

East of England  
Ambulance Service



NHS Trust

**Strategic Direction  
2007 to 2012**

Making the Connections



# Strategic Direction 2007 to 2012

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*Taking Health Care to the Patient – Transforming NHS Ambulance Services* was issued by the Department of Health (DH) in June 2005 and signalled a new direction for ambulance services over the next five years.

During this period, the East of England Ambulance Service NHS Trust (EEAST) expects to see a seismic shift in service demand which, in turn, will require us to make major changes to respond to the challenge successfully.

To meet these changes and build on the recommendations in the DH report, the Trust Board wants to use the skills and abilities of our staff to offer a wider range of services to play a greater role in out of hospital emergency and urgent care across the region.

This Strategic Direction document is designed to ensure that all our stakeholders are aware of, and have an opportunity to comment on, our plans, which have been approved by the Board for stakeholder review and comment.

We really want to hear your views so we can guarantee that the service we provide is appropriate to the needs of the population we serve, and ensure that the EEAST becomes the recognised leader for emergency and urgent care within the east of England.

Further details are available from the Trust via our website [www.eeastamb.nhs.uk](http://www.eeastamb.nhs.uk), by email to [engage@eastamb.nhs.uk](mailto:engage@eastamb.nhs.uk) or by post or telephone:

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## Executive Summary

### Creation of the new Trust:

The EEAST was formed on 1 July 2006 by the amalgamation of the former Bedfordshire and Hertfordshire Ambulance and Paramedic Service NHS Trust, the East Anglian Ambulance NHS Trust and the Essex Ambulance NHS Trust.

The new Trust is, geographically, the second largest in England, employing about 4,000 people (as at July 2007) with more than 2,000 volunteers working in community response schemes and as non-emergency drivers.

EEAST has pioneered many other services, alongside its core 999 service, and has built considerable expertise in primary care out of hours (OOH) services, and now provides these for around a third of the population of the region. The Trust also provides non-emergency medical transport ambulance services, NHS courier services and some private sector call handling and courier services. These contracts are worth about £190m.

The Trust is the only organisation in the region which operates a range of health services 24/7 across the six counties, with three Health Emergency Operations Centres (HEOCs), previously known as control rooms, in Bedford, Chelmsford and Norwich.

As a high performance service and a leader in many clinical areas, the Trust has already adopted best practice across its business, responding to Government and the latest medical guidance, particularly the strategies set out in Taking Healthcare to the Patient: Transforming NHS Ambulance Services.

### Changes in Demand:

The expected major shift in the pattern of demand for ambulance services will require some significant changes to the way we work to ensure we can respond successfully. This shift will be driven by a number of factors:

- a major change in the way emergency and urgent calls are classified
- changes to the way services are commissioned
- the need to place the patient at the centre of determining how services are delivered
- a focus on clinical evidence of patient outcomes, as opposed to meeting target response times, as the key measure of performance.

These fundamental changes are in addition to the continuing rise in the number of 999 calls, growing at 6% a year and now at double the level of 1992/93; an ageing population; and increased resources being allocated to emergency services.

The changes will result in a reduction in the proportion of 999 calls classified as life threatening, and an increase in calls classed as less serious, which will require different types of clinical services provided by a mix of trained clinicians, providing the right care to meet the needs of the individual patient.

It is these predicted changes in the patterns of demand that have shaped this Strategic Direction document, reflecting the need to provide a range of responsive services which are able to meet the

needs of each patient, are provided closer to the patient's home and can be accessed through a single call; while retaining the highest performing emergency response services for dealing with life threatening conditions.

The next 10 years will see other changes and trends that impact on the health of people in the region, and are thus likely to affect the Trust's activity. These include the ageing population profile and the increasing numbers of calls from the public who are using the 999 system to access other NHS services, particularly at weekends and out of hours.

The world within which the Trust operates is also changing rapidly, with a newly re-shaped NHS structure, increased competition from the independent sector, new ways in which services are commissioned and the requirement to demonstrate value for money.

This document is designed to respond to these changes in demand and competitiveness with innovations such as using information collected from patients to provide a knowledge management tool to help Primary Care Trusts (PCTs) better allocate resources and by developing the Emergency and Urgent Care Assessment Centre concept, a single contact point for patients providing advice, treatment, emergency transport, or referral as needed.

### The Strategic Planning Process:

In this document, we highlight the key findings from a strategic review carried out by the Trust Board and Executive Team, and set out the Trust's vision, high level corporate objectives, its values and the key marketing and communications, business development, operational development and workforce planning, and financial strategies.

- to deliver an excellent standard of responsive clinical care
- strive continuously for cost efficiency
- develop a valued and fully engaged workforce
- be responsive to local needs.

The review highlighted two core strategies necessary to deliver the Trust's vision - knowledge management and emergency and urgent care assessment centres; and two management priorities - business development and managing change.

### Vision and Values:

The Trust's heritage in delivering a high performing 999 service, its major incident planning and response role and its unique medical resource (already responsible for nationally acknowledged clinical developments in primary care), gives it the opportunity to develop its role as the 'expert' in emergency and urgent care, and to grow its activity and influence in the region's health services.

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

The Trust's main objectives are to:

- meet mandatory standards in service delivery
- deliver current priorities such as Call Connect and the new digital radio and despatch systems

- begin work on projects to deliver the vision, particularly the technical preparation for building a knowledge management system and reshaping HEOCs to move to the emergency and urgent care assessment centre concept
- prepare the organisation to apply for Foundation Trust status.

### **Engagement and Awareness programme:**

The Trust is engaging with all stakeholders on this proposed Strategic Direction, both internally and externally, and following the guidance in the Cabinet Office Code of Practice on Consultation, even though the Strategic Direction does not involve any diminution of service. The Trust will formally launch this programme at its Annual General Meeting in September, and will incorporate all significant comments and suggestions into a final Strategic Plan, to be published in March 2008. This engagement process will also be valuable in preparing for full consultation on the Trust's anticipated application for Foundation Trust status.

## 1. Introduction

### Creation of the new Trust:

The successful merger of the three former ambulance services which covered the east of England follows the national pattern to ensure each ambulance trust has sufficient scale to develop its infrastructure, capacity and capability to meet demanding new national targets and deliver integrated out of hospital care services.

EEAST has adopted best practice across its business, responding to Government and the latest medical guidance, including the following:

- Taking Healthcare to the Patient: Transforming NHS Ambulance Services
- Our Health, Our Care, Our Say: A New Direction for Community Services
- The Emergency and Urgent Care Strategy - Direction of Travel discussion document
- Commissioning a Patient Led NHS
- Financial arrangements for Ambulance Services (Chapter 20 Trust Finance Manual)
- Patient and Public Involvement in the NHS (House of Commons Health Committee) Third Report
- The NHS in England: Operating Framework for 2007-08
- The Health Act 2006
- Civil Contingencies Act 2004

### Changes in Demand:

The Trust anticipates that the five-year period covered by this Strategic Direction document will see a major shift in the pattern of demand for services, which will require the Trust to undergo major changes to respond successfully.

The shift will be driven by radical changes in the way that different types of emergency and urgent calls are classified, how they are commissioned, the need to place the patient at the centre of determining how services are delivered, and a focus on clinical evidence of patient outcomes, as opposed to target response times, as the key measure of performance.

This fundamental change is in addition to a continuing rise in the number of calls received by the service, which is currently increasing at 6% a year and has doubled since 1992/93 (partly driven by changing public attitudes to using the 999 service); an ageing population profile; and increased resources being allocated to emergency capability.

There will undoubtedly be a reduction in the proportion of calls classified as life threatening conditions, and an increase in calls which will require different types of care delivered by a mix of trained clinicians, using a wider range of skills to deliver the appropriate care to each patient.

The Trust estimates that by 2012 the pattern of calls received will change to such an extent that operational activity will be 'turned upside down', as shown here.

	2007 %	2012 %
<b>Cat A</b>	30	15
<b>Cat B</b>	40	25
<b>Cat C</b>	30	60

This predicted demand shift has shaped the Trust's Strategic Direction, reflecting the need for the health service to be able to provide responsive services which meet the needs of each patient, available closer to home, preferably through one point of access; an increasing focus on clinical assessment capability and the delivery of a wider range of out of hospital care services; while at the same time retaining best in class emergency response skills for dealing with life threatening conditions.

The Trust recognises that the necessary responses will require far-reaching changes in resources, structures, processes and attitudes to become a new type of organisation which is 'fit for purpose' in the new environment.

Over the next 10 years there will also be a number of key trends affecting residents' health and thus the likely activity of the Trust, especially the ageing population profile, as well as increasing numbers of calls from the public who are using 999 to access other NHS services, particularly at weekends and out of hours.

The Trust operates in a rapidly-changing world, with a re-shaped NHS structure, increased competition from the independent sector, new models of commissioning and the requirement to show value for money.

This proposed Strategic Direction document responds to these changes in demand and competitiveness, for example by using the information collected from patient contact to provide a knowledge management tool to aid PCTs in allocating resources according to need; and by further developing the Emergency and Urgent Care Assessment Centre concept, to provide a single access point for patients providing advice, treatment, emergency transport, or referral as necessary.

## The Strategic Planning Process:

The Trust Board and Executive Team have carried out a strategic review, including a series of workshops and discussion sessions, at which the large number of, sometimes inter-related, factors and challenges which the Trust will face were analysed. In this process the Trust adopted a small number of planning principles against all of the proposed activities were evaluated. These are:

- **Excellent clinical care:** The Trust will build on its reputation of delivering responsive, high quality clinical care in a wide variety of situations and locations across the region
- **Cost efficient:** The Trust will become increasingly efficient and focused on creating internally generated cost savings to fund improvements in service
- **A valued workforce:** The Trust believes its staff are key – their contributions are valued, they are fully engaged in decision making and the whole workforce is able to develop their skills in a continuous learning culture

- **Responsive to local needs:** The Trust is structured to deliver the best possible service through Locality Management Teams which deal with local needs and local developments and a small central team linking the Trust with regional developments in health and social care.

This document highlights the key findings from the strategic review and sets out the Trust's vision, values and high level corporate objectives, together with its key business development, clinical, financial, and marketing and communications strategies.

## **Vision and Values:**

The heritage of the Trust in delivering a high performing 999 service and its major incident planning and response role, coupled with its unique medical resource (already responsible for nationally acknowledged, innovative clinical developments in Primary Care), provides it with an opportunity to build on its pivotal central role as the 'expert' in Emergency and Urgent Care, and to grow both influence and income levels in the region's health services.

Hence, the vision for the East of England Ambulance Service NHS Trust is to **be the recognised leader in out of hospital emergency and urgent care.**

The overall Trust objectives are to:

- meet all mandatory standards in service delivery
- deliver current business priorities through developments such as Call Connect and new digital radio and despatch systems
- begin work toward realising the Trust's vision, in particular to start the technical preparation for providing knowledge management capability and to introduce further changes to allow all HEOCs to deliver the emergency and urgent care assessment centre concept
- to prepare the organisation to operate at the standards required for Foundation Trust status.

## **Engagement and Awareness programme:**

The Trust plans to engage widely with all stakeholders on this strategy, following the principles laid out by the Cabinet Office Code of Practice on Consultation, even though this does not involve any diminution of service. The Trust will launch the engagement and awareness programme at its Annual General Meeting in September, and will incorporate all significant comments and suggestions into a final Strategic Plan to be published in March 2008. This engagement process will also be valuable in preparing for full consultation on the Trust's anticipated application for Foundation Trust status.

## 2. Context

### Overview:

The Trust is, geographically, the second largest in England and employs about 4,000 people (as at July 2007). It is planning for the significant additional staff that are needed to implement the Department of Health's Call Connect directive by April 2008. This initiative introduces new 'clock start' times which will deliver the fastest ambulance response time in the world. In addition, the Trust enjoys the support of more than 2,000 volunteers, working in community response schemes and non-emergency driving roles.

The Trust operates three Health Emergency Operations Centres (HEOCs, formerly Control Rooms) in Bedford, Chelmsford and Norwich.

Patient care is at the top of the Trust's priorities and, as a result, it has developed a strong clinical focus and is a best practice model in many clinical areas in Emergency and Urgent Care. It has pioneered many other services, alongside its essential 999 emergency service, and built considerable expertise in primary care out-of-hours (OOH) services, providing high quality services for nearly a third of the region's population.

The Trust also runs non-emergency ambulance and NHS courier services, and provides a significant range of call handling and courier services to the private sector, with contracts totalling £190m.

Examples of the Trust's clinical developments include providing thrombolysis (clot busting drugs for heart attack patients) out of hospital and being the first Trust to give Emergency Care Practitioners (ECPs), Paramedics and Nurses extended university training in diagnostics and pharmacology, enabling them to treat more patients in their home than ever before. This group of professionals is now leading in areas such as Admission Avoidance Schemes and are integral to operating Minor Injury Units and Walk-In Centres.

The Trust was also the first to use ECPs as part of a central GP led triage for OOH calls, where ECPs do home visits in place of GPs. In addition the Trust developed a Palliative Care Pathway and a Pathology Reporting Pathway for OOH Services, both of which were adopted as best practice models by the National Patient Safety Agency. The Trust continues to innovate, introducing a new model of ambulance deployment using rapid response vehicles manned by ECPs located at strategic response posts across the region.

The innovation continues in non emergency patient transport services, where staff undergo extended clinical training in addition to their driving role. Vehicles carry a range of equipment to provide care during journeys where needed, including portable defibrillators for cardiac emergency use.

The Trust is the only health care organisation in the region which operates a range of health services 24/7 across all six counties, yet retains a management structure organised into county boundary based localities. This enables the Trust to deal face to face with local needs and local health developments, while a small central team links the Trust with wider regional developments in health and social care.

## **The Region:**

The east of England contains 10 upper tier local authorities: the six counties plus four unitary authorities (with new unitary authorities in Ipswich and Bedford planned for 2009). The region has a resident, and growing, population of 5.38 million, with no conurbations, and spreads across 7,500 square miles.

The population profile is similar to that of England as a whole, with a slightly higher percentage above pensionable age, and a lower level of deprivation than other regions. More than 95% of the population is white, compared to 90.9% of the UK as a whole (April 2001).

The health of the residents is good compared to the national average, with higher life expectancies and lower levels of heart disease and cancer (latest ONS data 1993).

The economy is strong and diverse, with a lower number of claimants and a higher than average employment rate, and includes a growing service sector with clusters of technology-based companies around Cambridge.

The region boasts two international, and growing, airports and three major international ports bringing with them the challenges of readiness for major accident or incident along with the health-related challenges of travellers, immigrants and migrant workers.

There are three motorway routes (M1, M11 and M25) and other several main routes running across the region, although parts of the rural population do not have easy access to healthcare facilities.

There are a number of high risk industrial plants in the region which makes the Trust's capability in major incident planning and response particularly relevant.

## **Factors affecting future demand for the Trust's services:**

Over the next decade there will be a number of trends affecting residents' health and therefore the activity of the Trust.

There will be population changes, with both a higher proportion and total number of older people, resulting in an increase in chronic disease, the need for more long term condition management, an increased rate of cancer and an increase in the number of patients with dementia. The age profile changes will also result in a higher number of falls. The number of people suffering from respiratory disease is likely to increase, along with obesity levels, particularly in the young.

Other factors affecting demand for emergency services include road traffic accidents where, although the number of serious incidents is declining in the region as a whole, there are geographical areas and specific population groups which remain vulnerable.

There is a changing public attitude to the availability of health services, including an increased use of 999 calls as a route to other NHS services, and it is clear that demand patterns have shifted significantly towards weekends and out of hours.

The need to enhance emergency planning is growing as a result of national security concerns and to deal with other potential threats, such as the recent bird flu outbreak in Suffolk.

## Reform of the NHS in the Region:

The NHS nationally has undergone change which, in the east of England, has meant one Strategic Health Authority, and a reduction in PCTs from 32 to 14.

Practice Based Commissioning (PBC), which empowers GPs to form consortia and purchase and/or develop services for their patients, will also impact on moving services that traditionally have been provided in hospitals out into the community through a range of providers.

This change in commissioning means the Trust will need to develop close and more commercial working relationships with commissioners and other stakeholders, and that partnerships with a variety of other NHS and, possibly, commercial organisations will be needed in order to retain and grow income.

## Current services:

The Trust provides a number of services:

- 999 emergency response for all six counties
- Non-emergency medical patient ambulance transport
- Primary Care OOH service provision
- Other urgent care responses via HEOCs, including advice, first onsite response, remote tele-health, and handover to other health providers such as mental health or social services and acute hospitals
- Call handling services – NHS and commercial contracts
- Other non-medical patient transport services
- Courier services for blood and other medical services
- Major incident planning and response
- Air ambulances (3).

The Trust also works in partnership with other health related agencies and in collaboration with charities, voluntary agencies and community and volunteer first responder groups.

### 3. Future Direction

Taking into account all of the issues mentioned so far, the Trust has established a framework for its strategic development work.

#### Vision

The vision for the East of England Ambulance Service NHS Trust is to be the recognised leader in out of hospital emergency and urgent care.

#### Values

- **Patient focus** – putting patient care at the heart of all we do
- **Openness and accountability** – communicating openly and being accessible to each other, taking personal responsibility for our actions
- **Partnership working** – improving services by pulling in the same direction with our own team, our NHS colleagues and other partners
- **Recognise equality and diversity in the way we work** – serving all our communities, and treating all people appropriately
- **Dignity and respect** – treating all staff and patients honestly and sensitively
- **Value for money** – providing excellent services while spending public money wisely
- **Innovation and continuous improvement** – always striving for better ways to do our work to benefit patients
- **Corporate citizenship** – actively play a part in benefiting the regional population and economy
- **Environmental responsibility** – always consider the impact our decisions and work have on the world around us.

#### Core Principles

The Trust is committed to the core principles of universal access to the NHS, free at the point of delivery. It also believes in creating an efficient and integrated health service, where each patient receives the appropriate care, at the right time, in the right place and from trained and qualified staff.

The Trust recognises its duty to manage its budgets and deliver value for money.

The Board is commissioning consultants to prepare the organisation early to apply to be a Foundation Trust. It also intends to compete strongly to provide services against independent providers. To do this the Trust needs to have a better understanding of its costs and consider different approaches to delivering service change and development, moving from a predominantly fixed cost organisation to one using variable cost, where appropriate, and will engage consultancy support to guide this work.

#### Key Challenges

There are a number of key strategic challenges over the five-year period covered by this Strategic Direction document:

## Creating a Knowledge Management strategy

Knowledge management is a key strategy which will deliver improved patient care while offering the Trust a competitive advantage.

This will involve collecting information from every patient contact, including location, time, reason for the call, care provided, resources used and patient outcomes. This information can then be used to both improve the performance of the Trust and in informing and working with PCTs, and other commissioners, to improve the design and delivery of services. This will also provide the Trust with opportunities for additional income, but will require a co-ordinated management effort and changes to technology and processes to deliver successfully.

Achieving the desired position in the health economy will require the Trust to build relationships with SHA, PCT commissioners and many other stakeholders to facilitate the development of a model for handling emergency and urgent calls which plays to the strengths of the Trust. E EAST needs to work quickly to influence initiatives which are already emerging from other NHS organisations around the desire to offer an integrated single point of access.

## Emergency and urgent care development

Designing and creating the Emergency and Urgent Care Assessment Centre concept and encouraging commissioners to commission them is a key challenge. This concept provides a single access point for patients, carers and healthcare professionals to call, where a patient's condition can be assessed and the appropriate solution found seamlessly and efficiently. Delivering this strategy will require a detailed evaluation to assess the skills and other investments needed.

The Government is putting patients at the heart of determining their care needs and, for the Trust when dealing with, for example, long term conditions, this will mean delivering services in line with the 'expert patient' philosophy.

From 2009, Category B calls will be measured on clinical outcomes, rather than response times, which will be locally negotiated with commissioners. This will mean the Trust will need to adapt its process with potential major impacts on skills requirements and working practices.

## Business development

The Trust Board believes to respond successfully to the changing pattern of services the Trust needs to build commercially beneficial relationships with independent sector partners, stakeholders and commissioners; adapt its operating and decision making methods and to provide cost effective services, focused on the best solution for the customer and patient, with measurable outcomes that provide information for use in future business development.

Non-emergency medical transport services form a vital part of the Trust's services, providing patient transport to and from a variety of health sites, often involving care and support during the journey. The Trust recognises it must respond to the increasing level of competition for this work from the private sector, and to counter any negative impact on the Trust image that may come from any loss of business.

The new organisation provides a strong base from which to grow, with the ability to bid for a range of regional and local opportunities. However this will also require organisational changes to provide clear decision making between competing options for investment, and sound monitoring of outcomes.

### People and management of change

The Trust is already implementing the changes which are needed to respond to new Government requirements, such as Call Connect, and to meet emerging needs; but this represents a significant challenge. This work takes a high proportion of management capacity, but the Trust recognises it must not allow these large projects to detract from the pursuit of its long term strategic objectives.

Having been created with the intention of generating benefits from combining the three previous organisations into one, the Trust plans to review the number of HEOCs it needs in line with developing opportunities, and to consider all options in relation to the use of depots, response posts, and management and administrative buildings. While any potential relocation of call centre activity would not affect the delivery of services, the Trust will follow its principles of full consultation with stakeholders on any decision.

There are a number of organisational development issues which need to be addressed to deliver the strategy, including developing leadership and involving staff in significant change; enabling best practice from the three original Trusts to be shared across the new organisation; creating management 'fit for purpose' to deal with contestability, Payment by Results (PbR) and anticipated Foundation Trust status; and a learning culture and enhanced clinical education programmes.

### Corporate objectives

The Trust's high level corporate objectives are:

#### Standards

- Continue to meet local and national clinical and operational performance standards
- Achieve compliance against the core and developmental Healthcare Commission standards
- Achieve statutory financial targets and deliver efficiencies
- Achieve other legal and regulatory obligations

#### Achieve current organisation priorities

- Create a common understanding of the purpose, values and ethos of the organisation
- Implement key DH programmes – ARP, Health Act Code of Practice (infection control)
- Deliver the Call Connect programme to achieve the maximum additional operational benefits
- Develop and utilise improved management and clinical information systems
- Play an active role in national and local public health
- Develop and enhance the Trust's emergency planning function
- Achieve a successful transition into one Trust, with a highly motivated and involved workforce
- Play an appropriate role in supporting the local/regional economy
- Retain and develop existing income streams

- Win new income which supports the achievement of the medium term vision
- Provide a suitable and robust infrastructure to achieve corporate objectives
- Implement national Equality & Diversity programmes
- Ensure appropriate and sufficient governance is in place to safely manage and task non-directly employed resources
- Review the organisation's strategy for hosted services – ESSA, Thames Management, Falls Network (Norfolk), Critical Care Network (NSC)
- Analyse the cost base for each activity and evaluate the net benefits of changing the basis used for various projects (e.g. fixed-v-variable)
- Create and implement a Communications Strategy targeting relevant internal and external audiences

### Pursuing the Vision

- Involve clinicians and patients in designing and developing a flexible and integrated model for emergency and urgent care assessment centres (single point of access)
- Develop a Knowledge Management base that includes a common patient record which can be accessed and used to improve patient care, and as a management tool to assist PCTs
- Contribute towards and further implement international best practice for high performance ambulance systems
- Develop community and primary care services which utilise the Trust's unique 24/7 regional capability
- Develop and agree measures of clinical outcomes with clinical and commissioning partners
- Develop IT to match care pathways and support mobile care records through tele-health, remote video, remote diagnostics, data/voice transmission, information analysis
- Implement efficiency and cost reduction processes for the mutual benefit of the patient, the Trust and Commissioners
- Develop plans in readiness for large scale developments in response to the changing NHS environment
- Develop robust governance systems for the more complex range of services provided
- Develop corporate leadership and approach to meet the needs of the changing organisation

### Achieve Foundation Trust Status

- Be in 1st Wave Ambulance Foundation Trust cohort
- The benefits from becoming a Foundation Trust are the ability to manage investment independently; the improvement in management processes needed to meet the commercially based standards required; working more closely with stakeholders, members and Governors; and the improvement in perception resulting from Foundation Trust status.

### Meeting the Challenges

Implementing this proposed Strategic Direction falls into three natural phases:

**Phase 1:** Delivering the short-term agenda - including targets and compliance with important national policies such as the Human Resource Strategies and the National Service Frameworks and, secondly, responding to the pressing needs of the local health care services.

**Phase 2:** Managing the interim – building and improving services, including securing existing and

new business, ensuring the organisation is Fit for Purpose, and that all sections of the organisation are financially viable if they are required to stand alone.

**Phase 3:** Longer-term – securing Foundation Trust status, and continuing to be at the leading edge of clinical developments, patient safety and business developments.

The Trust has identified the main benefits of the contents of this document as follows:

Patient	Staff
<ul style="list-style-type: none"><li>• Simplified access to those who need urgent care services to reduce current confusion</li><li>• Supported choice of where to seek urgent care</li><li>• More timely, responsive &amp; fewer delays</li><li>• Improved quality of services</li><li>• Consistency of response, assessment &amp; treatment</li><li>• Care closer to home/workplace</li><li>• More appropriate care suited to individual urgent care needs</li><li>• Less duplication of effort across local provision</li></ul>	<ul style="list-style-type: none"><li>• Development of new and extended roles (and different ways of working)</li><li>• Enhanced urgent care skills and competencies</li><li>• Delivery of a higher quality service</li><li>• Ease of referral/transfer between services</li><li>• Integrated working</li><li>• Less duplication</li><li>• Improved 'mobility' of workforce across/ within whole urgent care pathway</li></ul>

Quality Of Service (including clinical governance and safety)	Value For Money
<ul style="list-style-type: none"><li>• Helping Acute trusts to meet their national targets (A&amp;E 98% standard)</li><li>• Reduced acute urgent admissions/bed days (PSA)</li><li>• More effective use of capacity within the system</li><li>• Supports national policy/guidance</li><li>• Faster response times</li><li>• Scarce resources utilised in appropriate urgent care setting</li><li>• Agreed pathways &amp; protocols</li><li>• Agreed minimum clinical &amp; quality standards</li><li>• Consistency of approach</li><li>• Optimal care in an appropriate urgent care setting</li></ul>	<ul style="list-style-type: none"><li>• Better and more appropriate utilisation of urgent care services</li><li>• Improved use of resources</li><li>• Reduction in emergency bed days</li><li>• Effective joint commissioning will enhance integrated whole system working</li><li>• Less duplication and fewer delays</li></ul>

## Core emergency requirements

The core requirements for Trust performance are achieving and maintaining national response times, including the Call Connect programme; at least meeting and with the aim of exceeding national clinical standards; and meeting the statutory duty to ensure services are provided at least to the commissioned standards.

This will involve a fundamental re-design of the way the Trust responds to both 999 and other calls to separate the assessment of calls and the response to them. Following clinical assessment, the initial response may be changed in order to provide the most appropriate care to match the patient's needs. This will require new information systems and delivery methods as part of a plan agreed between the Trust and the DH.

The types of changes being looked at include improved workforce flexibility; ensuring high performance deployment techniques are standardised across the Trust; designing and recruiting to new clinical roles to ensure the right skills for different cases; matching Clinical Support Desk coverage to the planned wider role in primary care; and aligning rotas to demand patterns.

The Trust's core responsibilities in Resilience and Emergency Planning are to ensure compliance with the Civil Contingencies Act 2004, and compliance with DH guidance for emergency planning and preparedness. The Trust will develop and establish the newly formed EEAST resilience and emergency planning department, creating regional plans for major incident and emergencies plans, a business continuity plan and site/incident specific plans as needed. This requires designing and providing appropriate training in major incident and business continuity response, and testing the plans on a regular basis.

The Trust is also developing working relationships for health emergency planning, training, exercising and response with the SHA and Health Protection Agency, regional emergency planning heads and is participating in local and regional Resilience Forums. The Trust is also involved in national emergency planning projects, including Special Operations Response Teams (SORT), Chemical, Biological, Radiological or Nuclear exposure (CBRN) and Hazardous Area Response Teams (HART).

## Single point of access emergency and urgent care assessment centres:

The Trust will continue working with PCTs and PBC partners in creating and delivering a single access point for patients by further developing the Trust's HEOCs to become clinically focussed care assessment centres for patients, their carers and health professionals.

These centres should also co-ordinate all primary care out-of-hours services and manage patients with long term conditions out-of-hours, to ensure pre-determined care plans are followed.

The Trust will develop the HEOC capability by ensuring in these Emergency and Urgent Care Assessment Centres patients are assessed and managed by clinical advice where appropriate or signposted to the most appropriate care, including 999 emergency response, other OOH service, social care or next day primary care referral. The aim is to meet the needs of the individual patients immediately, so reducing unnecessary hospital referral or admission. Appendix 3 shows how these centres will operate.

This Trust strategy also involves developing and maintaining a comprehensive Directory of Services

covering all services commissioned by PCTs, Social care, Mental Health and other NHS, voluntary or independent sector partners. This will ensure that the most appropriate care will be offered to patients from a single call.

Other initiatives will include using new technologies and systems such as remote tele-monitoring of patients, decision support software such as NHS Pathways, and electronic patient care record systems (ePCR) to provide a wider ranging mobile healthcare system.

The Trust's Medical Directorate will develop an organisation that encourages clinical performance through educational pathways to meet the needs of the new healthcare professionals to deliver a wider range of patient assessments and treatment at the scene or in the community.

Recognised in Taking Healthcare to the Patient as a major benefit from the move to having larger ambulance trusts, EEAST has already established a research governance process which will support the Trust in contributing to wider research as well as undertaking research projects itself. The Trust is already involved in supporting student research as part of medical education, and is involved with the Comprehensive Local Research Network, which for EEAST will be hosted by the Norfolk and Norwich University Hospital Trust. The Trust is the only ambulance service to have its own Clinical Ethics Group and is a founder member of the Ambulance Service's Research and Development Group.

### Business Development

The Trust Board has approved the recruitment of a Director of Business Development, replacing the vacant Service Development Director post. The role of the new Director, and their team, will be to work in conjunction with the Locality Chief Operating Officers and locality managers, who have close contact with PCTs, to look for and develop new opportunities.

The current proposed focus for these developments include pre-hospital critical care (including intra hospital transfer); supporting re-configured acute hospital services; service developments for stroke patients; management of patients with long term conditions; and urgent care consultancy services.

This Strategic Direction document has been based on current knowledge of these opportunities and a further review will be completed in readiness for the next NHS planning cycle. For example, since preparing the initial draft of the Strategic Direction, Hertfordshire is in consultation on proposals to reorganise acute and urgent care facilities across the county, which is due to be completed by 1st October. This is likely to result in a number of opportunities for the Trust over the next five years. The Trust is also currently tendering for OOH services in Essex.

At a strategic level, it is clear that there are types of activity which are likely to prove of mutual benefit for the Trust and commissioners to develop. To pursue this approach, the Trust has set up a Strategic Planning and Investment Group consisting of the Executive Team and the Locality COOs. This decision-making forum will report to the Trust Board and have the following responsibilities:

- ensure the timely collection and dissemination of information on opportunities for the Trust
- develop and use costing and evaluation techniques to ensure appropriate decision making
- oversee the selection and evaluation of all tenders, investments and development proposals
- ensure the co-ordination of resource allocation across all Directorates to support prioritised developments
- lead the work to liaise and encourage close working with new Directors of Commissioning and

other customer representatives to place the Trust in the best possible position to retain existing income and win new business and other strategically valuable opportunities

- implement a marketing strategy to show and promote the services and added value that the Trust can offer.

The Trust sees significant benefit in having a locality based commercial presence, coupled with senior specialist service development skills centrally, able to advise on and support responses to new service ideas for presenting to PCT and PBC commissioners. The Trust will also maintain awareness of actions and initiatives in the region through engagement with a wide range of stakeholders, including PCTs, Acute and Foundation Trusts, other commissioners, the SHA, Overview and Scrutiny Committees, Patient and Public Involvement Forums and the new LINKs and other representative groups.

The Trust will build effective commercially beneficial relationships with other NHS organisations, and is exploring collaborative arrangements with independent sector providers and with educational organisations. Work on tele-health systems in partnership with two companies is already underway.

The Trust will develop strategies which are suited to the evolving process of commissioning and procurement, in particular working with the National Procurement Lead for Ambulance Services, to provide best value on major purchases.

The Trust will actively participate in health care developments across the region, for example in any of the 14 potential Local Independent Financial Trusts (LIFT) projects and work with the SHA on new ways to improve patient care in the emergency and urgent care area.

### Managing change

The Trust recognises that as a new single service the location and condition of its buildings needs to be reviewed. The Trust has already commissioned three new ambulance depots in Peterborough, King's Lynn and Norwich. These are equipped to prepare ambulances, including deep cleansing and re-stocking, for incoming crews. This increases the time on the road for crews, and ensures ambulances are clean and correctly stocked at the beginning of each shift.

Strategically placed depots which prepare vehicles for the road have been proven to deliver better performance, and this strategy will be extended throughout the region.

Clinical leadership will be demonstrated by emphasising the central role of our clinicians at the forefront of change in the education and training of new staff, ensuring continued professional development, and the monitoring and audit of clinical delivery. The Trust's Human Resources and Medical Directorates are developing a clinical training programme, with the Universities and Deanery, which will become a focus for the learning and education agenda. They will work closely with the Business Development and Operations Directorates to ensure that as new roles are developed the Trust's workforce is fit for purpose.

Managerial leadership will be delivered through a culture with the values appropriate to a commercially aware but patient focused organisation.

Staff surveys are already conducted annually and are viewed as a vitally important means of detailed feedback from staff. Each year the Trust Board considers their findings and an analysis and the proposed actions in response is published on the Trust's website.

There are eight key areas of organisational development on which the Trust is focusing. The main work areas are:

- establishing and promoting appropriate values and culture for the new organisation
- working to establish an inclusive and responsive workforce planning process to support the delivery of a flexible workforce which is responsive to changing demands
- developing leadership capability and ensuring staff are effectively managed and supported
- creating a Learning and Development function which is suited to the needs of the organisation in delivering a broader range of services in a changing and competitive environment
- improving existing clinical and non-clinical mentoring and coaching programmes
- implementing succession planning to retain effective managers and provide career development
- identifying skill requirements, matching existing people where possible and identifying recruitment and training needs to fill gaps
- working with IM&T Directorate to specify and deliver systems for decision making, and for monitoring key performance indicators.

### Clinical strategy

The Trust intends to take an active role in public health education. This will include raising public awareness through educational programmes (such as a schools programme and community first aid) and by publishing information on the Trust's website and running publicity campaigns with advice about how to and when to call for ambulance assistance, and what to expect from the service. The Trust will also support the work of the PCTs in health education issues which will affect demand for emergency services.

Investing in enhanced patient assessment skills for its staff in HEOCs and among the community paramedics and ECPs is a clinical priority. Together with an increased range of treatments that can be offered, and the use of ePCR, this will ensure patients who do not require hospital intervention can be treated immediately in the community or at home, while those who do require hospital care receive it quickly and effectively.

The Trust Medical Directorate will particularly support:

- extension of thrombolysis (the Trust achieved 66% of relevant patients receiving thrombolysis within 60 minutes of the call, above the national average for 2006/07, and undertakes the largest number of thrombolyses in the country), and the development of PCI (interventional cardiology) pathways
- development of acute stroke pathways, following national guidelines requiring early recognition by crews and early diagnosis by conveying patients to acute hospitals with specialist scanning facilities
- becoming an active partner in the care of patients with long term conditions such as diabetes, with patients being identified so that their condition appears instantly when they call the service, and by using ePCR to record and analyse follow up actions
- future focus on developing an asthma care programme in conjunction with primary and secondary care providers
- retaining the Trust's pivotal role in fall prevention programmes;
- developing new prescribing practices
- extension of staff skills into diagnostics
- improving links into and onward referrals to social care
- becoming actively involved in end of life care.

The clinical audit function will offer new measurable insights to the way services are provided, and will continually seek to encourage improvement in the quality of care provided to patients.

The Trust will maintain its high clinical profile with its close involvement in many national programmes and committees and will continue offering expert advice and influencing and shaping policy within DH advisory groups and other key forums.

The Trust Board has approved the recruitment of a Director of IM&T to lead the development of new systems and technical resources across the Trust, in addition to the significant developments already being implemented, which include:

- a new Computer Aided Dispatch System (CAD)
- Digital Radio (ARP)
- continued evaluation of all the technologies used in the HEOCs
- the electronic patient care record (ePCR)
- the electronic staff record (ESR)
- a trial demonstrating the benefits of integration of the emergency and unscheduled care technology using the proposed new CAD and Adastra
- the development of a data warehouse
- the introduction of a new finance recording, costing and budgeting system
- the evaluation of AMPDS versus Health Pathways software.

### Financial Strategy

The Trust's financial strategy will focus on the following issues:

- achieve the statutory financial duties to work within budget and within the External Financing Limit (EFL)
- prepare a rolling five-year forecast for income, expenditure and capital spend;
- deliver year on year productivity and efficiency savings
- agree a cash management strategy which includes cash flow forecasts and determines the return anticipated for investment of cash balances
- ensure that in planning and committing money in each year any recurrent consequences are known and affordable
- ensure that non recurrent income is only committed on a non recurrent basis
- create a risk / contingency reserve which will be considered by the Board for release against key priorities that may arise
- improve the financial awareness and skills of budget managers through training and improved information
- prioritise capital expenditure to those investments which will improve the efficiency and, in particular, seek 'invest to save' opportunities
- develop a programme of opportunities to reduce cost
- use benchmarking to identify areas where review is most likely to reduce costs or improve efficiency
- focus on working capital efficiency and ensure prompt collection of debts whilst ensuring that the Trust meets but does not exceed the public sector payment policy. The Trust will also give the cash flow implications of investment options as well as the revenue implications of major areas of spend. Effective minimum stock levels will be maintained using supply efficiency instead of stock wherever possible
- agree a pricing policy for all areas of the Trusts services which matches business development priorities

- develop and regularly consider improved Board reporting to include non financial data and activity as cost drivers and service line and contract line costs and contribution
- continually review the strategy of leasing vehicles and equipment to ensure that it offers the best option in terms of value for money and operational efficiency
- optimise the use of capital funds over the planning period, not within financial years. The Trust generates around £3m of cash each year from depreciation and will ensure annual plans focus on the use of this for reinvestment in capital schemes, some of which may be accumulated for use in future. Sales of assets will increase the total capital available for investment (the Trust currently anticipates the sale of three premises in 2007/08 details of which will be covered in the Trust estates strategy) and use of this funding will also include considering expenditure which may occur in future years. In addition the Trust's borrowing limit will be available for major schemes. The Trust will ensure that each business case for these schemes justifies the ongoing revenue consequences of any investment, and will seek through benefits realisation, payback in terms of either clinical quality improvement or improved efficiency.

### Marketing and Communications Strategy

The Trust needs to ensure that all the region's commissioners, partners, and patients understand what the Trust does and can do to help them, whether this is about how to use the service, the initiatives the Trust is taking to deliver improved clinical outcomes, or how new technology can help commissioners to redesign services to improve the lives of specific patient groups.

All of the Trust's communications need to be consistent, relevant and understandable to the audience they are intended for and each must add to the picture of the Trust as the expert in everything to do with emergency and urgent care; from advice from a clinician, or patient transport, to life saving thrombolysis given at a patient's home.

The Trust has, therefore, developed a comprehensive Marketing and Communications Strategy to support the achievement of the Corporate Objectives.

#### The marketing objectives are:

- Establish the image of the service, its personality, values and ethos, and create a unified identity that demonstrates the Trust's vision
- Achieve full engagement and effective communication with staff and volunteers, patients and other external stakeholders across the region
- Support business development activity
- Support the different initiatives to achieve corporate objectives
- Support the broader corporate objectives including Equality & Diversity, playing a Public Health education role, demonstrating appropriate Corporate Citizenship
- Support the Trust's Foundation Trust application

## Marketing Strategy

There are four parts to the marketing strategy:

- 1 Organisational identity
- 2 Engagement and awareness – a programme of reputation management both at locality and Trust wide levels
- 3 Customer relationship management and strategic alliances coupled with market intelligence to identify business development opportunities
- 4 Using a variety of communications to explain and support corporate objectives

The Trust will develop a 'brand strategy' to create an organisational identity supporting the vision to **be the recognised leader in out of hospital emergency and urgent care**. This is an important part of the overall strategy as the vision requires the Trust to be seen as offering solutions to a wide range of critical care, other primary care and transport services. This provides a communications challenge for a Trust which is primarily recognised as a high performing ambulance service.

The Trust will engage with its staff and with external stakeholders, using a variety of ways including face to face briefings, dedicated web site, e-newsletters, and print materials, each with a suitable frequency, and with messages tailored to the needs of the audience, be they staff, commissioners and other customers, medical professionals or other authorities and NHS organisations.

The Trust will manage its reputation, and support the reputation of the NHS, using e-mail, media briefings, automatic news e-mailing, joint initiatives with health charity partners, professional seminars and more to ensure that key audiences have the information on which to judge the Trust.

The communications team will support the Trust in achieving some broader corporate objectives including its Equality and Diversity policy responsibilities, corporate citizenship policy and in public health education.

The communications team will also play an important role in helping the Trust to achieve Foundation Trust status, through clear communication of the Trust vision and objectives and in the formal consultation process, encouraging and managing public membership when the time comes.

## 4. Management of Delivery

The corporate objectives outlined in this document have been expanded into detailed objectives by the Executive Team in order to develop an Action Plan Framework to ensure the alignment of all individual Directorate plans.

These corporate objectives have also been built into the Trust Service Plan for the current year, and are part of the individual objectives for Executive Directors, and senior managers. The performance management framework used by the Executive Team will be enhanced to measure and monitor progress against the Action Plans.

This will be managed through regular Executive Team meetings, and through the two key management decision making forums, the Service Delivery Board and the Strategic Planning and Investment Group.

The Trust has an Assurance and Risk Framework, which will enable the Trust Board to identify, measure and mitigate the risks associated with achieving the strategic objectives.

## 5. Governance

The Trust has an established, highly experienced and competent Board and senior management team which is committed to establishing the Trust in the first wave of Ambulance Service NHS Foundation Trusts.

The Trust is committed to the principles and implementation guidance in the Integrated Governance Handbook February 2006, incorporating the High Level Governance Framework.

This change in governance is particularly important in light of the radical change in direction and delivery indicated in Taking Healthcare to the Patient, while continuing to provide a service and improve the quality of current response time performance through Call Connect.

The embedded integrated governance structure, which the Trust is working towards, will meet the requirements of the Framework and enable the Trust Board to be effective in achieving its strategic objectives, meeting current performance and statutory targets, facilitating innovation and partnership working and delivering assurance through analysing the Trust's management controls.

Progress against the Corporate Objectives in this Strategic Direction document will be monitored and reported through public Board meetings.

## 6. Engagement and Awareness

The Trust has an ongoing programme for engaging with its workforce and key stakeholders and is committed to consulting with all groups where necessary.

For staff this includes the Staff Partnership Forum, attendance of staff representatives at main decision making and planning meetings, membership of operational working groups, and Local Partnership Forums in each Locality.

The Trust's relationships with main stakeholders are already well developed, incorporating the PPI Forum (subsequently to be via the proposed new LINKs arrangements); Locality COO relationships with local healthcare forums; active involvement in care networks, SHA and DH initiatives; playing a regional co-ordinating role in major incident planning; working closely with volunteer first responder groups, community first responder groups; and collaboration with voluntary agencies, and through BASICS immediate care schemes.

The Trust plans to engage widely on this proposed Strategic Direction, both internally and externally.

The engagement and awareness programme will be formally launched at the Trust AGM in September, and will incorporate all significant comments and suggestions into a final Strategic Plan, which will be published in March 2008. This Engagement and Awareness process will also be valuable input for full consultation on the Trust's anticipated Foundation Trust application.

## Glossary

**EEAST** East of England Ambulance Service NHS Trust

**1st Wave Foundation Trust** – being in the first group of Trusts to become an Ambulance Foundation Trust

**Admission avoidance schemes** – initiatives to reduce unnecessary admission to acute hospitals in favour of local and relevant service provision

**AGM** – Annual General Meeting

**AMPDS** – Advanced Medical Priority Despatch System

**ARP** – Ambulance Radio Programme

**Assurance Framework** – procedures for ensuring compliance with regulatory requirements

**CAD** – Computer Aided Despatch

**Call Connect** – DH new clock start response programme

**CBRN** – Chemical, Biological, Radiological or Nuclear exposure

**Clinical Support Desk** – call triage and clinical led field support function in HEOCs

**Clock start** – the time at which the regulations for monitoring calls received requires the Trust to measure the response time to begin from, which has been set as the time the operator in a HEOC first receives the call

**Corporate Citizenship** – playing a responsible and proactive role within the economic and social community for the benefit of the population

**DH** – Department of Health

**ECA** – Emergency Care Assistant

**ECP** – Emergency Care Practitioner

**Engagement** – having an appropriate and effective communication process e.g. with staff and stakeholders who have an interest in the activities of the Trust

**EoE SHA** – East of England Strategic Health Authority

**ePCR** – electronic Patient Care Record

**ESR** – Electronic Staff Record

**ESSA** – Essex Shared Services Agency

**Foundation Trust** – tier of NHS corporate bodies, with additional powers and freedoms to operate independently from SHA, but with related higher performance expectations and governance structures

**Governance** – the system for ensuring that management processes are appropriate for all activities of the Trust

**HART** – Hazardous Area Response Teams

**HCC** – Healthcare Commission

**Health Pathways** – software system for determining most appropriate pathway for patient

**HEOC** – Health Emergency Operations Centre – formerly called a control room, centre of technical, operational and clinical response to patient calls

**KPI** – Key Performance Indicator – regular measurement and reporting of a detailed target outcome

**LCOO** – Locality Chief Operating Officer

**Locality** – County based sub-unit of EEAST

**MINAP** – Myocardial Infarction National Audit Project

**Monitor** – independent body which assesses candidates for Foundation Trust status and scrutinises subsequent performance

**Multimedia** – using a number of complementary communications methods simultaneously to reach a predetermined group of people

**NSC** – Norfolk, Suffolk & Cambridgeshire offices of EEAST

**NSF** – National Service Frameworks

**ONS** – Office of National Statistics

**OOH** – Out of Hours – primary care services which operate outside of typical GP working hours

**OSC** – Overview and Scrutiny Committee

**PASA** – Purchasing and Supply Agency

**PBC** – Practice Based Commissioning

**PbR** – Payment by Results

**PCT** – Primary Care Trust – NHS body responsible for commissioning and monitoring health services in an area (approximately county based)

**Performance Management Framework** – procedures for ensuring that managers and staff achieve their agreed goals

**PPI Forum** – Patient and Public Involvement Forum groups set up in each NHS organisation to obtain views of users and local people

**NEPTS** – Patient Transport Service – services provided to deliver patients to, from and between acute hospitals, social services, mental health locations

**Risk Framework** – procedures used to review all Trust activity and identify risks and issues which need to be addressed

**Service Delivery Board** – reporting to the Executive Team, the senior management forum for decision making on all Trust operational issues

**SORT** – Special Operations Response Teams

**SSM** – System Status Management – system used to manage location and deployment of vehicles and resources with hourly changes to match known patterns of demand

**Staff Partnership Forum** – forum for Trust management and union representatives to discuss operational and management issues and agree actions on a regular basis

**Stakeholders** – groups or individuals who have an interest in the activities of the Trust and to whom the Trust owes a duty of care

**Strategic Planning and Investment Group** – reporting to the Executive Team, the senior management forum responsible for leading the development of Trust strategy and prioritising new developments

**Tele-health** – delivery of health related services and information via telecommunications technologies and encompasses preventive, promotive and curative aspects.

**Thames Management Services** – national agency offering consultancy and benchmarking services

**Triage** – assessment protocol based on clinical priorities

## Appendices

- 1 Trust Key Facts
- 2 The environment: East of England
- 3 Top level diagram of contact process for Emergency and Urgent Call Assessment Centre

## Appendix 1

### East of England Ambulance Service NHS Trust

#### Key Facts

The Trust serves the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk. The area consists of:

- 5.38 million people (census 2001)
- 7,500 square miles
- 14 Primary Care Trusts
- 17 Acute Trusts
- 1 Health Authority

In 2006/07 the three previous ambulance services which make up the new Trust's area undertook:

- 517,437 emergency responses to patients
- More than 1.4 million non emergency patient journeys

Trust resources include:

- 258 frontline ambulances
- 174 marked response cars
- 225 non emergency ambulances
- More than 20 major incident vehicles and decontamination equipment, plus mobile control rooms.
- 110 ambulance stations and response posts
- 3 Health and Emergency Operations Centres

The Trust employed 3761 people (whole time equivalents) as at July 2007.

Total income in 2006/7 was £189 million.

The Trust provides GP out of hours care in the Norfolk and Waveney areas and in parts of Essex, and non-emergency transport and other services to the majority of the Region.

Response time to patient performance data for 2006/7:

<b>Activity</b>	Category A Responses	172,578
	Category B Responses	248,043
	Category C Responses	96,816
	Urgents	80,514
<b>Performance</b>	Category A (8 mins)	75.16%
	Category A (19mins)	96.2%
	Category B (19 mins)	94.1%
	Urgent	92.6%

## Appendix 2

### The Environment: East of England

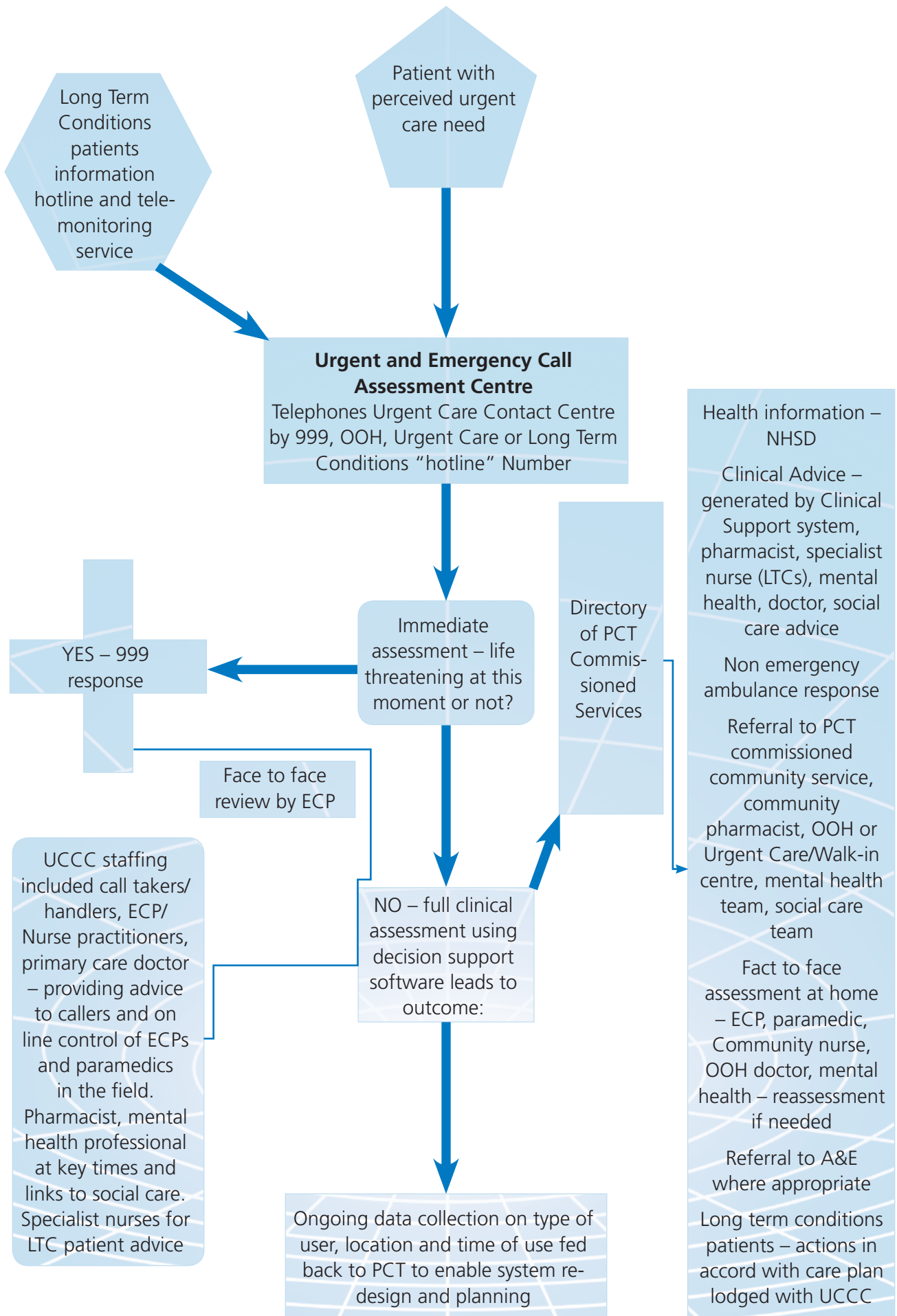
#### East of England Key Figures

	Year	East of England	England
Population			
Total Population (Thousands)	2004	5491	50094
Population Under 16 (Per Cent)	2004	19.6	19.5
Population 16 to Pension Age (Per Cent)	2004	60.9	62
Population Above Pension Age (Per Cent)	2004	19.4	18.5
Education			
16 year olds achieving 5+ GCSEs grade A* to C (LAD)	2004/05	56.9	55
11 year olds achieving Key Stage 2 level 4 English (LAD)	2003/04	78	78
14 year olds achieving Key Stage 3 level 5 English (LAD)	2003/04	73	71
11 year olds achieving Key Stage 2 level 4 Maths (LAD)	2003/04	74	74
14 year olds achieving Key Stage 3 level 5 Maths (LAD)	2003/04	76	73
14 year olds achieving Key Stage 3 level 5 Science (LAD)	2003/04	70	66
Per Cent of Working Age Population Qualified to NVQ Level 2	2004/05	21.7	20.8
Per Cent of Working Age Population Qualified to NVQ Level 3	2004/05	18.1	18.6
Per Cent of Working Age Population Qualified to NVQ Level 4+	2004/05	24.9	25.9
Economy			
Claimant Count	May 06	2	2.6
Overall Employment Rate	2004/05	78.8	74.8
VAT Registrations Per 10,000 Population	2004	39.8	39.3
Crime			
Recorded Crime Per 1000 Population (BCS Comparator)	2004/05	52.6	64
Burglary Offences Per 1000 Households	2004/05	9.6	14.7
Offences Involving a Vehicle Per 1000 Population	2004/05	11.2	14
Robbery Offences Per 1000 Population	2004/05	0.8	1.8
Health			
Male Life expectancy	2002-04	77.6	76.6
Female Life Expectancy	2002-04	81.6	80.9
Teenage Pregnancy Rate Per 1000 Population	2001-03	34	42.4
SMR* From Cancer	2002-04	113	121.6
SMR* From Circulatory Disease	2002-04	82.4	96.7
Suicide Rate Per 100,000 Population	2002-04	8	8.6
Road Casualties - All killed or Seriously Injured (Rate Per 1000 Population)	2004	0.7	0.6

Reference sources:

- East of England SHA
- Association of Public Health Observatories (East of England)
- East of England Government Office

## Notes



Further details are available from the Trust via our website [www.eastamb.nhs.uk](http://www.eastamb.nhs.uk),  
by email to [engage@eastamb.nhs.uk](mailto:engage@eastamb.nhs.uk) or by post or telephone:

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different language please call us and we will do our best to help.