South Central Ambulance Service NHS Trust
Annual Report
2009/10

South Central Ambulance Service NHS Trust (SCAS)
ANNUAL REPORT 2009-10

Chief Executive's Introduction

At a time when all public services are under intense scrutiny our experience this year proves that the ambulance service is more valued, vital and visible than ever before.

Growth

Demand for the service continues to increase. More people called 999 this year than ever before, continuing the trend of the last ten years. If this rate of growth continues the ambulance service will take more 999 calls than the Police and Fire and Rescue Services combined within the next few years.

Response Times

Partly in response to the challenge of increased demand, we are working ever more closely with stakeholders, including Health Overview and Scrutiny Committees. Services to patients in rural areas, in particular, have been reviewed this year. We have continued to innovate and to work together with other local partners to improve services to patients in rural and remote locations. Local community-based partnership schemes with volunteers, Fire and Rescue Services, the Military and most recently Thames Valley Police mean that we are getting an initial life-saving response to patients quicker than ever before in rural areas, while an ambulance is en-route to them.

Clinical Quality

While response times are important in emergencies, it is the quality of clinical care that is critical to patient outcomes. Along with other parts of the NHS 'quality' is an increasingly important factor behind the way we work in structuring our organisation and in delivering services. We re-structured our Board in December 2009, appointing a Medical Director and Director of Patient Care to strengthen our clinical leadership. We measure compliance against best practice for patients with asthma, diabetes, cardiac arrest, heart attack and stroke. In the 16 months since the start of measurement we have delivered an 8% improvement in stroke care, 8% improvement in heart attack care, 11% improvement in asthma care and a 2% improvement in hypoglycaemia care.

Continual Improvement

We are committed to continuously improving and have an on-going programme entitled *Towards Excellence*. This year successes include the centralisation of our Buckinghamshire and Oxfordshire 999 emergency operations centres (EOCs) in a high tech facility in Bicester. We have also introduced a seamless control system across our Berkshire and Hampshire

EOCs and expanded the clinical presence within our EOCs, so that we can ensure each patient receives the most appropriate response. We recognise that we have more work to do to meet government targets on response times, in particular for patients with serious but not life-threatening conditions (category B). We closely monitor any potential impact on patients that delays may have and continuously strive to learn from root cause analysis of any delays.

Efficiency

We are focused on providing the right care for every patient. We increasingly offer telephone advice, onward referral and on-scene treatment in addition to conveying patients to A&E. Feedback has indicated that patients welcome these options with compliments we receive continuing to outnumber complaints by a ratio of four to one.

We are working closely with our partners in acute hospitals to reduce delays in ambulances at A&E departments and have together delivered significant reductions since December 2009. We are also working closely with colleagues in primary care, nursing homes, mental health services and other areas to ensure that we find the most appropriate and cost effective service for every patient. Despite an increase in calls, we have taken fewer patients to A&E than ever before this year. We currently deliver services for the residents of Thames Valley and Hampshire for £31.72 per head per year, which compares well with our neighbours in Kent Surrey and Sussex, where it costs £33.10 and with the South West at £32.29.

Resilience

As an emergency service and category one responder under the Civil Contingencies Act, we prepare and plan carefully for major incidents. During the autumn of 2009, intensive work took place to prepare to respond to the challenge of pandemic flu. While call numbers did increase the flu pandemic did not materialise as forecast. However, from late December through to mid January we experienced the worst winter weather conditions for a generation. Our escalation plans were put fully to the test, as was the resilience and fortitude of our staff. Services were maintained in what at times were near impossible conditions on account of the snow and ice. It was a great opportunity for the public to see the dedication and professionalism of all those who work for the ambulance service. Our thanks to all members of the public who rallied to assist our front line crews throughout the challenging winter weather.

Will Hancock
CEO

Our Board

The past year has seen a number of changes to South Central Ambulance Service NHS Trust (SCAS) Board, which have added new strengths and expertise in preparation for a possible future application for Foundation Trust application.

A revised Board membership was implemented on 1 December 2009 as:

Chairman
Neil Goulden

Chief Executive
Will Hancock

Directors

Ian Ferguson	Chief Operating Officer
Fizz Thompson	Nurse Director of Patient Care
Charles Porter	Director of Finance
John Black	Interim Medical Director
Paul Clarke	Interim Director of Transformation &Organisational Development
Duncan Burke*	Interim Director of Communications and Engagement

** This executive post is designated as being non-voting*

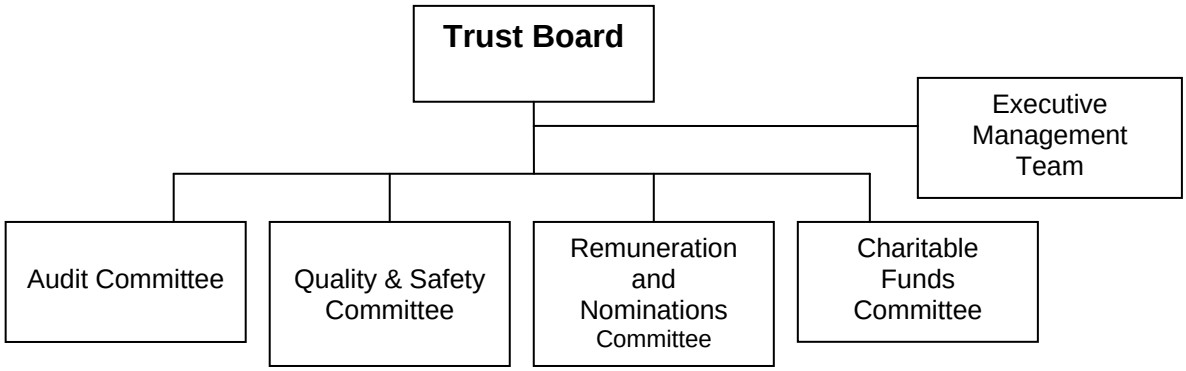
Non-Executive Directors
June May (Vice Chairman)
Alastair Mitchell - Baker
Colin Hazell
Jackie Neylon
Edward Weiss

As a result of the Board restructure the following former Executive Directors stepped down from the Board on 1 December 2009:-

John Divall	Director of Corporate Affairs
Sharon Walters	Director of HR
Vince Weldon	Director of ICT
Lisa Hodgson	Director of Service Development

Public Board meetings
We will continue to hold board meetings in public and to publish the minutes from these on the internet.

Board Committees and membership
Board sub-committees have been reconfigured with clarified roles and responsibilities. The Board has two primary Committees - Audit and Quality and Safety. These jointly oversee all governance and risk within the organisation and provide assurance to the Board.



Audit Committee Membership

Edward Weiss (Chair)
Colin Hazell
Jackie Neylon (Chair of Quality and Safety Committee)

Quality and Safety Membership
Jackie Neylon (Chair)
Alastair Mitchell – Baker (NED Patient Safety Champion)
Director of Patient Care
Medical Director
Trust Chairman,
Chief Executive,
Chief Operating Officer,
Assistant Director of Finance,
Director of HR,
Corporate Secretary,
Head of Governance and Risk Management,
Staff side representative
Public Involvement Panel representative.

Register of Interests
A Register of Directors' Interests is available for public inspection at the Trust's headquarters, Unit 7 & 8 Talisman Business Centre, Talisman Road, Bicester, Oxon OX26 6HR. A declaration of interests is made by Directors at every Board and Committee meeting as a standing agenda item.

Management Commentary – Business Review

South Central Ambulance Service NHS Trust (SCAS) was formed on 1 July 2006 as the result of merging the former Hampshire, Royal Berkshire, and Oxfordshire Ambulance Services together with the Buckinghamshire element of Two Shires Ambulance Service.

Our primary function is to provide emergency 999 pre-hospital care throughout the four counties of Hampshire, Berkshire, Oxfordshire and Buckinghamshire. We serve a population in excess of four million resident in a geographical area of 3,554 square miles, which is co-terminus with that of the NHS South Central Strategic Health Authority (SHA) with the exception of the Isle of Wight.

Due to our large geographic area, we operate a three divisional structure which, with the exception of Oxfordshire and Buckinghamshire, is based on the former ambulance trust geographic boundaries. This structure is currently being reviewed both for economic and organisational development reasons.

In February 2009, we relocated our Hampshire EOC and offices to new premises at Otterbourne near Winchester. Our Berkshire EOC and offices remain based at Wokingham, Berkshire.

Since June 2009, we have operated from new Corporate Headquarters at Bicester, Oxfordshire. This building is also home to our Oxfordshire and Buckinghamshire offices and the Emergency Operations Centre (EOC) for these two counties.

We currently employ around 2,207 Whole Time Equivalent (WTE) staff, of which 1,600 are patient facing in the delivery of the emergency service and a further 370 are operational within our non-emergency Patient Transport Service.

Our operating income for the financial year 2009-10 was £125 million. This consisted of £103 million from the emergency care contract with the remainder derived from non emergency contracts. We are commissioned by a Specialist Commissioner on behalf of eight local Primary Care Trusts (PCTs).

Our Core Objectives and Key Priorities, as outlined in our three-to-five year Business Plan, are:

- To deliver clinical excellence by improving patient safety, improving clinical outcomes and providing a positive patient experience.

- To achieve emergency operational performance and resilience.

- To provide leadership in delivering transformational change in the provision of Urgent Care, modernising our infrastructure to facilitate taking healthcare to the patient.

- To develop effective stakeholder relationships that will drive whole system solutions.

- To develop an organisation with a learning structure that embraces diversity, through effective leadership and staff engagement.

- To deliver good governance and a strong financial standing, providing efficiency and value for taxpayers' money

Review of Performance

We were disappointed to receive a 'weak' rating for 'Quality of Services' by the Care Quality Commission in the autumn of 2009 even though we had delivered on a number of significant work streams and been praised for our excellent performance on hygiene control. We were rated good for our *Use of Resources,* (how well our organisation manages its finances).

The Care Quality Commission (CQC) has reviewed the way NHS organisations are assessed and introduced a process of registration in which all NHS provider organisations have to declare compliance with a set of published essential standards. We declared full compliance and were subsequently registered with no conditions in March 2010. The CQC Periodic Review, which replaces the Annual Health Check, will assess the Trust on the following:

- Registration status, which will be continuously monitored and updated
- Achievement of national priorities in 2009/10
- Quality of financial management in 2009/10

This year, as part of the process, we had to make a mid-year declaration on the Core Standards for better health. These will not be scored or used in the review. The CQC was satisfied we had met all the core standards for better health, summarised below:

Safety	√
Clinical & Cost Effectiveness	√
Governance	√
Patient Focussed	√
Accessible & Responsive Care	√
Care Environment & Amenities	√
Public Health	√

Significant improvements have been made in our benchmarked performance against the five national clinical performance indicators (CPIs) – Stroke, ST Elevated Myocardial Infarction, Cardiac Arrest, Asthma and Hypoglycaemia. We will be developing our plans further to provide clinical scorecards at individual, team and strategic level.

Control of Infection
In 2009 the CQC undertook an unannounced inspection of our infection control procedures, as part of a national programme of inspection visits to Ambulance Trusts. The CQC found that we were compliant with the Hygiene standards. We subsequently quickly addressed those areas highlighted for improvement to the satisfaction of the CQC.

During the year, we completed the roll out of the 'Make Ready' system of vehicle of cleaning, restocking and checking. This service has been widely welcomed by our staff, improving the cleanliness and state of readiness of our frontline vehicles and downtime between shifts.

The four Existing Commitments for Ambulance Trusts
All NHS organisations are monitored and measured by a set of nationally defined indicators and targets. Performance against these determine the CQC Periodic Review rating awarded to NHS Trusts.

Category A calls meeting the 8 minute standard of a minimum of 75% of immediately life threatening calls should receive an emergency response at the scene of the incident within 8 minutes.
Category A calls meeting the 19 minute standard of a minimum of 95% of immediately life-threatening call that require transport must be met within 19 minutes of the request being made for a vehicle capable of transporting a patient.

Category B call meeting the 19 minute standard of a minimum of 95% of all calls, defined as "serious but not immediately life-threatening" must received an emergency response at the scene of the incident within 19 minutes

Time to thrombolysis – treatment for patients who have suffered a heart attack

There are six national priorities for ambulance trusts

- Management of Acute Myocardial Infarction
- Management of Asthma
- Management of Cardiac Arrest
- Management of Hypoglycaemic Attacks
- Management of Stroke Patients
- Management of Diabetes

Existing Commitments

	National Target	Performance 2007/08	Performance 2008/09	Performance 2009/10
CAT A8	75%	66%	72.6%	74.8%
CAT A19	95%	93%	94.4%	92.7%
CAT B19	95%	88.8%	88%	88.3%
Thrombolysis	68%	68%	58%	-

Your Compliments, Comments, Concerns and Complaints
While we are committed to providing you with excellent clinical care and safe and efficient transport by ambulance, our Patient Advice and Liaison Team is your first point of contact if you have a compliment, comment, concern or complaint.

We listen to your comments and answer your concerns. In line with current Department of Health requirements we aim to resolve any complaint in an open and timely way. We aim to provide you with a satisfactory resolution to any issue you may have with our service and to ensure we learn from your experience to improve patient care.

We attended 383,239 incidents during the year and received 144 formal complaints compared to 656 compliments. We are proud to say that thanks to the commitment of our staff, the number of compliments we've received this year outweigh complaints by more than four to one.

To pay us a compliment or register a complaint please contact Lizz Rees on 01962 898 069.

Patient and Public Involvement
The Trust engages with service users through a number of avenues to canvass their views on our service and obtain feedback on their experience of it. This information is used to positively influence our service delivery.

We have a **Public and Involvement Panel (PIP)** whose membership comprises members of the public from across the four counties we serve. This group meets regularly and has a work plan which covers the recruitment of additional members and conducting patient experience interviews. The PIP reports to the Trust's Care Quality Committee.

In addition the PIP is represented on the following Trust groups:

Clinical Review Group
Vehicle and Equipment Group
Patient Experience and Review Group
Information Governance Steering Group
Serious Untoward Incident Review Group
Strategic Health Safety and Risk Group

The Patient Involvement Panel members also work with the local LINKS partnerships to ensure the transfer of information between organisations where appropriate.

To find out more about getting involved in this panel please contact – Sarah Pheby on Sarah.Pheby@scas.nhs.uk

League of Friends
We are the only ambulance Trust in the country with a League of Friends. This active volunteer team provides a useful link with our users across the region.
To discover more about the League of Friends and how to get involved yourself please click on the following link:
http://www.ambulancefriends.org.uk/index.htm

Community First Responders
A Community First Responder is a member of the public trained by the Ambulance Service who subsequently volunteers to help their local community by responding to medical emergencies and providing early and often life-saving intervention for patients while an ambulance is en route to them.

We are establishing an ever growing number of local schemes in rural and remote areas across Oxfordshire, Buckinghamshire, Berkshire and Hampshire.
To find out more about these schemes click on the following link:
http://www.scas-responders.info/

Freedom of Information
As a public organisation spending public money, SCAS has a statutory obligation to comply with the Freedom of Information Act. This Act requires us to confirm whether or not we hold the requested information and, if we do hold it, to disclose it subject to various exemptions (which may prevent partial or full disclosure).

We received and processed 94 Freedom of Information requests this year. These ranged from suppliers seeking information on Information Communications Technology, or infrastructure support contracts to others from journalists working on stories such as Public Sector expenses and researchers investigating hospital turnaround and hand over times nationally.

Some individuals requesting information return with additional questions seeking more detailed information or clarification on the information we have provided.

Stakeholder Relations
We have appointed a Director of Communication and Engagement who will lead on improving our engagement with our staff, our public and our stakeholders by building on existing practices and by establishing new activities, channels and feedback mechanisms.

Throughout the year, we have worked pro-actively in partnership with other health and social care agencies. We have produced a quarterly newsletter for stakeholders and have attended and presented at a wide range of meetings including Patient Involvement Panels, Health Overview and Scrutiny Committees (HOSCs), Primary Care Trust (PCT) Board meetings, Strategic Health Authority (SHA) Board to Board and Executive to Executive meetings. We enjoy close working relationships with our specialist commissioners and hold regular performance meetings.

We have participated fully with the Rural Review undertaken jointly by the Hampshire, Oxfordshire and Buckinghamshire HOSCs and welcomed their findings. We recognise and accept concerns relating to our rural performance and have produced a discussion document on our website.

West Berkshire Council undertook their own review of rural performance and their report was presented to their meeting on 19 January 2010. A copy of their report, recommendations and the actions taken is available on our website.

Real progress has begun to be made in developing whole systems solutions to reduce ambulance delays at hospital. Multi-agency project boards have been established at the main acute hospitals and by working together with our NHS partners we are reducing turnaround times and delays.

In addition we are working closely with our partners on whole system solutions to reduce demand and will continue to educate our public on the appropriate use of our service and the other options for care that may be available to them such as NHS Direct, their GP, Pharmacist, or Walk-in Centre.

Clinical Services

Working across the Trust and in partnership with other organisations, our Clinical Services directorate provides clinical leadership across the organisation and increased clinical and medical presence at Board level

This year we have made some important improvements to the service. We have accepted and acted on recommendations from the Francis Report to ensure we are ‘fit for purpose’ and to prevent needless harm from occurring.

Emergency Care Practitioners (ECPs) are now working consistently across the Trust and in three Emergency Operations Centres (EOCs) at Bicester, Wokingham and Otterbourne. They play an important role in preventing

unnecessary admissions to hospital and in ensuring a better patient experience and outcome.

We have worked hard to ensure that the '*patient's voice'* is heard. This year has seen the formation of the Serious Untoward Incident (SUI) Review Group and the appointment of a patient representative as a permanent member of the Group. The learning from incidents will be shared and embedded into everyday practice, across the health economy and, where appropriate, with other ambulance trusts.

We will continue to implement changes that not only improve patient outcomes and experience but support the role of our clinical staff.

Expansion of our clinical support desks (CDSs) will continue to ensure that patients receive the right care from the right resource. Our clinical directorate will be taking a proactive approach to public health and prevention and will be working across the health economy to manage demand through the introduction of new care pathways for stroke, cardiac care and acute trauma.

Operations

Our Operations Department is primarily responsible for maintaining and improving the delivery of a cost effective accident and emergency (A&E) service, in line with national standards to the four counties we serve. In addition we provide high quality, cost effective commercial services that meet our commissioner expectations. These include non emergency patient transport services, logistics services, equipment services, commercial training, out of hours services, events management and fleet services.

It has been another challenging year in terms of operational performance although we started the year strongly and achieved both Category A8 and A19 targets for the half year.

The third quarter proved to be the most difficult ever faced by our organisation with our service experiencing a significant increase in calls for serious life threatening conditions. Category A calls averaged 21% above the norm for this time of year with many of these related to respiratory conditions, which we suspect were in many cases linked to the flu pandemic.

Conditions in Hampshire on 23 December led to unprecedented call volumes, which necessitated our organisation declaring a major incident. This high volume of demand continued well into January 2010 and was further exacerbated by a protracted period of adverse weather.

Non Conveyance
Our performance in reducing the number of patients conveyed to hospital is creditable and a key priority of our commissioners. Over the past year we have played a key role in 'signposting' 999 callers to appropriate pathways of

care and further reduced conveyance rates to 60%, making SCAS a national leader in this area.

Lightfoot Independent Review
As part of the 2009/10 commissioning round a review jointly funded by our commissioners, South Central Strategic Health Authority and ourselves was commissioned into B19 performance. The report, which was published in December 2009, identified that we have a significant shortfall in the resources required to achieve this national target.

Commercial Services

Our Commercial Services is an important part of SCAS and has a wide remit in providing services to patients and the wider health economy across the South Central region.

Non-Emergency Patient Transport Service (NEPTS)
Non-emergency patient transport is provided for those patients who have a clinical need for transport but do not require the skills of a qualified ambulance person en route.

Over the last year, we have undertaken nearly 650,000 patient journeys, and travelled in excess of six million miles.

We use a wide range of resources and pride ourselves in matching patient need with the most cost effective resource by effective planning

We currently hold all health NEPTS contracts across the region, with the exception of Portsmouth hospitals. Following a competititive tendering process we have successfully retained contracts in Berkshire and Oxfordshire.

Commercial Logistics
Our Community Equipment Service operates from a large warehouse and distribution centre at Theale, Berkshire, from where we provide a comprehensive range of equipment and patient aids that support independent living at home. We also provide a delivery and collection service between hospitals, GP surgeries and other health clinics. A new contract in Berkshire went live in September 2009. Our service is a prime example of health and social care partners working together to provide a coordinated service that brings with it financial efficiencies.

Future plans for Berkshire Community Equipment Service involve working in Partnership with the commissioners of the service to set up and develop a shop front to sell, as agreed, equipment through a catalogue to the community of Berkshire. We are also committed to improving current hoist servicing for the unitary authorities by adding Voyager Tracking Hoists to the maintenance programme and by purchasing directly from the supplier.

Our Commercial Logistics Services in Berkshire, Oxfordshire and Buckinghamshire provide the delivery and collection of hospital staff, specimens, medical records, drugs, CSSD Service (transportation of equipment for sterilisation), mail, clinical waste, parcels, equipment and other adhoc requirements. Our Commercial Logistics team works in partnership with other healthcare professionals to achieve shared objectives and is proactive in meeting new opportunities and the challenge of constant change from this complex environment.

Future developments for Commercial Logistics Services Oxfordshire include increasing the service with the Thames Valley Primary Care Agency across Oxfordshire; increasing the service with CPSU Pharmacies across Oxfordshire/Buckinghamshire, and developing and increasing Clinical Waste Services across our geography.

Urgent Care Services (Out of Hours)
We currently operate call answering contracts for two NHS commissioners covering the Berkshire, Hampshire and Surrey areas, and for 1 private commissioner who delivers a 24-hour GP advice line to patients' world wide. We also take calls during the day and provide cover for various doctors' training days. We handle out of hours patient calls in the East Berkshire area, cover for district nurses and emergency dentists, and provide doctors' drivers at three primary care centres. In 2009 urgent care services handled 256,560 calls of which 18,000 of these were related to the flu pandemic.

Our call handling service was relocated to new our new Bicester Headquarters following the relocation of Oxfordshire and Buckinghamshire offices to these premises.

We opened our lines during the day for the flu pandemic to provide cover for all the East Berkshire surgeries and provided a driver to assist with flu related calls, and to facilitate the delivery of Tamiflu to patients' homes.

We have recently taken on new business dealing with private patient calls from the Republic of Ireland.

In addition to our emergency operations, SCAS has continued to provide a range of associated services and commercially viable contracts that help to improve the health and wellbeing of patients by the provision of associated local healthcare services.

Commercial Services Training
We launched a new branded service in April 2009 to deliver high quality training to customers across our geography. This has been very successful producing a revenue of circa £425,000 in its first year.

Commercial Training (CT) is accredited by the Health and Safety Executive

(HSE) to deliver a variety of First Aid at Work and Emergency First Aid courses, including First Bike/Person on Scene both accredited by the Royal College of Surgeons.

Our service prides itself on its ability to meet and deliver the training needs of its customers. All trainers are healthcare professional clinicians who are experienced both operationally and in teaching other healthcare professionals and members of the public. Bespoke training has been provided to numerous NHS and private customers, eg. NHS primary care trusts, minor injury units, social services, other emergency services, Mars UK, dental and GP practices.

We will continue to develop our offering throughout 2010/11 and beyond to meet the ever changing needs of our customers.

Thames Valley Emergency Access

Thames Valley Emergency Access (TVEA) is a support team funded by the Thames Valley PCTs and hosted by South Central Ambulance Service NHS Trust (SCAS) providing an impartial communications hub to facilitate integrated whole system working across all NHS agencies in the area.

During 2009/10, TVEA supported whole system planning for the H1N1 flu pandemic, and provided a web-based reporting system for all GPs in the five PCT areas. Communications support was provided for SCAS during the transfer of the Oxfordshire and Buckinghamshire EOC to Bicester, and during the high REAP levels throughout the severe weather and winter pressures.

TVEA's routine support of acute trusts seeking assistance for secondary care facilities has recently been developed and extended to provide detailed resilient support for the Milton Keynes maternity unit.

In 2010/11, TVEA plans to develop the electronic directory of services for Milton Keynes and Berkshire and to review the protocols for rerouting 999 ambulances. It will continue to participate in whole system planning, including emergency planning for the 2012 Olympics.

Events

Our Events Team was set up in 2009 to deliver an emergency and first aid response at sporting events, fetes and shows and much more across our geography. During its first year our Events Team provided medical cover at Blenheim Horse Trials, organised and ran the 'Know your own Blood Pressure' campaign across four counties and attended 58 running calls. We are committed to increasing our visibility both in public facing activities and in terms of community engagement.

New feedback forms are being produced and these will be used across our geography at the many public events we attend which are attended by hundreds of thousands of people. Reaching out to the community with a structured education programme including such as open days, local level activity with staff at our ambulance stations and visits to schools and organisations will provide valuable insight into our service delivery and

encourage public involvement with our organisation. We never forget It's your service and value feedback from all who come into contact with the services we provide.

Service Development
Our Service Development team supports our organisation in making the necessary changes to improve patient care so that we always provide the right care, at the right time, and in the right place.

Members of the team help identify issues with our current services and manage projects should we need to change the services we provide.

The team coordinate projects and other change activities through four workstream boards, which focus on:

- Delivering and developing our workforce
- Releasing time and funds to be reinvested in patient care
- Designing and developing our services for the future
- Enabling cultural change across the organisation

In 2009/10, the team worked with local hospitals to ensure that our ambulance crews can handover patients more quickly and be ready sooner to respond to the next call. Last year, we worked with the five hospitals that experience the longest delays and have reduced turnaround times in these locations.

Members of front line staff have been seconded to the Continuous Improvement teams to take forward their ideas to improve services. In the last year, members of these teams have developed a range of useful information resources, including management and prevention of falls, improving the management of end of life care, review of the appraisals process, development of a mental capacity form.

The team was also involved in:

- the successful move of the Oxfordshire and Buckinghamshire offices and emergency operational centres to our new Headquarters at Northern House, Bicester without any adverse impact on service delivery;
- the introduction of Make Ready;
- The arrangements for patients to be redirected to other health professionals, in cases where this is safe and more clinically appropriate than taking them to hospital.

Going forward the Continuous Improvement teams will include members of support staff and explore ways for former team members to improve their services after returning to normal duties.

Through our ongoing *Towards Excellence* programme and associated, projects, we are continuing on a pathway of transformational change, moving away from a traditional ambulance service model to that of a mobile healthcare provider.

Reforming urgent and unscheduled care is a key priority for our commissioners and one in which we believe we can make a significant contribution.

Staff Engagement

Education
The provision of training is designed to meet the diverse needs of both our organisation and our individual members of staff.

Our first priority with regard to training is to ensure that mandatory, statutory and essential training is provided for all appropriate staff

Our second priority is that there should be adequate support provided for core skills training. This ensures that the professional skills needed to provide high quality patient care are maintained and enhanced for all job roles.

Our third priority is to ensure we are able to support our staff progress professionally, through career guidance, professional qualification support and skills enhancement, by providing specific training to meet the needs of particular job roles and by the provision of training and education for nationally recognised qualifications.

Lastly, we ensure our provision of training is sufficiently flexible to meet individual identified needs.

We currently support our clinical and operational staff on a number of courses, including the Foundation Degree Paramedic Sciences course, IHCD Trainee Technician course and vocational courses for emergency care assistants. We also support 56 staff on NVQ level 2/3 courses and apprenticeships in Business Administration, customer service, team leading and management.

We aim to create, develop and maintain an environment in which all our staff, regardless of role or position, are encouraged to become self-directed and pro-active learners, to enable them to become and remain skilled, competent and effective in their roles, to think creatively and adapt positively to change in order to ensure high quality patient care and service delivery needs.

To support this aim our Education Department will continue to provide our workforce with education, development and training which is fit for purpose and which meets the needs of the individual and our organisation.

In addition, it is expected that Continued Professional Development (2) will be offered to clinical staff on a progressive delivery programme in the coming year and CPD will also be offered to NEPTS staff, as appropriate to their needs.

Learning Beyond Registration funding has been secured for the first time and this will support the delivery of in house Leadership courses which have been designed to enhance our leadership and development strategy.

Statutory and mandatory training will be delivered in accordance with the strategic health authority's programme and it is expected that all members of our staff will receive face to face training bi-annually. This will be supported in the alternate year by a blended learning approach which will include e-learning and leafleting.

Equality, Diversity and Human Rights.
We appointed an Equality, Diversity and Human Rights Manager to lead on the strategic development and implementation of the Equality, Diversity and Human Rights agenda and to ensure we meet our statutory obligations.

We were assessed against the five commitments regarding the employment, retention, training and career development of disabled employees and we retained our Two Ticks Disability Symbol given by Jobcentre Plus to employers based in Great Britain who have agreed to take action to meet five commitments.

Our Single Equality Scheme (SES) has been revised to incorporate the requirements of the Race Equality Scheme, Disability Equality Scheme and the Gender Equality Scheme which are currently statutory duties. Our revised SES also includes requirements from the awaited Equality Bill on age discrimination, religion and belief, sexual orientation and gender reassignment.

We signed up to the Stonewall Diversity Champion Programme and we will be assessed to establish how we best meet the needs of our diverse workforce. The Stonewall's Diversity Champions programme is the employers' forum on sexual orientation issues in the workplace. Organisations which are members of this programme commit to improve their workplace for their lesbian, gay and bisexual staff.

Governance

We have continued to work towards a future Foundation Trust application by strengthening our governance and financial arrangements. We developed a first draft Integrated Business Plan (IBP) and Long Term Financial Model (LTFM).

In December 2009, we introduced a restructured executive management team comprising a:-

- Chief Executive
- Chief Operating Officer
- Interim Medical Director
- Nurse Director of Patient Care
- Director of Finance

- Interim Director of Transformation and Organisational Development
- Interim Director of Communications and Engagement

We will be reviewing the effectiveness of this new structure over the next few months before making substantive appointments.

We have also restructured our Board Committees in readiness for becoming a Foundation Trust. Our Audit Committee has primary responsibility for providing assurance to the Board on our governance arrangements. The creation of a Quality and Safety Committee provides a high level focus on clinical care, patient safety and patient experience, which supports and compliments the work of the Audit Committee.

Financial Review

Financial Performance

The Trust again fulfilled all statutory financial duties in 2009/10.

1. On Income and Expenditure the Trust reported a deficit of £8,276,000 for the year. This figure includes an impairment of £8,878,000. This follows the change to International Financial Reporting Standards. The surplus before this technical charge was £602,000 so the Trust did better than the break even target set for it by the Department of Health for 2009/10.
2. The Trust achieved its EFL (external financing limit) for the year.
3. A return on assets (the capital cost absorption duty) of 3.5% was achieved which is in excess of the target.
4. In the capital programme £14.1m was spent on a range of projects, including new ambulances and rapid response vehicles, new mobile data terminals and the completion of the fit out of the head office and Emergency Operations Centre in Bicester. Overall the Trust under spent by £0.1m against the adjusted Capital Resource Limit of £14.2m, which it is permitted to do.

The Trust also received a clean bill of health from our external auditors. The audit for the 12 month period was carried out by the Audit Commission at a total cost of £146,000.

Total revenue income to meet pay and other day to day running costs reached £131m, of which the majority was secured through various Service Level Agreements with Primary Care and Hospital NHS Trusts.

The accounts are stated in accordance with International Financial Reporting Standards. Following this change the Estate has been revalued to Modern Equivalent Value. Total assets (land, buildings and capital equipment) of the Trust were valued at £70m in the balance sheet as at 31 March 2010, following an impairment as a result of the change in valuation method of £8m.

The Trust was able to pay by value 88% of its non-NHS and 90% of its NHS trade invoices respectively within 30 days, which was below the 95% target

set for it by the Department of Health. This represents a significant improvement from last year. It will improve further during 2010/11 following the final stage of the implementation of an electronic procurement system which will address this issue.

Looking forward to 2010/11, revenue expenditure plans totalling £132m have been approved by the Board. £9m of capital expenditure has also been identified, which includes the continuing investment in upgrading the infrastructure This includes further investment in the front line vehicles and the development of the Hazardous Area Response Team Resource Centre in Eastleigh.

Summary financial statements which are extracted from the full accounts are included within this annual report. The full accounts are available free of charge from the finance department at the address given at the end of this Annual report.

Environment

SCAS recognizes its responsibilities towards minimizing the environmental impact of its work. By its very nature, SCAS requires a large fleet of vehicles travelling high mileages, although we have increased the fuel efficiency of these vehicles. A review was undertaken by the Carbon Trust and the Energy Saving Trust showing opportunities to reduce CO_2. A Sustainable Development Strategy incorporating recommendations from the reviews has been approved by the Board. This shows the plan to reduce the carbon footprint 9,999 tonnes CO_2 and to reduce costs. The main areas of improvement to date are improved efficiency of vehicles, two new offices and Emergency Operations Centres meeting the strict Bream environmental requirements, increased telephone assessment, and a training and awareness programme.

Remuneration Report

This report contains details of the Senior Manager's remuneration and pensions which includes those on the SCAS Executive Team. All Senior Managers listed have given their consent for the information shown to be displayed.

The following information is also disclosed.

a) There is a Remuneration Committee who determine the inflation award on base pay for Executive Directors, taking into account any national pay award for very senior managers. This Committee is made up of Non Executive Directors and for 2009/10 membership was Alastair Mitchell-Baker (Chair), Mrs June May and Mr Neil Goulden.

b) In addition to the annual inflation uplift, the Remuneration Committee, also consider a non superannuable and non-recurrent performance element, based on a range of measures in respect of achievement of individual and corporate objectives and Healthcare Commission assessments.

c) Executive Director posts are appointed under open competition, their appointments are permanent and termination arrangements are consistent with NHS guidelines and employment legislation.

d) Benefits in kind in all cases relate to the provision of lease cars, plus professional subscriptions for where applicable.

e) The tables below show, for each Senior Manager who served during the year, their respective remuneration and pension information.

Senior Managers - Salaries and Allowances

Name and Title	2009-10			2008-09		
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £00) £00	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £00) £00
South Central Trust Board						
Will Hancock, Chief Executive	135-140		9.4	135-140		9.4
Charles Porter, Director of Finance	95-100		6.2	100-105		7.0
Ian Ferguson, Chief Operating Officer	95-100		8.9	95-100		8.5
John Divall, Associate Director of Corporate Affairs and Integration	45-50		3.8	70-75		5.7
Sharon Walters, Director of HR	45-50		3.9	70-75		7.2
Lisa Hodgson, Director of Service Development	50-55		3.3	80-85		5.8
Vince Weldon, Associate Director of ICT	45-50		4.5	70-75		5.2
Mrs Fizz Thompson Director of Clinical Services Hampshire	90-95		5.0	90-95		4.9

Mr Paul Clarke Interim Director of Transformation and Organisational Development	30-35		1.6			
Mr Duncan Burke Interim Director of Communications and Engagement	45-50					
Dr John Black Interim Medical Director	15-20					

Neil Goulden Chairman	0-5			0-5		
Colin Hazel Non Executive	5-10			5-10		
Jackie Neylon Non Executive	5-10			5-10		
June May Non Executive	5-10			5-10		
Alastair Mitchell-Baker Non Executive	5-10			5-10		
Eddie Weiss Non Executive Director	0-5					

John Divall, Lisa Hodgson, Vince Weldon and Sharon Walters were substantive Board Directors until 30 November 2009 so above figures include salary and benefit in kind calculations to that point. Paul Clarke was a substantive director from1 December 2009.

Eddie Weiss joined the Trust in June 2009.

SCAS Senior Managers Pension Benefits consolidated 31 March 2010

Name and Title	Total accrued pension at age 60 at 31 March 2010 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2010-04-19 (bands of £5,000)	Cash equivalent transfer value at 31 March 2009	Cash equivalent transfer value at 31 March 2010
	£000	£000	£000	£000
Will Hancock, Chief Executive	30	91	370	428
Fizz Thompson, Director of Clinical Services	16	48	279	318
Ian Ferguson, Chief Operating Officer	8	24	157	194
John Divall, Associate Director of Corporate Affairs and Integration	31	94	706	763
Sharon Walters, Director of HR	21	64	395	436
Lisa Hodgson, Director of Service Development	3	9	29	44
Vince Weldon, Associate Director of ICT	3	8	37	59
Charles Porter, Director of Finance	4	12	40	58
Paul Clarke, Interim Director of Transformation & Organisational Development	2	na	na	30

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2010

	2009/10	2008/09
	£000	£000
Income from activities	**125,295**	118,772
Other operating income	**5,409**	6,165
Operating expenses	**(137,003)**	(123,024)
OPERATING SURPLUS/(DEFICIT)	**(6,299)**	1,913
Cost of fundamental reorganisation/restructuring*	**0**	0
Profit/(loss) on disposal of fixed assets	**266**	122
SURPLUS/(DEFICIT) BEFORE INTEREST	**(6,033)**	2,035
Interest receivable	**38**	294
Interest payable	**(338)**	(154)
Other finance costs - unwinding of discount	**(100)**	(125)
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	**(6,433)**	2,050
Public Dividend Capital dividends payable	**(1,843)**	(2,160)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	**(8,276)**	(110)

The above figure includes impairments of £8,878k. This results in a retained in year deficit of £8,276 million which is an allowable technical deficit. The Trust achieved a surplus of £602,000 when the impact of this is removed from the above figures. The figure for 2008/09 includes prior period adjustments for impact for IFRS. The result for 2008/09 before this adjustment was £559,000 surplus.

BALANCE SHEET AS AT
31 March 2010

	31 March 2010	31 March 2009
	£000	£000
NON CURRENT ASSETS		
Intangible assets	**683**	485
Tangible assets	**69,794**	64,549
Trade and Other Receivables	**0**	79
Investments	**0**	0
	70,477	65,113
CURRENT ASSETS		
Stocks and work in progress	**981**	722
Debtors	**7,300**	8,209
Investments	**0**	0
Cash at bank and in hand	**3,468**	3,516
	11,749	12,447
CREDITORS: Amounts falling due within one year	**(12,728)**	(11,103)
NET CURRENT ASSETS/(LIABILITIES)	**(979)**	1,344
TOTAL ASSETS LESS CURRENT LIABILITIES	**69,498**	66,457
CREDITORS: Amounts falling due after more than one year	**(5,694)**	(5,776)
PROVISIONS FOR LIABILITIES AND CHARGES	**(4,909)**	(4,182)
TOTAL ASSETS EMPLOYED	**58,895**	56,499
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	**57,751**	53,662
Revaluation reserve	**5,549**	(13)
Donated asset reserve	**1,617**	1,357
Government grant reserve	**252**	45
Other reserves	**(350)**	(350)
Retained Earnings	**(5,924)**	1,798
TOTAL TAXPAYERS' EQUITY	**58,895**	56,499

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2010

	2009/10 £000	2008/09 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	**12,029**	8,735
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	**39**	317
Interest paid	**(284)**	(138)
Interest element of finance leases	**(16)**	(16)
Net cash inflow/(outflow) from returns on investments and servicing of finance	**(261)**	163
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	**(14,967)**	(14,075)
Receipts from sale of tangible fixed assets	**702**	610
(Payments) to acquire intangible assets	**(34)**	(38)
Receipts from sale of intangible assets	**0**	0
(Payments to acquire)/receipts from sale of fixed asset investments	**0**	0
Net cash inflow/(outflow) from capital expenditure	**(14,299)**	(13,503)
DIVIDENDS PAID	**(1,843)**	(2,160)
Net cash inflow/(outflow) before management of liquid resources and financing	**(4,374)**	(6,765)
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of investments with DH	**0**	0
(Purchase) of other current asset investments	**0**	0
Sale of investments with DH	**0**	0
Sale of other current asset investments	**0**	0
Net cash inflow/(outflow) from management of liquid resources	**0**	0
Net cash inflow/(outflow) before financing	**(4,374)**	(6,765)
FINANCING		
Public dividend capital received	**4,089**	301
Public dividend capital repaid (not previously accrued)	**0**	(179)
Loans received from DH	**1,500**	7,005
Other loans received	**0**	483
Loans repaid to DH	**(1,178)**	(1,071)
Other loans repaid	**0**	0
Other capital receipts	**0**	0
Capital element of finance lease rental payments	**(85)**	(85)
Cash transferred (to)/from other NHS bodies*	**0**	0
Net cash inflow/(outflow) from financing	**4,326**	6,454
Increase/(decrease) in cash	**(48)**	(311)

OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2010

	2009/10	2008/09
	£000	£000
Retained Surplus/(Deficit)	**(8,276)**	(110)
Impairments and reversals	**(316)**	(2,850)
Gains on revaluations	**6,725**	933
Receipt of donated/government granted assets	**231**	0
Transfers from donated and government grant Reserves	**(57)**	(175)
Total comprehensive income for the year	**(1,693)**	(2,202)

Break Even Performance

	2009/10	2008/09
	£000	£000
Turnover	130,704	124,937
Retained surplus/(deficit) for the year	602	559

The retained surplus is arrived at after adjusting for impairments arising from revaluation of building to a modern equivalent asset basis.

Better Payment Practice Code - measure of compliance

	2009/10	
	Number	£000
Total Non-NHS trade invoices paid in the year	**32,926**	**56,886**
Total Non NHS trade invoices paid within target	**26,760**	**49,883**
Percentage of Non-NHS trade invoices paid within target	**81%**	**88%**
Total NHS trade invoices paid in the year	**1,864**	**3,907**
Total NHS trade invoices paid within target	**1,539**	**3,499**
Percentage of NHS trade invoices paid within target	**83%**	**90%**

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.

The Late Payment of Commercial Debts (Interest) Act 1998

	2009/10	2008/09
	£000	£000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0

6.4 Management costs

	2009/10	2008/09
	£000	£000
Management costs	**7412**	7,203
Income	**128,905**	123,573

Summary Financial Statements (Continued)

These accounts for the year ended 31 March 2009 have been prepared by South Central Ambulance NHS Trust under section 98 (2) of the National Health Service Act 1977 (as amended by section 24 (2) schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

The financial statements above are only a summary of the information contained in the Trust's Annual Accounts. A full copy of the Accounts is available, free of charge, on request.

STATEMENT ON INTERNAL CONTROL 2009/10

SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST

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.

The Trust Board has under its "Scheme of Reservation and Delegation", delegated authority to the Governance Committee and Audit Committee, to support, monitor and review risk, controls and associated assurance.

As part of our preparation for future Foundation Trust application we have during the year undertaken a review of our governance arrangements and have restructured both our Board Committees and Executive Team which was approved by our Board on 5th November 2009. The description of our governance arrangements within this Statement of Internal Control reflects the new arrangements.

The Executive Directors are personally accountable for the management of risks within their respective Directorates. Executive leadership of governance and risk management is designated to the Director of Patient Care. Executive leadership of financial governance is designated to the Director of Finance.

As Chief Executive, I work within a performance management framework. The framework includes monthly external performance reviews with our commissioners and Strategic Health Authority (SHA); meetings with our lead Commissioner; and local Partnership Meetings which are attended by myself and/or responsible Executive directors. During this financial year the Trust has also attended several Executive to Executive meeting with the SHA where the Trusts performance and future strategy has been discussed.

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.

A system of internal control has been in place in South Central Ambulance Service NHS Trust for the year ended 31 March 2010 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Trust has adopted an integrated approach to Governance and Risk Management, bringing together Governance, Complaints, Patient Advice and Liaison Service (PALS), Health and Safety, Security Management and Patient / Clinical Safety including Child Protection, Infection Control. These areas are under the Executive portfolio and leadership of the Director of Patient Care.

This centralised approach to Risk Management enables close monitoring of performance and provides for the linking of risks arising from different sources. The Director of Patient Care, reports directly to the Chief Executive who is the Accountable Officer.

The Director of Patient Care is also the designated Caldicott Guardian, Security Management Director (SMD), Safeguarding Director, accountable officer for the management of medicines and controlled drugs and designated Director for Infection Protection and Control (DIPC).

The Director of Patient Care is assisted in her leadership role by a team of specialist managers, these include the Head of Governance and Risk Management, Head of Clinical Effectiveness, Consultant Emergency Care Practitioner and a Pharmacy Advisor, together with their supporting management teams.

The Trust has in place an overarching Risk Management Strategy which is reviewed annually by the Board, together with a Risk Management Policy and Health and Safety Policy, which provides specific guidance to managers and staff in respect of reporting, investigating and the risk assessment of adverse incidents and risks. The Trust actively encourages both reactive and pro-active risk reporting from staff in order that learning and continual improvements can be made. We have worked closely with our managers and staff to develop a fair open reporting culture which encourage health professionals to report errors and “near misses” without fear of blame or reprisal.

The Trust has in place a Trust wide corporate induction training programme for all new staff, which includes health and safety, awareness of risk, and incident reporting & investigation at appropriate levels. A range of other mandatory risk related courses has been identified which will be delivered in line with the training needs analysis of each post.

We recognise the need to further develop the skills of our managers and to standardise processes across the Trust.

4. The risk and control framework

The Trust recognises that risk management is the responsibility of all staff. It forms part of our daily lives and work ethics and is integral to every aspect of the Trust business and activity. Individual responsibilities are clearly defined within Trust Polices and Job Descriptions.

Strategic Approach to Risk Management

The Trust Board has in place a Committee and meeting structure which enables it to adequately and effectively discharge its responsibilities in relation to risk management. The Board Committee structure has been reviewed during the later half of the year to provide an enhanced focus and Board assurance on clinical quality and safety.

The new structure comprises of four committees:

- Audit Committee
- Quality and Safety Committee
- Remuneration and Nominations Committee
- Charitable Funds Committee

The Audit Committee reviews and provides assurance to the Board on financial matters and governance and as part of its work plan reviews the Trust Assurance Framework, Governance and Risk Management arrangement. The NED Chair of the Quality and Safety Committee is also a member of the Audit Committee and provides link between the two committees. The Audit Committee approves the Annual Audit Plan, receives audit reports and monitors delivery of the associated action plans.

The Trust's new Quality and Safety Committee is responsible for monitoring clinical performance, patient safety and the patient experience, providing assurance on these matters to the Trust Board. The Committee is chaired by a Non-Executive Director and its membership comprises of the Director of Patient Care, Trust Chairman, Chief Executive, Chief Operating Officer, Medical Director, Assistant Director of Finance, Director of HR, Corporate Secretary, Head of Governance and Risk Management, two non-executive directors, a representative from our staff side and Public Involvement Panel.

The Trust's Risk Management and Health & Safety policies clearly define responsibilities for directors, managers and staff across the Trust. The Risk Management Policy provides guidance for managers and staff on incident reporting, investigation and risk assessment.

Reporting of Risk

The Trust has in place an effective incident reporting system. There is evidence of a good level of staff both pro-actively and reactively reporting risks and incidents. The Trust is committed to creating a culture which encourages reporting and is supportive of any member of staff that does so. Evidence from the 2009 Staff Survey has shown continuing improvement in this area.

The Trust has in place a Whistle Blowing Policy.

Managing Risk

A comprehensive web based risk management database is in place which enables analysis and divisional benchmarking of adverse incidents, complaints, PALS enquiries and vehicle accidents.

A Strategic Risk Register is in place, which has been regularly reviewed by the Board, Audit Committee and Quality & Safety Committee during the year. The risk register is also reviewed monthly by the Executive Management Team. The Register shows a general trend of decreasing risk scores. Divisional Risk Registers are also in place reflecting new and residual risks occurring at a local level.

Board Assurance Framework

The Trust has in place an Assurance Framework which informs the Board of the primary risks, control measures, and external assurances in relation to the delivery of the Trusts Annual Business Plan and objectives. A common referencing system has been used throughout the Business Plan, Assurance Framework and Milestone Tracker linking the three documents together, thus strategic aims, objectives and risks are clearly identifiable. Likewise there is a reference through the Assurance Framework back to the Care Quality Commission Core Standards.

In addition the Board receives assurance from:

- Performance reports against key objectives via the Milestone Tracker
- Review of Assurance Framework
- Directorate Reports from Executive Directors
- Reports from Quality and Safety and Audit Committees.
- Ad hoc reports from specialist project groups

The Trust has taken the decision not to develop a separate action plan specific to the Assurance Framework document. The Board believes it has adequate assurance from the monthly performance reports, and from its review of the Business Plan milestone tracker.

The Board Assurance Framework document has been regularly reviewed by the Audit Committee. In addition the Board has formally reviewed and approved the Assurance Framework at its meeting in September 09, November 09, and January 2010.

Although there have been no significant control weaknesses identified during the 2009-10 financial year, the following concerns relating to gaps in control and/or assurance within the Assurance Framework have been recorded

- Education & Training – The planned annual programme was not completed due to operational pressures which restricted staff being released from duty.
- Workforce – Recruitment of trained clinical staff has been a challenge due to a national shortage of paramedics following the transfer of Paramedic education to a degree based qualification.

- Operations – The Trust failed to achieve the national emergency performance targets.

Patients, carers, relatives and member of the public are encouraged to report any concerns or complaints they may have or to suggest areas for improvement. Advice on how to register a compliment or complaint is available on the Trust website. A Patient Advice and Liaison Service (PALS) is in place providing support and advice to patients and the public experiencing difficulties or requiring information on any aspect of their contact with the Ambulance Service or wider NHS. The nature of PALS enquiries and any patterns emerging are reviewed quarterly by the Patient Experience Group.

The Head of Internal Audit Opinion 2009-10
Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls put the achievement of particular objectives at risk.

This opinion has been based on the following work undertaken by Internal Audit during the year:-

- Review of the Trust's Assurance Framework
- Reviews undertaken as part of the Internal Audit Plan 2009-10
- Review of Clinical Data Benchmarking
- Review of the Trust's Standards for Better Health declaration

Mandatory Requirements
The Trust is aware of the importance of protecting the security of patient related information. It has undertaken the annual information governance self assessment toolkit achieving a score of 73% (Green) which is a 10% improvement on the 2008-09 results and reflects an ongoing annual improvement. There remains scope for further improvement and the Trust has an approved action plan in place. Internal Audit have reviewed the self assessment results and have agreed the results to be a fair reflection of the Trust position

The Trust has recently updated its mapping of patient information transfers both to and from internal and external sources and assurance has been provided that associated risks are appropriately controlled.

During the past year there has been one reported adverse incident relating to a breach information security which was reported to the Information Commissioner. The incident related to the theft of a managers car and his laptop computer. The incident was fully investigated and steps taken to further improve security by the installation of encryption software which is currently being rolled out across the organisation.

The Trust is fully compliant with the half year core standards declaration made to the Care Quality Commission under 'Standards for Better Health'. The Trust's 2009-10 declaration has been audited by our internal auditors and has been verified as being an accurate declaration against the sample of core standards audited.

During the year the Trust has received a compliant rating from the Care Quality Commission (CQC) in relation to infection control measures. The Trust has also been registered by the CQC without conditions.

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.

The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by

- Internal and External Audit Reports
- Annual Audit Letter
- Reports to the Board from the Quality and Safety and Audit Committees
- Monthly Board Performance Report which covers, Clinical, Operational, Service Development, Financial and Human Resource issues
- Bi-Monthly Business Plan Progress Report (Milestones) to the Board
- Head of Internal Audit Opinion Statement for 2009-10
- The Board Assurance Framework.

- Staff Satisfaction Survey
- Information Governance Toolkit compliance report and associated action plan
- Standards for better Health core standards self assessment and declaration
- Auditors Local Evaluation Scores (ALE) self assessment
- Care Quality Commission assessment reports

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Director of Patient Care and executive team. A plan to address weaknesses and ensure continuous improvement of the system is in place.

My review confirms that South Central Ambulance Service NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

Will Hancock
Chief Executive

June 2010

Independent auditor's report to the Board of Directors of South Central Ambulance Service NHS Trust

I have examined the summary financial statement for the year ended 31 March 2010 set out on pages 30 to 34.

This report is made solely to the Board of Directors of South Central Ambulance Service NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement. The other information comprises only the Foreword, the unaudited part of the Remuneration Report, the Chairman's Statement and the management commentary.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the South Central Ambulance Service NHS Trust for the year ended 31 March 2010.

Maria Grindley

Officer of the Audit Commission

Audit Commission,
Unit 5, ISIS Business Centre,
Horspath Road,
Oxford OX4 2RD

10 June 2010

GLOSSARY OF FINANCIAL TERMS

Annual Accounts	The annual accounts of an NHS body provide the financial position for a financial year i.e. 1 April to 31 March. The format of the annual accounts is set out in NHS accounts manuals and includes financial statements and notes to the accounts.
Audit Committee	A mandatory sub-committee of all Trust Boards. The Audit Committee's primary role is to conclude upon the adequacy and effective operation of the Trust's internal control system. This involves independently monitoring, reviewing and reporting to the Board on the processes of governance.
Average net relevant assets	Relevant net assets are calculated as the total capital and reserves of the NHS Trust less the donated asset reserve and cash balances in the Office of the Paymaster General accounts. The average is the average of the opening and closing figures.
Better Payments Practice Code	The target of the better payments practice code is to pay all NHS trade creditors within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payments terms have been agreed
Break Even	Where income equals expenditure
Capital Cost absorption rate	The financial regime of NHS trusts recognise that there is a cost associated with the maintenance of the capital value of the organisation. NHS trusts are required to absorb the cost of capital (effectively the dividend paid on PDC) at a rate of 3.5% of average net relevant assets. If the calculation of PDC dividends over relevant net assets is not within the 3-4 % range then the Trust is deemed to have failed this duty.
Capital resource limit (CRL)	The amount of money an NHS body is allocated to spend on capital schemes in any one financial year.
Donated Asset Reserve	This reserve includes the value of all

	assets which have been donated by an external provider at no cost to the NHS organisation.
External Financing Limit (EFL)	A cash limit on net external financing . The purpose of the EFL is to assist with the control of cash expenditure by NHS trusts. The EFL for each trust is set by the Department of health and determines how much more (or less) cash than is generated from its operations the trust can spend in a year and is closely linked to the cash required to fund capital schemes.
Financial Statements	The main statements in annual accounts of an NHS body. These include an income and expenditure account, statement of recognised gains and losses, balance sheet and cash flow statement. The format of these statements is specified in NHS accounts manuals.
Governance	The framework of accountability to users, stakeholder sand the wider community, within which the organisations take decisions and lead and control their functions to achieve their objectives.
Government Grant Reserve	Includes all Government grants from Government bodies other than funds provided from NHS bodies or funds awarded by Parliamentary vote.
Outturn	The final financial position, which could be the actual or forecast position
Public Dividend Capital (PDC)	PDC is a form of long term government finance which was initially provided to NHS trusts when they were first formed to enable them to purchase the trust's assets from the Secretary of State. Additional capital expenditure can be funded as PDC. A dividend is payable by trusts to the exchequer to cover the expected return on the Secretary of State's involvement.
Revaluation Reserve	Where a revaluation takes place of any asset held by the Trust and a resulting gain/or loss occurs, this reserve accounts for these changes.