



Summary Service Plan 2004/5



Welcome to the Summary Service Plan for the East Anglian Ambulance Service, where we will recollect the achievements of last year and look forward to the many challenges we face in the year ahead.

This year sees us in the middle of the three-year Health Delivery Plan agreed with the 17 Primary Care Trusts which commission our services. We have been able to negotiate some new funding from the PCT consortium to invest in capacity and clinical quality and meet the effects of inflation anticipated during the period.



Reflecting on progress made during 2003/04, we have improved GP Urgent case performance by more effective deployment of resources beyond the 85% standard agreed in the service level agreement.

On that basis the Trust has agreed to maintain a higher level (90%) of urgent performance at no cost to commissioners. This, however, has the caveat that we can only achieve this if the high levels of 999 activity increase during 2003/04 are countered by investment to compensate for this continued upsurge of emergency

activity. We also hope to take forward the Electronic Patient Record project this year while ensuring conformity with the emerging national IT framework.

The Targets

Response time and clinical performance

Maintaining 75% Category A 8-minute performance and improving other response time targets such as to GP urgent cases. Improving the quality and consistency of clinical care to ensure we practice to the standards of the JRCALC National Clinical Guidelines.

Coronary Heart Disease targets

Roll out of 12-lead ECG equipment and establishment of ECG transmission with all 8 acute trusts, followed by a phased implementation of pre hospital thrombolysis in line with the CHD NSF to achieve annual reduction targets to thrombolysis.

CHI

Complete work on CHI action plan as agreed with NSC Strategic Health Authority including improvements to leadership, training, clinical quality assurance and the introduction of electronic patient information and data collection, progress on a number of areas being dependent on investment.

Modernisation

Continue agreed modernisation programme of Trust's operational, IT and estates infrastructure in line with the Board's strategic direction to enhance performance capabilities, reduce the need for further investment to a minimum and improve resilience and efficiency

Agenda for Change - Pay Modernisation

Complete implementation of Agenda for Change, particularly work on the Knowledge and Skills Framework.



Reforming Emergency Care

Working with all NHS and Social Care organisations in the Reforming Emergency Care agenda to be a full partner and where appropriate taking the lead in re-configuring services and providing readily accessible, appropriate and convenient emergency care.

In particular, continue with the

development of education and clinical development of paramedics for new roles within the NHS and supporting new GP in and out of hours arrangements.

Commissioning and PCT Liaison

Work with PCTs to establish effective commissioning, performance reporting and liaison processes for A&E and PTS, as well as integrated working. Work with commissioners to find ways of elevating GP Urgent case performance above the commissioned 85% towards the national 95% target

User satisfaction and involvement

Work with staff, assigned representatives of the public and service users to design ambulance and emergency services that are relevant and accessible and cater for all groups of users and, wherever possible, attempt to best reflect the needs of both patients and our staff.

A better organisation

Implement all requirements of NHS and others' strategies that affect the Trust, its staff and users in areas such as achieving the Improving Working Lives Practice Plus agenda, continually improving governance arrangements, reducing risk and becoming a "learning organisation", and progressing standards of performance with CNST and RPST.

Financial balance

Achieving financial balance is an increasingly testing challenge for the Trust which must be met.

Maintaining Three Star status

Maintain our recognition as a Three Star Trust.



Factfile

Last year we saw the largest increase in emergency calls of any rural ambulance service in the country

We operate a fleet of more than 100 frontline Mercedes ambulances and more than 50 fast response vehicles

We run the evening and weekend GP-led health service for Norfolk and Waveney

We are 20% busier every day than we were at the millennium

Our volunteer ambulance car service drivers travel millions of miles each year

We are the country's most rural ambulance service, serving 5% of the population covering 10% of England

We were the first ambulance service in England to introduce a cycling paramedic

Our ambulances are the most visible in England, almost fully covered with reflective yellow and green stickers

More than 100 Patient Transport Services ambulances are used to convey patients to and from hospital appointments and some GP Urgent patients

Our funding has risen from £28m to £52m since 1998/9

We deploy and supply paramedics to the East Anglian Air Ambulance, which is largely paid for by charitable donations

We work from 34 ambulance stations, about 50 GP surgeries and 12 response posts

AMBULANCE
TRANSPORT

Delivering the Targets

A new Senior Management Team has been organised to handle much of the day to day running of the Trust, leaving the executive directors more free to focus on strategic and project development to ensure and secure the Trust's future.

The SMT will enable our managers within A&E and NES to manage down through their teams the effective delivery of routine performance targets, such as:

- *Achieving and maintaining the 8 Minute Category A response across the three counties at the 75% level*
- *Delivering all non emergency services to the agreed contractual level*
- *Ensure all routine, clinical and essential risk management training along with agreed levels of CPD is delivered to all staff*
- *Ensure the introduction and delivery of PDRs and PDPs in accord with the cross-Trust rollout of AfC*
- *Achieving and maintaining clinical performance targets*
- *Maintaining strict budgetary controls*
- *Managing staff well, particularly sickness and attendance levels*
- *Managing complaints, incidents and RIDDOR events within required time limits and ensuring organisational learning occurs*



Leadership of new developments will be provided by the Executive Team and senior management colleagues, with Directors maintaining responsibility for seeing through funded development projects to completion within the timeframes agreed both with our commissioning PCTs and the Trust Board.

Issues for the medium and long term future of the Trust are growing. The impact of wider NHS changes such as GP Out of Hours, junior doctors' hours, pressures on acute hospitals'

capacity and the review of trauma services across the SHA area, are all likely to impact on us.

Our role and range of activities, as well as opportunities for staff, may well change the way we work for the better.

We have the usual stark choices of sitting (initially) safely on the sidelines or taking a leading role, often through the medium of the Emergency Care Network that we host for the SHA. The former will lead to initially

far less hassle, but a very uncertain future over which we have no control; the latter takes more initial time and boldness but secures our future and those of our staff as part of a changing future.



Freeing up directors and members of the senior team to engage in these areas of strategic planning and development is key to moving on, and can only be achieved if the day to day management, guided by the service plan and director lead, is increasingly undertaken by our capable senior managers.

The Trust is now becoming much larger in both size and range of services; this may also require a review of infrastructure to ensure that we are fit for purpose once clarity emerges out of the current dynamic change period.

What was achieved in 2003/4:

- Responded to more than 150,000 emergency (999) calls for the first time – 150,795 compared with 134,130 the year before
- Achieved a Category A 8-minute figure of 76.06% for the year, the highest figure the Trust has ever recorded. Also, 96.63% of these calls were reached within 19 minutes.
- Introduced 17 new Mercedes tail-lift frontline ambulances
- Trained 64 new technicians through the Trust's training school, with a further 60 starting on the Certificate in Emergency Medical Care route
- Delivered the following additional training throughout the year: 75 Paramedics have completed Pre Hospital Trauma Life Support courses; 58 frontline staff completed two-day courses in paediatrics; 17 staff completed a course in Major Incident Medical Management

- Successfully started pre hospital thrombolysis (clot-busting) therapy for patients with myocardial infarction (heart attacks), with 170 paramedics now trained to administer the drugs
- Trained 23 Emergency Care Practitioners, who will be an essential part of delivering the new GP out of hours contract
- Reached the end of the year in financial balance
- Introduced the new GP out of hours contract for Norfolk and north Suffolk under the name of Anglian Medical Care
- Successfully regained and implemented the contract to provide Patient Transport Services to a consortium of Primary Care Trusts, Ipswich Hospital and Suffolk Mental Health Partnership
- Undertook monthly non emergency services patient satisfaction surveys, which showed that 99% of our patients are happy with our services
- Implemented the Agenda for Change new pay and conditions contracts as one of 11 early implementers across the UK
- Recruited 97 additional members of staff last year
- Complaints were again down last year, with commendations continuing an upward trend

Statistics

Activity and performance standards 2003/4	
Emergency 999 responses	150,795
Category A responses	48,292
Cat A within 8 minutes	76.06% (target 75%)
Cat A within 19 minutes	96.63% (target 95%)
Urgent medical admissions	41,883
Within 15 minutes of planned time	39,009
Patient Transport Service journeys	717,366

Finance

The East Anglian Ambulance NHS Trust is funded by the Primary Care Trusts serving Cambridgeshire, Norfolk and Suffolk. A service agreement to provide an emergency ambulance service in these counties is agreed with the PCTs via a consortium arrangement.

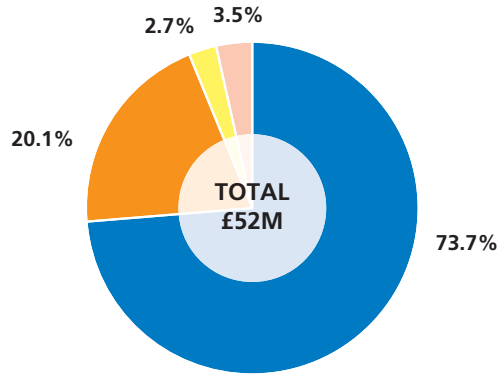
We also receive income from service agreements with a number of hospital, community trusts and one hospice to provide Patient Transport Services.

In addition, we are commissioned by the PCTs in Norfolk and Waveney to provide evening and weekend medical care through our subsidiary Anglian Medical Care.

How our new control centre will look.

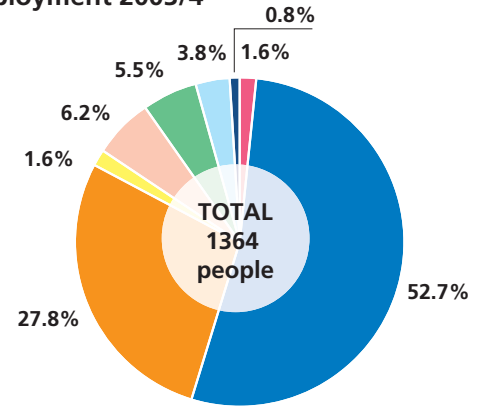


Income 2003/4



■ Paramedic Services	£38.3m
■ Patient and Courier Transport Services	£10.4m
■ MEDICOM and MEDICAR	£1.4m
■ Other	£1.9m

Employment 2003/4



■ Directors and senior managers	22
■ A&E Service	717
■ Patient and Courier Transport Services	379
■ Clinical and training	22
■ Administration and support	85
■ MEDICOM, MEDICAR AND NHS Direct	75
■ Emergency Medical Communications Centre	52
■ Vehicle maintenance	12

Comments and Questions

The East Anglian Ambulance NHS Trust welcomes any comments and questions about this plan or its services. They should be directed to:

Andrew Egerton-Smith

Chairman, East Anglian Ambulance NHS Trust, Hospital Lane,
Hellesdon, Norwich, NR6 5NA.