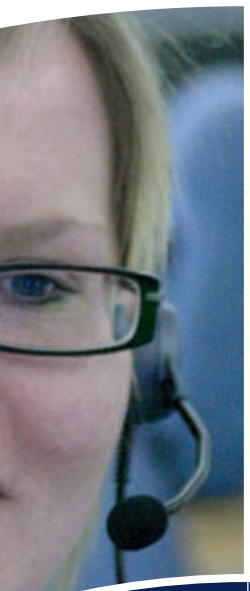
East of England Ambulance Service NHS Trust

Annual report **2007/08**



East of England Ambulance Service NHS Trust

Annual report **2007/08**

Introduction

Welcome to our annual report, which covers the first full year of operations since we became the East of England Ambulance Service NHS Trust.

Here we will look back at our key achievements of 2007/08 and preview what's in store for the coming months.

This report covers all of our activities and includes all relevant statutory information.

Mission statement

Our vision is to be the recognised leader in out of hospital emergency and urgent care.

Contents

At a glance 2
Chair's report 3
Joint statement by the Chair & Chief Executive 4
Chief Executive's report 5
Trust Board 6
Overview of the Trust 7
Emergency operational performance 8
Production 8
Distribution 9
Resilience 10
Clinical excellence 11
Clinical audit 13
Non emergency services 15
Primary care 17
Your ambulance professionals 18
Patient & public involvement 20
Air ambulances 21
Risk & governance 22
Environmental responsibility 22
Health & safety 23
Capacity Management System 24
Thames Management 24
ESSA 25
Remunerations reports 26
Finance and summary financial statements 29
Our area 34

Special thanks to the Lynn News for allowing us to use some of their photographs in this annual report

At a glance

- 5.38 million people (census 2001)
- 7,500 square miles
- 14 primary care trusts (PCTs)
- 17 acute trusts
- 1 strategic health authority

In 2007/08 the ambulance services in the six counties covered undertook:

- 543,076 emergency calls
- More than 1.4 million non emergency patient journeys

Our resources include:

- 273 frontline ambulances
- 216 marked response cars
- 237 non emergency ambulances
- 25 major incident vehicles and decontamination equipment, plus mobile control rooms
- 110 ambulance stations and response posts
- 3 health and emergency operations centres (control rooms)

We employ 3,800 people as of March 2008.

In addition to emergency and non emergency ambulance provision, we provide GP out of hours care in Norfolk and parts of Essex.

Chair's report

The East of England Ambulance Service NHS Trust has been in existence for only 21 months and, as such, is still a "new-kid-on-the-block". As a newly-merged organisation it is still early days and the opportunities and challenges presented by being one of the few regional provider trusts within the NHS are still being discovered. We are the second largest regional ambulance service in England and, perhaps uniquely, our area includes a huge range of rural, semi-rural, coastal and urban areas.

As you can see from the At a glance section, we work with a large number of primary care trusts and acute trusts and respond to more than 500,000 emergency calls each year, on top of more than 1.4 million non emergency patient journeys. Via these and our primary care services, we care for about a third of our region's population.

Our estates include 110 ambulance stations and response posts, three health and emergency operations centres (controls) spread across the whole eastern region of England. This is the scale of our Trust.

Although a new Board, we have already seen changes in the past year. We have welcomed a new non-executive director, Phillip Barlow, who brings with him a wealth of local government, private sector and previous NHS Trust Board experience.

Our executive team has experienced major change, with our original Chief Executive, Dr Chris Carney, taking early retirement during the year because of a long-standing back problem. We wish him well for the future.

We have been very fortunate to recruit a new Chief Executive of the calibre of Hayden Newton, who brings a rare combination of a wealth of both ambulance service and NHS policy experience to our Trust – crucial skills and experiences in what is a very exciting time within the development of ambulance services.

Anna Bennett, our original Director of Finance and Information Management & Technology, also left the Trust in November and we have appointed a very experienced Interim Director of Finance, John Brebner, to hold the reins during our recruitment process.

It has been an incredibly busy year overall. The Trust produced its first strategic direction document (2007 – 2012), a clear statement of our ambition to be a leader in out of hospital emergency and urgent care. The Government's challenging new response performance target for ambulance services – Call Connect – was introduced during the year. This is an initiative which effectively improves response times for all ambulance services. It has required considerable investment in staff numbers, new control systems and additional vehicles and will result in important improvement in the service we

provide to our patients. Last year also saw the long-awaited confirmation that ambulance trusts could finally work towards achieving foundation trust (FT) status. As with many other ambulance services, work has already started to prepare ourselves for the long and challenging journey ahead. The rigour and new opportunities afforded by FT status will be much welcomed, and the considerable focus, resources and commitment required to achieve this is not underestimated by our Board.

We are mindful of our obligations to ensure a culture and practices which promote equality and diversity both in terms of our own workforce and in the delivery of patient care.

Board members have been active in many areas this year and in particular have focused on ensuring that the organisation meets its financial and operational targets in a challenging environment. They were involved in the early stages of the issues and have continued to monitor progress. I am very proud to report that despite these many challenges, new opportunities and service changes, our Trust has achieved key financial targets and the crucial category A response performance target for 2007/08.

I must pay tribute to the hard work of our 4,000 strong staff team and more than 2,000 volunteer Community First Responders and drivers in achieving this. Our success is attributable to them.

They continue to remain committed to the high ideals and targets facing ambulance trusts in today's world, despite the increased pressures of continually increasing service demands, the usual season service pressures and the many structural and cultural changes that are taking place around them. I truly thank them.

Maria Ball

Joint statement by the Chair and Chief Executive

In May 2007 an Interim Chief Executive was appointed. During his initial months he and the Board identified that there was a breakdown in financial controls creating uncertainty in the Trust's in-year financial reporting. This situation was regarded as potentially serious by the Trust Board, and immediate and robust action was taken by the organisation to instigate an internal turnaround programme. For example, this included:

- The Trust significantly increasing expertise in its finance department and substantially reducing the financial uncertainty.
- The Trust immediately began developing planned and managed cost improvement programmes using tried and tested internal turnaround methodology.
- The appointment of an interim Director of Finance with a track record of working in organisations in internal turnaround.
- The appointment of an experienced interim turnaround Director to support the Trust. This lead to the Trust establishing a Cost Reduction Structure that comprised of a Project Board. The Project Board was chaired by a Non Executive Director, and members include the Chair of the Trust, Chair of the Audit Committee, Interim Chief Executive and Interim Director of Finance.

The outcome of the work of the Project Board and internal turnaround team was that the Trust achieved all of its statutory financial targets while at the same time delivering all but one of its key operational performance standards. Through joint working with commissioners the Trust secured an additional 10% investment in front line accident and emergency services along with agreement to jointly commission a review of the Accident and Emergency service to ensure consistency around the delivery of the Call Connect target.

> "Undoubtedly 2007/08 was a huge challenge but it has provided invaluable experience"

A number of fundamental system and process changes were carried out within the financial function to ensure robust financial controls are in place together with long term financial planning, improved budgetary control and key staffing changes

Undoubtedly 2007/08 was a huge challenge but it has provided invaluable experience and information regarding how services and internal processes can be improved which will help the Trust continue its work to provide high quality, cost effective services to patients. Following the internal turnaround programme there were a number of new financial systems that have been introduced and these will assist the organisation in moving forward in a stronger financial position. This year's financial challenges will require the Trust to concentrate on ensuring that the organisation delivers all of its key targets, which include financial balance along with a very ambitious cost improvement programme, in early preparation to be a foundation trust. The work undertaken and processes established in 2007/08 provide an important platform and invaluable experience that will help the Trust in its application to be a foundation trust.

> My thanks go to our staff, who have worked tirelessly to provide an excellent service to our patients under, at times, difficult circumstances.

Chief Executive's report

It is my pleasure as your newly-appointed Chief Executive to write this section of our Annual Report 2007/08. First, I would like to place on record my personal thanks to my predecessor Dr Chris Carney, who retired from the Trust in January 2008. It is obvious to me that Chris worked tirelessly to bring this organisation together and, because of his leadership, we have become one of the leading clinical organisations throughout the UK in emergency and urgent care.

During this year we developed our strategic direction document, Making the Connections, the purpose of which is to tell our key stakeholders how we intend to deliver high quality and efficient services across the east of England over the next five years. A copy of this document can be found on our web site at www.eastamb.nhs.uk.

It was a truly challenging year, an unplanned financial issue required very robust and rigorous measures to be introduced which also involved bringing in interim specialist support to the Trust. As a consequence of the action taken by the Trust we achieved break even. For 2008/09 a number of these measures will remain in place to ensure that the Trust continues to meet its financial and performance objectives.

This year presented the Trust with a number of financial and operational challenges which have taken considerable time and effort to resolve. However, I am delighted to report that we have achieved all of our statutory financial targets and the majority of our clinical performance standards for the 999 service.

Looking forward, the organisation will go from strength to strength, with an additional investment of £13.5 million from our commissioners to further improve front-line ambulance services throughout the region. This money will be used to introduce 155 new ambulances and an additional 18 single-crewed response vehicles, plus many more operational paramedics, call-takers and dispatchers in our three 999 control centres. These additional resources will be deployed as part of our plan to meet the new response performance standards, known as Call Connect, where our response time clock starts as soon as the 999 call is connected to our control centre. Previously, it would not have started until we knew the patient's location and condition – a process which typically took between 60 and 90 seconds. The new standards are the most rigorous in the world.

The Trust Board also recognises that there remains much work to do around completing the merger which created the service in 2006 from the three former services covering Essex, East Anglia and Bedfordshire and Hertfordshire. We are working through this as quickly as possible to maximise the benefits of being a large regional organisation without losing the focus on delivery of excellent high quality, cost effective local services.

We are fully committed to the equality and diversity agenda, and have established a single equality scheme, a process of equality impact assessments and a clear structure for equality and diversity and human rights, which will be mainstreamed into all that we do.

My thanks go to our staff, who have worked tirelessly to provide an excellent service to our patients under, at times, difficult circumstances. Also a big thank you to our commissioners, who have worked closely with us to ensure that we continue to provide the best possible service to the public in the east of England – a service to be proud of.

Hayden Newton

1

2

3

4

5

6

7

8

Trust Board

The Trust Board meets bi-monthly throughout the year in open session at various venues throughout the east of England to enable members of the public to attend.

Members of the Patient and Public Involvement Forum, who represent patients' interests, have been guests to these public meetings and made a valuable contribution to the discussions pertaining to Trust business.

The Chief Executive and Executive Directors are permanent positions appointed following open competition.

The Chair and Non-Executive Directors are appointed by the Secretary of State for four-year fixed terms. Non-Executive Directors' pay is determined nationally by the Secretary of State for Health.

1 **Maria Ball** - Chair
2 **Dr Chris Carney** - Chief Executive *(retired January 7, 2008)*
3 **Hayden Newton** – Chief Executive § *(interim from May 2007, appointed substantively February 2008)*
4 **Oskan Edwardson** - Director of Operations §
5 **Seamus Elliott** – Director of Human Resources & Organisational Development §
6 **Anna Bennett** – Director of Finance/Deputy Chief Executive § *(left the Trust November 2007)*
7 **John Brebner** – Interim Director of Finance *(joined the Trust November 2007)*
8 **Dr John Scott** – Medical Director §

9

Non-Executive Directors are as follows:

9 **Paula Grayson** # and §
10 **Paul Remington** #
11 **Jagtar Singh** §
12 **Caroline Bailes** #
13 **Philip Barlow** (Joined Aug 1, 2007) §

\# Member Audit Committee
§ Member of the Integrated Governance Committee

10

11

12

13

Audit Committee

The Audit Committee plays a crucial role in providing assurance for the Board regarding the Trust's governance arrangements. The Audit Committee is comprised of three Non-Executive Directors: Paul Remington (Chair) Paula Grayson and Caroline Bailes.

Integrated Governance Committee

This is another important committee which provides assurance to the Audit Committee and also directly to the Board. It reviews and monitors the Trust's risk assessment and risk management plans and Integrated Governance arrangements. It is comprised of three Non-Executive Directors: Paula Grayson (Chair), Philip Barlow and Jagtar Singh and four Executive Directors.

> “Patient care is our main priority and we have developed a strong clinical focus.”

Overview of the Trust

This annual report has been prepared in accordance with Reporting Standard 1 (RS1).

The Operating and Financial Overview of the Trust has been prepared in accordance with the NHS Trusts Manual for Accounts for 2007/08, as directed by the Secretary of State.

We are committed to engaging with local organisations and stakeholders regarding the way in which the services we provide should be developed in the future to meet changing needs, use new skills and technology and support the implementation of local plans.

Patient care is our main priority and we have developed a strong clinical focus. We have pioneered many other services, alongside our essential 999 emergency service, and built considerable expertise in primary care out-of-hours (OOH) services, providing high quality services for nearly a third of the region's population.

To meet the demands of treating more patients closer to their homes, we want to use the skills and abilities of our staff to offer a wider range of services to play a greater role in out of hospital emergency and urgent care across the region.

This includes developing our call handling and triaging expertise and our higher level clinical roles.

We were the first trust to give emergency care practitioners (ECPs), paramedics and nurses extended university training in diagnostics and pharmacology, enabling them to treat more patients in their homes than ever before.

These professionals are now leading in areas such as admission avoidance and are integral to operating minor injury units, walk-in centres and will have a role to play in the proposed polyclinics.

We are also keen to develop our non emergency services in terms of being able to do new practices which support proposed new models for service delivery and care pathways.

National context

Ambulance trusts nationally have been given approval to begin the process of applying for foundation trust (FT) status.

The status of FTs and the monitoring arrangements that apply to them are quite different to NHS trusts, with responsibility for performance management taken over by Monitor, the independent regulator for NHS FTs, rather than the Department of Health.

Preparation for FT status is now under way in earnest and, because of the reduction in the number of ambulance trusts in England since the mergers in 2006, partnership working is flourishing in a number of areas.

Payment by results does not currently apply to ambulance trusts but is likely to in the future.

Local context

We receive, via contracts, the majority of our income from the PCTs in the region.

For 2008/09 we have received significant additional investment to help with a number of projects, including:

- Vehicles and staff for Call Connect
- Hazardous Area Response Teams
- Changes to acute services in Hertfordshire
- Fourteen new major incident vehicles
- Paramedics to work on the Anglia 2 air ambulance

We are keen to continue to develop relationships with all local stakeholders, from both within and outside the NHS, including the soon to be set up Local Involvement Networks (LINks).

This is essential for us to respond to local needs and ensure local services work together to achieve the best possible outcomes.

> From April 2008 the time to respond to a call is measured from when the call is connected, which means we will have to respond 60-90 seconds faster.

Emergency operational performance

We successfully achieved the national A&E performance targets for Category A calls in 2007/08.

The different types of call we receive and the relevant targets are:

- Category A calls: Potentially life-threatening calls, 75% of which must be responded to within 8 minutes and 95% within 19 minutes.
- Category B calls: Non-life threatening calls, 95% of which must be responded to within 19 minutes.
- Category C calls: Minor problems, which are sometimes dealt with by giving telephone advice or by sending an ambulance under normal driving conditions. Targets for these are by local agreement with the PCT, but typically we should arrive within 60 minutes of the call where we send an ambulance response.

The targets for 2007/08 were calculated prior to the introduction of the Call Connect clock start changes, effective from April 1, 2008. This means that the figures above right are based on the clock starting from the time we know the patient's exact location and the nature of the problem.

From April 2008 the time to respond to a call is measured from when the call is connected, which means we will have to respond 60-90 seconds faster.

Response statistics 2007/8	
Number of 999 responses	543,077
Category A responses	174,925
Category B responses	252,144
Category C responses	113,121
Category A, 8 minutes	75.09% *(target 75%)*
Category A, 19 minutes	95.73% *(95%)*
Category B, 19 minutes	92.74% *(95%)*
Average response time (Cat A & B)	9 minutes 34 seconds
Above as per KA34 return to Department of Health	

Production

Production provides operational support services to all six localities within the Trust. Departments include fleet/ workshops, scheduling services, make ready functions, medical devices management, operational supply and estate services. Our primary purpose is to ensure the efficient and effective provision of all operational resources in support of each locality's operational service delivery.

Our priorities this year have been to continue to develop the supporting infrastructure and working relationships within all localities to deliver key support services. Our activity has, therefore, been carefully balanced between the need to maintain our day to day business and to further develop our capability and capacity to provide new, integrated and harmonised functions across the Trust.

The production team has initiated and contributed to a number of significant projects this year, which include the following highlights:

- Development of our first East of England A&E ambulance design specification, based upon the direction of the national working group and sensitive to local requirements identified by our own specialist working group, which aims to represent the needs of patients and staff when considering vehicle design and procurement. The combined purchasing power of our new organisation, coupled with

robust procurement, has enabled us to secure our new ambulances at a substantial discount and therefore enable us to demonstrate a new generation of ambulances at best value. Forty-two new A&E ambulances will be delivered to the Trust within the next 12 months.

- Design and introduction of 18 new response cars in support of our Call Connect initiative where rapid response, clinical assessment and appropriate care are the drivers for change. All of these cars will be equipped with state-of-the-art clinical equipment and electronic Patient Care Record systems where this facility has been implemented within the Trust.
- Review of all medical devices used within the Trust, by business area, incorporating key recommendations for product harmonisation as a part of any equipment replacement plan. Rationalisation of equipment types will support our aspiration for greater flexibility in our use of resources and promote more seamless working across our operational area.
- Design and commissioning of a new depot in Norwich to provide high quality staff accommodation and vehicle preparation facilities to ensure that our ambulances are deep cleaned, fully stocked and ready for operational use.
- Root and branch review of the Trust's staff scheduling arrangements to include the development of administrative processes, resource software and office arrangements throughout our operational area to ensure we utilise our resources most efficiently and cost effectively. We will complete implementation within Essex in 2008/09.
- Development of a common policy of waste management to be adopted throughout all localities and the establishment of a waste management group to oversee and develop our environmental conscience and compliance.
- Design of a new, corporate image for operational work wear, incorporating user feedback and best practice requirements for infection control. It is anticipated that new uniforms will be manufactured in Autumn 2008 and delivered to staff in early 2009.
- Development of an outline estates strategy, which details our core, property-related objectives and the key steps required for us to shape our estate portfolio to best meet the needs of our business.

In addition to these specific work streams, we continue to focus our efforts to develop our 'back room' operating structures, systems and measures of performance to ensure that operational support services are well integrated, cost efficient and operationally effective. This work will continue throughout 2008/09.

Distribution

Distribution is the process by which our ambulance resources are deployed to 999 and urgent calls – including where we position our vehicles and how we decide what resource to send to different types of call.

Our three health and emergency operations centres (controls) are the nerve centres of the ambulance service.

Here, the crucial first steps are taken on the path to ensuring that we do the best we possibly can to save the lives of those patients in most critical need of our help.

With the implementation of Call Connect (see Chief Executive's message) on April 1, 2008, we have spent the past year steadily honing efficiencies in our control centres in Bedford, Chelmsford and Norwich.

We have concentrated on speeding up each stage of the call-handling process, from the length of time it takes to answer the call to how quickly the nearest available ambulance resource is dispatched to the scene.

To this end we are introducing more staff and better technology, with more than 150 additional call takers and dispatchers and a new computer aided dispatch (CAD) system both vital to our success.

The Intergraph CAD went live in Essex in November 2007 and, after a predicted bedding in period, its benefits became apparent in the early part of this year. The system will be installed in Norwich and Bedford over the next 18 months.

Answering the phone quickly – our target is within five seconds – is only part of the life-saving role played by our call takers. Once the call is received a response is dispatched immediately. The caller is then asked a series of questions

aimed at finding out the nature of the patient's condition. This enables the call to be categorised and helps dispatchers know what type of initial response is required – for example a Community First Responder, a single paramedic, a double-crewed ambulance or an air ambulance.

But the role of the call takers doesn't end there; they stay on the line and, using an internationally proven set of protocols, give medical advice to callers on how to treat conditions including cardiac arrest, choking and childbirth.

To cater for the extra staff, all three control centres have been redesigned by ergonomics experts HAM Associates, with new chairs for Chelmsford and agreement on new toilet and rest areas and the removal of some office space in Norwich to improve task analysis.

Meanwhile, plans were confirmed to move the Bedford centre in October 2008 from its current location to the area occupied by NHS Direct on the ground floor.

Other key developments include:

- The implementation of digital radio in Chelmsford in May 2007 (roll out to Bedford and Norwich delayed because of issues nationally).
- A decision to purchase and implement the latest Thorcom technology for mobile data in all Trust vehicles to improve data transfer from controls to vehicles.
- Implementation in Chelmsford of the Symposium call management system.
- Signing a maintenance agreement for the Advanced Priority Advanced Medical Priority Dispatch System (AMPDS) protocols, which standardises the advice given to people who call 999.

To ensure effective management of these many changes and developments, a new staff structure was developed and subject to consultation during the year.

Resilience and emergency planning

The resilience team continues to work to maintain Civil Contingencies Act compliance, and has maintained a presence at the various county and regional emergency planning meetings and work groups throughout 2007/08. This has proved to be very helpful in bringing together a multi-agency approach and mutual understanding across the region.

Attendance at all the local resilience forums has also served to enhance multi-agency working at local manager and emergency planning officer levels.

Approved regional business continuity and major incident plans, including action cards for all operational staff and managers through to director level, have been completed. Pandemic flu planning is well under way, while the heat wave plan has been updated and achieved sign off. All other incident plans are under review as and when they become due.

The team has facilitated and participated in a wide range of exercises at local, regional and national level during the year, from which many lessons learned have been or are being identified for action in early 2009.

In May 2007 the resilience department underwent its first national preparedness audit, which ranked the Trust as above average with some areas of best practice.

Team members took part in national projects at Winterbourne Gunner, with the Home Office providing assessment for new equipment.

During the year the team has provided in-house training in command and control and multi-agency, Chemical, Biological, Radiological and Nuclear Special Operations Response Team refresher, and Continuing Professional Development course sessions.

Major incidents of note during the year included flooding, avian flu, blue tongue, large fires (eg. at Bacton gas terminal), acute hospital capacity issues, assistance with response performance targets and numerous smaller incidents across the region.

During the year the UK Emergency Preparedness Board was formed, which is proving to be a strong influence in bringing preparedness into the spotlight as never before.

The first major achievement has been to gain recognition of preparedness in the operational commissioning process nationally.

In November the new incident room/resilience office was opened at Norwich office, to be followed by similar facilities in Chelmsford and Bedford.

Funding has been agreed with the commissioners for 14 new 5.9 ton major incident vehicles for delivery during 2008 to provide enhanced transport capability for the new generation of decontamination suits and shower units as provided by the Department of Health.

> “The latest version of the national clinical guidelines, which form the cornerstone of ambulance practice, are now well embedded.”

Clinical excellence

The clinical thrust during this past year has been to harmonise the practice and provision of clinical care across our six counties.

The latest version of the national clinical guidelines, which form the cornerstone of ambulance practice, are now well embedded. Over the past year the clinical performance indicators have been introduced and, while there is still some way to go to complete all the indicators, those that have been completed are showing a consistent improvement in the care we are providing.

Four areas of practice demonstrate the way we are changing and supporting the national clinical agenda:

- The work undertaken by staff in and around Southend to establish the new pathway to treat those patients who suffer a stroke. Thrombolysis offers significant benefits to some stroke patients. Since July 2007 we have provided 46 patients with thrombolysis following a stroke, with a drop in overall mortality from 20% to 15%.
- We play a significant part in the NHS East of England leading the country in the provision of cardiac thrombolysis for patients who have a heart attack. But, in Hertfordshire, we are now moving with Harefield Hospital to provide an even better form of treatment for these patients, known as primary percutaneous cardiac intervention (PPCI) (see panel overleaf) where the outcomes are even more impressive.
- Two other areas of practice to mention both take place in Norfolk, Suffolk and Cambridgeshire. Here we have extended the skills of a number of paramedics along a pathway towards the provision of pre-hospital critical care. They are now able to offer an additional range of drug treatments and clinical skills.
- The other area of practice has been an extension of the follow up of patients who have been seen by our staff responding to a 999 call and are left in their own homes. By utilising our clinical desk in the control room, we have extended our telephone call-back service and are able to monitor the continuing recovery of patients. Both areas of practice are carefully assessed to ensure that patients are not at risk and, to date, all the results have demonstrated great benefit both in patient satisfaction surveys and our own clinical audits.

In addition to these particular areas of practice, we commend the dedication, care and skills of all staff providing patient services whether in the emergency or non-emergency services. The patient survey results continue to demonstrate the overwhelming support that those we serve have in the care provided.

The developing recognition that out of hospital emergency care constitutes a separate clinical specialty, and the opportunities that presents within the East of England to provide such a service, have been taken forward with a partnership between the Trust, the Mid-Anglia General Practitioner Accident Service (Magpas) and the Regional Deanery. Educational programmes are being created for both doctors and paramedics to support the provision of this standard of care.

Our thanks go to all who assist the Trust in the provision of clinical services, noting in particular the service provided in and around Cambridgeshire in the evolving pre-hospital critical care and retrieval service provided by the Magpas volunteers, and the other volunteer immediate care doctors who belong to local immediate care schemes under the banner of the British Association for Immediate Care.

Community First Responders from Brentwood, Essex

The Community First Responder schemes, in getting to patients before the arrival of the ambulance response, continue to provide clinical benefit and reassurance to both patients and those with them. Compression only cardio pulmonary resuscitation (CPR) (see panel right) is recognised as a more appropriate form of initial resuscitation and, when introduced previously to part of the Trust, improved the outcomes.

We benefit greatly from the activities of the two air ambulance charities, which provide support to equip three air ambulances with the supporting infrastructure to maintain a daylight service across our six counties.

Finally, while the Clinical Directorate is involved in many committees, the work of the The Ethics Advisory Group (TEAG) is worthy of mention. We remain the only ambulance service to have such a committee, and the breadth of discussion and debate has assisted us over a number of years. The committee is supported by a number of members of the community and discusses any aspect of the Trust or the services provided, but also oversees from an ethical standpoint the work undertaken by the audit department, including any research proposals and the patient surveys we undertake. One survey worthy of mention, because of the intense debate around the appropriateness of such a survey, is that which seeks the views of children about our services to them. This is the first time such a survey has ever been undertaken. The TEAG would welcome new members both from within the Trust and the communities we serve. Contact john.scott@eastamb.nhs.uk.

PPCI, commonly known as coronary angioplasty or simply angioplasty, is a surgical procedure to treat a narrowing in coronary arteries which is causing a heart attack. A small piece of surgical mesh is introduced into the coronary artery and holds open the narrowed segment of the artery and restores the blood supply to the heart muscle

Compression only CPR is simply chest compressions without artificial respiration. The respiration component of CPR has been a topic of major controversy over the past decade, and a study by the University of Arizona's Sarver Heart Center claimed a 300% greater success rate with compression-only CPR over standard CPR.

In March 2007, a Japanese study in the medical journal The Lancet presented strong evidence that compressing the chest, not mouth-to-mouth ventilation, is the key to helping someone recover from cardiac arrest. On March 30, 2008, the American Heart Association stated that compression-only CPR works as well as, and sometimes better than, traditional CPR. The method of delivering chest compressions remains the same, as does the rate (100 per minute), but the rescuer delivers only the compression element which, the University of Arizona claims, keeps the blood flow moving without the interruption caused by mouth to mouth respiration.

> During 2008 we will concentrate effort on undertaking more research than previously.

Clinical audit

Research

Although we are keen to encourage research activity, research within the Trust remained at a low level. A list of approved projects and completed project reports can be viewed via our website throughout the year.

During 2008 we will concentrate effort on undertaking more research than previously. A number of ideas are being discussed and developed into research projects for 2008/09.

We have become members of the three Clinical Local Research Networks (CLRN) operating within our area. The lead role is taken by the Norfolk and Suffolk CLRN. The UK Clinical Research Network was established to support clinical research and to facilitate the conduct of trials and other well-designed studies across the UK.

Total external funding for the year was £1,886 which came from the Norfolk and Suffolk CLRN.

Audit

It has been the most challenging year yet for clinical audit, battling against logistical and financial constraints. The planned central audit programme was completed thanks to the extra efficiency of staff. The topics of self harm (overdose), patient record completion, asthma, diabetes, stroke, and infection control were audited against agreed standards for clinical practice. A number of results showed high levels of performance and improvements on previous results. Where it was felt necessary an action plan of improvement was implemented.

More than 100 audits and re-audits were carried out by Trust clinicians as part of their educational development. This is an excellent way of ensuring that clinical staff are fully aware of their own standards of care.

We work with the Myocardial Ischemia National Audit Project (MINAP) and undertake much local work to help develop and improve care to cardiac patients. Our system of care for patients suffering cardiac conditions continues to thrive, exceeding national targets and arguably boasting some of the best care in the country.

We ran a series of Clinical Performance Indicators (CPIs) for the first time to help with the focus of improving clinical care in specific important areas. Medicines management, clinical training, cardiac care, and child protection were included as topics. We also worked with national ambulance groups to develop and trial a set of national ambulance clinical performance indicators.

Project title	Sponsor	Funder	Date approved	Date completed
Do chest compressions prior to defibrillation improve survival outcome for cardiac arrest?	University of East Anglia	Not funded	April 2006	April 2007
Reasons for delayed presentation of first time acute myocardial infarction (MI) patients to the ambulance service	University of East Anglia	Not funded	July 2007	April 2008
Are ECPs used appropriately? From an ECP's perspective	EEAST	Not funded	July 2007	ongoing
Short term exposure to Tetra on human health	University of Essex	MTHR	October 2007	ongoing

> “Continuing the success of previous years, results have been very positive with all A&E surveys showing more than 97% of patients are satisfied with the service.”

Summary of patient survey activity

The patient survey programme aims to establish our patients' satisfaction with our service, to involve patients in the care and services they receive, and to monitor the quality of care and service provided. This year 16 patient surveys were conducted – seven for the A&E service, one general public, five for the patient transport service, and three for primary care services.

The methods used to survey patients have continued to expand this year. While the traditional method of a postal survey still remains the principal way of obtaining patients' views, use of online resources is increasing, with all A&E questionnaires now being put on our website. Face-to-face interviews with members of the public have been used, while telephone surveying has been used by the Essex out of hours service.

The addition of a clinical quality assistant to help with the patient survey process has enabled the clinical quality and research department to increase patient survey sample sizes and ensure delivery of the first six-county patient survey programme since the Trust merger. In total, we have sought the views of more than 10,000 patients, users, and members of the public. On average, 38% of patients responded to the surveys, which is in line with response rates for previous years.

A&E

Continuing the success of previous years, results have been very positive with all A&E surveys showing more than 97% of patients are satisfied with the service. Most patients had their expectations of the service met or exceeded. Patients feel

Survey programme 2007/08

Survey	Service	Type of survey	Sample size	Percentage satisfied
Community First Responder Patient Survey	A&E	Postal/online	758	100%
A&E General Patient Survey	A&E	Postal/online	1035	98.6%
A&E General Patient Survey online	A&E	Online	1123	98.9%
Diabetic Patient Survey	A&E	Postal/online	549	98.5%
Asthma Patient Survey	A&E	Postal/online	408	96.7%
ePCR Patient Survey	A&E	Postal/online	1000	97.3%
Young Patient Survey	A&E	Postal/online	858	97.6%
The Royal Norfolk Show Public Survey	Public	Interview	100	Question not asked
EEAST OOH Norfolk Ongoing Patient Survey	PCS	Postal/online	1182	Year to date 81.9%
Essex OOH Service Patient Survey	PCS	Telephone	Not yet finalised	Question not asked
Medicom call handling survey	PCS	Postal	Approx 1000	Year to date 96.1%
Edith Cavell User Survey	NES	Postal	38	75%
Patient Transport Services General Survey (May)	NES	Postal	1088	83.4%
Patient Transport Services General Survey (September)	NES	Postal	85	98.1%
Patients transported to Hinchingbrooke Hospital	NES	Postal	926	80.1%
Patients transported to James Paget Hospital	NES	Postal	402	96.3%

involved in the decisions made about their care and describe the care and treatment they receive very positively. There is high level of consistency across the region, with all counties receiving equally positive results from patients.

Looking more specifically at some of the survey results this year it was particularly good to see patient support for ePCR and encouraging its use. The significant support for Community First Response schemes is also evident, with patients praising the work of these volunteers.

Other interesting results this year included the diabetes survey, which re-emphasised the need for the education of diabetic patients in the hope that this will reduce the number of repeat callers.

The first survey ever conducted specifically of young patients below the age of 18 provided some significant challenges in its design to ensure patient confidentiality was maintained. However, initial results look very positive and this survey will be a valuable insight into the views of our younger patients.

Primary Care Services (PCS)

Our two out of hours (OOH) surveys have continued to provide a useful insight into the views of patients using these services. Both of our OOH services have undergone substantial change this year; it is therefore good to see that survey results have shown a consistent level of satisfaction. About 85% of patients described the service they received from our Norfolk service as satisfactory, while about 83% of patients said that the service had met or exceeded their expectations.

Patient Transport Service (PTS)

The results of the one survey we conducted this year, of patients using the Edith Cavell Hospital in Peterborough, showed that 89.5% of patients were satisfied with our patient transport service. Staff who work in the service were slightly less positive, with 75% satisfied.

Non Emergency Services (NES)

Non Emergency Services (NES) in the east of England had a very busy year, collectively driving more than 16 million miles - which equates to about 32 round trips to the moon.

NES operates within a contestable environment and has to win and maintain contracts to provide its services.

It was a solid year of performance, with all current contracts maintained. Of particular note is the retention of the James Paget University Hospital contract, which was retained after our success in a competitive tender process.

The NES contribution to operations has been significant this year, with staff members receiving training in an operational support and logistics role which will aid our response to a major incident.

Crews also responded to a number of emergencies in their role as Category 1 responders within the Civil Contingencies Act. In November 2007, high wind and tides threatened to recreate the floods of the 1950s, and NES crews were at the forefront of the evacuation effort, relocating patients to places of safety.

Earlier this year a large World War 2 bomb washed up on the beach at Felixstowe in Suffolk, and NES crews helped with evacuation, this time away from the potential blast zone if the bomb had gone off.

The emergency support role was also utilised when the James Paget University Hospital had a major fire in its theatres. Once again the potential for a NES-led evacuation was prepared for, but in the end not required.

As part of basic training, crews receive training in Basic Life Support and defibrillation and receive a First Person on Scene (FPOS) qualification. Armed with this qualification and training, a NES crew in Norfolk attended a patient in cardiac arrest and, using their skills, re-started the heart and achieved a good outcome.

> It was a solid year of performance, with all current contracts maintained. Of particular note is the retention of the James Paget University Hospital contract, which was retained after our success in a competitive tender process.

Partnership working with Norfolk County Council has been very successful this year. The integrated transport project has seen NES and council journey planners co-locate at our Hellesdon office and achieve economies of scale and effort by ensuring there is no duplication of effort between health and social service journeys in the county.

This project has attracted a lot of praise and has been examined by many visitors as a pure example of health and social care integration.

The Ambulance Car Service has continued to support the delivery of patients to hospital in a friendly and caring manner. This cohort of volunteers has had to face the challenge of fuel increases in the latter half of the financial year, but their regular patients are extremely grateful for their efforts.

Courier Transport Services (CTS) has had a busy year, providing both internal services to the Trust and external services to Norfolk PCT. The PCT contract has been expanded to provided more Central Equipment Services (to assist independent living) and it has also been a challenge as the PCT reconfiguration has meant lots of accommodation changes across Norfolk and lots of changes to the mail runs! Norfolk PCT and the Norfolk & Norwich University Foundation Hospital NHS Trust have announced a tender and are joining forces for the supply of transportation of goods, mail and specimens/blood so this is the challenge for 2008/09 – to win this bigger contract.

Following a competitive tender exercise initiated through the Official Journal of the European Union, we were one of three final contenders for a new Cambridgeshire wide CTS contract.

As the current provider of services in Cambridge and Peterborough, we were well placed to understand the requirements of this new contract and were delighted to be advised through the contract commissioners, Anglia Support Partnership, that our bid had been successful. The new contract now includes CTS in Huntingdon and began on June 2, 2008.

This secures the future of CTS across Cambridgeshire for three years with a two year contract extension should this be agreeable to both parties.

In Norfolk, CTS has had a busy year, providing both internal services to the Trust and external services to Norfolk PCT. The PCT contract has been expanded to provided more central equipment services (to assist independent living) and it has also been a challenge as the PCT reconfiguration has meant many accommodation changes across Norfolk and to the mail runs.

Norfolk PCT and the Norfolk & Norwich University Foundation Hospital NHS Trust have announced a tender and are joining forces for the supply of transportation of goods, mail and specimens/blood so the challenge for 2008/09 is to win this bigger contract.

Medicom/Call East

The call centre staff have worked extremely hard to achieve our performance targets during the year. The total calls for the year were:

- 405,264 (91% answered in 30 seconds - target 90%).
- 205,771 doctors' calls included in the above figure (92% answered in 30 seconds – target 95%; however over last three months of the year the centre achieved the target).

In July the centre implemented new Adastra software for call handling, which enables call handlers to prioritise the calls for clinicians by asking sets of questions. Replacing the previous system, which had been in place for 10 years, resulted in a huge staff training task. We were the first site in the country to use Adastra to dispatch all types of calls, not just doctors' calls.

We have recently taken on a 24/7 alarm monitoring contract for a company called Cybit, with staff monitoring and tracking all types of alarms from vehicles across the country. The contract is working well and the staff have been thanked for tracking and locating a stolen vehicle in the first few weeks of the contract. This work may lead to new business opportunities.

This year we will continue to work hard to achieve our performance targets and follow up any lead for new business, either from our Call East website or any other business opening.

Primary care

We are very proud of our work in primary care, having built up a wealth of expertise in the area in recent years through our work in GP out of hours (OOH).

In Norfolk we successfully retained the contract to provide OOH care against stiff competition, remodelling the system to incorporate central triage in the Norwich health and emergency operations centre (HEOC).

The presence of a GP in HEOC at nights and weekends has proved beneficial to the A&E and clinical support desks.

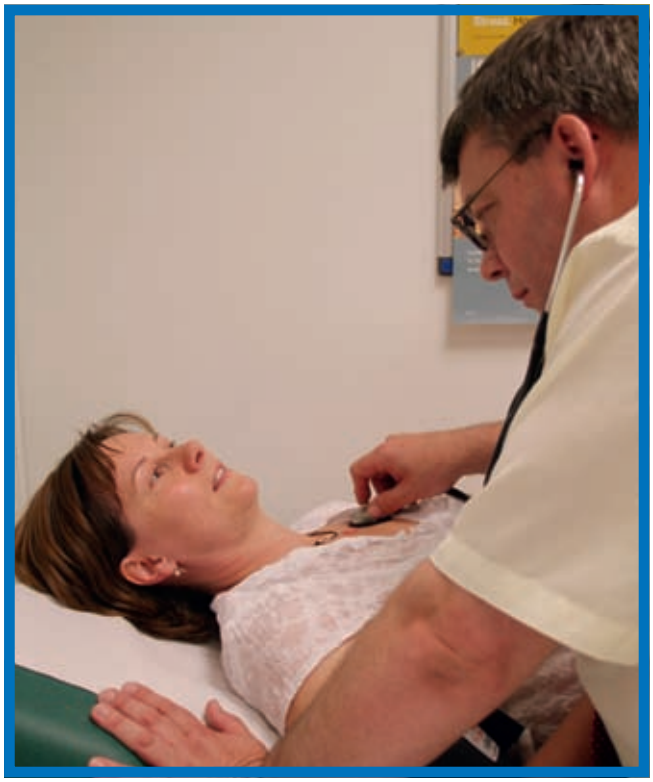
This year, we will be pioneering the use of new clinical software (similar to our A&E electronic patient records) for use on home visits. The Norfolk OOH service will be the first to use this (outside beta testing sites) and we are confident of successful implementation followed by a roll-out of the software in Essex.

Other key achievements in Norfolk are:

- Reducing hospital admissions to a regular 3% of all calls received, which represents outstanding clinical care by GPs and ECPs in treating people at home while also demonstrating our part in relieving the strain on local hospitals.
- Diverting A&E patients at the Queen Elizabeth Hospital in King's Lynn to a GP/ECP on duty rather than being forced to see a junior A&E doctor. This system can be particularly helpful if A&E is very busy and we can help ease the situation.
- Achieving 97% compliance with NHS Norfolk's antibiotic policy, which aims to reduce the incidence of MRSA and C. difficile.
- A very low complaint rate of about one patient in every 1000
- An 86.3% satisfaction rate from patient questionnaires

In Essex we were awarded the OOH contract in October for the south west of the county, working in partnership with Take Care Now, while the south east contract was carried forward for a further 12 months.

We consistently achieved all of our quality targets in all areas and provide GPs and ECPs at Basildon A&E to see patients who don't need to see an A&E doctor.



Other notable successes in Essex include:

- Hospital admission rates of less than 2%
- Home visit rate of less than 9%
- GPs working in HEOC to provide clinical support to A&E crews
- The provision of an OOH district nursing service specialising in palliative care to south west Essex

In Bedfordshire and Hertfordshire, we have since late 2007 been operating a single point of access (SPA) for Bedfordshire PCT's intermediate care team.

This has increased the activity of their intermediate care teams and reduced unnecessary hospital admissions. Managed by our existing OOH call centre staff, this 24/7 project has been heralded as a major success by the PCT. The SPA will soon be extended to meet the needs of other unscheduled care patients.

We have taken on an Adastra hub manager in Bedford. Adastra is the leading OOH and unscheduled care software and operates around a hub and spoke principle. The Trust owns or manages three such hubs and the hub team will ensure the security and integrity of the data.

Telehealth (the monitoring of patients' health at home) is a major innovation in the management of patients with long term conditions. Telehealth specialists Docobo have designed a home-based device to meet the needs of this group of patients. To enable PCTs to procure a complete system, including the monitoring of the device and patient management, we have helped develop the interoperability between Docobo and Adastra. Over the next few months this exciting innovation will become available to the wider health community.

Also, OOH call handling has been commissioned for South West Essex PCT and caller satisfaction was 97.5% last year.

Your ambulance professionals

It has been an incredibly busy year, with recruitment of many new staff, continued harmonisation of human resources policies, and considerable work on our learning and development programmes.

At the end of the year we employed 3800 staff, almost 2200 of whom are involved in frontline emergency service work. In excess of 600 staff work on our non-emergency services and 200 work in primary care. More than 450 staff provided direct and valuable support to our operational staff, ensuring that vehicles, equipment and our IT and communications systems were all ready for use.

In addition, 380 staff provide the back office support in our headquarters, in finance, HR and risk and corporate governance. We employ an almost equal number of male and female staff, and the numbers of staff from black and ethnic minority backgrounds almost equals the profile of the population of the six counties we serve. The numbers of volunteers who help us as Community First Responders and Ambulance Car Service drivers continues to rise – now more than 2000. They provide an invaluable service and we are very grateful for their continuing support. All of our staff and volunteers who have contact with patients are fully screened to ensure that our services to patients are safe

Work started during the year to recruit a significant number of new staff to work on the emergency service as part of the Call Connect project. Most of these will become paramedics, thus raising the clinical ability of the workforce as we have now ceased to recruit people into the lower level technician post. At the same time, we introduced the first 12 staff into a new role of ambulance support worker. These staff are trained to a national standard to support the emergency service work of qualified clinicians.

We have been working hard to complete a new set of HR policies which integrate practices from the three previous Trusts and set new and up to date standards for all our staff and volunteers. Training on these has been provided to managers and staff-side representatives. In particular, we have developed a new annual leave approach, in partnership with our staffside, which sets a personal leave year for every member of staff and will overcome the significant difficulties we have faced organising leave and service cover in the final months of each year.

Our annual staff satisfaction survey indicated that staff view the Trust as, overall, a good employer and service provider when compared with other ambulance services. We have developed our own in-house occupational health service and with access to OH physicians, physiotherapists, counsellors and a staff support system, we now have a wide range of services available to support our staff. We have also completed the move for the whole workforce on to the new NHS employee database system (ESR).

We have now standardised all the learning and training which leads to clinical qualifications, and we continue to hold a reputation as a leader in high quality and innovation in clinical services. Our strategic vision places great emphasis on gaining and utilising up to date knowledge and practices in all of our fields of activity. We will be extending our learning partnerships with higher education and include all of our support services in new development programmes to contribute to our objective of achieving the highest possible quality of patient services.

We are committed to developing a culture and practices which recognise difference both in employment and in the delivery of individualised and responsive patient care to a high standard, and we will work in partnership with our staff, patients, carers and communities to achieve this. To begin to achieve this goal, we have established a single equality scheme, a process of equality impact assessments and a clear structure for equality and diversity and human rights, which will pervade all that we do.

The Healthcare Commission undertook two inspections of our work in this area during the year and we have been commended for our progress and initiatives – such as working with travellers communities. We have recently invited an external expert to provide an audit of our progress to ensure that our future plans are aligned with our aims.

> “It is a testament to our staff that, once again, the number of people who wrote, emailed or telephoned to say thank you far outweighed the number of people who complained about the service, by nearly four to one”

We are committed to promoting equal treatment regardless of age, disability, race, nationality, ethnic or national origin, gender, religion or belief, sexual orientation, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership other than that which is genuinely justifiable.

People with disabilities who apply for a job will be granted an interview if they meet the shortlisting criteria, while reasonable adjustments will be made to help people who become disabled during their employment or need help with training and career development.

We have an Equal Opportunities Policy available on our website or on request which addresses these issues.

Commendations and complaints

In the past year our administration teams dealt with 4165 individual contacts from patients, their relatives, friends or members of the public.

It is a testament to our staff that, once again, the number of people who wrote, emailed or telephoned to say thank you far outweighed the number of people who complained about the service, by nearly four to one (see table).

More than 1000 people asked about the service using our Patient Advice and Liaison Service (PALS), while we handled 58 Freedom of Information (FOI) requests, and dealt with nearly 1500 general requests for information.

Complaints	307
Commendations	1172
PALS comments	1176
FOIs	58
General requests for information	1452

We are in the process of implementing a new database system called Datix, which will replace the Safeguard in Norfolk, Suffolk and Cambridgeshire; will update the currently used Datix system in Bedfordshire and Hertfordshire; and will replace the system in Essex. It is loaded on to its own server and all three locations will be able to access the database. All information received from April 1, 2008 will be transferred to the new system. We are also currently reviewing our Complaints Policy.

The Trust is committed to ensuring that the “Principles for Remedy” are considered as part of the Trust’s complaints and legal claims processes. The Trust’s Complaints Policy clearly states that any complainant should be treated equally and not discriminated against. The Trust offers a range of responses to complainants often involving an apology, direct contact with operational managers, a clear explanation of systems and processes and early admission if an error has been made. The Trust wants to learn from complaints received, feeding back any lessons learnt to the complainant and ensuring that learning is embedded in the organisation.

> “Language Line, already in operation in Norfolk, Suffolk and Cambridgeshire, was set up in Essex and Bedford. This helps patients who do not speak English when they dial 999.”

Patient and public involvement (PPI)

At the start of the year, we sent information to all patient forums in our region, with many of them taking up our invitation to visit the Trust and receive a talk from their locality's Chief Officer.

Each visit, which lasted for up to four hours, concluded with a tour of the control centre.

Language Line, already in operation in Norfolk, Suffolk and Cambridgeshire, was set up in Essex and Bedford. This helps patients who do not speak English when they dial 999.

We were heavily involved with the consultation on the Trust's strategic direction, attending many meetings to talk and promote the document across the region.

Working with our Equality Officer, we attended a health awareness day with the Bangladeshi community in Ipswich to promote diabetes awareness and take blood sugars. This work will continue throughout 2008.

We have been involved with the People in Partnership (PIP) group, which works with people with learning difficulties, and hopes to give them all a pack on how to access, use and what to expect from the emergency services. This pack includes what uniforms people wear, what questions they might ask, how to make a 999 call and what you might be asked on the phone etc.

The PPI Forums were abolished at the end of March, to be replaced by the new Local Involvement Networks (LINks), and we have been working with local councils to ensure the ambulance service has a voice on them.

Before it was abolished, the forum produced a document about Community First Responders, covering how they are dispatched, and views from patients and responders themselves. It will be published later in 2008.

The Forum also looked at the location of helicopter landing pads across the region and monitored the PTS in Bedfordshire and Hertfordshire (now undertaken by a private firm).

Many Forum members have joined the new Ambulance User Group, which came into existence on April 1, and they intend to join the new LINks when they are fully up and running in October 2008.

Trust staff visited a Hindu temple in Peterborough

Air ambulances

The two air ambulance charities which operate in our region now provide cover for all of our six counties. Here the charities summarise their years:

The East Anglian Air Ambulance (EAAA)

Extending our service into a new county, securing the support of major corporate sponsors and winning recognition in a national charity award scheme – it's been quite a year for the EAAA.

We provide 365 day air ambulance cover across Norfolk, Suffolk, Cambridgeshire and, since August 2007, Bedfordshire, through our two state-of-the-art air ambulances Anglia One and Anglia Two. Anglia One covers Norfolk and Suffolk while Anglia Two, introduced after a successful fundraising appeal in 2007, now serves Bedfordshire and Cambridgeshire.

The charity operates the aircraft, provides all the advanced clinical equipment and funds some of the costs of the highly-skilled paramedics who fly aboard. We also partner with emergency medical charity Magpas, which provides volunteer doctors aboard Anglia Two.

Generating funds to keep the helicopters flying is a constant struggle, but 2007 saw excellent progress in attracting major sponsors. For example, the Shadwell Estate in Newmarket presented the charity with a cheque for £25,000 on behalf of His Highness Sheikh Hamdan Al Maktoum, the Estate's owner. This is one of the largest single donations we have received and is set to become an annual donation.

We are constantly seeking to benchmark our performance against other charities. With this in mind, we entered the Friends of East Anglian Air Ambulance Lottery team into the Third Sector Excellence Awards in 2007. It was the first time we had entered these prestigious national awards and we achieved recognition as a finalist in our category.

We have been selected as London Luton Airport's Charity of the Year so will be working closely with the airport's charity team on fundraising activities. We have also secured the support of the Lord Lieutenants in the four counties we serve.

Meanwhile, the charity is leading debate on the wider issue of whether public funding should be made available to cover all the clinical costs for doctors and paramedics on board air ambulances, following meetings with many of the four counties' MPs. The debate is gaining national momentum and attracting cross party support.

Finally, with patient care always a priority, we have recruited Dr Chris Carney, former chief executive of the Trust, and Mr Victor Inyang, a consultant at the Norfolk and Norwich University Hospital, on a part-time basis to assist us with the development of our own governance and training programme with the objective of providing a doctor on every flight by the end of 2008.

Essex & Herts Air Ambulance Trust (EHAAT)

EHAAT works in partnership with the ambulance service to provide the Essex Air Ambulance (EAA) service and the Herts Air Ambulance Appeal (HAAA).

We receive no funding from the National Lottery and continue to rely on the generosity and goodwill of local people and businesses to help generate vital funds.

Each flight costs more than £2,000 and the EAA is deployed up to five times a day.

We have seen a successful year of fundraising. A trek to the Himalayas in May 2007 raised £42,000 and the annual Motorcycle Run raised £35,000 in September. In the past year alone the aircraft has flown 897 missions and we have extended the service to provide a 4x4 vehicle for use when the aircraft is grounded because of bad weather or requires urgent unplanned maintenance.

The public and local businesses continue to give the charity tremendous support, both in Essex and now Hertfordshire.

In April 2007 the HAAA was established to enable the people of Hertfordshire to raise sufficient funds for the provision of an air ambulance service. This has been a fantastic success with the people of the county raising close to £250,000 in the first year of the appeal.

The coming year will see:

- The launch of the new Flight for Life Lottery and Superdraw
- A challenge trek to China
- The introduction of doctors aboard the helicopter, providing enhanced critical care
- The 10th anniversary of the EAA
- The launch of a second air ambulance to cover Hertfordshire.

We are extremely grateful for the help we receive from the public and local businesses as none of this would be possible without their support.

Magpas

Magpas volunteers have been operating in Cambridgeshire and Peterborough since 1971, and now also operate in Bedfordshire thanks to a partnership with the EAAA and the ambulance service.

Since the start of the new operational arrangement with the EAAA, the ambulance service, the police helicopter and the charity attended 240 incidents. Of these the Magpas team and Trust paramedics have attended 64% by car, 33% by Anglia Two and 3% by police helicopter.

More than 90% of these incidents have been in Cambridge and Peterborough. Six incidents have been attended in Bedfordshire, 16 in Norfolk and Suffolk and one in another region.

Risk and governance

The risk and governance team had a very challenging year, with two Healthcare Commission inspections in 2007/08.

In June, we were assessed on five core standards of Standards for Better Health and, in December, we were assessed on the race equality part of core standard C7e. We had positive outcomes from both reviews.

We also submitted all the data for the urgent and emergency care review by the Healthcare Commission this year, and took part in the NHSLA pilot assessment for Ambulance Trusts in October 2008. The preparation for this assessment helped us towards formulating Trust-wide policies and procedures on risk and governance.

We are in the process of implementing the Datix Risk Management System, with web reporting of incidents, which will enable us to manage our risks more efficiently and effectively.

The internal audit assessment on Risk, Governance, Standards for Better Health and Assurance Framework gave the Trust "substantial assurance" on the processes.

Environmental responsibility

We take our environmental responsibilities very seriously, and it remains a key consideration in our choice of vehicles and decisions relating to the estate and energy use.

Work is still ongoing in the development of an Environmental Policy, which will seek to reduce the environmental impact the Trust has.

We fully comply with new legislation introduced regarding the disposal of electrical waste, while all service providers are under obligation to provide us with duty of care controlled waste transfer notes, which shows the disposal route (landfill or recycled). We undertake the latter as much as possible to help reduce the pressure on landfill sites.

We are guided by waste management best practice guidelines, and our waste manager has produced the Hazardous Waste Management Policy.

The waste manager also ensures that our courier transport service complies with road haulage regulations regarding the transportation of dangerous goods.

Health and safety

Violence and aggression

There have been a number of successful prosecutions against patients who have assaulted our staff. There have also been instances where police were not going to take action but, following investigation and consultation with the police, this decision was changed and the assailant has now been charged.

Work is still ongoing with all police services in our area as to how best to comply with the Memorandum of Understanding between the Association of Chief Police Officers and the Counter Fraud Security Management Service.

There has been a slight reduction overall in the amount of physical assaults on staff, but this should be tempered with the knowledge that not all staff report incidents.

> “There have been a number of successful prosecutions against patients who have assaulted our staff.”

Fleet

The Health & Safety Manager enjoyed a successful year working with the fleet department in the following areas:

- Vehicle specifications and design
- Noise assessments for vehicles
- Workshop risk assessments, safe systems and compliance with legislation
- New brackets for the intra-aortic balloon pumps being run out of all the acute hospitals in Essex and the Norfolk and Norwich University Hospital
- Evaluation of three different stretchers

Reportable Injuries

There has been a slight reduction in the amount of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents to the Health and Safety Executive, and we have plans to further reduce injury by, for example, staff training and provision of new lifting aids.

There has been one serious incident, where a member of staff has had two fingers partially amputated. This resulted in an investigation by the HSE, and a subsequent Improvement Notice was issued by our enforcing authority. Steps have been implemented to eliminate this type of incident from happening in the future and it will influence future ambulance design.

Other

- We are still in consultation with the James Paget University Hospitals NHS Foundation Trust, Gorleston, to improve the A&E entrance
- A new corporate induction program has been developed and is working well
- Several new policies will have to be developed in the next year to come into line with new legislation
- Training of staff continues to go ahead on health and safety responsibilities

> “In the past year CAMS has continued to provide a service across Norfolk, Suffolk and Cambridgeshire, with the possibility of rolling the service out across the region in the coming months.”

Capacity Management System (CAMS)

EoE-CAMS is a real-time database which gauges the pressures facing hospitals to ensure ambulance patients get the quickest possible hospital treatment.

It has a proven track record in equalising and reducing emergency pressures, and developed locally from an acute hospital system identifying real-time capacity, pressures and available community beds, subsequently able to automatically re-route ambulances to the most appropriate hospital.

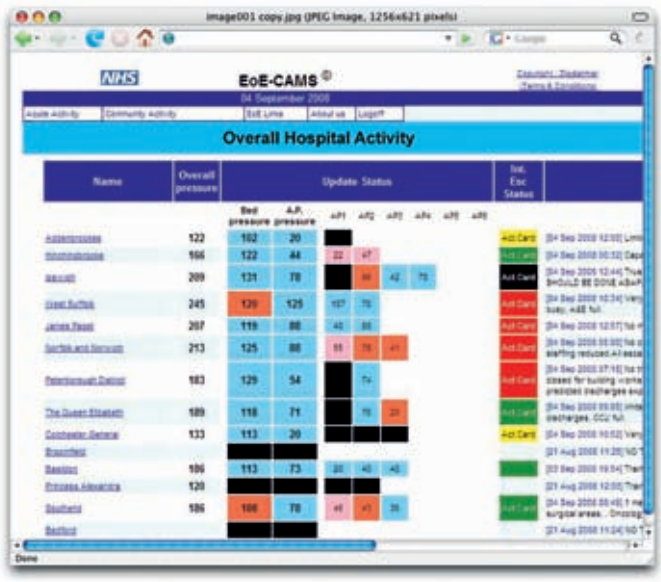
Work has begun on a searchable, web-based directory of all health and social care services (DoS) listed by type, service provided, access procedures, availability by locality and time of day.

In the past year CAMS has continued to provide a service across Norfolk, Suffolk and Cambridgeshire, with the possibility of rolling the service out across the region in the coming months.

The first six months of 2008/09 could see the implementation of a system to identify capacity and activity pressures across the east of England, with auto rerouting possibly following later.

Work will continue on the DoS, which would help development of alternative care pathways while being fundamental to admission avoidance protocols and the Trust's strategic direction and Call Connect standards.

The DoS would provide real-time information to clinicians, including recommendations of suitable community and primary care services. This would often mean that patients are treated closer to home in a timelier manner, and not always at the acute hospital. This would improve emergency admissions targets and provide financial benefits to commissioners.



Thames Management Services (Thames)

Thames operates as a trading division of the Trust, and is an NHS provider of consultancy services. Last year was one of consolidation for Thames.

A financial contribution is made annually to the Trust, generated from Thames' trading activities across the UK. In 2007/08 Thames also supported the Trust in achieving its governance targets.

Through the provision of management consultancy, conference organisation and event management, national benchmarking/best value, and training workshops, Thames has supported other NHS, public sector and private sector organisations across the UK in achieving their objectives.

In the past year Thames has completed management consultancy commissions with a variety of NHS primary and secondary care organisations, local authorities and private sector organisations throughout England. The expert professional consultancy advice and support provided

included assistance to organisations in market testing services, development of commercial costing systems, and evaluation of the status of organisations' resilience plans.

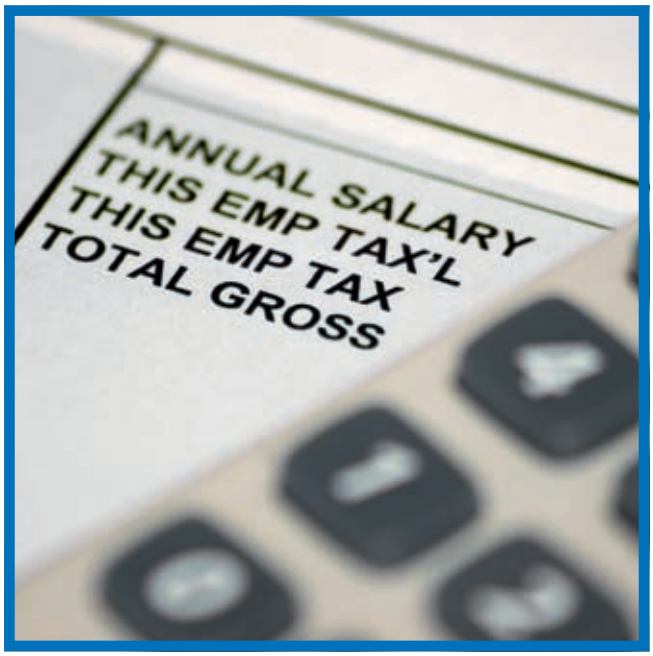
Last year saw the continued expansion of Thames' conference organisation and event management service. In addition to the current long-term event management contract with HM Treasury, Thames secured three new national contracts. These were framework agreement contracts with the National Audit Office and the Health and Safety Executive, and an additional HM Treasury contract.

Our management of the National Performance Advisory Group for the NHS (NPAG) includes the management and facilitation of a network of some 20 national best value groups, and organisation of 10 national conferences and workshops. These activities enable NHS managers and others to meet, network with their peers, share experience, identify innovative and best practice, and continuously develop their services.

In 2007/08 we developed further our working partnerships with other NHS providers and private sector companies to deliver new business opportunities. In addition to organising national workshops to train hospital staff to manage major incidents in hospitals, and a third successive year of providing occupational nurse training courses, we have also delivered training courses on business continuity plans and pandemic flu.

In 2008/09 Thames plans to expand further the consultancy services offered to clients. Plans to upgrade our IT systems, review our financial management systems, consolidate staff training in new consultancy techniques, and identify new consultancy partnership opportunities, will enable Thames to more effectively and efficiently deliver consultancy services in the open market.

Contact Kevin Brice on 01245 544600 for further details about Thames Management Services.



ESSA

ESSA, hosted by the Trust, is an NHS trading organisation providing business support services comprising payroll, finance and information management & technology (IM&T) services to organisations in the NHS.

ESSA's accountability framework establishes ESSA as a 'not for profit' entity overseen by an Agency Board comprising nominees of its host trust, customer representatives and key ESSA personnel. For legal and statutory purposes ESSA is 'hosted' by the East of England Ambulance Service NHS Trust.

Remuneration report

The Remuneration Committee is made up of five Non-Executive Directors of the Trust Board and the Trust Chair as Committee Chair. The Committee considers the remuneration and terms and conditions for senior managers.

The Trust's policy regarding remuneration of senior managers for 2007/08 was to apply the national guidance regarding cost of living uplift. The Remuneration Committee agreed to adopt the Department of Health's contracts for very senior managers which is likely to be the policy for future years subject to the implementation of new terms and conditions for very senior managers. The Trust remunerates its senior managers in order to recognise their contribution to the organisation and the responsibilities they carry.

The senior manager's performance is assessed by the regular appraisal of performance against objectives, no element of Senior Managers remuneration is related to performance conditions.

Trust senior managers' contracts are permanent and are not eligible for provision due to early termination. The liability should a contract be terminated will be dependent on the reasons for termination.

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS - SUBJECT TO AUDIT

A) Remuneration

Name	Title	2007-08			2006-07		
		Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
		(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100
Maria Ball	Chair	15-20	Nil	Nil	15-20	Nil	Nil
Paul Remington	NED	5-10	Nil	Nil	5-10	Nil	Nil
Paula Grayson	NED	5-10	Nil	Nil	5-10	Nil	Nil
Caroline Bailes	NED	5-10	Nil	Nil	0-5	Nil	Nil
Jagtar Singh	NED	5-10	Nil	Nil	0-5	Nil	Nil
Phil Barlow	NED	0-5	Nil	Nil	0-5	Nil	Nil
Chris Carney	Chief Executive	100 - 105	Nil	5,700	120-125	Nil	2,400
Hayden Newton	Interim Chief Executive and Chief Executive	100 - 105	Nil	Nil	N/A	N/A	N/A
Anna Bennett	Director of Finance and Acting Chief Executive	80 - 85	Nil	1,800	95-100	Nil	2,600
John Elliott	Director of Human Resources and OD	85 - 90	Nil	5,000	80-85	Nil	4,100
Oskan Edwardson	Director of Operations	90 - 95	Nil	7,100	80-85	Nil	4,400
John Scott	Medical Director	90 - 95	Nil	2,700	85-90	Nil	3,400
John Brebner	Interim Director of Finance	75 - 80	N/A	N/A	N/A	N/A	N/A

The nature of the benefit in kind relates to car benefit charge.

Mr J Brebner, the Interim Director of Finance, salary costs of £80,000 in 2007/08 were invoiced to the Trust by Brebner Management Ltd, which is a company wholly owned by Mr J Brebner.

The following senior managers served for part of the financial year:

Chris Carney 1st April 2007 to 10th January 2008
(Dr Carney was on sick leave from May 2007 to his retirement in January 2008)

Anna Bennett 1st April 2007 to 9th December 2007

Hayden Newton Commenced May 2007

Phil Barlow Commenced 1st August 2007

John Brebner Commenced 16th November 2007

Signed on behalf of East of England Ambulance Service NHS Trust on 18 June 2008:

Maria Ball
Chair

Hayden Newton
Interim Chief Executive

B) Pension Benefits

The following pension benefits have accrued for those senior managers directly employed by the Trust.

Title	Name	Real increase in pension and related lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2007	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
		(bands of £2500) £000	(bands of £2500) £000	£000	£000	£000	To nearest £100 £000
Chief Executive	Dr Christopher Carney	57.5 - 60	205 - 207.5	nil	722	nil	Nil
Finance Director	Anna Bennett	10 - 12.5	90 - 92.5	388	302	38	Nil
Director of Performance Management	Oskan Edwardson	5 - 7.5	65 - 67.5	283	246	22	Nil
Clinical Director	Dr John Scott	37.5 - 40	167.5 - 170	nil	nil	nil	Nil
Director of Human Resources	John Elliott	15-17.5	152.5 - 155	632	590	19	Nil

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Summary Financial Report

The Annual Report and Accounts have been prepared to reflect the activities and financial position of the East of England Ambulance Service NHS Trust for the year ended March 31, 2008.This is the first full accounting year of the Trust which was created on July 1, 2006 from three predecessor Trusts: Bedfordshire and Hertfordshire, East Anglian and Essex Ambulance Trusts.

The Trust met the three key financial targets, in terms of breaking even, External Financing Limit and Capital Resource limit.

The Trust is reporting a retained surplus of £104,000 for the year ended March 31, 2008 (2006/7 £1,157,000). There have been no changes in accounting policy in the year. After a difficult start to the year the Trust has successfully brought together three accounting systems into one, controlled largely from the Norwich site.

As in earlier years the income generated by the Trust is predominantly from service level agreements with PCTs and other NHS Trusts. The largest of these is an agreement with a consortium of PCTs to provide accident and emergency services across the six counties served by the Trust. For the duration of the year the Trust operated to a single budget established for the new Trust. Plans were submitted to the SHA and the Department of Health (DH) for the Trust for the first time in the year and were used for monitoring financial performance in year. The Board was able to increase the investment in operational resources to improve response times and benefit patients as a result of identified cost reductions during the year.

The Trust's financial position at the end of the financial year, with a surplus available to carry forward as a contingency for investment in future years and a very positive working capital position, is strong. The Trust has secured income for 2008/09 and its budgets for 2008/09 have been agreed by the Board. The increase in income in 2008/09 reflects a step change in funding which has been pre-allocated to the improvement of response times for 999 calls (Call Connect).The Board will continue to monitor the financial and performance risks. In 2008/09 the main risks will relate to activity, Call Connect performance targets and challenging savings targets. As in previous years review of those risks will be part of Board business.

The financial statements for the year ended March 31, 2008 presented in this Annual Report are a summary of the full set of accounts that have been prepared in accordance with section 98(2) of the National Health Service and Community Care Act 1990, in a form which the Secretary of State, with the approval of the Treasury, directed. For details of directors remuneration please see the remuneration report. The Trust Annual Report including this finance review has been prepared in accordance with the NHS Trusts Manual for Accounts for 2007/08, as directed by the Secretary of State.

The two Board Committees, Audit and Integrated Governance met regularly through the year and minutes were presented to the Board.

Independent auditors' statement to the Directors of the Board of East of England Ambulance Service NHS trust

We have examined the summary financial statement for the year ended 31 March 2008 which comprises the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement, the related notes and the information in the Directors' Remuneration Report that is described as having been audited.

This statement, including the opinion, has been prepared for and only for the Board of East of England Ambulance Service NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report and summary financial statement, in accordance with directions issued by the Secretary of State.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements and the Directors' Remuneration Report [and its compliance with the relevant requirements of the directions issued by the Secretary of State].

We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements and the Directors' Remuneration Report.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements and the Directors' Remuneration Report of the Trust for the year ended 31 March 2008 and complies with the relevant requirements of the directions issued by the Secretary of State.

PricewaterhouseCoopers LLP
Norwich
Date: 18 June 2008

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2008

	2007/08 £000	2006/07 £000
Income from activities	**177,847**	172,243
Other operating income	**14,995**	16,783
Operating expenses	**(191,112)**	(186,001)
OPERATING SURPLUS	**1,730**	3,025
Profit/(loss) on disposal of fixed assets	**10**	(110)
SURPLUS BEFORE INTEREST	**1,740**	2,915
Interest receivable	**473**	322
Interest payable	**(4)**	(1)
Other finance costs - unwinding of discount	**(68)**	(43)
SURPLUS FOR THE FINANCIAL YEAR	**2,141**	3,193
Public Dividend Capital dividends payable	**(2,037)**	(2,036)
RETAINED SURPLUS FOR THE YEAR	**104**	1,157

All income and expenditure is derived from continuing operations.

BALANCE SHEET AS AT 31 MARCH 2008

	31 March 2008 £000	31 March 2007 £000
FIXED ASSETS		
Intangible assets	**48**	68
Tangible assets	**52,099**	48,701
	52,147	48,769
CURRENT ASSETS		
Stocks and work in progress	**775**	1,044
Debtors		
- amounts due after one year	**693**	723
- amounts due within one year	**14,030**	15,913
Cash at bank and in hand	**10,118**	594
	25,616	18,274
CREDITORS: Amounts falling due within one year	**(17,282)**	(10,401)
NET CURRENT ASSETS	**8,334**	7,873
TOTAL ASSETS LESS CURRENT LIABILITIES	**60,481**	56,642
PROVISIONS FOR LIABILITIES AND CHARGES	**(3,858)**	(3,838)
TOTAL ASSETS EMPLOYED	**56,623**	52,804
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	**53,611**	52,831
Revaluation reserve	**2,824**	(286)
Donated asset reserve	**347**	500
Government grant reserve	**100**	122
Other reserves	**(1,413)**	(1,413)
Income and expenditure reserve	**1,154**	1,050
TOTAL TAXPAYERS' EQUITY	**56,623**	52,804

The financial statements were approved by the Board on 18 June 2008 and signed on its behalf by:

M Ball
Chair

H Newton
Chief Executive

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2008

	2007/08 £000	2006/07 £000
Surplus for the financial year before dividend payments	**2,141**	3,193
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	**3,123**	(7,567)
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	**0**	446
Total gains and (losses) recognised in the financial year	**5,264**	(3,928)

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2008

	2007/08 £000	2006/07 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	**12,452**	(1,722)
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	**472**	302
Interest paid	**(4)**	(1)
Net cash inflow from returns on investments and servicing of finance	**468**	301
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	**(3,689)**	(3,751)
Receipts from sale of tangible fixed assets	**1,307**	180
Payments to acquire intangible assets	**0**	(18)
Net cash outflow from capital expenditure	**(2,382)**	(3,589)
DIVIDENDS PAID	**(2,037)**	(2,036)
Net cash inflow/(outflow) before management of liquid resources and financing	**8,501**	(7,046)
MANAGEMENT OF LIQUID RESOURCES		
Purchase of other current asset investments	**0**	(13,350)
Sale of other current asset investments	**0**	13,350
Net cash inflow/(outflow) from management of liquid resources	**0**	0
Net cash inflow/(outflow) before financing	**8,501**	(7,046)
FINANCING		
Public dividend capital received	**780**	7,510
Net cash inflow/(outflow) from financing	**780**	7,510
Increase in cash	**9,281**	464

MANAGEMENT COSTS

	2007/08 £000	2006/07 £000
Management costs	**11,087**	10,689
Income	**180,140**	175,451

Management costs are defined as those on the management costs website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en.

The figure for income excludes income received by ESSA.

BETTER PAYMENT PRACTICE CODE

	2007/08 Number	2007/08 £000	2006/07 Number	2006/07 £000
Total Non-NHS trade invoices paid in the year	**58,550**	**49,708**	48,404	55,536
Total Non NHS trade invoices paid within target	**30,164**	**22,880**	40,025	43,154
Percentage of Non-NHS trade invoices paid within target	**52%**	**46%**	83%	78%
Total NHS trade invoices paid in the year	**1,990**	**4,383**	1,933	5,317
Total NHS trade invoices paid within target	**486**	**666**	1,387	3,140
Percentage of NHS trade invoices paid within target	**24%**	**15%**	72%	59%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust did not meet the target during 2007/08 principally as a result of delays in payment of creditors following the installation of a new ledger system during the year. The Trust's aim is to be compliant with the Code by 31 March 2009.

AUDIT FEES

	2007/08 £000	2006/07 £000
Auditor's remuneration in respect of the Statutory audit	**538**	408
Other auditor's remuneration outside of the Code audit	**0**	0

External audit services are provided by PricewaterhouseCoopers LLP (PwC). They were appointed by the audit committee. PwC consider the work of internal audit and conduct their own audit to issue an opinion on the annual accounts. The audit committee keeps under review the relationship with the external auditors, including their independence and effectiveness. The committee is informed of any non audit work to be performed by the external auditors. The external auditors have confirmed their audit independence in writing to the committee. The audit committee retains responsibility for the appointment and removal of the external auditors.

Pensions

The Trust pays employer and employee contributions to the NHS Pensions Agency in accordance with the requirements of the national scheme. It has no pension arrangements outside the scheme. The full accounting policy for pensions liabilities is included within the Trust's full financial statements.

This summary financial statement does not contain sufficient information to allow as full an understanding of the results of the Trust and state of affairs of the Trust and of its policies and arrangements concerning directors' remuneration as would be provided by the full annual accounts and reports. Where more detailed information is required a copy of the Trust's last full accounts and reports are obtainable free of charge from the address listed at the end of the annual report.

So far as the directors are aware, there is no relevant information of which the Trust's auditors are not aware; and the directors have taken all steps that ought to have been taken as directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

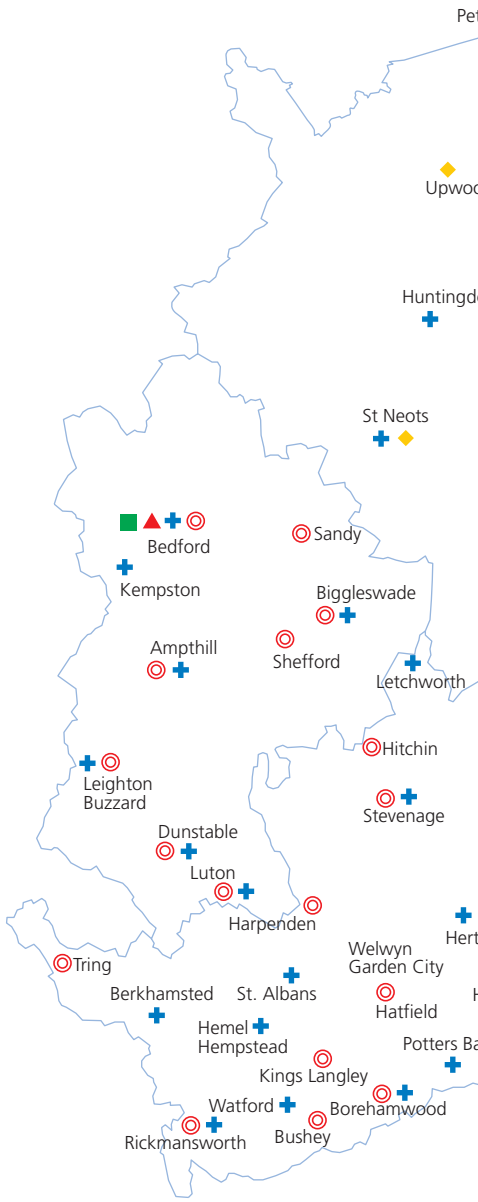
Statement on Internal Control 2007/08

The Board's Statement on Internal Control for 2007/08, signed by the Chief Executive, is contained within the full accounts of the Trust, which are available from the address listed at the end of the annual report.

Our area

Key to symbols

- Response Posts
- Ambulance Stations
- Community Paramedics
- Locality HQs
- Health and Emergency Operations Centres
- Headquarters
- Workshops



Wells
Hunstanton
Sheringham
Cromer
Holt
Heacham
Fakenham
North Walsham
Aylsham
Reepham
Hoveton
Potter Heigham
Hemsby
Terrington St Clement
King's Lynn
East Dereham
Caister
x4
Norwich
Norwich Workshop
Swaffham
Great Yarmouth
Wisbech
Watton
Downham Market
Wymondham
Waveney
Gorleston
Bradwell
x4
March
Attleborough
Whittlesey
Long Stratton
Lowestoft
Brandon
Thetford
Pakefield
Littleport
Beccles
Bungay
Chatteris
Ely
Barton Mills Workshop
Harleston
Diss
Mildenhall
St Ives
Soham
Halesworth
Willingham
Newmarket
Bury St Edmunds
Saxmundham
x2
Cambridge
Stowmarket
Needham Market
Woodbridge
Sawston
Martlesham Heath
Haverhill
Ipswich West
Ipswich
Sudbury
Hadleigh
Royston
Saffron Waldon
Felixstowe
Dovercourt
Buntingford
Halstead
Greenstead
Harwich
Colchester
Stansted
Weeley
Braintree
Frinton-on-Sea
Bishops Stortford
Great Dunmow
Clacton-on-Sea
Ware
Witham
Harlow
Maldon
Chipping Ongar
Epping
Chelmsford
Loughton
Brentwood
Woodham Ferrers
Waltham Abbey
Burnham-on-Crouch
Billericay
Wickford
Basildon
Rayleigh
Grays Thurrock
Shoeburyness
Corringham
Southend
Canvey Island

Copies of the annual report can be obtained from:

East of England Ambulance Service NHS Trust
Regent House
110 Northgate Street
Bury St Edmunds
Suffolk
IP33 1HP

Tel: 01284 731800
Fax: 01284 731804

Email: **engage@eastamb.nhs.uk** or by visiting our website on **www.eastamb.nhs.uk**

Large font and other language versions available on request