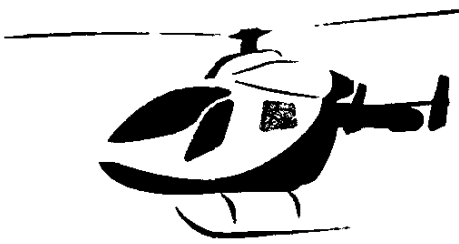
Kent Surrey Sussex



Air Ambulance

saving time - saving life

ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2011

Registered Company Number: 2803242

Registered Charity Number: 1021367

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KENT, SURREY & SUSSEX AIR AMBULANCE TRUST AND ITS SUBSIDIARY
TRUSTEES' REPORT AND FINANCIAL STATEMENTS
YEAR ENDED 31 MARCH 2011

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KENT, SURREY & SUSSEX AIR AMBULANCE TRUST
GENERAL INFORMATION
YEAR ENDED 31 MARCH 2011

CHAIRMAN:	A H V Monteuuis
OTHER TRUSTEES	Mrs G Allinson (retired 3 August 2010) P J C Canney Revd Canon Dr E Condry R Cripps Mrs N J Ferguson (appointed 24 February 2011) J R H Loudon Mrs C M Martin (retired 24 February 2011) Mrs S W Simkins C J L Strachan
CHIEF EXECUTIVE	A Bell (appointed 16 September 2010)
ACTING CHIEF EXECUTIVE:	J Tickner (until 15 September 2010)
COMPANY SECRETARY:	P J C Canney
REGISTERED OFFICE:	Unit 14, Wheelbarrow Park Estate Pattenden Lane Marden Kent TN12 9QJ Email admin@kaat org uk Websites www kentairambulance co uk www surreyairambulance co uk www sussexairambulance co uk www kentsurreysussexairambulance co uk Registered Company No 2803242 Registered Charity No 1021367
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KENT, SURREY & SUSSEX AIR AMBULANCE TRUST
REPORT OF THE TRUSTEES
YEAR ENDED 31 MARCH 2011

The Trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 March 2011 The Trustees have adopted the provisions of the Statement of Recommended Practice 2005 (SORP) Accounting and Reporting for Charities published in March 2005 in preparing the annual report and financial statements of the charity

The charity is a charitable company limited by guarantee and was set up in July 1992 (Registered Company Number 2803242) It is governed by a Memorandum and Articles of Association which were last amended on 5 May 2005 Its objects are to relieve sick and injured people in South East England and surrounding areas by providing a Helicopter Emergency Medical Service (HEMS) and air ambulance service for the benefit of the community The Registered Charity Number is 1021367, and the address can be found on page 1

The charity changed its name from Kent Air Ambulance Trust to Kent, Surrey & Sussex Air Ambulance Trust on 11 March 2011

This report covers Kent, Surrey & Sussex Air Ambulance Trust, together with the subsidiary trading company Air Ambulance Promotions Limited (AAP)

PERFORMANCE SUMMARY

The Group had a surplus for the year, before taking into account the unrealised gains on investments, of £53,185 (2010 – deficit of £625,857) Further information about the investments is detailed below under 'Investment Policy and Returns'

After taking into account unrealised gains on investments of £315,459, the Group had a surplus of £368,644 (2010 – surplus of £285,971) Further comments on income and expenditure are detailed on pages 15 and 16

IMPACT REPORT

Having given due consideration to the Charity Commission's guidelines on public benefit reporting we have this year decided to produce our first 'Impact Report' to lay out our aims, what we have done to deliver these aims, who benefits and how they benefit Given the highly specialised nature of the work we are involved in, the fact that we are but one part of what can be a very long and complex pathway, and issues surrounding patient data accessibility and confidentiality, this is a far from simple task It is a task we are committed to and we intend to build on this in coming years to ensure we create as complete a picture as possible for all to see

Vision and Strategy

The Kent, Surrey & Sussex Air Ambulance Trust (KSSAAT) exists to relieve sick and injured people in South East England and surrounding areas by providing a Helicopter Emergency Medical Service (HEMS) and Air Ambulance Service for the benefit of the community We aspire to reach all those victims of Major Trauma and Serious Illness who would benefit from our unique capabilities and play our part in returning them to the most productive lifestyle possible recognising that we are but one component in a complex and multidirectional pathway We aim to show the benefit to the patient of our intervention through survivability rates where we can and that we triage[1] effectively by transporting patients to the most appropriate Treatment Centre irrespective of where they suffer injury or illness To this end we are pursuing the following 3 outcomes

Outcome 1 – That patients are diagnosed accurately, treated effectively and then transported where appropriate to a Specialist Treatment Centre

Measurement – At least 70% of patients taken by KSSAAT directly to Specialist Treatment Centres should either have an Injury Severity Score (ISS) >15[2], or require a specialist intervention

[1] 'Triage' is the process for the sorting of patients according to urgency of need Effectively it is the decision-making process for intervention, treatment and onward transportation

[2] This equates to 'major trauma' which can be defined as a serious and life-threatening physical injury, often following an accident of some kind, with the potential for secondary complications such as shock, respiratory failure and death

IMPACT REPORT (CONTINUED)

Outcome 2 – That patients transported to a non-Specialist Treatment Centre should then not be subsequently triaged as requiring admission to a Specialist Treatment Centre

Measurement – The percentage of patients taken by KSSAAT to Non-Specialist Treatment Centres that later required a secondary transfer to a Specialist Treatment Centre should be as close as possible to 0%

Outcome 3 – That for the most acute patients there should be clear benefit of having been attended by a KSSAAT HEMS team

Measurement – The outcomes for KSSAAT patients should exceed TARN[3] standardised probability of survival

What we are seeking to show from these outcomes is that all patients benefit from our intervention and that we do not distort the Trauma Network by putting unnecessary burdens on Specialist Treatment Centres through 'over triage' nor risk patient outcomes by 'under triage' In order that we may continue to develop the nature of the medical services we deliver we also seek to demonstrate clear benefit to the most acute pre-hospital patients of our attendance at the scene of an incident To achieve these outcomes KSSAAT currently operates two Helicopter Emergency Medical Service (HEMS) Teams to cover the whole of Kent, Surrey, West and East Sussex This service is presently restricted to daylight hours only but it is the charity's aim to operate by night as well although the geographical spread of its area requires us to deliver this through a night-flying service which the charity aims to introduce over the next two-to-three years

Problem and Need

For the vast majority of people who are sick or injured in the UK the NHS ambulance services and hospitals provide world class patient centred and focused care which is the envy of many other countries There are however some areas where it has been identified that even more could be done to improve patient outcome further It is to this small but significant number of patients that the services provided by KSSAAT may offer the most benefit KSSAAT is therefore committed to working alongside our NHS partners to ensure that the patients who have the greatest need are identified as soon as possible and receive our help so that we play our part in ensuring that patients receive the world class care they deserve and that we are all committed to delivering

Major Trauma

Major trauma is the term used to describe 'serious and often multiple injuries where there is a strong possibility of death or disability'[4] Major Trauma is a serious public health problem, it is the leading cause of death in all groups under 45 years of age and a significant cause of short- and long-term morbidity[5] Therefore Trauma victims are generally young with an average of 36 years of life lost per trauma death The National Audit Office (NAO) estimate that there are at least 20,000 cases of Major Trauma each year in England resulting in 5,400 deaths and many others resulting in permanent disabilities requiring long-term care There are around a further 28,000 cases which, although not meeting the precise definition of Major Trauma, would be cared for in the same way[6]

The NAO estimate that trauma costs the NHS between £0 3 and £0 4 billion a year in immediate treatment This does not include the cost of any subsequent hospital treatments, rehabilitation, home care support, or informal carers In addition the NAO estimate that the annual lost economic output as a result of Major Trauma is between £3 3 billion and £3 7 billion[7] Applying these national statistics to the South East Region means that annually there are at least 630 cases of Major Trauma resulting in approximately 170 deaths – a human cost of 6,120 years of lost life expectancy per year

[3] Trauma Audit and Research Network
[4] *Regional Networks for Major Trauma*, NHS Clinical Advisory Groups (September 2010)
[5] *Regional Networks for Major Trauma*, NHS Clinical Advisory Groups (September 2010)
[6] National Audit Office *Major Trauma care in England* London The Stationery Office (2010)
[7] National Audit Office *Major Trauma care in England* London The Stationery Office (2010)

IMPACT REPORT (CONTINUED)

In recent years a number of studies[8 9 10 11] have highlighted that unfortunately there have been deficiencies in trauma care in the UK The most notable issues covered in these reports relate to the high number of preventable deaths and evidence of suboptimal care among severely injured patients[12] This is considered to be due to either delays in treatment, or lack of experience amongst healthcare professionals in dealing with high enough numbers of critically injured patients to gain the relevant experience to ensure good outcomes[13] All of these documents call for greater specialisation in the care of the severely ill and injured, greater emphasis upon pre-hospital care, together with a reduction in the delay of the commencement of treatment

Internationally, the solution to these issues has been found to be the establishment of Trauma Systems based around Major Trauma Centres (MTC)[14] These hospitals specialise in, and are designated for, the treatment of the severely injured They see such patients with sufficient frequency to gain expertise in their management Over several decades the evidence that this model improves trauma outcomes has become substantial Their effect has been assessed using several methodologies and a consistent picture has emerged Severely injured patients are 15-20% less likely to die if admitted to a Trauma Centre than if admitted to other hospitals[15]

Since 2007 the NHS has been in the process of establishing Trauma systems and MTC[16] however, it has been acknowledged that such systems will only work if those patients that would benefit from the highly specialised treatment available at a MTC can be identified accurately and rapidly following their injury[17] Additionally, in some cases, specialist centres will be too far away from the location at which critically injured patients sustain their time-dependent injury Evidence from military and other sources demonstrates that in these cases a system for provision of advanced resuscitation skills at or near the scene of the incident is a crucial factor in improving mortality and morbidity[18]

KSSAAT aims to play a vital role in delivering just such a system with the helicopter providing a rapid response mechanism throughout the region and the onboard medical teams providing appropriate medical and triage skills not only to ensure correct and early intervention but also to be able to transport patients to the appropriate medical facility within the Trauma System

Serious Illness

The need surrounding the care of serious illness is less well defined than that relating to Major Trauma but is none the less just as compelling Cardiovascular disease – heart disease, stroke and related conditions – alone accounts for two thirds of all premature deaths in England Each year 100,000 people suffer a heart attack and another 110,000 people suffer a stroke[19] In the context of the South East region this means approximately 15,000 people a year are affected by one of these two life threatening conditions

[8] Osmond-Clark H *Accident Services Review Committee of Great Britain and Ireland*, BMA (1961)
[9] *Better Care for the Severely Injured*, Royal College of Surgeons of England and the British Orthopaedic Association (2000) - http://www.rcseng.ac.uk/publications/docs/severely_injured.html
[10] *Trauma Who Cares?*, National Confidential Enquiry into Patient Outcome and Death (2007) - http://www.ncepod.org.uk/2007report2/Downloads/SIP_summary.pdf
[11] *Regional Trauma Systems Interim Guidance for Commissioners*, Intercollegiate Group on Trauma Standards (December 2009) - http://www.rcseng.ac.uk/news/docs/Regional_trauma_systems.pdf
[12] Yates DW, Woodford M, Hollis S (1992) Preliminary analysis of the care of injured patients in 33 British hospitals first report of the United Kingdom Major Trauma outcome study *British Medical Journal* 305 737-40
[13] Nathens AB and Jurkowich GJ and Majer RV et al, relationships between Trauma Centre volume and outcomes *JAMA* 2001, 285 1, 164-171
[14] Celso B et al A Systematic Review and Meta-Analysis Comparing Outcome of Severely Injured Patients Treated in Trauma Centers Following the Establishment of Trauma Systems *J Trauma* 2006,60 371–378
[15] Celso B et al A Systematic Review and Meta-Analysis Comparing Outcome of Severely Injured Patients Treated in Trauma Centers Following the Establishment of Trauma Systems *J Trauma* 2006,60 371–378
[16] *Trauma Who Cares?*, National Confidential Enquiry into Patient Outcome and Death (2007) - http://www.ncepod.org.uk/2007report2/Downloads/SIP_summary.pdf
[17] *Regional Networks for Major Trauma*, NHS Clinical Advisory Groups (September 2010)
[18] Department of Health Emergency Planning Guidance Planning for the psychosocial and mental health care of people affected by major incidents and disasters Interim national strategic guidance London Department of Health, 2009 At http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH 103562
[19] Mending Hearts and Brains – A Clinical Case for Change Professor Roger Boyle, December 2007

IMPACT REPORT (CONTINUED)

There are some clear similarities between the management of Major Trauma and Cardiovascular disease in that all medical studies agree that the provision of specialist care for cardiovascular patients in special treatment centres represents the future of care and improves patient outcome[20] Unsurprisingly, the sooner specialist treatment is commenced in the right setting for heart and stroke victims the better The key challenges KSSAAT faces are deciding which hospital can give patients the best specialist treatment, and providing the correct advanced treatment regimes when required en-route Making the wrong decisions in the pre-hospital phase can add a delay that can mean it is too late for the patient to benefit from the newest drugs and procedures

KSSAAT already undertakes this commitment in daylight hours and aims to increase its operations to night time as well

Summary of Need

The NHS is now committed to improving services that care for the seriously ill and injured and regional Trauma and Specialist Care Networks are developing across England, a policy endorsed by the NAO[21] It is anticipated that regional Networks will be in place across the country by the end of 2011 Due to the logistical and geographical challenges that this regionalised approach poses its success in realising continued improvements in care for the seriously ill and injured is dependant on

- Having the seriousness of the injury identified as early as possible, ideally at the scene of the incident
- If the injury requires specialist care, the patient should be moved to a specialist treatment centre as quickly as possible
- The enhanced care necessary to ensure safe and effective transport to specialist service should be available when required and provided in a high quality and consistent way

This approach can be summarised in the following equation -

Right time + Right Care + Right place = Right result.

OVERVIEW AND ACTIVITIES

To meet the above need, KSSAAT provides two state of the art Helicopter Emergency Medical Service (HEMS) Aircraft operating during daylight hours, 365 days a year, out of our bases at Marden in Kent and Dunsfold in Surrey These aircraft are capable of delivering our crews anywhere in our region in under 20 minutes flying time Occasionally weather prevents the aircraft flying, so our crews also have rapid response vehicles to maximise their availability Each aircraft is crewed by an experienced Pilot and an Enhanced Care Team (ECT) consisting of, as a minimum, a Registrar level doctor and a Critical Care Paramedic who are supported either on-scene or at distance by a consultant led clinical advice and governance regime KSSAAT put all of our ECT through rigorous training in advanced pre-hospital care, which gives them the knowledge and skills necessary to assess and stabilise critically ill and injured adults and children

In general terms the ECT are capable of providing to patients general anaesthesia, advanced airway management, advanced pain relief and drug interventions and, for a small number of patients, surgical interventions up to and including open chest surgery All of these advanced interventions have been identified as offering important improvements in patient outcome This means that a number of specialist clinical procedures that are normally only available in the resuscitation area of an emergency department can be delivered to patients at the scene, such as,

Advanced Airway Interventions

Rapid Sequence Induction and Intubation (RSI) (elective emergency general anaesthetic and airway management)

[20] Mending Hearts and Brains – A Clinical Case for Change Professor Roger Boyle, December 2007
[21] National Audit Office *Major Trauma care in England* London The Stationery Office (2010)

OVERVIEW AND ACTIVITIES (CONTINUED)

Surgical airway
Splinting and packing for maxillo facial injury

Advanced Respiratory Interventions

Ultrasound assessment of the chest for pneumothorax
Elective emergency mechanical ventilation for respiratory compromise
Thoracostomy for pneumothorax
Chest drain insertion for pneumothorax
Ketamine induction of anaesthesia in life threatening / near fatal asthma
Escharotomy in circumferential chest (or limb) burns
Nasogastric tube insertion for gastric drainage

Advanced Circulatory Interventions

Ultrasound guided Intra Venous (IV) access
Advanced IV access femoral, subclavian lines
Advanced Intra Osseous access iliac crest, humeral head, sternal
Ultrasound assessment of myocardial function in cardiac arrest
Thoracotomy for cardiac arrest in penetrating chest and epigastric injury
Pro-coagulant compounds and drugs for severe haemorrhage
Active Compression/Decompression and Impedance Threshold Valve CPR

Pressure bag for rapid fluid infusion
Inotropic support
Cardioversion and pacing of life-threatening arrhythmias

Advanced Neurological Interventions

RSI for management of head injury and intercranial pressure
RSI for management of other neurological disorders (including status epilepticus)
Hypertonic saline for reduction of Inter Cranial Pressure
Advanced analgesia and sedation
Regional anaesthesia / nerve blocks

Advanced Drugs Interventions

Inotropic support with adrenaline infusion
IV antibiotics and antiviral for sepsis
IV salbutamol and magnesium for life threatening / near fatal asthma
IV magnesium for pre eclampsia
IV antiarrythmics for management of severe arrhythmias
IV Thrombolysis for use in cardiac arrest

The abilities, experience and skills of our ECT operating within the clinical governance structures of KSSAAT also allow for triage decisions to be made in a safe, robust and effective manner Given the very large geographic area we cover and the nature of the Treatment Centres within the region and London, this system is designed to ensure that patients are taken to the most appropriate hospital for their injuries or illness, and arrive in the best possible condition As part of a Trauma System this will ensure our patients stand the best chance of survival and will also make the best possible recovery

In summary, what we aim to do, as far as possible, is bring the emergency department, with all attendant medical interventions, to the patient and then take the patient quickly and directly by land or air to the most appropriate hospital best able to treat them Our teams are also able, where necessary, to provide inter-hospital air ambulance transfers These services are available to everyone who lives, works, or is travelling through the region and is provided free of charge to those patients that require them

OVERVIEW AND ACTIVITIES (CONTINUED)

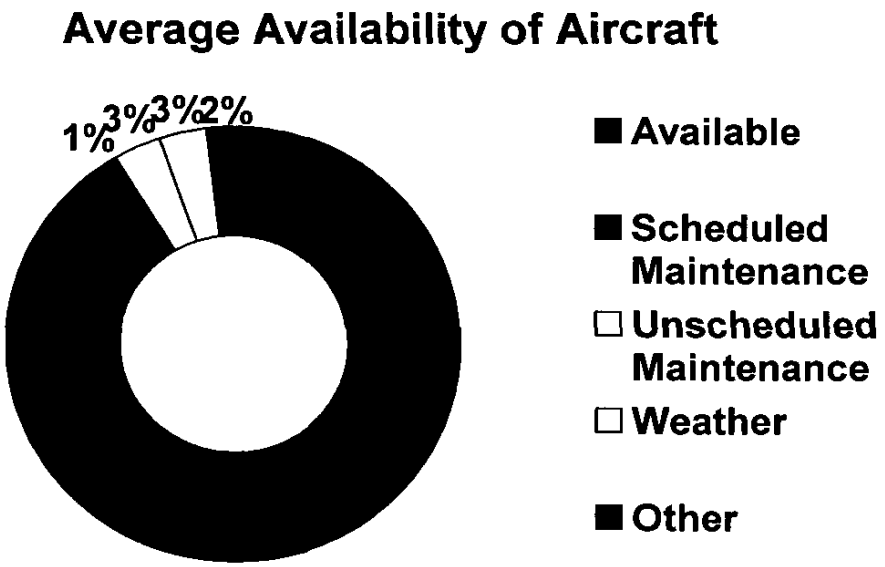
The normal operating area of our Trust is defined by the region that our partner organisation, SECAmb covers and includes Kent, Surrey, Sussex, and a small area of North Hampshire, this region covers in excess of 3,500 square miles, has a resident population of 4 5 million people and a transient population in excess of 90 million people a year

The air ambulance is deployed by one of our specialist paramedics working at the control centre of SECAmb on the HEMS desk, who screens all 999 emergency calls coming into the ambulance service to establish if HEMS would be of benefit to the patient

Outputs

Aircraft Availability

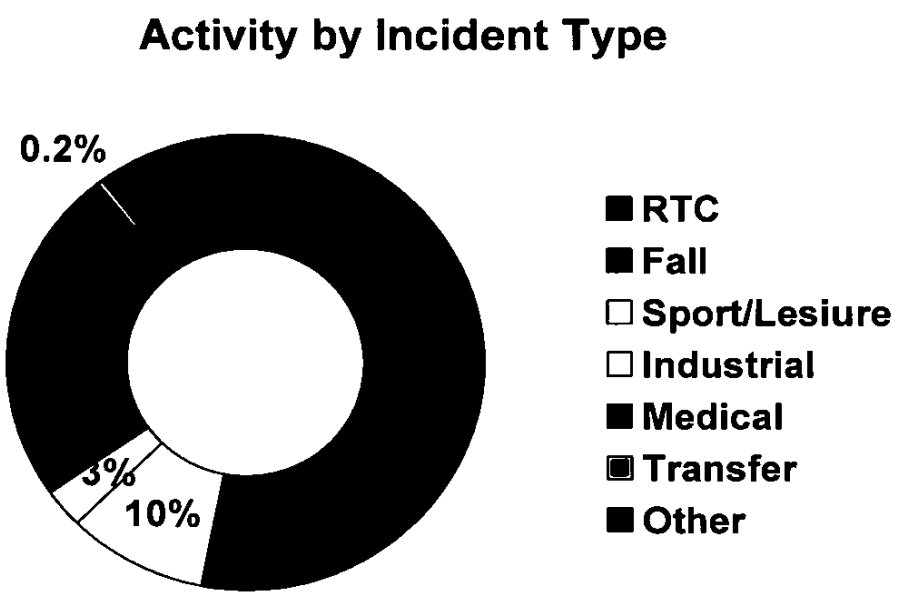
Throughout the year KSSAAT aircraft were available for 91% of operational hours The goal of the charity is to maintain an operational availability of aircraft in excess of 95% Operational availability is defined as the percentage of total operational hours that the aircraft were mechanically serviceable and appropriately crewed This measure excludes factors that are beyond the control of KSSAAT such as weather and therefore provides a better reflection on the effectiveness of KSSAAT in providing its primary airborne service This year initial analysis showed operational availability to be 94% however, further analysis has shown that 2% of this unavailability was due to the Icelandic volcano conditions If this is removed from consideration then aircraft availability was 96% and therefore in excess of our target Further analysis has shown that there were only 3 occasions when both aircraft were unavailable meaning that an aircraft response was available from KSSAAT for 99 7% of all operational hours



OVERVIEW AND ACTIVITIES (CONTINUED)

Incident Response

This year KSSAAT has responded to over 1300 incidents Trauma related incidents accounted for approximately 75% of all incidents attended with Road Traffic Collisions (RTC) remaining the single largest cause of KSSAAT activation The number of inter-hospital transfers has fallen to 0 2% although the formation of trauma networks is likely to cause this particular area of activity to increase in the future

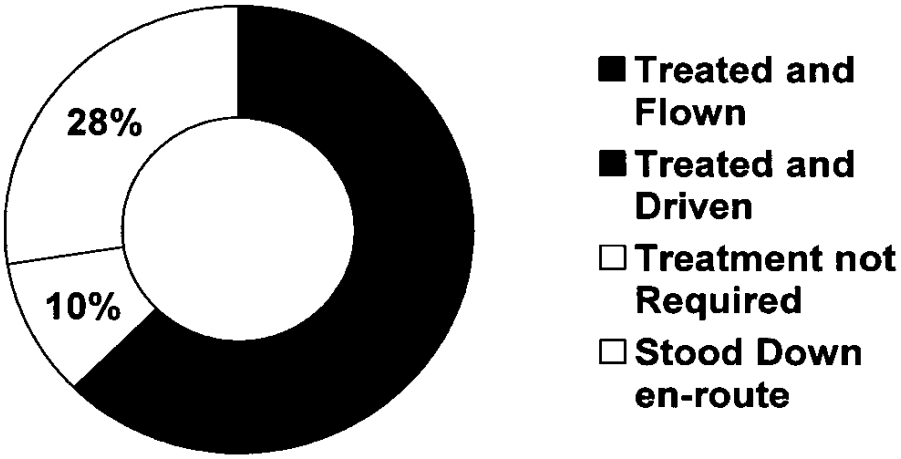


Activity

It is essential that our services are provided to those who need them as quickly as possible To ensure this is achieved it is our ethos that our response is activated as soon as any indication is received that our services are required However, due to the complex and constantly evolving nature of emergency incidents it sometimes becomes apparent after activation that a KSSAAT response is not required in which case KSSAAT resources will be "stood down" Whilst these "stand downs" should not be seen as wasted effort it is important to ensure they are kept to minimum in order to maximise the availability of our finite resources and achieve the best value for money possible In order to achieve this KSSAAT is constantly working to refine our tasking procedure to ensure maximum speed of response is achieved and stand downs are minimised Our target is to achieve a stand down rate of between 20-30% We feel that rates much in excess of 30% risk diluting our availability for those who do require our help and may start to threaten our financial sustainability if not properly controlled Furthermore, we believe that using the systems currently available to us, stand down rates of much lower than 20% are probably only achievable if we delay tasking to such a degree to obtain definitive information that the timeliness of our response is threatened We do however remain committed to reducing stand down rates as much as possible by refining the tasking process as developments in systems and technology allow

OVERVIEW AND ACTIVITIES (CONTINUED)

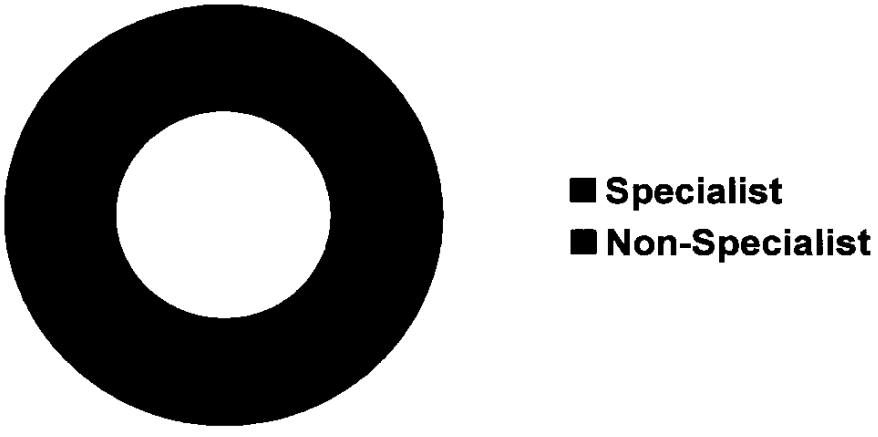
KSSAAT Activity by Result



Triage

One of the key abilities of our crews is that they have the skills and knowledge necessary to assess and decide which patients will benefit from treatment in a Specialist Treatment Hospital Once our ECT arrive on scene they will initiate all treatment necessary to stabilise patients and prepare them for safe transportation to hospital either by land or air depending on the distances involved and the needs of the patient

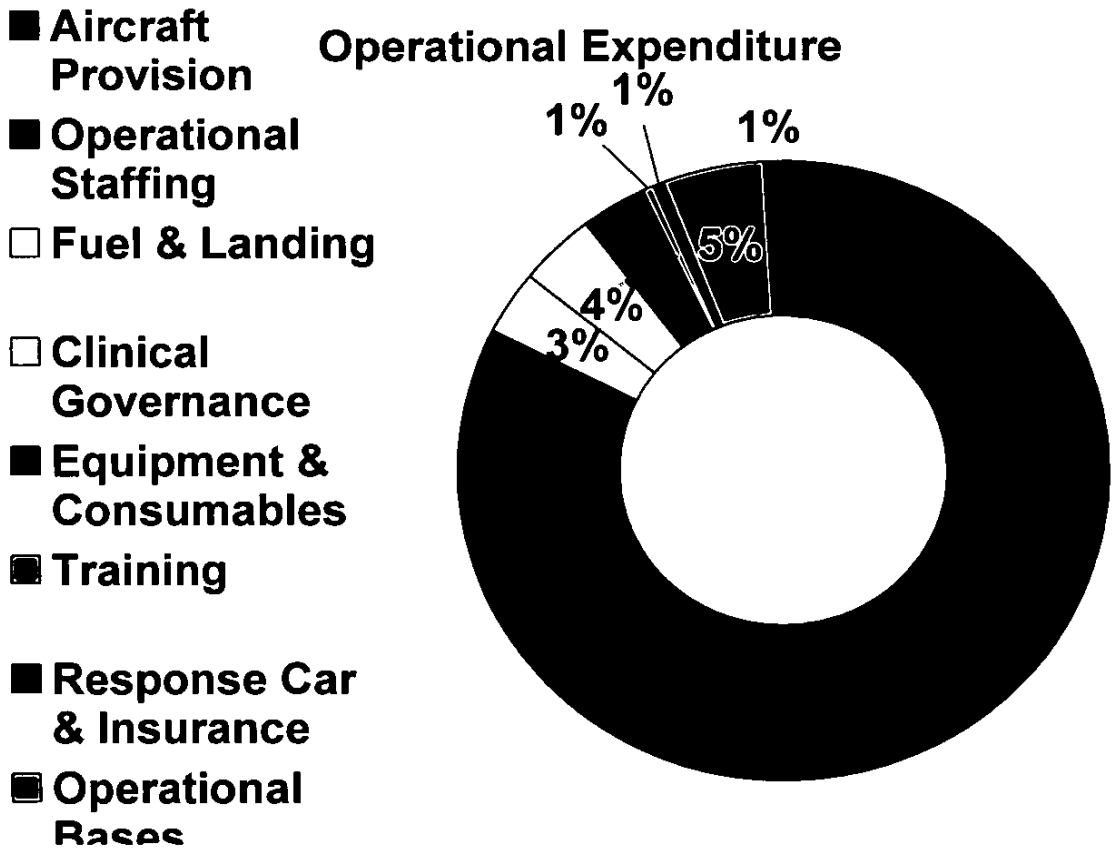
Patient Triage by Destination Hospital



OVERVIEW AND ACTIVITIES (CONTINUED)

Operational Expenditure

The chart below shows the break down of operational expenditure Our operational expenditure is made up of fixed cost i e those which we must pay in order to provide our service regardless of if it is used, and variable costs which are incurred and fluctuate dependant on the activity of KSSAAT ECT and transport resources Average mission cost total is £2,600 per mission of which fixed costs are £2,262 representing 87% of all operational expenditure The remaining 13% variable costs when averaged across all incidents attended by KSSAAT means that the average variable cost of a mission to KSSAAT is approximately £338



OVERVIEW AND ACTIVITIES (CONTINUED)

Outcomes

In order to continue to improve the service we provide it is important for us to understand the result of what we deliver in terms of patient outcome but at this stage evaluating our effectiveness is challenging for a number of reasons Firstly, obtaining follow up data for patients is not straight forward as information on patient's outcome is rightly restricted and therefore the processes involved in obtaining this data have traditionally been very labour intensive Secondly, patient outcome is affected by every stage in the care pathway from the first point of patient contact in the pre-hospital field, through the entire hospital and rehabilitation journey until eventual discharge This means that isolating the effect on patient outcome of any one single step in the patient pathway is extremely difficult To overcome these challenges KSSAAT has developed close links with the local MTCs which has improved outcome data collection significantly and allowed us to develop a number of outcome measures This work is still in the early stages of development and is far from complete however already the data we now have can be used as part of our clinical governance process to identify adverse incidents and to facilitate service evaluation

As data collection expands it will be possible to robustly compare outcomes for patients treated by KSSAAT with a standardised probability of survival using the national Trauma Audit and Research Network (TARN) database This will allow comparison with other services and will form an important form of external validation and will also hopefully help us to understand more fully the exact impact of our services input into the overall patient pathway However, **being mindful of the very small numbers of patients captured** we have evaluated 12 months of interim data relating to patients transferred to MTCs and the early signs are very promising

Outcome measure 1 – The percentage of patients taken by KSSAAT directly to Specialist Treatment Centres that have an ISS>15, or that required a specialist intervention, should be at least 70%.

Result The percentage of patients taken by KSSAAT directly to Specialist Treatment Centres that have an ISS>15 or that required a specialist intervention was found to be 85%. This indicates that the 'over triage' rate was 15% which is well within our target framework

Discussion

Major Trauma is defined in the scientific literature using the Injury Severity Score (ISS), which assigns a value to injuries in different parts of the body and totals them to give a figure representing the severity of injury An ISS greater than 15 is defined as Major Trauma and the higher the number the more severe the injury This would include serious injuries such as bleeding in the brain or a fracture of the pelvis and cases of multiple injuries Specialist interventions are those treatments available to the seriously ill that are only available from designated specialist treatment centres

Seriously ill or injured patients' outcome will improve if they receive care in a specialist treatment centre as soon after becoming ill or injured as possible Unfortunately identifying the patients who will benefit from specialist care in the pre-hospital field is not as straight forward as it may seem and requires considerable experience and expertise Regardless of medical skill and knowledge it is almost impossible to get these decisions right all the time unless some 'over-triage' (ie erring on the side of caution) is built into the process This will inevitably mean that in order that all patients who have a serious illness or injury benefit from care in a specialist treatment centre, a certain number of patients who do not require this level of care will be taken to a specialist treatment centre Not only might this be inconvenient for the patient and their families but could also potentially overwhelm the finite resources of the specialist treatment centres if not properly controlled Evidence from other systems shows that levels of over triage of approximately 30% are sustainable, this has therefore been selected as the measure of our triage effectiveness

Additionally, the charity should not miss those patients who could benefit from our interventions because we are attending patients with a lesser need that can be treated by other resources within the network The charity continues to work on developing an outcome measurement for this

Outcome measure 2 – The percentage of patients taken by KSSAAT to Non-Specialist Treatment Centres that later required a secondary transfer to a Specialist Treatment Centre should be as close as possible to 0%.

OVERVIEW AND ACTIVITIES (CONTINUED)

Result: The percentage of patients taken by KSSAAT to Non-Specialist Treatment Centres that later required a secondary transfer to a Specialist Treatment Centre was found to be 1%. Although this appears to be a satisfactory outcome the data is patchy and we have more work to do to establish that this result is both accurate and sustainable

Discussion

As previously described patients with serious injury or illness will benefit from treatment in a specialist treatment centre, however, identifying these patients is challenging If these patients are not identified at the scene then they may well be taken to a non-specialist treatment centre and then may subsequently require a secondary transfer to a specialist treatment centre This will inevitably mean that the patient will not receive the specialist treatment they require as quickly as would have been possible had they been taken directly to the most appropriate hospital for their condition It is therefore vitally important that the percentage of patients who experience this is kept as close to 0% as is possible

Outcome measure 3 – The outcomes for KSSAAT patients should exceed TARN standardised probability of survival

Result: The outcomes for KSSAAT patients exceeds TARN standardised probability of survival by 21 2% This measure is particularly susceptible to distortion due to the low number of patients captured and we have a lot more work to do with TARN to ensure we have sufficient data to underpin such an outcome

Discussion

Nationally the Trauma Audit and Research Network (TARN) collect data from hospitals around the country relating to patient injuries and individual patient outcome TARN uses this data to create and publish robust data for each hospital which shows the number of unexpected survivors or deaths for every one hundred patients treated in any particular hospital These statistics are accepted as being an accurate reflection of the effectiveness of a system of care Whilst TARN has traditionally been concerned with gathering hospital data it is likely that this will extend in the future to include pre-hospital service providers such as KSSAAT We are convinced that this is the right way forward and will help services to better understand the impact of the care they provide We have therefore committed to work with our local MTCs and TARN to ensure that we actively contribute to developing robust pre-hospital TARN data collection and analysis and have already started to analyse our own data as far as we can As previously stated this process is in the very early stages of development and currently insufficient data exists to allow for the robust statistically significant analysis that would be expected from TARN although this absolutely remains our goal Interim data does currently exist which allows us to compare probability of survival data for a small number of patients but as a measure lacks the robustness of TARN data and must not be considered as any more than a useful indicator until more reliable results become available

Analysis of the interim data reveals a number of things

- The patient who had the lowest probability of survival but went on to survive had a survival probability of 29% and an ISS of 45
- The patient who had the highest probability of survival but unfortunately did not survive had a survival probability of 16% and an ISS of 25
- The ISS of patients within the data ranged between 5-45 with the averaged ISS of our patients being 25 2
- The probability of survival of patients within the data ranged between 16%-99% with the averaged probability being 65 8%
- The actual survival outcome of the patients analysed was 87%

OVERVIEW AND ACTIVITIES (CONTINUED)

Impact

The impact the charity has is not just confined to its work in reducing preventable deaths and improving quality of survival for patients in the region through major trauma and serious illness By being part of a system that aims to return patients to a productive and fulfilling life we obviously have effect not just on family and friends but the wider social and economic community as well

Equally, the charity has a significant contribution to make in the development of pre-hospital care in England The clinical practice of the doctors and paramedics working in the service is subject to on-going quality control and improvement as part of a process known as clinical governance The underlying ethos of KSSAAT clinical governance is that patients must receive gold standard care that is unsurpassed anywhere in the world To this end, practice is examined in an open, supportive and confidential environment

The level of clinical scrutiny within KSSAAT far exceeds that experienced by staff prior to joining the service and exit appraisals have uniformly shown that doctors and paramedics leaving the service to return to their previous posts have moved on to a higher clinical governance level All components of clinical governance as deployed in KSSAAT can be used in other clinical settings which should ensure the individual's practice is permanently improved

Additionally, we have worked very closely with SECAmb for some time in the development of SECAmb's Critical Care Paramedic programme and shortly all its seconded Paramedics will be CCPs Equally, HEMS is the only sustained opportunity for registrars to gain firsthand experience of delivering early intervention and triage in the field with a caseload that adds dramatically to their overall exposure in a very short time Both of these facets have the potential to add significantly to the overall sum of such knowledge and experience in the NHS and, in particular, in pre-hospital care

OTHER DEVELOPMENTS

Care Quality Commission Registration

KSSAAT has been registered by the Care Quality Commission under the Health and Social Care Act 2008 in respect of the following activities

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

CQC registration was a particularly demanding task and thanks are due not only to the KSSAAT team, but also to Lynne Sheridan for all her hard work and advice and the CQC team who could not have been more helpful or supportive in their approach

World Congress Airmed 2011

Delivering an international conference was never going to be easy, especially as it coincided with CQC registration but achieve it we did and we enjoyed a lot of very appreciative comments from a large number of the almost 700 delegates who attended The conference spanned 4 days at the end of May in Brighton with the final day consisting of an air day at Dunsfold Aerodrome, one of our operating bases

It would be only fair to say that some delegates did not think that the programme gave sufficient weight to UK interests but responsibility for the programme rested with the European HEMS Academy Committee (EHAC) who

OTHER DEVELOPMENTS (CONTINUED)

had the unenviable task of creating a programme that could cater for the very broad international audience and all their competing interests

We are particularly grateful to all the many sponsors and exhibitors who made the conference viable and to our partnering organiser, 'Happening Events' The conference was run through the charity's trading arm and whilst never designed as a fundraising activity did actually register a 5% profit at some £20k

Full details of presentations and posters along with conference photographs can be found at
http //www airmed2011 com/

Night Flying

This remains a strategic intent and work continues to develop a safe and effective method of delivering the emergency service by night which we hope to be able to expound on next year

Volunteers and Staff

Volunteers remain pivotal to the success of the charity and their enthusiasm and energy remains undimmed I would once again like to record the Trustees very sincere and heartfelt gratitude to them all for all they do for us, not out of rote but as a genuine expression of appreciation for them and a reflection of all the time and effort they give to the charity so often and so cheerfully

We conducted the first of a new series of 'Volunteer Network Days' at our Dunsfold base in the early summer, there was a good turnout for a series of presentations and question and answer sessions as well as a very useful exchange of views

We recognise that our management and organisation of volunteers has not always been strong and thus we have recruited a new Volunteer Manager, Chrissy Matthews, who will commence work in the autumn She will initially be charged with producing a volunteer strategy which makes best use of all the skills and experience vested in our volunteers and that clearly delineates the roles that volunteers can expect to fulfil We hope that this investment will not only improve charitable outcomes but also lead to a very rewarding experience for volunteers as well

Staffing structures have been slightly altered to bring the whole income generation effort under one Director, Lynne Mitchell, who was previously Head of Promotions of our trading arm There have been one or two other minor changes elsewhere with the focus being very much ensuring as reliable an income as possible especially during these challenging economic times

GOVERNANCE

Trustees are appointed by the Trustee Board Candidates may be put forward for consideration by individual Trustees, or the Chief Executive, together with a brief CV of their relevant expertise Trustees are appointed for an initial period of up to three years and at the end of that period they can be reappointed for further periods with the agreement of the Chairman normally up to a maximum period of six years

One-third of the Trustees, who are subject to retirement by rotation, must retire at every Annual General Meeting A Trustee who retires at an Annual General Meeting may, if willing to act, be reappointed

Trustees are selected for their ability to make an effective contribution to the charity, in terms of skills and experience The key attributes include

- Running a business
- Financial
- Accident and Emergency medicine
- Media Management or PR in the region

GOVERNANCE (CONTINUED)

- Personnel Management in a company with an HR department
- Charity Management
- Merchandising
- Being well-regarded in the local community
- Access to fundraising sources
- Ability and willingness to raise funds
- Being well-respected in their field
- Willing to represent the charity in the community

The target number of Trustees is not fixed and additional Trustees may be appointed after identifying those attributes which will complement those of the existing board

The Trustees met four times during the year, and the Finance committee also met four times These meetings are usually also attended by the Chief Executive and other appropriate members of the management team

Once again, to give more transparency, the Trust's AGM was advertised as being open to the public and was held at the Westerham Golf Club in November 2010 Members of the public, volunteers, staff, members of the medical team and crew were able to hear reports from the Chairman and Chief Executive, followed by a question and answer session

The Trustees delegate the day to day running of the charity to the Chief Executive He manages a staff of about fifty (charity staff plus seconded pilots, doctors and paramedics), that includes a management team of six who in turn are responsible for the operation of the helicopter, fundraising, administration and finance

TRUSTEES

The Trustees who served during the year were as follows

	Committee
A H V Monteuuis - Chairman	F
Mrs G Allinson (retired 3 August 2010)	HR
R Cripps	HR
J R H Loudon	F
Mrs S W Simkins	V
P J C Canney	F
Rev'd Canon Dr E Condry	HR
Mrs N J Ferguson (appointed 24 February 2011)	HR
Mrs C M Martin (retired 24 February 2011)	
C J L Strachan	

Mr Canney, Mrs Simkins and Mr Strachan will retire in accordance with the company's Articles of Association at the Annual General Meeting and, being eligible, offer themselves for re-election

(Committee membership is indicated above – Finance (F), Human Resources (HR), Volunteer (V))

INCOME GENERATION

Overall income increased in the year to £5 935m – a substantial increase of 23% on the previous year

General donations of £670k were up by 9% on the previous year, whilst income from collection boxes (£115k) increased by 11% mainly due to the increasing number of boxes placed in Surrey and Sussex Legacy income of £896k was an increase of 36% on 2010, and in memoriam donations of £177k was a similar figure to the previous year Low bank interest rates meant a further fall in investment income of 36% 'Other' income totalling £385k, which consists mainly of donated services, increased by 1%

INCOME GENERATION (CONTINUED)

Once again, the Donations heading includes the waiving of part of the rent due on the Marden head office as well as a discount on the Dunsfold lease The Trust is extremely grateful to the respective landlords

Income from Group Fundraising and Events of £1,134k was down by 5% on last year's figure

Fundraising events provide income from two sources The majority comes from organisations and individuals who are authorised by the Trust to raise funds in the Trust's name These events are monitored by the Trust, and staff or volunteers may well attend and support the occasion, but the Trust is not involved in any direct cost The second source is those major events organised financed and operated by the Trust

The trading subsidiary turnover has risen year by year, and the year under review was no exception with an increase of 54% on the previous year Sales of £2 466m represented 42% of the Trust's total income

FUNDRAISING AND GOVERNANCE COSTS

Fundraising and publicity costs of £691k were up 8% on the previous year This was mainly due to staff costs incurred as the organisation continued to grow

Governance costs comprising audit fees, Trustee training and related management charges totalled £39k (2010 £35k)

Trading subsidiary cost of sales increased by £312k to £908k The overall gross profit of £1,558k was an increase of 59% on the previous year (2010 £978k)

CHARITABLE EXPENDITURE AND TOTAL RESOURCES EXPENDED

Charitable expenditure increased slightly to £4 24m (2010 £4 18m) The direct charitable expenditure of £3 45m, which includes the lease, flying time and crew costs of the helicopter, accounted for 59% of total resources expended (2010 62%)

Included in charitable expenditure are management and administration costs that increased by 3% to £561k (2010 £542k), together with support (mainly property costs) and depreciation costs that fell by 2% to £236k (2010 £242k)

Total employee costs that are allocated over the above headings increased by £84k to £993k

Total resources expended increased by 8% to £5 88m (2010 £5 45m) They comprise charitable expenditure, fundraising, governance costs and the cost of sales of the trading subsidiary

Incoming resources and resources expended are continually monitored by management against budgets and are reviewed by the Finance Committee

AIR AMBULANCE PROMOTIONS LIMITED

The Trust's trading subsidiary had another excellent year Lottery sales continued to grow, although there was a fall of 13% in merchandising and Christmas card sales to £109k (2010 £125k) Total sales from the main draw, Superdraw and raffle amounted to £2,357k – an increase of 60% on the previous year (2010 £1,474k) The overall gross margin was 63% (2010 61%) and with a resulting net operating profit of £91k (2010 £106k), the company was able to gift aid this amount to the Trust The net proceeds of the lottery, £1,265k (2010 £727k), were also paid to the Trust along with management charges of £99k (2010 £92k)

The door to door canvassing initiative, which began the previous year, was again in force throughout the region Playing members of the main draw and the Superdraw rose by 54% to 45,677 (2010 29,570)

RESERVES

The reserves policy is continually reviewed during the course of the year by the Finance Committee and its proposals were adopted by the Trustees It is considered reasonable to have reserves of up to 36 months expenditure to cover any fall in income, owing to the unique nature of the charity's operations At the year end the Trust had free reserves equivalent to 10 months' resources expended

Consolidated reserves increased by 7 6% to £5 22m

INVESTMENT POLICY AND RETURNS

The Trustees are permitted by the charity's Memorandum and Articles of Association to invest the monies of the Trust not immediately required for its own purpose in such investments, securities or property as may be thought fit The charity currently has £3 657m invested with Sarasin & Partners in their Alpha CIF for Endowments Fund - a fund which seeks long-term capital and income growth for registered charities only Dividends are rolled over and there is no entry in these accounts, therefore, for investment income from this source

As usual the Finance Committee met with our Fund Manager during the year under review After the banking and worldwide economic problems of 2009/10, followed by market recovery in 2010/11, the Committee were pleased to see that our portfolio had again performed well in the year under review

The Trustees monitor Sarasin & Partners own benchmarking as follows

Investment Performance	Portfolio	Benchmark	FTSE All Share Index
Year ended 31 March 2011	+9 42%	+8 32%	+8 72%
Since inception (Jan 06) to 31 March 2011	+30 95%	+33 38%	+26 03%
For the 3 year period ending 31 March 2011	+16 07%	+21 96%	+17 02%
For the 5 year period ending 31 March 2011	+26 37%	+28 18%	+19 99%

In these accounts an amount of £315k of an unrealised gain had accrued by the year end (2010 £912k gain)

Investments are also made as cash deposits with banks (NatWest, Clydesdale and Charities Aid Foundation) and building societies (Birmingham Midshires) on terms up to six months ensuring that funds are maturing on a regular basis should the Trust's short term cash flow requirements need supplementing Although we constantly monitor interest rates, the rates available during the year, especially for short term investments, remained low, giving rise to a fall in interest receivable to £13k (2010 £18k) As at the signing of this report, the cash deposits are now with NatWest, Charities Aid Foundation and Scottish Widows

CHANGES IN FIXED ASSETS

The movements in fixed assets during the year are set out in note 6 to the financial statements

ACCOUNTING POLICIES AND INTERNAL CONTROLS - STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations

Charity law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law)

ACCOUNTING POLICIES AND INTERNAL CONTROLS - STATEMENT OF TRUSTEES' RESPONSIBILITIES (CONTINUED)

The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the profit or loss of the charity for that period In preparing these financial statements, the Trustees are required to

- select suitable accounting policies and then apply them consistently,
- make judgments and estimates that are reasonable and prudent,
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue to operate

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006 They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities

The Trustees' are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website

RISK

The Trustees and executive management are continually reviewing risk under the following headings Governance, Operational and Financial

A risk register records any matters that come to the attention of the Trust together with a record of action taken to mitigate any risk, and all these risks are reported at each board meeting

GOING CONCERN

Accounting standards require the Trustees to consider the appropriateness of the going concern basis when preparing the financial statements The Trustees confirm that they consider that the going concern basis remains appropriate The Trustees have taken notice of the Financial Reporting Council guidance 'Going Concern and Liquidity Risk Guidance for Directors of UK Companies 2009', which requires the reasons for this decision to be explained The Trustees regard the going concern basis as remaining appropriate as the company has adequate resources to continue in operational existence for the foreseeable future There are considerable cash reserves and at the present time the Charity's general reserves amount to £5,221,627 (2010 £4,852,983) and remain as the previous year in excess of 10 months running costs

DISCLOSURE OF INFORMATION TO AUDITORS

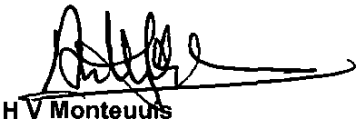
Insofar as each of the Trustees of the charity at the date of approval of this report is aware there is no relevant audit information (information needed by the company's auditors in connection with preparing the audit report) of which the company's auditors are unaware Each Trustee has taken all of the steps that he/she should have taken as a Trustee in order to make himself/herself aware of any relevant audit information and to establish that the company's auditors are aware of that information

AUDITORS

The auditors, Crowe Clark Whitehill LLP, will be proposed for reappointment in accordance with section 485 of the Companies Act 2006

In preparing this report, the directors have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006

This report was approved by the board on 8 September 2011 and signed on its behalf



A H V Monteuuis
Chairman

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF KENT, SURREY & SUSSEX AIR AMBULANCE TRUST

We have audited the financial statements of Kent, Surrey and Sussex Air Ambulance Trust for the year ended 31 March 2011 set out on pages 22 to 39

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice)

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purpose of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error This includes an assessment of whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the directors, and the overall presentation of the financial statements

In addition, we read all the financial and non-financial information in the Trustees' Annual Report to identify material inconsistencies with the audited financial statements If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report

Opinion on financial statements

In our opinion the financial statements

- give a true and fair view of the state of the group's and the charitable company's affairs as at 31 March 2011 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended,
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and
- have been prepared in accordance with the requirements of the Companies Act 2006

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES OF KENT, SURREY & SUSSEX AIR AMBULANCE TRUST

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion

- the parent charitable company has not kept adequate accounting records, or
- the parent charitable company financial statements are not in agreement with the accounting records and returns, or
- certain disclosures of trustees' remuneration specified by law are not made, or
- we have not received all the information and explanations we require for our audit

Ian Weekes

8th September 2011

Senior Statutory Auditor

For and on behalf of

Crowe Clark Whitehill LLP

Statutory Auditor

10 Palace Avenue

Maidstone

Kent

ME15 6NF

KENT, SURREY & SUSSEX AIR AMBULANCE TRUST
CONSOLIDATED statement of financial activities
(INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)
YEAR ENDED 31 MARCH 2011

	Notes	General Funds	Restricted Funds	Total Funds 2011	*Total Funds 2010*
		£	£	£	£
Incoming resources					
Donations	2	**863,949**	-	**863,949**	*801,895*
Legacies	2	**1,073,222**	-	**1,073,222**	*830,774*
Investment income	2	**12,802**	-	**12,802**	*17,823*
Other income	2	**384,584**	-	**384,584**	*380,429*
Activities to generate funds					
Fundraising events	2	**1,134,300**	-	**1,134,300**	*1,191,820*
Income from trading subsidiary	2,3	**2,466,451**	-	**2,466,451**	*1,599,364*
Total incoming resources		**5,935,308**	-	**5,935,308**	*4,822,105*
Fundraising and governance costs					
Cost of generating funds					
Fundraising and publicity	4	**691,186**	-	**691,186**	*638,378*
Governance costs	4	**39,147**	-	**39,147**	*34,974*
Cost of sales trading subsidiary	3, 4	**908,444**	-	**908,444**	*621,634*
		1,638,777	-	**1,638,777**	*1,294,986*
Net incoming resources available for charitable application		**4,296,531**	-	**4,296,531**	*3,527,119*
Charitable expenditure					
Operation of HEMS service	4	**4,243,346**	-	**4,243,346**	*4,152,976*
Total resources expended		**5,882,123**	-	**5,882,123**	*5,447,962*
Net income and expenditure for the year		**53,185**	-	**53,185**	*(625,857)*
Unrealised gains/(losses) on investments	7	**315,459**	-	**315,459**	*911,828*
Net movement in funds before and after taxation	12	**368,644**	-	**368,644**	*285,971*
Fund balances brought forward	12	**4,852,983**	**537**	**4,853,520**	*4,567,549*
Fund balances carried forward	12	**5,221,627**	**537**	**5,222,164**	*4,853,520*

The above statement contains all the gains and losses recognised in the current and preceding year

All operations are continuing

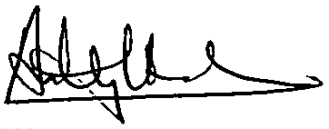
The notes on pages 25 to 39 form part of these financial statements.

KENT, SURREY & SUSSEX AIR AMBULANCE TRUST
CONSOLIDATED BALANCE SHEET
31 MARCH 2011

	Notes	2011 £	2010 £
FIXED ASSETS			
Tangible assets	6	**275,706**	*337,311*
Investments	7	**3,663,726**	*3,348,267*
		3,939,432	*3,685,578*
CURRENT ASSETS			
Stocks	8	**32,413**	*50,959*
Debtors	9	**1,009,044**	*346,651*
Cash at bank and in hand	10	**886,330**	*1,223,143*
		1,927,787	*1,620,753*
CREDITORS: amounts falling due within one year	11	**645,055**	*452,811*
NET CURRENT ASSETS		**1,282,732**	*1,167,942*
NET ASSETS		**5,222,164**	*4,853,520*
RESERVES			
General funds	12	**5,221,627**	*4,852,983*
Restricted funds	12	**537**	*537*
		5,222,164	*4,853,520*

The financial statements have been prepared in accordance with the Special Provisions relating to companies subject to small companies regime within Part 15 of the Companies Act 2006 and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008)

Approved by the Board on 8 September 2011
and signed on its behalf



Trustee

A H V Monteuuis

The notes on pages 25 to 39 form part of these financial statements.

KENT, SURREY & SUSSEX AIR AMBULANCE TRUST
BALANCE SHEET
31 MARCH 2011

	Notes	2011 £	2010 £
FIXED ASSETS			
Tangible assets	6	**275,706**	*337,311*
Investments	7	**3,663,728**	*3,348,269*
		3,939,434	*3,685,580*
CURRENT ASSETS			
Debtors	9	**1,016,270**	*427,820*
Cash at bank and in hand	10	**466,748**	*919,943*
		1,483,018	*1,347,763*
CREDITORS: amounts falling due within one year	11	**200,288**	*179,823*
NET CURRENT ASSETS		**1,282,730**	*1,167,940*
NET ASSETS		**5,222,164**	*4,853,520*
RESERVES			
General funds	12	**5,221,627**	*4,852,983*
Restricted funds	12	**537**	*537*
		5,222,164	*4,853,520*

The financial statements have been prepared in accordance with the Special Provisions relating to companies subject to small companies regime within Part 15 of the Companies Act 2006 and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008)

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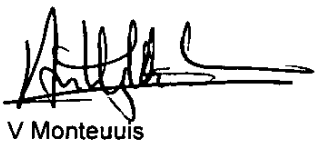

Trustee

A H V Monteuuis

The notes on pages 25 to 39 form part of these financial statements.

1. ACCOUNTING POLICIES

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Group's financial status

a) Basis of preparation

The financial statements have been prepared under the historical cost convention, with the exception of investments which are included at market value The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP), "Accounting and Reporting for Charities" published in March 2005 and the Financial Reporting Standard for Smaller Entities (effective April 2008)

Accounting standards require the Trustees to consider the appropriateness of the going concern basis when preparing the financial statements The Trustees have taken notice of the Financial Reporting Council guidance 'Going Concern and Liquidity Risk Guidance for Directors of UK Companies 2009', which requires the reasons for this decision to be explained The Trustees regard the going concern basis as remaining appropriate as the company has adequate resources to continue in operational existence for the foreseeable future Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements

b) Basis of consolidation

The Group is exempt from the requirement of Financial Reporting Standard 1 (revised) to prepare a cash flow statement as it qualifies as a small group

The Statement of Financial Activities (SOFA) and Balance Sheet consolidate the financial statements of the charity and its subsidiary undertaking, Air Ambulance Promotions Limited The results of the subsidiary are consolidated on a line by line basis

In accordance with Section 408 of the Companies Act 2006 and paragraph 304 of the SORP the charity has not presented its statement of financial activities The excess of income over expenditure of the charity was £53,185 (2010 £625,857 - deficit)

c) Related party transactions

The Trustees have taken advantage of the exemption in FRS 8, Paragraph 3(c), and have not disclosed related party transactions with the subsidiary undertaking

d) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes The cost of raising and administering such funds are charged against the specific fund

Investment income and gains are allocated to the appropriate fund The aim and use of each restricted fund is set out in note 12

e) Incoming resources

All incoming resources are included in the SOFA when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy For legacies, entitlement is the earlier of the charity being notified of an impending distribution or the legacy being received

Gifts donated for resale are included as income when they are sold Donated facilities are included at the value to the charity where this can be quantified and a third party is bearing the cost A corresponding charge is made to the relevant overhead account No amounts are included in the financial statements for services donated by volunteers

1. ACCOUNTING POLICIES (CONTINUED)

f) Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category Where costs are not directly attributed to particular headings, they have been allocated to activities on a basis consistent with the use of the resources

Fund raising and publicity costs are those incurred in seeking voluntary contributions and do not include the cost of disseminating information in support of the charitable activities Governance costs are those costs incurred directly with expenditure related to charity compliance and statutory requirements Charitable expenditure is that expenditure directly in connection with the objects of the charity and includes management and support costs

g) Tangible fixed assets and depreciation

Tangible fixed assets are capitalised and included at cost including any incidental expenses of acquisition Depreciation is provided on all tangible fixed assets at annual rates calculated to write off the cost, less estimated residual value, of each asset evenly over its anticipated useful life, as follows -

Leasehold improvements	10% straight line over the lease term
Plant and equipment	10% on cost
Office equipment	20% on cost
Computer equipment	25% on cost
Helicopter equipment	20% on cost
Motor vehicles	25% on cost

h) Investments

Investments are stated at market value at the balance sheet date The SOFA includes the net gains and losses arising on revaluations and disposals throughout the year

i) Stock

Stock consists of purchased goods for resale Stocks are valued at the lower of cost and net realisable value Items donated for resale or distribution are not included in the financial statements unless they are sold or distributed

j) Value added tax

Irrecoverable value added tax is included within the expenditure to which it relates

k) Operating leases

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred Details of operating lease commitments are as shown in note 13

l) Pensions

The charity operates a defined contribution pension scheme for its employees Contributions to this scheme are charged to resources expended as they fall due The charity has no potential liability other than the payment of these contributions

m) Corporation Tax

No provision has been made for corporation tax as the charity is able to claim full statutory exemption subject to the proper application of all its charitable reserves

n) Liabilities

Liabilities are recognised when the charity has an obligation to make payment to a third party

2. INCOMING RESOURCES

A segmental analysis of general funds has been provided

	General				Restricted		2011	2010
	Kent	Surrey	Sussex	Total	Equipment Fund	Total	Funds	Funds
	£	£	£	£	£	£	£	£
Donations								
Donations (not arising from events)	410,646	119,062	140,119	669,827	-	-	669,827	616,017
Collection Boxes	94,987	8,236	12,250	115,473	-	-	115,473	103,647
Payroll Giving	48,626	464	1,647	50,737	-	-	50,737	54,806
Waiver on rent	22,912	2,000	3,000	27,912	-	-	27,912	27,425
	577,171	129,762	157,016	863,949	-	-	863,949	801,895
Legacies								
Legacies	784,450	16,667	94,911	896,028	-	-	896,028	656,602
In Memoriam	147,861	11,918	17,415	177,194	-	-	177,194	174,172
	932,311	28,585	112,326	1,073,222	-	-	1,073,222	830,774
Investment Income								
Bank deposit interest	9,485	-	-	9,485	-	-	9,485	14,836
Dividends	-	387	-	387	-	-	387	369
	9,485	387	-	9,872	-	-	9,872	15,205
Bank deposit interest - Trading subsidiary	2,930	-	-	2,930	-	-	2,930	2,618
	12,415	387	-	12,802	-	-	12,802	17,823
Other Income								
Donated services - cars loaned by sponsor	3,164	4,873	7,547	15,584	-	-	15,584	10,103
Donated services – paramedics funded by Ambulance Trust	184,500	73,800	110,700	369,000	-	-	369,000	369,000
Profit on disposal of fixed assets	-	-	-	-	-	-	-	1,326
	187,664	78,673	118,247	384,584	-	-	384,584	380,429
Fundraising events Group fundraising and events	697,017	215,197	222,086	1,134,300	-	-	1,134,300	1,191,820
Income from Trading Subsidiary	1,581,018	243,081	642,352	2,466,451	-	-	2,466,451	1,599,364
TOTAL INCOME	3,987,596	695,685	1,252,027	5,935,308	-	-	5,935,308	4,822,105

3 NET INCOME FROM TRADING ACTIVITIES OF SUBSIDIARY

The charity has one trading subsidiary that is incorporated in the UK, Air Ambulance Promotions Limited A summary of its trading results is shown below

	2011 £	2010 £
Turnover	**2,466,451**	*1,599,365*
Cost of sales	**908,444**	*621,634*
Gross profit	**1,558,007**	*977,731*
Interest receivable	**2,930**	*2,618*
	1,560,937	*980,349*
Less overheads		
Administrative expenses	**106,808**	*55,750*
Consolidated income from subsidiary	**1,454,129**	*924,599*
Paid to KSSAAT - Lottery donations	**1,264,578**	*726,619*
Paid to KSSAAT - Management charge	**98,696**	*91,678*
Profit for the year Gift Aided to Trust	**90,855**	*106,302*
Consolidated income paid to parent	**1,454,129**	*924,599*

The amount paid to the Trust in respect of lottery donations has been allocated to Kent, Surrey and Sussex segments in proportion to the number of playing members in each county The gift aided profit has been allocated according to the actual profit from sales of merchandise and cards in each county

4. ANALYSIS OF TOTAL RESOURCES EXPENDED

	General				Restricted Equipment		2011	2010
	Kent	Surrey	Sussex	Total	Fund	Total	Funds	Funds
Fundraising and Publicity	£	£	£	£	£	£	£	£
Staff costs	214,526	85,020	146,240	445,786	-	-	445,786	400,734
Consultancy fees	500	200	300	1,000	-	-	1,000	1,000
Advertising, promotion and publicity	71,303	40,482	39,291	151,076	-	-	151,076	143,600
Other costs	63,210	15,177	14,937	93,324	-	-	93,324	93,044
	349,539	140,879	200,768	691,186	-	-	691,186	638,378
Governance costs								
Audit	6,900	2,760	4,140	13,800	-	-	13,800	12,500
Other	12,675	5,069	7,603	25,347	-	-	25,347	22,474
	19,575	7,829	11,743	39,147	-	-	39,147	34,974
Cost of sales of trading subsidiary	885,488	9,713	13,243	908,444	-	-	908,444	621,634
Direct Charitable expenditure								
Air Ambulance running costs	1,151,576	460,658	690,986	2,303,220	-	-	2,303,220	2,297,644
Paramedics costs	184,500	73,800	110,700	369,000	-	-	369,000	369,000
Clinical Managers	67,228	26,892	40,337	134,457	-	-	134,457	107,211
Doctors on board	219,331	101,772	152,658	473,761	-	-	473,761	459,582
Operational employees	59,133	23,591	35,387	118,111	-	-	118,111	110,481
Dep'n of helicopter equipment	29,992	7,000	10,501	47,493	-	-	47,493	50,428
	1,711,760	693,713	1,040,569	3,446,042	-	-	3,446,042	3,394,346
Management and Administration								
Staff costs	188,496	58,591	95,466	342,553	-	-	342,553	352,754
Professional fees	6,055	1,732	2,181	9,968	-	-	9,968	9,230
Other costs	69,848	12,763	19,309	101,920	-	-	101,920	99,285
Administration expenses of trading subsidiary	103,428	1,300	2,080	106,808	-	-	106,808	55,749
	367,827	74,386	119,036	561,249	-	-	561,249	517,018
Support costs and depreciation								
Property expenses	88,764	35,054	52,578	176,396	-	-	176,396	155,211
Depreciation	41,545	7,246	10,868	59,659	-	-	59,659	86,401
	130,309	42,300	63,446	236,055	-	-	236,055	241,612
Total Charitable expenditure	2,209,896	810,399	1,223,051	4,243,346	-	-	4,243,346	4,178,355
TOTAL EXPENDITURE	3,464,498	968,820	1,448,805	5,882,123	-	-	5,882,123	5,447,962

5 TOTAL RESOURCES EXPENDED

Total resources expended is stated after charging		2011	2010
		£	£
Auditors' remuneration	- as auditors	12,800	11,500
	- for taxation services	500	500
	- for professional advice provided	500	500
Operating leases	- land and buildings	119,266	110,664
	- helicopter (standing charges)	1,065,972	1,037,752
Depreciation		107,151	136,289

Staff costs (excluding temporary staff)	2011	2010
	£	£
Wages and salaries	875,343	802,539
Social security costs	89,485	81,998
Pension costs	28,352	24,464
	993,180	909,001

The average number of employees, excluding Trustees, analysed by function was -

	No	No
Management and administration	11	11
Fundraising and publicity	16	13
Direct charitable expenditure	5	4
	32	28

No employee earned more than £60,000 during the year (2010 one employee earned between £70,000 and £80,000)

Included within Direct Expenditure is the cost of staff not directly employed by the Trust This mainly relates to the cost of doctors on board the helicopters who are employed directly by the NHS and were subsequently recharged to the Trust Since November 2009, our Medical Director has been officially employed by our colleagues in Essex who then recharge 50% of his salary costs to the Trust in recognition of his shared time between the two organisations A total amount of £494,643 (2010 £482,080) was invoiced by Barts and The London NHS Trust and the Essex & Herts Air Ambulance Trust

6. TANGIBLE FIXED ASSETS

GROUP AND CHARITY	Leasehold improvements £	Helicopter equipment (incl plant) £	Motor vehicles £	Computer equipment £	Office equipment £	Total £
Cost						
At 1 April 2010	398,054	351,965	73,045	89,676	189,536	1,102,276
Additions	6,445	9,600	21,390	6,350	1,761	45,546
Disposals	-	-	-	-	-	-
At 31 March 2011	404,499	361,565	94,435	96,026	191,297	1,147,822
Depreciation						
At 1 April 2010	253,223	236,457	65,774	66,139	143,372	764,965
Disposals	-	-	-	-	-	-
Charge for the year	19,220	47,493	5,422	14,727	20,289	107,151
At 31 March 2011	272,443	283,950	71,196	80,866	163,661	872,116
Net book values at 31 March 2011	**132,056**	**77,615**	**23,239**	**15,160**	**27,636**	**275,706**
At 31 March 2010	*144,831*	*115,508*	*7,271*	*23,537*	*46,164*	*337,311*

7 FIXED ASSET INVESTMENTS

GROUP	Listed Investments £
Market value	
At 1 April 2010	3,348,267
Purchases in year (including scrip dividends)	-
Donated shares in year	-
Increase in valuation	315,459
At 31 March 2011	**3,663,726**
At 31 March 2010	*3,348,267*

Listed investments comprises the following

	Cost £	Market Value £
Sarasin Chiswell		
Alpha CIF for Endowments (accumulation units)	**2,935,000**	**3,656,917**
Standard Life Share Account	**6,317**	**6,436**
Lloyds Banking Group Shares	**136**	**373**
	2,941,453	**3,663,726**

7. FIXED ASSET INVESTMENTS (CONTINUED)

CHARITY	Shares in subsidiary company £	Restricted listed investments £	Total £
Market value			
At 1 April 2010	2	3,348,267	3,348,269
Purchases in year (including scrip dividends)	-	-	-
Donated shares in year	-	-	-
Increase in valuation	-	315,459	315,459
At 31 March 2011	**2**	**3,663,726**	**3,663,728**
At 31 March 2010	*2*	*3,348,267*	*3,348,269*

Listed investments comprises the following

	Cost £	Market Value £
Sarasin Chiswell		
Alpha CIF for Endowments (accumulation units)	**2,935,000**	**3,656,917**
Standard Life Share Account	**6,317**	**6,436**
Lloyds Banking Group Shares	**136**	**373**
	2,941,453	**3,663,726**

	2011 £	*2010 £*
Movement on investments		
Market value at the beginning of year	**3,348,269**	*2,436,053*
Purchases in year	**-**	*136*
Donated shares in year	**-**	*252*
	3,348,269	*2,436,441*
Market value at end of year	**3,663,728**	*3,348,269*
Increase in value	**315,459**	*911,828*

7 FIXED ASSET INVESTMENTS (CONTINUED)

SUBSIDIARY BALANCE SHEET

The assets and liabilities of the subsidiary were	2011 £	2010 £
Current assets		
Stock	**32,413**	*50,959*
Debtors	**199,554**	*110,114*
Cash at bank	**419,583**	*303,200*
	651,550	*464,273*
Creditors: amounts falling due within one year	**(651,548)**	*(464,271)*
	2	*2*
Representing:		
Called up share capital	**2**	*2*
Profit and loss account	**-**	*-*
	2	*2*

Creditors includes the current account balance with Air Ambulance Promotions Limited totalling £206,782 (2010 £191,284) as detailed in note 9 This amount includes profits gift aided to the charity of £90,855 (2010 £106,302) All loans and monies due by Air Ambulance Promotions Limited to the charity are secured by a first floating charge created on 30 March 1994 on the subsidiary company's assets

8. STOCKS

	Charity		Group	
	2011 £	2010 £	2011 £	2010 £
Goods for resale at cost	**-**	*-*	**32,413**	*50,959*

9. DEBTORS

	Charity		Group	
	2011 £	2010 £	2011 £	2010 £
Trade debtors	**-**	*-*	**932**	*594*
Current account with subsidiary	**206,782**	*191,284*	**-**	*-*
Other debtors	**719,105**	*197,713*	**719,859**	*307,234*
Prepayments and accrued income	**90,383**	*38,823*	**288,253**	*38,823*
	1,016,270	*427,820*	**1,009,044**	*346,651*

The current account with subsidiary balance of £206,782 includes £90,855 of gift aided profits that were paid to the Trust on 29 June 2011

10. CASH AT BANK AND IN HAND

	Charity		Group	
	2011	2010	2011	2010
	£	£	£	£
Investment deposit accounts	152,914	200,938	152,914	400,938
Other bank accounts	313,134	718,362	732,096	820,942
Petty cash	700	643	1,320	1,263
	466,748	919,943	886,330	1,223,143

11 CREDITORS amounts falling due within one year

	Charity		Group	
	2011	2010	2011	2010
	£	£	£	£
Trade creditors	135,485	111,897	156,083	123,245
Other taxation and social security	28,840	30,028	40,752	32,251
Accruals and deferred income	35,963	37,898	448,220	297,315
	200,288	179,823	645,055	452,811

Included in accruals are outstanding pension contributions of £4,245 (2010 £2,138)

12. ANALYSIS OF FUNDS

Movements in Funds

	General Funds				Restricted Funds			
Group	**Kent** £	**Surrey** £	**Sussex** £	**Total** £	**Equipment Fund** £	**Emergency Fuel Fund** £	**Total** £	**Total Funds** £
Balance at 1 April 2010	7,238,257	(892,446)	(1,492,828)	4,852,983	37	500	537	4,853,520
Total income	3,987,596	695,685	1,252,027	5,935,308	-	-	-	5,935,308
Total expenditure	(3,464,498)	(968,820)	(1,448,805)	(5,882,123)	-	-	-	(5,882,123)
Gains on investments	315,257	202	-	315,459	-	-	-	315,459
Balance at 31 March 2011	8,076,612	(1,165,379)	(1,689,606)	5,221,627	37	500	537	5,222,164

	General Funds				Restricted Funds			
Charity	**Kent** £	**Surrey** £	**Sussex** £	**Total** £	**Equipment Fund** £	**Emergency Fuel Fund** £	**Total** £	**Total Funds** £
Balance at 1 April 2010	7,238,257	(892,446)	(1,492,828)	4,852,983	37	500	537	4,853,520
Total income	3,987,596	695,685	1,252,027	5,935,308	-	-	-	5,935,308
Total expenditure	(3,464,498)	(968,820)	(1,448,805)	(5,882,123)	-	-	-	(5,882,123)
Gains on investments	315,257	202	-	315,459	-	-	-	315,459
Balance at 31 March 2011	8,076,612	(1,165,379)	(1,689,606)	5,221,627	37	500	537	5,222,164

12. ANALYSIS OF FUNDS (CONTINUED)

General Funds

General funds represent funds available to meet the objective of the Trust

The Trustees have produced a segmental analysis of the funds resourced for each county to illustrate that while the charity's activities encompass all three counties, the contribution of each county to its Air Ambulance should also be shown individually

Following the opening of a full service at Dunsfold in 2007 to specifically cover Surrey and Sussex, the segments for both these counties are in deficit at the end of this period The Trustees' were aware that both counties would be reliant on loans from the Kent fund in these initial stages of the new operation There is a robust budget and forecast (based on the performance of all other Air Ambulance start-ups), which indicates that this service should move into surplus and be in a position to begin reimbursement of Kent

Restricted Funds

Restricted funds represent funds held for the provision of emergency equipment for use in Kent, Surrey and Sussex

12. ANALYSIS OF FUNDS (CONTINUED)

Analysis of Assets Between Funds

	General Funds				Restricted Funds			
Group	**Kent** £	**Surrey** £	**Sussex** £	**Total** £	**Equipment Fund** £	**Emergency Fuel Fund** £	**Total** £	**Total Funds** £
Tangible fixed assets	211,788	25,567	38,351	275,706	-	-	-	275,706
Investments	3,657,290	6,436	-	3,663,726	-	-	-	3,663,726
Cash	3,823,973	(1,198,625)	(1,739,553)	885,795	35	500	535	886,330
Other assets and liabilities	383,559	1,244	11,597	396,400	2	-	2	396,402
Balance at 31 March 2011	8,076,610	(1,165,378)	(1,689,605)	5,221,627	37	500	537	5,222,164

	General Funds				Restricted Funds			
Charity	**Kent** £	**Surrey** £	**Sussex** £	**Total** £	**Equipment Fund** £	**Emergency Fuel Fund** £	**Total** £	**Total Funds** £
Tangible fixed assets	211,788	25,567	38,351	275,706	-	-	-	275,706
Investments	3,657,290	6,436	-	3,663,726	2	-	2	3,663,728
Cash	3,404,022	(1,198,458)	(1,739,351)	466,213	35	500	535	466,748
Other assets and liabilities	803,510	1,077	11,395	815,982	-	-	-	815,982
Balance at 31 March 2011	8,076,610	(1,165,378)	(1,689,605)	5,221,627	37	500	537	5,222,164

13. OPERATING LEASE COMMITMENTS

At the balance sheet date, the company's annual commitments under operating leases to pay rentals during the next year were as follows

	Land and buildings* £	Helicopters £
Operating leases which expire.		
- less than 5 years Dunsfold unit	60,000	
Helicopters		1,632,365
- more than 5 years Marden unit	55,800	
	115,800	1,632,365
Expiry date Dunsfold unit	03 August 2012	
Marden unit	19 September 2029	
Helicopters		20 April 2014
Length of unexpired leases at 31 March 2011		
Dunsfold unit	1 33 years	
Marden unit	18 47 years	
Helicopters		3 05 years

* The landlords have indicated their willingness to waive annual rent amounting to £22,912

14 CAPITAL COMMITMENTS

At 31 March 2011 the charitable company had capital commitments of £11,041 (2010 £nil)

	2011 £	*2010* £
Server upgrade project	11,041	-
	11,041	-

15. RELATED PARTY TRANSACTIONS

The following related party transactions took place in the year

£3,049 (2010 £nil) was paid to Gullands Solicitors, of which Richard Cripps is a Partner, for legal advice

The above transactions were at no more than the market rate for the service provided

Amounts paid to Trustees

No amounts were paid to Trustees during the year (2010 £20,000)

Trustee expenses

No expenses were paid to Trustees during the year (2010 £364)

Included in Management and Administration costs is the cost of Trustees' Liability Insurance (including professional indemnity cover) amounting to £3,791 (2010 £2,765)

The Trustees have taken advantage of the exemption in FRS 8, paragraph 3(c), and have not disclosed related party transactions with the subsidiary undertaking

GLOSSARY OF TERMS

A & E	Accident and Emergency
BSUH	Brighton and Sussex University Hospitals
CAA	Civil Aviation Authority
ECT	Enhanced Care Team – comprising at least a Registrar-level doctor and Critical Care Paramedic/Paramedic plus appropriate equipment
HEMS	Helicopter Emergency Medical Service
ISS	Injury Severity Score
IV	Intravenous
MTC	Major Trauma Centre
NAO	National Audit Office
SECAmb	South East Coast Ambulance Service
Tasking	the action of deciding the most appropriate way to respond to a patients needs after a call to the Scottish Ambulance Service
Triage	the process of prioritising an appropriate response to the needs of each patient
TARN	Trauma Audit and Reporting Network

What is trauma?

Trauma includes less serious injuries such as a fractured hip, minor head injury, fractured ankle

Major trauma is serious injury and generally includes such injuries as

- traumatic injury requiring amputation of a limb
- severe knife and gunshot wounds
- major head injury
- multiple injuries to different parts of the body e g chest and abdominal injury with a fractured pelvis
- spinal injury
- severe burns

What is a trauma system?

A trauma system includes all elements of a healthcare system involved in the treatment of injured patients This ensures all patients are taken to the location best equipped to deal with their injury A trauma system is concerned with injury prevention right through to trauma rehabilitation Ambulance services use agreed protocols to assess patient's injuries and take them to the most suitable hospital for their injury Rehabilitation services are provided in the major trauma centre, in the trauma units or in specialised rehabilitation centres such as those for head injured patients

What is a major trauma centre?

A major trauma centre contains a consultant delivered service for seriously injured patients 24 hours a day, seven days a week It provides rapid access to diagnostics such as CT scanner as well as operating theatres It houses all the specialties required to treat serious injuries on site such as neurosurgery, orthopedics and plastic surgery