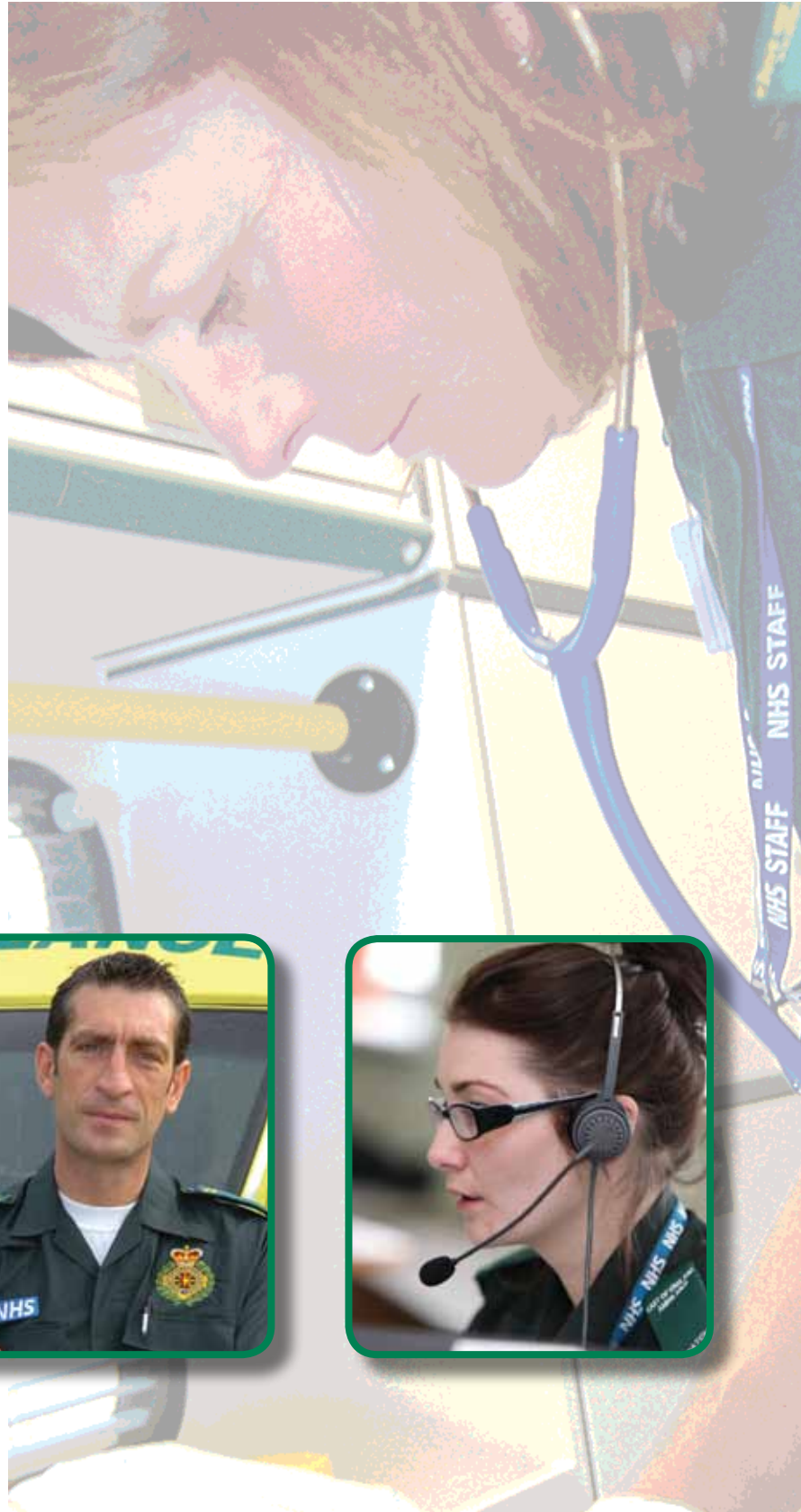


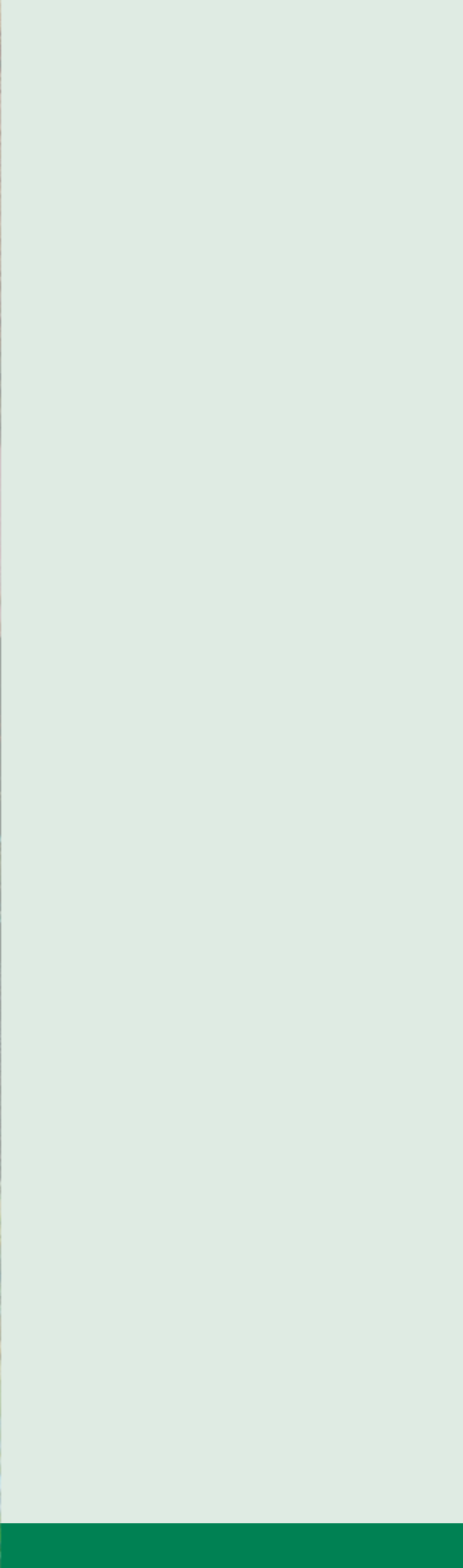


Annual Report

2010/11

Improving care,
improving quality –
our vision for urgent
and emergency care in
the east of England





Contents

Contents	1
Joint welcome	2
Future plans	3
About the Trust	5
Our performance	9
Quality account summary	16
Our staff	22
Primary care	29
Improving the patient experience	30
Developing our logistics	36
Trust Board	38
Remuneration report	47
Annual accounts	53
Glossary	61



Joint welcome

by the Chair and Chief Executive

Over the last year we have made much progress and should be proud of our achievements. Not only did we have to contend with one of the most challenging winters on record and dealt with more calls than ever before but we also made significant strides in improving our services to patients.

The focus of our work is shifting from time only targets to quality indicators relating to patient outcomes, safety, effectiveness of treatment and experience, with patient care our number one priority. The Trust released its second set of quality accounts for 2010/11 and recruited a consultant paramedic to drive forward clinical quality objectives. A stable Trust Board has facilitated this renewed focus on quality.

Our service was once again tested when the snow and bad weather hit the east of England in November and December. Despite these adverse conditions, we maintained our services, ensuring patients continued to get the treatment they required. This is a testament to all our staff and volunteers who worked so hard, often beyond the call of duty. However, we must also remember the valuable support of loved ones in times such as these; support which means staff and volunteers are able to do what they do to such high standards.

The Trust has also made much progress throughout the year in improving the care it gives to patients demonstrated by the enhanced clinical support desk initiative which began in the summer, winning a national award for our innovative falls project, a regional award for improving treatment for respiratory patients at home, improving the quality of our services through providing professional development for all frontline staff and the introduction of the Hazardous Area Response Team.

Over the next year we have a number of projects planned which will drive the Trust forward and help in our aspiration to deliver a more tailored service for patients – starting the move away from the traditional model of sending an ambulance to every 999 call and transporting the majority of those patients to hospital.

Of course we provide much more than just an emergency service and we will be looking to build on our expertise in these areas including our primary care operations (such as GP out of hours services), scheduled transport (including patient transport services) and resilience.

The progress we have made over the last twelve months has laid the foundation for the developments we will put in place in the coming year. Together this will help us deliver an even better service for patients and continue the fulfilment of our vision to be the recognised leader in emergency, urgent and out of hospital care.



A handwritten signature in black ink that reads "Maria Ball".

Maria Ball,
Chair



A handwritten signature in black ink that reads "Hayden Newton".

Hayden Newton,
Chief Executive

Future plans

It is a challenging year ahead, however the Trust has established a solid base on which to continue to build upon. The Trust is not anticipating a large change in emergency activity, leaving the biggest challenge as operating with a significant cost improvement programme while enhancing the quality of services delivered to patients.

To respond to these challenges the Trust's priorities for 2011/12 are:

- ▶ Making **patient safety, outcome and experience** the focus of everything we do. As such we are changing our focus to new quality indicators and reviewing how we are benchmarked against other ambulance trusts
- ▶ Engaging with the Trust's **new commissioners** (NHS Norfolk and the emerging GP clusters) in developing services to respond to local and national needs
- ▶ Managing the organisation's **high level risks** which pose potential threats to the delivery of services and performance against national targets and standards. The Trust's Business Continuity Plans helps mitigate against such potential threats
- ▶ **Financial performance** and the delivery of a challenging **Cost Improvement Programme** (CIP) target is crucial to providing services effectively while offering value for money, high quality clinical care and ensuring the organisation is financially viable as an aspiring NHS Foundation Trust
- ▶ Implementing the findings and recommendations from the **Clinical Support Desk** (CSD) pilots where enhanced telephone triage navigates patients to the appropriate care and service for them
- ▶ Further develop the workforce through the integration of **Emergency Care Assistants** (ECA), training for paramedics for enhanced triage assessment in the field and re-structuring the workforce to reflect the increased CSD function (more telephone triage for those patients not requiring an emergency ambulance response)
- ▶ Further investment in developing the information technology infrastructure including implementing a single **Computerised Assisted Dispatch** (CAD) and the completion of **Electronic Patient Care Record** (ePCR) roll out
- ▶ Establishing a second **Hazardous Area Response Team** (HART) to further increase the service's ability to respond to specialist incidents
- ▶ Preparation to become an **NHS Foundation Trust (FT)** aiming for authorisation in 2012.

New performance indicators:

The indicators for all ambulance services will be changed from April 2011. Eleven new clinical indicators will be introduced which will allow the quality of care we give to patients to be measured and call categorisation will also be changed. The Trust will still be required to meet the national target of reaching 75% of category A calls, which will become red calls, within eight minutes and to provide transport within 19 minutes. Category B and C calls will become green calls and will be broken down into four further categories depending on priority (see table below). Targets for green calls are national recommendations for agreement locally with the Trust's commissioners.

Red category (formerly category A calls)	Green category (formerly category B and C calls)			
	Green 1	Green 2	Green 3	Green 4
8 minute response	20 minute response	30 minute response	20 minute telephone assessment	60 minute telephone assessment



About the Trust

Background

The East of England Ambulance Service NHS Trust serves a population of more than 5.8 million in the east of England covering an area of 19,000 km². This region is made up of the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

It is predicted that by 2031, this population will grow to around 7 million, with the greatest increase being among the elderly population. An estimated 13% of the population has an ethnic background other than white-British according to the Office for National Statistics.

The Trust was established on July 1, 2006 in accordance with Schedule 2 of the NHS and Community Care Act 1990 and by its Establishment Order number 1619. The Trust provides goods and services for the purposes of the health service, in particular ambulance and associated transport and other services, including community health.

Vision

The Trust's vision is to be the recognised leader in emergency, urgent and out-of-hospital care in the east of England.

Values

The Trust's values were formally adopted in November 2008 and are aligned with those described in the NHS Constitution, namely:

- ▷ Respect and dignity
- ▷ Commitment to quality of care
- ▷ Compassion
- ▷ Improving lives
- ▷ Working together for patients
- ▷ Everyone counts.



Trust strategy

The Trust has developed a strategy which aims to deliver quality care to the patient with a focus on the right treatment in the right place at the right time. Implicit to this is the need to continue to develop the quality of care the Trust delivers while doing this in a more cost effective way. This involves changing how the Trust currently delivers its services – a process that was started in 2010/11.

The Trust is working towards meeting four strategic objectives over the next five years. These are:

1. To be the market leader in providing patients the gateway to urgent and emergency healthcare services.
2. To have a workforce that has the skills to lead and deliver change, create flexibility and create a learning environment.
3. To become the best provider of unplanned healthcare needs in the country
4. To have the best in class business intelligence tools to be the most responsive and innovative provider of unplanned healthcare.

These will deliver benefits in the following areas:

1. Patients – will be assured they are receiving the most appropriate, timely clinical response and support to get the best healthcare for them locally.
2. People – our staff can be assured they are given the training and professional support to deliver the best healthcare and support services and to feel valued by being involved in Trust decision-making along with greater opportunities for role development which in turn will help boost staff morale.
3. Productivity and price – we aim to continually reduce costs and increase productivity by setting challenging targets and re-engineering services to build efficiency and delivering better value for money. This will be done in conjunction with the Trust's commitment to continually looking to increase quality of care and service.

Our services

In 2010/11 the Trust delivered high quality care to more than two million patients across the eastern region – the only NHS organisation providing direct health care across the entire area. While the Trust is best known for its emergency ambulances, it provides a range of services including:

- ▷ Emergency services – the 999 emergency response which includes handling 999 calls and either deploying the right ambulance staff and vehicles to the patient (ambulance and rapid response provision) or providing the appropriate telephone assessment and referral for the patient. The Trust also transport patients to hospitals from GP referrals known as GP urgent transfers
- ▷ Primary care operations – such as GP, district nursing and a range of out of hours services (OOH)
- ▷ Scheduled transport services – providing pre-planned transport including patient transport services (PTS), courier transport and acute neonatal transport services

- ▷ Special and partnership operations – including resilience and emergency planning, working with charities and air ambulance services, community volunteers and the HART, which is specially trained to provide the ambulance response to major incidents in hazardous environments to enable provision of aid to casualties in situ
- ▷ A range of commercial services.

We have contact with hundreds of thousands of patients a year across our services:

	2010/11 (Patient Contacts)	2009/10 (Patient Contacts)
A&E	693,382	668,451
PTS	1,018,480	1,036,234
Primary care	457,609*	286,348

*The reporting system changed in June 2010 to include all primary care activity including out of hours (OOH) and special allocation scheme (SAS) GPs, community nursing, other primary care and commercial call handling activity. Prior to this the figures only included OOH contacts.

Our sites

The Trust operates from more than 130 sites across the region with a fleet of more than 1,000 vehicles. Its operations are largely co-ordinated through three Health Emergency Operations Centres (HEOCs) which are located in Bedford, Chelmsford and Norwich. The Trust's headquarters are based at Cambourne in Cambridgeshire.

Our staff

The Trust employs nearly 4,000 staff and more than 2,500 volunteers who all work towards ensuring patients get the right treatment in the right place at the right time. Volunteers support the Community First Responder programme or work as volunteer ambulance car drivers.

Partners and partnership working

The Trust receives immense help to deliver its clinical services from a variety of different charities. This includes regional air ambulances, the British Association for Immediate Care (BASICS) schemes and St John Ambulance along with several smaller local initiatives which offer extra care and support to patients following traumatic events.

The Trust is grateful to these charities and the people who volunteer for the support they provide and the contribution they make to saving and improving patients' lives.

BASICS

There are a number of BASICS immediate care schemes across the region, including the Mid-Anglia General Practitioner Accident Service (MAGPAS) which provides a volunteer doctor and paramedic service for 16 hours a day across Bedfordshire and Cambridgeshire. In addition Suffolk Accident Rescue Service (SARS), Norfolk Accident Rescue Service (NARS) and North East Essex Doctors Emergency Service (NEEDES) all provide doctor support in their respective counties.

The East Anglian Air Ambulance (EAAA)

The EAAA was established in 2000 and provides services in Bedfordshire, Cambridgeshire, Norfolk and Suffolk. It provides patients with rapid access to specialist clinical teams and a quick transfer to the most appropriate hospital. It operates two helicopters that are staffed by skilled paramedics and doctors.

Essex and Hertfordshire Air Ambulance (EHAAT)

EHAAT operates two helicopters and provides services in Essex and Hertfordshire. It provides a rapid clinical response across both counties via its specialist team of doctors and paramedics.

Our volunteers

The Trust enjoys an enviable position in that it has more than 2500 volunteers. These are found in two service areas:

1. Patient Transport Services – Volunteer car drivers
2. Operational Partnerships – Community First Responders

These volunteers provided more than 985,000 hours of time to the Trust and patients. Volunteers are recognised at the Trust's annual awards ceremony and during the annual volunteer week, where those who have volunteered for a number of years receive an award. The Trust is extremely grateful to all who give up their time to assist its services.

Volunteer car drivers

There are approximately 500 volunteers who provide a service to patients by transporting them to out-patient clinics and treatment centres. Their work is pre-planned by PTS staff who identify those patients who are suitable for transport in a standard saloon car and whose medical condition is not dependant on trained staff to lift or transport them in wheelchairs.

The volunteers will typically have a planned run to pick up three to four patients and convey them to a hospital or treatment centre. Following their treatment, the patients are then returned by that driver to their homes. The drivers provide this service free to the Trust, with the Trust paying an allowance for their fuel.

Community First Responders (CFRs)

There are more than 2,000 CFRs across the region who responded to more than 17,000 life threatening emergency calls in 2010/11 – an increase of more than 2,000 calls compared to the year before. These specially trained volunteers provide a service to their local communities by being deployed to life threatening medical 999 calls in their community. The CFRs receive training in Emergency Life Support (ELS) where they learn how to recognise and treat certain life threatening medical conditions such as a stroke, difficulty in breathing, unconsciousness or cardiac arrest. They have the appropriate equipment to deal with these emergencies including an Automatic External Defibrillator (AED) and oxygen. The Trust also provides each group with a mobile telephone.

Once a CFR has been trained, they join their local group and a volunteer coordinator will include them in a roster according to their availability. When a call is received within one of the HEOCs the CFR is sent to provide immediate care to the patient. At the same time an ambulance resource is also dispatched in order to attend the scene in support of the CFR and to take responsibility for the on-going treatment and care of the patient.

Each CFR is refreshed on the training programme quarterly and required to undergo an annual assessment to ensure their skills are to the right standard.

Our Performance

Innovations and achievements in 2010/11

- ▷ The Trust came top in the national Health and Social Care Awards Support for Independence category for a ground-breaking project run in partnership with Hertfordshire County Council which involves social workers accompanying Emergency Care Practitioners to help older people who have fallen at home.
- ▷ The Trust won a prestigious innovations award in partnership with the West Suffolk Hospital for a new scheme aimed at preventing unnecessary hospital admissions for respiratory patients across Suffolk.
- ▷ The Trust's resilience department became the first UK ambulance service to win an Emergency Planning Society award for "honouring the greatest contribution to developing innovative thinking, turning new concepts into practical applications to build improved resilience".
- ▷ Within primary care operations, the Trust was subject to a number of external inspections which confirmed that its Out of Hours (OOH) services were safe, high quality and effective. Following a Care Quality Commission (CQC) unannounced inspection the Trust was found to be fully compliant with its medicines management. It is also successfully providing a central point of contact for community services for patient and professionals in the Bedfordshire area and is rolling out the summary care record system that will allow the OOH service to access the national electronic spine for patient records as GPs now do during the day.



- ▶ The Trust further developed its CSDs in each HEOC. These desks provide a more in-depth telephone triage to patients who do not require an emergency response. This allows the Trust to gather more information about the patient's condition and identify the right treatment option, which may not be sending an emergency ambulance to convey to hospital, enabling the patient to get the right treatment and advice for their condition.
- ▶ The Trust launched a new clinical quality strategy which builds on the progress already made by the organisation. The strategy confirms the Trust's continuing drive to further improve quality. The introduction of five 'innovation scouts' has also helped champion creativity and seek out new ideas which could be turned into new products or services which will improve the patient experience.
- ▶ The snow and freezing conditions last winter provided the Trust with challenges not seen for many years. A regional command centre was established as well as local co-ordination centres. With assistance from a number of outside agencies such as St John Ambulance, British Red Cross, many local community first responders and the Land Rover 4x4 clubs the Trust maintained its emergency response despite the often treacherous conditions.
- ▶ The Trust officially opened its new HART base in Melbourn and centralised all training and development at the same site. The HART subsequently went on to effectively help manage a number of major incidents.
- ▶ The Trust received unconditional registration with the CQC in April 2010 and was not required to make any improvements following unannounced inspections.
- ▶ The Trust delivered a cost improvement programme of more than £12 million while meeting increased demand for its services.
- ▶ The Trust's Patient Transport Service (PTS) made more than 1.1 million patient journeys in the year. The roll out of 91 new patient transport vehicles began, which will give patients using this service a more comfortable journey. ISO accreditation was also achieved for the first time in Essex in June 2010, giving PTS ISO accreditation throughout the Trust.
- ▶ The Trust rolled out 56 new A&E vehicles as well as the mobile data terrafix system in Bedfordshire and Hertfordshire, allowing more effective communications between crews and HEOCs.

Taken together, all of these achievements have helped the Trust enhance the quality of its services for the public in the east of England and also helped it to improve its governance risk rating (GRR) from amber in 2009/10 to amber/green in 2010/11.

National targets and response statistics

2010/11 was another challenging year for the Trust as it saw a 4.2% increase in the number of emergency and urgent calls received from the public. At the same time the Trust's response performance was hindered by the appalling weather conditions seen across the region in late November and into December. As a result the Trust's category A performance for the eight minute target fell just below the national standard, despite a strong recovery coming out of the winter period. However, like a number of ambulance services, the Trust made a successful application* to its commissioners for dispensation in the target for the dates affected by the adverse weather which made road conditions very difficult and obviously meant that it took longer to reach patients

than usual. This will be submitted to the Care Quality Commission for consideration in relation to the published national performance and quality standards. Category A performance for the 19 minute target exceeded the national standard and the Trust fell short of the category B target.

	2010/11	2009/10
Total number of 999 responses	693,382	668,451
Category A responses	223,856	207,616
Category B responses	264,199	263,095
Category C responses	205,327	197,740
Category A performance – 8 minutes	74.6%	75.7%
Category A performance – 19 minutes	95.6%	96%
Category B performance – 19 minutes	93.1%	94%

(as per KA34 return to Department of Health)

*(with dispensation, Category A8 compliance rises to 75.2%)

- ▷ Category A: Potentially life threatening calls. National target was to respond to 75% of these calls within 8 minutes and 95% within 19 minutes.
- ▷ Category B: Non-life threatening calls. The target was to respond to 95% of these calls within 19 minutes.
- ▷ Category C: Minor problems. Some of these can be dealt with by giving advice over the phone or by sending an ambulance under normal driving conditions. Targets for these calls are agreed locally with primary care trusts (PCTs), but typically specify that the Trust should arrive within 60 minutes if an ambulance is required.

In 2011/12, new performance indicators are being introduced for ambulance services, more details of these are set out in the section entitled 'Future plans' on page three. This will see a shift from measuring ambulance performance solely on response times to a greater emphasis on the quality of care the patient receives.

Financial performance

The Trust had an annual turnover of £222m in 2010/11, which has fallen from the previous year as a result of the divestment of the shared service in 2009/10. 2010/11 annual turnover has increased by approximately £3m when excluding the shared service turnover from 2009/10 figures.

Although the Trust provides a range of services to non-NHS organisations, the majority of its income comes from within the NHS. The Trust delivered its financial performance targets meeting all its statutory financial duties:

- ▷ Breakeven (after excluding asset impairments)
- ▷ External financial limit
- ▷ Capital resource limit

As in previous years, plans submitted to NHS East of England and the Department of Health were used for monitoring the Trust's financial performance during the year. The Trust reported a retained deficit of £445,000 for the year ending March 31, 2011, however this included asset impairments of £2,809,000. These impairments arose from the requirement for the Trust to review the holding value of its land and buildings and the resulting charge to the income and expenditure account is excluded when judging if the breakeven duty is met. Therefore after excluding the asset impairment of £2,809,000, the Trust produced a surplus of £2,364,000, which was slightly ahead of a planned surplus of £1,967,000.

This compares favourably to a surplus of £757,000 for the previous year and positions the Trust well for its investment plans going forward. The Trust also ended the year with a strong cash position of £9,441,000 as demonstrated in the statement of cash flows.

	Total 2010/11 financial year £000	Total 2009/10 financial year £000
Operating Income	222,389	228,076
Operating Costs	(221,688)	(245,418)
EBITDA* Surplus	3,407	(14,324)
Depreciation, dividend and other costs	(3,924)	(4,950)
Retained Earnings	(445)	(19,161)

*Earnings before interest, taxation, depreciation and amortisation

Cash balances at the end of March were strong, totalling £9,441,000. The financial risk rating (FRR) has improved from red in 2009/10 to amber in 2010/11.

CQC and other accreditations

The Trust was registered with CQC on April 1, 2010 without any conditions or restrictions to operate under three regulated activities:

1. Treatment of disease, disorder or injury
2. Transport Services, triage and medical advice provided remotely
3. Diagnostic and screening procedures

It was also registered against the following coded service types which cover the service activities provided by the Trust:

- ▷ AMB – Ambulance service
- ▷ MBS – Mobile doctors service
- ▷ CHC – Community healthcare services
- ▷ DCS – Doctors consultation services
- ▷ DTS – Doctors treatment services

Service activities span across a number of the CQC service type codes which in effect means that the Trust has been required to provide additional compliance data against some of the 'Essential Standards of Quality and Safety'.

In completing the registration application process the Trust initially declared non compliance to four regulations namely:

- ▷ Regulation 11 Outcome 7 – Safeguarding
- ▷ Regulation 12 Outcome 8 – Cleanliness and infection control
- ▷ Regulation 13 Outcome 9 – Management of medicines
- ▷ Regulation 14 Outcome 5 – Meeting nutritional needs (not applicable)

Subsequently, action plans for regulations 11, 12 and 13 were developed and implemented to improve the quality and safety of service provision to patients. A copy of the action plans were submitted to the CQC for monitoring purposes.

In June 2010 the CQC made an unannounced responsive review visit to monitor the progress made against the Trust's actions plans which were submitted at the time of registration. The CQC reviewed the evidence for each standard and also visited two ambulance stations and an A&E department to interview operational staff to triangulate information gained throughout their visit. The CQC assessed the Trust as compliant for each of the four regulations reviewed and a report was published subsequently on the CQC website.

In addition the CQC also took the opportunity to review evidence against Regulation 9 Outcome 4 (the care and welfare of people who use services) to provide assurance that the Trust had acted upon recommendations made by the Secretary of State for Health following a high profile case relating to a medications error by a locum out of hours doctor from another service provider.

NHS Litigation Authority

The Trust currently holds Level 1 NHS Litigation Authority accreditation. This external assessment was achieved in October 2009 which means that the Trust is required to undertake a re-assessment in October 2011. To work towards this the Trust undertook a pre-assessment in March 2011.

Information governance

The post of Director of Strategy and Business Development is the Trust's Senior Information Risk Owner (SIRO). Both he and the Head of Information Governance successfully completed the SIRO training during 2010/11. The Head of Information Governance also participates in local information governance groups to share learning and best practice. All Board members have also completed their mandatory information governance training.

The Trust has an overarching Information Assurance Framework complemented by Data Protection and Information Security related policies, including an Information Risk Management Policy. Information risks and incidents are reported through the same processes as other identified risks, although they are additionally reviewed by the Information Governance Group. The Trust's Release of Information and the Freedom of Information policies have also been updated in line with recent NHS guidelines.

NHS Connecting for Health has discontinued the previous red/amber/green assessment rating for Information Governance Toolkit compliance, and specified that Trusts will only be considered compliant if they have achieved a minimum of level 2 against all prescribed Information Governance standards.

Following a comprehensive review the Trust has declared overall compliance with the requirements of the Information Governance Toolkit 2010/11. This is comparable with the 'green' status declared in 2009/10.

Projects were initiated during 2010/11 to develop a comprehensive Information Asset Register and carry out a Trust-wide corporate records management audit review. These projects will serve to strengthen the Trust's wider information governance framework.

Data loss and confidentiality breach

There were no data losses or any confidentiality breaches that needed to be declared in 2010/11.

Emergency preparedness

The Trust has a statutory requirement to provide resilience and be compliant with the Civil Contingencies Act (2004) and NHS Guidance (2005). This requires the Trust to prepare and train staff in chemical, biological, radiological and nuclear (explosive) (CBRNe) response. During 2010 a new fleet of ambulance support units were launched to enable an appropriate response to such incidents.

In addition, during 2010 the Trust established a HART comprising 45 members of staff. The highly skilled team are trained and equipped to work in areas previously cordoned off to paramedics because of the danger. This means that teams can now get to patients in situ, enabling much quicker delivery of treatment. A second HART of 42 ambulance staff has been commissioned by the Department of Health and will become operational in December 2011, increasing the Trust's ability to respond to incidents and treat patients.

During the year the Trust managed its response to five major incidents including the Sudbury rail crash. In addition the Trust put plans in place to maintain service levels during the World Cup and is currently developing its plans for the London Olympics in 2012. The Trust also co-ordinates specialist operations and events such as air shows and concerts within the region. The organisers of the Sonisphere concerts at Knebworth along with the V festival in Chelmsford also ask the Trust to plan and provide medical services for their events. This involves ensuring the 100,000 festival goers and organisers have suitable medical care, something the Trust is well used to providing.

As a category one responder the Trust attends all six of the regions local resilience forums. The Trust actively participates in emergency planning exercises with partner organisations. One of the biggest live exercises ever in the region took place in April 2010 and involved the military, ambulance, police and fire agencies. The Trust is represented on the Department of Health Emergency Preparedness Board (EPB) and the organisation chairs the Response work stream focussing on all aspects of equipment, resources and creating national standard operating procedures for ambulance services.

The Trust was audited in 2010 by the EPB and the organisation's silver and bronze commander training programmes were highlighted as areas of good practice. The Trust also offers a wide range of courses

to staff, other NHS Trusts, emergency services and the private sector. The loggist course in particular is proving very popular so that extra dates have been added for 2011. These courses have recently gained full accreditation by the Emergency Planning Society.

Business Continuity Management (BCM)

During the autumn of 2010 the Trust employed a full time manager with responsibility for fully embedding BCM within the Trust. The Trust initiated awareness training for more than 120 managers during the summer culminating in a revised BCM plan which was subsequently externally audited by the Department of Health and is in line with the British Standard 25999.

Contractual or other arrangements

The Trust had more than 200 contractual arrangements in place during 2010/11 and a number of ad hoc agreements for various services. The contents and detail of the contracts are commercially based and in the opinion of the Trust Board disclosure would be seriously prejudicial and contrary to the public interest.

NHS Bedfordshire was the lead commissioner for A&E services throughout 2010/11, but in November 2010 it was determined that this role would pass to NHS Norfolk. Both organisations worked jointly in the last quarter of the year, with responsibility passing to NHS Norfolk from April 1, 2011. Other services are commissioned by individual PCTs, provider trusts, other public bodies and a number of commercial organisations. For example the Trust provides GP out of hours (OOH) services in Norfolk and South Essex on behalf of the PCTs in those areas. Contracts that are in place covered the whole of 2010/11 and will be recurrent within 2011/12. There were no formal partnership arrangements under section 31 of the Health Act 1999, however the Trust continues to work closely with a number of organisations under sub-contracting arrangements.

Quality Account summary

Every NHS trust is required to publish a Quality Account to report on the quality of its services. The account includes a review of the previous year's performance and outlines the priorities for the coming year. Improving quality is an overarching priority for the Trust and the Trust consults with staff and stakeholders as part of the process for identifying the areas for improvement.

In 2010/11 the Trust identified five priorities for improvement. These were:

1. Reduce preventable falls
2. Increase the number of patients accessing an appropriate stroke patient care pathway
3. Improve the quality of patient handovers
4. Increase the percentage of patients accessing preferred type of end of life care
5. Improve the cleanliness of the pre hospital environment and reduce the risk of infection

Based on feedback from staff and stakeholders the five priority areas for 2011/12 have been set:

1. Improve the management of pain
2. Ensure the quality of patient handovers
3. Best possible outcome from cardiac arrest
4. Improve the management of acute brain events
5. Continuous improvement in the prevention of infection

Review of 2010/11 priorities

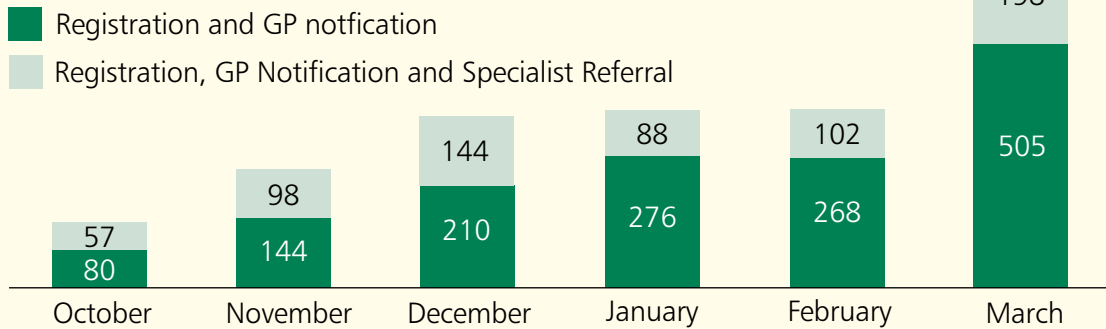
Priority one – Reduce preventable falls

Patients who have fallen make up the largest category of calls the Trust receives and there is clear evidence that a number are preventable. The Trust worked with other healthcare providers to reduce the number of falls and admissions and to increase referrals for at risk patients.

A register and referral system was developed based on identification of key areas which contribute to falls prevention and an electronic record was set up to share details with other healthcare professionals. The Trust also developed a directory of falls services to alert community teams in some areas as well as GPs. A regional falls forum met throughout the year to focus on the development of the system and will now work on analysing trends in the register and other data.

The project in west Hertfordshire won the national Health and Social Care award while east and north Hertfordshire received regional innovation funding and was advocated as a best practice example. This scheme focused on providing both clinical and social care to the patient at the point of call, increasing admission avoidance rate and early access to social care provision.

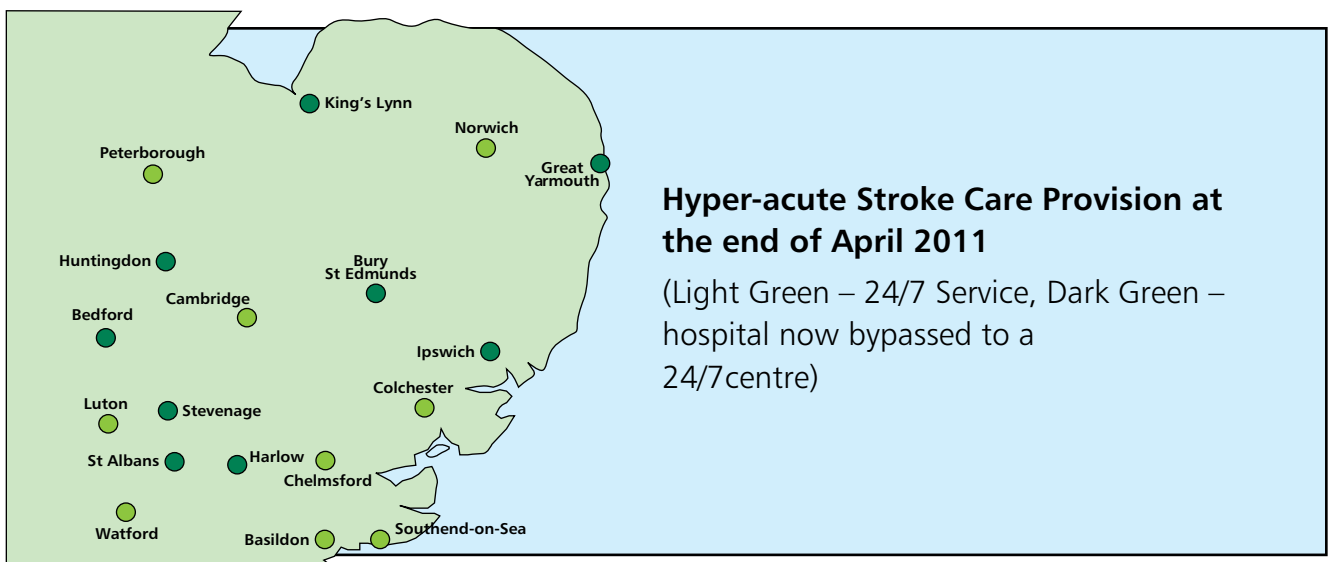
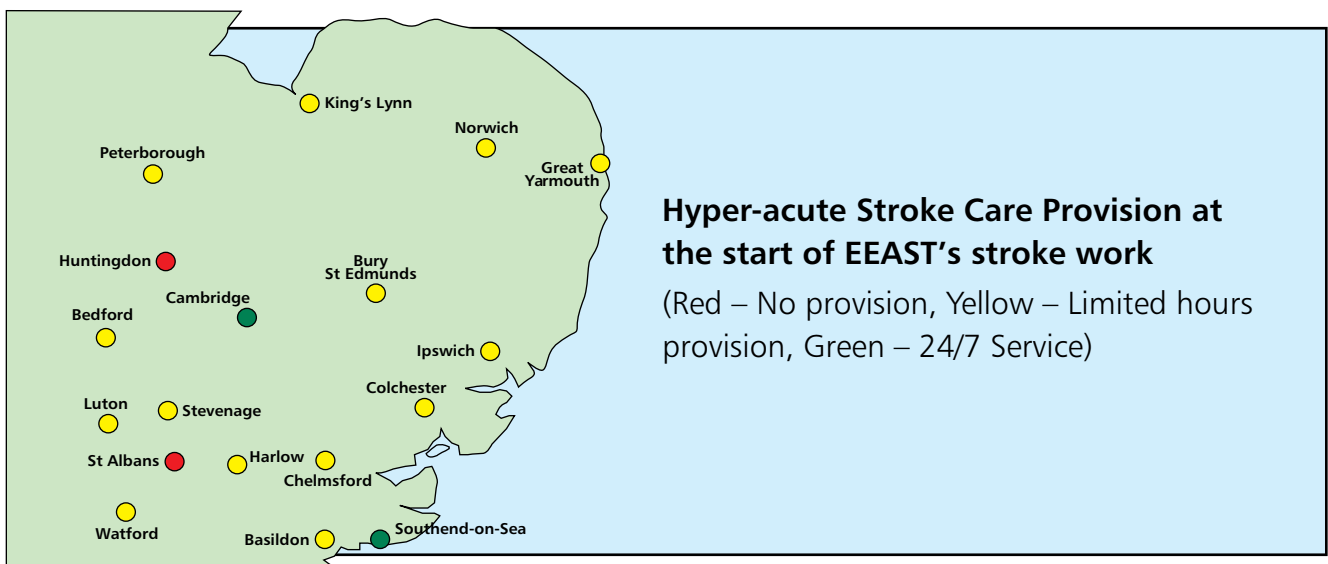
Falls Register use



Priority two – Increase the number of patients accessing an appropriate stroke patient care pathway

Stroke is a major cause of mortality and morbidity. The Trust has made significant progress on the quality markers outlined in the 2008 national stroke strategy but further work was identified to ensure more stroke and transient ischaemic attack (TIA) patients were put on the correct pathway.

The Trust introduced a TIA patient care pathway to identify high and low risk patients, a low-risk TIA referral system and region-wide access to acute 24/7 thrombolysis services, which has resulted in a significant increase in equality of access to patients. A variety of projects and public engagement activities were also undertaken.



Priority three – Improve the quality of patient handovers

The Trust needed to significantly improve the quality of the completed patient care record (PCR) and to improve the rate of submission of its paper PCRs. A 90% target was set for both completion and submission of PCRs.

A PCR submission audit tool was posted on the intranet to help managers collect and submit PCRs, the PCR policy was reissued and additional security wallets were distributed to improve the safety and speed of PCR returns. The clinical general managers and clinical operational managers implemented an action plan and published posters to encourage staff to complete PCRs. The Trust also began rolling out electronic patient care records (ePCRs). Completion of PCRs stood at 82.2% for 2010/11, a significant improvement on 50.5% over 2009/10.

Priority four – Increase the percentage of patients accessing preferred type of end of life care

The Trust worked with end of life care networks to decrease the number of palliative care transfers to hospital and increase the number of computer aided dispatch (CAD) system flags indicating the preferred place of death for palliative care patients.

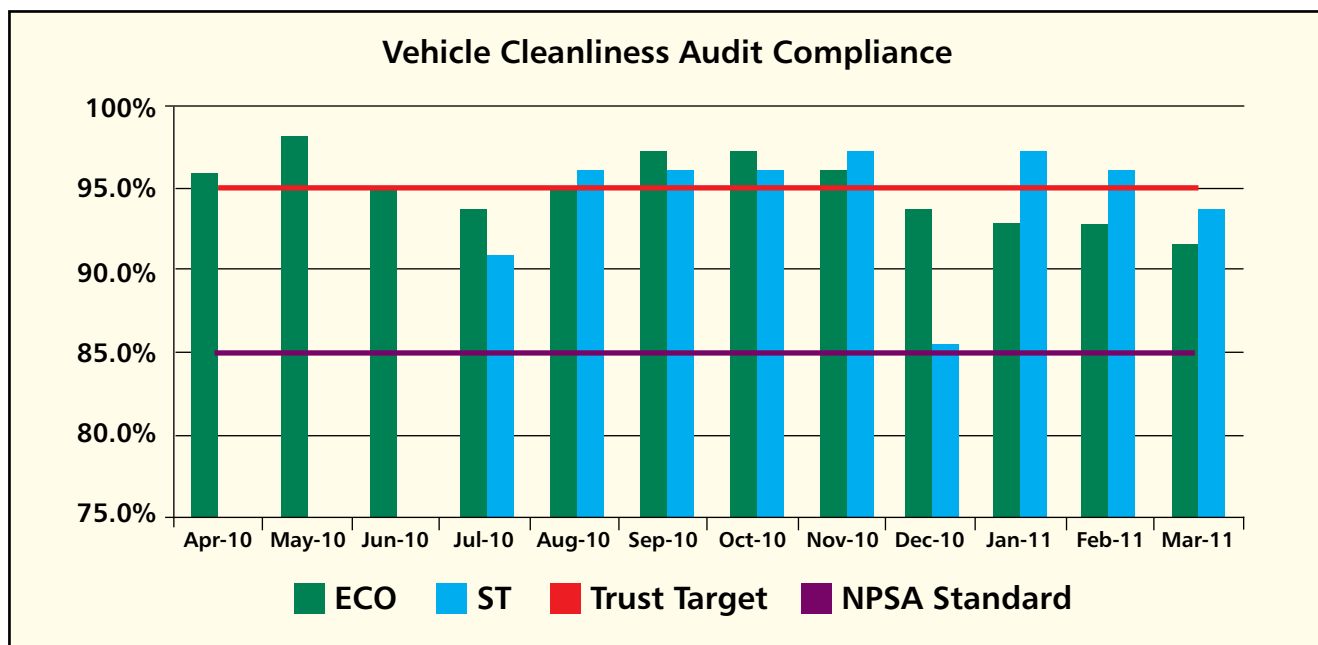
Improvements were made to the collection and dissemination of management plans relating to end of life care. The plans alert clinicians to the fact a patient is near to the end of their life and if resuscitation is inappropriate or futile and can also detail information about where a patient wishes to spend their final days. This information was included in the CAD so the correct response could be dispatched and clinicians could approach the patient with the appropriate attitude. The Trust also improved education for emergency care practitioners and contributed to future planning of end of life services by attending local and regional meetings.



Priority five – Improve the cleanliness of the pre-hospital environment and reduce infection risk

As part of the annual programme to minimise risk of infection and in response to the inspections undertaken by the CQC, the Trust developed additional systems and key performance indicators to monitor and improve the cleanliness of all its risk areas.

A comprehensive Infection Prevention and Control (IPC) annual work plan encompassed all relevant criteria defined within the Hygiene Code of Practice along with a detailed IPC audit schedule, both of which are monitored by the IPC group. Cleanliness audits for emergency care operation (ECO) vehicles have been in place since April 1, 2010 and for scheduled transport (ST) vehicles since July 1, 2010. Although the National Patient Safety Agency specified compliance against standards of 85%, the Trust set a target of 95% for vehicle and station cleanliness.



The chart demonstrates the audit compliance for both ECO and ST vehicles.

2011/12 priorities

Priority one – Improve the management of pain

Last year the Trust received more than 106,000 emergency calls relating to patients experiencing abdominal, chest, head and back pain and in discovery interviews and patient experience surveys pain management was identified as a key area for further development. Clinical staff also indicated interventions were limited for some groups of patients including paediatrics.

The Trust will focus on developing further a holistic approach to pain management and exploring developments in pharmacological and non-pharmacological interventions, which may include providing reassurance, driving technique, and medicine availability. A pain management champion will be introduced to promote best practice. The priority will be monitored by recording patients' pain scores, pharmacological and non-pharmacological treatment and resultant changes in pain. Discovery interviews and surveys will also include questions on pain management.

Priority two – Ensure the quality of patient handovers

This was a priority the Trust set in 2009/10 but compliance with the completion of records is still not at the high level the Trust strives for and patient experience engagement reveals that being repeatedly asked for the same information frustrates patients.

The Trust plans to continue with the region wide implementation of the ePCR for emergency services and to introduce it in primary care. It will also disseminate information to staff on the importance of record-keeping, develop a verbal handover procedure and improve reporting mechanisms.

The priority will be measured through submission of PCRs, use of the ePCR, use of a person's NHS number, quality of completed records, compliance with elements of verbal handover and patient experience.

Priority three – Best possible outcome from cardiac arrest

Last year more than 7,000 calls were received for patients in cardiac or respiratory arrest. Saving lives is a core function of the ambulance service, including rapid response to scene and high quality resuscitation where appropriate.

Planned activities include resuscitation training in line with new guidelines, further development of Community First Responders and introduction of resuscitation aids such as metronomes. In line with a national steer towards dying with dignity for palliative patients a region wide 'do not resuscitate' policy will also be implemented and further information given to clinicians on end of life care.

Measurement will be by return of spontaneous circulation (ROSC) rates, survival to discharge rates, compliance with algorithm for resuscitation, audit of care provided by specialist paramedics trained in end of life care, patient and carer experience and complaints and compliments.

Chain of survival



Priority four – Improve the management of acute brain events

In 2010/11 the compliance with the national care bundle for stroke was below the national average and it is an area for continuous improvement so that all patients have access to appropriate treatment and services.

Focus will be on further development of the TIA referral pathway, 24/7 access to the acute stroke hospital pathway region wide, development of a multi-disciplinary acute stroke life support course, improvement in national care bundle compliance and the introduction of stroke champions.

Monitoring will be through measurements against the national care bundle, the number of patients accessing an appropriate hospital within 60 minutes for acute stroke and the number of patients referred directly to the TIA service.

Priority five – Continuous improvement in the prevention of infection

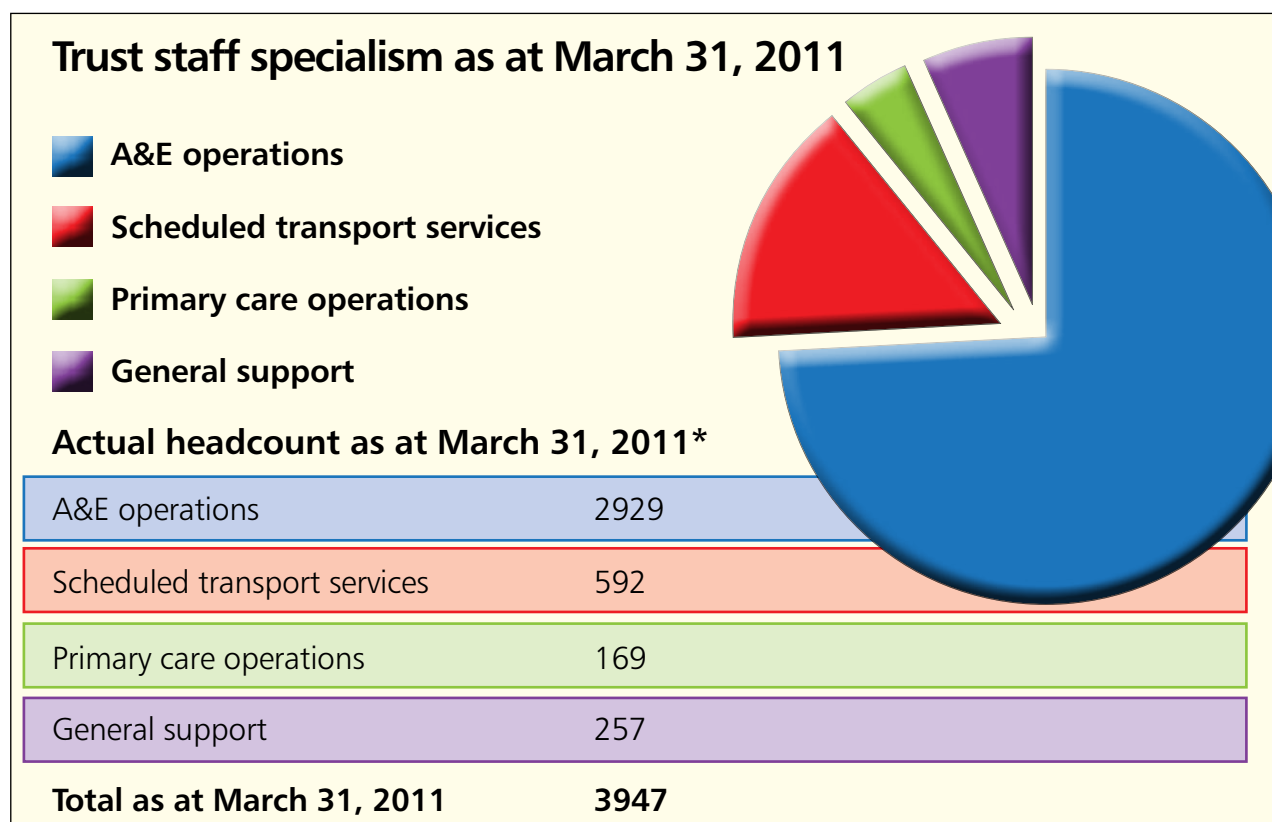
The Trust will focus on building on the foundations laid this year in relation to prevention of infection to maintain and monitor compliance against CQC regulations.

Compliance with hand hygiene principles will be audited by practical observations at A&E departments and other receiving centres for 12 hours per month at each centre. Additionally 95% of vehicles and 100% of stations from which double-staffed ambulances operate will be audited each month. The Trust will measure hand hygiene compliance at the point of care, against World Health Organisation's (WHO) for hand hygiene principles, vehicle cleanliness and station cleanliness, including clinical waste management, linen and sharps.

This Quality Account will be publically available by June 30, 2011 on the NHS choices website at <http://www.nhs.uk/servicedirectories/pages/trust.aspx?id=ryc>

Our staff

We have nearly 4,000 staff working across 130 locations, broken down by specialism as follows:



*the annual accounts record our staff figures as average whole time equivalent.

Working with staff

The Trust enjoys highly effective working relationships with its recognised trade union, UNISON and has well embedded and understood positive ways of working with them and also directly with staff. The Trust's consultative mechanisms were developed in partnership and exist at local, regional and Trust-wide level. Consultation on all matters affecting staff takes place with staff-side and, where appropriate, directly with staff.

The Trust takes a very inclusive and engaging approach to employment policy development. A schedule of policy development is agreed on an annual basis via the Trust's Staff Partnership Forum. Staff are informed about which policies are due for review three months prior to the review date and are encouraged to email in comments and suggestions via a dedicated email address. These comments are fed into the policy working group comprising staff-side, HR and management for consideration during the review. All comments and suggestions received are given individual responses detailing the outcome of their comments.

This approach was used during the course of 2010/11 in the major work undertaken to harmonise staff terms and conditions. In addition, staff were provided with a three-month direct consultation period. Frequently asked questions and answers were developed along with dedicated communications to ensure staff were fully informed throughout. In total more than 200 staff attended events to

discuss proposals and some 1,000 emails were received with comments about the proposals, all of which received an individual response. This inclusive approach is seen as a key to the unhindered implementation of the revised terms and conditions.

The Trust recognises the value of its staff and has developed a staff recognition strategy which includes awards for long service and good conduct.

Staff survey

The Trust undertakes the annual NHS staff survey which is a nationally developed questionnaire, sent to a sample of 850 representative but randomly selected staff. The findings of the survey are used to gauge views on a wide range of areas and are used to identify key areas for improvement.

In 2010 56% of Trust staff who received a survey responded. This was the highest response rate for ambulance trusts and the organisation's highest response rate to date.

The results for the Trust showed that performance had improved in a number of areas and had been maintained in the vast majority of other areas. The biggest improvement was the number of staff having equality and diversity training in the previous 12 months which rose from 53% to 61%. Health and safety training for staff also increased from 53% to 60%. Other improvements included staff feeling less work pressure and improved quality of job design.

The factor which had deteriorated in 2009, fairness and effectiveness of incident reporting procedures, showed an increase in the 2010 survey. It is anticipated this will improve further once on-line incident reporting is available Trust-wide.

There was one area that had deteriorated from 2009 which was overall staff motivation at work. This is a complex issue with motivation improving in corporate service/office based roles and Patient Transport Services but decreasing in front-line emergency service roles.

A key focus for the Trust this year will be to continue to increase the number of staff having annual performance and development appraisals as this will improve a number of factors for next year's survey, including staff motivation. The Trust is currently developing an action plan to address the areas which need improvement. Staff will be encouraged to actively participate in this plan by contributing their ideas and thoughts.



Trust policies to support staff

The Trust's philosophy and support for employees with disabilities straddles the range of relevant employment policies.

The Trust has the government's Two Ticks disability scheme accreditation and its commitment to employing people with disabilities is outlined in its Recruitment and Selection Policy. Policies relevant during employment include the Trust's Sickness Absence Management Policy which outlines aims in relation to reasonable adjustments to facilitate employees with disabilities ongoing employment.

The Trust makes every effort to consider and allow flexible working options as part of its duty to make reasonable adjustments for staff and job applicants with disabilities under the Equality Act 2010. This gives employees further options to consider, in addition to the factors covered by the sickness absence management policy, to help manage their disability.

In accordance with guidance provided by the Employers Forum on Disability, the Trust is developing a new document to ensure that robust records are held of the reasonable adjustments which have been agreed between individuals and their line managers. It will be regularly reviewed, and has already been noted by Two Ticks disability scheme auditors as a welcome addition to the Trust's evidence file showing dedication to working with employees with disabilities to improve their working relationships and potential to remain in employment.

The Trust is required to abide by the NHS Constitution's Rights and Pledges for NHS staff, namely:

- ▷ Have a good working environment with flexible working opportunities, consistent with needs of patients and with the way that people live their lives
- ▷ Have a fair pay and contract framework
- ▷ Be involved and represented in the workplace
- ▷ Have healthy and safe working conditions and an environment free from harassment, bullying or violence
- ▷ Be treated fairly, equally and free from discrimination
- ▷ Can raise an internal grievance and if necessary seek redress where it is felt that a right has not been upheld
- ▷ Have employment protection
- ▷ Can join the NHS Pension Scheme
- ▷ Staff legal duties

Health and wellbeing

In March 2010, the Trust restructured its Occupational Health service as part of its Health and Wellbeing strategy with the aim of transforming the service into an all-encompassing Health and Wellbeing Department of which Occupational Health forms one of the services provided.

In taking forward the Trust's Occupational Health Service and the recommendations of the Boorman Report, attention is being given to:

- ▷ Re-engineering and improving administrative processes
- ▷ Improving the speed of access to services for managers and staff
- ▷ Improving the timeliness and provision of quality advice and reports
- ▷ Improved record keeping
- ▷ Better control and robustness of immunisation status of staff
- ▷ Improving access to external services (including physician appointments, counselling, and physiotherapy)

Sickness absence for 2010/11 was 7.14% which is a fall of 0.28% compared to the levels in the previous year. Within the year the level showed an overall downward trend from April 2010 to a low of 6.04% in August 2010. Subsequent months evidenced increasing sickness absence levels through to December 2010 reflecting national flu levels. Monthly levels saw a downward trend after January.

Staff sickness absence

	2010-11	2009-10
Staff years*	3,628	3,727
Days lost due to sickness absence	52,988	53,501
Average working days lost per staff year	15	14

*Representing all staff employed by the Trust where a full-time employee contracted to work all year is equivalent to one staff year

A fully revised Sickness Absence Management policy was launched in February 2011, together with a new comprehensive Employee Assistance Programme. This new policy aims to support both staff and managers in a simpler way and ensure that people have the appropriate support which in turn helps reduce staff sickness.

To support members of staff who suffer musculoskeletal injuries, whether work related or otherwise, the Trust offers an interim physiotherapy service. This allows staff to access early intervention while awaiting NHS physiotherapy treatment.

Employee Assistance Programme

In February 2011, the Trust launched an Employee Assistance Programme. This is a comprehensive service designed to improve both the access to, and the range of, support services available to staff. This programme enables staff and managers to access services 24 hours per day, seven days per week.

The services embrace support on matters both in and outside of work. The services available, all free of charge, include clinical counselling, family life solutions (a service designed to support employees with all aspects of being a carer) and personal and information services (to help employees research and locate resources in several categories including household tasks such as home maintenance and appliance repairs). As well as these benefits the programme gives staff access to legal assistance, financial advice, career support and redundancy/retirement support.

Cycle to Work scheme

The Trust offers the opportunity to all staff to join its Cycle To Work scheme. The scheme is an initiative created and supported by the government to encourage people to leave their cars at home and bike to work. The scheme offers staff the option to pay for a new bicycle through monthly payments direct out of their pre-tax wages, therefore saving money via tax contributions. Currently 160 staff are taking advantage of this initiative.

Equality, diversity and human rights

The Trust has adopted a comprehensive Equality, Diversity and Human Rights policy to ensure that equal opportunities extends to all those who are in contact with the service, whether as a member of staff, a volunteer, a patient or the general public. It promotes the legal and moral basis for the organisation to monitor and strive for equality of opportunity and promotion of diversity. It is considered to be primarily in the interests of a patient centred service that the Trust sets out to acknowledge that diversity and human rights are an integral part of core business.

The Equality Act 2010 and the NHS Equality Delivery System will see the Trust take on a more dynamic and proactive approach to effective engagement. Improved feedback mechanisms will help the service meet the needs of the communities it serves and the impact of the decisions and policies will be analysed using evidence and feedback to ensure they are beneficial and will not unnecessarily disadvantage any specific group with protected characteristics.

It is essential to maintain and develop the knowledge and skills of staff in respect of equality, diversity and human rights. The Trust promotes essential updates for all staff on an annual mandatory basis, as well as the opportunity to extend and revisit basic knowledge with available on-line modules addressing respect and dignity as well as disability awareness. The core induction programme includes a session aimed at introducing new staff to the Trust's equality, diversity and human rights policy, raising self awareness and challenging personally held views with evidence based approaches. Issues in relation to protected characteristics are addressed through staff publications and there is the opportunity for interested staff to take up a more proactive role as a dignity and diversity champion.

The Equality, Diversity and Human Rights Steering Group meets regularly to report on the legal and risk aspects of the Trust's activities necessary to achieve the mission, aims, values and objectives of both the NHS Constitution and the Trust. The Trust Board receives reports through the Quality and Risk Assurance Committee as well as through the Director of Business Transformation.

Health and safety

The Trust maintains a comprehensive range of policies which address the key health and safety issues. New policies are developed in partnership with staffside colleagues and during the past year these have included the overarching Health and Safety policy, violence and aggression, manual handling, security, asbestos, Legionella, fire and stress policies.

Progress has been made in delivering programmes to tackle areas identified as key health, safety and security risks, including investigation training and the harmonisation of manual handling procedures across the Trust. Training in these areas has been carried out to reduce the associated risks.

There has been a steady increase in the number of physical assaults reported by staff over the last year. For the same reporting period from April 1, 2010 to February 1, 2011 there has been an increase of eight physical assaults but a significant drop in verbal abuse. There has also been a reduction in the amount of assaults with weapons.

Audited figures by the Security Management Service for 2009-2010 reported a total of 125 incidents of physical assaults last year. It is anticipated that the results for the full year to March 2011 are likely to be similar to the number in the last financial year. The Trust will continue to do all within its power to ensure that appropriate action is taken by the police and Crown Prosecution Service in relation to assaults on staff. There have been a number of successful prosecutions this year, the most noticeable of which was a man found guilty of common assault and sentenced to six weeks imprisonment with a further six weeks suspended for 18 months. He was also required to compensate the Trust and the staff member assaulted for damages.

There have been a total of 1,006 incidents outside the violence and aggression categories reported over the period April 1, 2010 to February 1, 2011. Road traffic collisions, totalling 290, have accounted for most of the reported incidents.

Manual handling incidents account for the second highest number of incidents with a total of 230 with the vast majority being directly associated with lifting or moving a patient. Slips, trips and falls account for a total of 158 incidents.

The remaining 328 incidents comprise a range of issues, a significant number of which could not be formally classified. The Trust's new single incident management system will alleviate this reporting difficulty in future and enable more comprehensive reporting.

In July 2010 the Health and Safety Executive (HSE) served two improvement notices to the Trust in relation to manual handling activities and the management of violence and aggression against staff. Compliance was declared in April 2011 as required by the notices.

Counter fraud and corruption

2010/11 was the second year of the contract to provide a Local Counter Fraud Specialist (LCFS) as appointed by Deloitte and Touche Public Sector Internal Audit. The LCFS has continued to focus on embedding the counter fraud message and has produced a fraud awareness section in the Trust's mandatory training workbook including a knowledge check that all staff are required to complete by the end of 2010/11. This is an example of the embedded arrangements required by the NHS Counter Fraud Service and in 2009/10 the Trust was assessed at level two (evidence of a range of outputs) against the qualitative assessment framework. This rating represents a positive direction of travel, following a level one in previous years.

The Trust has continued to undertake targeted proactive reviews focusing on key local risks and rather than just task completion the need to demonstrate outcomes has been addressed through the introduction of a strategy document for the service as a whole. These outcomes feed through into the annual work plan, and also into each proactive and investigation task through the inclusion of planned actions against each outcome within the terms of reference, followed by confirmed actions within the final reports. In addition, the Trust has developed the monitoring framework as part of the strategy, which is now reported at each Audit Committee meeting.

The Trust has completed several investigations following a suspicion that fraud may have taken place. While these investigations have not identified evidence of a criminal offence in line with the outcomes approach mentioned above recommendations have been made against the areas of action in the Counter Fraud Strategy. These have included increased publicity of specific risks as part of fraud awareness and strengthening the systems of control to help prevent fraud occurring.

How we communicate with staff

Keeping staff informed of what is going on, and consulting them on important issues and changes, is at the heart of our day-to-day business. Between January and March more than 800 staff took the opportunity to meet with Hayden Newton, Chief Executive, along with other members of the Trust Board, who visited a number of ambulance stations and offices as part of his staff engagement visits.

The Chief Executive was able to brief staff on a variety of topics as well as giving staff the chance to ask questions and raise issues directly with him. As a result of these events, an action plan is being developed to address the suggestions and concerns expressed. Once completed this will be shared with staff so they can see what progress has been made following the feedback they gave.

During the year, the Trust launched some new internal communication channels including a new monthly staff magazine, a weekly staff briefing document and a suite of new internal bulletins. The Trust also started work on the project to replace its existing intranet with the aim of creating a central place where staff can access information and find out the latest news about their organisation.

Primary care

Along with transport services, another area of non-emergency services the Trust provides is within primary care, which focuses on patients with minor illnesses or injuries. This includes GP out of hours (OOH) cover, on-call district nursing, falls teams, and call handling, totalling more than 457,000 calls in 2010/11.

The Trust leads OOH cover in Norfolk, south-west and south-east Essex, working with primary care trusts, nurses, doctors and emergency care practitioners in those areas to respond to patients who call their GP practice out-of-hours during an evening or weekend.

Elsewhere the Trust supports SOS medical units, including one in Norwich city centre which triages and treats people at key busy times of the week such as Friday and Saturday nights and at Christmas time.

The Trust's achievements for 2010/11 include:

- ▶ The successful implementation of an award winning falls project
- ▶ Care Quality Commission (CQC) confirmation that the out of hours services were safe, high quality and effective
- ▶ An unannounced CQC inspection outlined OOH medicines management services were fully compliant.

As the emphasis shifts towards improving patient choice and services outside the hospital environment, the development of the Trust's primary care in the next year is essential to help reflect this, and deliver the best care possible for patients.

The Trust is rolling out the summary care record system that will allow the OOH service to access the national electronic spine for patient records as GPs now do during the day.



Improving the patient experience

The national patient survey for ambulance services in 2010/11 was placed on hold. However the Trust has its own systems for monitoring patient's experience. It has also set up a learning group to examine additional information received from patient complaints, incidents and performance against clinical indicators so that corrective action can be taken. This work is monitored by the Clinical Audit Patient Experience Group who report to the Clinical Quality and Safety Group which is co-chaired by the Medical Director and the Director of Clinical Quality.

Continuous surveys are carried out and questions within these surveys include those relating to overall satisfaction, being treated with dignity, patient involvement, attitude of staff and cleanliness of ambulance vehicles. It is intended to further develop these patient survey systems over the coming year.

The Trust has implemented a two year plan to roll out an electronic patient care record system to improve the patient experience and patient safety. This is via a clinical portal in which real time clinical data is collected which will be used to measure clinical performance and patient outcomes.

As part of each survey patients are asked to provide information around diversity: Age, gender, ethnicity, religion, sexual orientation and disability. This enables us to ensure patient satisfaction is consistent regardless of characteristics or background.

Compliments

The Trust is proud of the many compliments, thank you letters and donations it receives. This year more than 1,600 compliments and more than £45,000 in donations were received as a thank you to staff, in recognition of their hard work, dedication and professionalism. For every thank you received by the Trust each member of staff has received a copy of the letter and their names have been published in the Trust's staff magazine, by way of demonstrating our appreciation for their hard work.

Complaints

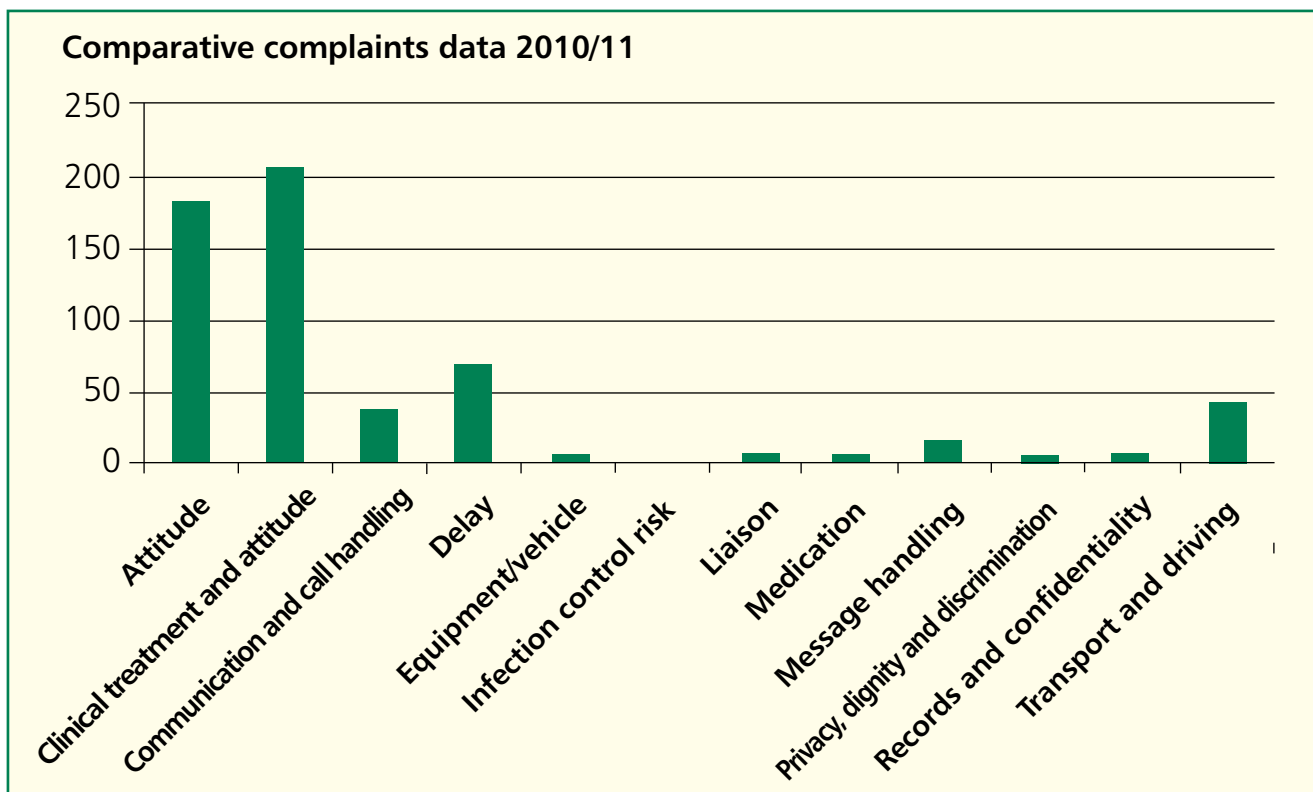
All patient related complaints are managed through the two Patient Services departments located in Norwich and Bedford. Each department has a dedicated team of staff whose aim is to forge a link with the complainant, so there is a clear understanding of the issues being raised and how best it can be resolved.

During the period April 2010 to March 2011 the Trust registered 530 complaints, compared to 452 for the previous year, representing a 15% increase. Out of more than two million patient contacts this represents less than 0.5%. Out of all the complaints received 96% were acknowledged within the three working day timeframe, and all complaints were handled in accordance with the Social Services and National Health Service Complaints (England) Regulations 2009. Joint working with other social services and health organisations is now firmly established to improve the complaints process when the complaint extends beyond organisational boundaries and involves more than one organisation.

The vast majority of complaints received were resolved locally. However 15 complainants took their complaint to the Health Service Ombudsman, with a request for an independent review into their concerns. Of these, ten were closed with no further actions required, three complaints were premature and more work was done locally to resolve them, and two are under review to establish

whether an investigation by the Ombudsman is warranted. One complaint from 2008 was subject to an independent review and was upheld on the grounds of the way the complaint and investigation was managed. Actions have been taken by the Trust to improve the service provided and to prevent a recurrence of this issue.

When the issues raised in complaints were reviewed, the main themes related to the quality of clinical care and the attitude of staff. This mirrors the themes in Patient Advice and Liaison Service (PALS) enquiries, and is consistent with the information published in the Ombudsman’s Listening and Learning report which was published earlier this financial year.



The Trust believes that it is vital to ensure that all feedback, including complaints, is used effectively in order to improve the services provided, and to prevent recurrences of adverse incidents. Methods of learning utilised are wide ranging and include reflective practice, counselling and further training for individuals as well as publication of bulletins and changes to practice across the Trust as a whole. Examples of improvements as a result of complaints include placing more equipment in GP cars, producing a document recognising a patient’s alert status, conducting reviews of the Medical Priority Dispatch System (MPDS) and Pathways system to improve the triage of limb injuries and publishing a clinical bulletin to Out of Hours services relating to the assessment of potential cardiac symptoms.

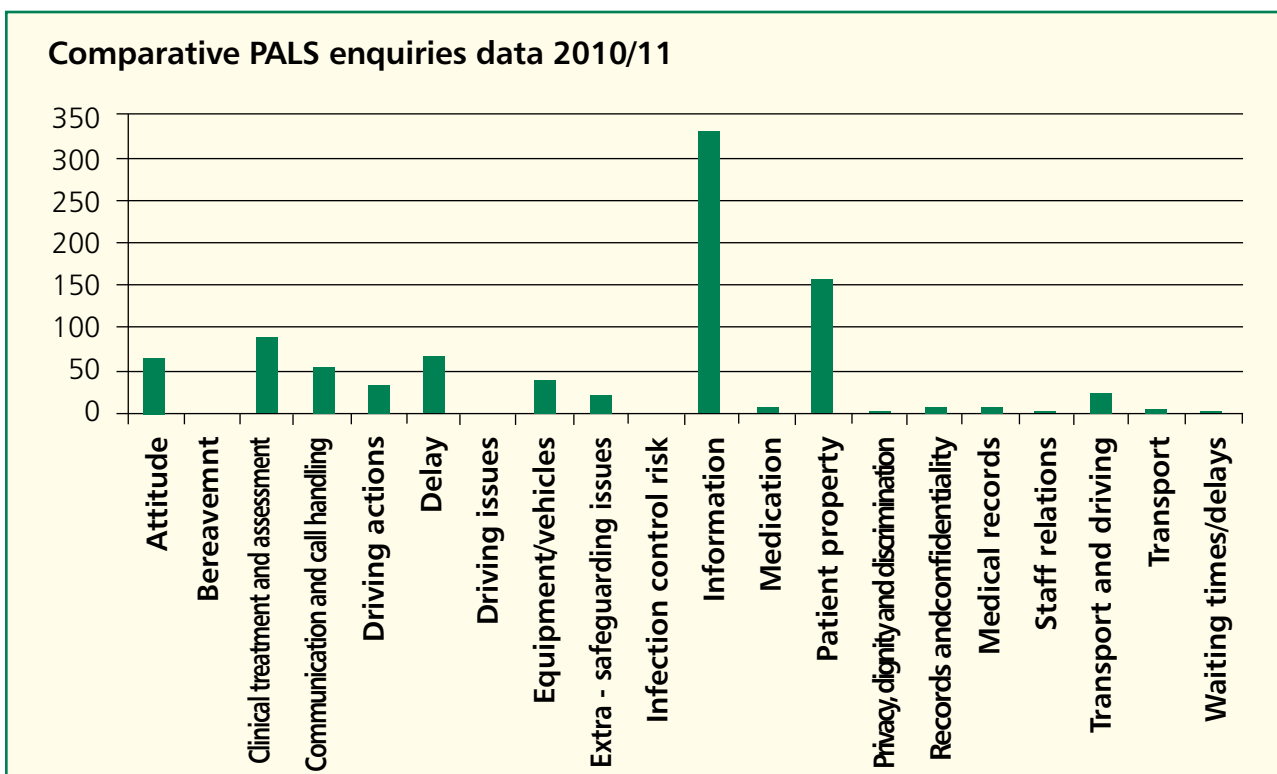
Following the establishment of the 2009 complaints regulations, the complaint process has changed significantly and is now focussed upon outcomes and learning. While focusing on patient care is paramount, the Trust also recognises the need to continually improve all patient services and as such the internal process has been subject to significant review in 2010/11. An audit of complaint responses and a complainant survey were carried out in order to establish ways in which the Trust could improve patient services. As a result on November 1, 2010 the complaint process was streamlined into one consistent method, with complainants receiving more detailed reports to go with the response focusing upon lessons learnt and actions taken as a result of the complaint. This change has been well received and it is anticipated that the annual audit and survey will demonstrate clear improvement with complainant satisfaction in 2011/2012.

Patient Advice and Liaison Service (PALS)

The PALS service is an integral part of the Patient Services department and helps to ensure that the Trust listens to patients, their relatives, carers and friends, answering their questions and resolving their concerns as quickly as possible. PALS then uses the comments provided to help drive changes and improvements to the services provided by the Trust.

More than 446 PALS enquiries seeking information relating to the care and treatment the organisation provided were received this year. A further 501 contacts were received that related to concerns or negative feedback being raised requiring investigation and a response. Key themes relating to PALS concerns included loss of patient property, clinical care and the attitude of staff.

As the Trust is committed to being a learning organisation, individual issues were dealt with by the local management team with relevant staff members. However wider learning and developments have also taken place as the result of patient feedback via PALS. Examples of this include improved communications with ward staff regarding pain relief, amendments made to the Trust's driving lessons to incorporate the exemptions and non-exemptions of the Traffic Management Act (2004) and reinforcement to the HEOC comfort call system, whereby GP urgent and category C patients are called when there is a delay in getting to them to ensure their condition has not deteriorated and to give advice.



Focusing on learning and positive change

The Trust is dedicated to providing the highest quality of service and as such, recognises the need to listen to all forms of feedback and proactively use this information to bring about service change and improvement. To achieve this a Learning Group was established, with the aim to review all incidents, claims, complaints and PALS enquiries. This includes highlighting trends and themes across all of the strands of feedback, in order to ascertain areas that may be of concern. Already, significant work has been undertaken in relation to the attitude of staff and the quality of clinical care, two key themes within PALS and complaints.

This information is then given to the Trust's Clinical Audit and Patient Experience Group, and actions are now in place for future training packages and for local managers to work with their teams to improve patient experience. The work of the Learning Group and the Clinical Audit and Patient Experience Group will continue to develop in the coming year, and will result in positive change for our public.

Future plans

The Patient Services department plans to continue to improve the service it provides to the public and patients. In the coming year the complaints and PALS pages on the public website will be reviewed and improved, making it easier to access information on the process. It will also include information on the types of complaints and enquiries received, a frequently asked questions section and up to date examples of what actions the Trust has taken as a result of the feedback received. Plans are also in place to review the PALS function, to ensure that this is used effectively and provides users with service that meets their needs.

Safeguarding children and vulnerable adults

The Trust is committed to protecting, safeguarding and promoting the welfare of children, young people and vulnerable adults. In line with its CQC registration requirements the Trust ensures that systems and processes are in place to safeguard these groups. In addition the Trust has:

- ▶ Met all statutory obligations in relation to Criminal Records Bureau checks, Vetting and Barring and ISA requirements. Robust systems are in place and are evidenced in HR policies.
- ▶ Implemented a Child and Young Person policy which meets with the requirements of 'Working Together to Safeguard Children 2010' and other relevant national documentation along with a separate Adult Safeguarding policy which takes account of the recommendations in 'No Secrets 2000' and other appropriate national documentation.
- ▶ Completed safeguarding training for the Trust Board and Executive team and established strong links between safeguarding leads and the HR teams to include briefings on safeguarding matters and case management reviews. Front line staff continue to receive level two safeguarding training through the Continuous Professional Development programme.

The Trust has an executive safeguarding lead, a named doctor, and two named professionals for safeguarding together with an HR lead and staff-side lead. This has provided a robust structure in which the Trust has been able to keep pace with developments in Safeguarding Children and Young People. While not a statutory requirement the Trust has also kept abreast of developments for the Safeguarding of Vulnerable Adults.

The Trust has continued to participate in serious case reviews and has disseminated learning from these reviews with multi-agency partners and internally across the Trust.

Patient and public involvement and engagement (PPI and E)

In 2010/11 the PPI and E team attended a number of events across the region including county shows, carnivals and outreach events such as Community Conversations in Suffolk, Kaleidoscope in Hertfordshire and Southend Community in Harmony in Essex. By offering members of the public blood pressure checks, the team were able to talk to them about strokes and healthier lifestyles

and took the opportunity to engage them in the Tell us your Story initiative to gather service users' experiences. This information was then reviewed as part of the wider Trust learning to improve its services further.

In addition support was given to the Stroke team by setting up events in conjunction with Know Your Own Blood Pressure Day in Ipswich and Chelmsford and also a number of days in supermarkets in conjunction with the cardiac network in Essex. Around 3,000 patients took part, some of whom were referred onto GPs for treatment. People talking to the team were also educated about strokes, what to look for and ensuring that they had the Face, Arm, Speech, Time (FAST) leaflets when they left.

A number of discovery interviews were also carried out, some by the Trust User Group members. These are interviews undertaken to find out about a patient's experience of the Trust which can help the organisation identify ways to improve its services to the public. These are now being presented to the Board to further support learning and for feedback.

The PPI and E team led the Trust's consultation around its plans to become an NHS Foundation Trust. A number of public, stakeholder and staff consultation events were carried out across the region to gain feedback on the organisation's plans and proposals. Consultation documents were also sent out to a range of stakeholders, GPs and libraries.

Work has also continued to further develop relationships with Local Involvement Networks (LINKs) across the region. LINKs are provided with PALS and complaints information for their local area on a regular basis. In addition the Trust answers specific queries from LINKs about ambulance service provision and also presents to these groups on topics of interest such as the three digit non emergency number and Out of Hours service provision.

The PPI and E team work closely with the Trust's User Group in order to gain an invaluable insight to help inform the service development. Members of the User Group can also get involved with projects on a voluntary basis. During 2010/11 the group helped carry out a number of projects, including patient discovery interviews, cleanliness audits and a survey on ambulance turnaround times at hospitals.

Comments made by patients during discovery interviews:

"We were very happy with the treatment. They couldn't have been here quicker and the treatment was just amazing. I don't think it could have been improved."

"My only complaint was the poor suspension on the vehicle and with the nature of the road surface this exacerbated my pain and caused me some distress. The vehicle was also noisy in transit."

"The paramedic was kind, reassuring with a lovely smile and made me feel comfortable with the high quality of care."

"Sometimes they've been long but other times 3 – 5 minutes. With the pain I get sometimes long is bad. But I have to wait my turn."

The PPI and E annual report can be found on the Trust's website at www.eastamb.nhs.uk

Privacy and dignity

The privacy of patients is very important to the Trust. Strict patient confidentiality is adhered to while essential clinical information is shared with healthcare partners to enable the best care. This is an increasing challenge in an electronic age.

The Trust has been reviewing the way we respond to certain groups of patients to see how we can contribute better to their care in future – in particular those reaching the end of their lives, for whom dignity is particularly important. We have been working with partner organisations to see how we can help to make sure that patients receive care at home for as long as possible, in line with feedback from patients regarding their preferences.

One of the Trust's Quality Account priorities for 2010/11 was to increase the percentage of patients accessing preferred type of end of life care with the aim of ensuring that Trust clinicians play a part in helping patients die in a dignified fashion in a place of their choosing. The Trust has worked with end of life care (EOLC) networks to decrease the number of palliative care transfers to hospital. The number of Computer Aided Dispatch (CAD) system flags indicating the preferred place of death for palliative care patients was increased and training for emergency care practitioners was improved so that they were able to intervene appropriately when dispatched to a call. At the Trust's request hospices in the region delivered an education programme which gave an overview of end of life care, the practical application of the Liverpool Care Pathway and also the management of end of life emergencies.

Research and development

The 2010/11 reporting period saw continued progress with regard to the Trust Research Strategy 2008-2012. Key achievements were production of research training materials for Trust staff, identification of a dedicated PPI and E lead for research and improved links with relevant bodies for clinical research at local, regional and national level.

A total of eleven new clinical research projects were considered by the Trust for participation during 2010/11. Two of these were large-scale National Institute for Health Research (NIHR) Portfolio projects both of which were given approval to proceed by the Trust's Research Permission Gatekeeper, along with one small-scale student-level piece of work. Seven further projects remained in the pre-approval development phase, of which two were student-level pieces of work. The Trust submitted an expression of interest to take part in one industry trial, but subsequently did not progress participation as the project was not adopted by the NIHR Portfolio.

The number of patients in 2010/11 who were recruited to participate in research approved by a research ethics committee was 313, representing a significant increase from the previous baseline year when a total of 37 accruals were achieved. Accruals during 2010/11 arose from Trust participation in two large-scale projects on the NIHR Portfolio both of which were successfully completed during the reporting period. Participation in such clinical research activity has demonstrated the Trust's commitment to improving the quality of care offered and to making a contribution to wider health improvement. Such work is supported by funding from the three comprehensive local research networks covered by the Trust.

Developing our **logistics**

Estates developments

The Trust has a rolling programme of estate development which this year saw the refurbishment of Basildon ambulance station, the official opening of a new ambulance station in Melbourn, which also houses the HART and is a centre for training, and the relocation of the Trust's headquarters to Cambourne. Over 2011/12 work will continue to upgrade the estate with a number of buildings prioritised for upgrading.

Fleet

The Trust has continued the planned replacement of 179 vehicles this year, of which 56 were accident and emergency coach-built ambulances and 92 were scheduled transport dual and multi-purpose vehicles. In addition, four specialist vehicles for the driving school were commissioned along with three new neonatal ambulances to support local specialist neonatal transport service. All vehicles use modern fuel efficient diesel engines that are Euro 5 compliant.

The fleet services team has also developed new vehicle cleaning processes that meet best hygiene standards and commenced the roll-out of a Trust wide vehicle cleaning programme to be installed at 15 larger ambulance stations throughout our area. New cleaning assistants augment the four make ready depots currently in operation and provide support to staff ensuring vehicles are maintained at the highest standards of cleanliness.

Medical devices management

This year the Trust completed an important harmonisation project to review the medical devices to be used within operational services and identify any shortfall of device availability against this approved benchmark. This project was completed identifying recommendations for equipment holdings by response type and further analysing any shortfalls across the Trust.

Driving school

The Driver Training Unit continues to provide specialist driver tuition for new entrants and experienced staff on the basis of need. The quality of tuition received external recognition when the unit became the first ambulance driving school to be awarded Institute of Advanced Motorists (IAM) accredited provider status in July 2010. During the year the unit also started using portable training cameras and purchased two specialist Mercedes Sprinter training vehicles with two more to be introduced shortly.

The team has trained 85 staff for emergency operations and 40 staff who operate within routine, scheduled transport services.

Environmental issues

The Trust recognises its responsibility to minimise its environmental impact and is committed to reducing its carbon footprint as far as is practicably possible.

In 2010/11, the Trust continued to roll out new vehicles and ambulances which are more energy efficient and produce less pollution. In addition it replaced three high cost and high carbon producing central heating systems with modern fuel efficient versions.

The Trust has developed an environmental and carbon reduction strategy which aims to:

- ▷ Implement a systematic data collection procedure for all resources across all sites
- ▷ Adopt the NHS-wide energy reduction target of at least 3% year-on-year, in order to achieve the UK Government's requirement to cut green house gas emissions by 80% by 2050
- ▷ Introduce recycling facilities at all sites
- ▷ Begin implementing water reduction initiatives
- ▷ Develop a low carbon procurement policy

This strategy was developed following a survey carried out in the year to establish a baseline of the Trust's carbon footprint. The figures from this audit will be used to measure progress year on year. As part of this exercise, the Trust was benchmarked against a number of companies in similar industries and was found to compare favourably in green house gas emission, water consumption and waste generation. The Trust plans to build on and broaden the strategy using the good corporate citizenship assessment model to benchmark itself and identify priority areas for development.



Trust Board



Maria Ball

Voting Directors

Maria Ball - Chair

Maria has been chair of ambulance trusts for the last eleven years and, most recently, chair of the Trust for almost five years. During this time she has overseen the local delivery of a number of major transformational and national changes to ambulance services - changes designed to both improve response times for patients and most importantly, clinical outcomes for residents of the East of England. Maria's professional background is in management consultancy, having worked with public, voluntary and private sector organisations for over twenty years. She is currently Chief Executive of Quantum Care, a care provider for older people, which gives her a real insight and focus on quality social and health care for this growing sector of the population. [Appointed for first term July 2006 to June 2010; Second term July 2010 to June 2014.](#)



Paul Remington

Paul Remington - Non-Executive Director; Vice Chairman to the Trust Board

Paul joined the Trust Board in July 2006 and brings more than 25 years expertise in finance and enterprise risk to the organisation. Paul, who has a PhD in Economics, was a director and managing director of both a UK merchant bank and a US bank before retiring in 2000. Since then he has been a senior advisor for finance and risk for QinetiQ. Alongside his work for the Trust he is also actively involved in a number of voluntary and charitable activities. [Appointed for first term July 2006 to June 2009; Second term July 2009 to June 2013. Appointed as Vice Chairman to the Trust Board February 1, 2010 to January 31, 2012.](#)



Caroline Bailes

Caroline Bailes - Non-Executive Director

Caroline was appointed to the Trust Board in 2006 and, is a qualified Chartered Accountant with experience in organisations such as Guardian Media Group and Ernst and Young. Caroline has an MA in Natural Sciences from Cambridge University and has recent experience in the development of sustainability and carbon reduction strategies in addition to her core skills of financial and strategic planning and business development. Caroline was recently appointed as Director of Finance and Strategy at Element TV having been involved in putting together the business plan for local Manchester television station Channel M. She is also involved in a number of community groups including with local schools and sports clubs. [Appointed for first term August 2006 to July 2009; Second term August 2009 to July 2013.](#)



Phil Barlow

Phil Barlow - Non-Executive Director

Phil joined the Trust in 2007 and has more than ten years' experience of working in the NHS. Phil has had a number of leadership roles, including non-executive director for two other NHS Trusts, a member of the Essex Fire Authority, a school governor and Mayor of Witham as part of his 20 years as a local councillor. Following graduation in Polymer Chemistry, Phil spent 30 years working in the gas and oil industry in various roles. He is also actively involved in his local community and is currently a director and trustee of his local Citizens Advice Bureau. [Appointed for first term August 2007 to July 2010;](#) [Second term August 2010 to July 2014.](#)



Paula Grayson

Paula Grayson - Non-Executive Director

Paula joined the Trust in 2006 with 20 years' experience of senior personnel roles in Unilever and as Personnel Executive for the University of Luton. She has an MA in Natural Sciences from Oxford University, is a Chartered Companion of the CIPD and was appointed an ACAS Arbitrator in 2000. She currently runs a consultancy working with organisations and government departments on good practice in resourcing and talent development, appraisal and diversity issues. Paula is a Chair and member of local and national and East of England organisations including chairing the Equalities Group for the East of England European Programmes Strategy Group. [Appointed for first term July 2006 to June 2008;](#) [Second term July 2008 to June 2012](#)



Colin Woodcock

Colin Woodcock - Non-Executive Director

Colin joined the Board in 2010 bringing his expertise in marketing to the Trust. He graduated with a BA (Hons) in Economics followed by a post graduate Diploma in Marketing. He gained 20 years' experience working across the disciplines of business strategy, marketing, customer experience, new product development and brand management. Previous roles included being a Marketing and Product Development Director at Capita Registrars and Head of Brand for Prudential and Barclaycard. Colin resigned from the Board in March 2011 due to the growth in his external work commitments. [Appointed for first term April 2010 to March 2014.](#) [Resigned on March 31, 2011.](#)



Hayden Newton

Hayden Newton - Chief Executive

Hayden was appointed as Chief Executive of the Trust in April 2008, following extensive experience in senior leadership roles in the NHS. Prior to joining the Trust Hayden was a national director at the Department of Health responsible for the implementation of Call Connect which significantly improved the response times of ambulance services to patients. Hayden was also Chief Executive of Kent Ambulance Service and was instrumental in transforming it from a one star organisation to a three star organisation. Hayden was also recently the Chair of the Association of Air Ambulances and President of the British Association of Public Communication Officers. [Appointed to the Trust Board: 1 April 2008.](#)



Dr Pamela Chrispin

Dr Pamela Chrispin - Medical Director

Pamela joined the Trust as Medical Director in 2010. She has been a consultant in Anaesthesia and Critical Care at the West Suffolk Hospital for the past 13 years. In addition she held the posts of Clinical Director and Deputy Medical Director at the same organisation. Pamela is also a volunteer pre-hospital care provider with the Suffolk Accident Rescue Service and with the East Anglian Air Ambulance. She was also the medical lead for the Norfolk, Suffolk and Cambridgeshire Critical Care Network before joining the Trust. [Appointed to the Trust Board January 4, 2010.](#)



Sheilagh Reavey

Sheilagh Reavey - Director of Clinical Quality

Sheilagh joined the Trust in 2010 as the Director of Clinical Quality. Sheilagh is a qualified nurse midwife and health visitor. She has extensive experience of working in the NHS and for the last 11 years has been working at a senior level within a range of NHS organisations including as Director of Clinical Services in a community trust. Sheilagh joined the Trust from NHS Bedfordshire where she was Director of Quality and Patient Safety. In her career she has led in areas including safeguarding, infection prevention and control, quality and clinical governance and operational service delivery. [Appointed to the Trust Board March 1, 2010](#)



Paul Scott

Paul Scott - Director of Finance

Paul joined the Trust as Director of Finance in 2010. He is a qualified accountant and has a BA (Hons) in Urban Development. Paul joined the NHS as a graduate trainee having previously worked for a number of years' in the private sector. He has since gained 13 years' experience in the NHS having worked for a range of organisations both on the provider and commissioning side. Prior to joining the Trust Paul was the Associate Director of Finance, Information and Commissioning at Mid Essex Hospitals NHS Trust. [Appointed to the Trust Board May 17, 2010.](#)

David Donegan - Chief Operating Officer

[Term of office December 14, 2009 to October 31, 2010.](#)

John Brebner - Interim Director of Finance

[Term of office November 1, 2009 to May 16, 2010.](#)

Non-voting directors

Lesley Bradley - Director of Business Transformation

Lesley joined the Trust in 2010 as Director of Business Transformation. She has more than 23 years' experience in the field of human resources in a number of public sector organisations. Lesley joined the Trust from the Crown Prosecution Service where she was the Deputy Director of HR. In 2007, Lesley was invited to conduct a formal review of the Crown Office and Procurator Fiscal Service HR function by the Scottish Crown Office. She has an MA in Psychology as well as a post graduate Diploma in Personnel Management. [Appointed to the Trust Board June 14, 2010.](#)



Lesley Bradley



Adrian Matthews

Adrian Matthews - Interim Director of Strategy and Business Development

Adrian took up the post of Interim Director of Strategy and Business Development in July 2010 having had over 20 years' experience of working within the ambulance service. Adrian is a qualified accountant and has a post graduate Diploma in Company Direction. He has held a number of senior posts within the NHS including Deputy Director of Finance and Associate Director of Non-Emergency Services. He was also an advisor to the Department of Health on patient transport issues for three years. [Appointed to the Trust Board July 19, 2010.](#)



Alan Murray
Interim Director of
Operations

Alan Murray - Interim Director of Operations

Alan joined the Trust in October 2010 as Interim Director of Operations. Alan brings a wealth of experience in working with ambulance services at a Chief Officer and Chief Executive level. He has worked on various projects for over half the country's ambulance Trusts. Some of his achievements include implementing the first paramedic programme in Northern Ireland, taking the Mersey Regional Ambulance Service from non compliance on its response time standards to complete compliance in under a year and increasing the return of spontaneous circulation at hospital handover following cardiac arrest, from 16% to 26%. [Appointed to the Trust Board October 25, 2010.](#)

Mark Aubin - Director of Strategy and Business Development

[Term of office March 8, 2010 to July 5, 2010](#)

Directors' responsibilities

The Board functions as a corporate decision making body and consists of six Non-Executive Directors (including the Chair) and five Executive Directors. All are full and equal members. Two additional Executive Directors are invited onto the Board when required to complement any skills gap. These roles are non-voting positions.

The Trust Board continues to adopt the National Leadership Council's principles as defined within The Healthy NHS Board Principles of Good Governance (February 2010). These are:

- ▷ Formulate strategy for the organisation
- ▷ Ensure accountability by holding the organisation to account for the delivery of strategy and through seeking assurance that all systems of control are robust and reliable
- ▷ Shape a positive culture for the Board and the organisation.

The Board recognises the importance of the principles of good corporate governance and is committed to ensuring these are effective and efficient. In executing this, it has agreed that the governance of the Trust is best achieved by delegation of its authority for executive management to the Chief Executive, subject to monitoring and limitations as defined within the policies and procedures of the Trust, including Standing Financial Instructions and the Scheme of Delegation. The limitations set require that any executive action taken in the course of business does not compromise the integrity and reputation of the Trust and takes account of any potential risk, health and safety, patient experience, finance and working with partner organisations.

Appointment of Board directors

Each Board member is appointed for their experience, their business acumen and their links with the local community. The Appointments Commission, an independent organisation, is responsible on behalf of the Secretary of State for appointment, on-going support through appraisal, mentoring and training of the Chair and Non-Executive Directors. All appointments are made by a public advertisement. Terms of appointment are normally for periods of four years with members eligible to be re-appointed or to re-apply up to a maximum of 10 years. The Non-Executive Directors' responsibilities include:

- ▷ Helping to plan for the future growth and success of the organisation
- ▷ Making sure that the management team meets its performance targets
- ▷ Ensuring that finances are properly managed with accurate information
- ▷ Helping the Board ensure it is working in the public interest.

The Chief Executive and the Trust Board Executive Directors are appointed, via public advertisement, by members of the Remuneration Committee. External assessors are also part of the recruitment process.

Disclosures of the remuneration paid to the Chair, Non-Executive Directors and Executive Directors are given in the remuneration report.

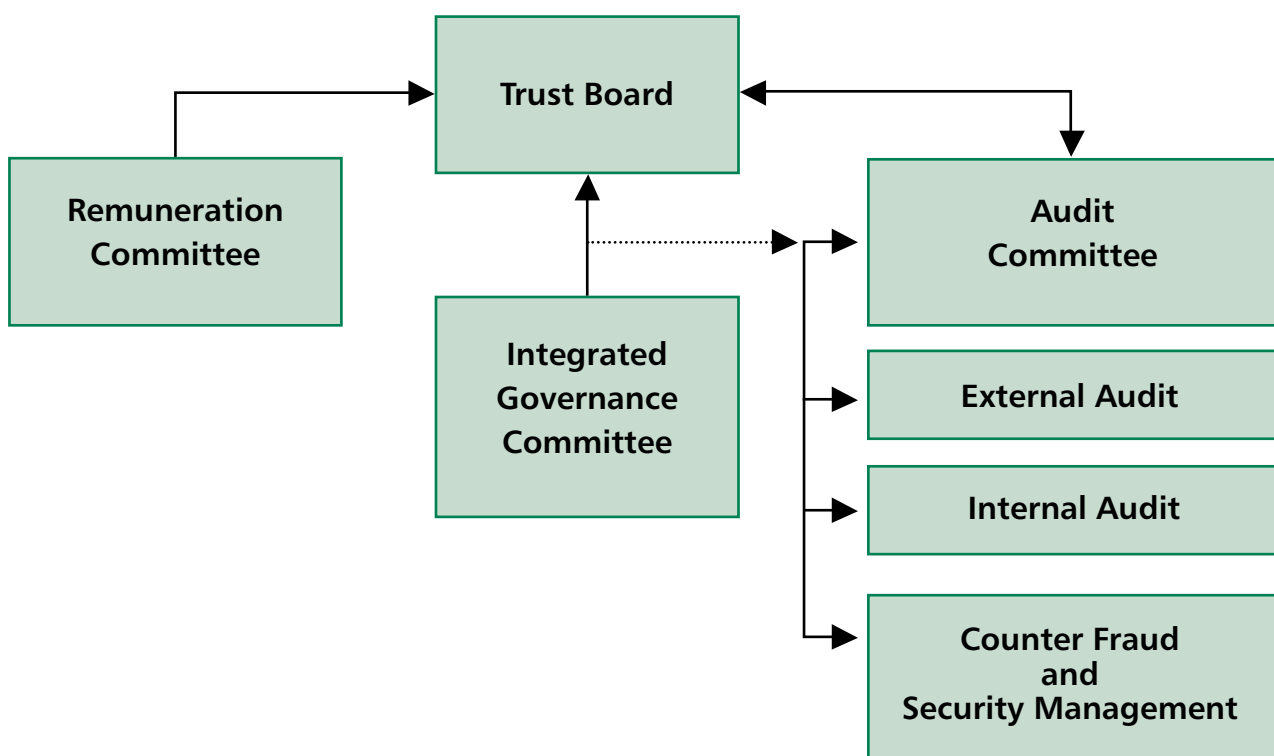
Register of interests

At the time of their appointment, all directors are asked to declare any interests on the Register of Directors' Interests. Board members are asked at each formal Board meeting to register any changes to their declarations and to confirm, in writing, on an annual basis, that the declarations are accurate. The Register is maintained by the Trust Secretary and is available to anyone who wishes to see it. Enquiries should be made to the Trust Secretary at the following address:

Trust Secretary, East of England Ambulance Service NHS Trust, Trust Headquarters, Building 1020, Cambourne Business Park, Cambourne, Cambridgeshire. CB23 6DN

Trust Board and sub committee meetings and their evaluation processes

The Trust Board, in accordance with the Public Bodies (Admission to Meetings) Act 1960, holds its meetings in public. The Trust Board has powers to delegate and make arrangements to exercise any of its functions through a committee, sub-committee or joint committee. The inter-relationship of these is shown in the diagram below:



From April 1, 2011 the Trust Board will extend its assurance framework and introduce two new sub-committees: Performance and Finance Committee and Business Development and Investment Committee. The Integrated Governance Committee will change its role and committee title to Quality and Risk Assurance Committee.

How the Trust conducts its Board meetings

The Trust has maintained its support of the normal principles for public life and has continued to make the majority of decisions at Board meetings held in public. During 2010/11 the Trust held eight business meetings in public, one of which was the Annual Public Meeting. The Annual Public Meeting was held on July 27, 2010. Eight additional closed meetings of the Board were held prior to the public meetings with the exception of one which was convened in June 2010 to agree the Annual Report and Accounts and the Quality Account which could not be presented in public until they had been submitted to the Department of Health.

In addition, the Trust Board held a number of development days, where appropriate, during the year to assist with strategic planning.

Attendance

Membership attendance at Trust Board and sub-committee meetings is summarised in the table below:

Committee	Trust Board	Audit Committee	Integrated Governance Committee	Remuneration Committee
Committee Chair	Maria Ball	Paul Remington (To November 27, 2010) Caroline Bailes (From November 28, 2010)	Phil Barlow	Maria Ball
Maria Ball	8/8			10/10
Caroline Bailes	5/8	5/5		6/10
Phil Barlow	8/8		5/5	9/10
Paula Grayson	7/8	5/5	5/5	7/10
Paul Remington	8/8	5/5		10/10
Colin Woodcock	7/8		3/5	6/10
Hayden Newton	8/8			10/10
Dr Pamela Chrispin	8/8			
Sheilagh Reavey	8/8			
Alan Murray	3/3			
Paul Scott	7/7			
Lesley Bradley	6/6			
Adrian Matthews	6/6			
John Brebner	1/1			
David Donegan	5/5			
Mark Aubin	2/2			

The values shown are number of attendances against number of meetings held during the year. Where there is no entry this means the director is not a member of that committee.

Formal sub-committees of the Trust Board review their effectiveness on a regular basis. The Audit Committee utilises the self-assessment tools available from the Audit Committee Handbook 2005 and provides an annual report to the Trust Board.

During 2010/11 the Trust commissioned an independent leadership development team to work with the Board to develop it and its membership. A large proportion of the Executive Director team had joined the organisation since April 2010. The internal development work focussed on identifying and establishing an operating framework for the Board in a number of areas including:

- ▷ Identification of collective responsibilities of the Board
- ▷ Clarification of the roles and duties of the Board and that of an NHS Foundation Trust
- ▷ Development of clear operating principles for the Board's business
- ▷ A review of the strategic and operational focus.

Audit Committee

The Board has a well established Audit Committee comprising Non-Executive Directors, several of whom have recent and relevant financial experience. The function of the Audit Committee is to seek assurance that financial reporting and the internal control environment within the Trust is in order, to provide assurance to the Board on compliance with relevant regulatory, legal and code of conduct requirements. The Committee reviews arrangement by which the Trust staff may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters in accordance with the Trust's Whistleblowing Policy. The Committee's aim is to ensure that arrangements are in place for an independent investigation of such matters and for appropriate follow up action through Internal Audit, or the Counter Fraud Service.

The committee also:

- ▷ Focuses on achieving strong financial management that underpin operational developments
- ▷ Is the independent and central means by which the Board ensures effective internal control arrangements are in place
- ▷ Provides a form of independent check upon the executive arm of the Board
- ▷ Independently assures the Trust Board on compliance of its sub-committees and the senior management advisory committee, the Executive Management Team, on each committee/group's performance against its terms of reference and assesses the risks identified by these committees/groups to inform future internal/external audit plans.

The Audit Committee also adheres to the principles and responsibilities of Trusteeship as defined by the Charity Commission and reviews policies and procedures for fundraising, acceptance and expenditure, including the internal control arrangements operating within the Trust for charitable funds.

It also maintains appropriate relationships with the organisation's auditors, both internal and external, as well as the Local Counter Fraud Specialist and Security Management.

The Audit Commission's responsibility, the Trust's external auditors, is to independently audit the financial statements and the part of the remuneration report to be audited in accordance with relevant legal and regulatory requirements, the International Financial Regulation Standards (IFRS).

The Trust ensures that the external auditors' independence is not compromised by work outside the audit code by having an agreed protocol for non-Audit work. Non-Audit work may be performed by the Trust's external auditors where the Audit Committee's approved procedure is followed, which ensures that all such work is properly considered and the auditors' objectivity and independence is safeguarded.

The statutory audit fee for 2010/11 audit work was £153,824. No non-audit services were undertaken during the reporting period.

Integrated Governance Committee

The Integrated Governance Committee comprises three Non-Executive Directors. It is accountable to the Trust Board for the assurance on quality, risk and clinical governance frameworks and internal controls and related assurances which underpin the Trust achieving its strategic objectives. The committee plays a pivotal role in the assurance processes linked to the Quality Account and the Care Quality Commission Registration. It scrutinises patient safety performance, clinical performance, reviews clinical audit findings and monitors plans to address deviation from expected clinical performance. It also reviews patient experience feedback (eg complaints, surveys, etc) and seeks assurance on plans to address shortcomings. It also scrutinises the Care Quality Commission standards, principally on patient safety and clinical performance as well as the Trust's management and health and safety regimes.

Remuneration report

Trust Board Remuneration Committee

The Remuneration Committee is responsible for advising on the appointment and/or dismissal of the Executive Directors, Directors and Trust Secretary (Company Secretary). The committee is also responsible for the approval of their remuneration, terms of service and for the monitoring of their performance against delivery of organisational objectives. Membership is from the Non-Executive Directors of the Trust Board. The Chief Executive is entitled to attend the committee and be consulted upon when the appointment and remuneration of the Executive Directors and Trust Secretary is being considered. He is excluded from meetings on his own position.

An appointments panel of the Remuneration Committee is convened when appointments are to be made. All appointments are by public advertisement, and external assessors are part of the recruitment process. During the reported period there were a number of changes to the directorship positions on the Trust Board and these are detailed earlier in the report.

Remuneration and performance conditions

The Remuneration of the Chair and the Non-Executive Directors is decided by the Secretary of State. The time commitment required is approximately 3 days per week for Chairs and 2.5 days per month for Non-Executive Directors.

To determine an Executive Director's salary level, the Remuneration Committee may use one or more of the following independent benchmarking comparative data:

- ▷ CAPITA Health Service Partners, NHS Chief Executives and Director's Salary Review
- ▷ The Senior Salaries Review Body to the Department of Health for Very Senior Managers Pay Framework
- ▷ NHS Confederation Foundation Trust Network
- ▷ NHS Ambulance Services

The policy of the Trust on remuneration of senior managers fully reflects the national guidance issued by the Department of Health. Salaries are set in accordance with Very Senior Managers' requirements and are approved by the Strategic Health Authority's Remuneration Committee. The performance of senior managers is assessed by regular performance against objectives. Payment in respect of the contractual VSM discretionary performance bonus was limited to the Chief Executive in the financial year. The bonus proposed by the Remuneration Committee was declined by the Chief Executive due to the economic constraints on the service. There were no other awards to past senior managers in the year. Executive Directors have permanent employment contracts with termination periods of six months. The exception to this policy is by agreement of the Remuneration Committee.

Reporting of other compensation schemes – exit packages

There are no special contractual compensation provisions for early termination of Executive Director's contracts. Early termination by reason of redundancy is subject to normal NHS terms and conditions of service handbook; or, for those above the minimum retirement age, early termination by reason of redundancy or 'in the interests of the efficiency of the service' is in accordance with the NHS Pension Scheme. Employees above the minimum retirement age who themselves request termination by reason of early retirement are subject to the normal provisions of the NHS Pension Scheme.

Salary and pension entitlement of the Trust Board

The Chief Executive has determined that senior managers are those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS Body. This means those who influence the decisions of the entity as a whole rather than the decisions of the individual directorates or departments. These are:

- ▷ Executive and Non-Executive Directors of the Trust Board
- ▷ Director of Strategy and Business Development
- ▷ Director of Business Transformation
- ▷ Interim Director of Operations

Detailed on the following pages are the remuneration, salary and pension entitlements of the senior managers. These disclosures have been audited.

Name	Title	2010 -11			2009 -10		
		Salary	Bonus payments	Benefits in kind	Salary	Bonus payments	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	20-25	Nil	Nil	25-30	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	5-10	Nil	Nil
Jagtar Singh	NED	N/A	N/A	N/A	5-10	Nil	Nil
Phil Barlow	NED	5-10	Nil	Nil	5-10	Nil	Nil
Colin Woodcock	NED	5-10	Nil	Nil	N/A	N/A	N/A
Hayden Newton	Chief Executive	145-150	Nil	Nil	143-145	5-10	Nil
Dr Pamela Chrispin	Medical Director	100-105	Nil	6,400	25-30	Nil	Nil
Sheilagh Reavey	Director of Clinical Quality	105-110	Nil	Nil	5-10	Nil	Nil
Paul Scott	Director of Finance	100-105	Nil	Nil	N/A	N/A	N/A
Lesley Bradley	Director of Business Transformation	70-75	Nil	7,700	N/A	N/A	N/A
Adrian Matthews	Interim Director of Strategy and Business Development	65-70 N/A	Nil	4,500	N/A	N/A	
David Donegan	Chief Operating Officer	Consent to release of information withheld			30-35	Nil	500

Name	Title	2010 -11			2009 -10		
		Salary	Bonus payments	Benefits in kind	Salary	Bonus payments	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
Mark Aubin	Director of Strategy and Business Development	30-35	Nil	Nil	5-10	Nil	Nil
Dr Ian Morton	Acting Clinical Director	N/A	N/A	N/A	30-35	Nil	1,800
Dr Scott Turner	Acting Clinical Director	N/A	N/A	N/A	30-35	Nil	1,600
John Elliott	Director of Human Resources and OD	N/A	N/A	N/A	90-95	Nil	4,900
Oskan Edwardson	Director of Operations	N/A	N/A	N/A	45-50	Nil	4,000
John Scott	Medical Director	N/A	N/A	N/A	10-15	Nil	200
Joanna Yellon	Director of Business Development	N/A	N/A	N/A	85-90	Nil	4,500
Chris Preston	Director of Finance	N/A	N/A	N/A	65-70	Nil	3,900
Sandy Spencer	Chief Operating Officer	N/A	N/A	N/A	10-15	Nil	Nil
Alan Murray	Interim Director of Operations	50-55	N/A	N/A	N/A	N/A	N/A
Alan Doig	Acting Deputy Chief Executive (Interim)	N/A	N/A	Nil	85-90	Nil	Nil
John Brebner	Interim Director of Finance	35-40	N/A	N/A	120-125	N/A	N/A

The benefit in kind relates to car benefit charge.

Mr J Brebner, the Interim Director of Finance, fees of £35,949 were invoiced to the Trust by Brebner Management Ltd, which is a company wholly owned by Mr J Brebner. These costs exclude non recoverable VAT of £6,184 which were charged to the Ambulance Service.

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

Mark Aubin	March 8, 2010 to July 5, 2010
Lesley Bradley	Appointed to the Trust Board June 14, 2010
John Brebner	November 1, 2009 to May 16, 2010
David Donegan	December 14, 2009 to October 31, 2010
Adrian Matthews	Appointed to the Trust Board July 19, 2010
Alan Murray	Appointed to the Trust Board October 25, 2010
Paul Scott	Appointed to the Trust Board May 17, 2010

Signed on behalf of East of England Ambulance Service NHS Trust on June 2, 2011:



Maria Ball,
Chair



Hayden Newton,
Chief Executive



Senior manager's pension benefits

Salary and pension entitlements of senior managers – subject to audit

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

		Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2011	Lump sum at age 60 related to accrued pension at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension	
Title	Name	(bands of £2500) £000	(bands of £2500) £000	(bands of £2500) £000	(bands of £2500) £000	£000	£000	£000	To nearest £100	
Chief Executive	Hayden Hewton	0-2.5	5-7.5	52.5-55	157.5-160	1,148	1,188	(40)	Nil	
Medical Director	Dr Pamela Chrispin	15-17.5	45-47.5	61.2-62.5	182.5-185	1,111	910	201	Nil	
Director of Clinical Quality	Sheilagh Reavey	7.5-10	22.5-25	25-27.5	80-82.5	435	350	86	Nil	
Director of Finance	Paul Scott	2.5-5	7.5-10	17.5-20	52.5-55	191	187	3	Nil	
Director of Business Transformation	Lesley Bradley	0-2.5	0	0-2.5	0	12	0	9	Nil	
Interim Director of Strategy and Business Development	Adrian Matthews	2.5-5	7.5-10	22.5-25	72.5-75	367	342	18	Nil	
Chief Operating Officer	David Donegan	Consent to release of information withheld					83	Consent to release of information withheld		
Director of Strategy and Business Development	Mark Aubin	0-2.5	0	0-2.5	0	17	17	0	Nil	

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

Cash equivalent transfer values

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

Real Increase in 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.

Calculation of CETV

The Chancellor announced in his budget on June 22, 2010 that the annual uprating of public sector pensions would in future be based on the Consumer Price Index (CPI) rather than the Retail Price Index (RPI). The Government Actuaries Department has consequently reviewed all transfer factors. CETVs are based on these revised factors which are lower than previous factors used. Consequently some CETVs have fallen when compared with March 31, 2010.

Annual accounts

Summary financial report

This annual report has been prepared to reflect the activities and financial position of the East of England Ambulance Service NHS Trust for the year ending March 31, 2011.

During the financial year we were pleased to meet the three important financial targets: Break even (after excluding asset impairments), external financing limit and capital resource limit. As in previous years, plans submitted to NHS East of England and the Department of Health were used for monitoring our financial performance during the year. We are reporting a retained deficit of £445,000 for the year ending March 31, 2011 which, excluding the asset impairment of £2,908,000, would have been a surplus of £2,364,000, which was slightly ahead of a planned surplus of £1,967,000. This compares favourably to a surplus of £757,000 for the previous year and positions the Trust well for its investment plans going forward.

Looking at the financial statements for 2010/11 compared with the previous year operating expenses have increased by 1.3% or £2.7m (excluding the asset impairments and also the Essex Shared Services (ESSA) expenditure in 2009/10), a slightly smaller percentage than revenue which has resulted in an improved surplus (excluding the asset impairment). One important new measure of cash generation is earnings before interest, tax, depreciation and amortisation excluding impairments (EBITDA). For the year ending March 31, 2011 it was £6.2million (£5.4million in 2009/10). This positive number means that there has been sufficient cash generated to invest in new estates improvements, IT and other capital projects.



The results for 2010/11 have been underpinned by new, improved systems and financial control within the finance directorate, these include the following;

- ▶ Improved financial reporting pack for Board members
- ▶ A new and improved cost improvement programme management system, which has helped achieved the surplus of the Trust but has not impacted on the Trusts performance targets
- ▶ Rollout of electronic authorisation of purchase invoices
- ▶ Debt collection process

The Trust has an obligation to pay its suppliers promptly under the Better Payment Practice Code. Despite our efforts we have not met the required standard due to communications challenges across our large geographical area. During 2010/11, the Trust's finance department has rolled out electronic authorisation of invoices to the majority of the Trust, this should see an improvement in our performance against the Better Payment Practice Code in 2011/12.

We are close to securing all our contracts and therefore our revenue for 2011/12 and our budgets for the year have been agreed by the Board. Included in these budgets are some challenging savings programmes which we expect can be carried out whilst maintaining our performance targets. The Trust Board will continue to monitor our financial position and key operational risks; the most significant financial risk being the delivery of the savings plans.

The financial statements for the year ending March 31, 2011 presented in this Annual Report are a summary of the full set of accounts which have been prepared in accordance with the 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. Details of Directors' remuneration are included in the remuneration report. The Trust Annual Report, including this finance review, has been prepared in accordance with the NHS Trusts Manual for Accounts for 2010/11, as directed by the Secretary of State.

Statement of comprehensive income for the year ended March 31, 2011

	2010/11	2009/10
	£000	£000
Revenue		
Revenue from patient care activities	219,015	214,077
Other operating revenue	3,374	13,999
Operating expenses	(218,879)	(225,500)
Impairments	(2,809)	(19,918)
Operating surplus (deficit)	701	(17,342)
Finance costs		
Investment revenue	72	113
Other gains (losses)	(1)	(190)
Finance costs	(99)	(75)
Surplus (deficit) for the financial year	673	(17,494)
Public dividend capital dividends payable	(1,118)	(1,667)
Retained surplus (deficit) for the year	(445)	(19,161)
Other comprehensive income		
Impairments and reversals	0	(948)
Gains on revaluations	16	907
Reclassification of adjustments:		
-Transfers from donated and government grant reserves	(64)	(158)
Total comprehensive income for the year	(493)	(19,360)
Reported NHS financial performance position - adjusted retained		
Retained surplus/(deficit) for the year	(445)	(19,161)
Impairments	2,809	19,918
Reported NHS financial performance position	2,364	757

A trust's reported NHS financial performance position is derived from its retained surplus/(deficit) but adjusted for the following: Impairments to fixed assets 2009/10 was the final year for organisations to revalue their assets to a modern equivalent asset (MEA) basis of valuation. An impairment charge is not considered part of the organisation's operating position.

Statement of financial position as of March 31, 2011

	31 March 2011 £000	31 March 2010 £000	1 April 2009 £000
Non-current assets			
Property, plants and equipment	36,526	34,048	49,201
Intangible assets	20	40	62
Trade and other receivables	827	723	694
Total non-current assets	37,373	34,811	49,957
Current assets			
Inventories	1,505	1,167	794
Trade and other receivables	20,071	17,146	7,652
Cash and cash equivalent	9,441	9,647	7,652
	31,017	27,960	26,788
Total assets	68,390	62,771	76,745
Current liabilities			
Trade and other payables	(22,739)	(18,019)	(18,958)
Borrowings	0	0	(22)
Provisions	(666)	(752)	(463)
Net current assets/(liabilities)	7,612	9,189	7,345
Total assets less current liabilities	44,985	44,000	57,302
Non-current liabilities			
Provisions	(4,229)	(4,452)	(3,917)
Total assets employed	40,686	39,548	53,385
Financed by taxpayers' equity:			
Public dividend capital	60,765	59,134	53,611
Retained earnings	(20,010)	(19,721)	(271)
Revaluation reserve	1,345	1,329	1,074
Donated asset reserve	0	149	292
Government grant reserve	0	70	92
Other reserves	(1,413)	(1,413)	(1,413)
Total taxpayers' equity	40,686	39,548	53,385

Statement of changes in taxpayers' equity

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation reserve £000	Donated asset reserve £000	Government grant reserve £000	Other reserves £000	Total £000
Balance at 1 April 2010	59,134	(19,721)	1,329	149	70	(1,413)	39,548
Changes in taxpayers' equity for 2010/11							
Total comprehensive income for the year							
Retained surplus (deficit) for the year	0	(445)	0	0	0	0	(445)
Transfers between reserves	0	155	0	(107)	48	0	0
Net gain on revaluation of property, plant, equipment	0	0	16	0	0	0	16
Reclassification of adjustments:							
-transfers from donated asset/government grant reserve	0	0	0	(42)	(22)	0	(64)
New PDC received	1,631	0	0	0	0	0	1,631
Balance at 31 March 2011	60,765	(20,011)	1,345	0	0	(1,413)	40,686

Statement of cash flows for the year ended March 31, 2011

	2010/11	2009/10
	£000	£000
Cash flows from operating activities		
Operating surplus/(deficit)	701	(17,343)
Depreciation and amortisation	2,706	3,018
Impairments and reversals	2,809	19,918
Transfer from donated asset reserve	(42)	(136)
Transfer from government grant reserve	(22)	(22)
Interest paid	(1)	0
Dividends paid	(1,127)	(1,739)
(Increase)/decrease in inventories	(338)	(373)
(Increase)/decrease in trade and other receivables	(3,015)	1,111
Increase/(decrease) in trade and other payables	4,179	(576)
Increase/(decrease) in provisions	(337)	749
Net cash inflow/(outflow) from operating activities	5,513	4,607
Cash flows from investing activities		
Interest received	67	116
(Payments) for property, plant and equipment	(7,419)	(8,575)
Proceeds from disposal of plant, property and equipment	2	346
Net cash inflow/(outflow) from investing activities	(7,350)	(8,113)
Net cash inflow/(outflow) before financing	(1,837)	(3,506)
Cash flows from financing activities		
Public dividend capital received	1,631	5,523
Net cash inflow/(outflow) from financing	1,631	5,523
Net increase/(decrease) in cash and cash equivalents	(206)	2,017
Cash, cash equivalents and bank overdrafts at the beginning of the financial year	9,647	7,630
Cash and cash equivalents at the end of the financial year	9,441	9,647

Operating expenses

	20010/11	2009/10
	£000	£000
Purchase of healthcare from non NHS bodies	1,973	2,227
Directors' costs	54	51
Other employee benefits	150,023	155,431
Supplies and services - clinical	6,381	7,022
Supplies and services - general	2,628	2,348
Consultancy services	858	465
Establishment	8,508	8,446
Transport	36,094	34,271
Premises	5,625	6,843
Provision for impairment of receivables	4	44
Inventories write offs	117	(160)
Depreciation	2,686	2,996
Amortisation	20	22
Audit fees	143	128
Other auditor's remuneration	7	14
Clinical negligence	416	466
Education and training	1,301	1,584
Other	2,041	3,302
Operating expenses before impairments	218,879	225,500
Impairments and reversals of property, plant and equipment	2,809	19,918
Operating expenses after impairments	221,688	245,418

Better Payment Practice Code

	2010/11		2009/10	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	60,314	63,604	65,271	77,051
Total Non NHS trade invoices paid within target	46,759	46,279	49,458	49,260
Percentage of Non-NHS trade invoices paid within target	78%	73%	76%	64%
Total NHS trade invoices paid in the year	2,057	3,308	2,012	7,066
Total NHS trade invoices paid within target	1,521	2,221	1,108	4,701
Percentage of NHS trade invoices paid within target	74%	67%	55%	67%

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.

Management costs

	2010/11 £000	2009/10 Restated £000
Management costs	11,992	11,337
Income	222,389	228,076

The result of a benchmarking exercise of all ambulance trusts showed that the Trust appeared to be an outlier in management cost expenditure. Therefore, an extensive review of the guidance for calculating management costs, 'Definition of Management Cost in NHS Trusts 2000/011' (March 2000) and the Trust's application of these was considered necessary. As a result of the review it was appropriate to revise the methodology used for the current year, and restate the previous year figure for consistency.

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

Independent Auditor's report to the Directors of the East of England Ambulance Service NHS Trust

I have examined the summary financial statement for the year ended March 31, 2011 which comprises the statement of comprehensive income, statement of financial position, statement of changes in taxpayers' equity, statement of cash flows, operating expenses, Better Payment Practice Code and management costs.

This report is made solely to the Board of Directors 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 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Respective responsibilities of Directors and Auditor

The Directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

I conducted my work in accordance with Bulletin 2008/03: 'The auditor's statement on the summary financial statement in the United Kingdom' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the East of England Ambulance Service NHS Trust for the year ended March 31. 2011.

Rob Murray

Officer of the Audit Commission

Audit Commission, 3rd Floor,
Eastbrook,
Shaftesbury Road,
Cambridge,
CB2 8BF
June 3, 2011

Glossary

Term	Acronym	Describe
Care Quality Commission	CQC	The independent watchdog for healthcare in England. It assesses and reports on the quality and safety of services provided by the NHS and the independent healthcare sector, and works to improve services for patients and the public
Clinical, biological, radiological, nuclear (explosive)	CBRNe	Term in common use worldwide, to refer to incidents in which any of these four hazards have presented themselves
Clinical support desk	CSD	Clinically trained individuals providing telephonic support following an emergency call. Generally utilised for lower acuity calls not necessarily requiring attendance at scene or a transportable response
Commissioning		The processes which local authorities and PCTs undertake to make sure that services funded by them meet the needs of the patient with the financial envelope
Community first responders	CFR	Teams of volunteers who are trained by the ambulance service to a nationally recognised level and provide life saving treatment to people in their local communities
Computer aided dispatch system	CAD	Computer hardware used to record all patient calls and patient activity
Continuous professional development	CPD	An updating of professional knowledge and the improvement of professional competence throughout a person's working life. It is a commitment to being professional, keeping up to date and continuously seeking to improve
Courier transport service	CTS	Transports medical freight, mail and supplies
Do not attempt Resuscitation	DNAR	A patient with capacity has the right to refuse CPR and agrees to an advance decision refusing CPR, this should be respected. A Do Not Attempt Resuscitation (DNAR) decision does not override clinical judgement in the unlikely event of a reversible cause of the patient's respiratory or cardiac arrest that does not match the circumstances envisaged. DNAR decisions apply only to CPR and not to any other aspects of treatment.

Term	Acronym	Describe
Electronic patient care record Patient care record	ePCR PCR	All NHS providers are required to record the care given to a patient on a patient care record
Emergency Care Assistant	ECA	A new assistant and support worker introduced to work on urgent tier vehicles and or teamed up with a Paramedic to enable them to concentrate on delivering clinical care and treatment to patients.
Emergency service	ES	999 ambulance service providing patient care, treatment and transport to acute hospitals
End of life care	EoL	A Department of Health programme, to improve the quality of care at the end of life for all patients and enable more patients to live and die in the place of their choice.
Foundation Trust	FT	A type of trust created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people
Hazardous area response teams	HART	Specially trained personnel who provide the ambulance response to major incidents
Health Emergency Operations Centre	HEOC	Control centre for managing call receipt, triage and dispatch functions
Local involvement networks	LINKs	Run by local individuals and groups and independently supported. The role of LINKs is to find out what people want, monitor local services and to use their powers to hold them to account
Medical Priority Dispatch System	MPDS	Licensed software to clinically triage the category of emergency calls.
NHS East of England	NHS EoE	Strategic health authority (SHA) in the East of England
Out of hours service	OOH	A GP and district nursing service provide outside of normal surgery hours to provide urgent medical care
Patient and public involvement and engagement	PPI&E	Involving the public in shaping a care system's development, and keeping patients well informed of clinical processes and decisions

Term	Acronym	Describe
Patient Transport Service	PTS	Provides transport to and from premises providing NHS healthcare and between NHS healthcare providers
Primary care operations	PCT	Comprises out of hours (OOH) GP care as well as patient transport service (PTS) and courier transport services (CTS)
Primary care trust		NHS bodies with responsibility for delivering health care services and health improvements to their local areas
Return of spontaneous circulation	ROSC	A palpable pulse is present after clinically documented asystole
Service user		Anyone who uses, requests, applies for or benefits from health or local authority services
Stroke	TIA	A stroke happens when the blood supply to the brain is disturbed. Transient ischaemic attack (TIA) or 'mini-stroke' has similar symptoms to stroke but these symptoms are resolved faster and the person usually will get better within 24 hours. The TIA may be a warning sign of a more serious stroke and always requires further immediate medical attention
Stakeholders		Anyone with an interest in the way services are delivered including service users, carers, patients, service providers, staff, health professionals and partner organisations, councils and other community or voluntary groups
Strategic health authority	SHA	Regional NHS headquarters, responsible for ensuring national priorities are integrated into local plans and PCTs are performing well

How to get document in other forms

This document and full copies of the annual accounts and quality account are also available on our website at www.eastamb.nhs.uk

Hard copies of this document are available through the Chief Executive's office at East of England Ambulance Service NHS Trust, Building 1020, Cambourne Business Park, Cambourne, CB23 6EB.

If you would like this document in large print, audio, Braille, alternative format or in a different language please contact 0800 028 3021.

PALS contact

To contact our Patient Advisory Liaison Service please call 01234 408999.

Foundation Trust

The Trust is applying to become an NHS Foundation Trust. You can become a member by visiting our website at www.eastamb.nhs.uk, emailing ft@eastamb.nhs.uk or calling 0800 028 3021.

