C and some Category B calls will become new Category C 'green calls' and these will be sub divided into four categories with varying response requirements, depending on severity of the injuries

In place of the previous response time targets, all ambulance Trusts will now be measured in each of the following areas:

- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from cardiac arrest - return of spontaneous circulation. This indicator will measure how many patients who are in cardiac arrest but following resuscitation have a pulse/ heartbeat on arrival at hospital
- Outcome from cardiac arrest - survival to discharge - Following on from the second indicator, this will measure the rate of those who recover from cardiac arrest and are subsequently discharged from hospital
- Outcome following stroke for ambulance patients - This indicator will measure the time it takes from the 999 call to the time it takes those FAST positive patients to arrive at a specialist stroke centre so that they can be rapidly assessed for thrombolysis
- Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)
- Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene) - this indicator will measure how many callers or patients call us back within 24 hours of the initial call being made

- Call abandonment rate - this indicator will ensure that we are not having problems with people phoning 999 and not being able to get through
- Time to answer calls - this indicator will measure how quickly all 999 calls that we receive get answered
- Service experience – We will need to demonstrate how we find out what people think of the service we offer (including the results of focus groups and interviews) and how we are acting on that information to continuously improve patient care
- Time to treatment by an ambulance-dispatched health professional
- Category A eight-minute response time

SECAmb's Consultant Paramedic, Andy Newton said: "We have already taken significant steps in recent years to drive up improvements in clinical care by introducing innovations such as a new resuscitation technique and clinical pathways for stroke patients.

"Our cardiac arrest resuscitation rates are twice the national average and we are pleased performances such as this will play a far greater role in determining whether the service is judged to be serving its communities well.

"We also recognise, however, that it is still extremely important to respond to patients in a timely manner and we will continue to ensure that we provide a responsive and high-quality ambulance service to our communities."

HIGHLIGHT A new regional Computer Aided Dispatch system

During the year, a new computer aided dispatch (CAD) system was introduced into each of SECAmb's three Emergency Dispatch Centres in Banstead, Lewes and Coxheath.

The CAD is an information system which allows us to record relevant information relating to each 999 call and subsequent activity. It enables us to record patient activity and monitor achievement of clinical and response time performance.

The A&E CAD system also supports ambulance dispatchers in our control room in the deployment of the most appropriate care to patients; put simply, the more effective the CAD is in supporting dispatchers in their role, the more lives that can be saved.

To ensure we continued to deliver an effective and responsive service to our population it was crucial that we moved towards having a single CAD.

Up until October 2010 the Trust operated three CAD systems which were not compatible with each other, therefore preventing resources being able to move effectively across the region.

As a result, a key development for us during 2010 was to undertake the implementation of a single CAD to cover the whole of the South East Coast region. The CAD implementation was completed in November with some residual maintenance issues to be resolved on the regional CAD system in Sussex.

HIGHLIGHT Tremendous response during bad weather

During the spell of bad weather that hit the region during December 2010 the commitment from SECAmb staff and volunteers was once again second to none.

During the severe weather, SECAmb staff worked around the clock, often above and beyond the call of duty, to ensure that patients received help as quickly as possible.

A large number of staff worked additional shifts and braved snow and ice to ensure they were available to respond to the needs of patients. The Trust's teams of voluntary Community Responders also continued to provide vital additional support.

Numerous examples of staff going beyond the call-of-duty and the public helping in any way possible were reported to the Trust.

Chief Executive Paul Sutton, who was out and about responding to 999 calls himself during the bad weather, said: "This period has been challenging for the Trust but, as always, the dedication and commitment of our staff and volunteers has shone through. I'd like to say a very big thank you to any members of the public who have helped us in any way at all. The support from the public has been extremely humbling."

Here are just a small number of the many examples reported of the amazing efforts made by staff:

Christa Kirkpatrick from SECAmb's Patient Transport Service (PTS) in Medway paid tribute to her colleagues at Medway, Sittingbourne, Sheppey and Thameside stations who worked hard getting patients to important outpatient appointments in challenging conditions. PTS staff volunteered to go out on the road with their A&E colleagues to assist in whatever way they could to help patients. Everyone was kept busy, whether it was clearing the snow at stations, conveying cancer patients and others to appointments and helping to respond to patients with A&E ambulance clinicians.

PTS Operational Manager Ray Savage recognised the efforts of Bill Pike, PTS Team Leader and community responder in Eastbourne, after Bill and colleagues linked in with the Beachy Head Chaplains who have a 4x4 vehicle. The group showed great team work in extremely challenging conditions in the first few days of the snow working well into the early hours on 1 December.

Sarah McCreath, Resource Dispatcher at SECAmb's Banstead control room highlighted the kindness of Community First Responder Tim Gerhard and his mother Shelia who put herself and colleague, Charlotte Penny up at Shelia's house in nearby Tadworth. Tim also collected the pair for their shifts the following morning using his own 4x4 vehicle. They were extremely grateful for their generosity and warmth.

Deliver excellence in leadership and development

At SECAmb we believe that to deliver the best outcomes for patients and improve our services we need to look at how we can do things differently. By adopting new clinical practices and technologies and wherever possible be in the vanguard of the latest healthcare developments, we believe we can continue to improve the care we provide to local communities. But to achieve this we must have a workforce that is motivated, forward thinking and informed, so we are committed to providing high-quality on-going training and development for all our staff:

We said we would …	And we would achieve it…	How did we do?
Support the Trust's aims of becoming a Foundation Trust	By reviewing and re-structuring the Trust Board, in line with Monitor recommendations By ensuring all of our internal process, governance arrangements and operational, business and financial plans are robust	Following a rigorous and two-year long assessment process, including scrutiny by Monitor, the regulator of NHS Foundations Trusts, SECAmb was authorised as a Foundation Trust on 1 March 2011 (see below).
Develop the advanced career framework to include the development of the paramedic and advanced paramedic roles	By continuing to develop the Paramedic Practitioner (PP) and Critical Care Paramedic (CCP) roles	Over the past year, we have continued to develop the PP and CCP programmes. We now around 115 PPs, either qualified or in education, 25 qualified CCPs and a further eight student CCPs who are due to become operational later this year (see below).
Develop a strategy to further develop the Trust's non-emergency services, in line with the Trust's vision	By under-taking a comprehensive review and restructure of Patient Transport Services and PAS services, to ensure they are better aligned to PCT and client needs	The expected regional PTS tendering process was deferred during the year until 2011/12, meaning that the status quo on current PTS contracts has been maintained. The review and re-structure of support and management functions during early 2011 has led to the creation of a new Commercial Services Directorate, to provide an increased emphasis on the efficiency and

		effectiveness of PTS.
Develop and deliver an emergency preparedness strategy that complies with Civil Contingencies Act (CCA)	By reviewing and revising the Trust's Major Incident Plan By ensuring that the Trust's plan is exercised regularly, in line with the requirements of the CCA	During the year, the Trust's Major Incident Plan was reviewed and re-issued to all staff in September 2010. This included a training and exercise plan, to ensure the relevant sections of the plan are regularly practiced by the relevant staff groups. Planning has also begun in earnest for SECAmb's role in supporting the London 2012 Olympics. July 2010 saw the region's first Hazardous Area Response Team (HART) become operational from their base in Ashford, Kent. The team work closely with the other emergency services at serious incidents and in high-risk environments to provide life-saving support, triage and treatment (see below).
Deliver leadership development programmes for managers at all levels of the organisation	By continuing the roll-out of targeted management programmes	The roll out of the successful INSPIRE, IMPACT and INSIGHT management development programmes has continued during the year, with more than 250 staff participating in total (see below). Recognising the key role first-line operational managers play, a series of Clinical Team Leader development days were also delivered during the year, with the programme due to continue into 2011/12.
Provide training, education and development targeted to meet the needs of patients	By delivering appropriate, role specific up-date training for clinical staff	Key skills up-date training was delivered to the majority of SECAmb's clinical staff during the year, although the periods of adverse weather and the subsequent pressure on resources did lead to some courses being postponed. Due to differences in clinical skills, specific courses were delivered for ECSWs and PTS staff.

HIGHLIGHT SECAmb becomes a Foundation Trust

On 1 March 2011, SECAmb was authorised by Monitor, the authoriser and regulator of NHS Foundations Trusts, as a Foundation Trust – one of the first ambulance Foundations Trusts in the country.

NHS foundation trusts are still part of the NHS, but they are membership organisations which are run differently. Foundation trusts still provide free care for patients, have to meet national targets and are regularly assessed and inspected. However, they have greater freedom from central government control and are able to act swiftly on the views of their members and an elected Council of Governors. Local people, patients, staff and representatives from partner organisations can become foundation trust members.

Having become a foundation trust we will be clearly accountable to our members through the Council of Governors. This means we will directly answer and be responsible to local people - which will enable us to make sure that the services we provide are meeting the needs of our communities.

We believe becoming a Foundation Trust will bring a wide range of benefits, as illustrated below:

Council of Governors

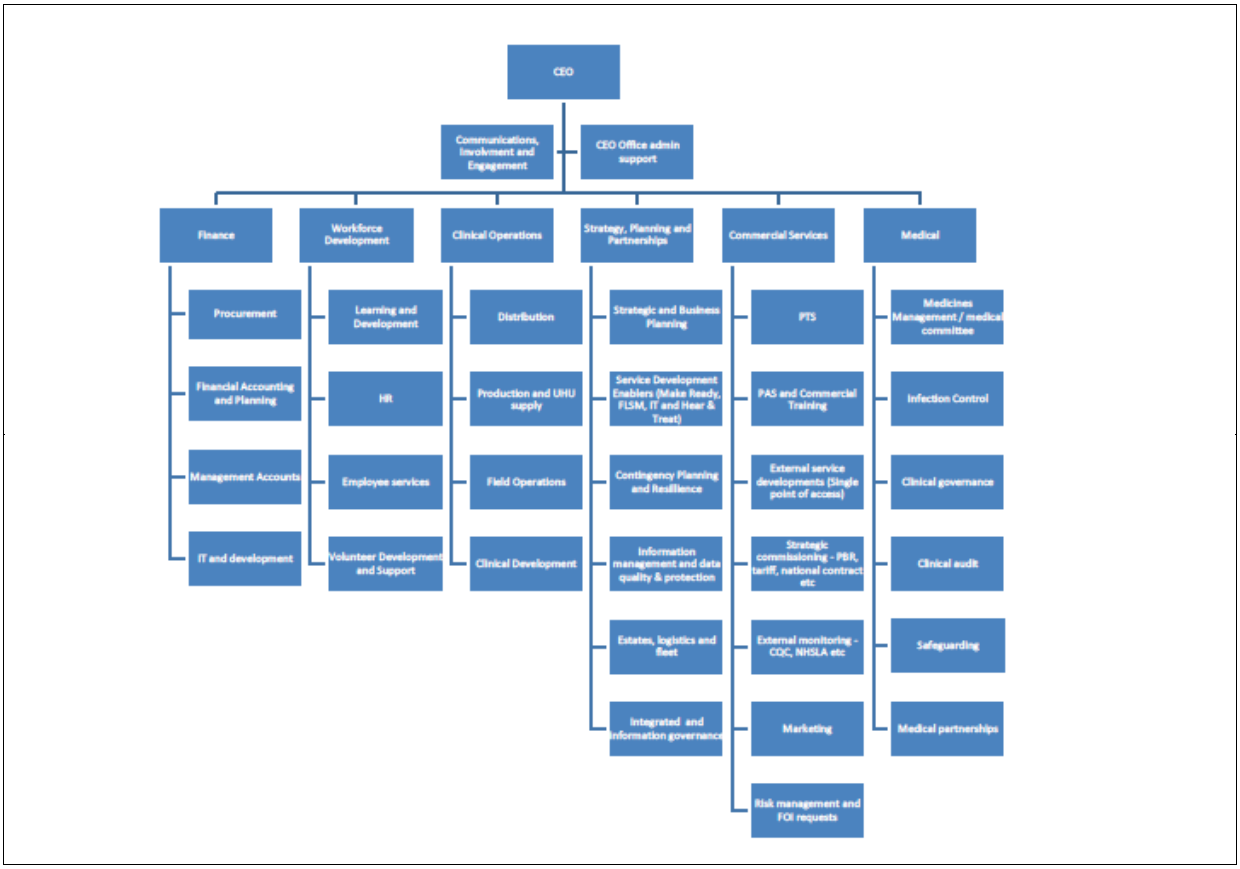
We have set up a Council of Governors to represent our membership, with most of the governors elected by members. However, we have also invited representatives from partner organisations such as other NHS trusts, local authorities and charities to become governors, to make sure the Council of Governors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

More information on the Council of Governors can be found on our website – www.secamb.nhs.uk.

Board of Directors

Within a Foundation Trust, the Board of Directors' role will be to manage the organisation and work closely with the Council of Governors to develop plans for the future. The Board of Directors will be made up of seven executive directors including the chief executive and eight non-executive directors including the chairman.

Moving forwards as a Foundation Trust, we have reviewed our Board and Directorate structures. The new Directorate structure, from 1 April 2011 onwards, is as below:



HIGHLIGHT Leadership development

The Trust's organisation and development strategy identified two key priorities - culture change and leadership. During the year, SECAmb has focused on developing leadership as it believes that this will ultimately result in cultural change within the organisation. Leadership training has been provided through three specific courses - IMPACT!, INSIGHT! and INSPIRE! - aimed at staff at different management levels within the organisation.

IMPACT!

IMPACT! is a five day leadership development programme run in-house which began in May 2009. Since then, over 200 first-line managers have attended and completed the course, with a further four cohorts planned during the coming year. IMPACT! provides first-line managers with the opportunity to look at all aspects of their leadership and personal style, helping to identify their strengths, skills and gifts as a leader. It also provides support to staff in managing themselves and their teams and includes areas like quality, change management, communication and planning.

Participants are drawn from right across the organisation, so there is always a mix of clinical and non-clinical staff on the course. It is also a good way for staff to meet each other and form new networks.

Staff attending IMPACT! are able to gain a qualification in management which is awarded by the Chartered Management Institute (CMI). Whilst on the course they also have full student membership of the CMI, which provides study materials and the chance to network with other managers and keep up to date with the latest thinking.

Staff who attended the course found it very rewarding and comments included:

"*After completing the course and assignment I feel more confident in my role as a team leader. The assignment took me a long time, but what I learnt is of true value to me"*

"I have taken on board everything I have learnt and seem to be thinking in a more positive confident way than I did previously"

"I came back enriched. The course is invaluable. It should have been implemented years ago"

INSIGHT!

INSIGHT! is SECAmb's development programme for middle managers (Clinical Operational Managers and the non-operational equivalent) and consists of six development days over six months. INSIGHT! is accredited by the Chartered Management Institute (CMI) and is a mixture of group-learning and self-directed study and leads to a level 4 certificate in management.

INSIGHT! started in 2010, with 24 delegates on wave one. All 24 participants successfully achieved their CMI Level 4 certificate. Wave two is currently underway with 22 delegates, and wave three is being planned for later this year.

INSPIRE!

The INSPIRE! programme is aimed at senior managers (heads of departments) and concentrates on their personal behaviours as leaders and involves learning in action group settings. It looks at leadership qualities and competencies within three key areas:

- Setting direction
- Delivering the service
- Personal qualities

The programme is one day a month and the mornings are workshops which have looked at areas such as team development, communication and influence, the afternoon are the action learning sets. During the year, 26 managers have undertaken the course.

SECAmb is also developing a programme for all training staff within the Trust to look at how clinical trainers and organisation and development trainers work together, to see how they can make an impact and influence the organisation.

HIGHLIGHT SECAmb continues to develop specialist paramedic roles

Paramedic Practitioners (PP)

The last year has seen the numbers of PP teams grow and become more embedded into primary care. PPs are experienced paramedics who have undertaken further higher education to enable them to manage the patients who present to the ambulance service with minor illnesses and injuries; often with highly complex needs. The PPs work closely with the rest of the community-based, multidisciplinary teams to ensure that these patients are cared for in the community, avoiding unnecessary journeys to A&E.

PPs are also providing more and more clinical support to colleagues for all kinds of incidents, working together to make the care we deliver as safe and effective as possible, which gives our patients as much choice as possible about how their care is delivered.

To further enhance the treatment options available to PPs, we introduced Patient Group Direction (PGD) medicines this year. The PGDs include painkillers and antibiotics commonly required in primary care and are already having a big impact.

During the year we also introduced a “telemedicine” pilot for patients with burns, plastic surgery needs and hand injuries. We have been working with Queen Victoria Hospital NHS Foundation Trust (QVH) for over a year on the project, which received regional funding and allows PPs to send clinical photographs to the specialists at QVH who provide advice, treatment and referral options for this group of patients.

Critical Care Paramedics (CCPs)

We are steadily increasing the number of CCPs we deploy to ensure that as much of the SECAmb area as possible has CCP coverage. We are planning to have between 60 & 70 CCPs operational by 2015, delivering round the clock care to our patients with the most urgent, serious or life-threatening conditions.

This year has seen the publication of the independent Critical Care Paramedic report which supports the use of CCPs and highlights how cost effective they are. We have worked closely with the author of the report and are very pleased with the findings.

We have recently held the first ultrasound training course for our CCPs. This is a very significant development for SECAmb as we will be the first ambulance trust to deploy ultrasound for specialist staff for a range of critical care conditions. The initial course marks the start of three phases of education that takes the CCPs to autonomous practice in emergency ultrasound. We have worked closely with Sonosite, who supplied our ultrasound machines, and Bob Jarman, an Emergency Department Consultant from Gateshead who is one of the leading specialists in point of care ultrasound in the UK.

CCPs are attending an increasing amount of critical incidents and are contributing to improved patient safety and outcomes. The programme is still relatively new and will continue to develop clinically; particularly in relation to the types of medicines carried and new interventions required to give the most ill and injured patients the very best chance of the best outcome.

HIGHLIGHT First HART team goes live

A new team of ambulance clinicians with additional skills to deliver life-saving treatment in hazardous environments had a busy first few days in operation when it first went live in summer 2010.

Members of SECAmb's Hazardous Area Response Team, (HART) began responding to emergencies on Monday, 12 July 2010 from their base in Ashford, Kent.

During the early days, members of the team responded to emergencies including assisting an Ashford ambulance crew at an incident on a building site in the town where a man was experiencing breathing difficulties on scaffolding, assisting Kent Fire and Rescue with a shoreline rescue in Herne Bay, attending a major fire in Staplehurst and an Road Traffic Collision in Higham in which a vehicle had overturned, as well as responding to a number of immediately life threatening Category A calls.

Members of SECAmb's HART have been recruited and trained in the use of specialist equipment and vehicles which will enable them to safely treat patients in the 'hot zone' of a major incident or at other incidents with environments such as smoke-filled buildings or where potentially dangerous materials are present. The team will work closely with other emergency services at serious incidents and in high-risk environments to provide improved life-saving support, triage and treatment.

Improve access and patient outcomes

We want to provide the best treatment to patients so that they have the greatest chance of making a full recovery. To do this we are working with other NHS organisations to develop care pathways. Care pathways are clear agreements on who, where and how treatment is provided in order to achieve the best outcomes for patients in key areas like coronary heart disease, stroke and trauma as well as for patients who have less serious healthcare needs and don't need to go to hospital but might need care in the community or in their own home. This means working in partnership, being innovative and finding cutting-edge solutions to longstanding problems and having staff with the right specialist skills. We also need to ensure we are prepared to respond effectively to large scale incidents:

We said we would …	And we would achieve it…	How did we do?
Co-ordinate the Trust's public health agenda	By developing and implementing community education and engagement programmes	A review of SECAmb's role in public health was undertaken in December 2010, although due to the review and restructure of the management and support functions, no further progress was made during the year. During the coming year, this work will be taken forwards by the newly-created Volunteer Development team.
Develop clinical pathways and programmes to reflect the needs of local patients	By progressing the Single Point of Access and NHS Pathways priorities	During the year, SECAmb committed to moving to NHS Pathways, as part of our strategic move towards playing a key role in the co-ordination and delivery of a Single Point of Access for the region. After a great deal of work, the roll out of NHS Pathways began in April 2011 (see below).
Develop and implement robust clinical audit and assurance programmes	By developing plans and programmes that inform and influence clinical developments and that are embedded within the Trust	A Clinical Audit plan has been developed to encompass national and Trust priorities. A series of articles have been communicated to staff,

		developed by the clinical audit team, to improve staff understanding of the reasons for data collection and highlight how well the Trust has performed against the various clinical indicators and other Ambulance Trusts (see below).
Embed business intelligence tools within the organisation	By fully utilizing a range of information tools that will provide access for all staff to access on day and up to date; to allow ownership of information throughout the organisation	During the year, team-based reporting, web-based access to Patient Clinical Records, access to GRS (the rostering system used to plan rotas, etc.) and to the unit hour utilisation data has been made available to all staff.

HIGHLIGHT NHS Pathways

During the year, much work was undertaken in preparation for the roll-out of NHS Pathways in Spring 2011, a new clinical triage system which will replace our current AMPDS system.

NHS Pathways gives Emergency Call Operators the ability to refer 999 callers to the correct pathway of care they require - this could be an ambulance response, an appointment with a GP or another primary care professional or even home care.

Importantly, it also measures the capacity available, so callers should only be matched with services that are available, appropriate and accessible. Vitally the system has been developed using data from UK patients.

As part of the roll-out of NHS Pathways, the Trust has installed a directory of health and social care services, which will link to NHS Pathways and provide information to EDC staff to appropriately direct 999 callers to alternative health and social care services.

The directory of services holds information relating to service providers such as their opening times, response time-frames, the age grouping of patients and clinical details. The system is also geographically mapped, to enable the appropriate services near the patient's location to be identified.

To ensure that the system holds the most up-to-date and relevant information to assist us in ensuring we direct the patients to the right service to meet their need, healthcare providers and commissioners will have the ability to update and maintain their service entry using a web-based login system.

The system will enable us to direct the patient to the most appropriate service, so they get the right the service the first time. It will also establish where the gaps are in service provision are or exist; providing real evidence for commissioners to act on and address.

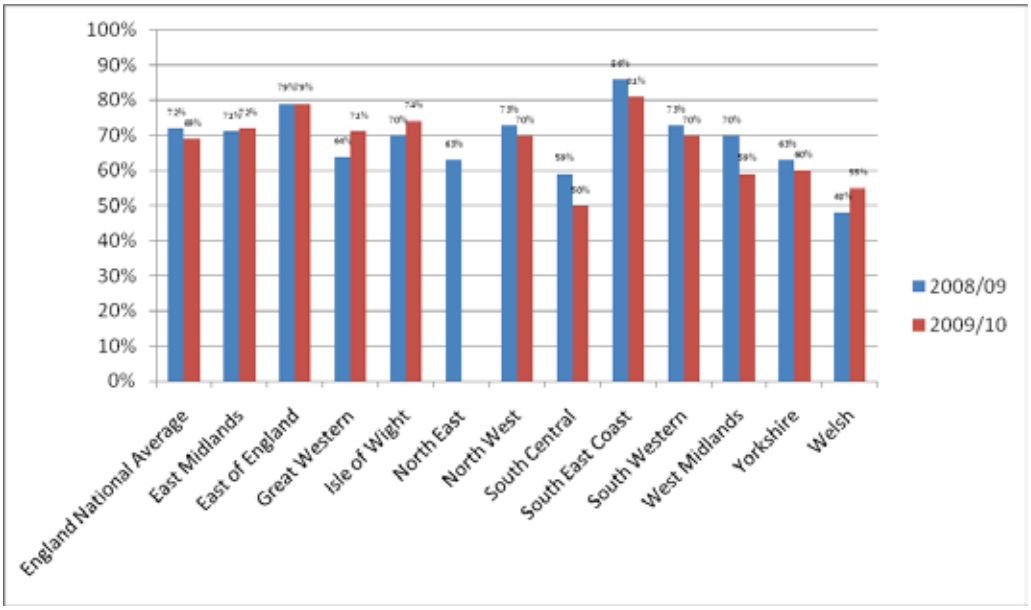
NHS Pathways has been piloted successfully in the North East, where it has safely handled nearly two million calls. SECAmb will be one of the first ambulance Trusts in the UK to move to NHS Pathways.

HIGHLIGHT Audits reveal great clinical performance

The Trust's vision is to match and exceed international clinical excellence and therefore benchmarking performance against national and international clinical indicators is critical to track progress and development.

The National Service Framework (NSF) standard states that people suffering from a heart attack should receive thrombolytic therapy within 60 minutes of calling for professional help, more commonly known as Call to Needle (CTN) time. Data on all patients who receive thrombolysis are sent by the Acute Hospitals to Myocardial Ischaemia National Audit Project (MINAP). The Care Quality Commission (CQC) uses the MINAP data to assess clinical performance and set a target for CTN, stating that 68 per cent of patients should receive their thrombolysis within 60 minutes.

The CTN performance is a joint target shared by Ambulance Trusts and their local Acute Hospitals. Ambulance Trusts play an important role in administering pre-hospital thrombolysis (PHT) as well as getting patients to hospital speedily. Over the last three years. SECAmb has developed robust data exchange systems and an intensive working relationship with the Acute Hospitals to ensure cases entered onto MINAP for inclusion in the CTN performance figures are accurate and a true reflection of clinical practice.



Call to Needle (CTN) Performance
Source: Myocardial Infarction National Audit Project (MINAP) 9th Report - Jun 2010

In 2010/11 SECAmb achieved the highest CTN performance of 81 per cent and exceeded the national target by 12 per cent. SECAmb has exceeded the national target for a fourth year running and has maintained its position as the highest performing Ambulance Trust for CTN.

In addition to evaluating and benchmarking our performance against traditional measures such as the Annual Health Check, NHS Staff Survey and response time targets, we also use national clinical performance indicators (CPIs) to measure our performance clinically.

CPIs enable Ambulance Trusts to benchmark their clinical practice against other Ambulance Trusts and maintain their clinical practice in line with, or above, national practice so that patients can be assured that they will be given the best care no matter where they go in the country.

The national CPIs were developed specifically for Ambulance Trusts by the National Ambulance Clinical Quality & Audit Steering Group (NACQASG) which has representatives from each of the Ambulance Trusts in England.

They were given guidance from the Directors of Clinical Care (DOCC) group and currently five clinical topics have been agreed:

- Care of Pre-hospital ST elevation MI (STEMI) patients
- Care of patients presenting in Cardiac arrest (presumed cardiac in origin)
- Care of Stroke patients
- Care of patients presenting with Hypoglycaemia
- Care of Asthma patients

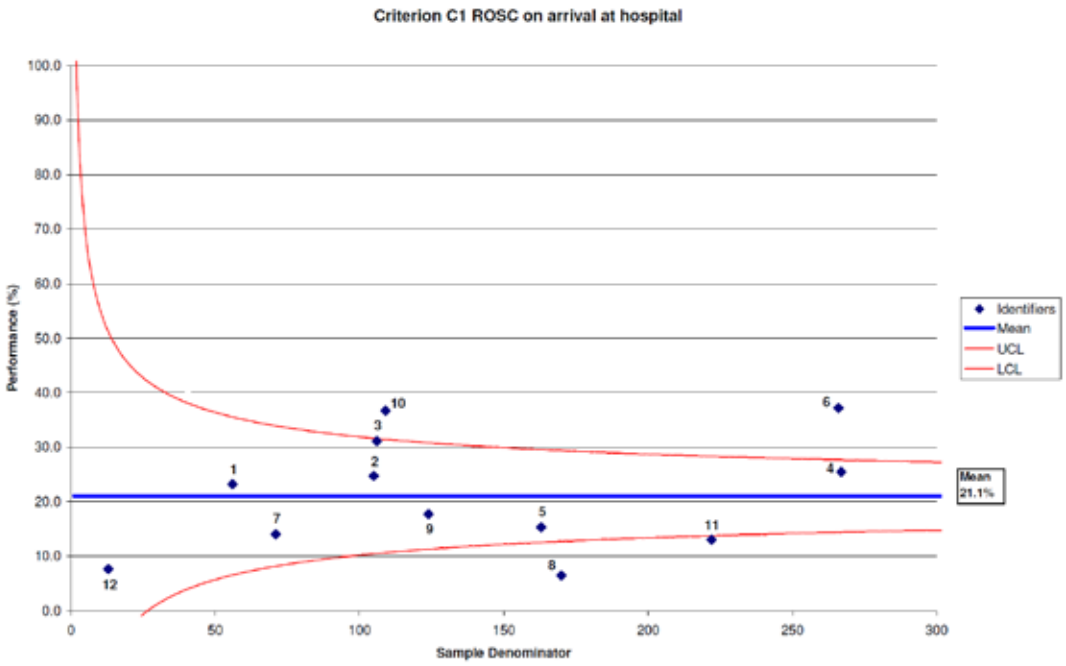
NACQASG set a number of indicators for each CPI, which are measured individually:

- STEMI – Aspirin, GTN and analgesia given plus two pain scores recorded.
- Cardiac Arrest – Return of Spontaneous Circulation (ROSC) on hospital arrival following an attempted resuscitation and an emergency response arrives at the patient's side within four minutes.
- Stroke – Facial, Arm/Limb weakness & Speech test (FAST) assessment completed plus Blood Pressure (BP) and Blood Glucose (BG) recorded.
- Hypoglycaemia – BG recorded pre and post treatment and the treatment given to the patient is recorded, including the administration of oral carbohydrates.
- Asthma – Respiration rate and Oxygen Saturation (SpO2) levels recorded, Peak flow recorded pre and post treatment plus Beta2 agonist (e.g. salbutamol, terbutaline, etc)

The assessment of CPIs is undertaken in two cycles throughout the year. SECAmb has shown improvement in all aspects of care. The Trust performance with regards to ROSC in the Cardiac Arrest CPI has been found to be the highest when compared with other Ambulance Trust and is shown below – we're referenced as Trust 6.

6 **Results funnel plots and tables**

6.1 **Funnel plot and data table for criterion C1 ROSC on arrival at hospital**



Source: Report on Cardiac Arrest Clinical Performance Indicator Audit Cycle 3 – June 2010

HIGHLIGHT Partnership working scoops regional award

A collaborative approach to rolling out improved care for cardiac patients scooped a regional award during the year.

The Best of Health Awards - the regional heat of the national Health and Social Care Awards - celebrates the innovative and inspirational achievements of teams and individuals working in the region. The award for 'Outstanding Contribution to Healthier people, excellent care' was won by a collaborative entry by the Kent Cardiovascular Network, East Kent Hospitals University NHS Foundation Trust and SECAmb, for their work on improving the treatment of patients experiencing severe heart attacks.

Patients suffering acute myocardial infarctions are now able to receive primary angioplasty (primary Percutaneous Coronary Intervention - pPCI) and this huge improvement in patient care is largely thanks to a variety of technologies introduced to support clinicians across the NHS, from the patients side through to the specialist hospital units - led by SECAmb.

The Kent Primary Angioplasty Service is a specialised service developed at the William Harvey Hospital. Primary angioplasty treatment is available to everyone in Kent 24 hours a day, seven days a week. The aim is to lower the number of deaths and expects to save £200K a year. For patients the most important change is they receive superior treatment and see a senior cardiologist within two hours.

David Davis, SECAmb Paramedic and Clinical Pathways Co-ordinator said: "The project involved collaboration with a range of teams from across organisations in the region. This award represents the hard work of an enormous team of people in pursuit of excellent care for heart attack patients."

Improve satisfaction and experience for everyone

We are committed to continually improving the way that we deliver services to our patients. To do this effectively we need to know what patients and local people really think of the services we provide. We use a whole range of mechanisms to gather views including patient groups and the comments and complaints we receive. In addition we also host a number of stakeholder engagement events each year called Shaping the Future of your Ambulance Service, where partners from the NHS, emergency services and voluntary sector come together with patients, members of the public and our staff to help us plan for the future. We take what you tell us very seriously. The information gathered during the year is used to help us plan our services for the following year.

We said we would …	And we would achieve it…	How did we do?
Deliver an effective complaints and Patient Advice & Liaison Service (PALS)	By ensuring that the service provided meets agreed targets and ensures that lessons are learnt, issues are raised and improvements are made as a result	During the year, we have continued to meet the expectations of complainants and provide a high quality and responsive service, although this has proved challenging due to the overall increase in the number of complaints. A new style of report has been developed and utilised, that is presented regularly to the Trust Board, which details both PALs and complaints data and trends and outcomes from learning (see below).
Take measures to reduce the environmental impact of the Trust	By ensuring that the Trust understands the direct and indirect environmental impact of our actions, as well as the consequences of these on our business	A significant amount of work was undertaken in order to understand how we can reduce our impact on the environment and this knowledge was shared with our NHS partners during a keynote conference. “Green” champions were recruited at more than half of our stations and this work will continue during the coming year (see below).
Develop a strategy to meet Safeguarding and Mental Capacity Act requirements	By revising and reviewing our Safeguarding policy, supported by a	The Trust’s safeguarding policy and procedures have been reviewed and up-dated during the year and work is underway in partnership

	communications programme to staff	with the Trust's learning and development teams to ensure awareness and understanding is built into every staff member's personal training plans. All of the statutory requirements of the Mental Capacity Act, including raising awareness of capacity issues, have been implemented during the year.
Ensure that the protection of the confidentiality of patient and service-user information continues, in accordance with Caldicott guidelines	By implementing a comprehensive range of training, targeting specific roles and responsibilities in information governance	Specific training on information governance compliance has been rolled out to key senior managers during the year, as well specific training to the Caldicott and Deputy Caldicott Guardians in September 2010. A wide-spread programme of e-learning, covering every member of staff began in late 2010, with 43.4 per cent of staff having completed the training by the end of the year.
Develop a Quality Account to support the quality of care delivered	By adopting a robust approach to developing the Quality Account, ensuring the views of stakeholders are included when identifying which priorities to cover	As part of the preparation work for developing the Quality Account for 2010/11, a stakeholder work-shop was held in March 2011 to help to determine which areas to include. The Quality Account for 2010/11 will include the two additional priorities of *Staff and Patient Experience* and *Safety/Infection Control/Safeguarding* reflecting in-put from the work-shop.

Freedom of Information (FOI) requests

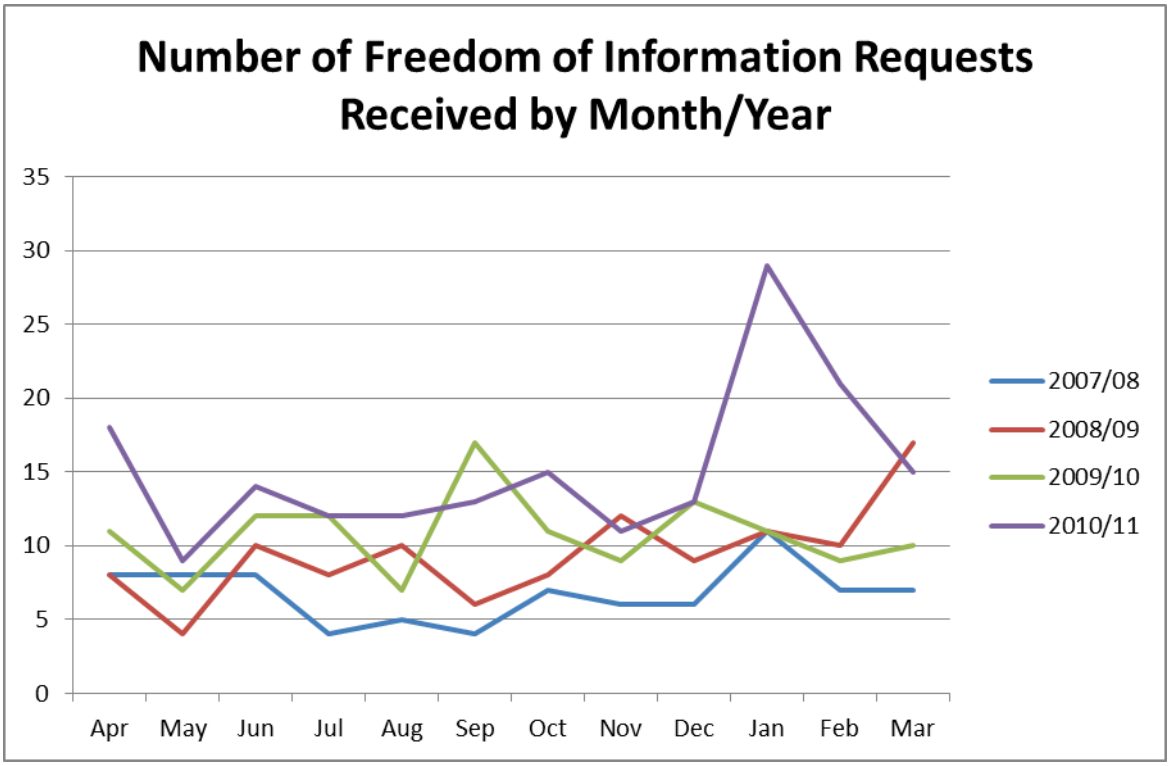
The Freedom of Information Act 2000 is designed to promote a culture of openness and transparency amongst public authorities. It gives members of the public a general right of access to all types of recorded information that organisations like SECAmb may hold, with the exception of certain types of information that are exempted under different sections of the Act.

During the financial year 2010/11, SECAmb received 182 FOI requests, compared with 130 for 2009/10. Of the 182 requests, we responded to 95.05% per cent within 20 working days. Our compliance is slightly lower than in the last

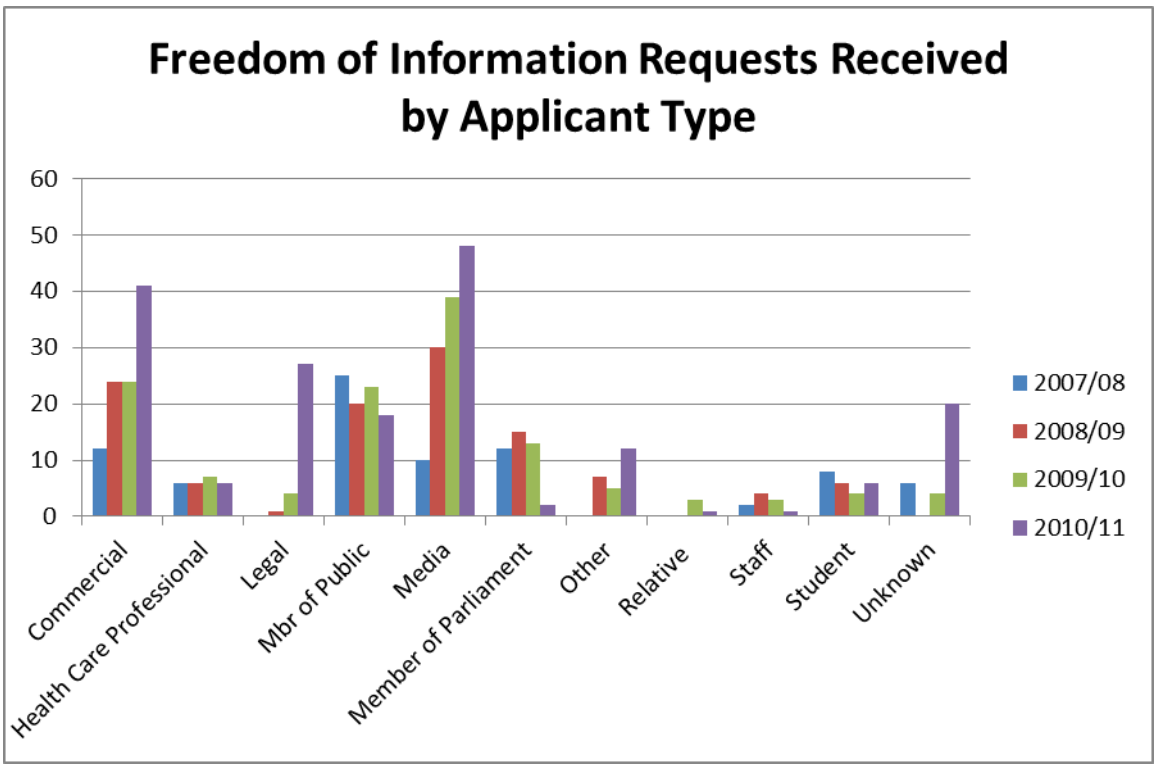
financial year, which was 99.23%. This is due to a significant increase in the number of FOI requests received, as well as receiving a high number of FOIs within a short timescale.

The Trust has received enquiries for various types of information with the most frequently requested relating to our operational performance, patient incidents, Trust vehicle accidents, sickness absence, IT software/contracts and staff contact details, as well as issues relating to the Trust becoming a Foundation Trust.

The following tables show the volume of requests received over the last four years analysed by month and applicant type:



The highest number of FOI requests can be noted for January (29) and February 2011 (21).



In respect of the 'Applicant Type', the highest number of requests was received from the media, followed by requests considered as 'commercial' and 'legal'

As a public authority, the Trust is also required to provide and maintain a 'publication scheme' which contains information that the Trust routinely places in the public domain. The publication scheme includes seven classes of information, as required by the Information Commissioner. Due to organisational changes, the organisational scheme is currently being updated and will be available shortly via our website at www.secamb.nhs.uk .

Compliments, queries and complaints

People, including our staff, are often surprised to find that the Trust receives more letters and calls from people thanking our staff for the wonderful work they do than it does complaints.

Compliments are very much appreciated by our staff and the Trust, but we do also encourage people to let us know if they are not satisfied with our service for any reason, or if they have a query about their or their family's treatment. We want to know how people feel about the care that we provide, as this valuable feedback helps us to learn and continually improve.

During 2010/11 we made nearly one million (984,945) emergency responses and PTS journeys and received 231 formal complaints – this equates to a complaint for every 4,263 journeys. And, although the national target to respond to formal

complaints within 25 days was abolished last year, SECAmb is still committed to responding to as many as possible within this timeframe.

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. For every complaint, we decide whether we feel it was justified, part justified, unjustified or unproven. As this report was compiled 210 of the 231 complaints for this year had been concluded, with outcomes as follows:

Complaint justified	66
Justified in part	59
Complaint unjustified	70
Unproven	15
Totals:	210

Once the 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 Patient Advice and Liaison Service (PALS) team. PALS provides a friendly, listening ear for 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.

Both complaints and PALS concerns help us to identify areas where improvements to quality and services can be made and, wherever possible, steps are taken to implement changes as a result. We also ensure that this learning is spread throughout the Trust. In October 2010 we held a patient experience workshop, where the complaints and PALS information we compile and share was discussed and debated with patient/public representatives, directors and managers of the Trust. This was an extremely useful exercise and has resulted in a standardised report being provided to our Trust Board, our commissioners, and our Risk Management and Clinical Governance Committee (RMCGC) on at least a bi-monthly basis, with the only difference being that the RMCGC report is necessarily more detailed. The bi-monthly board report is available within the Board Papers section on the Trust’s public website.

The Trust has a Professional Standards team, which works closely with the Patient Experience team to ensure that learning outcomes from our investigations are shared across the whole organisation, and this is done in a number of ways. In the first instance this is done directly with the crews through clinical case reviews and reflective practice and is backed up with internal

circulars such as training circulars. The Trust's weekly staff bulletin is also used to highlight learning issues taken directly from complaints and enquiries. The Professional Standards team produces a publication called 'Reflections', which highlights incidents that have occurred, looking specifically at the lessons learnt. This is distributed to all of our operational staff quarterly and provides valuable information to our crews that they can draw on should they should come across a similar situation themselves.

We place great emphasis on learning from complaints and every effort is made to take all the steps necessary to help prevent similar situations recurring. All recommendations made by investigating officers are recorded on an action plan, which is distributed monthly to investigating officers, the Professional Standards team, the Patient Experience lead, and various other senior Trust managers. No action is removed from the plan until it has been completed.

In addition, all of our operational staff attend Key Skills updates every year. We use these days to provide additional training to our staff should our audits of complaints/incidents show that there is a trend in a specific area.

During 2010/11 PALS handled 2,198 enquiries, 467 of which were letters or calls thanking our staff for their care and treatment, or '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.

Here are just a few examples of the compliments received this year.

"I would like to thank the two ambulance crews who attended my grandparents' house on 14 August. I didn't catch all their names but they treated both my grandparents with tremendous care and kept me as informed as possible while I was in the ambulance with my Nan. I cannot thank them enough."

"Dear paramedic, I so hope you get this. It's just a little note to say thank you to you. Well a huge thank you in fact. Since that Tuesday I've often thought what a different sort of day it could have been and how mine and my family's life would have been turned upside down if it weren't for you. I know you said it was your job and I know there are a million guys doing it. But you are our one in a million.
Apart from saving Mum, you showed such care and kindness and it will never be forgotten. Don't ever change – you're lovely! You take care and truly, from the bottom of my heart, thank you."

"I've been meaning to email for a few weeks and hope that you can pass on my thanks to the appropriate person. I made an emergency call in February at about 23.40 when my wife unexpectedly gave birth to our daughter in the front room. An ambulance and midwife were already on their way at the time, but it was a further 20 minutes until the ambulance arrived from Brighton, partly because the Culfail tunnel was shut. During that time, which was both exciting and tense for me and my wife, I was assisted by the female 999 operator who helped ensure that everyone was ok and talked me through some basic procedures. She may have told me her name - please forgive me for not remembering it - but she had her hands full talking to someone that doesn't even like watching "Casualty" on the TV and her main achievement was preventing me from passing out whilst trying to help my wife and new daughter. Please can you pass on my thanks, and those of my wife, for her kind words and assistance during a difficult twenty minutes. I'm pretty sure she managed to get me through the situation as much as my wife! Please pass on my thanks also to the ambulance crew, who helped alleviate some of the tension upon their welcome arrival!"

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.

HIGHLIGHT SECAmb takes its environmental responsibilities seriously

Building on the foundations established as early as 2008, SECAmb continued to actively pursue the goal of becoming more sustainable and more environmentally responsible during the year, recognizing our responsibility to be seen to be good corporate citizens. The work to achieve this is on-going and as such has required on-going commitment and effort at many levels within the Trust.

The NHS Sustainable Development Unit (SDU) has set the Trust, along with every other NHS Trust goals in greenhouse gas reduction, with targets to reduce its greenhouse gas emissions by 10% and 80% by 2015 and 2050 respectively. Furthermore, the Government has set a mandatory reduction target of 34% by 2020. Common sense may dictate that an easy way to reduce greenhouse gas emissions would simply mean reducing fuel and energy consumption. However, as an ambulance trust we are very much dependent on vehicle fuel and have also seen a year-on-year increase in demand. The challenge for the Trust is to reduce our energy use without compromising patient care during a time of financial austerity.

What have we achieved so far…

So far, we have adopted a multi-pronged strategy including governance, education and raising awareness plus practical measures designed to quantifiably, and directly and indirectly reduce our greenhouse gas emissions – in

the year 2010/11 the Trust reduced its greenhouse gas emissions by an estimated 117 metric tonnes. We believe that there has also been a large but unquantifiable reduction.

Our efforts can be grouped in to three main categories:

- Governance – energy policy, sustainable development management plan, sustainable development committee, "good corporate citizen" assessment model, mapping greener health-care
- Special projects – peak oil understanding and mitigation
- Practical projects – reducing direct and indirect CO_2 emissions, raising awareness and educating staff, reducing waste

More on some of these areas can be seen below:

Reducing direct and indirect CO_2 emissions

Eco-driver training - A large amount of the CO_2 the Trust releases results from our vehicle emissions. To help to mitigate this, we have put our own driving instructors through an external course which teaches the art of minimising emissions and maximising fuel economy while driving. Our instructors will pass these techniques on to all student drivers, ultimately creating a more efficient and less polluting fleet.

Greening the lease car scheme - One of the key planks in the recently agreed Trust lease car scheme was the setting of an upper limit for CO_2 emissions that will reduce in line with government targets. This will see the maximum emissions from any lease cars approved reducing year on year (for the year of the lease being taken out), from 160 mg CO_2 for the year commencing 1 April 2008 to 120 mg CO_2 for the year commencing 1 April 2012. The scheme is already proving to meet expectations by reducing our carbon footprint by 90 metric tonnes of CO_2 per annum.

Greening the front line vehicle fleet - The front line fleet of A&E ambulances and rapid response cars cover some 11.5 million miles per year in responding to patient incidents and so the Trust has a vested interest in doing all that it can to reduce the effect of harmful emissions whilst, at the same time, ensuring that patient safety is not compromised.

Working on the understanding that reducing the weight of vehicles is one way of reducing emissions, we have been working with vehicle converters to achieve a 2.5% weight reduction in the latest batch of ambulances. By the end of 2011, SECAmb will have updated 55% of its front line A&E ambulance fleet with lighter and cleaner vehicles.

Raising awareness and educating staff

To raise awareness and educate staff on the importance of sustainability, the Trust has introduced or will soon be introducing a number of measures:

- Intranet page devoted to promoting sustainability
- Staff 'freecycle' intranet page to help staff recycle, reuse and repair their own property
- Workplace posters to discourage energy waste, hence reducing CO_2 emissions
- Dashboard stickers to discourage fuel waste, hence reducing CO_2 emissions
- Workplace “environmental champion” scheme
- Regular bulletin entries
- A lesson and DVD presentation about sustainability for each new member of staff

Proud to be a part of SECAmb

We want to be known as an employer with a reputation for excellence and an organisation that staff are proud to be a part of. We value our staff – their dedication and professionalism, they are our greatest ambassadors and we are committed to supporting them and celebrating their achievements. Moving towards becoming a Foundation Trust, we want to work closely with our members, using their experience and skills to shape our services for the future:

We said we would …	And we would achieve it…	How did we do?
Ensure effective patient and public involvement and engagement with seldom heard groups	By developing and implementing processes to ensure broad and representative Foundation Trust membership	As part of the preparation for becoming a Foundation Trust, 7,866 members (5,006 public and 2860 staff members) were recruited during 2010/11, covering all geographical areas of the region and are kept up to date through a regular newsletter. In late 2010, elections took place to the Council of Governors, who will meet regularly (more information can be found on the Trust's website – www.secamb.nhs.uk). During the year, much work has also been undertaken to engage with seldom heard groups, including specific work with gypsy and traveller, learning disability and LGBT groups (see below).
Develop and introduce a new interactive website (public) and staff zone (internal)	By ensuring that the new site is fully accessible, improves interactive communications and supports the Trust's vision and identity	The Trust's new website was launched in November 2010, with linked but targeted areas for the public and staff (see below).
Ensure IPDRs are completed in accordance with the Trust's trajectory	By raising awareness of the importance of the IPDR process to all staff and by introducing staged completion targets throughout the year	A robust awareness programme was undertaken to all staff around the importance of completing IPDRs. By the end of the year, 100 per cent had been completed for support and management areas and 95 per cent for operational staff. The outstanding 5 per cent of

		staff have dates set for their IPDRs during April and May 2011. Moving forwards, revised documentation will be introduced to improve the process and increase compliance.
Improve outcomes from staff survey	By undertaking "temperature checks" throughout the year to focus on areas of weakness from staff survey By undertaking further research to drill down into underlying cultural issues	A "temperature check" was undertaken in June 2010, using a combination of direct and on-line research. This was followed up by the national NHS staff survey in Autumn 2010 and a wide-ranging staff research project in early 2011, involving more than 1,000 staff. All of the findings from these various research strands are being utilized moving forwards to develop a staff engagement strategy, improvements in how we communicate internally and the support and training provided to managers. This remains a key area for the Trust to address moving forwards.
Develop and deliver improved internal communications and engagement activity	By refining existing mechanisms and introducing new where needed	Existing communication mechanisms including STAR, the weekly bulletin and team briefing process have been enhanced where possible, utilising in-put from staff. Close working with the newly elected staff governors have also helped to improve and personalise existing mechanisms. The staff-only Shaping the Future event provided a valuable opportunity for staff to learn more about the Trust's plans moving forwards and have in-put into these plans. The format of the annual staff Award Ceremonies were re-vamped, generating positive feedback (see below).

HIGHLIGHT Awards Ceremony

Every year we hold two Award Ceremonies to honour the many achievements of staff. As well as recognising staff who have given 20, 30 or even 40 years' service, Chief Executive's Commendations are also awarded to staff that go above and beyond the call of duty, as well as two Employee of the Year Awards, presented to staff who clearly demonstrate the values of the Trust.

The Ceremonies were held this year at the Felbridge Hotel, near East Grinstead and in the Victorian Theatre at Salomons near Tunbridge Wells. Queen's Medals

for long service and good conduct were presented by the Deputy Lord Lieutenant of Kent, Lord Paul Condon and the Lord Lieutenant of West Sussex Mrs Susan Pyper, to staff that have completed 20 years' service in a front-line capacity.

SECAmb Chief Executive Paul Sutton said: "Our awards provide us with a valuable opportunity to recognise the tremendous achievements of our staff during the year, in a range of roles throughout the organisation. Our staff are without doubt this organisation's greatest asset. They work extremely hard in often difficult circumstances to provide the very best levels of care to our patients."

Below are just two examples of the many Award winners from this year's ceremonies:

Employee of the year (east) - David Hopkins, Ambulance Technician

During three separate occasions this year, David has been on hand to assist the Police with talking back a potential suicide victim at Beachy Head. With two of these cases, David took a leading role, gaining the confidence of the patient to the extent that he led them back from the brink. In the third, he supported two highly trained police negotiators, always adopting an extremely patient, professional and caring approach. All of these patients had strong reasons for wishing to follow such a course of action but David's persistence has been rewarded with excellent outcomes - each case has been every bit as challenging as undertaking a successful resuscitation.

Employee of the year (west) - Paul Manning, PTS Team Leader and Acting PTS Manager

Paul is really popular with staff in his own team but also in the wider Trust. Despite the challenges he faces, he is always up-beat and positive and is a really good role model. As an enthusiastic member of the Foundation Council, he is able to take a wider view across the Trust and is a great communicator.

HIGHLIGHT SECAmb launches new website

SECAmb's new website was launched in November 2010 and provides a wealth of information and support to those wanting to find out more about the Trust.

People can sign up to receive emails on all the latest news from the Trust by signing up to an RSS feed or by simply completing an online form.

There is also a new image library offering high-quality generic ambulance images which can be downloaded in three different sizes.

The interactive site also provides helpful first-aid MP3 files which people can also download.

Additional features which can be found on the site include information on how you can get involved as a member of the public, health awareness campaigns and events taking place near you as well as employment opportunities within the Trust.

SECAmb's Head of Communications, Amy Day said: "We are delighted with the new site. It is a much more modern, user-friendly site which is accessible for both members of the public and staff.

"It was important that we developed a site that was not only easier to navigate but accessible to many more people. This is why in developing and building this site we held a number of public and staff focus groups and user testing sessions earlier in the year."

The increased accessibility allows users to change the colour of website pages as well as the text size via an easy option at the top right hand corner of every page.

HIGHLIGHT Engaging with seldom heard groups

Caring for victims of violence and abuse

During the year, SECAmb was commissioned by the Department of Health to investigate how the ambulance service nationally can play a more effective role in the early identification of violence and provide care and support for victims.

A wide-ranging consultation exercise was undertaken to inform this work, drawing in stakeholders from health and social care professions, the police and other professions who support victims, survivors of violence themselves, and SECAmb staff.

Three workshops took place in the summer of 2010 with over 100 participants helping to identify practical mechanisms that to enable the Trust to better support the survivors of violence, as well as prevent women and children becoming victims of violence.

The key recommendations arising from the stakeholder engagement activity were:

- Use existing referral pathways
- Allow flagging of addresses where abuse is suspected/reported
- Provide crews with local and national information about support services to give to suspected victims
- Train crews to recognise the signs and symptoms of abuse and violence.

Lesbian, Gay, Bisexual and Transgender (LGBT) pilot training day

An LGBT pilot training day which was developed in partnership with Surrey Police and Surrey Fire and Rescue was held in June 2010. This was specifically tailored to the ambulance service and was very well received and evaluated. The specialist nature of this day was designed to assist the maximisation of service delivery opportunities to improve confidence, trust and communications between the emergency services and LGBT communities/individuals.

The training focused on providing cultural understanding and covered aspects such as terminology, history, myths and definitions. Following the event participants reported improved understanding and confidence supporting and treating people based on their individual needs; as well as recognising how they could contribute to tackling hate crime.

Ladies in Green visit Langley Green to teach CPR
Over twenty ladies from the Asian community in Crawley took part in CPR demonstrations and a workshop in May 2010. Women spanning four generations attended the event and there was particular interest in the techniques for resuscitating infants.

National Ijtema Tilford – September 2010
As part of our work to engage with all of our communities SECAmb attended the National Ijtema in Tilford, Surrey for the second year running, along with the police, fire service, army and navy. This event organised by the Ahmadiyya Muslim Youth Association, encourages their youth to take part in various academic and sporting events, and aims to instil in them the importance and benefits of both physical and spiritual health.

The event was attended by over 2,500 people (all male) and the interest in our service and the information we were providing was phenomenal. Interactive CPR demonstrations were carried out virtually non-stop all day, demonstrating this skill to at least 300 people, all of whom could now potentially save a life in the future.

With the help of a colleague from the Surrey Heart and Stroke Network, we also spent time explaining the role of the ambulance service and pushing home the importance of recognising and acting on the symptoms of stroke and chest pain, as well as recruiting members to our Foundation Trust membership.

A great year end - ASPIRE is an Afiya award winner

Two members of ASPIRE (one of SECAmb's equality and diversity staff networks) - Angela Rayner and Winston Dwyer - attended a ceremony in London on 31 March 2010 to proudly collect the award on behalf of the network.

The award was in recognition of a team working in the public, private and voluntary sector for demonstrating examples of leadership in their work or a particular project which has improved the health and/or social care needs of the communities they are serving.

ASPIRE was recognised as a group that that has been instrumental in leading the way in their work and that has inspired or motivated others to develop their own leadership skills.

The Afiya Awards aims to act as a catalyst to encourage the next generation of Black and Minority Ethnic (BME) leaders in health and social care. They also recognised the achievements of academics, clinicians, social care staff, the voluntary and community sector, and service users and carers who have played an important part in the creation and development of the NHS and social care over the last 50 years.

This innovative programme champions and promotes the important contribution made by BME professionals working in health and social care, which culminated in a celebratory awards event held at City Hall in London.

HIGHLIGHT Positive about employing disabled people

Since its creation, SECAmb has been awarded the "two ticks" symbol, meaning that as an employer we have a positive attitude towards job applications from disabled people.

This means we have made the following commitments regarding recruitment, training, retention, consultation and disability awareness.

These commitments are:

- to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities
- to discuss with disabled employees, at any time but at least once a year, what both parties can do to make sure disabled employees can develop and use their abilities
- to make every effort when employees become disabled to make sure they stay in employment
- to take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work

- to review these commitments each year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans

During 2010/11, the break-down of applicants to advertised posts was as follows:

- Disabled – 160
- Not disabled – 3791
- Undisclosed – 18

And appointments made were as follows:

- Disabled – 7
- Not disabled – 191
- Undisclosed – 1

Convert all available resources to maximise patient benefit

We are committed to using our resources as efficiently – ensuring we turn every pound we receive into maximum benefit for our patients. We look for innovative ways of working, adopting new technologies, systems and processes, to ensure we are as productive as possible and achieve maximum value for money.

We said we would do	How we would do it	Did we achieve it?
Continue to develop the Make Ready programme	By progressing the work already underway on the Paddock Wood and Ashford Make Ready depots and by initiating projects on potential new sites	During the year, significant progress has been made with each of the depots, as well as in developing the network of Ambulance Community Response Posts (ACRPs) that support each depot (see below).
Improve the fleet condition and effectiveness	By continuing to implement the Trust's Fleet Strategy	The Trust continues the strategy to focus on reducing variation by standardising on as few vehicle types as is operationally viable. The vehicle fleet provides a high standard of quality of patient care in an environment that is safe for both patients and staff. Standardisation will improve efficiency and operational inter-operability across SECAmb. During 2010/11 new vehicles delivered included 64 A&E ambulances, 30 PTS vehicles, one HART vehicle and 28 response cars.
Continue to develop the standardisation of vehicles, equipment and supplies	By ensuring all standardisation is undertaken in an effective and efficient manner and one which provides value for money	Two key areas were concentrated on during the year for standardisation – a single SECAmb uniform (see below) and the introduction of a standard patient monitor throughout the Trust – the Lifepak 15. This has been chosen as it is compatible with the existing Lifepak 12, in use in some areas of the Trust, to minimise training and logistic implications during the phased replacement. This remains a key area for the Trust to target moving forwards.

HIGHLIGHT Roll out of Make Ready continues

During 2010/11 we built on the early success of “Make Ready” by undertaking detailed planning for the next two depots to come on stream at Paddock Wood and Ashford.

Make Ready represents a new approach to vehicle cleaning and preparation which is based on a quality-assured vehicle 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 per cent of all vehicles are subject to independent laboratory swab testing for the presence of micro-organisms including C Diff and MRSA and reported on the monthly Corporate Dashboard.

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 are re-stocked to the same agreed standards, minimising the risk of missing equipment or equipment not working when it is needed.

In 2010/11 the Trust awarded the contract for the development of the new Paddock Wood depot and completed the purchase of the land at Ashford that will be a home to both a new depot and the Hazardous Area Response Team (HART). These new depots will have the advantage of providing more of the support services to a greater number of vehicles and staff. Each is supported by a matrix of Ambulance Community Response Posts (ACRPs) aligned to patient demand that will permit rationalisation of the old mal-located and costly estate.

The Make Ready programme is a crucial part of the Trust’s plan to become a high-performing organisation as, as well as minimizing the risk of cross infection and freeing up clinical staff time, it also provides efficiency benefits including:

- Increased vehicle availability (through improved servicing and the chance to spot problems early, meaning less breaks downs)
- Improved stock control, as all stores are managed through one central point, meaning less waste and duplication
- Increased staff availability, as clinical staff are freed up to concentrate on providing patient care.

Paddock Wood depot is planned to be commissioned in October 2011 and Ashford following in November 2011.

HIGHLIGHT New SECAmb uniform rolled out

During the year, the Trust completed an ambitious programme to issue its entire front line operational staff with a new standard set of uniform.

This move was driven by the need to have all staff wearing the same SECAmb-style and design of uniform (replacing any previous uniform issued by the predecessor Trusts), as well as taking the opportunity to ensure the uniform was fit for purpose as well and cost effective to provide.

The original process to procure and supply new uniform began back in 2008. A key part of the selection process was the four-month trial of potential uniform by front-line staff, which ended in March 2009. Feedback from staff on how comfortable, suitable and hard-wearing each set was, was taken into account when choosing the final design and suppliers.

Once the style and supplier had been chosen, the logistics of how to supply individual uniform sets, including footwear and hi-vis jackets, to more than 2,000 members of staff then began. Equally as important, was the appropriate and secure disposal of redundant uniform.

Each member of staff “self-measured” and submitted their new requirements to a central point. This was supplemented by a number of uniform work-shops held on station, where staff could try on various sizes before submitting their measurements. Once completed, uniform packs were then issued individually to staff in a staged delivery process to each of SECAmb’s locations.

A small number of staff are still awaiting the issue of their new uniform but the feedback so far from staff has been overwhelmingly positive, with many commenting on the improved quality and suitability of the new sets.

PART TWO

Performance and Accounts

This section of the 2010/11 Annual Report provides a detailed review of our financial activity during 2010/11 as well as the full annual accounts. It also includes other statutory information.

Workforce profile

Establishment

CCPs and PPs
The number of CCPs and PPs has increased over the last 12 months with a headcount of 122 staff actively working in the roles.

Paramedics
Work has rapidly progressed towards increasing the professionalism of the workforce with the conversion of technicians to Paramedics through the Foundation Degree pathway. With increased professional entry routes of 70 students per year directly to the universities on the three year programs and the continuation of 48 part time places on the technician to paramedic Foundation Degree program at St Georges, the Trust will have access to a recruitment pool of 70 new and 24 conversion paramedics per year by 2012. This will back fill the vacancies that are created as a result of Paramedics progressing to PP, CCP and Clinical Team Leader roles.

ECSWs
The Trust has increased the number of ECSWs by 44 within the last 12 months bringing the total headcount of staff employed within this role to 187. As Technicians leave or retire the vacancies are being backfilled by ECSWs**.**

Establishment as at 31 March 2011

Description	**Headcount**	**WTE Actual**
A&E	1985	1799.23
PTS	302	267.68
Emergency Dispatch Centre	352	306.77
Support	524	438.99
Total	3162	2812.67

Age

340 (17%) of frontline staff are over the age of 51 and it is anticipated that 136 staff will choose to retire during the next five years. 13% of Ambulance Technicians are within this age range and will be replaced by ECSWs when they leave or retire. Of the 187 ECSWs currently employed 51% are under 31 years of age.

The age profile for Critical Care Paramedics and Paramedic Practitioners tends to be younger than for other post-holders within ambulance trusts, with 91% being below the age of 51. The Trust is continuing to attract a younger age range

of employees for front line services and it is expected that this trend will continue in the future.

Age profile as at 31 March 2011

Age	A&E	PTS	EDC	Support	Total	%
16-20	7	2	8	3	20	0.63
21-25	122	5	55	27	209	6.61
26-30	200	16	68	38	321	10.18
31-35	326	26	50	48	450	14.23
36-40	408	46	53	68	576	18.18
41-45	324	45	30	74	473	14.96
46-50	259	57	31	80	427	13.50
51-55	197	36	31	65	329	10.40
56-60	82	36	19	68	205	6.48
61-65	54	25	5	34	118	3.73
66-70	6	8	1	16	31	0.98
71-75	0	0	0	2	2	0.06
76+	0	0	0	1	1	0.03
TOTAL	**1985**	**302**	**351**	**524**	**3162**	**100.00**

Gender

The gender profile is close to the target of achieving 50:50 male to female within the workforce. Currently the split is 57:43 ratio of male to female staff. The highest ratio of male to female staff is amongst A&E staff at 62:38. EDC and support staff continue to be the two groups who have a higher percentage of women compared to men – EDC at 70:30 and support staff at 51:49.

Gender split as at 31 March 2011

	Male		Female		Total	
	No.	%	No.	%	No.	%
A&E	**1235**	**62.22**	**749**	**37.6**	**1985**	**62.78**
PTS	**179**	**59.27**	**123**	**40.73**	**302**	**9.55**
EDC	**106**	**30.20**	**246**	**69.77**	**351**	**11.10**
SUPPORT	**272**	**52.11**	**250**	**48.83**	**522**	**16.51**
TOTAL	**1792**	**56.67**	**1368**	**43.33**	**3162**	**100**

Ethnicity

During the past four years, there has been a gradual increase in the number of staff classified as Non White British. In November 2006, the percentage of Non-White British staff represented 2.25% of the workforce (63 staff). This percentage has increased to 4.84% (142 Staff).

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.

Breakdown of Ethnicity as at 31 March 2011

Description	A&E	PTS	EDC	Support	Total	%
White British	1780	263	318	432	2793	95.16
White Irish	9	1	2	3	15	0.51
White Gypsy/Romany	0	1	0	0	1	0.03
White, Other background	13	3	3	14	33	1.12
White Other European	9	8	1	2	20	0.68
White Unspecified	18	0	1	0	19	0.65
Mixed White & Black Caribbean	1	0	0	1	2	0.07
Mixed White & Black African	2	0	1	1	4	0.14
Mixed White & Asian	5	0	2	0	7	0.24
Mixed, any other background	6	2	2	2	12	0.41
Asian or Asian Indian	1	0	0	5	6	0.20
Asian or Asian Pakistan	1	0	0	1	2	0.07
Asian or Asian Indian/ Bangladesh	0	0	0	1	1	0.03
Asian or Asian British, any other Asian	1	2	3	0	6	0.20
Black other or Caribbean	3	2	0	1	6	0.20
Black other or African	0	1	4	1	6	0.20
British/Any other black background	0	0	0	1	1	0.03
Any other Ethnic group	0	0	0	0	0	0.00
Filipino	0	0	0	1	1	0.03
TOTAL	1849	283	337	466	2935	100.00

('Unstated' have not been included)

Sickness
The Workforce Directorate has continued to monitor and review progress against delivery of the comprehensive action plan which was put in place at the beginning of 2009 and updated in 2010 to support managers in the proactive management of sickness absence within their areas of responsibility in the Trust.

All staff have access to a number of support services including: Occupational Health, Counselling services, fast track physiotherapy and osteopathy treatment as approved by their GP.

The Occupational Health Contract has been re-negotiated and members of staff will all now have a face to face appointment for their review.

The Occupational Health provider is monitoring cases of long-term sickness and reporting back to the Trust the areas where staff are on long term sickness but no referral has been made on or before the 28 day of sickness.

New opportunities are being developed for staff in clinical advisory roles within the Emergency Dispatch Centres who are no longer fully fit to perform front line operational posts due to musculo-skeletal injuries and other physical conditions.

It is also anticipated that temporary redeployment into these roles will assist recovery of staff on long-term sick leave and aid their recuperation back to their substantive roles, in line with the Rehabilitation Policy.

Absence for the 12 month period 1 April 2010 to 31 March 11 was 5.67% (lower than the period 1 April 2009 to 31 March 2010 which was 5.98%).

Turnover
Turnover, as expected, is highest for support staff (at 14.24%) and will continue to increase following the workforce review and people requesting to leave under the voluntary severance scheme. The next highest is EDC at 9.17%.

Sickness absence (%) for previous 12 months (at 31 March 2011)	Turnover (%) for previous 12 months

		(at 31 March 2011)
A&E	6.18	4.82
PTS	6.85	7.92
EDC	4.78	9.17
SUPPORT	3.33	14.24
TOTAL	5.67	7.07

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

1. Getting it right:
Although the national target to respond to formal complaints within 25 days was abolished last year, SECAmb is still committed to responding to as many as possible within this timeframe. 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, and 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 Committee (RMCGC), 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 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 RMCGC.

A review of our Financial Performance
On 1 March 2011 SECAmb was authorised as an NHS Foundation Trust. The NHS Trust results are therefore presented for an 11 month period. The results have been prepared under International Financial Reporting Standards (IFRS).

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 2010/11. A full set of the Trust's accounts for 2010/11 can be found in Appendix A on page 85.

The first statutory duty achieved is to breakeven on the income and expenditure account. The Trust planned surplus for the 11 months to 28 February was £3.4m which was met.

As a part year Foundation Trust the Trust is not required to meet the External Financing Limit (EFL) or the Capital Resource Limit (CRL). The Trust has however met all internal expectations.

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 2010/11 we achieved this target by delivering a capital absorption rate of 3.5 per cent.

The Trust is also required to comply with the CBI's (Confederation of British Industries) Better Payment Practice Code, which is the public sector guidance on paying suppliers promptly. During 2010/11 we paid 95 per cent of valid non-NHS trade creditor invoices and 79 per cent of valid NHS trade creditor invoices within 30 days of receipt.

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 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.

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 76).

At the time of writing the DH have yet to publish the 2010/11 reference costs. The SECAmb reference cost was 105 in 2009/10.

Statement of Comprehensive Income
The total income for 2010/11 was £145.9 million; this exceeded 2009/10 income levels for the same 11 month period by £6 million (4.25%). The majority of this income is from one key A&E service level agreement (SLA) with the region's PCTs which totals £130 million.

The Trust also received a significant proportion of 2010/11's income from 21 individual PTS SLAs providing non-emergency patient transport services to take patients to and from NHS facilities for treatment. These SLAs generated income totalling £9.6 million and have all been agreed with PCTs, hospital and mental health trusts throughout the South East Coast region.

Operating expenses of £140.2 million increased by £3.8 million (2.8 per cent) on 2009/10 levels for the same 11 month period, this was primarily due to the 3.6 per cent increase in operational activity.

The Trust's most significant operating expense is on staff costs, which totalled £100.7 million, an increase of £3.7 million (3.7 per cent) on 2009/10 pay bill for the same 11 month period. In part this was required to satisfy the demand increase. In 2009/10, staff costs were reduced by a £3.7 million net reversal of the agenda for change (AfC) back pay provision.

Included within non-pay, the purchase of healthcare from non NHS bodies increased by £0.9 million compared to the same 11 month period last year. This is as a result of the Trust's strategy to utilise external providers to support PCT level performance.

A small number of staff are still awaiting the outcome of the AfC pay banding for ambulance technicians nationally agreed protocol. This has resulted in the Trust continuing to maintain a small provision for the potential payment of back pay.

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 79.

There were no claims for interest payable under the late payment of Commercial Debts (Interest) Act 1999.

The Trust's management costs are subject to public and Department of Health scrutiny, as defined by the Audit Commission, and for 2010/11 represent 6.2 per cent of income received in the period.

There were three compensation payments for early termination of employment contracts.

During the period the Trust participated in the NHS National Mutually Agreed Resignation Scheme (MARS). By 28 February, 40 staff had been accepted on the scheme.

Other Comprehensive Income
Due to the indexation of the valuation of land and buildings to ensure that the values reflect the current economic conditions, the Trust has a revaluation gain of £1.1 million which has been posted to the revaluation reserve. The Trust's total comprehensive income for the period is £4.5 million.

Statement of Financial Position
As at 28 February 2011, the Trust had total assets employed of £77.3 million, an increase of £7.4 million for the same 11 month period in 2009/10.

Non-current assets total £78.1 million, an increase of £4.2 million on 2009/10. Property, plant and equipment, and intangible assets have increased by £5.2 million with additions of £11.3 million offset by the asset amortisation and revaluation charge.

During 2010/11 the Trust spent £10.3 million on capital schemes, which primarily included vehicle replacements along with investment in the estates infrastructure and frontline operational and IT equipment. The Trust also leased 54 front line Ambulances which, whilst not owned, are classified as capital expenditure.

Included within non-current assets are trade and other receivables of £1.3 million which represent the remaining back to back provisions.

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.

By 28 February 2011, 517 of 575 staff affected by the agenda for change pay banding for ambulance technicians came to agreement with the Trust, which settled their outstanding issue. This leaves 58 staff for whom the Trust has provided an amount to cover back-pay. Additional provisions for unused holiday entitlement, restructuring and other corporate costs totalling £10.5 million have been included in the statements.

The Trust's Treasury Policy has allowed the Trust to invest this surplus cash, generating a total of £0.05 million revenue in the period ending 28 February

2011. The rate of interest paid on the Trust's assets as part of its overall capital charges liability is not expected to change.

The Trust's current accounting policies are shown as note 1 to the full accounts commencing on page 79 with the pension scheme outlined at note 1.12.

Financial Risk
The delicate position of the UK economy, combined with the reform of the NHS proposed by the Government means that the public sector is facing a challenging 2011/12.

External Audit
The Trust's external Auditors are the Audit Commission and the cost of their work in 2010/11 was £72,000 for the statutory audit.

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.

Disclosure of incidents involving personal data loss
The Trust reports the Serious Untoward Incidents (SUIs), i.e. all incidences rated as 1 – 5, to the SHA through the Strategic Executive Information System (STEIS) reporting process.

Reporting to the SHA

The Trust reports the Information Governance Serious Untoward Incidents (SUIs), i.e. all incidents of losses of personal data rated as 1 – 5, to the SHA through the Strategic Executive Information System (STEIS) reporting process. The Information Commissioner will be informed of all Category 3-5 incidents. The decision to inform any other bodies will also be taken, dependent upon the circumstances of the incident, e.g. where this involves risks to the personal safety of patients, the National Patient Safety Agency (NPSA) may also need to be informed.

Information related SUIs category 3 – 5 in 2009 – 2010 = Nil

Summary Of Other Personal Data Related Incidents In 2010 - 2011		
Category	**Nature of incident**	**Total**
I	Loss/theft of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
II	Loss/theft of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	8
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	0
V	Other	0

Remuneration report
The Trust has an Appointments and Remuneration Committee which consists of four Non-Executive Directors, one of whom is the Chair of the Committee. The Chief Executive, the Director of Workforce Development and the Director of Finance 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 (except the Director of Finance) have been appointed on the terms and conditions, including pay, for Very Senior Managers within the NHS. The Director of Finance is an interim appointment on a per diem rate agreed by the Appointments and Remuneration Committee. To ensure business continuity, where voluntary resignation occur, the Chief Executive is required to give six months' notice (and other directors are required to give three months' notice) to the Trust. Director posts may be reviewed individually in the light of changes in their responsibilities, in market factors, pay relativities or other relevant circumstances.

Pay rates were uplifted with effect from 1 April 2010, in accordance with the national guidance for Very Senior Managers notified from the Department of Health. The Appointments & 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 2010/11. No performance bonuses were awarded to Executive Directors in 2010/11.

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 Appointments and Remuneration Committee should there be any areas of concern.

Paul Sutton, Chief Executive **Date:** 2 June 2011

SALARIES

Name and Title			Eleven Months to 28 February 2010-11			2009-10		
			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	Chairman	Appointed 01/07/06 Resigned 30/09/10	10-15	-	-	20-25	-	-
Mike Harris	Chairman	Appointed 01/10/10	15-20	-	-	-	-	-
Non Executive Directors								
Christine Barwell	Non Executive Director	Appointed 01/07/06	5-10	-	-	5-10	-	-
Isobel Simpson	Non Executive Director	Appointed 01/07/08	5-10	-	-	5-10	-	-
John Jackson	Non Executive Director	Appointed 01/05/07	5-10	-	-	5-10	-	-
Mike McSweeney	Non Executive Director	Appointed 01/05/07 Resigned 30/07/09	-	-	-	0-5	-	-
Nigel Penny	Non Executive Director	Appointed 01/07/06	5-10	-	-	5-10	-	-
Richard Green	Non Executive Director	Appointed 01/10/09 Resigned 05/01/10	-	-	-	0-5	-	-
Trevor Willington	Non Executive Director	Appointed 15/01/10	5-10	-	-	0-5	-	-
Tim Howe	Advisor to the board	Appointed 28/01/10	5-10	-	-	0-5	-	-
Chief Executive								
Paul Sutton			125-130	-	4,300	135-140	-	7,000

Executive Directors								
Andy Newton	Clinical Director		80-85	-	1,600	85-90	-	1,600
Colin Farmer	Director of Finance	Director of Finance (until 11.01.10)	-	-	-	95-100	-	4,900
Colin Perry *	Interim Director of Finance	Interim Director of Finance (from 12.01.10)	235-240	-	16,900	145-150	-	13,400
Geoff Catling	Director of Logistics & Technical Services	Member of the Executive team, but not voting member of the Board	75-80	-	2,000	85-90	-	4,200
Geraint Davies	Director of Corporate Affairs		80-85	-	4,000	85-90	-	2,900
Ian Arbuthnot	Director of Information Management & Technology	Director of Information Management & Technology (until 21.11.10)	55-60	-	3,800	85-90	-	6,000
Jane Pateman	Medical Director		85-90	-	2,500	35-40	-	2,000
Janet Brierley	Director of Human Resources	Director of Human Resources (until 09.07.09)	-	-	-	45-50	-	-
Sandie Gibson	Interim Director of Human Resources	Interim Director of Human Resources (until 04.10.09)		-	-	20-25	-	-
Kath Start	Director of Workforce Development		80-85	-	4,800	85-90	-	1,400
Sue Harris	Director of Operations and Performance		80-85	-	3,600	90-95	-	3,400

**This figure represents the total cost to the organisation including fees paid to an agency*

PENSIONS

Name and Title		Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total Accrued pension at age 60 (bands of £2500) £000	Lump sum at age 60 (bands of £2500) £000	Cash equivalent transfer 31 March 2010 (bands of £5000) £000	Cash equivalent transfer 31 March 2011 (bands of £5000) £000	Real increase in cash equivalent transfer value
Chief Executive								
Paul Sutton	Chief Executive	0-2.5	0-2.5	25-27.5	80-85	383.57	344.53	(58.22)
Executive Directors								
Andy Newton	Clinical Director	(0-2.5)	(0-2.5)	30-32.5	95-100	656.81	627.82	(61.84)
Geoff Catling	Director of Logistics & Technical Services	0-2.5	0-2.5	15-17.5	45-50	0.00	0.00	0.00
Geraint Davies	Director of Corporate Affairs	(0-2.5)	(0-2.5)	22.5-25	65-70	380.21	345.27	(53.95)
Ian Arbuthnot	Director of Information Management & Technology 21.11.10	0-2.5	0-2.5	15-17.5	45-50	180.24	164.63	(15.78)
Kath Start	Director of Workforce Development	0-2.5	0-2.5	0-2.5	0-5	0.00	27.26	27.26
Sue Harris	Director of Operations and Performance	0-2.5	0-2.5	5-7.5	20-25	98.82	99.68	(4.08)

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 Secretary of State has directed that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

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

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

Paul Sutton, Chief Executive **Date: 2 June 2011**

Statement of the directors' responsibilities in respect of the accounts

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

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

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

Paul Sutton, Chief Executive **Date: 2 June 2011**

Statement on Internal Control

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 2010 to 31 March 2011. 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 its vision "To match and exceed international clinical excellence through embracing innovation and putting the patient at the heart of its business."

In line with national guidance, the Trust's Board Assurance Framework is structured around the Trust's strategic objectives and the most significant risks that may prevent delivery of those objectives. The Board Assurance Framework has been reviewed and approved by the Audit Committee and the Trust Board throughout the year. The Executive Team and the Board have been fully involved in agreeing the strategic priorities for the Trust, as set out in the five-year Integrated Business Plan, and for monitoring delivery of these objectives in-year through the Annual Business Plan. Risks identified in the Board 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 Annual Business Plan. Areas that were at risk of failing to be delivered were highlighted through these processes and appropriate actions taken to address the risks.

The Trust Board delegates authority primarily to the following Board committees:

- Appointments and Remuneration Committee
- Audit Committee
- Finance and Business Development Committee
- Risk Management and Clinical Governance Committee
- Workforce Development Committee

The Board receives regular minutes and reports from each of its committees, ensuring an effective flow of information to the Board is maintained. The Trust's Standing Orders outline the accountability arrangements and scope of responsibility of the Board. 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. 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, which have been cascaded to all committees and other working groups within the Trust. A range of other policies and procedures have been produced or updated during the year to ensure that the Trust provides appropriate guidance to staff and is compliant with relevant legislation. Serious Incidents Requiring Investigation (SIRIs) are monitored by the Risk Management and Clinical Governance Committee and reported to the Board. Any trends in SIRIs are reported and recommendations of the reviews from these are communicated to ensure reflective learning and improvement.

All Directors report to me through the fortnightly Executive Team meetings, in addition to regular 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 Executives 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 has regular communications 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 up until 28 February 2011, and in the newly authorised organisation, South East Coast Ambulance Service NHS Foundation Trust up

until the year ending 31 March 2011, 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, and the Director of Business Development has been designated as the Director Lead responsible for corporate risk management, however elements of responsibility also lie with employees of the Trust and the structure of the organisation ensures that there is adequate capacity to fulfil these responsibilities.

The Trust has undertaken a workforce review during the year which has resulted in the reduction of approximately 90 posts which have been predominantly of a managerial or administrative and clerical nature. The establishment of all front line posts has been maintained. As part of the workforce review the Trust Board has also been reshaped and aligned to ensure that capacity to deliver key functions and roles in relation to risk assessment and management, health and safety, information governance, financial management and other areas are adequate and effective.

The Trust is committed to supporting its staff in exercising their roles and responsibilities with regard to health and safety and all other forms of risk. This implementation requires varying levels of training across the Trust. The Risk Management and Clinical Governance Committee oversees the management of all areas of risk in the organisation and reports to the Board through the governance structure. This is chaired by a Non-Executive Director and is attended regularly by Directors and senior managers. The Trust's Head of Risk Management is a Graduate Member of the Institute of Occupational Safety (Grad IOSH) and is supported by a Risk, Health and Safety Manager who is a Chartered Member (CMIOSH). In addition, a number of other managers have risk or health and safety related qualifications relevant to their posts. The Trust is represented on the National Ambulance Risk and Safety Sub Group and the National Ambulance Governance Sub Group which feed in to the National Directors Risk, Safety and Governance Group, and participates in local health economy groups to support learning from incidents.

The Director of Business Development is the Trust's Senior Information Risk Owner (SIRO). Both he and the Head of Information Governance successfully completed Connecting for Health's (CfH) required e-learning modules. The Head

of Information Governance also holds BCS-ISEB Certificate in Data Protection and both she and the Information Security Manager hold the BCS-ISEB Certificate in Information Security Management Principles. The Head of Information Governance participates in local information governance groups to share learning and best practice.

The Trust has a range of Data Protection and Information Security related policies including an Information Risk Management Policy. Information risks and incidents are reported through the same processes as other risks and incidents. Additionally, they are reviewed by the Information Governance Working Group and quarterly reports are provided to the Trust's SIRO. Lessons learned and guidance on best practice are cascaded to staff through the weekly staff newsletter. There were no data losses exceeding level 1 as defined in Gateway letter 13177 during the year.

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 agenda for the Risk Management and Clinical Governance Committee reflects the organisation's core business. The Trust seeks to learn from issues raised and implement good practice at all levels. The Board receives regular reports from the Risk Management and Clinical Governance Committee, including trends analysis and benchmarking. Serious Incidents Requiring Investigation are reviewed, investigated fully, 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 along with the Board Assurance Framework, is one of the tools that informs future business and strategic planning. This Risk Register is a Trust-wide database recording corporate risks identified from whatever source, the assessed level for 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 Board Assurance Framework links the main elements and aims of the Trust's internal control and governance processes. The Framework comprises the following key elements:

- Strategic objectives: these are the Trust's objectives, as articulated in the Integrated Business Plan;
- Principal risks: these have been identified, and reviewed throughout the year, as representing a risk to the delivery of the Trust's strategic objectives;

- Key controls: these were the mechanisms identified for controlling the risks;
- Assurances: this set out evidence that the Trust had to demonstrate that the controls were effective;
- Gaps in control / assurance: these set out any areas where gaps were identified in either controls or assurances;
- Action plans: these report on the progress of plans to close any gaps in control or gaps in assurance.

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 Audit Committee received the Board Assurance Framework at each of its quarterly 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 Board Assurance Framework has identified in detail any gaps in control and gaps in assurance identified by the Trust. The Trust Board, through the Audit Committee, have ensured that actions are in place within the Board Assurance Framework to address these gaps and none have been identified for escalation as significant issues. Where gaps were identified in relation to either control or assurance measures within the Board Assurance Framework, the Trust has taken, and is actively taking, remedial action to address these.

The Trust has continued to work closely with Patient and Public Involvement representatives throughout the year. In order to ensure that 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 Liaison Group, and has three Public Opinion Groups. In addition, the Trust engages with the public and patients through various other mechanisms, for example, Local Involvement Networks (LINks) and specific SECAmb workshops and events. The Trust has continued to hold "Shaping the Future of Your Ambulance Service" events, to support the ongoing business planning cycle. Patient experience data is captured by the Trust's Patient Advice and Liaison Service and formal complaints system.

As part of the work towards achieving foundation trust status the Trust has developed a public membership, which aims to be as representative as possible of the population the Trust serves. This provides further opportunities for public stakeholders to be involved with the Trust.

The Chief Executive, Executive Team and senior managers also have close relationships with other stakeholders in the local community to improve the delivery of healthcare 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 Forum;
- Commissioning meetings with our lead commissioners and other Primary Care Trusts;
- One to one meetings with SHA and PCT counterparts.

The Trust is represented at a number of clinically led forums where the implementation of alternative pathways and transformation of community based care services in response to “Equity and Excellence: Liberating the NHS”. We have actively responded to potential service reconfigurations and ensured that the needs of our patients are considered in the service design. We have shaped and led the development of effective pre hospital Stroke pathways which have been recognised nationally. We have also developed and implemented the first Critical Care Paramedics in the country who are key roles in supporting the reconfiguration of acute services. The Trust has continued the development and roll out of Paramedic Practitioners to support the ongoing transformation of community services.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The business planning process, as well as risk management systems, are informed by the results of the Trust’s statutory Equality Impact Assessment process.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The trust has undertaken a climate change risk assessment and developed an Adaptation Plan, to support its emergency preparedness and civil contingency requirements, as based on the UK Climate Projections 2009 (UKCP09), to ensure that this organisation’s obligations under the Climate Change Act are met.

The trust is fully compliant with CQC essential standards of quality and safety.

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 Internal Audit’s work:

“Based on the work undertaken in the period to 31 March 2011, significant assurance has been given that there is a generally sound system of internal

control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and inconsistent application of controls put the achievement of particular objectives at risk.

We issued one "RED" rated report, relating to Fuel Costs and the controls in place to manage the costs in line with the budget set. An action plan has been agreed with Management to help resolve the underlying control issues which were in place during the period of eleven months covered by this Opinion and the implementation of the recommendations raised should help to resolve the control issues identified."

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, work undertaken by the Internal Auditors and the Trust's registration with the Care Quality Commission.

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 Trust Board, the Audit Committee, the Finance and Business Development Committee, the Risk Management and Clinical Governance Committee and the Executive team. In addition, reports from other key groups such as the Compliance & Assurance Working Group, the Central Health and Safety Working Group and the Infection Control Sub Group have informed this statement. 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:

- Monthly finance and performance reports to the Trust Board;
- Monthly Corporate dashboard report to the Board, incorporating high-level indicators related to the Trust's strategic objectives;
- Internal and External audit reports, including the 2010/11 Head of Internal Audit Opinion;
- On-going compliance with the Care Quality Commission's essential standards of quality and safety, and registration with the Care Quality Commission in relation to:
  Treatment of disease, disorder and injury;
  Transport services, triage and medical advice provided remotely;
  Diagnostic and screening procedures
- SHA and lead commissioner performance reviews;
- Commissioning meetings and monitoring the delivery of the service level agreements;
- Minutes of committee meetings;

- On-going update and approval of the Assurance Framework at the Audit 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 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 Annual Business Plan.

The failure to achieve the national performance target for Category B calls within 19 minutes was identified as a significant internal control issue in 2010/11. The target for responding to Category B calls is for 95% in 19 minutes, and for the period up to 31 March 2011, the Trust achieved 94.2%. Operational performance continued to be reported directly to the Trust Board and discussion at this level supported the move to continue to prioritise our response to patients based on clinical need rather than sacrifice surplus of our Category A 8 minute target in order to hit the annual Category B standard. Performance improvement and action planning and reporting requested by the Department of Health via the SHA in response to the end of quarter 3 position only asked for detailed planning against the Category A and not the Category B standard.

One area of concern that was highlighted through both the internal audit process and the monthly financial statements was around the controls and expenditure related to fuel. A comprehensive action plan has been developed and is in place and is being monitored via the Audit Committee.

With the exception of the internal control issues that I have outlined in this statement, my review confirms that South East Coast Ambulance Service NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Signed: Date: 2 June 2011

Paul Sutton, Chief Executive Officer (on behalf of the Trust Board)

Independent Auditor's Report to the Governors of South East Coast Ambulance Sevice NHS Foundation Trust in Respect of South East Coast Ambulance NHS Trust

I have audited the financial statements of South East Coast Ambulance Service NHS Trust for the period ended 28 February 2011 under the Audit Commission Act 1998. The financial statements compromise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. These financial statements have been prepared under the accounting policies set out in the Statement of Accounting Policies.

I have also audited the information in the Remuneration Report that is subject to audit being:

- the table of salaries and allowances of senior managers and related narrative notes on pages 73 to 74 and

- the table of pension benefits of senior managers and related narrative notes on pages 75 to 76.

This report is made solely to the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit the accounting statements in accordance with applicable law and international Standards on Auditing (UK and Ireland). Those standards require me to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. I read all the information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of South East Coast Ambulance Service NHS Trust's affairs as at 28 February 2011 and of its income and expenditure for the period then ended; and

- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report subject to audit has been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and

- the information given in the Annual Report for the period for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I have nothing to report in respect of the Statement on Internal Control on which I report to you if, in my opinion the Statement on Internal Control does not reflect compliance with the Department of Health's requirements.

Certificate

I certify that I have completed the audit of the accounts of South East Coast Ambulance Service NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Paul Grady
Officer of the Audit Commission

Bridge House
1 Walnut Tree Close
Guildford
GU1 4UA

7 June 2011

Appendix A

Financial Accounts 2010/11

Trust name:	South East Coast Ambulance NHS Trust
This year	2010-11
Last year	2009-10
This year ended	28 February 2011
Last year ended	31 March 2010
This year commencing:	1 April 2010

STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD ENDED 28 FEBRUARY 2011

	NOTE	2010-11 £000	2009-10 £000
Revenue			
Revenue from patient care activities	5	**142,466**	148,699
Other operating revenue	6	**3,457**	3,731
Operating expenses	8	**(140,231)**	(151,674)
Operating surplus/(deficit)		**5,692**	756
Finance costs:			
Investment revenue	14	**47**	63
Other gains and losses	15	**(55)**	(2)
Finance costs	16	**(386)**	(104)
Surplus/(deficit) for the financial period		**5,298**	713
Public dividend capital dividends payable		**(1,947)**	(1,796)
Retained surplus/(deficit) for the period		**3,351**	(1,083)
Other comprehensive income			
Impairments and reversals		**0**	0
Gains on revaluations		**1,127**	1,744
Receipt of donated/government granted assets		**0**	0
Net gain/(loss) on other reserves (e.g. defined benefit pension scheme)		**0**	0
Net gains/(losses) on available for sale financial assets		**0**	0
Reclassification adjustments:			
- Transfers from donated and government grant reserves		**(27)**	(29)
- On disposal of available for sale financial assets		**0**	0
Total comprehensive income for the period		**4,451**	632

The notes on pages 6 to 42 form part of these accounts.

Reported NHS financial performance position [Adjusted retained surplus/(deficit)]

Retained surplus/(deficit) for the year	**3,351**
IFRIC 12 adjustment	**0**
Impairments	**0**
Reported NHS financial performance position [Adjusted retained surplus/(deficit)]	**3,351**

A Trust's Reported NHS financial performance position is derived from its Retained surplus/(Deficit), but adjusted for the following:-

a) Impairments to Fixed Assets 2009/10 was the final year for organisations to revalue their assets to a Modern Equivalent Asset (MEA) basis of valuation. An impairment charge is not considered part of the organisation's operating position.

b) The revenue cost of bringing PFI assets onto the balance sheet (due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10) - NHS Trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical. This additional cost is not considered part of the organisation's operating position.

STATEMENT OF FINANCIAL POSITION AS AT 28 FEBRUARY 2011

	NOTE	**28 February 2011 £000**	31 March 2010 £000
Non-current assets			
Property, plant and equipment	17	**76,257**	71,101
Intangible assets	18	**513**	202
Other financial assets	23	**0**	0
Trade and other receivables	22	**1,320**	2,586
Total non-current assets		**78,090**	73,889
Current assets			
Inventories	21	**870**	756
Trade and other receivables	22	**7,709**	5,180
Other financial assets	23	**0**	0
Other current assets	24	**0**	0
Cash and cash equivalents	25	**24,455**	10,758
		33,034	16,694
Non-current assets held for sale	26	**0**	0
Total current assets		**33,034**	16,694
Total assets		**111,124**	90,583
Current liabilities			
Trade and other payables	27	**(18,078)**	(9,400)
Other liabilities	29	**0**	0
Borrowings	28	**(1,557)**	0
Other financial liabilities	31	**0**	0
Provisions	32	**(6,383)**	(6,402)
Net current assets/(liabilities)		**7,016**	892
Total assets less current liabilities		**85,106**	74,781
Non-current liabilities			
Borrowings	28	**(3,243)**	0
Trade and other payables	27	**0**	0
Other financial liabilities	31	**0**	0
Provisions	32	**(4,532)**	(4,824)
Other liabilities	29	**0**	0
Total assets employed		**77,331**	69,957
Financed by taxpayers' equity:			
Public dividend capital		**72,661**	69,738
Retained earnings		**263**	(3,247)
Revaluation reserve		**3,327**	2,401
Donated asset reserve		**1,080**	1,065
Government grant reserve		**0**	0
Other reserves		**0**	0
Total taxpayers' equity		**77,331**	69,957

The financial statements on pages 1 to 42 were approved by the Board on 2nd June 2011 and signed on its behalf by:

Signed: ……  ……(Chief Executive) Date: ……

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2010

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation reserve £000	Donated asset reserve £000	Gov't grant reserve £000	Other reserves £000	Total £000
Balance at 31 March 2009							
As previously stated	67,015	(2,416)	956	1,047	0	0	66,602
Prior period adjustment							0
Restated balance	67,015	(2,416)	956	1,047	0	0	66,602
Changes in taxpayers' equity for 2009-10							
Total comprehensive income for the year:							
Retained surplus/(deficit) for the year		(1,083)					(1,083)
Transfers between reserves		126	(126)	0	0	0	0
Impairments and reversals		126	(126)	0	0		0
Net gain on revaluation of property, plant, equipment			1,697	47	0		1,744
Net gain on revaluation of intangible assets			0	0	0		0
Net gain on revaluation of financial assets			0				0
Receipt of donated/government granted assets				0	0		0
Net gain/loss on other reserves (e.g. defined benefit pension scheme)						0	0
Movements in other reserves							0
Reclassification adjustments:							
- transfers from donated asset/government grant reserve				(29)	0		(29)
- on disposal of available for sale financial assets			0				0
Reserves eliminated on dissolution		0	0	0	0	0	0
Originating capital for trust establishment in year	0						0
New PDC received	2,723						2,723
PDC repaid in year	0						0
PDC written off	0						0
Other movements in PDC in year	0	0					0
Balance at 31 March 2010	69,738	(3,247)	2,401	1,065	0	0	69,957

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE PERIOD ENDED 28 FEBRUARY 2011

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Donated asset reserve	Government grant reserve	Other reserves	Total
	£000	£000	£000	£000	£000	£000	£000
Changes in taxpayers' equity for 2010-11							
Balance at 1 April 2010	69,738	(3,247)	2,401	1,065	0	0	69,957
Total comprehensive income for the period							
Retained surplus/(deficit) for the period		3,351					3,351
Transfers between reserves		159	(159)	0	0	0	0
Impairments and reversals			0	0	0		0
Net gain on revaluation of property, plant, equipment			1,085	42	0		1,127
Net gain on revaluation of intangible assets			0	0	0		0
Net gain on revaluation of financial assets			0				0
Receipt of donated/government granted assets				0	0		0
Net gain/loss on other reserves (e.g. defined benefit pension scheme)						0	0
Movements in other reserves							0
Reclassification adjustments:							
- transfers from donated asset/government grant reserve				(27)	0		(27)
- on disposal of available for sale financial assets			0				0
Reserves eliminated on dissolution		0	0	0	0	0	0
Originating capital for trust establishment in period	0						0
New PDC received	2,923						2,923
PDC repaid in period	0						0
PDC written off	0						0
Other movements in PDC in period	0						0
Balance at 28 February 2011	72,661	263	3,327	1,080	0	0	77,331

STATEMENT OF CASH FLOWS FOR THE PERIOD ENDED
28 FEBRUARY 2011

	NOTE	**2010-11 £000**	2009-10 £000
Cash flows from operating activities			
Operating surplus/(deficit)	SOCI	**5,692**	756
Depreciation and amortisation	8	**7,132**	5,454
Impairments and reversals	8	**(198)**	2,213
Net foreign exchange gains/(losses)		**0**	0
Transfer from donated asset reserve		**(27)**	(29)
Transfer from government grant reserve		**0**	0
Interest paid	16	**(272)**	0
Dividends paid		**(1,062)**	(1,796)
(Increase)/decrease in inventories	21	**(114)**	(89)
(Increase)/decrease in trade and other receivables	22	**(822)**	1,712
(Increase)/decrease in other current assets		**0**	0
Increase/(decrease) in trade and other payables		**7,931**	2,388
Increase/(decrease) in other current liabilities		**0**	0
Increase/(decrease) in provisions	32	**(425)**	(6,096)
Net cash inflow/(outflow) from operating activities		**17,835**	4,513
Cash flows from investing activities			
Interest received	14	**47**	63
(Payments) for property, plant and equipment		**(6,108)**	(8,616)
Proceeds from disposal of plant, property and equipment		**44**	17
(Payments) for intangible assets		**0**	(93)
Proceeds from disposal of intangible assets		**0**	0
(Payments) for investments with DH		**0**	0
(Payments) for other investments		**0**	0
Proceeds from disposal of investments with DH		**0**	0
Proceeds from disposal of other financial assets		**0**	0
Revenue rental income		**0**	0
Net cash inflow/(outflow) from investing activities		**(6,017)**	(8,629)
Net cash inflow/(outflow) before financing		**11,818**	(4,116)
Cash flows from financing activities			
Public dividend capital received		**2,923**	2,723
Public dividend capital repaid		**0**	0
Loans received from the DH		**0**	0
Other loans received		**0**	0
Loans repaid to the DH		**0**	0
Other loans repaid		**0**	0
Other capital receipts		**0**	0
Capital element of finance leases and PFI		**(1,044)**	0
Net cash inflow/(outflow) from financing		**1,879**	2,723
Net increase/(decrease) in cash and cash equivalents		**13,697**	(1,393)
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial period		**10,758**	**12,151**
Effect of exchange rate changes on the balance of cash held in foreign currencies		**0**	0
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial period	25	**24,455**	10,758

NOTES TO THE ACCOUNTS

1. Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS trusts shall meet the accounting requirements of the NHS Trusts Manual for Accounts, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2010-11 NHS Trusts Manual for Accounts issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the NHS Trusts Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

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

1.2 Acquisitions and discontinued operations

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

Notes to the Accounts - 1. Accounting Policies (Continued)

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

1.3 Critical judgements in applying accounting policies

The Trust's significant accounting policies are outlined in note 1 to the accounts. None of these significant accounting policies require management to make difficult, subjective or complex judgements or estimates.

Modern Equivalent Valuation (MEV)

IAS 39 states that an impairment loss recognised in prior periods for an asset other than goodwill should be reversed if, and only if, there has been a change in the estimates used to determine the asset's recoverable amount since the last impairment loss was recognised. A reversal of an impairment loss on a revalued asset is credited directly to equity under the heading revaluation surplus. However, to the extent that an impairment loss on the same revalued asset was previously recognised in profit or loss, a reversal of that impairment is also recognised in profit or loss.

The Trust has written back £0.5m of impairments previously taken to the Income & Expenditure account as the MEV methodology used is a change in estimation technique.

1.4 Key sources of estimation uncertainty

There are no sources of estimation uncertainty which may cause a material adjustment in 2010/11.

1.5 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the Trust is from Commissioners for healthcare services.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.6 Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

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

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

Some employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Actuarial gains and losses during the year are recognised in the pensions reserve and reported as an item of Other Comprehensive Income.

1.7 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:
- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation, less any

subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:
- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

Until 31 March 2008, the depreciated replacement cost of specialised buildings has been estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008 indexation has ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

Notes to the Accounts - 1. Accounting Policies (Continued)

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. This is a change in accounting policy from previous years where all impairments were taken to the revaluation reserve to the extent that a balance was held for that asset and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as Other Comprehensive Income in the Statement of Comprehensive Income.

Subsequent expenditure
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:
- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.10 Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. This is a change in accounting policy from previous years where all impairments were taken to the revaluation reserve to the extent that a balance was held for that asset and thereafter to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.11 Donated assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to the donated asset reserve. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations and impairments are taken to the donated asset reserve and, each year, an amount equal to the depreciation charge on the asset is released from the donated asset reserve to offset the expenditure. On sale of donated assets, the net book value is transferred from the donated asset reserve to retained earnings.

1.12 Government grants

Government grants are grants from government bodies other than revenue from NHS bodies for the provision of services. Revenue grants are treated as deferred income initially and credited to income to match the expenditure to which they relate. Capital grants are credited to the government grant reserve and released to operating revenue over the life of the asset in a manner consistent with the depreciation and impairment charges for that asset. Assets purchased from government grants are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations and impairments are taken to the government grant reserve and, each year, an amount equal to the depreciation charge on the asset is released from the government grant reserve to offset the expenditure.

1.13 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

Notes to the Accounts - 1. Accounting Policies (Continued)

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings. For donated and government-granted assets, a transfer is made to or from the relevant reserve to the profit/loss on disposal account so that no profit or loss is recognised in income or expenses. The remaining surplus or deficit in the donated asset or government grant reserve is then transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.14 Leases

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

The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

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

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases. This is a change in accounting policy from previous years where leased land was always treated as an operating lease.

1.15 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of 2.2% in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arsing from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.16 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 35.

1.17 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.18 EU Emissions Trading Scheme

EU Emissions Trading Scheme allowances are accounted for as government grant funded intangible assets if they are not expected to be realised within twelve months, and otherwise as other current assets. They are valued at open market value. As the NHS body makes emissions, a provision is recognised with an offsetting transfer from the government grant reserve. The provision is settled on surrender of the allowances. The asset, provision and government grant reserve are valued at fair value at the end of the reporting period.

1.19 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.20 Financial assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Notes to the Accounts - 1. Accounting Policies (Continued)

Financial assets at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the Trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to surplus/deficit on de-recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced through a provision for impairment of receivables

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.21 Financial liabilities

Financial liabilities are recognised on the statement of financial position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial guarantee contract liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

The premium received (or imputed) for entering into the guarantee less cumulative amortisation.

The amount of the obligation under the contract, as determined in accordance with IAS 37 *Provisions, Contingent Liabilities and Contingent Assets*

Notes to the Accounts - 1. Accounting Policies (Continued)

Financial liabilities at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the trust's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.22 Value Added Tax

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

1.23 Foreign currencies

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 28 February. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

1.24 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital represents taxpayers' equity in the NHS Trust. At any time the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities, except for donated assets and cash balances with the Office of the Paymaster General. The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets. Prior to 2009/10 the PDC dividend was determined using forecast average relevant net assets and a note to the accounts discloses the rate that the dividend represents as a percentage of the actual average carrying amount of assets less liabilities in the year. From 1 April 2009, the dividend payable is based on the actual average relevant net assets for the year instead of forecast amounts.

1.25 Losses and Special Payments

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

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

2. Pooled budget

The Trust has no pooled budget arrangements.

3. Operating segments

The segments identified and reported are Patient Services and Commercial Activities. Commercial Activities are external training and private ambulance services that are offered by the Trust. All other actives are reported under Patient Services (including Primary Care Trust revenue).

During the period the Trust received £130m from Primary Care Trusts.

	Patient Services		Commercial Activities		Total	
	2010-11	2009-10	**2010-11**	2009-10	**2010-11**	2009-10
	£000	£000	**£000**	£000	**£000**	£000
Income	**144,949**	151,340	**974**	1,090	**145,923**	152,430
Surplus/(deficit) before interest	**3,294**	**(993)**	**57**	**(90)**	**3,351**	(1,083)

4. Income generation activities

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. The following provides details of income generation activities whose full cost exceeded £1m or was otherwise material.

	2010-11	2009-10
	£000	£000
Income	**974**	1,014
Full cost	**917**	1,097
Surplus/(deficit)	**57**	(83)

5. Revenue from patient care activities

	2010-11	2009-10
	£000	£000
Strategic Health Authorities	**0**	0
NHS Trusts	**6,983**	7,458
Primary Care Trusts	**131,093**	136,872
Foundation Trusts	**969**	1,582
Local Authorities	**0**	0
Department of Health	**2,220**	1,569
NHS other	**0**	0
Non-NHS:		
Private patients	**582**	690
Overseas patients (non-reciprocal)	**0**	0
Injury costs recovery	**586**	492
Other	**33**	36
	142,466	148,699

6. Other operating revenue	2010-11 £000	2009-10 £000
Patient transport services	**0**	0
Education, training and research	**1,816**	1,905
Charitable and other contributions to expenditure	**0**	0
Transfers from donated asset reserve	**27**	29
Transfers from government grant reserve	**0**	0
Non-patient care services to other bodies	**130**	0
Income generation	**974**	1,014
Rental revenue from finance leases	**0**	0
Rental revenue from operating leases	**0**	0
Other revenue	**510**	783
	3,457	3,731

7. Revenue

Revenue is almost totally from the supply of services. Revenue from the sale of goods is immaterial.

8. Operating expenses	2010-11 £000	2009-10 £000
Services from other NHS Trusts	**0**	0
Services from PCTs	**0**	0
Services from other NHS bodies	**0**	0
Services from Foundation Trusts	**0**	0
Purchase of healthcare from non NHS bodies	**1,705**	948
Trust Chair and Non-executive Directors	**64**	53
Employee benefits	**100,688**	105,755
Supplies and services - clinical	**3,618**	5,891
Supplies and services - general	**2,277**	1,764
Consultancy services	**880**	956
Establishment	**2,731**	5,632
Transport	**12,210**	13,163
Premises	**6,194**	5,498
Provision for impairment of receivables	**0**	366
Inventories write down	**0**	0
Depreciation	**7,035**	5,389
Amortisation	**97**	65
Impairments and reversals of property, plant and equipment	**(198)**	2,213
Impairments and reversals of intangible assets	**0**	0
Impairments and reversals of financial assets	**0**	0
Impairments and reversals of non current assets held for sale	**0**	0
Audit fees	**126**	151
Other auditor's remuneration	**90**	149
Clinical negligence	**404**	402
Research and development	**0**	100
Education and training	**576**	825
Other	**1,734**	2,354
	140,231	151,674

9. Operating leases

9.1 As lessee

Operating leases relate to the leasing of land and buildings, vehicles and other immaterial operating items. There are no contingent rents, terms of renewal of purchase options and escalation clauses and there are no specific restrictions imposed by the lease arrangements.

Payments recognised as an expense	**2010-11**	2009-10
	£000	£000
Minimum lease payments	**2,693**	3,632
Contingent rents	**0**	0
Sub-lease payments	**0**	0
	2,693	3,632

		2010-11			2009-10
Total future minimum lease payments	**Buildings**	**Land**	**Other**	**Total**	Total
	£000	**£000**	**£000**	**£000**	£000
Payable:					
Not later than one year	**616**	**0**	**1,956**	**2,572**	1,537
Between one and five years	**2,009**	**0**	**3,510**	**5,519**	3,790
After 5 years	**2,386**	**0**	**0**	**2,386**	2,399
Total	**5,011**	**0**	**5,466**	**10,477**	7,726

Total future sublease payments expected to be received: £nil

10. Employee costs and numbers

10.1 Employee costs

	2010-11			2009-10		
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	£000	**£000**	**£000**	£000	£000	£000
Salaries and wages	**84,349**	**82,544**	**1,805**	88,433	86,708	1,725
Social security costs	**6,233**	**6,233**	**0**	6,812	6,812	0
Employer contributions to NHS Pension scheme	**9,876**	**9,876**	**0**	10,563	10,563	0
Other pension costs	**0**	**0**	**0**	0	0	0
Other post-employment benefits	**0**	**0**	**0**	0	0	0
Other employment benefits	**0**	**0**	**0**	0	0	0
Termination benefits	**230**	**230**	**0**	0	0	0
Employee benefits expense	**100,688**	**98,883**	**1,805**	105,808	104,083	1,725
Of the total above:						
Charged to capital	**0**			0		
Employee benefits charged to revenue	**100,688**			105,808		
	100,688			105,808		

10.2 Average number of people employed

	2010-11			2009-10		
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	Number	**Number**	**Number**	Number	Number	Number
Medical and dental	**0**	**0**	**0**	0	0	0
Ambulance staff	**2,010**	**2,010**	**0**	2,166	2,166	0
Administration and estates	**752**	**738**	**14**	743	716	27
Healthcare assistants and other support staff	**271**	**271**	**0**	2	2	0
Nursing, midwifery and health visiting staff	**0**	**0**	**0**	0	0	0
Nursing, midwifery and health visiting learners	**0**	**0**	**0**	0	0	0
Scientific, therapeutic and technical staff	**0**	**0**	**0**	0	0	0
Social care staff	**0**	**0**	**0**	0	0	0
Other	**0**	**0**	**0**	6	6	0
Total	**3,033**	**3,019**	**14**	2,917	2,890	**27**
Of the above:						
Number of whole time equivalent staff engaged on capital projects	**1**			0		

10.3 Staff sickness absence

	2010-11	2009-10
	Number	Number
Days lost (long term)	**33,457**	36,684
Days lost (short term)	**21,015**	29,673
Total days lost	**54,472**	66,357
Total staff years	**3,043**	2,843
Average working days lost	**18**	23
Total staff employed in period (headcount)	**3,202**	3,200
Total staff employed in period with no absence (headcount)	**867**	768
Percentage staff with no sick leave	**27.08%**	24.00%

10.4 Management Costs

	2010-11	2009-10
	£000	£000
Management costs	**9,102**	11,526
Income	**145,922**	152,430

11. Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the

The scheme is subject to a full actuarial valuation every four years (until 2004, every five years) and an accounting valuation every year. An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date. The conclusion from the 2004 valuation was that the scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004.

In order to defray the costs of benefits, employers pay contributions at 14% of pensionable pay and most employees had up to April 2008 paid 6%, with manual staff paying 5%.

Following the full actuarial review by the Government Actuary undertaken as at 31 March 2004, and after consideration of changes to the NHS Pension Scheme taking effect from 1 April 2008, his Valuation report recommended that employer contributions could continue at the existing rate of 14% of pensionable pay, from 1 April 2008, following the introduction of employee contributions on a tiered scale from 5% up to 8.5% of their pensionable

On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities.

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the scheme actuary. At this point the assumptions regarding the composition of the scheme membership are updated to allow the scheme liability to be valued.

The valuation of the scheme liability as at 28 February 2011, is based on detailed membership data as at 31 March 2008 (the latest midpoint) updated to 28 February 2011 with summary global member and accounting data.

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

Notes to the Accounts - 11 Pension Costs (Continued)

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year.

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the Statement of Comprehensive Income at the time the Trust commits itself to the retirement, regardless of the method of payment.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

12. Retirements due to ill-health

During 2010-11 there were 6 (2009-10, 7) early retirements from the NHS Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £524k. (2009-10: £573k). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

13. Better Payment Practice Code

13.1 Better Payment Practice Code - measure of compliance	**2010-11**		2009-10	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**30,009**	**39,594**	33,474	41,548
Total Non NHS trade invoices paid within target	**28,629**	**37,640**	32,206	38,494
Percentage of Non-NHS trade invoices paid within target	**95%**	**95%**	96%	93%
Total NHS trade invoices paid in the year	**552**	**1,828**	731	9,644
Total NHS trade invoices paid within target	**437**	**1,410**	557	9,121
Percentage of NHS trade invoices paid within target	**79%**	**77%**	76%	95%

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.

13.2 The Late Payment of Commercial Debts (Interest) Act 1998	**2010-11**	2009-10
	£000	£000
Amounts included in finance costs from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	0

14. Investment revenue	**2010-11 £000**	2009-10 £000
Rental revenue:		
PFI finance lease revenue:		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue:		
Bank accounts	47	63
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	47	63

15. Other gains and losses	**2010-11 £000**	2009-10 £000
Gain/(loss) on disposal of property, plant and equipment	**(55)**	(2)
Gain/(loss) on disposal of intangible assets	**0**	0
Gain/(loss) on disposal of financial assets	**0**	0
Gain/(loss) on foreign exchange	**0**	0
Change in fair value of financial assets carried at fair value through profit and loss	**0**	0
Change in fair value of financial liabilities carried at fair value through profit and loss	**0**	0
Total	**(55)**	(2)

16. Finance costs	**2010-11 £000**	2009-10 £000
Interest on loans and overdrafts	**0**	0
Interest on obligations under finance leases	**0**	0
Interest on obligations under PFI contracts:		
- main finance cost	**0**	0
- contingent finance cost	**0**	0
Interest on late payment of commercial debt	**0**	0
Other interest expense	**272**	0
Total interest expense	**272**	0
Other finance costs	**114**	104
Total	**386**	104

17. Property, plant and equipment

2010-11	Land	Buildings excluding dwellings	Dwellings	Assets under construct and poa	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2010	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Additions purchased	0	0	0	5,970	0	5,315	0	0	11,285
Additions donated	0	0	0	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0	0	0	0
Reclassifications	0	192	0	(10,815)	1,619	6,345	2,339	0	(320)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	(1,245)	0	0	(1,245)
Revaluation/indexation gains	651	476	0	0	0	0	0	0	1,127
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
At 28 February 2011	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Depreciation at 1 April 2010	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	(1,146)	0	0	(1,146)
Revaluation/indexation gains	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	186	0	0	0	92	278
Reversal of impairments	(100)	(376)	0	0	0	0	0	0	(476)
Charged during the year	0	994	0	0	871	4,702	445	23	7,035
Depreciation at 28 February 2011	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Net book value									
Purchased	19,237	21,439	0	7,147	4,422	20,420	2,512	0	75,177
Donated	288	784	0	0	0	8	0	0	1,080
Government granted	0	0	0	0	0	0	0	0	0
Total at 28 February 2011	19,525	22,223	0	7,147	4,422	20,428	2,512	0	76,257
Asset financing									
Owned	19,525	22,223	0	7,147	4,422	15,517	2,512	0	71,346
Finance leased	0	0	0	0	0	4,911	0	0	4,911
Private finance initiative	0	0	0	0	0	0	0	0	0
Total 28 February 2011	19,525	22,223	0	7,147	4,422	20,428	2,512	0	76,257

17.1 Revaluation reserve balance for property, plant & equipment

	Land	Buildings excluding dwellings	Dwellings	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2010	493	1,865	0	0	166	0	3	2,527
Movements	0	0	0	0	0	0	0	0
At 28 February 2011	493	1,865	0	0	166	0	3	2,527

17. Property, plant and equipment continued

2009-10	Land	Buildings excluding dwellings	Dwellings	Assets under construct and poa	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2009	16,934	25,323	0	10,007	10,588	27,452	6,504	439	97,247
Additions purchased	#REF!	0	0	9,280	0	#REF!	0	0	#REF!
Additions donated	#REF!	0	#REF!	#REF!	0	#REF!	#REF!	#REF!	#REF!
Additions government granted	#REF!	#REF!	#REF!	#REF!	0	#REF!	#REF!	#REF!	#REF!
Reclassifications	#REF!	415	#REF!	(7,109)	2,369	4,248	77	#REF!	#REF!
Reclassified as held for sale	#REF!	0	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Disposals other than by sale	#REF!	#REF!	#REF!	#REF!	(1)	(521)	0	0	#REF!
Revaluation/indexation gains	540	1,204	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Impairments	#REF!	0	0	0	#REF!	#REF!	#REF!	#REF!	#REF!
Reversal of impairments	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
At 31 March 2010	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Depreciation at 1 April 2009	0	0	0	0	8,625	14,936	5,689	299	29,549
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	#REF!	#REF!	#REF!	0	#REF!	#REF!	#REF!	#REF!	#REF!
Disposals other than by sale	#REF!	#REF!	#REF!	0	(1)	(502)	0	0	#REF!
Revaluation/indexation gains	#REF!	#REF!	#REF!	0	#REF!	#REF!	#REF!	#REF!	#REF!
Impairments	#REF!	3,513	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Reversal of impairments	(1,300)	#REF!	#REF!	#REF!	0	0	0	0	#REF!
Charged during the year	#REF!	1,256	0	0	658	3,176	274	25	#REF!
Depreciation at 31 March 2010	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Net book value									
Purchased	18,497	21,402	0	12,178	3,674	13,555	615	115	70,036
Donated	277	771	0	0	0	14	3	0	1,065
Government granted	0	0	0	0	0	0	0	0	0
Total at 31 March 2010	18,774	22,173	0	12,178	3,674	13,569	618	115	71,101
Asset financing									
Owned	18,774	22,173	0	12,178	3,674	13,569	618	115	71,101
Finance leased	0	0	0	0	0	0	0	0	0
Private finance initiative	0	0	0	0	0	0	0	0	0
Total 31 March 2010	18,774	22,173	0	12,178	3,674	13,569	618	115	71,101

17. Property, plant and equipment (cont.)
There were no assets donated in the year.

All land and buildings were valued by the Valuation Office Agency (VOA) as at 31 March 2010 to reflect their Modern Equivalent Value (MEV). The Trust has applied an indexation factor in 2011, to reflect the current market and has used the BCIS public sector TPI as a guide.

All other assets are capitalised at historic cost depreciated over the remaining useful lives.

The economic lives of fixed assets range from:

Software Licences	5 years
Buildings exc. dwellings	50 years
Plant & Machinery	5 years to 7 years
Transport Equipment	5 years to 7 years
Information Technology	5 years
Furniture and Fittings	10 years

18. Intangible assets

2010-11	Computer software - purchased	Computer software - internally generated	Licences and trademarks	Patents	Development expenditure (internally generated)	Total
	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2010	1,148	0	0	0	0	1,148
Additions purchased	0	0	0	0	0	0
Additions internally generated	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0
Reclassifications	408	0	0	0	0	408
Reclassified as held for sale	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Revaluation/indexation	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversals of impairments	0	0	0	0	0	0
Gross cost at 28 February 2011	1,556	0	0	0	0	1,556
Amortisation at 1 April 2010	946	0	0	0	0	946
Reclassifications	0	0	0	0	0	0
Reclassifications as held for sale	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Charged during the year	97	0	0	0	0	97
Amortisation at 28 February 2011	1,043	0	0	0	0	1,043
Net book value						
Purchased	513	0	0	0	0	513
Donated	0	0	0	0	0	0
Government granted	0	0	0	0	0	0
Total at 28 February 2011	513	0	0	0	0	513

18. Intangible assets continued

2009-10	Computer software - purchased £000	Computer software - internally generated £000	Licences and trademarks £000	Patents £000	Development expenditure (internally generated) £000	Total £000
Gross cost at 1 April 2009	1,055	0	0	0	0	1,055
Additions purchased	93	0	#REF!	#REF!	#REF!	#REF!
Additions internally generated	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Revaluation / indexation	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversals of impairments	0	0	0	0	0	0
Gross cost at 31 March 2010	1,148	0	#REF!	#REF!	#REF!	#REF!
Amortisation at 1 April 2009	881	0	0	0	0	881
Reclassifications	0	0	0	0	0	0
Reclassifications as held for sale	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Charged during the year	65	0	0	0	0	65
Amortisation at 31 March 2010	946	0	0	0	0	946
Net book value						
Purchased	202	0	0	0	0	202
Donated	0	0	0	0	0	0
Government granted	0	0	0	0	0	0
Total at 31 March 2010	202	0	0	0	0	202

18. Intangible assets (cont.)

There have been no revaluations of intangible assets as all items relate to immaterial items held at depreciated cost.

There are no internally generated intangible assets, no intangible assets with indefinite useful lives and no intangible assets acquired by government grant.

18.2 Revaluation reserve balance for intangible assets	**2010-11 £000**	2009-10 £000
At 1 April	**0**	0
Changes	**0**	0
At 31 March	**0**	0

19. Impairments

There was £198k of impairments of assets in the period. (2009/2010: £3,513k)

20. Commitments

20.1 Capital commitments

Contracted capital commitments at 28 February not otherwise included in these financial statements:

	28 February 2011 £000	31 March 2010 £000
Property, plant and equipment	**0**	959
Intangible assets	**0**	0
Total	**0**	959

21. Inventories

21.1 Inventories	**28 February 2011 £000**	31 March 2010 £000
Drugs	**10**	15
Work in progress	**0**	0
Consumables	**686**	612
Energy	**174**	129
Other	**0**	0
Total	**870**	756
Of which held at net realisable value:	**0**	0

21.2 Inventories recognised in expenses	**28 February 2011 £000**	31 March 2010 £000
Inventories recognised as an expense in the period	**123**	89
Write-down of inventories (including losses)	**0**	0
Reversal of write-downs that reduced the expense	**0**	0

22. Trade and other receivables

22.1 Trade and other receivables	**Current 28 February 2011 £000**	**Non-current 28 February 2011 £000**	Current 31 March 2010 £000	Non-current 31 March 2010 £000
NHS receivables-revenue	**3,253**	**1,320**	609	2,586
NHS receivables-capital	**0**	**0**	0	0
Non-NHS receivables-revenue	**286**	**0**	310	0
Non-NHS receivables-capital	**0**	**0**	0	0
Provision for the impairment of receivables	**0**	**0**	(366)	0
Prepayments and accrued income	**2,651**	**0**	3,143	0
Finance lease receivables	**0**	**0**	0	0
Operating lease receivables	**0**	**0**	0	0
VAT	**0**	**0**	258	0
Other receivables	**1,519**	**0**	1,226	0
Total	**7,709**	**1,320**	5,180	2,586

The great majority of trade is with Primary Care Trusts, as commissioners for NHS patient care services. As Primary Care Trusts are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

22.2 Receivables past their due date but not impaired	28 February 2011 £000	31 March 2010 £000
By up to three months	**1,245**	1,037
By three to six months	**171**	29
By more than six months	**55**	4
Total	**1,471**	1,070

22.3 Provision for impairment of receivables	28 February 2011 £000	31 March 2010 £000
Balance at 1 April	**(366)**	(53)
Amount written off during the year	**366**	53
Amount recovered during the year	**0**	0
(Increase)/decrease in receivables impaired	**0**	(366)
Balance at 28 February/31 March	**0**	(366)

23. Other financial assets	Current 28 February 2011 £000	Non-current 28 February 2011 £000	Current 31 March 2010 £000	Non-current 31 March 2010 £000
Embedded derivatives carried at fair value through profit and loss	**0**	**0**	0	0
Financial assets carried at fair value through profit and loss	**0**	**0**	0	0
Held to maturity investments at amortised cost	**0**	**0**	0	0
Available for sale financial assets carried at fair value	**0**	**0**	0	0
Loans carried at amortised cost	**0**	**0**	0	0
Total	**0**	**0**	0	0

24. Other current assets	28 February 2011 £000	31 March 2010 £000
EU Emissions trading scheme allowances	**0**	0
Other assets	**0**	0
Total	**0**	0

25. Cash and cash equivalents	**28 February 2011**	31 March 2010
	£000	£000
Balance at 1 April	**10,758**	12,151
Net change in year	**13,697**	(1,393)
Balance at 28 February/31 March	**24,455**	10,758
Made up of		
Cash with Government banking services	**24,418**	10,726
Commercial banks and cash in hand	**37**	32
Current investments	**0**	0
Cash and cash equivalents as in statement of financial position	**24,455**	10,758
Bank overdraft - Government banking services	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in statement of cash flows	**24,455**	10,758

26. Non-current assets held for sale	**Land**	**Buildings, excl dwelling**	**Dwellings**	**Other property, plant and equipment**	**Intangible assets**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Balance at 1 April 2010	**0**	**0**	**0**	**0**	**0**	**0**
Plus assets classified as held for sale in the year	**0**	**0**	**0**	**0**	**0**	**0**
Less assets sold in the year	**0**	**0**	**0**	**0**	**0**	**0**
Less impairments of assets held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Plus reversal of impairment of assets held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	**0**	**0**	**0**	**0**	**0**	**0**
Balance at 28 February 2011	**0**	**0**	**0**	**0**	**0**	**0**
Balance at 1 April 2009	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Less impairments of assets held for sale	0	0	0	0	0	0
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance at 31 March 2010	0	0	0	0	0	0

27. Trade and other payables	Current 28 February 2011 £000	Non-current 28 February 2011 £000	Current 31 March 2010 £000	Non-current 31 March 2010 £000
Interest payable	0		0	
NHS payables-revenue	(38)	0	470	0
NHS payables-capital	0	0	0	0
Non NHS trade payables - revenue	(400)	0	2,259	0
Non NHS trade payables - capital	(821)	0	959	0
Accruals and deferred income	(13,181)	0	5,677	0
Social security costs	(3,624)	0	0	0
VAT	(14)	0	0	0
Tax	0	0	0	0
Other	0	0	35	0
Total	(18,078)	0	9,400	0

28. Borrowings	Current 28 February 2011 £000	Non-current 28 February 2011 £000	Current 31 March 2010 £000	Non-current 31 March 2010 £000
Bank overdraft - Government banking services	0	0	0	0
Bank overdraft - Commercial banks	0	0	0	0
Loans from:	0	0	0	0
Department of Health	0	0	0	0
Other entities	0	0	0	0
PFI liabilities	0	0	0	0
LIFT	0	0	0	0
Finance lease liabilities	(1,557)	(3,243)	0	0
Other	0	0	0	0
Total	(1,557)	(3,243)	0	0

29. Other liabilities	Current 28 February 2011 £000	Non-current 28 February 2011 £000	Current 31 March 2010 £000	Non-current 31 March 2010 £000
PFI asset – deferred credit	0	0	0	0
Lease incentives	0	0	0	0
Other	0	0	0	0
Total	0	0	0	0

30. Finance lease obligations

The Trust leases 54 A&E Ambulances on a five year commercial lease arrangement.

Amounts payable under finance leases:

Vehicles	**Minimum lease payments**	**Present value of minimum lease payments**	Minimum lease payments	Present value of minimum lease payments
	28 February 2011 £000	**28 February 2011 £000**	31 March 2010 £000	31 March 2010 £000
Within one year	**1,475**	**1,557**	**0**	0
Between one and five years	**3,819**	**3,243**	**0**	0
After five years	**0**	**0**	**0**	0
Less future finance charges	**(494)**	**0**	**0**	
Present value of minimum lease payments	**4,800**	**4,800**	**0**	0
Included in:				
Current borrowings		**1,557**		0
Non-current borrowings		**3,243**		0
		4,800		0

Future sublease payments expected to be received total £nil (2009-10 £nil)

Contingent rents recognised as an expense £nil (2009-10 £nil)

31. Other financial liabilities	Current 28 February 2011 £000	Non-current 28 February 2011 £000	Current 31 March 2010 £000	Non-current 31 March 2010 £000
Financial liabilities carried at fair value through profit and loss:				
Embedded derivatives	**0**	**0**	0	0
Other financial liabilities	**0**	**0**	0	0
Amortised cost	**0**	**0**	0	0
Total	**0**	**0**	0	0

32. Provisions	Current 28 February 2011 £000	Non-current 28 February 2011 £000	Current 31 March 2010 £000	Non-current 31 March 2010 £000
Pensions relating to former directors	**0**	**0**	0	0
Pensions relating to other staff	**(328)**	**(4,157)**	325	4,347
Legal claims	**(798)**	**0**	528	0
Restructurings	**(1,259)**	**0**	2,300	0
Redundancy	**0**	**0**	0	0
Other - Agenda for Change	**(611)**	**0**	2,397	0
Other - Banked leave	**(3,387)**	**(375)**	852	477
Total	(6,383)	(4,532)	6,402	4,824

	Pensions relating to former directors	Pensions relating to other staff	Legal claims	Restructurings	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2010	**0**	**(4,672)**	**(528)**	**(2,300)**	**0**	**(3,726)**	**(11,226)**
Arising during the year	**0**	**(38)**	**(270)**	**(1,259)**	**0**	**(2,523)**	**(4,090)**
Used during the year	**0**	**0**	**0**	**2,300**	**0**	**1,887**	**4,187**
Reversed unused	**0**	**328**	**0**	**0**	**0**	**0**	**328**
Unwinding of discount	**0**	**(103)**	**0**	**0**	**0**	**(11)**	**(114)**
At 28 February 2011	**0**	**(4,485)**	**(798)**	**(1,259)**	**0**	**(4,373)**	**(10,915)**
Expected timing of cash flows:							
Within one year	**0**	**(328)**	**(798)**	**(1,259)**	**0**	**(4,402)**	**(6,787)**
Between one and five years	**0**	**(1,534)**	**0**	**0**	**0**	**(66)**	**(1,600)**
After five years	**0**	**(2,623)**	**0**	**0**	**0**	**(309)**	**(2,932)**

33. Contingencies

33.1 Contingent liabilities

	2010-11 £000	2009-10 £000
Equal pay cases	**0**	0
Other - Legal	**391**	216
Amounts recoverable against contingent liabilities	**0**	0
Total	**391**	216

The remaining £391k (2009/10 £216k) is for legal liabilities relating to Agenda for Change.

33.2 Contingent assets

The Trust has no contingent assets

34. Financial instruments

34.1 Financial assets

	At fair value through profit and loss £000	Loans and receivables £000	Available for sale £000	Total £000
Embedded derivatives	**-**	**-**	**-**	**-**
Receivables		**1,242**	**-**	**1,242**
Cash at bank and in hand		**24,455**	**-**	**24,455**
Other financial assets	**-**	**-**	**-**	**-**
Total at 28 February 2011	**-**	**25,697**	**-**	**25,697**
Embedded derivatives	-	-	-	-
Receivables	-	2,586	-	2,586
Cash at bank and in hand	-	10,758	-	10,758
Other financial assets	-	-	-	-
Total at 31 March 2010	-	13,344	-	13,344

34.2 Financial liabilities

	At fair value through profit and loss £000	Other £000	Total £000
Embedded derivatives	**-**	**-**	**-**
Payables	**-**	**3,720**	**3,720**
PFI and finance lease obligations	**-**	**-**	**-**
Other borrowings	**-**	**-**	**-**
Other financial liabilities	**-**	**6,454**	**6,454**
Total at 28 February 2011	**-**	**10,174**	**10,174**
Embedded derivatives	-	-	-
Payables	-	4,145	4,145
PFI and finance lease obligations	-	-	-
Other borrowings	-	-	-
Other financial liabilities	-	6,039	6,039
Total at 31 March 2010	-	10,184	10,184

34.3 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Primary Care Trusts and the way those Primary Care Trusts are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

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

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the Strategic Health Authority. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 28 February 2011 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Primary Care Trusts, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

35. Events after the reporting period

There are no post balance sheet events.

36. Financial performance targets

The figures given for periods prior to 2009-10 are on a UK GAAP basis as that is the basis on which the targets were set for those years.

36.1 Breakeven performance	2005-06 £000	2006-07 £000	2007-08 £000	2008-09 £000	2009-10 £000	2010-11 £000
Turnover	128,002	127,647	134,874	148,941	152,430	145,923
Retained surplus/(deficit) for the year	832	3,050	641	658	(1,083)	3,351
Adjustment for:						
Timing/non-cash impacting distortions:						
Use of pre - 1.4.97 surpluses [FDL(97)24 Agreements]	0	0	0	0	0	0
2006/07 PPA (relating to 1997/98 to 2005/06)	0					
2007/08 PPA (relating to 1997/98 to 2006/07)	0	0				
2008/09 PPA (relating to 1997/98 to 2007/08)	0	0	0			
Adjustments for Impairments				0	2,213	(198)
Consolidated Budgetary Guidance - Adjustment for Dual Accounting under IFRIC12*					0	0
Other agreed adjustments	0	0	0	0	0	(2)
Break-even in-year position	832	3,050	641	658	1,130	3,151
Break-even cumulative position	1,037	4,087	4,728	5,386	6,516	9,667

* Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance.

36.2 Capital cost absorption rate

Untill 2008/09 the Trust was required to absorb the cost of capital at a rate of 3.5% of forecast average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital bears to the actual average relevant net assets.

From 2009/10 the dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets and therefore the actual capital cost absorption rate is automatically 3.5%.

36.3 External financing

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

	£000	**2010-11 £000**	2009-10 £000
External financing limit		**(6,415)**	4,116
Cash flow financing	**(11,818)**		4,116
Finance leases taken out in the year	**5,403**		0
Other capital receipts	**0**		0
External financing requirement		**(6,415)**	4,116
Undershoot/(overshoot)		**0**	0

36.4 Capital resource limit

The trust is given a capital resource limit which it is not permitted to exceed.

	2010-11 £000	2009-10 £000
Gross capital expenditure	**11,285**	9,373
Less: book value of assets disposed of	**(99)**	(19)
Plus: loss on disposal of donated assets	**0**	0
Less: capital grants	**0**	0
Less: donations towards the acquisition of non-current assets	0	0
Charge against the capital resource limit	**11,186**	9,354
Capital resource limit	**11,186**	10,334
(Over)/underspend against the capital resource limit	**0**	980

37. Related party transactions

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with South East Coast Ambulance Service NHS Trust.

The Department of Health is regarded as a related party. During the year South East Coast Ambulance Service Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Brighton & Hove City PCT	0	90	0	0
Brighton & Sussex University Hospitals NHS Trust	85	3,508	0	0
Dartford & Gravesham NHS Trust	15	0	0	0
Department of Health	176	2,340	0	0
East Midlands Ambulance Service NHS Trust	0	6	0	0
East Kent Community Healthcare NHST	0	2	0	0
East Kent Hospitals University FT	44	3	3	0
East Sussex Hospitals NHS Trust	13	1,321	0	16
Eastern & Coastal Kent PCT	0	905	0	0
Epsom & St Helier NHST	19	3	1	0
Frimley Park Hospital FT	7	0	0	0
Hastings & Rother PCT	0	156	0	0
Imperial College Healthcare NHS Trust	1	0	0	0
Kent & Medway NHS & Social Care Partnership Trust	2	259	0	0
London Ambulance Service NHS Trust	18	0	0	0
Maidstone & Tunbridge Wells NHS Trust	40	171	2	0
Medway NHS Foundation Trust	205	8	13	0
Medway PCT	0	679	0	0
NHS Business Services Authority	230	0	0	0
NHS Litigation Authority	138	0	0	0
NHS Supply Chain	148	0	0	0
Portsmouth Hospitals NHS Trust	0	376	0	0
Queen Victoria Hospital NHS Foundation Trust	1	421	0	0
Royal Surrey County Hospital NHS Trust	0	127	0	0
Salford Royal NHS FT	2	0	0	0
South Central Ambulance NHST	0	1	0	0
South East Coast Strategic Health Authority	0	1,355	0	55
Southh London Healthcare NHS Trust	2	0	0	0
Southampton University Hospitals FT	1	0	0	0
Stockport NHSFT	0	1	0	0
Surrey PCT	74	11	0	3
Sussex Community NHST	0	334	1	0
Sussex Partnership NHS Foundation Trust	40	685	0	0
Wandsworth PCT	0	28	0	0
West Kent PCT	60	129,266	0	0
West Midlands Ambulance Service	0	33	0	0
West Sussex PCT	34	540	24	0
Western Sussex Hospitals NHS Trust	230	993	0	0

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the trustees for which are also members of the NHS trust board.

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

38. Intra-Government and other balances	Current receivables	Non-current receivables	Current payables	Non-current payables
	£000	£000	£000	£000
Balances with other central government bodies	**702**	**0**	**11**	**0**
Balances with local authorities	**0**	**0**	**0**	**0**
Balances with NHS trusts and foundation trusts	**2,551**	**1,320**	**27**	**0**
Balances with public corporations and trading funds	**0**	**0**	**0**	**0**
Intra government balances	**3,253**	**1,320**	**38**	**0**
Balances with bodies external to government	**4,456**	**0**	**18,040**	**0**
At 28 February 2011	**7,709**	**1,320**	**18,078**	**0**
Balances with other central government bodies	3,007	2,586	432	0
Balances with local authorities	0	0	0	0
Balances with NHS trusts and foundation trusts	188	0	38	0
Balances with public corporations and trading funds	0	0	0	0
Intra government balances	3,195	2,586	470	0
Balances with bodies external to government	1,985	0	8,930	0
At 31 March 2010	5,180	2,586	9,400	0

39. Losses and special payments

There were 2,484 cases of losses and special payments (2009/10:786 cases) totalling £917,315 (2009/10 : £412,527) accrued during 2010-11.

There were no cases over £250,000

Your service, your call

For more information

South East Coast Ambulance Service NHS Trust
The Horseshoe, Bolters Lane
Banstead, Surrey SM7 2AS

Tel: 01737 353 333
Fax: 01737 363 847
Website: www.secamb.nhs.uk
Email: enquiries@secamb.nhs.uk