



Westcountry Ambulance Services



NHS Trust

# **3 Month Report April – June 2006**

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## Chief Executive's foreword

I am delighted to introduce the 3 month report for the former Westcountry Ambulance Services NHS Trust. This report spans the period from 1 April 2006 to 30 June 2006.

The report has been written and produced in a format that has been influenced by staff and members of the public. In October 2006 a major consultation day was held by the ambulance, fire and police services with over 80 stakeholders from a variety of 'hard to reach' groups in attendance who provided ideas for improving presentation of information by the organisations. I hope you agree that this cost effective, yet fully informative and very detailed report is much more user friendly than perhaps previous reports have been in the past.

During this reporting period I was pleased to undertake the role of transitional lead officer for Westcountry Ambulance Services NHS Trust and Dorset Ambulance Trust. Both of these trusts now make up South Western Ambulance Service NHS Trust which covers the 4 counties of Cornwall and the Isles of Scilly, Devon, Dorset and Somerset.

I would like to congratulate the unstinting hard work and enthusiasm of all staff and stakeholders involved in the exciting preparatory work that was accomplished well before and during this transitional time.

This dedication and commitment to the people of the South West has enabled solid building blocks to be put into place which helped build a robust and strong basis for the subsequent merger of 2 very successful ambulance services in the South West on 1 July 2006.

I strongly urge you to visit our website on [www.swast.nhs.uk](http://www.swast.nhs.uk) and view the supplementary 3 month report for Dorset Ambulance NHS Trust and the subsequent published 12 month annual report for the newly emerged South Western Ambulance Service NHS Trust.

Although the launch of the new trust was 1 July 2006, the 12 month annual report covers the whole period of 1 April 2006 to 31 March 2007.

I am very proud of the achievements of everyone involved in the transitional period and ongoing reconfiguration and would like to take this opportunity to personally thank all of the staff who are part of this ongoing success. Well done to everyone for a very successful transitional period.



**Ken Wenman**  
**Chief Executive**  
**South Western Ambulance Service NHS Trust**

## **Chairman's review**

I am very pleased to report on how well Westcountry Ambulance Services NHS Trust performed during these 3 months. This time was not without its challenges but the trust responded well and continued to perform strongly and consistently achieved high quality patient care. This level of achievement was only possible because of the skills, professionalism and commitment of all staff. Well done to everyone.

The trust had been fortunate to have a proactive and committed Board and I would like to thank them for all their services to the trust.

Many of the trust's achievements are based on growing partnerships, both internally and externally. By working together, sharing resources, skills and expertise, we can achieve a higher standard of care for the patient - a standard that is more appropriately focused on their needs whilst ensuring that our resources are being used most effectively and efficiently.

I am also delighted to have been appointed as Chairman of the newly emerged South Western Ambulance Service NHS Trust. I look forward to seeing the continued developments of our services to the patient and to the trust playing a wider role within the health community as a whole.

A handwritten signature in black ink that reads "Heather Strawbridge". The signature is written in a cursive style with a large initial 'H' and a long, sweeping underline.

**Heather Strawbridge**  
**Chairman**  
**South Western Ambulance Service NHS Trust**

## Reconfiguration

In June 2005 the Department of Health issued a document called '*Taking Healthcare to the Patient: Transforming NHS Ambulance Services*' which set the future agenda for the development of ambulance services in the UK.

One of the report's more challenging recommendations was to reconfigure UK ambulance services into a smaller number of much larger organisations, reducing the number from 33 to 13, including the proposed merger of Dorset and Westcountry Ambulance Services. Following extensive consultation across the country, the new reconfiguration was agreed.

A Merger Project Board met once a month from March 2006 to review the merger action plans and ensure that there was no slippage in timescales. Membership comprised of directors from both trusts; Staff Side representatives to ensure that the needs of the workforce were taken into account; and auditors to monitor the process.

The key priorities were to communicate openly and regularly with staff and stakeholders to minimise the inevitable disruption and uncertainty to an absolute minimum, to identify the benefits and cost savings of establishing a larger trust; to quickly develop a new organisational structure; and to ensure continuity of service.

The Chairman, Chief Executive and Executive Directors for the new trust were all in post by the end of May 2006 which helped to ensure that all the necessary preparations were made for a smooth transition from two trusts to one. On 1 July 2006 South Western Ambulance Service NHS Trust was established. Find out more on [www.swast.nhs.uk](http://www.swast.nhs.uk).

## Vital Statistics

The trust covers an area of 15,540 square kilometres which serves 2.2 million people in Cornwall, Isles of Scilly, Devon and Somerset. The trust provides ambulance cover for 1,046 kilometres of coastline and 28,506 kilometres of road. This figure swells to almost double in the peak tourist season. The 2001 Census shows the West Country to have under representation of 20 to 30 year olds, with over the UK average for the age group of 50 plus. Those from minority ethnic groups make up 2% of the population.

## Board members

Mrs H Strawbridge	Chairman
Mr B Evans	Non Executive Director
Mr B Lewis	Non Executive Director
Mrs C Russell	Non Executive Director
Mrs J Cowdery	Non Executive Director
Mr K Burrows	Non Executive Director
Mr M Willis OBE	Chief Executive
Mr S Davies	Director of Finance
Mr S Pryor	Director of Operations

Ms G Bryce                      Medical Director  
Ms K Nethercott              Director of Corporate Affairs

## **Register of interests**

Mrs H Strawbridge    Chairman – Connexions Somerset Ltd  
Governor – Bridgwater College of Further Education

Mr K Burrows            Director, Chairman and Chief Executive of Somerset  
Chamber of Commerce  
Director – South West Chambers of Commerce  
Director – South West Industrial Development Board  
Chairman – Somerset 4 Business  
Chairman – South West Regional Assembly  
Remuneration Panel

Mrs J Cowdery         Director and Company Secretary– Athene Engineering  
Ltd

Mr B Evans              Governor – Maple Grove Primary School

Mr M Willis OBE        Honorary Treasurer - Joint Royal Colleges Ambulance  
Liaison Committee (JRCALC)

Ms G Bryce              Accident and Emergency Consultant – Musgrove Park  
Hospital Taunton and Somerset NHS Trust

Mr S Davies             Treasurer – Ambulance Service Association (ASA)  
Director – Polarglow Ltd

## **Management appointments**

The Executive Directors comprised of the Chief Executive, Director of Operations, Director of Finance and Director of Corporate Affairs, all were appointed following external advertisement and were not for set periods.

Termination procedures are within individual contracts/staff policies/procedures.

The Medical Director was employed on an open contract which may be terminated/renewed by the Board.

The Chairman was re-appointed by the Secretary of State in 1 July 2004 for 4 years.

The other Non Executive Board members were appointed for 4 years by the NHS Appointments Commission on behalf of the Secretary of State for Health.

## Human Resources

Top quality services to patients depend on high calibre staff. Our workforce is not only highly skilled and professional but totally committed to improving the patient experience and delivering optimum standards of care.

### Staff employed

At 30 June 2006, the trust employed 1540 staff.

Accident & Emergency (A&E)	1054
Administration and support	110
Control	92
Fleet	19
Management	30
Patient Transport Service (PTS)	235
<b>Total</b>	<b>1540</b>

### Recruitment and retention

Thirty six staff left the trust within the period, a turnover of 1.3%. There were 39 new starters, to increase frontline staff. Development opportunities remained high with 36 staff being promoted and a further 11 successfully qualifying as ambulance technicians during this period following their full year of student technician status.

### Agenda for Change and performance management

During the period the trust continued to embed the NHS new pay and conditions initiative which brings about a fairer system of pay that supports modernised working practices. This is underpinned by an environment of partnership working with Staff Side representatives. The trust has applied this principle to all aspects of organisational development.

The Knowledge and Skills Framework (KSF) that forms part of Agenda for Change to promote and enhance development opportunities within the trust continues to be rolled out, with individual personal development plans further helping employees and managers identify and meet training needs in order to assist with career progression.

### Health and welfare

The three month sickness rate was 4.62% in this period, continuing the downward trend from the previous 3 month period. Support to staff which has helped in this reduction includes reimbursement of chiropractor costs, welfare calls during periods of sickness, regular review where individuals have ongoing health problems, referral to occupational health and a 24/7 advice and counselling helpline.

The high profile zero tolerance of violence towards staff initiative continued. During this time, 157 staff experienced violent incidents from patients/public (thankfully none of these staff were seriously injured). This figure is extremely high due to the actions of a frequent caller.

The trust will continue to work with the police to press charges and take a consistent approach in reviewing all serious incidents with the provision of support and feedback to staff on the outcome of each reported incident.

Seventy one accident/injuries were reported and progress has been made in raising awareness and understanding of health, safety and security issues through ongoing training programmes and the provision of comprehensive information and instruction.

## Equal Opportunities, Equality and Diversity

The trust has a stated commitment to Equal Opportunities, Equality and Diversity, supported by policies and procedures including an Equal Opportunities Policy and Race Equality Scheme. The trust is committed to equality for patients and staff, regardless of race, age, sexual orientation, gender, religion or disability.

Steps have been taken to ensure the workforce is representative of the local community and efforts continue to target prospective applicants from the West Country's 2% Black and Minority Ethnic (BME) population which is currently under-represented among staff. The proportion of BME staff employed is 0.58%. The ratio of women employed compared with men is 1:2 and almost a third of staff are between the ages of 40 and 50.

	<b>Men</b>	<b>Women</b>
Full-time	988	405
Part-time	41	106
<b>Total</b>	<b>1029</b>	<b>511</b>
Black Minority Ethnic (BME) staff	7	3
<b>Age profiles</b>		
18 – 24	32	39
25 – 35	245	229
36 – 45	343	159
46 – 55	273	60
56 – 65	135	24
66+	1	0
<b>Total</b>	<b>1029</b>	<b>511</b>

## Staff involvement

Staff involvement is achieved through the various committees and forums set up by the trust. In addition to the trust's Recognition Agreement with Trade Unions, it has a Partnership Agreement with recognised Staff Side organisations. The latter aims to foster an environment that encourages involvement, co-operation, high standards and appropriate levels of support for staff.

## **Education, training and development**

Following several meetings between the Head of Training and Senior Operational Managers, training for 2006/07 was pre-planned to ensure it was profiled appropriately across the financial year. This meant that training within the Westcountry Ambulance Services NHS Trust for this period progressed extremely well.

Training at Derriford College has included mandatory recertification courses for qualified Paramedics, as well as other candidates being trained with the completion of 15 Ambulance Care Assistants (ACAs), 13 Direct Trainee Technicians and 23 Paramedics courses.

The Area Training Officers have concentrated on delivering the first day of Post Basic Training across all 3 counties, with by far the majority of staff receiving this within the three months. This module has concentrated on the new resuscitation guidelines (including new drug protocols for Paramedics), foreign body airway obstruction and battery and equipment management.

Our programme of Emergency Care Practitioner (ECP) training continues to progress with several staff continuing courses. There has also been an opportunity for all grades of front line staff to continue their professional development by undertaking clinical modules at diploma level.

## **Workforce Development**

The trust has a multi-disciplinary workforce with GP's, Emergency Care Practitioners (ECPs), Nurse Practitioners, Triage Nurses, drivers, receptionists, administrative staff and Communications Hub staff all working together as a team. Doctors deal with 90% of patient calls and in the future less reliance on doctors is planned with greater use of ECP's, Triage Nurses and Nurse Practitioners.

The Communication Hub is the name of the Communication Control Centre for the busy Urgent Care Service (UCS) based in St Leonards, Dorset. This service only operates in the counties of Dorset and Somerset, so Westcountry Ambulance continued to work in partnership with Dorset Ambulance Trust to deliver the service for the counties of Somerset and Dorset.

An increase in activity levels has led to the Communications Hub expanding with ever increasing numbers of staff occupied with receiving and dispatching calls. Supervisors have to deal with more complex operational issues and so their capacity has been increased. To ensure effective operations and clinical prioritisation of calls, further training, support and development is planned for the Hub staff.

Somerset Clinical Governance continues to grow with the introduction of additional Clinical Advisors. The management structure has been strengthened with the appointments of a Hub and Communications Manager, 2 Field Operations Managers, 1 for Dorset and 1 for Somerset, plus a General Manager.

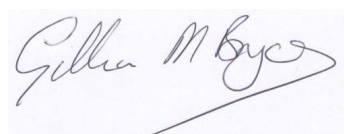
## **Clinical Governance - Medical Director's Review**

Clinical Governance has gone from strength to strength and is now fully integrated into all areas of the trust.

Risk awareness and the management of risk is now well understood and functions currently have their own Risk Register which contributes to the trust's overall Risk Register. The number of reported adverse incidents and near misses has increased which has helped the trust to manage its risk and allowed us to learn important lessons to make changes and create more patient focused services. This high level of risk management within the trust was confirmed when it retained the top level 3 in the National Risk Management Assessment. We are now only 1 of 3 ambulance trusts to achieve this level and the only trust to achieve this twice.

All front line Paramedics can now administer the clot busting drug needed for patients suffering a heart attack with excellent support from hospital clinicians. Clinical audit developments have included the introduction of benzylpenicillin administration in meningococcal septicaemia, paediatric resuscitation and treatment of cardiac arrest.

This is the only Clinical Governance 3 month review to be produced under the Westcountry Ambulance Services NHS Trust. Well done to everyone for their tremendous work during the transitional period.



**Gillian Bryce**  
**Medical Director**

## **Clinical Governance explained**

Clinical Governance is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Implementing Clinical Governance is helping the transformation of culture, of ways of working, of attitudes and of systems within the NHS. It has quickly become a new way of working and a new way of thinking. The trust, alongside all other NHS organisations, is duty bound to involve staff and patients in finding better ways to do things, and must continuously seek to do this. Clinical Governance is changing the way people work, demonstrating that leadership, teamwork and communication are as important to high quality care as risk management and clinical effectiveness.

All levels of staff have continued to embrace change as the trust constantly strives to improve the services provided to the population of the West Country; Not least, the new contract to provide Out of Hours primary care services to Somerset and Dorset. The contract was initially won by Dorset Ambulance Trust and Westcountry Ambulance Service have been pleased to work together on this successful partnership. This new facet of patient care is embedding the improvement of the patient experience into everyday practice regardless of the discipline in which staff work.

## **Clinical developments and effectiveness**

Clinical effectiveness has been defined as *'applying the best available knowledge, derived from research, clinical expertise and patient preferences, to achieve optimum processes and outcomes of care for patients'*.

Clinical effectiveness encompasses the setting of clinical standards, implementation of guidelines, clinical audit and other quality improvement measures. Successful clinical effectiveness initiatives not only identify the best information about those interventions which work but also make that information available to clinicians in an accessible and understandable format and ensure that it is used in practice. These principles underpin the trust's clinical effectiveness activity.

## **Clinical guidelines**

All clinical staff within the trust practice to standards developed and published by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the National Institute for Health and Clinical Excellence (NICE). This provides assurance that care is based on the best available evidence where it exists. Where robust research evidence is lacking, a consensus on practice standards is reached by the JRCALC guidelines development group.

## **Cardiac care**

The trust continued its strong working relationship with partner organisations to further improve services to patients with heart attacks. Due to the investment in equipment, more patients are now being assessed with a 12 lead ECG machine and more patients than ever before receive aspirin, oxygen therapy and GTN in line with national clinical guidelines.

The early delivery of clot dissolving thrombolysis treatment, vital in reducing mortality from heart attack, continued with a further 73 patients treated by trust crews in the period. This brings the total since September 2003 to 399. Of these, 82.4% received their treatment within 60 minutes of dialling 999.

Increasing numbers of heart attack patients were admitted by ambulance directly to the Royal Devon and Exeter Hospital for primary angioplasty. This procedure aims to open blocked coronary vessels by inserting an expanding balloon which removes the obstruction. For some patients, it can be more effective than thrombolysis.

Heart attack patients also benefited from improved prehospital pain relief. Compared with the same period in 2005, 10% more patients had their pain managed with intravenous analgesia. This is in addition to those whose pain was successfully controlled with oxygen, nitrate and other therapies.

A range of additional pain management medications are being introduced to provide ambulance clinicians and patients with increased analgesia options.

## **Stroke care**

Strokes are a major cause of death and disability. Thrombolysis treatment can improve outcomes in some patients. It is most effective if given very soon after onset of symptoms and therefore rapid diagnosis and hospital admission by ambulance clinicians is important.

Westcountry Ambulance Services uses the face, arm and speech test (FAST) to improve diagnostic accuracy. The trust also continued to work with acute trust partners in South Devon to fast track stroke patients to Accident and Emergency (A&E) departments, so more people are benefiting from early thrombolysis. This new approach is expected to reduce the number of patients who die or become disabled and will be rolled out in other areas of the trust.

## **Mental health**

The trust has been instrumental in improving the care of patients with mental health problems. The result is that ambulance staff across the 3 counties now have 24/7 access to advice from mental health specialists who are able to provide support to clinicians, and arrange a further assessment or direct admission to a mental health unit where appropriate.

## **Infection prevention and control**

Commitment to infection prevention and control remains top priority, with a continued emphasis on hand hygiene in staff training programmes. To improve a weak area recognised by the trust, regular vehicle cleaning schedules by front-line staff continues to be supported by a dedicated team of cleaners.

A recent audit of performance demonstrated considerable improvements, with the number of stations achieving full compliance with nationally accepted standards increasing from an 50% to 92.35%. All staff deserve recognition for this outstanding continued effort to improve cleanliness.

## **Clinical Audit improvements**

Clinical Audit is a process by which performance is measured against agreed standards and improvement is made where necessary. The trust's Clinical Governance Committee agrees an annual programme of audits which this period began work on (to be continued throughout the forthcoming year) and this included:

- Pain management
- Treatment of patients with heart attacks, including thrombolysis
- Treatment of severe meningococcal disease with antibiotics
- Referrals in cases of suspected child abuse and for vulnerable adult protection
- Identifying suitable care pathways for those making frequent inappropriate 999 calls

- Care of patients who self-harm

A review was also undertaken of temperature variations in ambulances which may affect the stability of medicines and sensitive medical devices. Further research is planned in the next year.

Continued emphasis is placed on empowering clinical staff to participate in local audit programmes.

## **Influencing the National Clinical Effectiveness Agenda**

The trust actively supports the development of best clinical practice through participation in national forums including the Ambulance Service Association's (ASA) Clinical Effectiveness Committee. The trust is represented on the JRCALC Clinical Guidelines Development Committee and contributed to the development of the NHS Integrated Care Record Service, part of the NHS National Programme for Information Technology (NPfIT).

### **Find out more**

The trust has numerous ongoing clinical developments and reports on clinical effectiveness but space within the report does not permit reflection of all of these. More information is available at [www.swast.nhs.uk](http://www.swast.nhs.uk).

## **Public Health**

The trust board agreed a Public Health Strategy in 2005 to take forward the Department of Health's National Strategy '*Choosing Health: Making Healthier Choices – November 2004*'.

The aim of the strategy was to establish a 5 year framework of actions to improve access and contribute to the reduction in health inequalities. The strategy identified four priorities for the future:

- Tackle the social, economic and environmental determinants of health
- Support and promote healthy lifestyles
- Protect health
- Improve provision of and access to local health and health related services

This strategy will be taken forward by the newly emerging South Western Ambulance Services NHS Trust from 1 July 2006 and led by the Medical Director.

## **Improving patient care**

The trust continues to support staff to undertake a variety of training to enhance skills eg 15 week training course to become an Emergency Care Practitioner (ECP). These new skills enable staff to deliver more patient care out of the hospital setting and in the heart of the community.

Developments continue with other higher education pathways, including a foundation degree and a BSc (Hons) in Paramedic Science, both of which aim to be accredited in the future. The national move towards higher education for ambulance staff will mean this will form the only recruitment route/career path in future years.

National liaison with the British Paramedic Association about alternative routes to registration, including regular meetings with the Health Professions Council and Open University is ongoing to reduce the implications of the move to higher education which will see workforce planning issues being encountered by all ambulance services until the higher education pathways are embedded.

## **Patient and Public Involvement (PPI)**

The trust's Patient and Public Involvement (PPI) Strategy explicitly states our intention of enabling and empowering patients, members of the public and stakeholders to contribute to the development, organisation and evaluation of services.

An important aspect of Patient and Public Involvement is feedback via appreciations, complaints and the Patient Advice and Liaison Service (PALS). The latter is a service that provides on the spot advice and help for those who do not wish to make a formal complaint but prefer to raise matters as a concern.

All of these services provide very important opportunities to learn from everybody's experience of the ambulance service and help to inform service developments by the trust responding to patient led suggestions.

## **Patient Advice and Liaison Service (PALS)**

The PALS service finalised an impressive 294 enquiries compared to 156 within the previous 3 month period. The increased use of the service is partly due to the expansion of PALS and the ongoing reconfiguration of Patient Transport Services (PTS) within the period. This included the trust handing over the delivery of the Voluntary Hospital Ambulance Car Service (VACS) in Cornwall to a new provider.

The trust acknowledged 98% enquiries within 2 days and 91% received a response within 10 working days of receipt of their enquiry. These timescales have been put in place to ensure that PALS enquiries are dealt with promptly and that patients and carers receive timely responses.

## **Appreciations**

The trust was delighted to receive a total of 181 letters of appreciation, an increase of 13.8% during the same period in the previous year.

## **Complaints**

During the period, the trust finalised a total of 20 complaints, which is a decrease of 44% compared with the same period last year which was recorded as a total of 36.

The trust dealt with 76% of all complaints within the target of 20 working days and records show that 100% were acknowledged within 2 working days.

## **Personal injury claims**

The trust received 4 personal injury claims in the period compared with 1 in the same 3 month period for 2005.

The trust closed 3 personal injury claims during the period which is exactly the same as the same period for 2005.

## **Risk management**

The NHS Litigation Authority (NHSLA) Risk Management Standard for the Provision of Pre Hospital Care in the ambulance service was introduced in 2004/05 and brings together organisational, clinical and non-clinical risks, including risks specific to those providing ambulance services. Examples of these requirements include the need for clear systems for managing 'First Responders', clinical guidelines for pre-hospital care, and obstetric training which reflects national guidelines.

All NHS trusts are assessed against risk management standards with level 3 being the highest by an independent assessor working on behalf of the NHSLA.

Of the existing 33 ambulance trusts in the country during this period, only 3 achieved this top level. Westcountry Ambulance Service was pleased to be one of the trusts to achieve this level and the only to achieve this twice. The trust will take this impressive experience and learning into the newly formed ambulance service for the South West to ensure the trust meets all future criteria for achieving this top level in the next phase of assessments.

## **Increased confidence in risk management systems**

The trust actively encourages staff to report incidents in order that the organisation can identify trends and manage risks to staff, patients and the public. Staff demonstrated an increased confidence in the trust's incident reporting procedure by reporting 358 incidents during the first 3 months of 2006/07, an increase of 33.5%.

## Next steps

The Healthcare Commission have introduced a new system of performance monitoring called Standards for Better Health which replaces the previous star rating systems for NHS trusts. This is known as the 'Annual Health Check'. The trust welcomes this new and far reaching performance monitoring system that now enables 'what matters most to patients' to be measured and for trusts to be rated upon that key aspiration of patients.

In addition, this new reporting enables stakeholders to comment upon trust performance. Local Authority led Overview and Scrutiny Committees (OSCs) and Patient and Public Involvement Forums (PPIF) which are soon to evolve into Local Information Networks (LINKs) are able to provide annual commentary on NHS trust performance and this valuable commentary contributes into the performance report published by the Healthcare Commission.

The 7 domains below will continue to form a strong patient led focus for the new trust in 2006/07 and beyond:

- Safety
- Clinical and cost effectiveness
- Governance
- Patient focus
- Accessible and responsive care
- Care and environment amenities
- Public health

The trust was required to submit a self assessment of compliance with the core standards to the Healthcare Commission and is pleased to be able to report full compliance with each of the core standards for 2005/06. During the period the trust has continued to ensure that it maintained compliance with each of the core standards in preparation for the merger with Dorset Ambulance Trust.

## **Operations**

The Operations Directorate is rightly proud of its continued commitment to patient care. The service delivered its aims to exceed patients' expectations and to improve their treatment and recovery. Staff continue to spearhead new developments in the delivery of pre hospital care, combining this focus on handling a record number of emergency calls in this period, whilst continually striving to improve standards.

The Operations component of the service comprises the Accident and Emergency (A&E) Service and the routine non-emergency Patient Transport Service (PTS) incorporating the non-medical Voluntary Hospital Car Service (VACS). These are well supported by various parts of the trust, such as Fleet Management and Procurement.

This period has seen an increase in requests for information from other health care providers covering issues such as repeated attendance at addresses. The trust had robust systems in place which share this information with the patient's doctor without compromising confidentiality. This helps each practice to update their medical records and to review treatment to best support the patient at home.

The patient records for Emergency Care Practitioners (ECPs) are sent to a national co-ordinator who compiles information about the types of calls attended. This work feeds into development of the role and identifies skills needed in order for these staff to treat more patients at home. Participation in this national information gathering process is voluntary, but as Westcountry Ambulance Services NHS Trust is committed to the development of pre-hospital care, it is seen as a vital link to the development of the service.

## **Control and Communications Centre**

During the 3 month period the busy Control and Communication Centre continued to see an increase in calls. During this period new software, Advanced Medical Priority Despatch System (AMPDS) was introduced and this is helping staff to triage calls more efficiently to ensure the most appropriate response is sent to patients.

Further modernisation and implementation of new information technology, coupled with team based working is planned for the new trust so that patients receive the fastest and most appropriate response to each call. This will ensure that the trust can meet the challenging targets for nationally set response rates whilst delivering a first class clinical service.

## **Activity and Performance**

During this period, the trust activated to 62,105 emergency and urgent calls, a rise of 5.9% on the same period for 2005.

In line with Government prioritisation procedures, all calls are classified as either Category A (immediately life threatening), Category B (serious but not

life threatening) or Category C (not serious). Each call is responded to appropriately which may include a response by an ambulance, a rapid response vehicle or medical advice being given to the caller by Paramedic Advisors based in the Control Centre. The trust also activated its 4 Air Ambulances to the most serious or difficult to reach incidents.

## **Achievements Summary**

Staff have worked extremely hard to respond to patients despite an increase in calls.

- Category 'A' calls – \*71.2% were responded to within 8 minutes
  - Category 'A' calls – 91.5% were responded to within 19 minutes
  - Category 'B' calls – 89.6% were responded to within 19 minutes
  - Category 'C' calls – 97.9% were responded to in the allocated time
- \*Unadjusted figure – source: form KA34

New initiatives such as Emergency Care Practitioners (ECPs) and Paramedic Advisors have reduced the proportion of emergency patients who are conveyed to hospital. Data collected has shown that 67% of patients seen and treated by ECPS are not conveyed to hospital. This is also helping to reduce the pressure on busy A&E departments at hospitals.

## **Improvements in clinical practice have continued to progress patient care**

- Introduction of new clinical skills such as the face, arm and speech test (FAST) known as the FAST-track stroke project
- A total of 48 Emergency Care Practitioners (ECPs) were in practice during the period
- A further 14 Technicians completed their probationary training and subsequently qualified
- Improved intravenous pain relief
- Continuing work under the auspices of the Clinical Negligence Scheme for Trusts (CNST) level 3
- 399 patients received thrombolytic treatment to date
- 73 patients received thrombolysis during this period, compared to 50 patients last year
- Formalised the arrangements for the Union Street, Plymouth multi-agency treatment centre

## **New responsibilities in patient services has led to better Out of Hours care known as the Urgent Care Service (UCS)**

- Continued taking forward the awarded Service Level Agreement (SLA) to provide out of hours primary care known as the Urgent Care Service (UCS) for Somerset and Dorset which was initially won by Dorset Ambulance NHS Trust
- Total patient calls to the UCS amounted to 55,519

## **Committed to the Professionalism and Working Lives of Staff**

- Took forward the transitional and preparatory work of the trust with neighbouring Dorset Ambulance Service
- Took forward the introduction of the new NHS pay modernisation (Agenda for Change) assimilating 98.3% staff across to these new terms and conditions
- The sickness rate continued its downward trend

## **Supported by Logistics, Medical Transport, Vehicle Maintenance and Fleet units**

The trust operated a fleet of vehicles comprising:

- 155 Front-line A&E Ambulances
- 85 Rapid Response Vehicles
- 7 Rapid Response Motorbikes
- 4 First Responder Vehicles
- 76 Patient Transport Vehicles
- 59 Support Vehicles
- 49 Others
- 1 Boat ('Star of Life' operating in the Isles of Scilly)

## **Patient Focused**

- Continuation of trust newsletter for staff and members of the public
- Closer working with the implementation of a new communications protocol for improved partnership working with the 6 Overview and Scrutiny Committees (OSCs) based at the County Councils within the area
- Implementation of new health promotion campaigns targeted at the hard to reach audiences and based on social marketing techniques
- Innovative project with Bourne Leisure (Butlins) in Minehead to train staff in life saving skills to overcome barriers of access within the site
- Patient, Advice and Liaison Service (PALS) continued to develop patient information leaflets which can be used by Emergency Care Practitioners in the event of a patient being treated at home

- Patient, Advice and Liaison Service (PALS) implemented a new poster reporting system called 'You Said We Did'
- Production of an information leaflet, with parents, on how to reduce the risk of cot death
- Torbay Adrenal Pituitary Project (TAPP) continued to prove successful with recognition by securing a coveted external award

## **Planned Patient Care**

Patient Transport Services (PTS) and Voluntary Hospital Ambulance Cars (VACs) carried out over 107,600 patient journeys during the period.

## **Proud to serve the community**

The new Standards for Better Health led by the Healthcare Commission replaced the former star rating system which ranked NHS trusts for their performance. Westcountry were proud to receive 2 stars during the previous reporting year and standards. During this reporting period, the trust has continued to strive towards ensuring full compliance for the newly emerging performance management standards.

## **Emergency Planning**

To help protect the public, the trust continues to play a key role in emergency planning across the local, regional and national structures whilst taking part in inter-agency collaborations, such as Local Resilience Forums.

The Civil Contingencies Act 2004 and subsequent Emergency Planning Guidance 2005 placed a statutory duty on the trust to liaise and exercise with other organisations. All activity throughout the year has been aimed at ensuring an appropriate response to any perceived challenges. The focus of work has centred around four key areas:

- Emergency Planning
- Risk Assessment
- Business Continuity Planning
- Warning and informing (Local Resilience Forums)

## **Rapid Response Vehicles (RRVs)**

Ambulance resources are deployed to an incident in most cases whilst the call is still being processed. The severity of the call will reflect the type of vehicle sent to the scene.

The Category 'A' life-threatening calls may, in addition to a traditional ambulance, receive a response from a Rapid Response Vehicle (RRV). These vehicles are staffed with one Paramedic, in the majority of instances, working across Cornwall, Devon, and Somerset.

## **Patient Transport Service (PTS)**

Patient Transport Service (PTS) is the non-emergency medical transport arm of the trust, providing a service for patients who need to access health services and are unable to use public transport.

This includes transport to and from hospitals for appointments, day units and treatment centres. The service is accessed and booked for patients by doctors and healthcare professionals.

There is a move to centralise the way patients access the service with the introduction of Single Point of Contact Centres (SPOCs). Some SPOCs are operated by health professionals with the remainder contracted to voluntary agencies.

There are 3 Patient Transport Service (PTS) Controls located in Plymouth, Exeter and Taunton with a satellite unit in each of the 6 District General Hospitals within our area. These centres control all PTS and Voluntary Hospital Ambulance Car (VACs) journeys across the trust as well as those travelling to more distant locations.

With a relatively small group of staff, these centres plan and control 60 ambulance resources operating from 32 of the trust ambulance stations and approximately 265 VACs drivers.

The total number of journeys undertaken this quarter exceeds 107,600. This will drop significantly over the rest of this year as changes (described below) take effect.

PTS Controls assist the Accident and Emergency (A&E) Control where appropriate by facilitating transport for suitable urgent patients to hospital and also in incidents that involve large numbers of walking wounded patients. A total of 103 patients were passed from the A&E Service to PTS in this period. This joint partnership releases A&E resources and so improves overall performance.

Anticipated changes in VACs and PTS during year will lead to a review of PTS Controls and its relationship with the A&E Control. The Lead Manager for PTS development and commissioning continues to work to implement this and to liaise with commissioners in their review of PTS and VACs.

A medical tier PTS is planned for the future in some areas; this will concentrate on patients needing medical interventions. Those patients with mobility needs will transfer to a new supported travel operated service managed by local authority and voluntary agencies.

## **Voluntary Hospital Ambulance Car Service (VACs)**

The Voluntary Hospital Ambulance Car Service (VACs) consists of recruited volunteers who give up their time to transport walking patients to and from health clinics and wards across the trust area and beyond. They use their own cars for which they receive a mileage allowance. The service operates a dynamic service 5 days a week with a limited service available at weekends.

Patients access this service through their GP or other health professional or in some cases a booking service which applies criteria for its use. These patients are generally not well enough to access their health needs by other means but do not have the need for an ambulance as with the Patient Transport Service (PTS). In this period the VACs conveyed in excess of 80,000 patients and travelled over 1.5 million miles.

VACs are recruited, trained, planned and controlled by the PTS Offices in Plymouth, Exeter and Taunton. PTS Supervisors provide an on-call facility for out of hours issues involving VACs and PTS.

A review of the VACs is being undertaken by the South West Strategic Peninsula Health Authority which covers Isles of Scilly, Cornwall and Devon (merged with Dorset and Somerset Strategic Health Authority on 1 July 2006 and became NHS South West).

VACs in Cornwall passed to the voluntary sector operated by Transport Access Patients (TAPs) in June 2006. An unusually high volume of enquiries and concerns were received during the first month of operation coupled with a few initial unforeseen difficulties implementing TAP. The trust worked alongside TAP during these 'teething problems' to help resolve the initial unforeseen difficulties to ensure a successful transition was completed. VACs in Devon is planned to pass to the voluntary sector during 2007 to 2008. Somerset VACs will however remain with the ambulance service for the foreseeable future.

## **Fleet, logistics and equipment**

The trust's dedicated fleet of A&E vehicles and patient transport vehicles have been designed to comply with legislative and best practice requirements.

Vehicles are procured, designed and maintained to meet the highest possible operational standard delivering efficient patient care. The trust is committed to improve the patient experience by ensuring it has an up to date and modern fleet of vehicles and is continuing its investment programme throughout 2006 and beyond.

Any new vehicles will be distributed and targeted to even out any operational areas where these are not currently available across the service's vast geographical area.

Building on the success of the Urgent Care Service (UCS) provided to Somerset and Dorset residents, the trust intends to secure new rapid response cars specially designed for Emergency Care Practitioners (ECPs) and Paramedics in the forthcoming year.

## **Air Ambulance**

Cornwall, Devon and Dorset and Somerset Air Ambulances continue to be a vital resource for the trust in delivering a high quality service to patients. The aircrafts regularly enable crews to reach patients quickly, particularly in remote areas. These resources are essential when a patient's injuries or illness is life threatening, as it is able to cover the distance to hospital swiftly.

The air ambulances are based at RAF St Mawgan, Newquay, Cornwall, Middlemoor, Exeter, Bellevue, Yarnscombe, North Devon and Henstridge, Somerset and are dispatched by Central Ambulance Control to emergency calls which often involve serious or traumatic injuries.

The aircrafts are available during daylight hours, 8 hours a day, 7 days a week, and are operated by Bond Air Services who are responsible for supplying the aircrafts, maintenance and pilots.

Principal funding of the aircrafts is through the efforts of the local fundraisers of Devon Air Ambulance Charity and First Air Ambulance Service Trust supported by the NHS.

The Devon Air Ambulance introduced a second air ambulance in April 2005 and this continues to prove another vital life saving resource. The helicopter is the same Bolkow 105dbs that serviced the community in Devon for over 12 years before it was replaced with the new EC135 aircraft. It is based at Belle Vue Flying Club, near Great Torrington.

The Trust would like to pay tribute to all the air ambulance volunteers who work tirelessly to keep the service flying.

Although based in North Devon, the air ambulance will be deployed across the whole of the county along with the Exeter based EC135. This means over 95% of Devon can be reached in 5 minutes by an air ambulance.

The trust is proud to work with 4 air ambulances during the past year, and it has been importantly recognised as the only UK ambulance service to be utilising such a high volume of aircraft operating across 3 counties.

Whilst we have been accustomed to seeing air ambulances appear more regularly across the region, it has been apparent that the workload undertaken by these proven life savers involves perhaps more than just serious medical and trauma incidents. More frequently patients suffering from either a stroke or heart attack, who after stabilisation, need rapid and timely transfer to hospital are conveyed by the air ambulance.

The air ambulance in Cornwall has become the first air ambulance to carry advanced monitoring equipment that enables the crew to send patient observations such as the ECG to a receiving hospital. This enables a treatment plan to be put in place before the arrival of the patient, all whilst they are being flown towards the hospital.

In excess of 645 missions have been flown within the period. During this period 315 missions were in Cornwall, 235 in Devon and 95 in Somerset ranging from serious road traffic collisions and life threatening illnesses to ankle injuries in remote locations and sporting accidents.

## **Emergency Care Practitioners (ECPs)**

ECPs are Paramedics with additional training in injury assessment, diagnostic skills and advanced wound care. They can treat minor injuries such as wounds, burns, musculoskeletal injuries and minor illnesses (falls, blackouts or blood loss). This new type of healthcare professional is playing a pivotal role in the delivery of unscheduled care across all the three counties.

ECPs are based in the community and provide on the spot and patient focused emergency treatment to patients. They are helping to relieve pressure on the emergency ambulance service and are treating patients, in their own homes, more effectively without the need to transport them to already busy A&E departments.

There are now 62 skilled ECPs working across the area, which has enabled significant improvements, such as new collaborations with other health and social care organisations, logistics and the development of more appropriate patient focused care pathways.

The ongoing introduction of ECP Nurses continued which is benefiting both the nurses and other staff who are learning new skills and techniques from working alongside each other.

## **Motorcycle Response Unit**

In September 2005, a 3 month trial took place using motorcycles to respond to life threatening emergency calls and during this period data collected indicates that the response to life threatening calls improved significantly.

Following the trial, a review took place on the number of staff trained to ride the motorcycles and the personal protective equipment issued. Subsequently 5 new riders were carefully selected through independent interviews and assessments.

These staff were issued new personal protective equipment specially manufactured to emergency service specifications and completed an intensive three week motorcycle course at the Metropolitan Police Training Centre, London. All staff passed the course and are now fully operational.

## **Community Responder Schemes**

The trust's community responders enthusiastically completed a programme to receive Automated External Defibrillators (AEDs) which were programmed with the updated Resuscitation Council Guidelines. This was complemented with the appropriate training and assessments required (Includes Fire Co-responders and Static Site responder AEDs located in public access areas).

A revised call sign and personal identification number plan has been introduced. Throughout the region, responders are attending events on a voluntary basis, offering members of the public an introduction into Basic Life Support.

During the 3 months, responders attended 3304 emergency incidents, continuing to offer early intervention to patients suffering from life threatening conditions until the arrival of an ambulance.

The trust would like to sincerely thank all the staff and volunteers who make this scheme so successful.

## **Intermediate care links**

The trust continued to work in partnership with Health and Social Care providers to develop schemes, which respond more appropriately, to patients in the community who suffer falls. These were introduced as a result of the growing evidence that a significant number of patients were taken to hospital unnecessarily when it was clear they could remain at home safely with the intervention of rapid health or social care support.

The trust is pleased to be part of pilot schemes involving Social Services and a rapid response team. Ambulance staff alert Social Services to patients in need of individual support which is helping patients receive faster and more appropriate treatment. This proactive approach enables patients to remain independent and in their own home.

## **Fallers hotline**

A direct telephone line to enable front line staff to contact and log a person at risk from falling in their home has been implemented. The line is automated making it easier to log the calls, and the relevant falls team co-ordinator arranges a risk assessment to take place to prevent further falls and the potential risk of injury.

## **Fallers specially adapted vehicle**

To complement this service a new project has just been launched that consists of a higher dependency vehicle designed to meet the individual needs of regular 'fallers'. The new vehicle will be based at Derriford ambulance station and crewed by Ambulance Care Assistants that will have extra clinical skills.

## **Inappropriate use of ambulance services**

The Department of Health confirmed that despite increasing investment in ambulance services in the UK and implementation of new ways of working, keeping up with increasing demand continues to be a real challenge. The clock times for calculation of calls will change in 2008 and this will bring additional pressures on meeting target times.

Whilst patients and the public have a right to expect an appropriate and effective emergency response, they equally have a duty to use the service responsibly.

The trust is ahead of many other services with early implementation of software systems which enable the Control and Communications team to prioritise incidents so as they are able to send the most appropriate response. This software is further complemented with fully trained Paramedics and nurses in the Control Centre to enable clinically safer decisions when grading 999 emergency calls.

This is already helping to reduce some of the burden of inappropriate calls for ambulances from non life threatening injuries, whilst at the same time supporting patients in ensuring they receive the most appropriate response.

## **Ambulance Care Assistants (ACAs)**

The role of an Ambulance Care Assistant (ACA) has changed greatly over the last 12 months, with more and more opportunities to learn extra skills.

In line with the Bradley Report called '*Taking Healthcare to the Patient; Transforming NHS Ambulance Services: June 2005*', which set out a vision for ambulance services and how they should be developed to meet the needs of the Twenty First Century ([www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)), these important members of staff have been specially trained in additional clinical skills to enable them to deal with a more dependant category of patient.

This developmental training is realising the vision for ambulance services to deliver more urgent care in the community and out of the hospital setting.

These supplementary skills include; defibrillation, analgesic gases, pulse oximetry, blood pressure monitoring, and care of fractures.

## 3 Month Financial Report

All ambulance trusts in England were dissolved on 30 June 2006 and new larger trusts were created on 1 July 2006.

The information within this section covers the final 3 month period of Westcountry Ambulance Service NHS Trust (01/04/06 to 30/06/06) and is a summary of the more detailed information contained in the trust's audited accounts.

These accounts also include the Statement on Internal Control (SIC). A full copy of the accounts and the SIC is available, free of charge, by

Telephone: 01392 261500

Email: [publicrelations@swast.nhs.uk](mailto:publicrelations@swast.nhs.uk)

Viewing: [www.swast.nhs.uk](http://www.swast.nhs.uk)

Following the merger with Dorset Ambulance NHS Trust, an annual report will be produced for the new South Western Ambulance Service NHS Trust for the 12 month period 01/04/06 to 31/03/07. This will incorporate the details of this 3 month report.

## Income and Expenditure

The trust achieved a small surplus (7k) during the period

## External Financing Limit (EFL)

For practical purposes, the Department of Health determined that the EFL for the 3 month period was to be the same as that achieved during the 3 months to 30/6/06. The trust is pleased to report that it achieved its target.

## Capital Resource Limit (CRL)

During the 3 months to 30/06/06, the following expenditure was incurred:

	£000
IT Systems	76
Estates	1
<b>Total Expenditure</b>	<b>77</b>

The trust operated within its Capital Resource Limit during this period.

## Capital Cost Absorption Rate

The trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets.

The trust achieved a 3.1% return during the period.

## 5 Year Summary of Results

	2001/ 2002 £000	2002/ 2003 £000	2003/ 2004 £000	2004/ 2005 £000	2005/ 2006 £000	2006/07 (3 Months) £000
Turnover	45,726	51,152	54,944	61,646	70,430	17,865
Retained surplus /(deficit) for the year	5	7	403	35	32	7
Adjustment for:						
Prior period Adjustments	0	0	0	0	0	0
Break-even in year position	5	7	403	35	32	7
Break-even cumulative position	49	56	459	494	526	533
Materiality test: as a percentage of turnover						
Break-even in-year position	0.01%	0.01%	0.73%	0.06%	0.05%	0.04%
Break-even cumulative position	0.11%	0.11%	0.84%	0.80%	0.75%	2.98%

The trust has met its break-even duty.

## Salary and Pension entitlements of senior managers

### Remuneration

Name and Title	2006/07 (3 months)			2005/06		
	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) £
H Strawbridge (Chairman)	0 – 5			15 – 20		
K Burrows (Non Executive Director)	0 – 5			5 – 10		
C Russell (Non Executive Director)	0 – 5			5 – 10		
B Lewis (Non Executive Director)	0 – 5			5 – 10		
J Cowdery (Non Executive Director)	0 – 5			5 – 10		
B Evans (Non Executive Director)	0 – 5			5 – 10		
M Willis OBE (Chief Executive until 30/06/06)*	30 – 35	265 - 270		100 – 105		
S Pryor (Director of Operations)	20 – 25			80 – 85		
S Davies (Director of Finance)	15 – 20		2,000	70 – 75		7,200
K Nethercott (Director of Corporate Affairs)	15 – 20		1,500	65 – 70		6,400
B Newmarch (Associate Medical Director (until 18/09/05))				20 – 25		1,400
G Bryce (Medical Director)	5 – 10			30 – 35		

\* Compensation for loss of office under an approved compensation scheme was made to M Willis OBE. Benefits in kind are car and fuel benefits.

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 30 Jun-06 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 30 Jun-06 (bands of £5,000)	Cash Equivalent Transfer Value at 30 Jun-06	Cash Equivalent Transfer Value at 31 Mar-06	Real Increase in Cash Equivalent Transfer at 30 June-06
	£000	£000	£000	£000	£000	£000	£000
M Willis OBE (Chief Executive (until 30-06-06))	0 – 2.5	0 – 2.5	50 – 55	150 – 155	845	826	11
S Pryor (Director of Operations)	0 – 2.5	2.5 – 5	30 – 35	90 – 95	457	438	15
S Davies (Director of Finance)	0 – 2.5	0 – 2.5	10 – 15	30 – 35	121	114	6
K Nethercott (Director of Corporate Affairs)	0 – 2.5	2.5 – 5	20 – 25	70 – 75	353	337	13
B Newmarch (Associate Medical Director (until 18-09-05))						475	
G Bryce (Medical Director)	0 – 2.5	0 – 2.5	0 – 5	5 – 10	41	38	2

The trust's treatment of pension liabilities may be found in the Annual Accounts under note 1.10.

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

## Cash Equivalent Transfer Value

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 disclosure applies.

The CETV figures and 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 scheme or arrangement) and uses common market valuation factors for the start and end of the period.

<b>Management costs</b>	<b>2006/07 (3 months) £000</b>	<b>2005/06 £000</b>
Total Trust Income	17,865	70,430
Management and administrative costs	949	3,430
% of income	5.3	4.9

### **Auditors remuneration**

The fee for provision of audit services for the three month period was £43,000.

### **Better payment practice code**

	<b>2006/07 (3 months) number</b>	<b>2006/07 £000</b>
Total Non-NHS Trade invoices paid in the year	4,800	4,480
Total Non NHS Trade invoices paid within target	4,090	3,707
Percentage of Non-NHS Trade invoices paid within target	85%	83%

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.

### **Post Balance Sheet Events**

Following a major reorganisation of the ambulance service in England it has been announced by the Department of Health that from 1 July 2006 there will be 12 NHS ambulance trusts in England, with mergers of many of the existing Trusts.

By creating fewer larger ambulance trusts, there will be less bureaucracy, more money to invest in front line services and better care for patients.

With effect from 1 July 2006 the Westcountry Ambulance Services NHS Trust and Dorset Ambulance NHS Trust will merger and become South Western Ambulance Service NHS Trust.

The new entity has an annual budget of £104 million compared to £72 million for Westcountry Ambulance in 2005/06.

The new entity serves the geographical area of Dorset, Somerset, Devon and Cornwall which until the 30 June 2006 was served by Westcountry Ambulance and Dorset Ambulance. The new trust covers a population of approximately 3 million.

Given the demise of Westcountry Ambulance Services NHS Trust and the establishment of the new South Western Ambulance Service NHS Trust, the financial and legal responsibilities of Westcountry Ambulance Services now sit with this new trust. These accounts, whilst taking into account the costs arising from the merger, including redundancies, have not taken account of any employment disputes following redundancy. Recent action has highlighted the potential for a legal claim on Westcountry Ambulance Services.

Provision for this has now been made in the 12 month accounts for South Western Ambulance Service NHS Trust.

## Summary Financial Statements

A summary of the Accounts for the 3 month period 1 April 06 to 30 June 06 follows. These have been prepared 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.

### Income and expenditure account for the 3 months ended 30 June 2006

	<b>2006/2007 (3 Months) £000</b>	<b>2005/2006 £000</b>
<b>Income from activities</b>	<b>17,165</b>	67,173
<b>Other operating income</b>	<b>700</b>	3,257
<b>Operating expenses</b>	<b>(17,727)</b>	(69,862)
<b>Operating Surplus (Deficit)</b>	<b>138</b>	568
Profit (loss) on disposal of fixed assets	0	0
<b>Surplus (Deficit) Before Interest</b>	<b>138</b>	568
Interest receivable	28	140
Interest payable	0	0
Other finance costs – unwinding of discount	(4)	(6)
Other finance costs – change in discount rate on provisions	0	(27)
<b>Surplus (Deficit) for the Period</b>	<b>162</b>	675
Public Dividend Capital dividends payable	(155)	(643)
<b>Retained Surplus (Deficit) for the Period</b>	<b>7</b>	32

## Balance sheet as at 30 June 2006

	<b>30/06/06</b> £000	<b>31/03/06</b> £000
<b>Fixed Assets</b>		
Tangible assets	24,246	23,785
	<b>24,246</b>	<b>23,785</b>
<b>Current Assets</b>		
Stocks and work in progress	597	629
Debtors	2,173	1,199
Cash at bank and in hand	498	857
	<b>3,268</b>	<b>2,685</b>
<b>Creditors: Amounts falling due within one year</b>	(5,615)	(5,654)
Net Current Assets (Liabilities)	(2,348)	(2,969)
<b>Total Assets Less Current Liabilities</b>	<b>21,899</b>	<b>20,816</b>
<b>Creditors: Amounts falling due after more than one year</b>	0	0
Provision for Liabilities and Charges	(520)	(620)
<b>Total Assets Employed</b>	<b>21,379</b>	<b>20,196</b>
<b>Financed by: Taxpayers' Equity</b>		
Public dividend capital	9,048	9,048
Revaluation reserve	5,933	4,719
Donated Asset reserve	526	564
Income and expenditure reserve	5,872	5,865
<b>Total Taxpayers' Equity</b>	<b>21,379</b>	<b>20,196</b>

## Cash flow statement for the 3 months ended 30 June 2006

	2006/07 (3 Months)		2005/06	
	£000	£000	£000	£000
<b>Operating Activities</b>				
Net cash inflow from operating activities		(166)		2,312
<b>Returns on Investments and Servicing of Finance:</b>				
Interest received	28		140	
Interest paid	0		0	
Interest element of finance leases	0		0	
Net cash inflow (outflow) from returns on investments and servicing of finance		28		140
<b>Capital Expenditure</b>				
(Payments) to acquire tangible fixed assets	(77)		(3,281)	
Receipts from sale of tangible fixed assets	11		54	
(Payments to acquire)/receipts from sale of fixed asset investments	0		0	
Net cash inflow (outflow) from capital expenditure		(66)		(3,227)
Dividends paid		(155)		(643)
Net cash inflow/(outflow) before management of liquid resources and financing		(359)		(1,418)
<b>Management of Liquid Resources</b>				
Purchase of investments	0		0	
Sale of investments	0		0	
Net cash inflow (outflow) from management of liquid resources		0		0
<b>Net cash inflow (outflow) before financing</b>		<b>(359)</b>		<b>(1,418)</b>
<b>Financing</b>				
Public dividend capital received	0		2,090	
Public dividend capital repaid	0		0	
Other capital receipts	0		0	
Capital element of finance lease rental payments	0		0	
Net cash inflow/(outflow) from financing		0		2,090
<b>Increase/(decrease) in cash</b>		<b>(359)</b>		<b>672</b>

## Statement of total recognised gains and losses for the 3 months ended 30 June 2006

	2006/07 (3 Months) £000	2005/06 £000
Surplus (deficit) for the period before dividend payments	162	675
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	1,231	573
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	0	0
Defined benefit scheme actuarial gains/(losses)	0	0
Additions/(reductions) in "other reserves"	0	0
<b>Total recognised gains and losses for the financial year</b>	<b>1,393</b>	<b>1,248</b>

### Audit Committee

The committee comprised of Non Executive Directors Mr Barry Lewis, Mr Ken Burrows and Mrs Charlotte Russell. It monitored both internal/statutory audit plans, held meetings with the Director of Finance/audit representatives to scrutinise audit findings/recommendations and identified 'Value for Money' projects.

### Remuneration Committee

The committee comprised of Mrs Heather Strawbridge (Chair) and Non Executive Directors, Mr Bryn Evans, Mr Barry Lewis, Mrs Jane Cowdery, Mrs Charlotte Russell and Mr Ken Burrows. It reviewed pay/conditions of service so they remained competitive/affordable, recommended pay/conditions for the Chief Executive and Executive Directors, having first considered proposals submitted by the Chief Executive.

### Clinical Governance Committee

The committee comprised of Mr Ken Burrows (Chairman) and Non Executive Directors, Mrs Heather Strawbridge, Mrs Jane Cowdery, the Chief Executive, Director of Operations, Director of Finance, Medical Director, Director of Corporate Affairs and other senior managers of the trust. It was the committee for Clinical Governance.

### Risk Management Committee

The committee comprised of Non Executive Directors Mrs Charlotte Russell (Chair) and Mr Bryn Evans, the Chief Executive, Director of Corporate Affairs, Director of Finance, Director of Operations and other senior managers of the trust. It was the trust's overarching committee for risk management.

## 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 the Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

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

Date 21 June 2007



Ken Wenman  
Chief Executive

## Statement of the Directors' responsibilities in respect of the accounts

The directors are required under the National Health Services 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 estimates 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 accounts comply with requirement 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 compiled with the above requirements in preparing the accounts.

By order of the Board:

Date 21 June 2007



Ken Wenman  
Chief Executive

Date 21 June 2007



Simon Davies  
Finance Director

**Independent auditors' report to the Directors of the Board of South Western Ambulance Service NHS Trust as successor organisation to Westcountry Ambulance Services NHS Trust**

We have examined the summary financial statements set out below on pages 25 to 32.

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

***Respective responsibilities of directors and auditors***

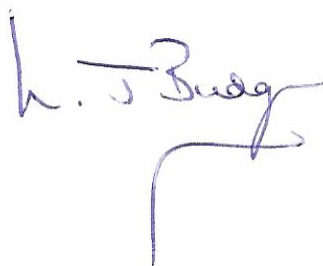
The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

***Basis of opinion***

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board.

***Opinion***

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the part-year ended 30 June 2006.



Lee Budge, District Auditor  
Audit Commission  
3-6 Blenheim Court  
Lustleigh Close  
Matford Business Park  
Exeter  
EX2 8PW



## Feedback

We welcome your views on this report and would appreciate any comments.

The trust values the feedback of patients and the public on all its public documents and has designed this report around the views already received at a major consultation event in 2006.

If you feel that there are other comments which would make any future production of reports more user friendly, please do take the time to note your thoughts down here. Thank you.

Please use either of these methods.

- **Email:** [publicrelations@swast.nhs.uk](mailto:publicrelations@swast.nhs.uk)
- **Fax:** 01392 261560
- **Tel:** 01392 261500
- **Post:** Lynne Paramor  
PR and Communications Manager  
South Western Ambulance Trust  
Abbey Court  
Eagle Way  
Sowton Industrial Estate  
EXETER  
Devon  
EX2 7HY

## **If you would like a copy of this report in another format, please contact**

- **Email:**     **publicrelations@swast.nhs.uk**
- **Fax:**       **01392 261560**
- **Tel:**       **01392 261500**
- **Post:**       **Lynne Paramor  
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Devon  
EX2 7HY**

**Although this may take a little while to prepare, the trust is committed to ensuring they meet the needs of everyone and so will endeavour to accommodate any requests; as far as practicable.**