



Dorset Ambulance
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 Dorset Ambulance 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 Dorset Ambulance NHS Trust and Westcountry Ambulance Services NHS 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, Somerset and Dorset.

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 and view the supplementary 3 month report for Westcountry Ambulance Services 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 work and ongoing reconfiguration and would like to take this opportunity to personally thank all of the staff who are part of this continued 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 Dorset Ambulance 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 on behalf of the former Chairman and myself 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 Services NHS Trust

Reconfiguration

In June 2005 the Department of Health (DH) 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 Ambulance Trust 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 2 trusts to 1. On 1 July 2006 South Western Ambulance Service NHS Trust was established. Find out more on www.swast.nhs.uk.

Vital Statistics

The trust covers an area of 1020 square miles which serves 726,330 people. This figure swells to almost double in the peak tourist season. The 2001 Census shows the county of Dorset 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 3.79% of the population.

Board members

Mr T Jones OBE	Chairman
Sir B Kenny	Non Executive Director
Mr T Ware	Non Executive Director
Mrs P Rushton	Non Executive Director
Mr K Wenman	Chief Executive
Mr C Launchbury	Director of Finance
Mr R Ferre	Deputy Chief Executive
Ms J Liggett	Associate Director of Corporate Affairs

Mr T James Associate Director of Operations
Mrs N Lane Associate Director of Urgent Care Service Dorset
and Somerset

Register of interests

Mr T Jones OBE Member of West Dorset District Council
Member of Dorchester Town Council
Vice Chairman Scrutiny Panel Local Government
Association
Member Local Government Pensions Committee
Member Dorset Fire Authority
Chairman Dorset County Council Audit & Scrutiny
Committee
Peer Member Peer Clearing House
Improvement and Development Agency
Chairman Dorset Film Touring Ltd
Trustee Dorchester Community Nursery School

Sir B Kenny Governor Canford School
Trustee – Dorset and Somerset Air Ambulance Charity
King of Arms – Order of the Bath

Mr T Ware Non Executive Director Southern Fruits Ltd
Non Executive Director Baxters Food Group
Director Auld Smokehouse Originals Ltd

Mrs P Rushton East Dorset Magistrates
Christchurch Borough Council Standards Committee

Mr K Wenman Board Director (unpaid) – Ambulance Service Association

Management appointments

The Executive Directors comprised of the Chief Executive, Director of Finance, Deputy Chief Executive, all Associate Directors of Human Resources, Operations and Dorset Emergency Care Service (DECS), were appointed following external advertisement and were not for set periods except for the Associate Director of Operations who was appointed as a result of organisational change in 2003.

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 at the end of 2002 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 are, not only highly skilled and professional, but are totally committed to improving the patient experience and delivering optimum standards of care.

This has been proven by the achievement of the NHS Improving Working Lives (IWL) Practice Plus award.

Staff employed

At 30 June 2006, the trust employed a total of 606 staff full-time and part-time staff.

Accident & Emergency (A&E)	309
Patient Transport Service (PTS)	86
Logistics	15
Control	43
Vehicle Maintenance	6
Domestic	9
Administration support	36
Management	15
Urgent Care Service (OOHs doctors)	87
Total	606

Recruitment and retention

13 staff left the trust during the 3 month period, a turnover of 1.1%. This was significantly down compared with the previous 3 month period in 2005. There were 29 new starters, to increase frontline staff. Development opportunities remained high with 18 staff being promoted and a further 14 successfully qualifying as ambulance technicians during this period following their full year of student technician status.

Agenda for Change and performance management

The 3 month period 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 3 month sickness rate was 4.37%, 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. In total, 9 staff used the helpline within this period.

The high profile zero tolerance of violence towards staff initiative continued during this time, although 21 staff experienced violent incidents from patients/public (thankfully none of these staff were seriously injured). 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.

For frontline and support staff involved in particularly difficult incidents the trust has continued to provide 'hot' and 'cold' debriefs which have been shown to help staff deal with their feelings afterwards and which also highlight lessons for the future aimed at improving patient care. 31 staff reported accidents/injuries 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 Dorset's 3.79% Black and Minority Ethnic (BME) population which is currently under-represented among staff. The proportion of BME staff employed for this period was 1.75%. The ratio of women employed compared with men was 2:3 and almost a third of staff were between the ages of 40 and 50.

	Men	Women
BME staff	7	3
Age		
18 – 24	3	0
25 – 35	89	81
36 – 45	115	69
46 – 55	95	56
56 – 65	69	19
66+	7	3
Total	378	228

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.

Support for keyworkers

All staff are designated as keyworkers which makes them eligible for a number of schemes to assist with affordable housing. For the past 5 years, the trust has worked in partnership with Western Challenge Housing Association to secure equity loans for some staff to assist with the purchase of a home.

Education, training and development

The Head of Education and Professional Development has been working with the University of Bournemouth to accredit the Emergency Care Practitioner (ECP) course. The programme is being accredited at 120 degree level points and has been designed to follow on from a foundation degree. Successful students will achieve a BSc in Emergency and Urgent Care Practice.

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. This will see workforce planning issues being encountered by all ambulance services until the higher education pathways are embedded.

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 based in St Leonards, Dorset. This service operates in the counties of Dorset and Somerset, so Dorset Ambulance Trust continued to work in partnership with Westcountry Ambulance Service to deliver the service.

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.

Commercial Training

This training has continued to expand and now includes police, medic and resuscitation Council UK courses, as well as those accredited by the Health & Safety Executive. Work with primary care is gathering momentum and likewise is the successful First Aid at Work training.

Rolling out this work across the trust's new area in the future will be at the top of the agenda for the training team.

Attracting income generation by working with the private sector is a welcome innovation for the trust.

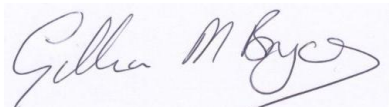
Clinical Governance - Medical Director's review

Clinical Governance continues to go 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 contribute to the trust's overall Risk Register. The number of reported adverse incidents and near misses has increased considerably 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 achieved the top level 3 in the National Risk Management Assessment. We are now only 1 of 3 ambulance trusts to achieve this level.

All front line Paramedics can now administer the clot busting drug needed for patients suffering a heart attack, without the need for confirmation from clinical staff at the hospital. This has been bought about by the identification of risks with the process of transmitting data to the hospital. Clinical audit developments have included the introduction of oral morphine.

This is the only Clinical Governance 3 month review to be produced under the Dorset Ambulance 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; DH:2005.'

Implementing Clinical Governance is helping the transformation of culture, of ways of working, of attitudes and of systems within the NHS. It has 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 Dorset; Not least, the new contract to provide Out of Hours primary care services to Dorset and Somerset. 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 glyceryl trinitrate (GTN) in line with national clinical guidelines.

A heart attack occurs when one of the arteries which supplies the heart with blood, becomes blocked with a blood clot. Without a supply of blood and oxygen, the affected part of the heart cannot continue to work properly.

Patients experiencing a heart attack can receive a special clot busting drug known as a thrombolytic, which dissolves the clot and allows blood to flow around the heart.

The trust remains a UK leader in the delivery of this clot busting drug, with 361 patients receiving the treatment to date. The earlier the drug is administered, the better the result, which is why the Department of Health require 68% of heart attack patients in the UK to receive the treatment within 60 minutes. Over the last year Dorset and Somerset achieved and surpassed the target, against a national average of 57%. This is in addition to those whose pain was successfully controlled with oxygen and nitrate therapy.

A broader range of other pain management medications is being introduced to provide ambulance clinicians and patients with increased options for analgesia.

Spearheading new treatments

Working in partnership with the Royal Bournemouth Hospital, the trust is spearheading a new system of primary angioplasty. Instead of receiving thrombolysis, certain patients are now rushed to the hospital's new Cardiac Intervention Unit.

A catheter with a balloon at its tip is inserted through an artery in the groin or arm and guided into the blocked artery. The balloon is then inflated, squashing the fatty deposit which is blocking the artery, increasing the size of the vessel and restoring the blood flow to the heart. A small rigid support called a stent is then left in place to ensure that the artery remains open.

The trust is immensely proud to be only the second area in the UK to offer patients both thrombolysis and primary angioplasty.

Stroke care

Clot dissolving treatment can improve outcomes in some patients, although it is most effective if given very soon after onset of symptoms.

During the past 2 years, the trust has been working in partnership with 3 hospitals in Dorset to develop an innovative new system to improve the care of patients experiencing a stroke. Stroke patients now receive a faster response from the ambulance service. They are assessed to establish whether they would benefit from early specialist stroke care, and if deemed suitable, they are rushed to a hospital with a specialist stroke service.

The treatment has been a fantastic success story for many patients. It has enabled a number of patients to walk out of hospital without any lasting effects after just 36 hours, instead of requiring weeks or months of rehabilitation and long term care.

The scheme received the highest accolade of recognition by winning 2 prestigious awards from the then Dorset and Somerset Strategic Health Authority (1 July 2006 merged with South West Strategic Peninsula Health Authority to become NHS South West).

Dorset continues to rank top in stroke care, as it is the only area in the UK with an organised county-wide system of acute stroke care.

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 county 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 during the annual training program. To improve a weak area recognised by the trust, regular cleaning schedules by front-line staff continues to be supported by a dedicated team of vehicle cleaners. A recent audit of performance demonstrated considerable improvements, with the number of stations achieving full compliance with nationally acceptable standards increasing from an unacceptable 50% to an impressive 92.35%. All staff deserve recognition and thanks 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 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
- Referrals in cases 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).

Clinical Governance star status

The 3 month period has been a particularly challenging yet successful time in taking forward the achievement of 3 star status, compliance with the Healthcare Commission Standards for Better Health, Improving Working Lives (IWL) Practice Plus and the responsibility for the Out of Hours Urgent Care Service (UCS) for Dorset and, more recently, Somerset. This has been a considerable undertaking and much credit must go to the all those involved in setting it up and continuing to manage the service. The Out of Hours GP service is now ranked as the exemplar model for other trusts to follow.

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.

Public Health

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

The strategy was led by the clinical directorate from 2006 onward. The aim of the strategy is to establish a 5 year framework of actions to improve access and contribute to the reduction in health inequalities. The strategy identified 4 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 e.g. 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 closer to people's homes.

Developments continue with other higher education pathways, including a foundation degree in Paramedic Science 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 the trust's 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 everyone's experience of the ambulance service and help to inform service developments by the trust responding to patient led suggestions.

Patient, Advice and Liaison Services (PALS)

The PALS service finalised 135 enquiries compared to 64 within the previous 3 month period. The increased use of the service is partly due to the expansion of PALS and of services with the Out of Hours Urgent Care Service (UCS) in Somerset and Dorset.

67% of enquiries received a response within 10 working days of the trust receiving 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 81 appreciations; an increase of 3.8% compared with the same period the previous year.

64 letters of appreciation were relating to the Accident and Emergency function and the trust is now pleased to see an increase in the number of appreciations concerning the Urgent Care Service (UCS).

Complaints

During the period, the trust received a total of 45 complaints, which is an increase of 56% compared with the same period in 2005. The trust responded to 95% of complaints within the target of 20 working days.

The increased number of complaints is partly due to the expansion of the Out of Hours Urgent Care Service (UCS) for Dorset and Somerset which is now led by the trust and accounted for 71% of complaints for the period.

The trust has made improvements in the area of communication and information with no related complaints being received.

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. Dorset Ambulance Trust was pleased to be one of the trusts to achieve this level and 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 206 incidents during the first 3 months of 2006/07, an increase of over 15% to the previous 3 month period in 2005.

Commercial training

The reporting period saw the commercial team achieve an income of £37,000.

The product range was expanded and includes many more police and medic courses. Work with primary care continues to grow. First Aid at Work training continues at a steady pace and the commercial team now offer Resuscitation Council UK courses, as well as those accredited by the Health & Safety Executive.

Rolling out this work across the trust's new area in the future will be at the top of the agenda for the training team in the future.

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's 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 Westcountry Ambulance Services NHS 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 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 (HCS). 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 agencies concerning issues such as repeated attendance at addresses. The trust had robust systems in place which share this information with the patients' doctor without compromising confidentiality. This helps each practice to update their medical records and to review treatment to best support the patient at home.

A staff portal has been added to the internet site enabling staff to access their accounts from home. This means staff can keep up to date with information during their days off, and make contact more readily in the event of a problem.

Information between the Out of Hours Service and local surgeries is determined by the needs of the doctors to ensure that they are kept informed of any medial advice dispensed to their patients and at the same time the medical record is updated ensuring that the patient record is current.

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 patients at home. Participation in this national information gathering process is voluntary, but Dorset Ambulance Trust is committed to the development of pre-hospital care. This is 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. The trust continued to embed the new software, Advanced Medical Priority Despatch System (AMPDS) which is helping staff to triage calls more efficiently to ensure the most appropriate response is sent to patients. The trust was one of the first in the country to implement this nationally acclaimed information technology.

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

Activity and Performance

Within this period, the trust activated to 22,751 emergency and urgent calls, a rise of 5.8% on the previous year.

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 the Dorset and Somerset Air Ambulance to the most serious or difficult to reach incidents.

Achievements Summary

Staff worked hard to respond to patients despite an increase in calls and this has resulted in significant improvements being made in responding to patients more quickly and appropriately. The trust's successful achievement of key response targets and initiatives is as follows:

Call Category	Response Time	Government Target	Achieved
Category 'A' calls	Within 8 minutes	75%	78.52%
Category 'A' calls	Within 19 minutes	95%	98.20%
Category 'B' calls	Within 19 minutes	95%	95.89%
Category 'C' calls	Within 60 minutes	95%	99.33%

New initiatives such as Emergency Care Practitioners (ECPs) and Paramedic Advisors have reduced the proportion of emergency patients who are taken 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
- 29 paramedic staff have gained additional skills to become Emergency Care Practitioners (ECP's)
- Improved intravenous pain relief
- Continuing work under the auspices of the Clinical Negligence Scheme for Trusts (CNST) level 3 assessment
- 25 patients received thrombolytic treatment, bringing the total at the end of June to 361
- 951 patients received morphine during this period which is up by 801 to the previous period in 2005

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
- Total patient calls to UCS amounted to 55,519

Committed to the professionalism and Improving the Working Lives (IWL) of staff

- Took forward the transitional and preparatory work of the trust with neighbouring Westcountry Ambulance Services NHS Trust
- 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

- 38 Front-line A&E Ambulances
- 42 Patient Transport Ambulances
- 4 Urgent Transfer Vehicles
- 17 Paramedic Response Cars
- 2 Transport Services Minibuses
- 16 Logistical Support Vehicles
- 45 Support Vehicles
- 16 Emergency Care Service Cars

Patient Focused

- Patient, Advice and Liaison Service (PALS) continued to develop patient information leaflets which were used by Emergency Care Practitioners (ECPs) when a patient was treated at home
- A new initiative was set up by PALS with Poole Hospital NHS Trust to pilot a new lost property system and the scheme received a coveted award for innovation from the former Dorset and Somerset Strategic Health Authority

Planned patient care

- Patient Transport Service (PTS) carried out 57,592 patient journeys
- Voluntary Hospital Car Service undertook 120,248 patient journeys

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. Dorset were proud to receive the maximum 3 stars during the previous monitoring standards and continued to work toward ensuring full compliance for the new standards within this period.

Emergency Planning

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

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)

The 2012 Games will see Dorset hosting the only major Olympic sporting events outside of London. The trust is pleased to be actively involved in the preparatory work and will take a lead role on providing an assessment of the required medical provision throughout the events.

Rapid Response Vehicles (RRVs)

Ambulance resources are deployed to an incident in most cases whilst the call is being taken. 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 an ambulance, receive a response from a Rapid Response Vehicle (RRV). These vehicles are staffed with one Paramedic and work across Dorset.

Patient Transport Service (PTS)

The Patient Transport Service (PTS) is the non-emergency medical transport arm of the trust providing a service to patients who need access to 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.

The trust is working towards improving partnerships in line with 'Driving Change' and NHS Modernisation Agency initiative, aimed at building relationships with Social Services and local authorities.

During the year 57,592 patient journeys were carried out.

Voluntary Hospital Car Service (HCS)

The service continues to be supported by the Voluntary Hospital Car drivers (HCS) for those patients not requiring ambulance or medical transport. The drivers use their own vehicles to which the trust contributes towards expenses.

The Hospital Car Service undertook an impressive 120,248 patient journeys throughout last year.

The trust board recognises this huge contribution to make this provision of patient services possible and would like to extend sincere appreciation on behalf of the trust and patients to the volunteers who make this service possible.

Fleet, logistics and equipment

The trust's dedicated fleet of Accident and Emergency (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.

Investment in Fleet during the period saw the arrival of 4 rapid response vehicles.

Building on the success of the Urgent Care Service (UCS) provided to Somerset and Dorset residents, the trust is proud of its achievement of providing 4 rapid response cars specially designed for Emergency Care Practitioners (ECPs) and Paramedics.

To meet the changing needs of our patients and maintain our impressive safety record, 2 emergency ambulances have been designed specifically for the purpose of transporting bariatric (obese) patients, with more investment planned for the future.

This forward thinking design is relatively unique to ambulance services as they are multi-functioning. They offer the ability to transport this particular group of patients, as well as the space to carry life saving equipment such as incubators and aeortic balloon pumps (vital equipment to assist with the opening of arteries as required for some patients).

Air Ambulance

The Dorset and Somerset Air Ambulance continue to be a vital resource for the trust in delivering a high quality service to patients. The aircraft regularly enables its crew to provide a rapid response to patients who suffer injury or illness in difficult rural locations. Such a resource is particularly necessary when a patient's injuries or illness is life threatening or when an incident occurs in a location which would be difficult to access in a conventional ambulance.

Ongoing use of 'Easy Task' which is relatively new reporting software has been provided so that the trust and the Dorset and Somerset Air Ambulance Charity may accurately audit Air Ambulance Operations. This enables comprehensive reports to be published and is also a useful tool for Clinical Audit.

A total of 99 air missions have been flown within the period for the county of Dorset. These missions consist of responses to calls ranging from serious

road traffic collisions, life threatening illnesses to ankle injuries in remote locations and sporting accidents.

The air ambulance is based in Henstridge, Somerset and during this period it continued to be dispatched by Central Ambulance Control in joint operation between Dorset and Westcountry Ambulance to emergency calls.

The aircraft is available during daylight hours, 8 hours a day, 7 days a week, and is operated by Bond Air Services who are responsible for supplying the aircraft, maintenance and pilots. Principal funding of the aircraft is through the efforts of the local fundraisers of Dorset and Somerset Air Ambulance Charity, supported by the NHS.

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

Emergency Care Practitioners (ECPs)

Emergency Care Practitioners (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 illness (falls, blackouts or blood loss). This new type of healthcare professional is playing a pivotal role in the delivery of unscheduled care across the county.

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 more effectively in their own home without transporting them to already busy A&E hospital departments.

There are now 33 skilled ECPs working from 6 sites in Dorset and they are all supported by 2 Clinical Support Officers (CSOs) 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.

ECPs are able to call upon other agencies such as Social Services, occupational therapy, physiotherapy or mental health organisations, to provide fast access to appropriate care for patients. They are able to refer patients to community hospitals for assessment and treatment or for rehabilitation, for example, after a patient has had a fall in the home.

They are also working with other healthcare professionals such as General Practitioners (GPs) and Nurse Practitioners. ECPs in Bournemouth, Weymouth and Portland currently work within Minor Injuries Units (MIUs) and ECPs in Shaftesbury will have the same facilities in the future. ECPs at Dorchester and Bridport now work within GP Surgeries and those at St Leonards will soon have access to at least one local GP Surgery to help treat patients out of hospital and in the community.

Community Responder Schemes

Successful Community Responder Schemes have been established across the county. This period saw the ongoing development of the relatively new Community Responder Scheme implemented at Lulworth.

Participants in these schemes are currently benefiting from a tailor made training package which was devised by Robbie Milham, Lead Manager. In addition to this the trust has a Co-Responder Scheme at Lyme Regis in conjunction with Dorset Fire & Rescue Service. The Fire Service is continuing to train all of their Fire Fighters in order that a defibrillator may be carried on fire appliances across Dorset.

Community Responder Schemes are also in place at Bournemouth Airport and the major tourist attraction known as Monkey World. More schemes have been implemented in collaboration with St John Ambulance in Shaftesbury and Portland. The trust has also implemented Staff Responder Schemes in Verwood, Purbecks and Portland.

Collaboration with the National Defibrillator Programme continues which is providing a comprehensive network of lifesaving community defibrillators. Successes include placing a defibrillator onto rural locations, every Police Traffic Unit, Police Custody Suites, Bournemouth, Weymouth and Dorchester football clubs, Brownsea Island and the residents of Burton Bradstock.

PROMIS Software Rota System

PROMIS is a software rota system which has helped the trust manage its complex shifts required for a 24/7 healthcare service.

The system commenced in April 2005 with a phased implementation across the county of Dorset to embed the rota system, for both A&E and Patient Transport Services (PTS) personnel, into the trust working procedures. The trust continues to expand and maintain the access for all staff to PROMIS from the web in their own homes by ensuring the appropriate IT support.

Continued expansion plans for PROMIS include ongoing opportunities for all staff to attend training on the successful system, adding Urgent Care Systems (UCS) to the system and moving to the new sophisticated control suite being built at St Leonards in Dorset during 2006 and 2007.

Intermediate Care Links

Intermediate 'fallers schemes' continue to be proving a real success for the trust and its partner agencies. This type of initiative was introduced following the growing evidence that a significant number of patients were taken to hospital unnecessarily, when it was clear that they could remain safely at home with rapid health or social care support. Approximately 20% of our 999 calls are as a result of a fall.

Fallers Hotline

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

A direct telephone line to enable front line staff to contact and log a person at risk from falling in their home has also been installed. 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 new falls 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 Bournemouth ambulance station and crewed by Ambulance Care Assistants (ACA's) that will have extra clinical skills.

Inappropriate use of ambulance services

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

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 others with early implementation in 2004 of cutting edge decision support software called Advanced Medical Priority Dispatch System (AMPDS). This nationally acclaimed system is complemented with fully trained Paramedics in the Control Centre to enable clinically safer decisions when grading 999 emergency calls to allow the most appropriate resource to be assigned to each incident.

This is 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 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 ambulance services: June 2005*' (www.dh.gov.uk), which set out a vision for ambulance services and how they should be developed to meet the needs of the 21st century, 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, closer to home and out of the hospital setting. These supplementary skills include; defibrillation, analgesic gases, pulse oximetry, blood pressure monitoring, and care of fractures.

Urgent Care Service (UCS) in Dorset and Somerset, previously Dorset Emergency Care Service (DECS) - Somerset Integration

Easter was the first 'peak' bank holiday period for the integrated Dorset and Somerset Out of Hours (OOH) service with nearly 6000 calls being answered in a 4 day period.

Despite the phenomenal levels of demand and the challenges this brought, reasonable performance was maintained.

Medicines management in Somerset needs to be improved in the form of agreeing a consistent OOH formulary, consistent stock control and ordering and improved access to controlled drugs for palliative care patients are all areas of current work.

This ongoing improvement work will be taken forward with the new trust.

Activity & Performance - call profile

Activity	April	May	June
Calls answered	22,476	18,625	15,550
Patient episodes (Adastra records)	21,503	17,692	15,265
Somerset calls answered	7,112	5,576	4,755
Dorset calls answered	14,232	12,116	10,510
Dental (Dorset) calls answered	1,132	873	767
Dental referrals	1,014	782	656
Advice only	37.2% (8,010)	38.1% (6,748)	38.5% (5,882)
TC appointment	34% (7,323)	34% (6,027)	30.8% (4,706)
Visits	16% (3,443)	17.2% (3,045)	17.4% (2,660)

Performance	April	May	June
% of calls abandoned	6.5%	5.2%	4.6%
% of calls engaged	0 %	0%	0%
% of calls answered within 90 seconds	82.9%	86.1%	83%
Triage assessment (definitive clinical assessment)			
Urgent: Less than 20 mins	Urgent 67%	Urgent 66%	Urgent 64%
Less urgent: Less than 60 mins	Less urgent 67%	Less urgent 74%	Less urgent 76%
Face to Face assessment – visits			
Emergency: Less than 60 mins	Emergency 57%	Emergency 64%	Emergency 64%
Urgent: Less than 120 mins	Urgent 79%	Urgent 82%	Urgent 80%
Less urgent: Less than 6 hrs	Less Urgent 97%	Less Urgent 97%	Less Urgent 98%
Complaints	11	8	13
Adverse Incidents	69	21	18
A&E Referrals	1.39% (350 patients)	1.28% (274 patients)	1.34% (236 patients)
999	1.02% (258 patients)	0.98% (210 patients)	1.13% (200 patients)
Admitted to Hospital	3.32% (838 patients)	3.59% (768 patients)	3.74% (660 patients)

Easter 2006 (4 day period)

Total Calls answered = 5948
Calls abandoned = 703 (equating to 8.7%)

May 2006 activity was significant due to the 2 bank holiday weekends but during June activity levels reduced, although Saturday morning call volumes remain high and continue to peak between 8am (0800 hrs) and 11:30pm (1930 hrs).

On average, 900 calls are answered for Dorset and 450 for Somerset on a Saturday, approximately 70% of these calls were during the morning.

Dental Service

Immediately after the integration of the Somerset Out of Hour (OOHs) calls, the Dorset Primary Care Trust's (PCTs) commissioned the Dorset Ambulance Trust to operate the call handling and overnight triage for the OOHs Dorset Urgent Dental service from 1 April 2006. This development was as a result of changes in the national dental services contracts, which handed over responsibility to PCT's for the OOHs provision of Urgent Dental Care.

Over the 4 day Easter holiday weekend, the trust answered a high volume of calls totalling 355. During this period, the trust answered an equally high volume of calls totalling 2757.

Nurse Triage

Further to the existing Swanage Nurse Triage which continues to provide dedicated Triage for all the OOHs periods, the trust also has a bank of Hub Triage Nurses and this new approach proved very effective cover over the Easter period for patients. Triage is the term used for managing the categorisation of calls to ensure the most appropriate response to patients.

Remodelling

Implementation of the strategic review of OOHs services for Dorset and Somerset commenced on 2 May 2006. As a result, some treatment centres with minimal activity have been developed to support a more appropriate skill mix where GPs are based in centres where activity is high. Other units continue to be staffed by either Nurse Practitioners or Emergency Care Practitioners (ECPs) and GPs providing assistance as required.

The overnight mobile cover in Yeovil has been reduced on Mondays to Thursdays and a reduction in the second St Leonards evening mobile cover for Sundays to Fridays. During peak periods additional capacity is put in place to meet demand. Adapting cover to demand has proven very successful in meeting the needs of patients.

Dental Calls

The aforementioned high volume of 2,757 calls answered during the period means that the ongoing growth is already over 50% of the dental activity for the whole of the preceding 12 months. This increasing activity is likely to result in approximately 25% more dental calls than forecasted by the Primary Care Trust.

Workforce Development

The Urgent Care Service (UCS) is fully integrated with the Somerset OOHs GP workforce with the transition of their management and leadership to the trust from 1 April 2006. Integration of the Somerset Emergency Care Practitioner's (ECPs) commenced in May which resulted in an increase of mobile resources available in Somerset.

These ECP's base themselves in 3 of the main Treatment Centres and work in collaboration with the doctors. 3 Somerset Clinical Advisors have been appointed and they are also supporting the ECP's ongoing development to ensure patients' needs are met.

Reorganisation

During the period, the Urgent Care Service (UCS) structure remained unaffected by the reorganisation of Westcountry Ambulance Services and Dorset Ambulance Trust. When the new combined Control Centre is completed at St Leonard's and it is fully functioning, the Control Centre structures may be reviewed.

Future Developments

The building of the new integrated Control Centre at St Leonard's is well advanced, the Information Technology (IT), communications and operational support infrastructure will host state of the art technology with capability for further expansion if required. The new facility has a phased implementation programme which will commence in the latter part of 2006 and carry on into 2007.

A computer update has taken place to a more effective Windows based call handling module which includes supplementary improvements to enhance ongoing developments. The system used is called Adastra. Triage capacity and effectiveness continues to be a challenge for the service, as this is not the most popular role amongst Doctors. To deliver improvements the trust will consider developing and putting in place call streaming processes to attract more doctors to the role.

The prison service has expressed an interest in the trust providing Out of Hours (OOHs) medical care for the prisons in Dorset. The trust is currently exploring the numerous issues involved in such a pioneering development for an ambulance service.

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 Dorset Ambulance NHS Trust (1/4/06 to 30/6/06) 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
Viewing www.swast.nhs.uk

Following the merger with Westcountry Ambulance Services NHS Trust, an Annual Report will be produced for the new South Western Ambulance Service NHS Trust for the 12 month period 1/4/06 to 31/3/07. This will incorporate the details of this 3 month report and the Westcountry Ambulance Services NHS Trust.

Income and Expenditure

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

External Financing Limit (EFL)

For practical purposes, the Department of Health determined the EFL for the 3 month period was to be the same as that actually achieved. Therefore, during this period, the trust achieved its target.

Capital Resource Limit (CRL)

During the 3 month period, the following expenditure was incurred:

	£000
Buildings – HQ - Commands and Control	171
Vehicles	17
Total Expenditure	188

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 4.1% return during the period, the slightly higher return being due to the fairly insignificant capital expenditure referred to above.

5 Year Summary of Results

	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007 3 months
	£000	£000	£000	£000	£000	£000
Turnover	14,949	15,612	16,920	22,485	27,764	8,192
Retained (deficit)/surplus for the year	1	1	0	0	250	(7)
Prior year adjustment	(10)	0	0	0	0	0
Break-even in year position	(9)	1	0	0	250	(7)
Break-even cumulative position	(78)	(77)	(77)	(77)	173	166
Materiality test:						
Break-even in-year position	0.06%	0.01%	0.00%	0.00%	0.90%	(0.09%)
Break-even cumulative position	(0.52%)	(0.49%)	(0.46%)	(0.34%)	0.62%	2.03%

The trust has met its break-even duty.

Salary and Pension entitlements of senior managers

Salaries and allowances

Name and Title	2006/07 (3 months)			2005/06		
	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £00)	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £00)
	£000	£000	£	£000	£000	£
K Wenman (Chief Executive)	20 – 25		700	80 – 85		2,900
R Ferre (Deputy Chief Executive)	10 – 15		700	50 – 55		2,700
C Launchbury (Finance Director)	10 – 15		900	55 – 60		3,700
J Liggett (Associate Director of Corporate Affairs)	10 – 15		600	50 – 55		2,500
T James (Associate Director of Operations)	10 – 15		500	45 – 50		2,000
Norma Lane (Associate Director of Urgent Care Service Dorset and Somerset)	10 – 15		500	45 – 50		2,100
T Jones (Chairman)	0 – 5		400	15 – 20		400
T Ware (Non Executive Director)	0 – 5		100	5 – 10		200
Sir B Kenny (Non Executive Director)	0 – 5		200	5 – 10		200
P Rushton (Non Executive Director)	0 – 5		100	5 – 10		100
J Knowles (Non Executive Director)				0 – 5		0

Benefits in kind relate to Leased cars in the case of Executive Directors and mileage claims in the case of Non Executive Directors.

Pension 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 Value
	£000	£000	£000	£000	£000	£000	£000
K Wenman (Chief Executive)	0 – 2.5	0 – 2.5	25 – 30	85 – 90	439	429	10
R Ferre (Deputy Chief Executive)	0 – 2.5	0 – 2.5	20 – 25	65 – 70	398	393	5
C Launchbury (Finance Director)	0 – 2.5	0 – 2.5	5 – 10	15 – 20	105	102	3
J Liggett (Associate Director of Corporate Affairs)	0 – 2.5	0 – 2.5	0 – 5	5 – 10	31	28	3
T James (Associate Director of Operations)	0 – 2.5	0 – 2.5	10 – 15	40 – 45	196	187	9
Norma Lane (Associate Director of Urgent Care Service Dorset and Somerset)	2.5 – 5	10 – 12.5	20 – 25	60 – 65	276	214	62

The trust's treatment of pension liabilities may be found in the Annual Accounts under note 1.14

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 Values

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 Cash Equivalent Transfer Values

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.

Management costs	2006/07	2005/06
	(3 months)	(12 months)
	£000	£000
Total trust income	8,192	27,861
Management and administrative costs	524	1,988
% of income	6.4	7.1

Auditors remuneration

The audit of the trust's Annual Accounts is undertaken by Mazars, total payments made to the auditor in the 3 months to 30/06/06 were £52,000.

Income Generation

During the year the trust undertook the following income generation activities.

	2006/07	2005/07
	(3 months)	(12 months)
	£000	£000
Commercial Training	37	171
Medical message handling service	10	35
Other (mainly attendance at sporting/public events)	2	25
	<u>49</u>	<u>231</u>

Better payment practice code

	2006/07	2005/06
	(3 months)	(12 months)
	£000	£000
Total bills paid in the year	1,904	7,029
Total bills paid within target	1,850	6,532
Percentage of bills paid within target	97%	93%

The NHS Executive requires NHS trusts to pay their non-NHS trade creditors in accordance with the Confederation of British Industry's (CBI) Prompt Payment Code and Government Accounting Rules. Non-NHS trade creditors must be paid within 30 days of receipt of goods or a valid invoice (whichever is the later) unless alternative payments terms have been agreed with the supplier.

Post Balance Sheet Events

As part of the reconfiguration of all English ambulance trusts, following public consultation Dorset Ambulance NHS Trust merged with Westcountry Ambulance Services NHS Trust on 1 July 2006.

Summary Financial Statements

A summary of the accounts for the period 1 April to 30 June 2006 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

	2006/2007 (3 Months) £000	2005/2006 (12 months) £000
Income from activities: Continuing operations	7,899	26,347
Other operating income	293	1,417
Operating expenses: Continuing operation	(8,098)	(27,128)
Operating Surplus (Deficit): Continuing operation	94	636
Profit (loss) on disposal of fixes assets	(15)	12
Surplus (Deficit) Before Interest	79	648
Interest receivable	16	49
Interest payable	(15)	(66)
Other finance costs – unwinding of discount	0	(12)
Other finance costs – change in discount rate on provisions	0	(85)
Surplus (Deficit) for the Financial Year	80	534
Public Dividend Capital dividends payable	(87)	(284)
Retained Surplus (Deficit) for the Year	(7)	250

Balance sheet as at 30 June 2006

	30/06/06	31/03/06
	£000	£000
Fixed Assets		
Intangible assets	298	319
Tangible assets	11,025	10,629
	11,323	10,948
Current Assets		
Stocks and work in progress	249	252
Debtors	1,464	2,174
Cash at bank and in hand	1,655	598
	3,368	3,024
Creditors: Amounts falling due within one year	(2,734)	(2,455)
Net Current Assets (Liabilities)	634	569
Total Assets Less Current Liabilities	11,957	11,517
Creditors: Amounts falling due after more than one year	(417)	(437)
Provision for Liabilities and Charges	(579)	(604)
Total Assets Employed	10,961	10,476
Financed by:		
Capital and Reserves		
Public dividend capital	6,656	6,656
Revaluation reserve	3,952	3,453
Donated Asset reserve	268	275
Income and expenditure reserve	85	92
Total Capital and Reserves	10,961	10,476

Cash flow statement for the 3 months ended 30 June 2006

	2006/07 (3 Months)		2005/06 (12 months)	
	£000	£000	£000	£000
Opening Activities				
Net cash inflow from operating activities		1,363		1,039
Returns on Investments and Servicing of Finance				
Interest received	16		49	
Interest paid	0		0	
Interest element of finance leases	(15)		(66)	
Net cash inflow (outflow) from returns on investments and servicing of finance		1		(17)
Capital Expenditure				
Payments to acquire tangible fixed assets	(219)		(1,330)	
Receipts from sale of tangible fixed assets	0		17	
(Payments to acquire)/receipts from sale of intangible assets	0		(29)	
Net cash inflow (outflow) from capital expenditure		(219)		(1,342)
Dividends paid		0		(284)
Net cash inflow (outflow) before management of liquid resources and financing		1,145		(604)
Management of Liquid Resources				
Purchase of investments	0		0	
Sale of investments	0		0	
Net cash inflow (outflow) from management of liquid resources		0		0
Net cash inflow (outflow) before financing		1,145		(604)
Financing				
Public dividend capital received	0		608	
Public dividend capital repaid	0		0	
Other capital receipts	0		0	
Capital element of finance lease rental payments	(21)		(15)	
Net cash flow (outflow) from financing		(21)		593
Increase (decrease) in cash		1,124		(11)

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

	2006/07 (3 Months) £000	2005/06 (12 months) £000
Surplus (deficit) for the financial year before dividend payments	80	534
Fixed asset impairment losses	0	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	507	206
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	0	47
Defined benefit scheme actuarial gains (losses)	0	0
Additions (reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	587	787

Audit Committee

The committee comprised of Non Executive Directors Mr Trevor Ware, Mrs Patricia Rushton and Sir Brian Kenny. It monitors both internal/statutory audit plans, holds meetings with the Director of Finance/audit representatives to scrutinise audit findings/recommendations and identifies 'Value for Money' projects.

Remuneration Committee

The committee comprised of Mr Trevor Jones (Chair) and Non Executive Directors, Sir Brian Kenny, Mr Trevor Ware and Mrs Patricia Rushton. It reviews pay/conditions of service so they remain competitive/affordable, recommends pay/conditions for the Chief Executive and Executive Directors, having first considered proposals submitted by the Chief Executive.

Governance Committee

The committee comprised of Sir Brian Kenny (Chairman) and Non Executive Directors Mr Trevor Ware, Patricia Rushton, the Chief Executive, Deputy Chief Executive and other senior managers of the trust. It is the overarching committee for risk management and clinical governance.

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 South Western Ambulance Service NHS Trust on the Summary Financial Statements

We have examined the summary financial statements set out above on pages 31 to 38.

This report is made solely to the Board of South Western 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 3 month report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements within the 3 month report with the statutory financial statements. We also read the other information contained in the 3 month report and consider the implications for our report if we become aware of any mis-statements 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 3 month period of 1 April 2006 to 30 June 2006.

Date 17 May 2007

Signature *Mazars LLP*

MAZARS LLP

Chartered Accountants & Registered Auditors
Regency House
3 Grosvenor Square
Southampton
Hampshire
SO15 2BE

Feedback

The trust welcomes your views on this report and would appreciate any comments that you may wish to share that might help us improve upon the presentation and content.

The trust places a high value on the feedback of staff, 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.

This has been widely welcomed by staff and members of the public as a cost effective solution to presenting information in a user friendly style that is more accessible than in previous years.

If you believe that you have important supplementary comments to add to the existing consultation feedback which would make any future production of reports or public documents even more user friendly, please do take the time to note your thoughts down here. Thank you very much.

Please use either of these contact methods to send your comments to the trust.

- **Email:** publicrelations@swast.nhs.uk
- **Fax:** 01392 261560
- **Tel:** 01392 261500
- **Post:** Lynne Paramor
PR and Communications Manager
South Western Ambulance Service NHS 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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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.

Dorset Ambulance
NHS Trust

