



Nexus House
Gatwick Road
Crawley
RH10 9BG

24th November 2017

www.secamb.nhs.uk

Dear Colleague

Thank you for the letter and the continued support of the HOSCs with our improvement journey. Please find attached the October data which will be presented to the November board meeting next week. As you note we have had significant challenges for a range of reasons, as discussed and summarised in your letter.

Whilst the overall October picture remains disappointing we have seen improvement in recent weeks, despite increasing pressure across the system. In particular, our call answer in 5 seconds for the last 3 weeks has been between 69-71%. Whilst there is more work to do to achieve the national target of 95% this marks a significant improvement compared to performance in recent months. This has in turn supported improvement in our response time performance metrics for the early part of November, with a 10% improvement in Red 1 response performance and 4% improvement in Red 2 response performance in the last 3 weeks as compared to October. It should however be noted that the Trust successfully transitioned to the new Ambulance Response Programme targets on the 22nd November so full month reporting won't be consistent again until December data, reported in January.

We have recently appointed a Programme Director to work with partners to improve hospital handover and formed a regional group, chaired by an acute Trust Chief Executive and supported by regulators, to drive improvement and share best practice. One of the early tasks of this group will be to review our data provision and develop information which can be regularly share with acute Trusts and stakeholders. As soon as this is available we will begin to share this with HOSCs on a regular basis. Finally, if you would like to discuss any aspect of this letter further please do not hesitate and contact Mr Jon Amos, Acting Director of Strategy and Business Development on jon.amos@secamb.nhs.uk or phone: 07786 660257.

Yours Sincerely

Daren J Mochrie, QAM

Chief Executive Officer

South East Coast Ambulance NHS Foundation Trust



Integrated Performance Dashboard

November 2017 Board Meeting

Contents










Clinical Safety	3
Clinical Quality	7
Operations Performance	10
Workforce	15
Finance	18

SECamb Regulation Statistics

Use of Resources Metric (Financial Risk Rating)	3
CQC Compliance Status	Trust: Inadequate (Special Measures) 111 Service: Good
IG Toolkit Assessment	Level 2 - Satisfactory
REAP Level	3



Data Notes

Chart Key:



 Data Point	This represents the value being measured on the chart
 Run of 8 above average	These points will show on a chart when the value is above or below the average for 8 consecutive points. This is seen as statistically significant and an area that should be reviewed.
 Run of 8 below average	
 Above UCL	When a value point falls above or below the control limits, it is seen as a point of statistical significance and should be investigated for a root cause.
 Below LCL	
 AVERAGE	This line represents the average of all values within the chart.
 UCL	These lines are set two standard deviations above and below the average.
 LCL	
 Target	The target is either and Internal or National target to be met, with the values ideally falling above or below this point.

SECamb Clinical Safety Scorecard



Cardiac ROSC - Utstein

	Apr-17	May-17	Jun-17	12 Month's
Actual %	62.1%	56.8%	44.8%	
Previous Year %	61.1%	61.3%	44.4%	
National Average %	54.8%	48.1%	52.4%	



Cardiac ROSC - ALL

	Apr-17	May-17	Jun-17	12 Month's
Actual %	28.0%	22.8%	28.1%	
Previous Year %	26.3%	26.4%	31.4%	
National Average %	30.2%	28.7%	31.2%	



Cardiac Survival - Utstein

	Apr-17	May-17	Jun-17	12 Month's
Actual %	33.3%	30.3%	17.9%	
Previous Year %	25.7%	33.3%	22.6%	
National Average %	31.1%	22.6%	28.4%	



Cardiac Survival - All

	Apr-17	May-17	Jun-17	12 Month's
Actual %	8.1%	6.3%	5.9%	
Previous Year %	6.2%	8.0%	7.9%	
National Average %	9.1%	8.5%	9.7%	



Acute STEMI Care Bundle Outcome

	Apr-17	May-17	Jun-17	12 Month's
Actual %	59.6%	57.5%	70.5%	
Previous Year %	69.1%	66.7%	65.3%	
National Average %	76.7%	78.4%	76.6%	



Acute STEMI receiving primary angioplasty within 150 minutes

	Apr-17	May-17	Jun-17	12 Month's
Actual %	87.9%	91.7%	88.2%	
Previous Year %	94.2%	88.2%	91.0%	
National Average %	87.6%	86.4%	85.5%	

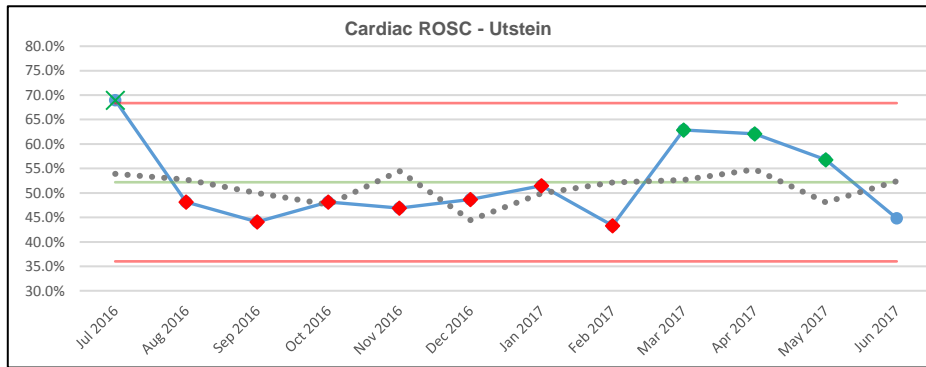
FAST Id'd Stroke - arriving at a hyperacute stroke unit within 60 minutes

	Apr-17	May-17	Jun-17	12 Month's
Actual %	66.8%	64.9%	62.7%	
Previous Year %	76.4%	67.0%	61.9%	
National Average %	58.7%	55.2%	57.0%	

Stroke - assessed F2F receiving care bundle

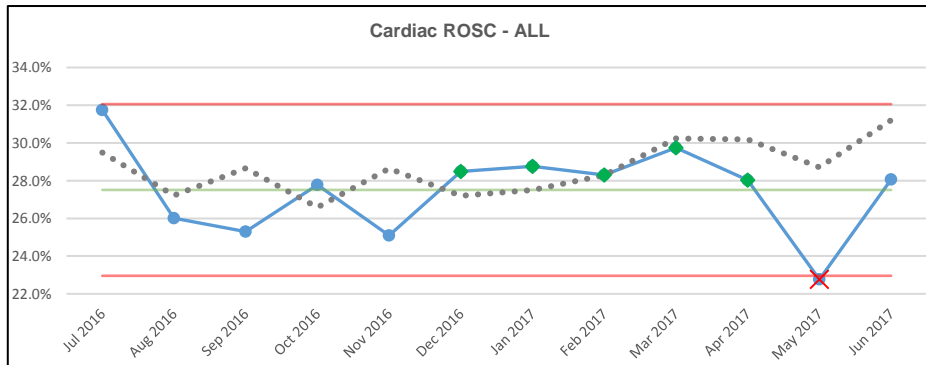
	Apr-17	May-17	Jun-17	12 Month's
Actual %	94.1%	92.3%	94.4%	
Previous Year %	95.8%	95.7%	98.2%	
National Average %	97.3%	96.6%	97.4%	

SECAmb Clinical Safety Scorecard

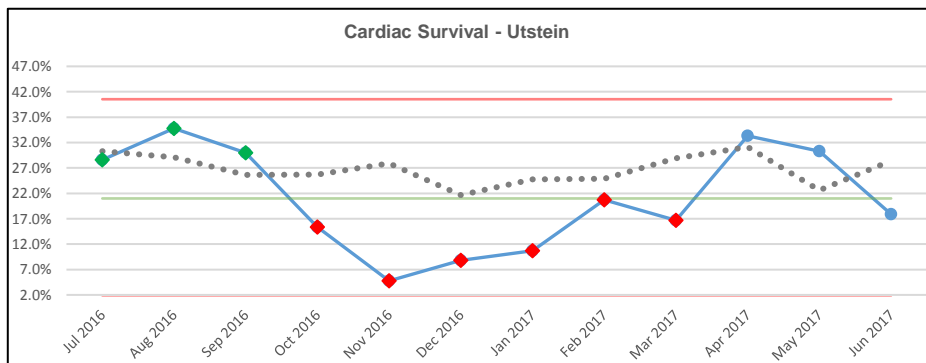


Performance for the cardiac arrest ROSC indicator for the Utstein group for June 2017 declined for a third consecutive month and was below the national average for the first time since February 2017.

A contributing factor to this decline in performance is our response to Red 1 calls in this period. Monthly meetings continue to explore the quality of data.

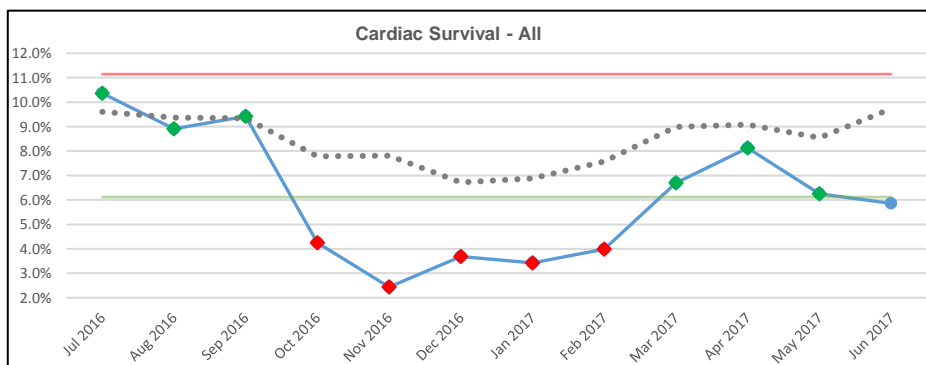


Following last month's decline in performance which was attributed to a high number of non-returns of outcome data from receiving Trusts, our performance is now in line with previous months.

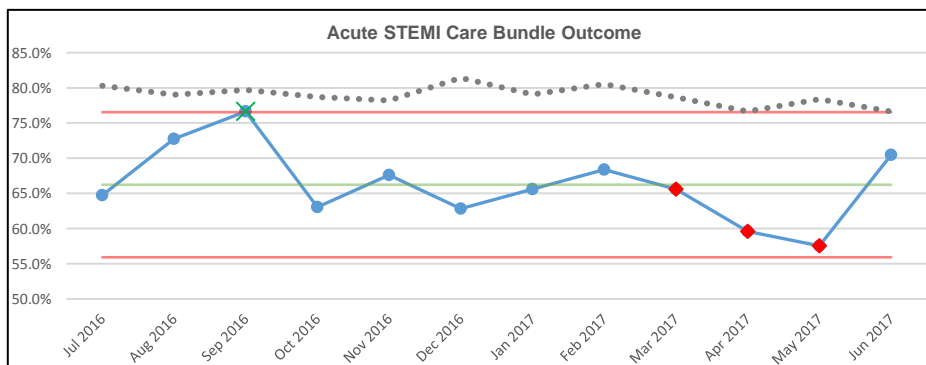


In June 2017 whilst survival to discharge for the Utstein group decreased in relation to the previous two months, performance is higher than the period October 2016 to January 2017 when we saw a decline.

Monthly meetings continue with representation from Clinical Audit, Consultant Paramedic and the Medical Director to review the quality of data and identify areas for improvement prior to submission internally and nationally.

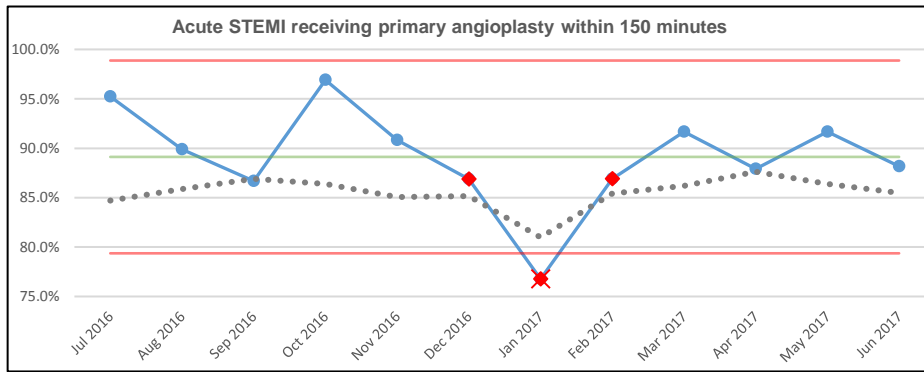


Cardiac survival rates were similar to the previous month but higher than performance recorded during October 2016 to February 2017 when performance previously declined.

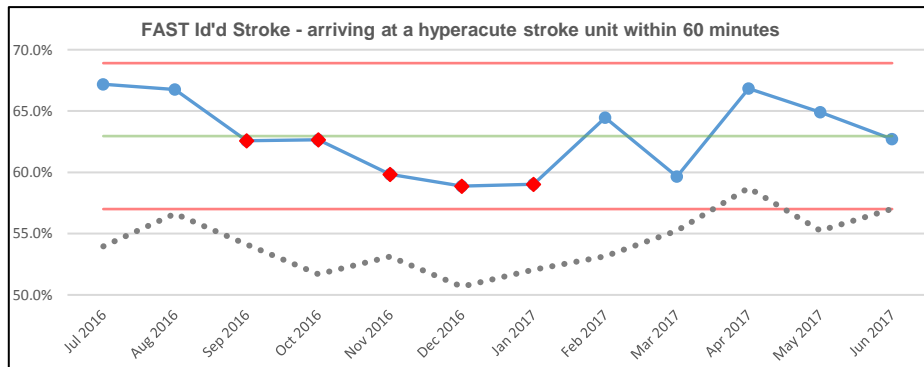


Performance for June 2017 increased to 70%, a level not achieved since September 2016. It was noted that the most frequent elements of the care bundles not fully completed were the recording of two pain scores and administration of analgesia. To address this we will be reviewing performance at OU level to identify high levels of compliance and provide additional education and support in respect of non compliance.

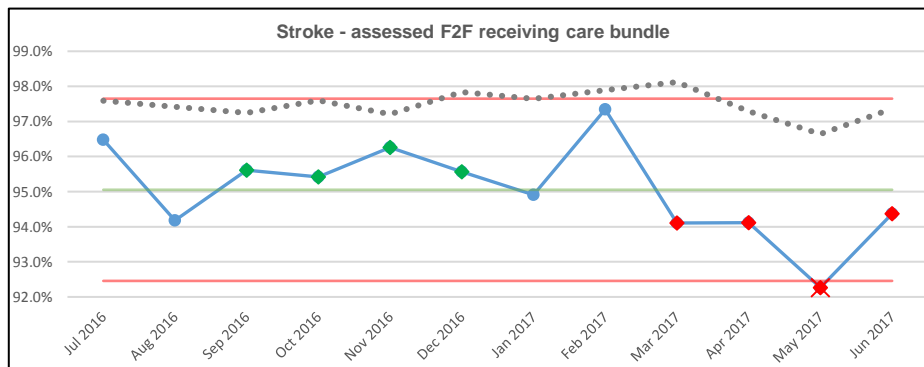
SECamb Clinical Safety Additional Information



June 2017 performance was slightly lower than May 2017 however remains above the national average.



For June 2017 performance for FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyper acute stroke unit within 60 minutes was 5% above the national average and SECamb were rated the second best performing ambulance trust nationally. A contributing factor to our decline in performance over the past two months is a failure to meet our Red 2 performance targets.



Compliance with the stroke care bundle has improved. The area of non-compliance with this care bundle was failure to record blood glucose which was recorded in 96.2% of cases. To address non compliance OU level performance will be reviewed to identify areas of good practice and additional education and support to address non compliance.

SECamb Clinical Safety Additional Information

Analysis of Cardiac Arrest Data - June 2017

Number of cardiac arrests identified 288 (incl. 13 DNACPR/38 DOA/ 9 No Resus by SECamb)

Number of resuscitation attempts identified 228 (79%)

Utstein definition

Bystander Witness Arrest
Presenting Rhythm - VF
Arrest - Cardiac in Origin

Utstein Data = 29 (13%)

ROSC sustained to hospital = 13 (45%)

Non ROSC Definition transported to

Patients transported to hospital in cardiac arrest with resuscitation still in progress

Overall (incl. Utstein) = 228 (100%)

ROSC (incl. Utstein) sustained to hospital = 64 (28%) + 6 Non ROSC

Outcomes for ROSC at Hospital and Non ROSC at Hospital Patients

Utstein	Details	Overall
5	Patient survived to discharge	13
7	Patient died in hospital	51
1	Patient still in hospital*	1
0	Patient not found by hospital*	0
0	No reply from hospital*	5 (incl. 4 x St. Peters)
0	Awaiting reply from NHS Spine*	0

Survival to discharge is calculated as a percentage of the overall Utstein figure minus any missing patient outcomes as detailed * above

Survival to Discharge = 5 (18%)

Survival to discharge is calculated as a percentage of the overall figure minus any missing patient outcomes as detailed * above

Survival to Discharge (incl. Utstein) = 13 (6%)

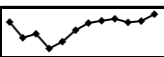
Additional Information - Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	105	16	4
PEA	65	19	2
VF	46	25	0
Non-shockable	7	1	0
Not recorded	5	3	0
CPR Bystander	137		
EMS Witnessed arrest	37		


140 Cardiac Arrest downloads received for June 2017
129 Cardiac Arrest download reports sent to crews for June 2017

SECamb Clinical Quality Scorecard


Number of Incidents Reported

	Aug-17	Sep-17	Oct-17	12 Month's
Actual	579	585	615	
Previous Year	493	466	512	

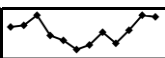
Number of Incidents Reported that were SI's

	Aug-17	Sep-17	Oct-17	12 Month's
Actual	10	11	6	
Previous Year	4	0	1	


Duty of Candour Compliance (SIs)

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	30%	64%	83%	
Target	100%	100%	100%	

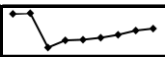
Number of Complaints

	Aug-17	Sep-17	Oct-17	12 Month's
Actual	105	132	129	
Previous Year	144	121	98	
Complaints Timeliness (All Complaints)	47.1%	42.4%	40.1%	
Timeliness Target	95%	95%	95%	


Hand Hygiene

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	77%	85%	78%	

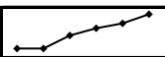
Safeguarding Training Completed (Adult) Level 2

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	34.06%	45.22%	50.82%	
Previous Year %				
Target	42%	50%	58%	

Safeguarding Training Completed (Children) Level 2

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	35.99%	46.62%	50.00%	
Previous Year %				
Target	42%	50%	58%	

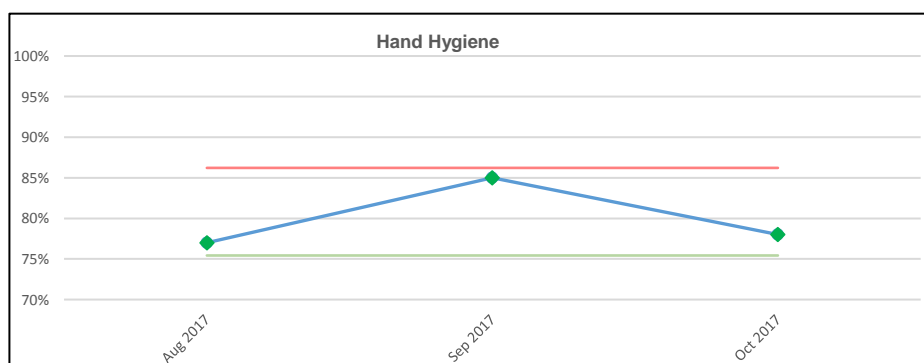
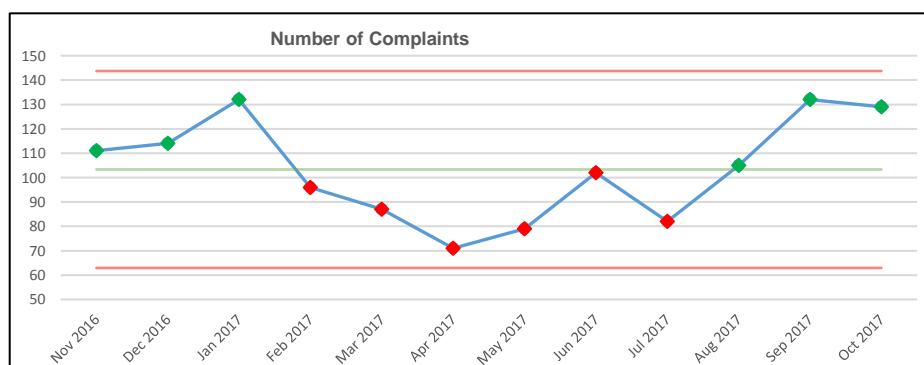
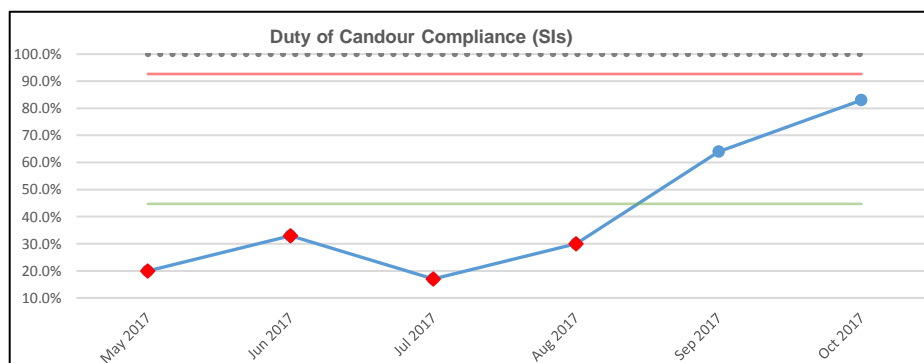
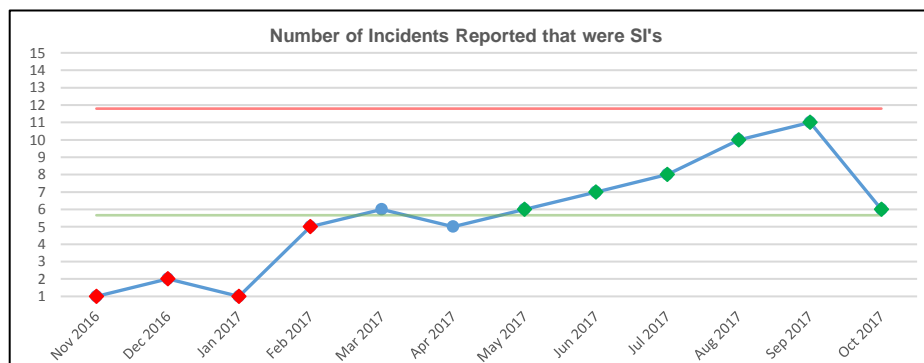
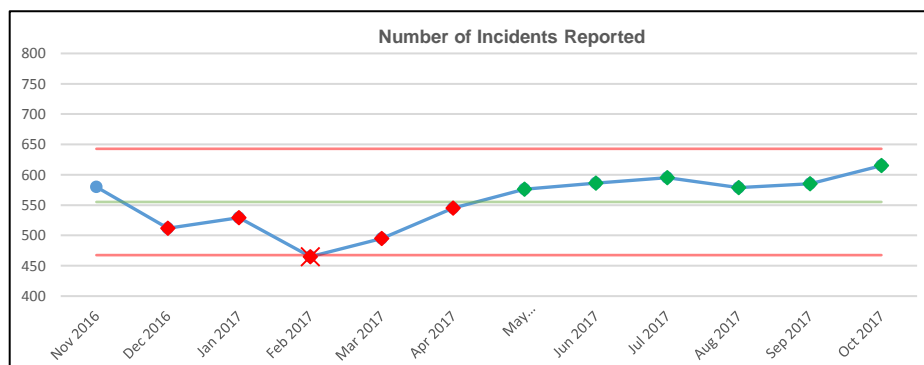
Safeguarding Training Level 3 (Adult/Child)

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	23.75%	26.06%	30.52%	

Medicines Management

	Aug-17	Sep-17	Oct-17	12 Month's
Actual				
Target				

SECamb Clinical Quality Scorecard



There were 13 Serious Incidents in total for the month of September.

6 were regarding delayed dispatch in EOC. 3 were regarding triage or call answering and 2 regarding a delay in call answering.

The remaining 2 incidents were within the 111 service and were regarding triage

The improved compliance for Duty of Candour is reflective of the focussed attention being paid to this aspect of care.

Within the month all staff involved in leading Duty of Candour attended a workshop to ensure everyone who gives advice on candour is consistent in their advice.

In addition, the Lead and the Manager for Serious incidents has been undertaking the responsibility when there has been a delay in assigning an investigating manager.

The number of complaints received has increased significantly this month as a result of two factors. Firstly, there has been an increase in complaints about NHS111 as a result of a spate of complaints from a particular out-of-hours provider (27 total complaints in September compared to 16 in August). SECamb's senior NHS111 management team have made contact to discuss this influx, as it was felt that some of the complaints may be spurious.

Secondly, and of more significance, is an exponential rise in complaints about ambulance delays. Thirty-seven were received in July, 52 in August and 73 in September. The average monthly figure for 16/17 was 36.

Compliance to hand hygiene is based on the 'Five Moments for Hand Hygiene' audit tool and the figures shown come from local audits carried out at each Operating Unit (OU).

Each OU is required to complete at least ten audits per month and the only OU not to have achieved this for October was Guildford. The IPC Lead will be seeking assurances from the OUM that this is rectified for November.

The audit tools will soon be on the I-Pads which will make the process easier for staff to complete these. Once this is in place it will allow the IPC Team to drill down into the areas of non-compliance which can then be used to raise awareness and educate staff.

SECamb 999 Operations Performance Scorecard

Call Handling

	Aug-17	Sep-17	Oct-17	12 Month's
5 Sec EOC Performance	58.3%	48.6%	50.7%	
Previous Year	70.9%	72.4%	82.6%	
National Target	95%	95%	95%	
Average Call Pick Up Time (secs)	9.0	19.1	17.6	
Call Pick Up Time 95th Percentile (Secs)	170	190	230	

Dispatch

	Aug-17	Sep-17	Oct-17	12 Month's
Average Allocation Time - Red 2 (Secs)	116.6136	148.61	142.33	
Allocation Ratio	1.61	1.60	1.67	
Response Ratio	1.13	1.10	1.13	

Red 1 8 Minute Performance

	Aug-17	Sep-17	Oct-17	12 Month's
8 Minute Response	59.4%	50.8%	53.9%	
Previous Year	64.6%	62.6%	64.7%	
95th Percentile Response Time (mins)	16.9	18.7	17.9	
Cardiac/Resp Arrest 8 Minute Performance	63.4%	59.1%	63.7%	

Red 2 8 Minute Performance

	Aug-17	Sep-17	Oct-17	12 Month's
8 Minute Response	46.5%	39.9%	40.9%	
Previous Year	52.5%	52.8%	53.5%	
95th Percentile Response Time (mins)	25.4	27.2	26.7	
Call Volume %	39.5%	42.7%	42.9%	

Green 2 30 Minute Performance

	Aug-17	Sep-17	Oct-17	12 Month's
30 Minute Response	48.4%	37.0%	39.6%	
Previous Year	75.3%	74.0%	71.3%	
95th Percentile Perf Time (hours:mins)	02:29	03:28	03:28	

Incident Outcome (Contract)

	Aug-17	Sep-17	Oct-17	12 Month's
See & Convey Total	54.6%	54.6%	54.2%	
See & Treat	32.1%	31.7%	31.5%	
Hear & Treat	13.4%	13.7%	14.3%	
S&C HCP	16.6%	16.7%	16.2%	
S&C 999	83.4%	83.3%	83.8%	

Demand/Supply

	Aug-17	Sep-17	Oct-17	12 Month's
Call Volume	96596	87520	86300	
Incidents	61011	59512	59901	
Transports	33009	31639	33342	
Staff Hours Provided Against Forecast (UHU)	102%			

Call Cycle Time

	Aug-17	Sep-17	Oct-17	12 Month's
Clear at Scene	72.24	73.82	74.58	
Clear at Hospital	105.2	105.9	105.9	
Hours Lost at Hospital	5242	5253	5482	

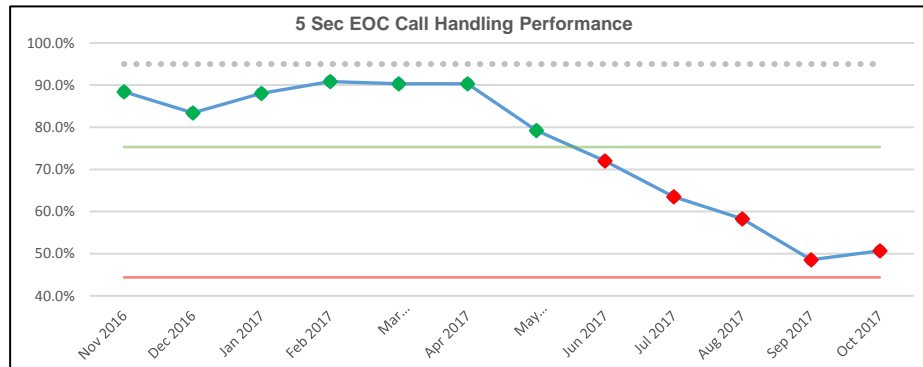
Unique Contribution to Performance

	Aug-17	Sep-17	Oct-17	12 Month's
CFR (Reds)	0.9%	0.8%	0.8%	
PAP (Reds)	1.6%	0.9%	1.2%	
Fire Responder (Red 1)	1.6%	0.9%	0.3%	

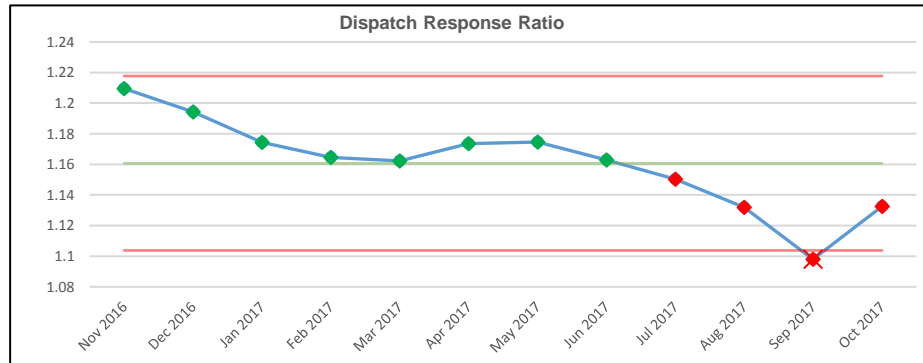
Community First Responders

	Aug-17	Sep-17	Oct-17	12 Month's
Volume of incidents Attended	1110	1189	1246	
Red 1 Attendances	112	118	122	
Hours Provided	24233	20411	20543	

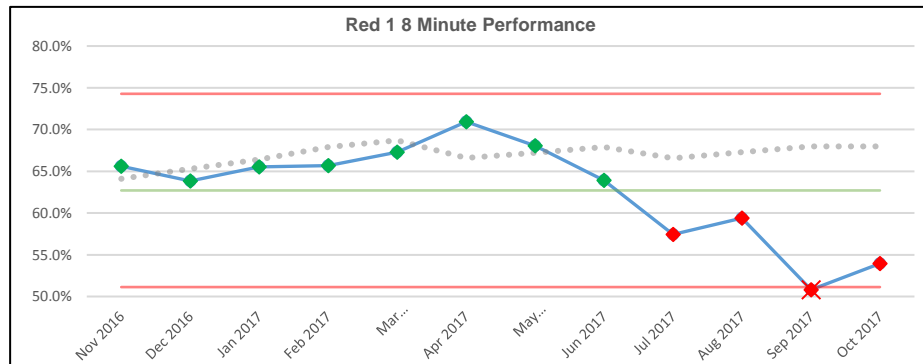
SECamb 999 Operations Performance Scorecard



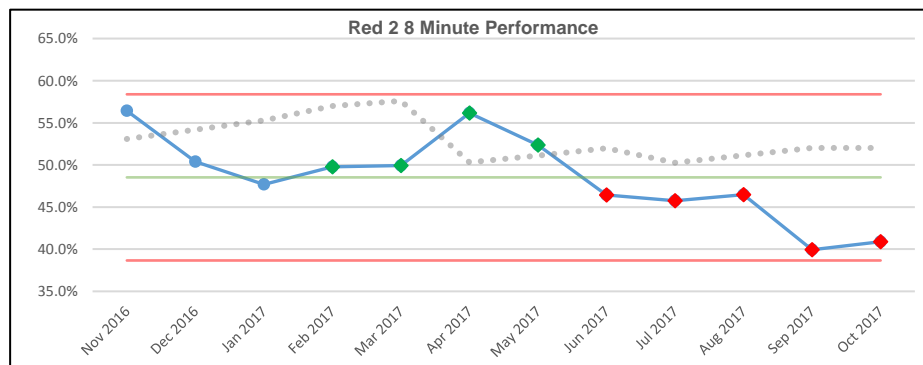
Call handling performance has started to increase over the last month. Call pick up performance is now included in the EOC action plan to address the CQC requirement of improving AQI, recruitment and staff retention. There has also been daily conference calls to drive an immediate improvement to performance which we are already seeing a significant positive impact on for call answer as well as Red 1 & 2 performance.



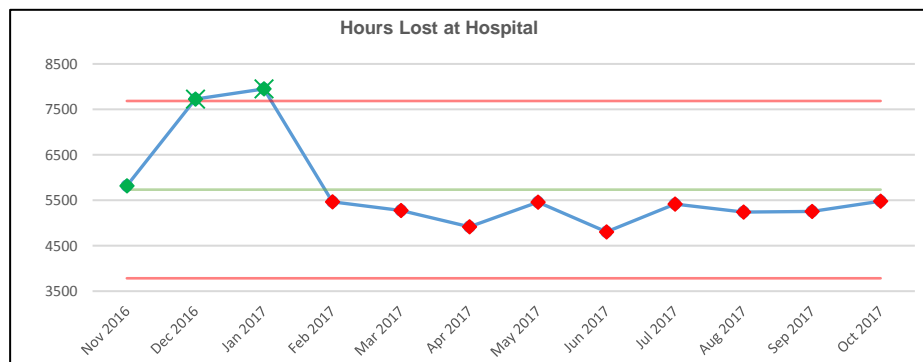
Response ratio has increased, which correlates with the increase in performance.



Red 1 performance has increased to 53.9% for October 2017. A review by AACE is currently being undertaken with the aim of identifying the key areas for improvement. The report should be available shortly on this. The increase in performance is directly correlated to the increase to the call pickup performance.




Red 2 performance also increased to 40.9% for October 2017. Whilst call pickup would have had a factor to play in this, it wouldn't have been as significant as the impact to Red 1. The biggest impact to this for September was the increase in abstractions required to meet the university requirements. Work is being undertaken to review all abstractions, with the aim of maximising the number of operational hours that can be deployed within the current budget.




Handover delays continue to apply a significant pressure to SECamb, with over 5200 hours lost through handover delays. Work is being undertaken in conjunction with the CCGs by the strategy team to reduce these delays, returning hours back in to the system.

SECAmb 111 Operations Performance Scorecard


Calls Offered

	Aug-17	Sep-17	Oct-17	12 Month's
Actual	80524	80053	84639	
Previous Year	90429	86765	98849	


Calls answered in 60 Seconds

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	93.5%	80.2%	75.3%	
Previous Year %	91.4%	83.7%	83.9%	
Target %	95%	95%	95%	

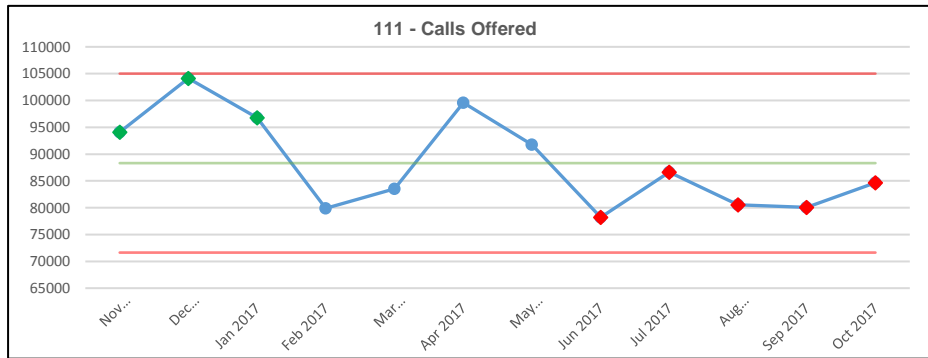
Calls abandoned - (Offered) after 30secs

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	0.6%	2.0%	2.8%	
Previous Year %	0.9%	2.5%	2.2%	
Target %	2%	2%	2%	

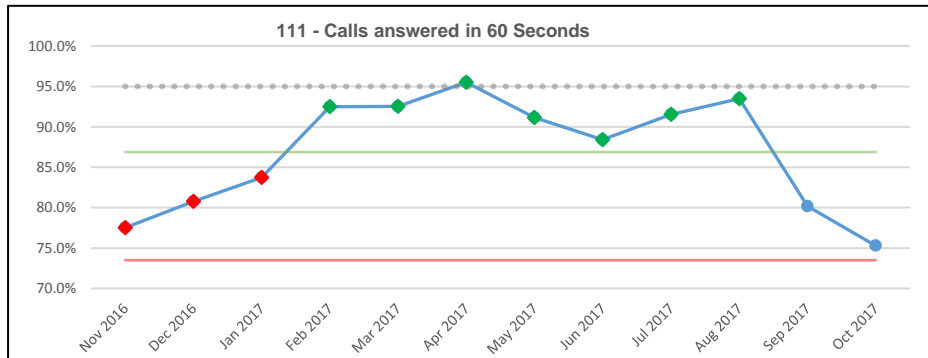
Combined Clinical KPI

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	80.1%	69.5%	78.2%	
Previous Year %	82.2%	78.1%	68.7%	
Target %	90%	90%	90%	

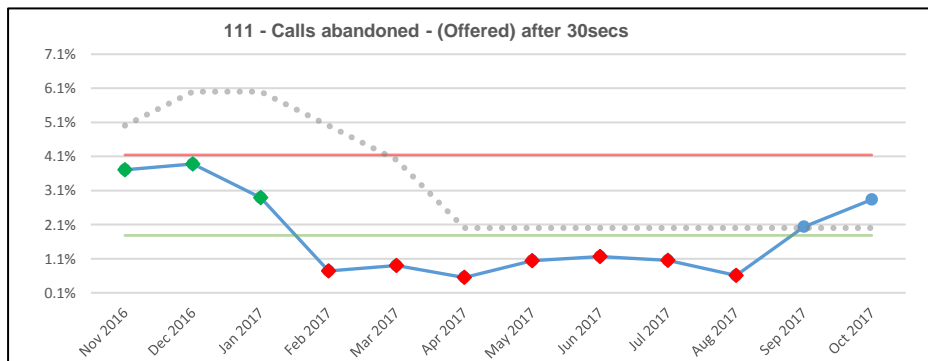
SECAmb 111 Operations Performance Scorecard



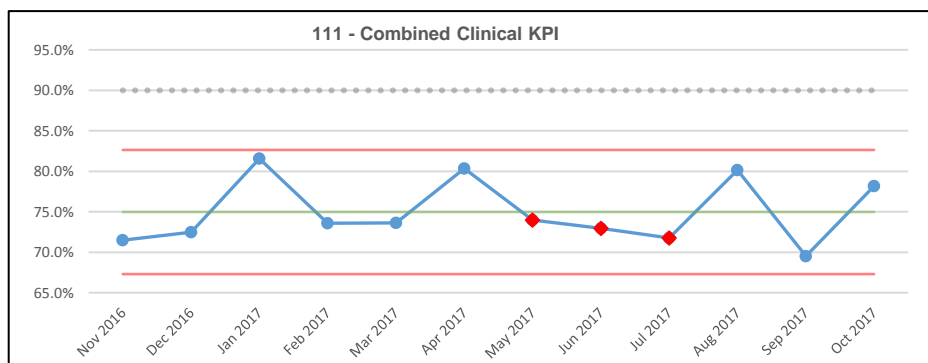
84639 Calls offered in October: up 5.7% vs previous month.



The "Answered in 60" KPI dropped to 75.29%, and the "Average Speed to Answer" increased to 46 seconds. Operational challenges due to rota incongruence, will be fully resolved before Christmas.



Abandonment rate up to 2.83% but still broadly in line with the national average for October (2.72%).



Clinical performance back up to 78.18%, this is 12% better than the national 111 clinical performance. The service has focused on clinical rotas and effective queue management and prioritisation.

The KMSS 111 Clinical In-line Support (CIS) validation process helped to mitigate the Ambulance referral rate, which at 11.09% was significantly better than the NHS E national average (11.77%) and supported the emergency care system. Despite the strong 999 performance, the service's ED referral rate of 7.69% was also good (the two measures are inversely proportional in terms of disposition outcome) and aligned to the national rate (7.68%).

SECamb Workforce Scorecard

Workforce Capacity

	Aug-17	Sep-17	Oct-17	12 Month's
Number of Staff WTE (Excl bank & agency)	3033.4	3038.0	3043.3	
Number of Staff Headcount (Excl bank and agency)	3310	3313	3318	
Finance Establishment (WTE)	3509.12	3525.24	3525.24	
Vacancy Rate	477.9	490.0	476.4	
Vacancy Rate Previous Year		346.7	318.2	
Adjusted Vacancy Rate + Pipeline recruitment %	9.29%	9.77%	7.70%	

Workforce Costs

	Aug-17	Sep-17	Oct-17	12 Month's
Annual Rolling Turnover Rate %	17.51%	17.77%	18.17%	
Previous Year %	16.90%	16.30%	16.10%	
Annual Rolling Sickness Absence %	4.90%	4.99%	4.93%	

Physical Assaults (Number of victims)

	Aug-17	Sep-17	Oct-17	12 Month's
Sanctions	1	1	0	
Actual	17	8	17	
Previous Year	18	26	18	

Workforce Compliance

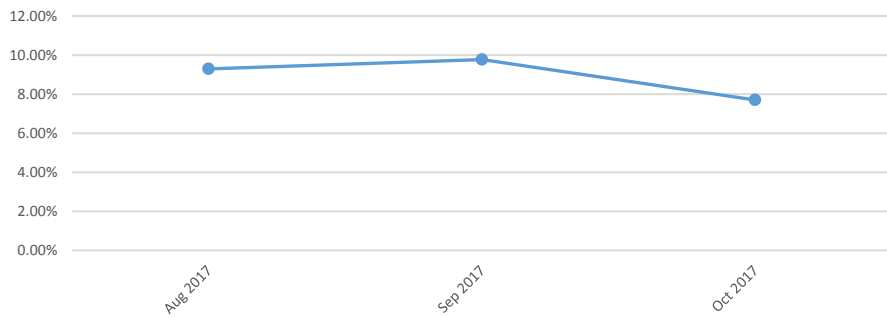
	Aug-17	Sep-17	Oct-17	12 Month's
Objectives & Career Conversations %	34.06%	46.24%	50.66%	
Statutory & Mandatory Training Compliance %	59.99%	65.46%	76.06%	
Previous Year %	67.60%	73.40%	74.60%	

Employee Relations Cases

	Aug-17	Sep-17	Oct-17	12 Month's
Disciplinary Cases	9	4	5	
Individual Grievances	1	8	6	
Collective Grievances	1	0	0	
Bullying & Harrassment	0	1	2	
Bullying & Harrassment Previous Yr	0	0	4	
Whistleblowing	1	0	0	
Whistleblowing Previous Year	0	0	1	

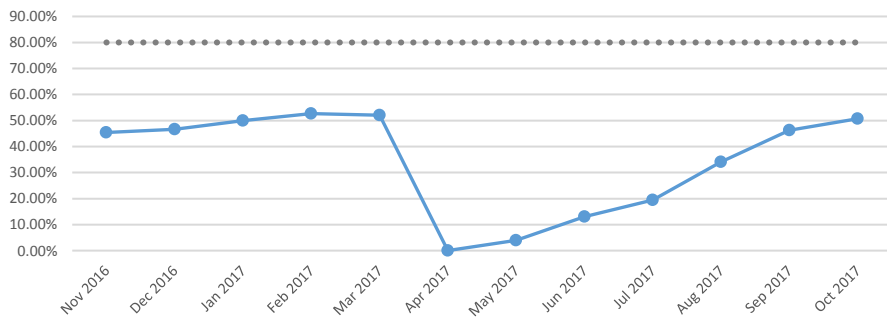
SECAmb Workforce Scorecard

Adjusted Vacancy Rate + Pipeline recruitment %



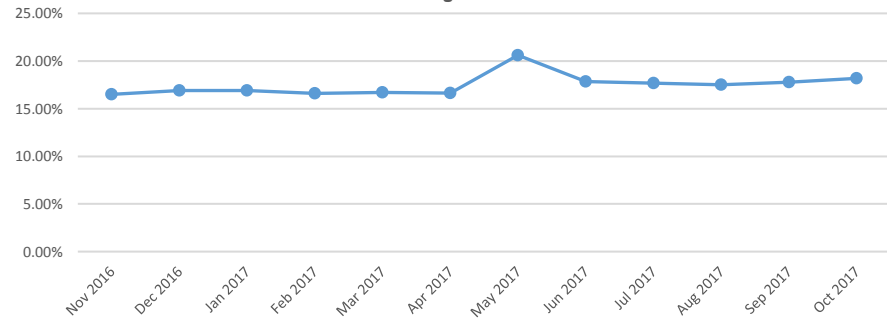
The significant decrease in pipeline vacancy rate is due to repeated and sustained recruitment initiatives, focusing mainly on EOC and 111 roles as these have been historically our hard to fill roles. New approaches include web based job boards, increased visibility locally and attendance at careers events. We are mindful of the starters and leavers monthly ratio and are looking to develop our recording and reporting capabilities.

Objectives & Career Conversations



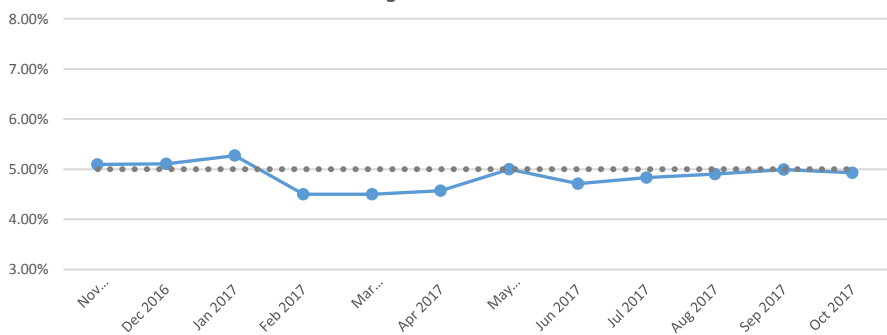
We have had a 4% month on month increase in career conversations recorded in Actus and a 31% increase in the period July - October; momentum is picking up as more staff are trained in the system – over 500 staff (mainly managers) have now been trained. Managers will continue to challenge at a local level to complete their appraisals and career conversations in conjunction with continued Actus training.

Annual Rolling Turnover Rate



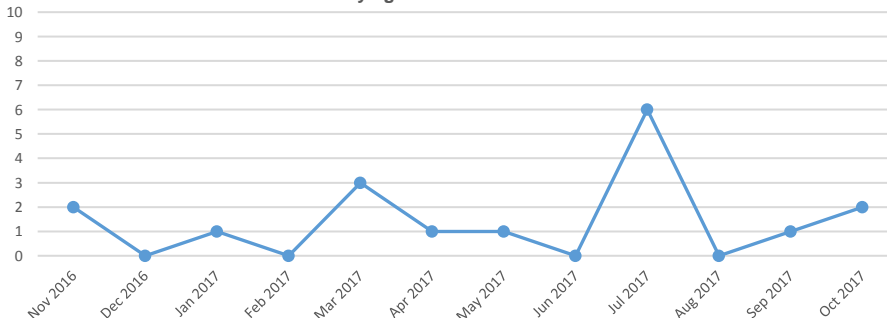
The Trust turnover rate remains constant. However there is currently a high turnover rate in EOC, being addressed via the EOC Task and Finish Group.

Annual Rolling Sickness Absence



This has remained stable. This is due to the close working relationship between the HR Advisors and Managers. This is being supplemented by additional, more immediate, reporting and monitoring capabilities i.e. weekly not monthly in arrears, as agreed in the AQI Task and Finish Group.


Bullying & Harrassment



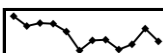
There has been an increase month on month in B&H reports which we would attribute to the ongoing Trust B&H initiatives. There are currently 7 live cases with the longest open case being 3 months. We will be working on a B&H action plan based on the outcomes of the Focus Groups that were shared recently with the Executive. We have procured an external trainer to deliver investigation skills training to line managers to increase the number of available investigators, speeding up case management.

SECAmb Finance Performance Scorecard


Income

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 15,756	£ 16,716	£ 16,329	
Previous Year £	£ 16,354	£ 16,198	£ 16,370	
Plan £	£ 16,403	£ 15,892	£ 16,602	


Expenditure

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 16,461	£ 17,319	£ 16,623	
Previous Year £	£ 17,335	£ 17,095	£ 17,655	
Plan £	£ 17,108	£ 16,506	£ 16,913	

Capital Expenditure

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 225	£ 450	£ 375	
Previous Year £	£ 1,410	£ 1,054	£ 701	
Plan £	£ 855	£ 855	£ 1,865	

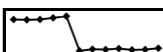
Cost Improvement Programme (CIP)

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 1,491	£ 1,330	£ 1,304	
Previous Year £	£ 537	£ 588	£ 558	
Plan £	£ 1,293	£ 1,302	£ 1,332	


QUIN (Quarterly)

	Q1 2017	Q2 2017	Q3 2017
Actual £	£ 848	£ 848	£ 282
Previous Year £	£ 952	£ 1,019	£ 716
Plan £	£ 848	£ 848	£ 848


Surplus/(Deficit)

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	-£ 705	-£ 603	-£ 294	
Actual YTD £	-£ 3,081	-£ 3,685	-£ 3,979	
Plan £	-£ 705	-£ 614	-£ 311	
Plan YTD £	-£ 3,098	-£ 3,712	-£ 4,023	

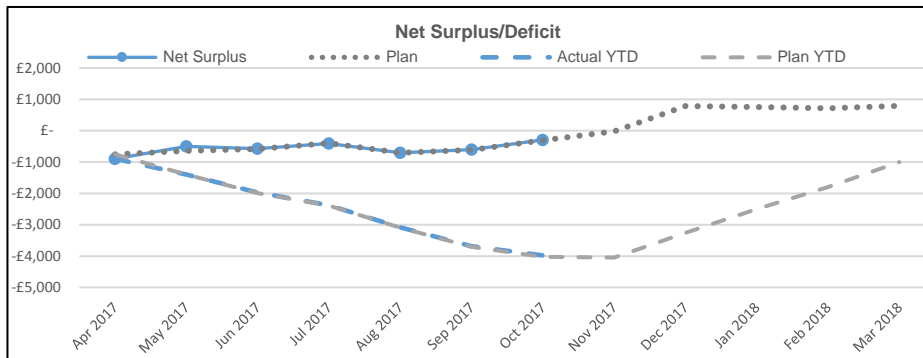
Cash Position

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 13,146	£ 13,482	£ 14,327	
Previous Year £	£ 10,951	£ 9,847	£ 7,117	
Plan £	£ 5,757	£ 5,413	£ 5,219	

Agency Spend

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 226	£ 182	£ 127	
Previous Year £	£ 671	£ 556	£ 561	
Plan £	£ 337	£ 336	£ 334	

SECamb Finance Performance Scorecard



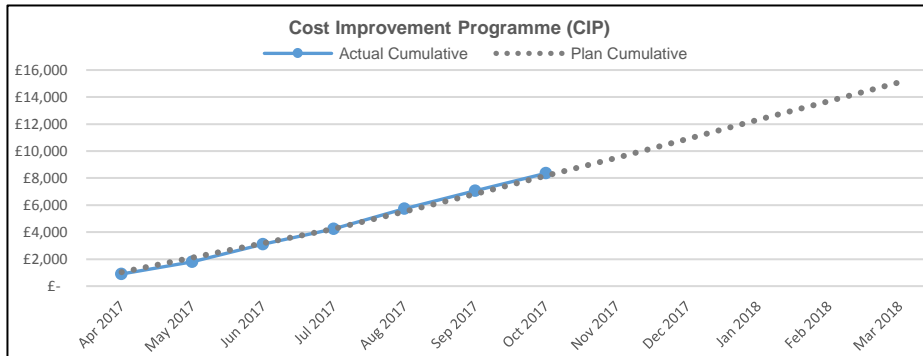
The Trust remains on plan in month and year to date.

Overall Income is £1.6m less than plan, mainly through lower A&E Activity.

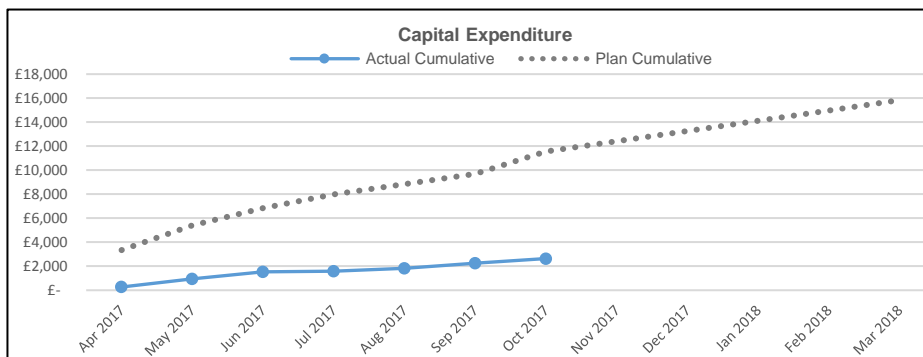
Expenditure has decreased to offset this fall in Income. Again this is mainly through managing frontline hours to match activity.

Further explanation is given below.

We are still expecting to meet our Financial Control Total for 2017/18.



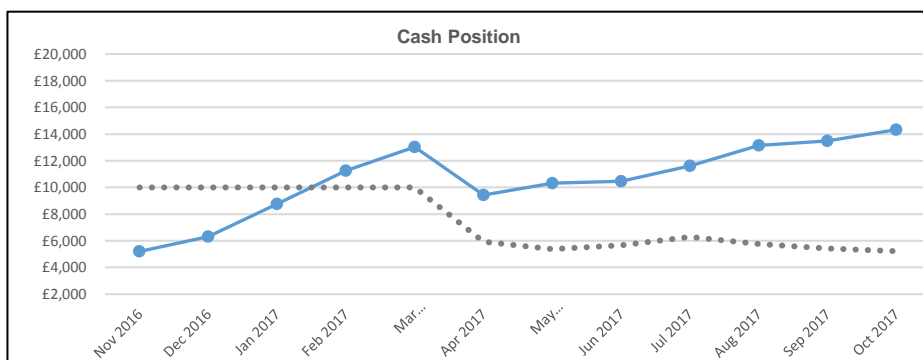
CIP schemes to the value of £15.7m have now been identified, exceeding the target of £15.1m. The latest forecast is to deliver savings of £14.9m, which is just £0.2m below target. The PMO team is continuing to identify and work up additional schemes.



Forecast spend on the capital programme is £7.5m against a plan of £15.8m.

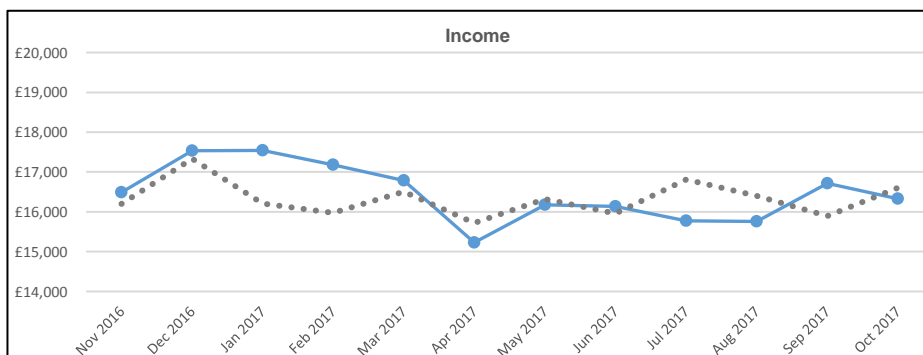
The projected underspend of £8.3m is entirely the result of accounting for vehicle replacement on operating leases, rather than finance leases.

The projected spend includes an element of re-prioritisation for the current year, due to underspending on certain planned schemes. This includes the purchase of 16 ambulances at a cost of £2.3m, which the Board approved in October.



The cash balance at the end of October was £14.3m.

The working capital loan remains at £3.2m, drawn from a total facility of £15m.

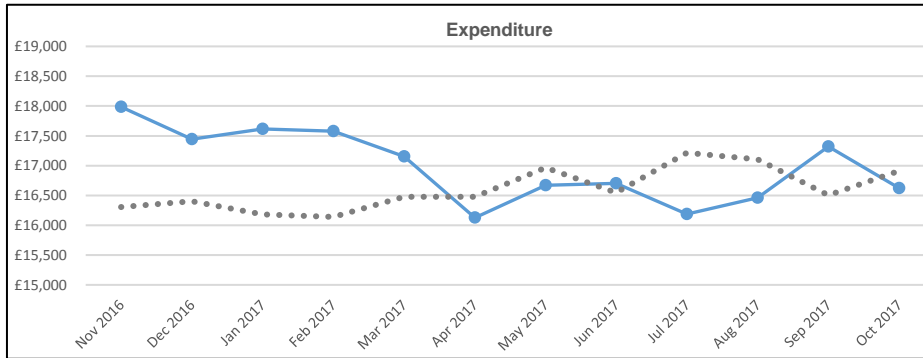


A&E activity in October was 4.3% down against commissioned plan and is 3.4% down year to date. A&E contract income for October was £0.7m or 4.8% below plan in the month and is £3.7m or 3.7% down after 7 months.

111 Income is above plan by £0.3m year to date due to a contract variation to support clinical development.

Other income sources have helped to limit the overall income shortfall to £1.6m for the year to date.

SECamb Finance Performance Additional Information



The Trust made a positive EBITDA of £0.6m and a deficit of £0.3m in the month. EBITDA for the year to date now stands at a positive £1.9m and the deficit after financing costs is £4.0m, in line with plan.

Pay continues to underspend due to low activity and vacancies. The favourable variance year to date is £1.2m. Operational hours remain below plan year to date.

There has been a further catch-up in non-pay expenditure but this remains underspent by £0.2m year to date.

This page is intentionally left blank